



## EOCCO Incentive Measure Reference Guide 2017

### Claims Based Measures:

Metric	Code(s) and Identification	Notes
<b>Adolescent Well-Care Visits</b>	<p>Annual adolescent well-care visit includes history, physical, assessment &amp; plan.</p> <p><b><u>CPT/HCPCS Codes</u></b> 99383-99385, 99393-99395, G0438, G0439</p> <p><b><u>ICD-10-CM Diagnosis</u></b> Z00.00, Z00.01, Z00.121, Z00.129, Z00.5, Z00.8, Z02.0, Z02.1, Z02.2, Z02.3, Z02.4, Z02.5, Z02.6, Z02.71, Z02.79, Z02.81, Z02.82, Z02.83, Z02.89, Z02.9</p>	Members ages 12-21 years old receiving at least one comprehensive well care visit during the measurement year.
<b>Alcohol and Drug Misuse Screening (SBIRT)</b>	<p>Please provide full screen or full screen +brief intervention services for reimbursement. A brief screen does not count toward this measure.</p> <p><b><u>Full screen</u></b> CPT code 96160, with diagnosis code *Z13.89 or Z13.9</p> <p>This coding combination is also used when a brief intervention lasting less than 15 minutes is performed.</p> <p>*Z13.89 may be used as standalone codes, i.e., they do not need to be paired with CPT 96160 for inclusion in the numerator</p> <p><b><u>Full Screen and Brief Intervention</u></b> CPT Code 99408 15-29 minutes administering and interpreting a validated alcohol or drug-screening tool, plus performing face to face brief intervention CPT Code 99409 30+ minutes administering and interpreting a validated alcohol or drug-screening tool, plus performing face to face brief intervention</p>	<p>Members age 12+ who had an outpatient visit (office visit, home visit, and/or preventative medicine)</p> <p>CPT codes should be appended to E/M service, with modifier 25. Documentation should support both services.</p>

Childhood Immunization Status 2	Type	Required	CVX	Codes & Diagnoses	<p>Members who turn 2 years of age during 2017</p> <p><b>Date of service must be on or before the child's second birthday</b></p> <p>DTaP, IPV, &amp; Hib administered prior to 42 days after birth cannot be counted</p> <p>Note: EOCCO relies on the Public Health Division Program Registry (ALERT) data</p>
	DTaP	At least four	20, 50, 106, 110, 120	90698, 90700, 90721, 90723	
	IPV	At least three	10, 110, 120	90698, 90713, 90723	
	MMR (Measles, Mumps and Rubella)	At least one or history of measles, mumps, or rubella illness	MMR: 03, 94	90707, 90710	
			Measles/Rubella: 04	90708	
			Measles: 05	90705 B05.0, B05.1, B05.2, B05.3, B05.4, B05.81, B05.89, B05.9	
			Mumps: 07	90704 B26.0, B26.1, B26.2, B26.3, B26.81, B26.82, B26.83, B26.84, B26.85, B26.89, B26.9	
			Rubella: 06	90706 B06.00, B06.01, B06.02, B06.09, B06.81, B06.82, B06.89, B06.9	
	HiB	At least three	46-51, 120, 148	90644, 90645-90648, 90698, 90721, 90748	
	Hepatitis B	At least three or history of hepatitis illness	08, 44, 51, 110	90723, 90740, 90744, 90747, 90748, G0010  B16.0, B16.1, B16.2, B16.9, B17.0, B18.0, B18.1, B19.10, B19.11, Z22.51	
VZV Vaccine Administered	At least one	21, 94	90710, 90716		

	Varicella Zoster	history of varicella zoster (e.g., chicken pox) illness		B01.0, B01.1, B01.11, B01.12, B01.2, B01.81, B01.89, B01.9, B02.0, B02.1, B02.21, B02.22, B02.23, B02.24, B02.29, B02.30, B02.31, B02.32, B02.22, B02.33, B02.34, B02.49, B02.7, B02.8, B02.9	
<b>Dental, Mental, Physical Health Assessment for Children in DHS Custody</b>	<p>*Age 1-3 mental health assessment not required *Age &lt; 1 only physical health assessment required</p> <p>If a provider uses (99201-99205), they will qualify for inclusion in the measure as both mental and physical health assessments only if there is a mental health diagnosis on the same claim as the new patient E&amp;M code. This is to reflect assessments that were provided by a psychiatric (nurse or physician) provider. The diagnosis codes that qualify when billed with 99201-99205 for a mental health assessment are:</p> <p>T74.02xA, T74.02xD, T74.12xA, T74.12xD, T74.22xA, T74.32xA, T74.32xD, T74.22xD, T76.02xA, T76.02xD, T76.12xA, T76.12xD, T76.22xA, T76.22xD, T76.32xA, T76.32xD</p> <p><b><u>Physical Health Assessment Codes</u></b> 99201-99205, 99212- 99215, 99381-99384, 99391-99394, G0438, G0439</p> <p><b><u>Mental Health Assessment Codes</u></b> 90791-90792, 96101-96102, H0031, H1011, H2000-TG, H0019, H2013, H0037</p> <p>*H0019: use of this code counts as both mental and physical health assessment for children in PRTS (Psychiatric Residential Treatment Center, POS 56)</p> <p><b><u>Dental Health Assessment Codes</u></b> D0100-D0199</p>			Members age 0-17 in DHS custody for 60 days	
<b>Dental Sealants on Permanent Molars for Children</b>	<p><b><u>Dental Sealant HCPCS Code</u></b> D1351</p> <p>**Dental hygienists can determine the need for and apply sealants without the supervision of a dentist.</p>			Members age 6-14	

<p><b>Developmental Screening (0-36 months)</b></p>	<p><b>Developmental Screening CPT Code</b> 96110</p>	<p>Members who turn 1, 2, or 3 years of age in 2017</p>																																																		
<p><b>Effective Contraceptive Use</b></p>	<p><b>*Please code for surveillance of existing methods for women utilizing long-acting reversible or permanent contraception. See Table 2 for surveillance codes.</b></p> <table border="1" data-bbox="373 467 1631 1166"> <thead> <tr> <th><u>Description</u></th> <th><u>ICD-10</u></th> <th><u>CPT</u></th> <th><u>HCPCS</u></th> </tr> </thead> <tbody> <tr> <td>Female Sterilization</td> <td>Z30.2</td> <td>58565, 58600, 58605, 58615, 58611, 58670, 58671, 58340, 74740</td> <td>A4264, 58340, 74740</td> </tr> <tr> <td>Intrauterine device (IUD/IUS)</td> <td>Z30.430, Z30.433, Z30.431, Z97.5, 0UH97HZ, T83.31xA, T83.59xA</td> <td>58300</td> <td>J7300, J7301, J7302, vS4989, Q0090, S4981</td> </tr> <tr> <td>Hormonal implant</td> <td>Z30.016, Z30.017</td> <td>11981, 11983</td> <td>J7306, J7307,</td> </tr> <tr> <td>Injectable (1-month/3-month)</td> <td>Z30.013,</td> <td></td> <td>J1050, J1051, J1055, J1056</td> </tr> <tr> <td>Oral contraceptive</td> <td>Z30.011</td> <td></td> <td>S4993</td> </tr> <tr> <td>Patch</td> <td>Z79.3</td> <td></td> <td>J7304</td> </tr> <tr> <td>Vaginal ring</td> <td>Z30.015</td> <td></td> <td>J7303</td> </tr> <tr> <td>Diaphragm</td> <td></td> <td>57170</td> <td>A4266</td> </tr> <tr> <td>Surveillance of a contraceptive method</td> <td></td> <td>Z30.41, Z30.42, Z30.44, Z30.45, Z30.46, Z30.49</td> <td></td> </tr> <tr> <td>Unspecified Contraception</td> <td></td> <td>Z30.019, Z30.018, Z30.40, Z30.8, Z30.9</td> <td></td> </tr> </tbody> </table> <p><b>Table 2 - *Effective Contraception Surveillance Codes Women using long-acting reversible contraception or permanent contraceptive options, who would not otherwise have a pharmacy claim or procedure code during 2017</b></p> <table border="1" data-bbox="373 1352 1631 1461"> <tbody> <tr> <td><b>Z30.41</b></td> <td>Encounter for Surveillance of contraceptive pills</td> </tr> <tr> <td><b>Z30.431</b></td> <td>Encounter for routine checking of IUD</td> </tr> <tr> <td><b>Z30.42</b></td> <td>Encounter for surveillance of injectable contraceptive</td> </tr> </tbody> </table>	<u>Description</u>	<u>ICD-10</u>	<u>CPT</u>	<u>HCPCS</u>	Female Sterilization	Z30.2	58565, 58600, 58605, 58615, 58611, 58670, 58671, 58340, 74740	A4264, 58340, 74740	Intrauterine device (IUD/IUS)	Z30.430, Z30.433, Z30.431, Z97.5, 0UH97HZ, T83.31xA, T83.59xA	58300	J7300, J7301, J7302, vS4989, Q0090, S4981	Hormonal implant	Z30.016, Z30.017	11981, 11983	J7306, J7307,	Injectable (1-month/3-month)	Z30.013,		J1050, J1051, J1055, J1056	Oral contraceptive	Z30.011		S4993	Patch	Z79.3		J7304	Vaginal ring	Z30.015		J7303	Diaphragm		57170	A4266	Surveillance of a contraceptive method		Z30.41, Z30.42, Z30.44, Z30.45, Z30.46, Z30.49		Unspecified Contraception		Z30.019, Z30.018, Z30.40, Z30.8, Z30.9		<b>Z30.41</b>	Encounter for Surveillance of contraceptive pills	<b>Z30.431</b>	Encounter for routine checking of IUD	<b>Z30.42</b>	Encounter for surveillance of injectable contraceptive	<p>Women age 15-50 at risk for unintended pregnancy</p> <p>Include NDC Code</p> <p>Postpartum contraception counts</p> <p>Women who are pregnant during the year who did not receive postpartum contraceptive are excluded</p>
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<b>Z30.49</b>	Encounter for surveillance of other contraceptives
<b>Z30.018</b>	Encounter for initial prescription of other contraceptives
<b>Z30.019</b>	Encounter for initial prescription contraceptives, unspecified
<b>Z30.40</b>	Encounter for surveillance of contraceptives, unspecified
<b>Z30.8</b>	Encounter for other contraceptive management
<b>Z30.9</b>	Encounter for contraceptive management, unspecified
<b>Z97.5</b>	Presence of intrauterine contraceptive device

**Pregnancy Exclusions:**

**Pregnancy Diagnosis:** See HEDIS 2017 Pregnancy Diagnosis Value Set (178 codes) Z34.00, Z34.80, Z34.90, Z33.1, Z32.01, Z64.0 **Pregnancy CPT Codes:** See HEDIS 2017 Pregnancy Diagnosis Value Set (1,692 codes) 59400, 59409, 59410, 59510, 59514, 59515, 59610, 59612, 59614, 59618, 59620, 59622, 59425, 59426

**Exclusions (ICD-10s):****Hysterectomy Diagnosis**ICD-9 Dx Codes

V45.77, V88.01, V88.02

ICD-9 Procedure Codes

68.31, 68.39, 68.41, 68.49, 68.51, 68.59, 68.61, 68.69, 68.71, 68.79, 68.9, 66.31, 66.32, 66.39, 66.51, 66.52

ICD-10 Dx Codes

Z90.710, N99.3, Z90.711, Z90.722

CPT/HCPCS

51925, 58150, 58152, 58180, 58200, 58210, 58240, 58260, 58262, 58263, 58267, 58270, 58275, 58280, 58285, 58290, 58291-58294, 58541-58544, 58548, 58550, 58552-58554, 58570-58573, 58943, 58950-58954, 58956-58958, 59135, 59525

**Bilateral Oophorectomy Procedures**

OUT20ZZ, OUT27ZZ, OUT28ZZ, OUT2FZZ, OUT00ZZ, OUT08ZZ, OUT0FZZ, OUT10ZZ, OUT17ZZ, OUT18ZZ, OUT1FZZ, OUT24ZZ, OUT04ZZ, OUT14ZZ, OU520ZZ, OU523ZZ, OU524ZZ, OU570ZZ, OU573ZZ, OU574ZZ, OU577ZZ, OUB20ZZ, OUB23ZZ, OUB24ZZ, OUB27ZZ, OUB28ZZ, OUB70ZZ, OUB73ZZ, OUB74ZZ, OUB77ZZ, OUB78ZZ, OUL70CZ, OUL70DZ, OUL70ZZ, OUL73CZ, OUL73DZ, OUL73ZZ, OUL74CZ, OUL74DZ, OUL74ZZ, OUL77DZ, OUL77ZZ, OUL78DZ, OUL78ZZ, OUT07ZZ, OUT40ZZ, OUT44ZZ, OUT47ZZ, OUT48ZZ, OUT70ZZ, OUT74ZZ, OUT77ZZ, OUT78ZZ, OUT7FZZ, OUT90ZZ, OUT94ZZ, OUT97ZZ, OUT98ZZ, OUT9FZZ

	<p><b><u>Natural Menopause Diagnosis</u></b> N92.4, N95.0, N95.1, N95.2, N95.8, N95.9, Z78.0</p> <p><b><u>Premature Menopause Diagnosis</u></b> 256.1, 256.2, 256.31, 256.39, 256.8, E89.40, E89.41, E28.310, E28.319, E28.39, E28.8, E28.9, N98.1</p> <p><b><u>Congenital Anomalies of Female Genital Organs Diagnosis</u></b> Q50.02, Q51.0</p> <p><b><u>Female Infertility Diagnosis</u></b> 628.0, 628.2, 628.3, 628.4, 628.8, 628.9, N97.0, N97.1, N97.2, N97.8, N97.9</p>	
<p><b>Emergency Department Visits</b></p>	<p>Count each visit to an ED that does not result in an inpatient encounter; count multiple ED visits on the same date of service as one visit. Do not include ED visits that result in an inpatient stay.</p> <p><b><u>ED Value Set CPT Codes</u></b> 99281-99285</p> <p><b><u>UB Revenue</u></b> 0450, 0451, 0452, 0456, 0459, 0981</p> <p><b><u>ED Procedure Code Value Set with ED POS Value Set</u></b> 10021-69990 with 23</p> <p><b><u>Ambulatory Outpatient Visits CPT Codes</u></b> 92009, 92004, 92012, 92014, 99201-99205, 99211-99215, 99247-99328, 99334-99337, 99341-99345, 99347-99350, 99381-99387, 99391-99397, 99401-99404, 99411, 99412, 99420, 99429, 99461</p> <p><b><u>Ambulatory Outpatient Visits HCPCS Codes</u></b> G0463, T1015</p> <p><b><u>Ambulatory Outpatient Visits UBREV Codes</u></b> 0510-0517, 0519-0529, 0982, 0983</p>	<p><b><u>Exclusions</u></b> <b><u>Inpatient Stay Visits Value Set</u></b> 0100, 0101, 0110-0114, 0116-0124, 0126-0134, 0136-0144, 0146-0154, 0156-0160, 0164, 0167, 0169-0174, 0179, 0190-0194, 0199-0204, 0206-0214, 0219, 1000-1002</p> <p>Mental health and chemical dependency services are excluded from the numerator.</p>

<p><b>Follow-up After Hospitalization for Mental Illness</b></p>	<p><b><u>Stand Alone Visit CPT Codes</u></b>            98960-98962, 99078, 99201-99205, 99211-99215, 99217-99220, 99241-99245, 99341-99345, 99347-99350, 99383-99387, 99393-99397, 99401-99404, 99411, 99412, 99510, 90846, 90791, 90792, 90832-90834, 90836-90838</p> <p><b><u>Stand Alone Visit HCPCS Codes</u></b>            G0155, G0176, G0177, G0409-G0411, G0463, H0002, H0004, , H0031, H0034-H0037, H0039, H0040, H2000, H2001, H2010-H2020, H2021, M0064, S0201, S9480, S9484, S9485, T1015, T1016</p> <p><b><u>Follow-Up After Hospitalization (FUH) Visit Codes (Group 1)</u></b>            90839, 90840, 90845, 90847, 90849, 90853, 90867-90870, 90875, 90876  <b>*WITH POS:</b> 03,05,07, 09, 11, 12, 13, 14, 15, 16, 17, 18, 19, 20, 22, 24, 33, 49, 50, 52, 53, 71, 72</p> <p><b><u>Follow-Up After Hospitalization (FUH) Visit Codes (Group 2)</u></b>            99221-99223, 99231-99233, 99238, 99239, 99251-99255  <b>*WITH POS:</b> 52,53</p> <p><b>Transitional care management services where the date of service on the claim is 29 days after the mental illness discharge date:</b> CPT 99496</p> <p><b><u>Follow-Up After Hospitalization (FUH) UB Revenue Codes (Group 1)</u></b>            There is no need to determine the practitioner type for follow-up visits identified by the following UB revenue codes:            0513, 0900-0905, 0907, 0911-0917, 0919</p> <p><b><u>Follow-Up After Hospitalization (FUH) UB Revenue Codes (Group 2)</u></b>            A visit to a non-behavioral health facility in conjunction with a principal diagnosis code from an ICD-9 code in the [Mental Illness Value Set].            0510, 0515-0517, 0519-0523, 0526-0529, 0982, 0983</p>	<p>Discharges from acute inpatient settings (including acute care psychiatric facilities) for members’ age 6 years of age and above who were hospitalized for treatment of selected mental health disorders.</p> <p>Includes follow-up services provided on the date of discharge</p> <p>If the discharge is followed by readmission or direct transfer to an acute inpatient care setting for a mental health principal diagnosis within the 30-day follow up period, count only the last discharge.</p> <p>To identify readmission or direct transfer to an acute inpatient care setting:</p> <ol style="list-style-type: none"> <li>1. Identify all acute and non-acute inpatient stays</li> <li>2. Exclude non-acute inpatient stays</li> <li>3. Identify the admission date for the stay</li> </ol>
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## Chart Review Measures

Metric	Code(s) and Identification	Notes
Colorectal Cancer Screening	<p><b><u>Colonoscopy CPT Codes</u></b> 44388-44394, 44397, 44401-44408, 45355, 45378-45387, 45388-45390, 45391, 45392, 45393, 45398</p> <p><b><u>Colonoscopy HCPCS Codes</u></b> G0105, G0121</p> <p><b><u>DX Codes</u></b> 45.22, 45.23, 45.25, 45.42, 45.43</p> <p><b><u>Fecal Occult Blood Test CPT Codes</u></b> 82270, 82274</p> <p><b><u>Fecal Occult Blood Test HCPCS Codes</u></b> G0328</p> <p><b><u>LOINC Codes</u></b> 2335-8, 12503-9, 12504-7, 14563-1, 14564-9, 14565-6, 27396-1, 27401-9, 27925-7, 27926-5, 29771-3, 56490-6, 56491-4, 57905-2, 58453-2, 80372-6</p> <p><b><u>Flexible Sigmoidoscopy CPT</u></b> 45330-45335, 45337-45342, 45345, 45346, 45347, 45349, 45350</p> <p><b><u>Flexible Sigmoidoscopy HCPCS</u></b> G0104</p> <p><b><u>DX Codes</u></b> 45.24</p> <p><b><u>CT Colonography CPT Code</u></b> 74263</p> <p><b><u>FIT-DNA CPT Code</u></b> 81528</p> <p><b><u>FIT-DNA HCPCS Code</u></b> G0464</p> <p><b><u>FIT-DNA LOINC Codes</u></b> 77353-1, 77354-9</p>	<p>Members age 51-75</p> <p><b>Exclusions:</b></p> <p><b><u>Colorectal Cancer HCPCS</u></b> G0213-G0215, G0231</p> <p><b><u>Colorectal Cancer ICD-10</u></b> C18.0-C18.9, C19, C20, C21.2, C21.8, C78.5, Z85.038, Z85.048</p> <p><b><u>Colectomy CPT</u></b> 44150-44153, 44155-44158, 44210-44212</p> <p><b><u>Colectomy ICD-10</u></b> ODTE0ZZ, ODTE4ZZ, ODTE7ZZ, ODTE8ZZ</p>



	**A pathology report that indicates the type of screening and the date when the screening was performed meets criteria for inclusion in the measure.	
<b>Timeliness of Prenatal and Postpartum Care</b>	<p><b><u>Prenatal care (one of the following)</u></b></p> <p>Documentation in the medical record must include a note indicating the date when the prenatal care visit occurred</p> <ul style="list-style-type: none"> <li>• Basic physical obstetrical examination (auscultation for fetal heart tone, pelvic exam with obstetric observations, or measurement of fundus height)</li> <li>• Prenatal care procedure (obstetric panel, echography of a pregnant uterus, documentation of LMP or EDD in conjunction with either prenatal risk assessment and counseling/education, or complete obstetrical history)</li> </ul> <p><b><u>Postpartum care (one of the following)</u></b></p> <ul style="list-style-type: none"> <li>• Pelvic exam</li> <li>• Evaluation of weight, blood pressure, breasts and abdomen</li> <li>• Notation of postpartum care, including, but not limited to “postpartum care,” “PP care,” “PP check,” or “6-week check”</li> <li>• Preprinted “Postpartum care” form</li> <li>• Pap test</li> </ul>	<p>A prenatal visit in the first trimester or within 42 days of enrollment</p> <p>A postpartum visit for a pelvic exam or postpartum care on or between 21 and 56 days after delivery</p> <p>Includes visits with PAs, NPs, and midwives and provided a co-signature by a physician is present, if required by state law</p>

**Clinical Quality Measures**

Metric	Code(s) and Identification	Notes
<b>Cigarette Smoking Prevalence</b>	<p><b>Documentation:</b> Each EHR may have different codes to document cigarette smoking and tobacco use.</p> <p>Please indicate if cigarette smoking only, and/or broader tobacco use.</p> <ol style="list-style-type: none"> <li>1) Of all patients with a qualifying visit, how many have their cigarette smoking or tobacco use status recorded?</li> <li>2) Of all patients with their cigarette smoking or tobacco use status recorded, how many are cigarette smokers?</li> <li>3) Of all patients with their cigarette smoking or tobacco use status recorded, how many are smokers and/or tobacco users?</li> </ol>	<p>Members age 13+ who had a qualifying visit where their smoking and/or tobacco use status is recorded as structured data, who are current smokers and or tobacco users.</p> <p>**Electronic health record measure</p>

	<p>For information on tobacco treatment reimbursement please refer to the EOCCO provider manual <a href="http://eocco.com/providers/resources.shtml">http://eocco.com/providers/resources.shtml</a></p>	
<p><b>Controlling Hypertension (High Blood Pressure)</b></p>	<p>Patients whose blood pressure at the most recent visit is adequately controlled</p> <ul style="list-style-type: none"> <li>• Systolic blood pressure &lt;140 mmHg</li> <li>• Diastolic blood pressure &lt;90 mmHg</li> </ul> <p><b>Outpatient Services:</b> Office Visit, Face-to-Face Interaction, Preventive Care Services, Home Health Services, Annual Wellness Visit</p> <p><b>Exclusions:</b> Evidence of ESRD (End Stage Renal Disease), Chronic Kidney Disease Stage 5, Dialysis or renal transplant, Diagnosis of pregnancy</p> <p>**If there are multiple blood pressure readings on the same day, use the lowest systolic and the lowest diastolic reading as the</p>	<p>Members 18-85 years of age who had a diagnosis of essential hypertension within the first six months of 2017 or any time prior to 2017 and who received a qualifying outpatient service in 2017.</p> <p>**Electronic health record measure</p>
<p><b>Depression Screening and Follow up Plan</b></p>	<p>Patients screened for depression on the date of the encounter, using an age-appropriate standardized tool AND if positive, a follow-up plan is documented on the date of the positive screen.</p> <p>The following Grouping Value Sets are used to identify follow-up planning:</p> <ul style="list-style-type: none"> <li>• Referral for Depression Adolescent SNOMED-CT Value Set (2.16.840.1.113883.3.600.537)</li> <li>• Referral for Depression Adult SNOMED-CT Value Set (2.16.840.1.113883.3.600.538)</li> <li>• Additional evaluation for depression- adolescent SNOMED-CT Value set (2.16.840.1.113883.3.600.1542)</li> <li>• Additional evaluation for depression- adult SNOMED-CT Value set (2.16.840.1.113883.3.600.1545)</li> <li>• Follow-up for depression- adolescent SNOMED-CT Value Set (2.16.840.1.113883.3.600.467)</li> <li>• Follow-up for depression- adult SNOMED-CT Value Set (2.16.840.1.113883.3.600.468)</li> <li>• Depression medications – adolescent RxNorm Value Set (2.16.840.1.113883.3.600.469)</li> <li>• Depression medications – adult RxNorm Value Set (2.16.840.1.113883.3.600.470)</li> <li>• Suicide Risk Assessment SNOMED-CT Value Set (2.16.840.1.113883.3.600.559)</li> </ul>	<p>Members age 12+ with at least one eligible encounter in 2017</p> <p><b>Exclusions:</b></p> <ol style="list-style-type: none"> <li>1. Patients with an active diagnosis for depression or bipolar disorder. (Identified by Grouping Value set codes)</li> <li>2. Patients refusing to participate (SNOMED-CT Value Set) or an urgent/emergent situation where time is the essence and delaying treatment would jeopardize patient health (Medical or Other</li> </ol>

	<p>Note: the follow up plan must be related to a positive depression screening, example: "Patient referred for psychiatric evaluation due to positive depression screening."</p> <p>Also note that the use of PHQ9 is allowable as follow up to a positive PHQ2</p>	<p>reason not done Value Set) are considered excluded from the denominator.</p> <p>**Electronic health record measure</p>
<p><b>Diabetes: HbA1c Poor Control</b></p>	<p>Patients whose most recent HbA1c level (performed during 2017) is &gt;9.0%, if the most recent HbA1c result is missing, or if there are no HbA1c tests performed and results documented during 2017.</p> <p><b><u>HbA1c Test CPT Codes</u></b> 83036, 83037, 3044F, 3045F, 3046F</p> <p><b><u>LDL-C Test CPT Codes</u></b> 3048F, 3049F, 3050F, 80061, 83700, 83701, 83704, 83721</p> <p><b>Outpatient Services:</b> Office Visit, Face-to-Face Interaction, Preventive Care Services – Established Office Visit, 18 and Up, Preventive Care Services – Initial Office Visit, 18 and Up</p>	<p>Members 18-75 years of age who had a diagnosis of diabetes during or any time prior to 2017 and who received a qualifying outpatient service during 2017</p> <p>**Electronic health record measure</p>

EOCCO Referral and Authorization Guidelines, Moda Health Clinical Editing Policy Information, DMAP Prioritized List of Health Services and DMAP Provider Guidelines outline in the current Oregon Administrative rules apply. Services are subject to eligibility and plan provisions in effect at the time services are rendered.

Please visit [EOCCO.com](http://EOCCO.com) to learn more about Billing and Payments. If you have comments, questions, or would like additional information on codes and billing, please contact [EOCCOmetrics@modahealth.com](mailto:EOCCOmetrics@modahealth.com).