

# 2016 PCP Incentive Program

An integrated program focused on patient-centered care

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# 2016 Program updates

The PCP Incentive Program is updated annually to reflect current health care trends. The 2016 program remains consistent with our 2015 program with the exception of the few changes outlined below.

For complete details on these measure changes, refer to the individual measure specification pages.

## **Administrative changes**

### 2016 New measures

- Tobacco Cessation

### 2016 Revised measures

- Depression Screening – increased payout and changed method of measurement
- Optimal Diabetes Care – added Diabetes Controlled Blood Pressure into the measure subset and changed performance tiers
- Senior Care Education – changed criteria
- CG CAHPS – removed attestation requirement
- Care Management – changed criteria

### 2016 Retired measures

- Follow-up Visits Post Hospital Discharge – moving to report only

# Partners in Performance

## Helping you thrive in a changing world

For 19 years, we've partnered with PCPs to improve the quality, access and affordability of care for our members. Our goal is to:

- **Optimize health.** We provide tools, programs and information that make it easier for you to improve the health outcomes of your Priority Health patients with integrated, patient-centered care.
- **Ensure the best care experience.** We engage your Priority Health patients and hold them accountable for their health.
- **Eliminate avoidable costs.** We hold you accountable for using evidence-based medicine to reduce costs, and we reward you for achieving the best outcomes.

We will achieve our commitment by focusing—with you, our partner providers—on five foundational elements:

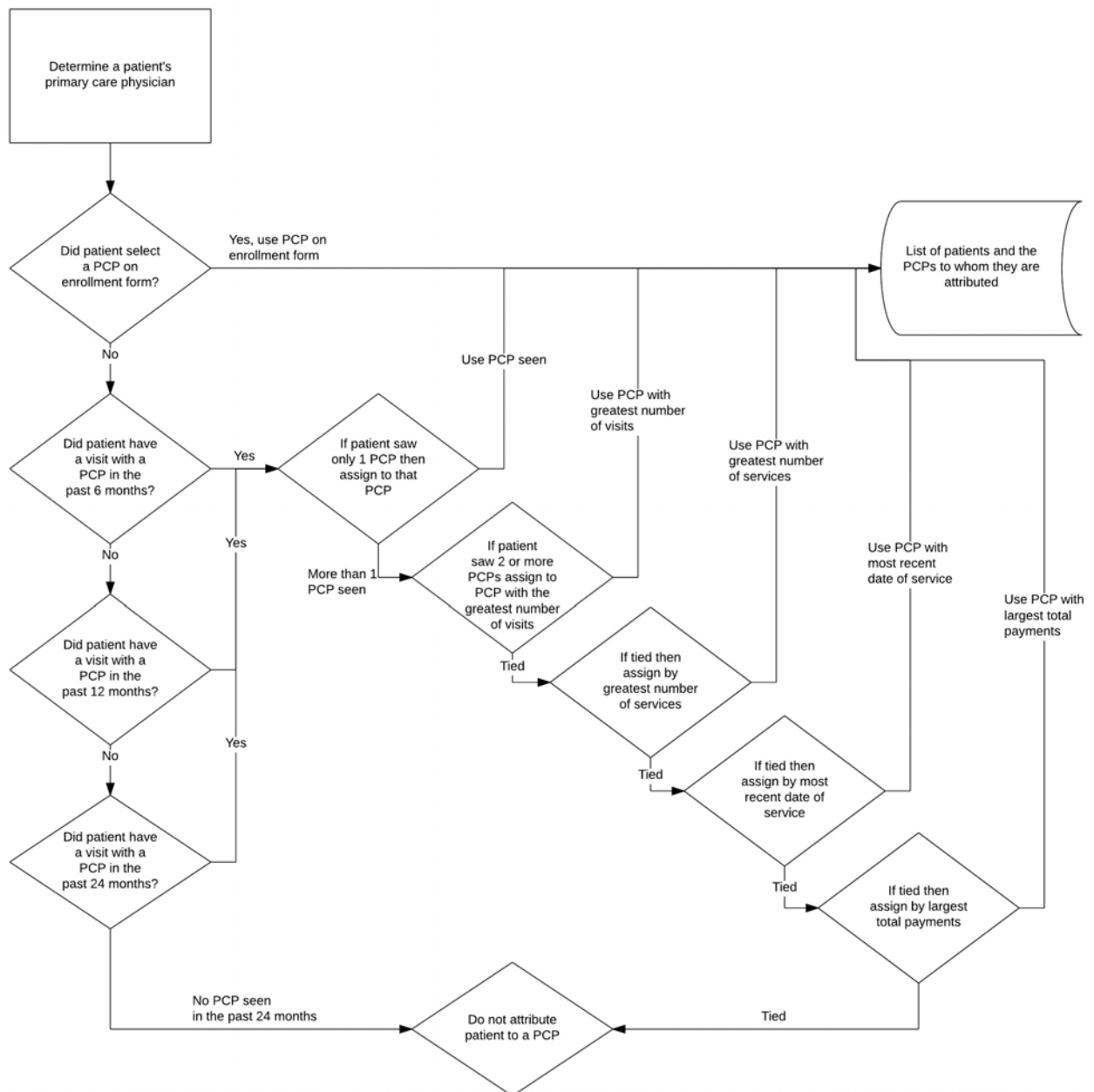
- **Clinical collaboration.** *We work with you:* Building from our combined clinical resources, we'll work together with you to implement transformative programs that meet the needs of your patient population.
- **Access and experience.** *We're committed:* We work with you to ensure that patients have access to exceptional care, in all settings—primary care, specialty care and facility services. In addition, we're committed to assisting you in improving the patient experience by providing actionable information and program support.
- **Fair and transparent cost.** *We're transparent:* We work with you to collect performance data on fair cost of services, usage, quality and experience. We then share this data with Priority Health patients and employers so they can make informed health care decisions.
- **Continuous quality improvement.** *We evaluate and innovate.* Continuous improvement is the hallmark of great organizations and great partnerships. Through our unique tool set, we collect, monitor and share with you opportunities to improve the cost, quality and/or experience of care (Triple Aim). More importantly, we'll work with you to determine which opportunities are achievable and align with our mutual priorities and available resources.
- **Economic alignment.** *We pay for value over volume.* We work with you to transform the way health care is delivered. By collaborating on reimbursement strategies, we can help you successfully transition from a pay-for-volume business model to a pay-for-value one, minimizing economic impact.

Working together, Priority Health and our primary care physician partners have produced outstanding results for Michigan communities year after year. We're here to help your practice maximize its 2016 PCP incentives. Contact your Provider Account Representative for practice resources and programs to support your efforts.

# How our attribution model works

**We're committed to providing a medical home for all Priority Health members.**

We use an attribution model to ensure that members enrolled in health plans with no PCP assignment are included in the *PCP Incentive Program*. This includes members in self-funded and fully funded PPO plans as well as in Medicare PPO plans.



Visits are determined using claims information. Valid E&M codes: 99201-99205, 99212-99215, 99241-99245, 99381-99387, 99391-99397. Valid place of service locations: school, homeless shelter, Indian Health Service free-standing facility, Indian Health Service provider-based facility, Tribal 638 free-standing facility, Tribal 638 provider-based facility, office, patient's home, outpatient hospital, federally qualified health center, state or local public health clinic and rural health clinic.

# Supplemental data

Priority Health defines supplemental data as anything that is submitted to Priority Health beyond what is included on a claim form. There are three approved methods of submitting supplemental data:

- HL7
- Patient profile
- Report #70

## How we audit supplemental data

### **Random audits ensure the accuracy of our PCP Incentive Program payouts.**

Priority Health audits the supplemental data provided by practices for the PCP Incentive Program measure requirements. This annual audit randomly selects practices throughout the network.

At year end, each audited practice is given a partial list of supplemental data provided to Priority Health. Practices are required to return a copy of the medical record that documents the supplemental data piece. *Example:* If lab value data was supplied, the practice would submit a printed copy of office visit notes with the lab value.

#### Audit process procedure:

- Audit notices are emailed to the practice group and PHO/PO if applicable.
- Providers are required to respond to the audit within two weeks of the delivery date. Failure to return results by the deadline will result in ineligibility for the 2016 payout.
- If a medical record is unavailable, audit results will be recalculated to determine a compliance score with the audit. An audit result of less than 95% accuracy will require an additional audit of 50 medical records.
- Failure to reach a score of 95% or higher on the second set of 50 records will result in ineligibility for the 2016 payout.
- Revised PCP Incentive Program scores will also be used to determine apple quality ratings as displayed within the Priority Health Find a Doctor tool.
- Additional sanctions against the practice may also be considered based upon audit results.

# Glossary

**Accountable Care Network (ACN)**

Accountable Care Networks are contracted physician organizations/physician hospital organizations (PO/PHOs) or professional groups defined as one entity for reporting and performance measurement purposes. The pay for performance (PFP) group serves as the system template or creation of ACN groups and ACN reporting.

**Attribution model**

Our attribution model matches a primary care physician with a patient enrolled in a Priority Health plan that does not require an assigned PCP. See our attribution model on page 4.

**Facility site ID number**

The administrative number Priority Health assigns to your practice for purposes of identification and payment. This number is included on each PIP report.

**FileMart**

A Priority Health application within our website's Provider Center. FileMart is the available mechanism to receive standard incentive program and membership reports.

**Health plan inclusion**

All Priority Health plans, except our Medigap and short term individual plans are included in the PCP Incentive Program.

**HEDIS**

The Healthcare Effectiveness Data and Information Set (HEDIS) is the most widely-used set of performance measures in the health care industry. HEDIS is developed and maintained by the National Committee for Quality Assurance (NCQA), a not-for-profit organization committed to assessing, reporting and improving the quality of care provided by organized delivery systems. If HEDIS definitions are revised throughout 2016, Priority Health will update measures based on those revisions. If a HEDIS revision impacts our PCP Incentive Program, we will provide written notification to the network and update the manual online as appropriate.

**MCIR**

The Michigan Care Improvement Registry (MCIR) is an electronic immunization registry, and is available to private and public providers for maintenance of immunization records for all citizens in the State of Michigan.

MCIR calculates a patient's age, provides an immunization history and determines which immunizations may be due. Priority Health receives monthly data downloads from the Michigan Department of Community Health (MDCH) and displays this data within monthly reports and in Patient Profile.

**Non-adherence**

Non-adherence is defined as "Members refusing to follow provider recommendations for care".

- Providers can request that non-adherent members be excluded from PIP measure denominators.
- It is the intent of the Non-adherent Member Exclusion Procedure to identify members who have been counseled at least three times on recommended care and who have made the personal choice not to seek care, for any reason. The three outreach attempts must be a minimum of one week apart and must take place in 2016.
- Non-adherence requests will only be accepted using the Patient Profile tool. A provider may request exclusion of a member at any point prior to Nov. 11, 2016 for the 2016 program year. Each request for exclusion will be granted for the current program year only.
- Manual processing of non-adherence member exclusions take place during the 2016 settlement process in the first quarter of 2016.

Find additional information about the non-adherent process at

*[priorityhealth.com/provider/manual/performance/pip/nonadherent-members](http://priorityhealth.com/provider/manual/performance/pip/nonadherent-members)*

**Patient Profile**

Patient Profile is an online resource designed to assist PCPs with patient management. Data is based on information gathered through medical claims, lab files submitted by hospitals and independent laboratories, pharmacy claims, HL7 files and physician-supplied data.

Patient Profile features include:

- Patient search: Practices can conduct a search for individual patients and review reports for individualized care needs.
- Health condition search: Searches are available for an entire patient population. Variables may be selected to tailor the search to your practice's specific interests.
- Resource list: Clinical practice guidelines and printable patient education tools.

Patient Profile data updates:

- Patient demographic information is updated nightly.
- Supplemental data provided by primary care practices and network providers is scheduled for a weekly update administered each weekend.
- PCP Incentive Program indicator icons are updated with the monthly PIP report refresh.
- MCIR data is received once monthly, usually between the 23<sup>rd</sup> and 25<sup>th</sup> of the month.

**Pay for Performance (PFP) group**

A Pay for Performance group is a contracted PO, PHO or large medical group.

**PMPM**

Per member per month (PMPM) identifies one member enrolled in the health plan for one month.

**Prescribing provider**

Captured from pharmacy claims, this is the provider recorded as prescribing the filled prescription. Incorrect attributions must be discussed with the dispensing pharmacy.

**Priority Health Standard of Excellence**

Is defined as 75<sup>th</sup> percentile practice group performance or 90% adherence for patient care processes measured at the point of care.



# Administrative details

Understanding the details is key to successful participation in our PCP Incentive Program.

## **Demographic changes**

Centers for Medicare and Medicaid Services (CMS) has issued new requirements for 2016 regarding online directories to ensure that members have true availability of contracted providers and specifically whether they are accepting new patients. Under the requirement CMS is requiring the following:

- Require contracted providers to inform the plan of any changes to street address, phone number, and office hours or other changes that affect availability.

To become fully compliant with this requirement, Priority Health will make the PIP\_007 Open/Closed and Peak Membership report available to all providers. We expect providers to review this report regularly and contact Priority Health immediately if their open/closed status has changed. Providers are contractually obligated to provide 60 days prior written notice of closing to new members. Providers, who need to make changes, including location, contact information, office hours, etc., can communicate to Priority Health using the provider change form located on our website at [priorityhealth.com/provider/forms](http://priorityhealth.com/provider/forms).

If a PCP has demographic changes they should submit a participating provider change notification form to [PH-PELC@priorityhealth.com](mailto:PH-PELC@priorityhealth.com).

## **Earned members**

Earned members are based on assignments to a practice on the 15<sup>th</sup> of each month, considering retroactivity.

## **Manual revisions**

If revisions are made to the technical manual throughout the calendar year, the updated online version will be considered the official version. The online version will be dated to identify the most current version. We'll alert you of manual revisions via news articles.

## **Medicaid**

Includes members under Children's Special Health Care Services, Healthy Michigan Plan and MIChild.

## **Member assignment**

For most measures, member assignment for program settlement aligns with the participating PCP assigned or attributed on Dec. 31, 2016. Measure case definitions provide a few exceptions to this rule.

Official member counts include 90 days of retroactivity. Employers have 30 days to request retroactive member enrollment or termination. However, 90-day retroactivity may be requested by an employer for review.

## **Member discharge**

Discharging members for the sole purpose of reaching PCP Incentive Program measure targets is not allowed. Member discharges are reviewed by Priority Health and must meet the following criteria as listed in the online Provider Manual at [priorityhealth.com/provider/manual/office-mgmt/provider-patient-relationship/discharge](http://priorityhealth.com/provider/manual/office-mgmt/provider-patient-relationship/discharge).

## **Minimum settlement check amount**

Practices earning less than \$50 will not receive a PCP Incentive Program settlement payout.

## **Pay for Performance (PFP) audits**

Quarterly Pay for Performance (PFP) group audits are required. PFP groups must review physician (PCP) inclusion to ensure physicians are correctly assigned to the appropriate PFP group. This validation process is critical to the PCP Incentive Program settlement. PFP groups that fail to complete this audit according to deadlines are at risk for incorrect settlement payments.

### **PCP Incentive Program eligibility**

It is easy to participate in our PCP Incentive Program. You're eligible if you:

- Participate with Priority Health as a PCP on Dec. 31, 2016.
- Submit claims within 45 days of service
- Participate with Priority Health's Clinical Quality Improvement Programs

The ED Visits: PCP Treatable measure includes all data and experience for terminated physicians, PCPs that become specialists, and terminated members throughout the calendar year 2016.

### **PHO/PO pay-to rules**

Contracted PHO/POs will receive program settlement for all member providers in one check at year end settlement (April 2016). These PHO/POs will be responsible for distributing settlement funds to providers at their discretion.

### **Post-settlement review**

Requests for review of final 2016 settlement performance and financial payout must be submitted in writing by May 13, 2016. For details regarding post-settlement review request requirements, contact your practice's Provider Account Representative (PAR).

### **Priority Health apples designation**

Apples are awarded annually to PCPs whose performance meets or exceeds threshold targets for preventive care and treatment of chronic illnesses. These quality ratings, illustrated by red apple icons, are published on the PCP's page in our "Find a Doctor" tool at *priorityhealth.com*. An overall rating is awarded based on the average for all measures.

PCPs earning a score of:

- Four apples: meet or exceed the target
- Three apples: are in the top third of the target
- Two apples: are in the middle third of the target
- One apple: are in the bottom third of the target

### **Priority Health Quality Awards**

The physicians and groups selected for annual Priority Health Quality Awards have achieved the highest overall scores for ensuring patients receive preventive care, control chronic disease and have a good patient experience. Quality award results are based on performance of a combined quality index score of 1.0 and greater, plus minimum membership of 100 Priority Health members. The quality index (QI) is the sum of the numerators, divided by the sum of the denominators, of each PCP Incentive Program Clinical Outcomes measures. The result is then divided by the weighted average of the targets to determine the recipients.

### **Program deadlines**

|  |   |
|--|---|
| CG CAHPS practice-level performance data for 2015 program year | Jan. 31, 2016                             |
| Post settlement review 2015                                    | May 13, 2016                              |
| PFP audit quarterly deadlines                                  | April 1, 2016, July 1, 2016, Oct. 7, 2016 |
| Care management attestation form                               | June 1, 2016                              |
| PCMH recognition   | Aug. 15, 2016                             |
| Non-adherence  | Nov. 11, 2016                             |
| CG CAHPS practice-level performance data for 2016 program year | Jan. 31, 2017                             |
| Special exceptions   | Jan. 31, 2017                             |
| Supplemental data  | Jan. 31, 2017                             |
| Claims submission  | Feb. 28, 2017                             |

### **Reporting**

No custom reports will be built or provided to PO/PHOs or practices for the 2016 PCP Incentive Program.

**Report #70**

Report #70 is an Excel file made available by Priority Health for PCP practices to compile and provide data to Priority Health. Practices enter member-specific data into the file and return the file electronically to their PAR who routes it to the correct department within Priority Health for data downloading.

**Secondary cardholders**

Members with primary insurance coverage through another health insurer are included in the PCP Incentive Program.

**Settlement**

Settlement for the PCP Incentive Program occurs at year end. No prospective payments will be distributed.

**Settlement entities**

Settlement will be attributed to the participating primary care provider (PCP) assigned as of Dec. 31, 2016, unless otherwise specified, and paid to the physicians' primary contracted physician hospital organization (PHO) or physician organization (PO). Physicians participating in multiple PHO/POs will be asked to select a primary affiliation for purposes of the PCP Incentive Program. PHO/POs will only receive incentive payment for contracted product lines. If physicians have a contract for any product directly with Priority Health outside of the PHO/PO contract, Priority Health will distribute those non-contracted funds directly to the same entity his/her claims are paid to for primary care services.

**Special exceptions**

Special exceptions are only accepted for measures with performance targets. They must be entered in the patient profile tool and must be submitted online by the Jan. 31, 2017 deadline. Manual processing of special exceptions will take place with the 2016 settlement process in the first quarter of 2017. For information go to [priorityhealth.com/provider/manual/performance/pip/special-exceptions](http://priorityhealth.com/provider/manual/performance/pip/special-exceptions).

**Supplemental data**

Supplemental data may be submitted to Priority Health through these methods:

- Patient Profile using the "Update Data" function
- PIP Report #70, Supplemental Data Extract available via FileMart.  
To learn more, contact your Provider Account Representative.
- EMR or Patient Registry data exchange (e.g. HL7 file format)
- Michigan Care Improvement Registry (MCIR)

Supplemental data must provide the date on which the service is performed rather than the date a test or result was reviewed with the patient. All supplemental (provider-reported) data is subject to audit. For details regarding the audit process, refer to page 5.

**Supplemental data upload schedule – HL7 data, Patient Profile, and Report #70**

- Demographic data: Data transactions including address and benefits are updated nightly.
- Supplemental data: The bulk of Patient Profile data comes from supplemental data elements from claims, HL7 files and provider updates. This update is administered each weekend.
- Release of PIP FileMart reports: Reports are released approximately by the 15<sup>th</sup> of each month and include data received through the end of the previous month. If the 15<sup>th</sup> falls on a weekend, reports are released the following Monday. The release of reports corresponds with the "Opportunity" indicators in Patient Profile.
- Opportunity indicators: These update the Monday following the release of the reports. If the 15<sup>th</sup> falls on a weekend or a Monday, opportunity indicator updates will display the following Monday.
- MCIR data is received from the state typically between the 23<sup>rd</sup> and 25<sup>th</sup> of the month.  
Immunization values, dates or counts are updated Monday following the receipt of the MCIR file.

Note: These timelines assume all systems are refreshing properly and in a timely manner. Technical issues may result in delays.

## Clinical outcomes

### Cervical Cancer Screenings

|                                 |  |
|---------------------------------|--|
| <b>Source</b>                   | HEDIS  |
| <b>Target source</b>            | 2015 HEDIS 90 <sup>th</sup> percentile   |
| <b>Identified measure</b>       | <p>The percentage of women 21–64 years of age with a cervical cancer screening according to the following schedule:</p> <ul style="list-style-type: none"> <li>30–64 who had cervical cancer screen and human papillomavirus (HPV) co-testing performed every 5 years. With service dates four or less days apart during 2012, 2013, 2014, 2015 or 2016 and who were 30 years or older on the date of both tests.</li> </ul> <p>For example, if the service date for cervical cancer screen was December 1 of the measurement year, then the HPV test must include a service date on or between November 27 and December 5 of the measurement year.</p> <p>or</p> <ul style="list-style-type: none"> <li>21-64 years of age: cervical cancer screen in 2014, 2015 or 2016</li> </ul> |
| <b>Case definition</b>          | <p>Women must be continuously enrolled with Priority Health in 2014, 2015 and 2016 with no more than a 45-day gap in coverage each year. Women must be members of Priority Health on Dec. 31, 2016.</p>  |
| <b>Age criteria</b>             | 24–64 years of age as of Dec. 31, 2016. The measured age range for women with a negative HPV screen is 30-64.  |
| <b>Exclusionary criteria</b>    | Women who have had a complete, total or radical abdominal or vaginal hysterectomy on or before Dec. 31, 2016. If Priority Health has not received claims data regarding this history, providers may supply through supplemental data options.  |
| <b>Numerator</b>                | The number of women who received cervical cancer screening as defined above.   |
| <b>Denominator</b>              | The number of women who reached the age of 24-64 years as of Dec. 31, 2016.  |
| <b>Level of measure</b>         | Practice group   |
| <b>Minimum members</b>          | 1 per practice group   |
| <b>Applicable product line</b>  | HMO/POS, ASO/PPO, Medicaid   |
| <b>Method of measurement</b>    | Claims data processed by Feb. 28, 2017, and provider supplemental data by Jan. 31, 2017  |
| <b>Provider data input</b>      | <p>Supplemental data for hysterectomy history may be provided until Jan. 31, 2017.</p> <p>Supplemental data for non-billed cervical cancer screenings may be provided until Jan. 31, 2017.</p> <p>Supplemental data includes:</p> <ul style="list-style-type: none"> <li>HL7</li> <li>Patient Profile</li> <li>Report #70</li> </ul> <p>Supplemental data for non-billed HPV screenings<br/>Report #70</p> <p>Supplemental data is subject to audit.</p>   |
| <b>Target: HMO/POS, ASO/PPO</b> | 84%  |
| <b>Target: Medicaid</b>         | 73%  |
| <b>Payout</b>                   | \$10 per measured member   |

## Clinical outcomes

### Childhood Immunizations

|                                |   |
|--------------------------------|---|
| <b>Source</b>                  | HEDIS Combination 3   |
| <b>Target source</b>           | 2015 HEDIS 90 <sup>th</sup> percentile  |
| <b>Identified measure</b>      | <p>Immunization set combination 3:</p> <ul style="list-style-type: none"> <li>• <b>Four DTaP/DTP:</b> All at least 42 days after birth, with different dates of service, and on or before the second birthday</li> <li>• <b>Three Hepatitis B:</b> On or before the second birthday, with different dates of service</li> <li>• <b>Three H Influenza Type B (HIB):</b> All at least 42 days after birth, with different dates of service, and on or before the second birthday</li> <li>• <b>One MMR:</b> On or before the second birthday. MMR the “14-day rule” does not apply</li> <li>• <b>Three IPV:</b> All at least 42 days after birth, with different dates of service, and on or before the second birthday</li> <li>• <b>One Varicella:</b> On or before second birthday, or history of disease on or before the second birthday</li> <li>• <b>Four Pneumococcal Conjugate:</b> All at least 42 days after birth, with different dates of service, and on or before the second birthday</li> </ul> |
| <b>Case definition</b>         | Children continuously enrolled with Priority Health for a 12-month period preceding their second birthday, with no more than a 45-day gap in coverage. Children must have active enrollment and be assigned to a participating PCP on their second birthday. Member/PCP assignment: PCP assigned on the member's second birthday  |
| <b>Age criteria</b>            | 2 years of age as of Dec. 31, 2016  |
| <b>Exclusionary criteria</b>   | Children who are documented in MCIR as having certain health conditions for which vaccines are contraindicated.   |
| <b>Immunization waivers</b>    | <p>The PCP Incentive Program also allows members to be excluded from this measure when parents choose not to vaccinate their child.</p> <p>An immunization waiver form is required as documentation for these cases. The parent or guardian must sign the immunization waiver form yearly and a copy must be saved in the patient's medical record.</p> <p>History of a member's immunization waiver needs to be submitted through the Update Data function in Patient Profile. These members are removed from the measure denominator.</p> <p>Priority Health requires the use of one of the following immunization waiver templates:</p> <ul style="list-style-type: none"> <li>• Michigan Department of Community Health</li> <li>• American Academy of Pediatrics</li> <li>• Alliance for Immunization in Michigan</li> </ul>   |
| <b>Numerator</b>               | The number of children with completed vaccinations as defined above   |
| <b>Denominator</b>             | The number of children 2 years of age as of Dec. 31, 2016   |
| <b>Level of measure</b>        | Practice group  |
| <b>Minimum members</b>         | 1 per practice group  |
| <b>Applicable product line</b> | HMO/POS, ASO/PPO, and Medicaid  |

|                                 |  |
|---------------------------------|--|
| <b>Method of measurement</b>    | <p>Claims data processed by Feb. 28, 2017.</p> <p>MCIR data is downloaded from the State of Michigan monthly. MCIR immunization history must be entered by Jan. 31, 2017.</p> <p>MCIR and Priority Health match member records using a point system. We aren't always able to make a perfect match. Check monthly reporting for non-matches and provide the member's MCIR number to Priority Health through Patient Profile or Report #70.</p> |
| <b>Provider data input</b>      | For the varicella vaccine, history of illness or seropositive test should be entered in MCIR as a "documented immunity" (e.g., a child with chicken pox history would be noted as having a documented immunity to the varicella vaccine).  |
| <b>Target: HMO/POS, ASO/PPO</b> | 87%  |
| <b>Target: Medicaid</b>         | 81%  |
| <b>Payout</b>                   | \$170 per measured member  |

## Clinical outcomes

### Adolescent Immunizations

|                                 |   |
|---------------------------------|---|
| <b>Source</b>                   | HEDIS   |
| <b>Target source</b>            | 2015 HEDIS 90 <sup>th</sup> percentile  |
| <b>Identified measure</b>       | <p>The percentage of adolescents 13 years of age who had the following vaccines:</p> <ul style="list-style-type: none"> <li>• <b>Meningococcal:</b> One meningococcal conjugate or meningococcal polysaccharide vaccine between the 11<sup>th</sup> and 13<sup>th</sup> birthdays</li> <li>• <b>Tdap or Td:</b> One between the 10<sup>th</sup> and 13<sup>th</sup> birthdays*</li> </ul> <p>*Cases of pertussis have been increasing in Michigan. It is recommended that providers choose the Tdap vaccine for revaccination.</p>  |
| <b>Case definition</b>          | <p>Adolescents must be continuously enrolled with Priority Health for a 12-month period preceding their 13<sup>th</sup> birthday with no more than a 45-day gap in coverage.</p> <p>Adolescents must have active enrollment and be assigned to a participating PCP on their 13<sup>th</sup> birthday.</p> <p>Member/PCP assignment: PCP assigned on the member's 13<sup>th</sup> birthday</p>   |
| <b>Age criteria</b>             | 13 years of age as of Dec. 31, 2016   |
| <b>Exclusionary criteria</b>    | Refer to the CDC guidelines regarding health history, which may result in contraindication for a vaccine. The health history must be noted in MCIR.   |
| <b>Immunization waivers</b>     | <p>The PCP Incentive Program also allows members to be excluded from this measure when parents choose not to vaccinate their child.</p> <p>An immunization waiver form is required as documentation for these cases. The parent or guardian must sign the immunization waiver form yearly and a copy must be saved in the patient's medical record.</p> <p>History of a member's immunization waiver needs to be submitted through the Update Data function in Patient Profile. These members are removed from the measure denominator.</p> <p>Priority Health requires the use of one of the following immunization waiver templates:</p> <ul style="list-style-type: none"> <li>• Michigan Department of Community Health</li> <li>• American Academy of Pediatrics</li> <li>• Alliance for Immunization in Michigan</li> </ul> |
| <b>Numerator</b>                | The number of adolescents with completed immunizations as defined above   |
| <b>Denominator</b>              | The number of adolescents 13 years of age as of Dec. 31, 2016   |
| <b>Level of measure</b>         | Practice group  |
| <b>Minimum members</b>          | 1 per practice group  |
| <b>Applicable product line</b>  | HMO/POS, ASO/PPO, and Medicaid  |
| <b>Method of measurement</b>    | <p>Claims data processed by Feb. 28, 2017.</p> <p>MCIR data is downloaded from the State of Michigan monthly. MCIR immunization history must be entered by Jan. 31, 2017.</p> <p>MCIR and Priority Health match member records using a point system. We aren't always able to make a perfect match. Check monthly reporting for non-matches and provide the member's MCIR number to Priority Health through Patient Profile or Report #70.</p>  |
| <b>Provider data input</b>      | All immunization data must be updated in MCIR by Jan. 31, 2017.   |
| <b>Target: HMO/POS, ASO/PPO</b> | 88%   |
| <b>Target: Medicaid</b>         | 88%   |
| <b>Payout</b>                   | \$50 per measured member  |

## Clinical outcomes

### Well-Child Visits in the First 15 Months of Life

|                                 |   |
|---------------------------------|---|
| <b>Source</b>                   | HEDIS   |
| <b>Target source</b>            | 2015 HEDIS 90 <sup>th</sup> percentile  |
| <b>Identified measure</b>       | Infants turning 15 months of age in 2016 who had at least six well-child visits by 15 months of age   |
| <b>Case definition</b>          | <p>Continuously enrolled with Priority Health from 31 days of age to 15 months of age with no more than a 45-day gap in coverage.</p> <p>The infant must be enrolled and assigned to a PCP on the day of their 15<sup>th</sup> month of age. Fifteen months of age is defined as the 90<sup>th</sup> day following the infant's first birthday.</p> <p>Member/PCP assignment: PCP assigned to the infant on the date the infant reaches 15 months of age.</p> <p>Following HEDIS criteria, numerator events such as a MMR shot or a well-child visit must be at least 14 days apart to count as two separate events. If two of the same numerator events (i.e. two MMR shots or two well-child visits) happen within 14 days of each other we will credit only the first one.</p> |
| <b>Age criteria</b>             | 15 months of age during 2016  |
| <b>Exclusionary criteria</b>    | None  |
| <b>Numerator</b>                | Infants with at least six well-child visits before turning 15 months of age   |
| <b>Denominator</b>              | Infants turning 15 months of age during 2016  |
| <b>Level of measure</b>         | Practice group  |
| <b>Minimum members</b>          | 1 per practice group  |
| <b>Applicable product line</b>  | HMO/POS, ASO/PPO, and Medicaid  |
| <b>Method of measurement</b>    | Claims data processed by Feb. 28, 2017  |
| <b>Provider data input</b>      | <p>Supplemental data includes:</p> <ul style="list-style-type: none"> <li>• HL7</li> <li>• Report #70</li> </ul> <p>Supplemental data is subject to audit.</p>  |
| <b>Target: HMO/POS, ASO/PPO</b> | 90%   |
| <b>Target: Medicaid</b>         | 74%   |
| <b>Payout</b>                   | \$75 per measured member  |

### Physical exams (well-child visits)

Here's how often children should have complete physicals (well-child exams):

| Age                | Recommendation   |
|--------------------|--|
| <b>Newborn</b>     | 1 visit 3-5 days after discharge                         |
| <b>0-2 years</b>   | 1 visit at 2, 4, 6, 9, 12, 15, 18 and 24 months          |
| <b>3-6 years</b>   | 1 visit at 30 months and 1 visit every year for ages 3-6 |
| <b>7-10 years</b>  | 1 visit every 1-2 years                                  |
| <b>11-18 years</b> | 1 visit every year                                       |



## Clinical outcomes

### Well-Child Visits 3–6 Years

|                                 |  |
|---------------------------------|--|
| <b>Source</b>                   | HEDIS  |
| <b>Target source</b>            | 2015 HEDIS 90 <sup>th</sup> percentile   |
| <b>Identified measure</b>       | Children 3–6 years of age who received one or more well-child visits with a PCP in 2016  |
| <b>Case definition</b>          | Children must be continuously enrolled with Priority Health during 2016 with no more than a 45-day gap in coverage.<br>Children must be members of Priority Health and assigned to a participating PCP on Dec. 31, 2016. |
| <b>Age criteria</b>             | 3-6 years of age as of Dec. 31, 2016   |
| <b>Exclusionary criteria</b>    | None   |
| <b>Numerator</b>                | The number of children with at least one well-child visit in 2016  |
| <b>Denominator</b>              | The number of children 3-6 years of age as of Dec. 31, 2016  |
| <b>Level of measure</b>         | Practice group   |
| <b>Minimum members</b>          | 1 per practice group   |
| <b>Applicable product line</b>  | HMO/POS, ASO/PPO, and Medicaid   |
| <b>Method of measurement</b>    | Claims data processed by Feb. 28, 2017   |
| <b>Provider data input</b>      | Supplemental data includes: <ul style="list-style-type: none"> <li>• HL7</li> <li>• Report #70</li> </ul> Supplemental data is subject to audit.   |
| <b>Target: HMO/POS, ASO/PPO</b> | 88%  |
| <b>Target: Medicaid</b>         | 84%  |
| <b>Payout</b>                   | \$60 per measured member   |

### Physical exams (well-child visits)

Here's how often children should have complete physicals (well-child exams):

| Age                | Recommendation   |
|--------------------|--|
| <b>Newborn</b>     | 1 visit 3-5 days after discharge                         |
| <b>0-2 years</b>   | 1 visit at 2, 4, 6, 9, 12, 15, 18 and 24 months          |
| <b>3-6 years</b>   | 1 visit at 30 months and 1 visit every year for ages 3-6 |
| <b>7-10 years</b>  | 1 visit every 1-2 years                                  |
| <b>11-18 years</b> | 1 visit every year                                       |

## Clinical outcomes

### Chlamydia Screening

|                                 |  |
|---------------------------------|--|
| <b>Source</b>                   | HEDIS  |
| <b>Target source</b>            | 2015 HEDIS 90 <sup>th</sup> percentile   |
| <b>Identified measure</b>       | The percentage of women 16–24 years of age who were identified as sexually active with one or more chlamydia screenings during 2016.   |
| <b>Case definition</b>          | Women must be continuously enrolled with Priority Health in 2016 with no more than a 45-day gap in coverage.<br>Women must be enrolled with Priority Health and assigned to a participating PCP on Dec. 31, 2016.  |
| <b>Age criteria</b>             | 16–24 years of age as of Dec. 31, 2016   |
| <b>Exclusionary criteria</b>    | A billed pregnancy test during 2016 followed within 7 days by a filled prescription for isotretinoin (Accutane) or an X-ray. Submit a special exception in Patient Profile for women with a pregnancy test conducted pre-surgery.  |
| <b>Numerator</b>                | Women with at least one or more chlamydia tests during 2016.   |
| <b>Denominator</b>              | Sexually active women 16-24 years old.   |
| <b>Level of measure</b>         | Practice group   |
| <b>Minimum members</b>          | 1 per practice group   |
| <b>Applicable product line</b>  | HMO/POS, ASO/PPO, and Medicaid   |
| <b>Method of measurement</b>    | Pharmacy and medical claims processed by Feb. 28, 2017.<br>Physician reported data submitted by Jan. 31, 2017.<br><br>Sexual activity is identified through billed diagnosis codes, procedure codes and pharmacy claims.   |
| <b>Provider data input</b>      | Documented chlamydia screening may be supplied as supplemental data through Jan. 31, 2017.<br>Supplemental data includes: <ul style="list-style-type: none"> <li>• HL7</li> <li>• Patient Profile</li> <li>• Report #70</li> </ul><br>Supplemental data is subject to audit. |
| <b>Target: HMO/POS, ASO/PPO</b> | 63%  |
| <b>Target: Medicaid</b>         | 69%  |
| <b>Payout</b>                   | \$15 per measured member   |

## Clinical outcomes

### Lead Screening in Children

|                                |  |
|--------------------------------|--|
| <b>Source</b>                  | HEDIS  |
| <b>Target source</b>           | 2015 HEDIS 90 <sup>th</sup> percentile   |
| <b>Identified measure</b>      | The percentage of children two years of age who had one or more capillary or venous blood screenings for lead poisoning before their second birthday   |
| <b>Case definition</b>         | <p>Children must be continuously enrolled for 12 months prior to their second birthday with no more than a 45-day gap in coverage. Children must have active coverage and be assigned to a participating PCP on their second birthday.</p> <p>Member/PCP assignment: PCP assigned to the child on their second birthday</p>  |
| <b>Age criteria</b>            | 2 years of age as of Dec. 31, 2016   |
| <b>Exclusionary criteria</b>   | None   |
| <b>Numerator</b>               | One or more capillary or venous blood tests to screen for lead poisoning on or before the child's second birthday.   |
| <b>Denominator</b>             | All children turning age two in 2016   |
| <b>Level of measure</b>        | Practice group   |
| <b>Minimum members</b>         | 1 per practice group   |
| <b>Applicable product line</b> | Medicaid   |
| <b>Method of measurement</b>   | <p>Claims data processed by Feb. 28, 2017. Physician reported data submitted by Jan. 31, 2016.</p> <p>Lead screenings noted within MCIR will also be downloaded to supplement claims data.</p> <p>The MCIR lead file from the State of Michigan does not include MIChild or Healthy Michigan Plan members, or Children's Special Health Care; therefore, some practices may notice members not meeting the lead screening measure even though the member may have had the service completed. Providers should enter these screenings as supplemental data.</p> |
| <b>Provider data input</b>     | <p>Documented lead screenings may be supplied as supplemental data through Jan. 31, 2017.</p> <p>Supplemental data includes:</p> <ul style="list-style-type: none"> <li>• HL7</li> <li>• Patient Profile</li> <li>• Report #70</li> </ul> <p>Supplemental data is subject to audit.</p>  |
| <b>Target</b>                  | 86%  |
| <b>Payout</b>                  | \$15 per measured member   |

# Clinical outcomes

## Pediatric Obesity

updated 4/2016

|                                 |  |
|---------------------------------|--|
| <b>Source</b>                   | Priority Health standard of excellence   |
| <b>Identified measure</b>       | <p>The percentage of children 3-17 years of age on Dec. 31, 2016 who had a billed preventive evaluation and management (E&amp;M) visit with a participating PCP or OB/GYN and who had a BMI percentile documented and billed on any PCP claim with an ICD-10 diagnosis code of Z68.51-Z68.54.</p> <p>The evaluation timeframe for both the preventive evaluation and management (E&amp;M) visit and the documented BMI percentile is Jan. 1 - Dec. 31, 2016.</p> |
| <b>Case definition</b>          | <p>Children must be continuously enrolled with Priority Health medical coverage in 2015 with no more than a 45 day gap in coverage.</p> <p>Children must have active Priority Health medical coverage on Dec. 31, 2016.</p> <p>Children will be anchored to the PCP or OB/GYN who performed the preventive evaluation and management (E&amp;M) visit.</p>  |
| <b>Age criteria</b>             | 3-17 years as of Dec. 31, 2016.  |
| <b>Exclusionary criteria</b>    | None   |
| <b>Numerator</b>                | Unique children identified in the denominator with a BMI percentile documented and billed with an ICD-10 diagnosis code of Z68.51-Z68.54 on any PCP claim between Jan. 1 and Dec. 31, 2016.  |
| <b>Denominator</b>              | Unique children with a billed preventive evaluation and management (E&M) visit with a participating PCP or OB/GYN between Jan. 1 and Dec. 31, 2016.  |
| <b>Level of measurement</b>     | Practice group   |
| <b>Minimum members</b>          | 1 per practice group   |
| <b>Applicable product lines</b> | HMO/POS, ASO/PPO, and Medicaid   |
| <b>Method of measurement</b>    | Claims data processed by Feb. 28, 2017 and supplemental data entered on or before Jan. 31, 2017.   |
| <b>Provider data input</b>      | <p>Supplemental data includes:</p> <ul style="list-style-type: none"> <li>• HL7</li> <li>• Patient Profile</li> <li>• Report #70</li> </ul> <p>Supplemental data is subject to audit.</p>  |
| <b>Combined Product Target</b>  | 90%  |
| <b>Payout</b>                   | <p>\$0.25 pmpm for children 0-17 years of age on Dec. 31, 2016.</p> <p>Payout will be for the full 12 months of 2016.</p>  |

## Clinical outcomes

### Depression Screening

|                                 |   |
|---------------------------------|---|
| <b>Source</b>                   | Priority Health standard of excellence  |
| <b>Identified measure</b>       | <p>The percentage of members 12 years of age and older with PHQ2, PHQ4 or PHQ9 conducted during a PCP evaluation and management (E&amp;M) visit in 2016.</p> <p>The evaluation timeframe will be Jan. 1 – Dec. 31, 2016.</p>  |
| <b>Case definition</b>          | Members must be active as of Dec. 31, 2016.   |
| <b>Age criteria</b>             | 12 years and older as of Dec. 31, 2016.   |
| <b>Exclusionary criteria</b>    | None  |
| <b>Numerator</b>                | The number of members with a documented PHQ2, PHQ4 or PHQ9 in 2016.   |
| <b>Denominator</b>              | Total number of members with a billed E&M visit.  |
| <b>Level of measure</b>         | Practice group  |
| <b>Applicable product lines</b> | HMO/POS, ASO/PPO, Medicare and Medicaid   |
| <b>Method of measurement</b>    | <p>PHQ2, PHQ4 and PHQ9 data are captured through registry data submission, HCPCS billing codes, Patient Profile and Report #70.</p> <p>Practices must provide PHQ2, PHQ4 or PHQ9 data by Jan. 31, 2017.</p> <p>Documented PHQ2, PHQ4 and PHQ9 can occur during any office visit in 2016.</p>  |
| <b>HCPCS billing codes</b>      | <p>G8431 – Positive screen for clinical depression, follow-up plan documented</p> <p>G8510 – Negative screen for clinical depression documented, follow-up plan not required</p> <p>G8511 – Positive screen for clinical depression using an age appropriate standardized tool documented, follow-up plan not documented, reason not specified.</p> |
| <b>Provider data input</b>      | <p>Supplemental data includes:</p> <ul style="list-style-type: none"> <li>• HL7</li> <li>• Patient Profile</li> <li>• Report #70</li> </ul> <p>Supplemental data is subject to audit.</p>   |
| <b>Combined product target</b>  | 80%   |
| <b>Payout:</b>                  | \$0.20pmpm applies to entire member population; all ages.   |

## Clinical outcomes

### Colorectal Cancer Screening

|                                 |   |
|---------------------------------|---|
| <b>Source</b>                   | HEDIS   |
| <b>Target source</b>            | 2015 HEDIS 90 <sup>th</sup> percentile  |
| <b>Identified measure</b>       | The percentage of members 50-75 years of age who had appropriate screening for colorectal cancer  |
| <b>Case definition</b>          | Members continuously enrolled in 2015 and 2016, with no more than a 45-day gap in coverage. Members 51-75 years of age as of Dec. 31, 2016.   |
| <b>Age criteria</b>             | 51-75 years   |
| <b>Exclusionary criteria</b>    | Members with a diagnosis of colorectal cancer or total colectomy  |
| <b>Numerator</b>                | One or more screenings for colorectal cancer: <ul style="list-style-type: none"> <li>• Fecal occult blood test (FOBT) during 2016</li> <li>• Flexible sigmoidoscopy anytime during 2012 – 2016</li> <li>• Colonoscopy anytime during 2007 – 2016</li> <li>• Cologuard anytime during 2014 - 2016</li> </ul>   |
| <b>Denominator</b>              | Eligible members between 51-75 years of age   |
| <b>Level of measurement</b>     | Practice group  |
| <b>Minimum members</b>          | 1 per practice group  |
| <b>Applicable product lines</b> | HMO/POS, ASO/PPO, Medicare and Medicaid   |
| <b>Method of measurement</b>    | Claims data processed by Feb. 28, 2017.<br>Physician reported data submitted by Jan. 31, 2017.  |
| <b>Provider data input</b>      | Supplemental data may be provided until Jan. 31, 2017<br>Supplemental data includes: <ul style="list-style-type: none"> <li>• HL7</li> <li>• Patient Profile</li> <li>• Report #70</li> </ul> <p>If member had any of these services defined above completed prior to enrollment with Priority Health, they enter that date of service and result in Patient Profile or Report #70.</p> <p>Supplemental data is subject to audit.</p> |
| <b>Target: HMO/POS, ASO/PPO</b> | 76%   |
| <b>Target: Medicare</b>         | 79%   |
| <b>Target: Medicaid</b>         | 56%   |
| <b>Payout:</b>                  | \$10 per measured member  |

## Clinical outcomes

### Diabetes Care: Controlled HbA1c Less Than 7.0%

|                              |  |
|------------------------------|--|
| <b>Source</b>                | HEDIS  |
| <b>Target source</b>         | 2015 HEDIS 90 <sup>th</sup> percentile   |
| <b>Identified measure</b>    | The percentage of members with diabetes with an HbA1c <7.0%. This measure considers the most recent lab conducted in 2016. If no HbA1c was conducted during 2016, the level is considered to be greater than or equal to 7.0%  |
| <b>Case definition</b>       | <p>A member with diabetes is defined by:</p> <ul style="list-style-type: none"> <li>Two face-to-face encounters with a diagnosis of diabetes: <ul style="list-style-type: none"> <li>On different dates of service</li> <li>In an outpatient setting, observation visit, ED visit or non-acute inpatient encounter</li> <li>In 2015 or 2016, or</li> </ul> </li> <li>One face-to-face encounter with a diagnosis of diabetes: <ul style="list-style-type: none"> <li>In an acute inpatient encounter</li> <li>In 2015 or 2016, or</li> </ul> </li> <li>Insulin or oral hypoglycemic/antihyperglycemic filled script with diagnosis of diabetes during 2015 or 2016.</li> </ul> <p>Members must be continuously enrolled in 2016 with no more than a 45-day gap in coverage. Members must be active with Priority Health and assigned to a participating PCP on Dec. 31, 2016.</p>  |
| <b>Age criteria</b>          | 18–64 years of age as of Dec. 31, 2016   |
| <b>Exclusionary criteria</b> | <ul style="list-style-type: none"> <li>Coronary artery bypass graft (CABG): Members who had a CABG in any setting in 2015 or 2016</li> <li>Percutaneous Coronary Intervention (PCI): Members who had at least one encounter, in any setting, with any code to identify PCI in 2015 or 2016</li> <li>Ischemic vascular disease (IVD): Members with either of the following in 2015 or 2016: <ul style="list-style-type: none"> <li>At least one outpatient visit with an IVD diagnosis, or</li> <li>At least one acute inpatient visit</li> </ul> </li> <li>Chronic heart failure (CHF): Members who had at least one encounter, in any setting, with any code to identify CHF</li> <li>Thoracic aortic aneurysm: Members who had at least one outpatient visit or one acute inpatient visit with any code to identify thoracic aortic aneurysm</li> <li>Prior myocardial infarction (MI): Members who had at least one encounter, in any setting, with any code to identify MI</li> <li>Chronic Kidney Disease end-stage renal disease (ESRD): Members who had at least one encounter in any setting with any code to identify ESRD</li> <li>Dementia: Members who had at least one encounter, in any setting, with any code to identify dementia</li> <li>Blindness: Members who had at least one encounter, in any setting, with any code to identify blindness</li> <li>Amputation: Members who had at least one encounter, in any setting, with any code to identify lower extremity amputation</li> <li>Gestational or steroid-induced diabetes: Members with gestational or steroid-induced diabetes who did not have any face-to-face encounters with diagnosis of diabetes, in any setting, in 2015 or 2016</li> </ul> |
| <b>Numerator</b>             | The number of members with diabetes with an HbA1c <7.0%. This measure considers the most recent lab conducted in 2016. If no HbA1c was conducted during 2016, the level is considered to be greater than or equal to 7.0%.   |
| <b>Denominator</b>           | All members with diabetes as defined above   |

|                                 |   |
|---------------------------------|---|
| <b>Level of measure</b>         | Practice group  |
| <b>Minimum members</b>          | 1 per practice group  |
| <b>Applicable product line</b>  | HMO/POS, ASO/PPO, and Medicaid  |
| <b>Method of measurement</b>    | HbA1c values are sent electronically to Priority Health by many network hospitals and independent labs.<br><br>Supplemental data submitted by Jan. 31, 2017.  |
| <b>Provider data input</b>      | Documented lab values may be provided as supplemental data through Jan. 31, 2017. Supplemental data includes: <ul style="list-style-type: none"> <li>• HL7</li> <li>• Patient Profile</li> <li>• Report #70</li> </ul> Providers may exclude any member they determine to be incorrectly defined as diabetic by submitting data through the Update Data function in Patient Profile. The deadline for data submission is Jan. 31, 2017.<br><br>Supplemental data is subject to audit. |
| <b>Target: HMO/POS, ASO/PPO</b> | 46%   |
| <b>Target: Medicaid</b>         | 42%   |
| <b>Payout:</b>                  | \$25 per measured member  |



## Clinical outcomes

### Diabetes Care: Controlled HbA1c Less Than 8.0%

|                                 |   |
|---------------------------------|---|
| <b>Source</b>                   | HEDIS   |
| <b>Target source</b>            | 2015 HEDIS 90 <sup>th</sup> percentile  |
| <b>Identified measure</b>       | The percentage of members with diabetes with an HbA1c <8.0%. This measure considers the most recent lab conducted in 2016. If no HbA1c was conducted during 2016, the level is considered to be greater than or equal to 8.0%.  |
| <b>Case definition</b>          | <p>A member with diabetes is defined by:</p> <ul style="list-style-type: none"> <li>Two face-to-face encounters with a diagnosis of diabetes: <ul style="list-style-type: none"> <li>On different dates of service</li> <li>In an outpatient setting, observation visit, ED visit or non-acute inpatient encounter</li> <li>In 2015 or 2016, or</li> </ul> </li> <li>One face-to-face encounter with a diagnosis of diabetes: <ul style="list-style-type: none"> <li>In an acute inpatient encounter</li> <li>In 2015 or 2016, or</li> </ul> </li> <li>Insulin or oral hypoglycemic/antihyperglycemic filled script with diagnosis of diabetes during 2015 or 2016.</li> </ul> <p>Members must be continuously enrolled in 2016 with no more than a 45-day gap in coverage. Members must be active with Priority Health and assigned to a participating PCP on Dec. 31, 2016.</p> |
| <b>Age criteria</b>             | 18–75 years of age as of Dec. 31, 2016  |
| <b>Exclusionary criteria</b>    | Gestational or steroid-induced diabetes: Members with gestational or steroid-induced diabetes who did not have any face-to-face encounters with diagnosis of diabetes, in any setting, in 2015 or 2016  |
| <b>Numerator</b>                | The number of members with diabetes with an HbA1c <8.0%. This measure considers the most recent lab conducted in 2016. If no HbA1c was conducted during 2016, the level is considered to be greater than or equal to 8.0%   |
| <b>Denominator</b>              | All members with diabetes as defined above  |
| <b>Level of measure</b>         | Practice group  |
| <b>Minimum members</b>          | 1 per practice group  |
| <b>Applicable product line</b>  | HMO/POS, ASO/PPO, Medicare and Medicaid   |
| <b>Method of measurement</b>    | <p>HbA1c values are sent electronically to Priority Health by many network hospitals and independent labs.</p> <p>Supplemental data submitted by Jan. 31, 2017.</p>   |
| <b>Provider data input</b>      | <p>Documented lab values may be provided as supplemental data through Jan. 31, 2017. Supplemental data includes:</p> <ul style="list-style-type: none"> <li>HL7</li> <li>Patient Profile</li> <li>Report #70</li> </ul> <p>Providers may exclude any member they determine to be incorrectly defined as diabetic by submitting data through the Update Data function in Patient Profile. The deadline for data submission is Jan. 31, 2017.</p> <p>Supplemental data is subject to audit.</p>   |
| <b>Target: HMO/POS, ASO/PPO</b> | 70%   |
| <b>Target: Medicare</b>         | 78%   |
| <b>Target: Medicaid</b>         | 59%   |
| <b>Payout:</b>                  | \$30 per measured member  |

## Clinical outcomes

### Diabetes Care: Controlled HbA1c Less Than or Equal to 9.0%

|                                 |   |
|---------------------------------|---|
| <b>Source</b>                   | HEDIS   |
| <b>Target source</b>            | 2015 HEDIS 90 <sup>th</sup> percentile  |
| <b>Identified measure</b>       | The percentage of members with diabetes with an HbA1c $\leq 9.0\%$ . This measure considers the most recent lab conducted in 2016. If no HbA1c was conducted during 2016, the level is considered to be greater than 9.0%.  |
| <b>Case definition</b>          | <p>A member with diabetes is defined by:</p> <ul style="list-style-type: none"> <li>Two face-to-face encounters with a diagnosis of diabetes: <ul style="list-style-type: none"> <li>On different dates of service</li> <li>In an outpatient setting, observation visit, ED visit or non-acute inpatient encounter</li> <li>In 2015 or 2016, or</li> </ul> </li> <li>One face-to-face encounter with a diagnosis of diabetes: <ul style="list-style-type: none"> <li>In an acute inpatient encounter</li> <li>In 2015 or 2016, or</li> </ul> </li> <li>Insulin or oral hypoglycemic/antihyperglycemic filled script with diagnosis of diabetes during 2015 or 2016.</li> </ul> <p>Members must be continuously enrolled in 2016 with no more than a 45-day gap in coverage. Members must be active with Priority Health and assigned to a participating PCP on Dec. 31, 2016.</p> |
| <b>Age criteria</b>             | 18–75 years of age as of Dec. 31, 2016  |
| <b>Exclusionary criteria</b>    | Gestational or steroid-induced diabetes: Members with gestational or steroid-induced diabetes who did not have any face-to-face encounters with diagnosis of diabetes, in any setting, in 2015 or 2016  |
| <b>Numerator</b>                | The number of members with diabetes with an HbA1c $\leq 9.0\%$ . This measure considers the most recent lab conducted in 2016. If no HbA1c was conducted during 2016, the level is considered to be greater than 9.0%.  |
| <b>Denominator</b>              | All members with diabetes as defined above  |
| <b>Level of measure</b>         | Practice group  |
| <b>Minimum members</b>          | 1 per practice group  |
| <b>Applicable product line</b>  | HMO/POS, ASO/PPO, Medicare and Medicaid   |
| <b>Method of measurement</b>    | <p>HbA1c values are sent electronically to Priority Health by many network hospitals and independent labs.</p> <p>Supplemental data submitted by Jan. 31, 2017.</p>   |
| <b>Provider data input</b>      | <p>Documented lab values may be provided as supplemental data through Jan. 31, 2017. Supplemental data includes:</p> <ul style="list-style-type: none"> <li>HL7</li> <li>Patient Profile</li> <li>Report #70</li> </ul> <p>Providers may exclude any member they determine to be incorrectly defined as diabetic by submitting data through the Update Data function in Patient Profile. The deadline for data submission is Jan. 31, 2017.</p> <p>Supplemental data is subject to audit.</p>   |
| <b>Target: HMO/POS, ASO/PPO</b> | 81%   |
| <b>Target: Medicare</b>         | 88%   |
| <b>Target: Medicaid</b>         | 70%   |
| <b>Payout</b>                   | \$25 per measured member  |

## Clinical outcomes

### Diabetes Care: Annual Retinal Eye Exam

|                                 |   |
|---------------------------------|---|
| <b>Source</b>                   | HEDIS   |
| <b>Target source</b>            | 2015 HEDIS 90 <sup>th</sup> percentile  |
| <b>Identified measure</b>       | The percentage of members with diabetes and a retinal eye exam in 2016  |
| <b>Case definition</b>          | <p>A member with diabetes is defined by:</p> <ul style="list-style-type: none"> <li>Two face-to-face encounters with a diagnosis of diabetes: <ul style="list-style-type: none"> <li>On different dates of service</li> <li>In an outpatient setting, observation visit, ED visit or non-acute inpatient encounter</li> <li>In 2015 or 2016, or</li> </ul> </li> <li>One face-to-face encounter with a diagnosis of diabetes: <ul style="list-style-type: none"> <li>In an acute inpatient encounter</li> <li>In 2015 or 2016, or</li> </ul> </li> <li>Insulin or oral hypoglycemic/antihyperglycemic filled script with diagnosis of diabetes during 2015 or 2016.</li> </ul> <p>Members must be continuously enrolled in 2016 with no more than a 45-day gap in coverage. Members must be active with Priority Health and assigned to a participating PCP on Dec. 31, 2016.</p> |
| <b>Age criteria</b>             | 18–75 years of age as of Dec. 31, 2016  |
| <b>Exclusionary criteria</b>    | Gestational or steroid-induced diabetes: Members with gestational or steroid-induced diabetes who did not have any face-to-face encounters with diagnosis of diabetes, in any setting, in 2015 or 2016.   |
| <b>Numerator</b>                | The number of members with diabetes with a retinal eye exam performed in 2016 or a negative retinal eye exam in 2015.   |
| <b>Denominator</b>              | All members with diabetes as defined above  |
| <b>Level of measure</b>         | Practice group  |
| <b>Minimum members</b>          | 1 per practice group  |
| <b>Applicable product line</b>  | HMO/POS, ASO/PPO, Medicare and Medicaid   |
| <b>Method of measurement</b>    | Claims data processed by Feb. 28, 2017.<br>Supplemental data submitted by Jan. 31, 2017   |
| <b>Provider data input</b>      | <p>Documented retinal eye exams may be provided as supplemental data through Jan. 31, 2017. Supplemental data includes:</p> <ul style="list-style-type: none"> <li>HL7</li> <li>Patient Profile</li> <li>Report #70</li> </ul> <p>Providers may exclude any member they determine to be incorrectly defined as diabetic by submitting data through the Update Data function in Patient Profile. The deadline for data submission is Jan. 31, 2017.</p> <p>Supplemental data is subject to audit.</p>  |
| <b>Target: HMO/POS, ASO/PPO</b> | 74%   |
| <b>Target: Medicare</b>         | 82%   |
| <b>Target: Medicaid</b>         | 68%   |
| <b>Payout</b>                   | \$15 per measured member  |

# Clinical outcomes

## Diabetes Care: Monitoring for Nephropathy

|                                 |   |
|---------------------------------|---|
| <b>Source</b>                   | HEDIS   |
| <b>Target source</b>            | 2015 HEDIS 90 <sup>th</sup> percentile  |
| <b>Identified measure</b>       | <p>The percentage of members with diabetes who have had one of the following:</p> <ul style="list-style-type: none"> <li>• A microalbuminuria lab during 2016</li> <li>• Diagnosis of or treatment for nephropathy in 2016</li> <li>• Pharmacy claim for ACE/ARB therapy during 2016</li> <li>• Visit with a nephrologist in 2016</li> <li>• Evidence of kidney transplant</li> <li>• Evidence of ESRD</li> <li>• Evidence of stage 4 chronic kidney disease</li> </ul>   |
| <b>Case definition</b>          | <p>A member with diabetes is defined by:</p> <ul style="list-style-type: none"> <li>• Two face-to-face encounters with a diagnosis of diabetes: <ul style="list-style-type: none"> <li>○ On different dates of service</li> <li>○ In an outpatient setting, observation visit, ED visit or non-acute inpatient encounter In 2015 or 2016, or</li> </ul> </li> <li>• One face-to-face encounter with a diagnosis of diabetes: <ul style="list-style-type: none"> <li>○ In an acute inpatient encounter In 2015 or 2016, or</li> </ul> </li> <li>• Insulin or oral hypoglycemic/antihyperglycemic filled script with diagnosis of diabetes during 2015 or 2016.</li> </ul> <p>Members must be continuously enrolled in 2016 with no more than a 45-day gap in coverage. Members must be active with Priority Health and assigned to a participating PCP on Dec. 31, 2016.</p> |
| <b>Age criteria</b>             | 18–75 years of age as of Dec. 31, 2016  |
| <b>Exclusionary criteria</b>    | Gestational or steroid-induced diabetes: Members with gestational or steroid-induced diabetes who did not have any face-to-face encounters with diagnosis of diabetes, in any setting, in 2015 or 2016.   |
| <b>Numerator</b>                | <p>Members with diabetes who have had one of the following:</p> <ul style="list-style-type: none"> <li>• A microalbuminuria lab during 2016</li> <li>• Diagnosis of or treatment for nephropathy in 2016</li> <li>• Pharmacy claim for ACE/ARB therapy during 2016</li> <li>• Visit with a nephrologist in 2016</li> <li>• Evidence of ESRD</li> <li>• Evidence of stage 4 chronic kidney disease</li> <li>• Evidence of kidney transplant</li> </ul>   |
| <b>Denominator</b>              | All members with diabetes as defined above  |
| <b>Level of measure</b>         | Practice group  |
| <b>Minimum members</b>          | 1 per practice group  |
| <b>Applicable product line</b>  | HMO/POS, ASO/PPO, Medicare and Medicaid   |
| <b>Method of measurement</b>    | <p>Claims data processed by Feb. 28, 2017.</p> <p>Supplemental data submitted by Jan. 31, 2017.</p>   |
| <b>Provider data input</b>      | <p>Documented microalbuminuria labs may be provided as supplemental data through Jan. 31, 2017. Supplemental data includes:</p> <ul style="list-style-type: none"> <li>• HL7</li> <li>• Patient Profile</li> <li>• Report #70</li> </ul> <p>Providers may exclude any member they determine to be incorrectly defined as diabetic by submitting data through the Update Data function in Patient Profile. The deadline for data submission is Jan. 31, 2017. Supplemental data is subject to audit.</p>   |
| <b>Target: HMO/POS, ASO/PPO</b> | 91%   |
| <b>Target: Medicare</b>         | 96%   |
| <b>Target: Medicaid</b>         | 88%   |
| <b>Payout</b>                   | \$10 per measured member  |

# Clinical outcomes

## Hypertension Medication Therapy

updated 4/2016

|   |  |
|---|--|
| <b>Source</b>                                 | Priority Health Standard of Excellence   |
| <b>Identified measure</b>                     | The percentage of members with diabetes and hypertension who had at least one billed prescription for an ACE/ARB, calcium channel blocker or hydrochlorothiazide during 2016.  |
| <b>Case definition</b>                        | <p>A member with diabetes is defined by:</p> <ul style="list-style-type: none"> <li>Two face-to-face encounters with a diagnosis of diabetes: <ul style="list-style-type: none"> <li>On different dates of service</li> <li>In an outpatient setting, observation visit, ED visit or non-acute inpatient encounter</li> <li>In 2015 or 2016, or</li> </ul> </li> <li>One face-to-face encounter with a diagnosis of diabetes: <ul style="list-style-type: none"> <li>In an acute inpatient encounter</li> <li>In 2015 or 2016, or</li> </ul> </li> <li>Insulin or oral hypoglycemic/antihyperglycemic filled prescription with diagnosis of diabetes during 2015 or 2016.</li> </ul> <p>A member with hypertension is defined by:</p> <ul style="list-style-type: none"> <li>One outpatient encounter between Jan. 1 and June 30, 2016, and</li> <li>Billed diagnosis of 401.x during the outpatient encounter</li> </ul> <p>Members must be continuously enrolled with both medical and prescription coverage in 2016 with no more than a 45-day gap in coverage. Members must be active with Priority Health on Dec. 31, 2016.</p> |
| <b>Age criteria</b>                           | 18–75 years of age as of Dec. 31, 2016   |
| <b>Exclusionary criteria</b>                  | <p>End-stage renal disease</p> <p>Pregnancy diagnosis billed in 2016</p> <p>Non-acute inpatient treatment</p> <p>Gestational or steroid-induced diabetes: Members with gestational or steroid-induced diabetes who did not have any face-to-face encounters with diagnosis of diabetes, in any setting, in 2015 or 2016.</p>   |
| <b>Numerator</b>                              | The number of members with diabetes and hypertension who had a least one billed prescription for an ACE/ARB, calcium channel blocker or hydrochlorothiazide during 2016.   |
| <b>Denominator</b>                            | All members with diabetes and hypertension as defined above  |
| <b>Level of measure</b>                       | Practice group   |
| <b>Minimum members</b>                        | 1 per practice group   |
| <b>Applicable product lines</b>               | HMO/POS, ASO/PPO, Medicare and Medicaid  |
| <b>Method of measurement</b>                  | Claims data processed by Feb. 28, 2017   |
| <b>Provider data input</b>                    | None   |
| <b>Targets: HMO/POS, ASO/PPO and Medicare</b> | 97   |
| <b>Targets: Medicaid</b>                      | 90   |
| <b>Payout:</b>                                | \$40 per measured member   |

## Clinical outcomes

### Optimal Diabetes Care

|   |  |
|---|--|
| <b>Source</b>                                 | Extrapolated from HEDIS Diabetes Care measures   |
| <b>Identified measure</b>                     | <p>The percentage of patients with diabetes who have met all standards defined in each of the following measures:</p> <ul style="list-style-type: none"> <li>• <i>Diabetes Care: Controlled HbA1c Less Than 7.0%</i> (if applicable, based on co-morbidities and age)</li> <li>• <i>Diabetes Care: Controlled HbA1c Less Than 8.0%</i></li> <li>• <i>Diabetes Care: Annual Retinal Eye Exam</i></li> <li>• <i>Diabetes Care: Monitoring for Nephropathy</i></li> <li>• <i>Diabetes Care: Controlled Blood Pressure</i></li> </ul>  |
| <b>Case definition</b>                        | <p>A member with diabetes is defined by:</p> <ul style="list-style-type: none"> <li>• Two face-to-face encounters with a diagnosis of diabetes: <ul style="list-style-type: none"> <li>○ On different dates of service</li> <li>○ In an outpatient setting</li> <li>○ In 2015 or 2016, or</li> </ul> </li> <li>• One face-to-face encounter with a diagnosis of diabetes: <ul style="list-style-type: none"> <li>○ In an acute inpatient or emergency department setting</li> <li>○ In 2015 or 2016, or</li> </ul> </li> <li>• Insulin or oral hypoglycemic/anti-hyperglycemic filled script with diagnosis of diabetes during 2015 or 2016.</li> </ul> <p>Members must be continuously enrolled in 2016 with no more than a 45-day gap in coverage, and active with Priority Health on Dec. 31, 2016.</p> |
| <b>Age criteria</b>                           | 18–75 years of age as of Dec. 31, 2016 (Exception: Diabetes Care: Controlled HbA1c Less than 7.0% measure age range is 18–64 years)  |
| <b>Exclusionary criteria</b>                  | Gestational or steroid-induced diabetes: Members with gestational or steroid-induced diabetes that did not have any face-to-face encounters with diagnosis of diabetes, in any setting, in 2015 or 2016.   |
| <b>Numerator</b>                              | <p>The number of members with diabetes that met each of the standards in the following diabetes measures:</p> <ul style="list-style-type: none"> <li>• <i>Diabetes Care: Controlled HbA1c Less Than 7%</i> (if applicable, based on co-morbidities and age)</li> <li>• <i>Diabetes Care: Controlled HbA1c Less Than 8%</i></li> <li>• <i>Diabetes Care: Annual Retinal Eye Exam</i></li> <li>• <i>Diabetes Care: Monitoring for Nephropathy</i></li> <li>• <i>Diabetes Care: Controlled Blood Pressure</i></li> </ul>  |
| <b>Denominator</b>                            | All members with diabetes as defined above   |
| <b>Level of measure</b>                       | Practice group   |
| <b>Minimum members</b>                        | 1 per practice group   |
| <b>Applicable product lines</b>               | HMO/POS, ASO/PPO, Medicare and Medicaid  |
| <b>Method of measurement</b>                  | <p>Claims data processed by Feb. 28, 2017.</p> <p>Supplemental data submitted by Jan. 31, 2017.</p>  |
| <b>Provider data input</b>                    | None   |
| <b>Targets: HMO/POS, ASO/PPO and Medicaid</b> | 20-29%, 30-34%, 35% and above  |
| <b>Targets: Medicare</b>                      | 25-34%, 35-39%, 40% and above  |
| <b>Payout: HMO/POS, ASO/PPO and Medicaid</b>  | <p>\$75 per member measured for performance of 20-29%,</p> <p>\$125 per member measured for performance of 30-34%</p> <p>\$200 per member measured for performance of and above 35% and above</p>  |
| <b>Payout: Medicare</b>                       | <p>\$75 per member measured for performance of 25-34%</p> <p>\$125 per member measured for performance of 35-39%</p> <p>\$200 per member measured for performance of and above 40% and above</p>   |

# Clinical outcomes

## Hypertension: Controlled Blood Pressure

updated 4/2016

| Source                       | Priority Health Standard of Excellence  |
|------------------------------|---|
| <b>Identified measure</b>    | <p>The percentage of members 18–85 years of age who had a diagnosis of hypertension (HTN) and whose BP was adequately controlled during the measurement year based on the following criteria:</p> <ul style="list-style-type: none"> <li>• Members 18–59 years of age whose BP was &lt;140/90 mm Hg.</li> <li>• Members 60–85 years of age with a diagnosis of diabetes whose BP was &lt;140/90 mm Hg.</li> <li>• Members 60–85 years of age without a diagnosis of diabetes whose BP was &lt;150/90 mm Hg.</li> </ul> <p>Hypertension diagnosis can come from any physician (PCPs and specialists) within the first 6 months of the year. We accept blood pressure data through supplemental data sources as specified below. We use the BP value submitted on or after the date of the most recent billed PCP visit to determine if blood pressure is controlled.</p> <p>If multiple BP measurements occur on the same date, or are noted in the chart on the same date, use the lowest systolic and lowest diastolic BP reading. The systolic and diastolic results do not need to be from the same reading. If no BP is recorded during the measurement year, assume that the member is “not controlled.” If a member does not have a PCP office visit during 2016 and is failing to meet the measure, the member will be removed from the measure denominator at year-end.</p>                   |
| <b>Case definition</b>       | <p>A member with hypertension is defined by:</p> <ul style="list-style-type: none"> <li>• One outpatient encounter between Jan. 1 and June 30, 2016, and</li> <li>• Billed diagnosis of 401.x during the outpatient encounter</li> </ul> <p>A member with diabetes is defined by:</p> <ul style="list-style-type: none"> <li>• Two face-to-face encounters with a diagnosis of diabetes: <ul style="list-style-type: none"> <li>○ On different dates of service</li> <li>○ In an outpatient setting</li> <li>○ In 2015 or 2016, or</li> </ul> </li> <li>• One face-to-face encounter with a diagnosis of diabetes: <ul style="list-style-type: none"> <li>○ In an acute inpatient or emergency department setting</li> <li>○ In 2015 or 2016, or</li> </ul> </li> <li>• Insulin or oral hypoglycemic/antihyperglycemic filled script with diagnosis of diabetes during 2015 or 2016.</li> </ul> <p>The following members in the eligible population should not be considered to have diabetes:</p> <p>Gestational or steroid-induced diabetes: Members with gestational or steroid-induced diabetes who did not have any face-to-face encounters with diagnosis of diabetes, in any setting, in 2015 or 2016.</p> <p>Members must be continuously enrolled with Priority Health in 2016 with no more than a 45 day gap in coverage. Members must be active with Priority Health on Dec. 31, 2016.</p> |
| <b>Age criteria</b>          | 18–85 years of age as of Dec. 31, 2016  |
| <b>Exclusionary criteria</b> | <ul style="list-style-type: none"> <li>• Exclude from the eligible population all members with evidence of end-stage renal disease (ESRD) or kidney transplant on or prior to Dec. 31, 2016.</li> </ul>   |

|   |  |
|---|--|
|   | <ul style="list-style-type: none"> <li>• Exclude from the eligible population all members with a diagnosis of pregnancy during 2016.</li> <li>• Exclude from the eligible population all members who had a non-acute inpatient admission during 2016.</li> </ul>   |
| <b>Numerator</b>  | <p>The number of members in the denominator whose most recent BP (both systolic and diastolic) is adequately controlled during the measurement year based on the following criteria:</p> <ul style="list-style-type: none"> <li>• Members 18–59 years of age as of December 31 of the measurement year whose BP was &lt;140/90 mm Hg</li> <li>• Members 60–85 years of age as of December 31 of the measurement year and flagged with a diagnosis of diabetes whose BP was &lt;140/90 mm Hg</li> <li>• Members 60–85 years of age as of December 31 of the measurement year and flagged as not having a diagnosis of diabetes whose BP was &lt;150/90 mm Hg</li> </ul>   |
| <b>Denominator</b>  | Hypertensive patients as defined above   |
| <b>Level of measure</b>                                   | Practice group   |
| <b>Minimum members</b>                                    | 1 per practice   |
| <b>Applicable product lines</b>                           | HMO/POS, ASO/PPO, Medicare and Medicaid  |
| <b>Method of measurement</b>                              | Physician reported data submitted by Jan. 31, 2017   |
| <b>Provider data input</b>                                | <p>Documented blood pressure may be provided as supplemental data through Jan. 31, 2017. Supplemental data includes:</p> <ul style="list-style-type: none"> <li>• HL7</li> <li>• Patient Profile</li> <li>• Report #70</li> </ul> <p>Providers may exclude any member they determine to be incorrectly defined as hypertensive by submitting data through the Update Data function in Patient Profile by Jan. 31, 2017.</p> <p>Supplemental data is subject to audit.</p> <p>BPs must be documented by a health care provider and saved within the member's medical record.</p>  |
| <b>Special note for members with no PCP visit in 2016</b> | <p>Monthly 2016 reporting includes members who have a billed diagnosis of hypertension by any physician. If a member does not have a PCP office visit during 2016, the member will be removed from the measure denominator at year-end.</p> <p>As an option to keep these members in your measure denominator—and potentially the measure numerator—practices may obtain medical records of a blood pressure recorded during a specialist office visit. With this documentation, practices may submit the blood pressure and apply it as supplemental data. We do not apply claims that contain an afterhours CPT code.</p> <p>Within reporting, you may see BP history unfamiliar to your practice. Health systems using a shared patient registry submit BP data from all visits, including specialists.</p> |
| <b>Target: HMO/POS, ASO/PPO</b>                           | 83   |
| <b>Target: Medicare</b>                                   | 86   |
| <b>Target: Medicaid</b>                                   | 79   |
| <b>Payout:</b>  | \$80 per measured member   |



## Clinical outcomes

### Senior Care Education

|                                |  |
|--------------------------------|--|
| <b>Source</b>                  | Priority Health Standard of Excellence   |
| <b>Identified measure</b>      | <p>An incentive is provided for practices that have implemented routine discussions/counseling during annual wellness visits or a comprehensive physical exam to cover the following topics with Medicare members:</p> <ul style="list-style-type: none"> <li>• Bladder control: How to improve bladder control</li> <li>• Fall prevention: Ways to prevent falls and problems with balance and walking</li> <li>• Mental health: What they can do if they have feelings of sadness, confusion, forgetfulness or loneliness</li> <li>• Physical health: How to stay physically active and the importance of exercise</li> </ul> <p>To receive credit for this incentive, providers must complete a pre-recorded educational webcast and complete the attestation survey (questionnaire) at the end of the webcast.</p> <p>The webcast will be posted on <i>priorityhealth.com</i> in the provider portal. At the end of the webcast, providers will receive a survey and be asked to attest that they ask patients about each of these discussion points outlined above, and provide counseling as applicable.</p> |
| <b>Age criteria</b>            | 64 years of age and older  |
| <b>Exclusionary criteria</b>   | None   |
| <b>Level of measure</b>        | Practice group   |
| <b>Minimum members</b>         | 1 Medicare member per practice group   |
| <b>Applicable product line</b> | Medicare   |
| <b>Method of measurement</b>   | <p>Implementation of routine discussions/counseling during annual wellness visits or a comprehensive physical exam to cover the topics outlined above in measure specifications by May 31, 2016.</p> <p>Completion of the Priority Health provider webcast and attestation survey by Dec. 31, 2016.</p>  |
| <b>Payout</b>                  | \$0.25 pmpm for Medicare membership  |

# Clinical Outcomes

## Tobacco Cessation

updated 4/2016

|                                |  |       |   |       |  |       |   |       |   |       |  |       |   |       |  |
|--------------------------------|--|-------|---|-------|--|-------|---|-------|---|-------|--|-------|---|-------|--|
| <b>Source</b>                  | HEDIS  |       |   |       |  |       |   |       |   |       |  |       |   |       |  |
| <b>Identified measure</b>      | <p>For HEDIS, the three components of this measure assess different facets of providing medical assistance with smoking and tobacco use cessation.</p> <ul style="list-style-type: none"> <li>• <b>Advising smokers and tobacco users to quit.</b> A rolling average represents the percentage of members 18 years of age and older who are current smokers or tobacco users and who have received cessation advice during the measurement year.</li> <li>• <b>Discussing cessation medications.</b> A rolling average represents the percentage of members 18 years of age and older who are current smokers or tobacco users and who discussed or were recommended cessation medications during the measurement year.</li> <li>• <b>Discussing cessation strategies.</b> A rolling average represents the percentage of members 18 years of age and older who are current smokers or tobacco users who discussed or were provided cessation methods or strategies during the measurement year.</li> </ul> <p>To count as meeting the measure, a practice can bill one of the applicable codes, or submit supplemental data through the provider data input mechanisms defined below indicating that counseling/intervention has occurred. Simply advising the member to quit is not sufficient to meet the measure. If multiple counseling sessions occur during the measurement year, the initial counseling session will be captured for the incentive. Supplemental data should indicate the date that the cessation intervention took place.</p> |       |   |       |  |       |   |       |   |       |  |       |   |       |  |
| <b>Applicable codes</b>        | <p>Payable codes:</p> <table border="1"> <tr> <td>99406</td><td>Smoking and Tobacco Use Cessation Counseling Visit; Intermediate, Greater than 3 Minutes up to 10 Minutes</td></tr> <tr> <td>99407</td><td>Smoking and Tobacco Use Cessation Counseling Visit; Intensive, Greater than 10 Minutes</td></tr> <tr> <td>G0436</td><td>Smoking and tobacco cessation counseling visit for the asymptomatic patient; intermediate, greater than 3 minutes, up to 10 minutes</td></tr> <tr> <td>G0437</td><td>Smoking and tobacco cessation counseling visit for the asymptomatic patient; intensive, greater than 10 minutes</td></tr> </table> <p>Non-payable codes</p> <table border="1"> <tr> <td>4000F</td><td>Tobacco use cessation intervention, counseling</td></tr> <tr> <td>4001F</td><td>Tobacco use cessation intervention, pharmacologic therapy</td></tr> <tr> <td>4004F</td><td>Patient screened for tobacco AND received tobacco cessation intervention</td></tr> </table>   | 99406 | Smoking and Tobacco Use Cessation Counseling Visit; Intermediate, Greater than 3 Minutes up to 10 Minutes | 99407 | Smoking and Tobacco Use Cessation Counseling Visit; Intensive, Greater than 10 Minutes | G0436 | Smoking and tobacco cessation counseling visit for the asymptomatic patient; intermediate, greater than 3 minutes, up to 10 minutes | G0437 | Smoking and tobacco cessation counseling visit for the asymptomatic patient; intensive, greater than 10 minutes | 4000F | Tobacco use cessation intervention, counseling | 4001F | Tobacco use cessation intervention, pharmacologic therapy | 4004F | Patient screened for tobacco AND received tobacco cessation intervention |
| 99406                          | Smoking and Tobacco Use Cessation Counseling Visit; Intermediate, Greater than 3 Minutes up to 10 Minutes  |       |   |       |  |       |   |       |   |       |  |       |   |       |  |
| 99407                          | Smoking and Tobacco Use Cessation Counseling Visit; Intensive, Greater than 10 Minutes   |       |   |       |  |       |   |       |   |       |  |       |   |       |  |
| G0436                          | Smoking and tobacco cessation counseling visit for the asymptomatic patient; intermediate, greater than 3 minutes, up to 10 minutes  |       |   |       |  |       |   |       |   |       |  |       |   |       |  |
| G0437                          | Smoking and tobacco cessation counseling visit for the asymptomatic patient; intensive, greater than 10 minutes  |       |   |       |  |       |   |       |   |       |  |       |   |       |  |
| 4000F                          | Tobacco use cessation intervention, counseling   |       |   |       |  |       |   |       |   |       |  |       |   |       |  |
| 4001F                          | Tobacco use cessation intervention, pharmacologic therapy  |       |   |       |  |       |   |       |   |       |  |       |   |       |  |
| 4004F                          | Patient screened for tobacco AND received tobacco cessation intervention   |       |   |       |  |       |   |       |   |       |  |       |   |       |  |
| <b>Case definition</b>         | Members must be active at date of service. Members are anchored to their PCP on date of visit.   |       |   |       |  |       |   |       |   |       |  |       |   |       |  |
| <b>Age criteria</b>            | 18 years of age and older as of Dec. 31, 2016.   |       |   |       |  |       |   |       |   |       |  |       |   |       |  |
| <b>Level of measure</b>        | Practice group   |       |   |       |  |       |   |       |   |       |  |       |   |       |  |
| <b>Minimum members</b>         | 1 per practice group   |       |   |       |  |       |   |       |   |       |  |       |   |       |  |
| <b>Applicable product line</b> | HMO/POS  |       |   |       |  |       |   |       |   |       |  |       |   |       |  |
| <b>Provider data input</b>     | <p>Supplemental data by Feb. 28, 2017. Supplemental data includes:</p> <ul style="list-style-type: none"> <li>• HL7</li> <li>• Patient Profile</li> </ul> <p>Supplemental data is subject to audit.</p>  |       |   |       |  |       |   |       |   |       |  |       |   |       |  |
| <b>Payout</b>                  | Up to \$1,000,000 will be paid across the total number of members who received counseling in 2016 as evidenced by claims and supplemental data received by Feb. 28, 2017   |       |   |       |  |       |   |       |   |       |  |       |   |       |  |

## Experience and access

### Healthy Michigan Plan: HRA Completion and Open Access Updated 4/2016

|                                |  |
|--------------------------------|--|
| <b>Identified measure</b>      | <p>For calendar year 2016, primary care providers are eligible for a \$25 incentive for proper completion of a health risk assessment (HRA) and billing of code of 99420 and an additional \$25 if they are open to new Medicaid members on the date of service.</p> <p><b>\$25 incentive for HRA completion</b><br/> Priority Health will pay a \$25 incentive to participating PCPs only when the PCP (physician or mid-level primary care provider) completes the HRA form properly and timely. To receive the incentive, the PCP must:</p> <ul style="list-style-type: none"> <li>• Conduct an "initial visit" with the Healthy Michigan Plan member within 150 days of the member's original enrollment date</li> <li>• Bill an E&amp;M code for the initial visit. Use code 99420 to indicate that the form was completed during the initial visit; bill with zero dollar charges as payment will occur with all other measures at settlement in April 2017</li> <li>• Use age-appropriate preventive health V-code as the diagnosis with 99420</li> <li>• Within 30 days of the initial visit OR the patient's effective date with Priority Health, whichever is later, fax the entire completed HRA to Priority Health at 616.942.0616. Incomplete forms will be returned to you for completion. Complete and fax back to Priority Health within 10 days. Failure to complete the form properly will result in ineligibility for the incentive.</li> </ul> <p>To be considered, HRA must be signed and include results of all questions and the provider attestation information. Handwritten forms must be legible.</p> <p><b>\$25 additional incentive for PCPs open to new Medicaid members</b><br/> PCPs open to new Medicaid members can earn an additional \$25 per completed HRA form. To receive the additional incentive, PCPs must meet the criteria above for earning the \$25 HRA incentive, AND be open to new Medicaid members on the date of service on which the visit occurred.</p> <p>If a practice is currently closed to new Medicaid members, use the Participating Provider Change Form to inform Priority Health that you will open your practice to new members. Priority Health will use the date the form is received as the effective date of "open" status. Both incentive payments will be processed annually.</p> <p>Federally qualified health clinics and rural health clinics are eligible.</p> <p>Note: This incentive is paid once per member to the PCP who conducts the visit. Only those members with greater than a two month gap in coverage who re-enroll are eligible for the incentive again. The member's anchor date is the visit date with 99490 code. Members will show on the assigned PCP's report until such time as they have a qualifying visit with another PCP. From then on, the member will appear on the treating PCP's report.</p> |
| <b>Case definition</b>         | Members with coverage under the Healthy Michigan Plan. PCPs must be open to new members under their Priority Health Medicaid contract to receive the additional \$25 payout.   |
| <b>Age criteria</b>            | 19-64 years of age   |
| <b>Exclusionary criteria</b>   | None   |
| <b>Level of measure</b>        | Practice level. Open status is based on the individual practitioner.   |
| <b>Minimum members</b>         | 1 per practice   |
| <b>Applicable product line</b> | Healthy Michigan Plan  |
| <b>Method of measurement</b>   | Billed claims with CPT 99420 for dates of service in 2016, received and processed by Feb. 28, 2017 AND completed HRA faxed.  |
| <b>Provider data input</b>     | Complete and faxed HRA within 30 days of the initial visit date of service and bill code 99420 for the initial visit.  |
| <b>Payout</b>                  | \$25 per measured member for faxing of completed HRA and billing of CPT 99420 within criteria<br>\$25 per measured member for Open Access on date of service.  |

## Experience and access

### CG CAHPS

| <b>Identified measure</b>        | <p>An incentive is available to practices that have conducted the CG Consumer Assessment Healthcare Providers and Systems (CAHPS) patient experience survey.</p> <p>CG CAHPS is promoted by the Michigan Patient Experience of Care (MIPEC) initiative. However, practices do not need to participate with the MIPEC initiative to receive an incentive.</p> <p>Practices eligible for this incentive must conduct a minimum number of surveys as identified in the chart below. The chart was developed by the Agency for Healthcare Research and Quality (AHRQ). Practices are identified by Priority Health facility site ID. The minimum survey count applies to any patient, not just Priority Health members.</p> <table border="1"> <thead> <tr> <th># of Providers per practice site</th><th>Required # of completed surveys</th></tr> </thead> <tbody> <tr> <td>1</td><td>50</td></tr> <tr> <td>2</td><td>100</td></tr> <tr> <td>3</td><td>150</td></tr> <tr> <td>4-9</td><td>175</td></tr> <tr> <td>10-13</td><td>200</td></tr> <tr> <td>14+</td><td>250</td></tr> </tbody> </table> <p>Based on the need for comparable, reliable and bias-free survey methodology and results, Priority Health reserves the right to require use of a certified vendor to conduct the CG-CAHPS survey.</p> | # of Providers per practice site | Required # of completed surveys | 1 | 50 | 2 | 100 | 3 | 150 | 4-9 | 175 | 10-13 | 200 | 14+ | 250 |
|----------------------------------|--|----------------------------------|---------------------------------|---|----|---|-----|---|-----|-----|-----|-------|-----|-----|-----|
| # of Providers per practice site | Required # of completed surveys  |                                  |                                 |   |    |   |     |   |     |     |     |       |     |     |     |
| 1                                | 50   |                                  |                                 |   |    |   |     |   |     |     |     |       |     |     |     |
| 2                                | 100  |                                  |                                 |   |    |   |     |   |     |     |     |       |     |     |     |
| 3                                | 150  |                                  |                                 |   |    |   |     |   |     |     |     |       |     |     |     |
| 4-9                              | 175  |                                  |                                 |   |    |   |     |   |     |     |     |       |     |     |     |
| 10-13                            | 200  |                                  |                                 |   |    |   |     |   |     |     |     |       |     |     |     |
| 14+                              | 250  |                                  |                                 |   |    |   |     |   |     |     |     |       |     |     |     |
| <b>Level of measurement</b>      | Practice group   |                                  |                                 |   |    |   |     |   |     |     |     |       |     |     |     |
| <b>Minimum members</b>           | No minimum member requirement  |                                  |                                 |   |    |   |     |   |     |     |     |       |     |     |     |
| <b>Applicable product lines</b>  | HMO/POS, ASO/PPO, Medicare and Medicaid  |                                  |                                 |   |    |   |     |   |     |     |     |       |     |     |     |
| <b>Method of measurement</b>     | <p>Initiate CG CAHPS survey processes by May 1, 2016.</p> <p>Submit practice-level performance data for each GC CAHPS survey question via flat ASC II or excel to Priority Health by Jan. 31, 2017.</p>  |                                  |                                 |   |    |   |     |   |     |     |     |       |     |     |     |
| <b>Payout</b>                    | \$0.10 pmpm  |                                  |                                 |   |    |   |     |   |     |     |     |       |     |     |     |

## Efficiency and care transformation

### Patient-Centered Medical Home Recognition

|                                |   |
|--------------------------------|---|
| <b>Identified measure</b>      | <p>Priority Health provides an incentive for all practices with active patient-centered medical home recognition. Priority Health is honoring three recognition programs: BCBS of Michigan, NCQA and URAC.</p> <p><b>BCBS PGIP PCMH recognition</b><br/>Practices are required to resubmit proof of PCMH renewal through BCBS by Aug. 15, 2016. This process aligns with BCBS' annual announcement of PGIP PCMH recognized practices.</p> <p>Practices that lose BCBS PCMH recognition July 2016 will have monthly pro-rated recognition end September 2016. Practices that are newly recognized by BCBS in July 2016 will have recognition begin October 2016. Failure to submit proof of recognition by Aug. 15, 2016 will stop existing PCMH recognition in September 2016.</p> <p><b>NCQA recognition</b><br/>Practices with existing NCQA recognition are requested to submit proof of recognition status during the fourth quarter of 2016. Practices that are newly recognized should submit proof of recognition as soon as it is granted.</p> <p><b>URAC</b><br/>Practices with existing URAC recognition are requested to submit proof of recognition status during fourth quarter 2016. Practices that are newly recognized should submit proof of recognition as soon as it is granted.</p> |
| <b>Level of measure</b>        | Practice group  |
| <b>Minimum members</b>         | 1 per practice group  |
| <b>Applicable product line</b> | HMO/POS, ASO/PPO, Medicare, Medicaid  |
| <b>Method of measurement</b>   | <p>Practices must have active patient-centered medical home recognition. Priority Health is honoring three recognition programs: BCBS of Michigan, NCQA, and URAC.</p> <p><b>BCBS of Michigan</b><br/>The BCBS PHO/PO notification spreadsheet is required as proof of recognition status. Priority Health facility site IDs are required for those practice groups that received BCBS PGIP PCMH designation. Priority Health will require practices to submit the Priority Health facility site ID with the BCBS documentation.</p> <p><b>NCQA</b><br/>Newly-recognized practices must provide documentation of recognition status. A letter from NCQA or certificate is appropriate documentation. Priority Health will require practices to submit the Priority Health facility site ID with the NCQA documentation.</p> <p><b>URAC</b><br/>Practices must provide documentation of recognition status. A letter or certificate from URAC is appropriate documentation. Priority Health will require practices to submit the Priority Health facility site ID with the URAC documentation.</p>   |
| <b>Payout</b>                  | <p>\$1.00 per member per month</p> <p>Practices are eligible for either PCMH incentive or the care management incentive but not both. If a PCMH practice qualifies for the care management incentive, the higher care management incentive will be paid. With each practice measured separately, an ACN will receive incentives for each member practice based on their PCMH and/or care management incentive status</p>  |

# Efficiency and care transformation

## Practice Transformation: Care Management

|                                  |   |
|----------------------------------|---|
| <p><b>Identified measure</b></p> | <p>An incentive is available for primary care practices that have implemented a care management program which includes Priority Health members.</p> <p>Care management programs must include a minimum of one part- or full-time care manager assigned to the practice and actively working with Priority Health members.</p> <p>To receive the care management incentive, practices must meet/provide the following in 2016:</p> <ul style="list-style-type: none"> <li>• Billed claims for care management services</li> <li>• Attestation form</li> <li>• Continuing education documentation</li> </ul> <p><b>Claims</b></p> <p>Practices must meet or exceed a 3% target of unique Priority Health members receiving care management services. This is a combined target for all active members assigned or attributed to the practice.</p> <p>Member continuous enrollment criteria does not apply. Members need only be active on the date care management services were provided.</p> <p>The measure denominator is defined as the practice's assigned/attributed 2016 member months divided by 12.</p> <p>Claims with the following HCPCS and CPT codes will serve to identify members that have received care management services:</p> <p>G9001-G9002<br/>G9007-G9008<br/>98966-98968<br/>99487<br/>99489<br/>99490</p> <p>Additional care management billing information can be found at:<br/><a href="http://priorityhealth.com/provider/manual/billing-and-payment/services/caremanagement-codes">priorityhealth.com/provider/manual/billing-and-payment/services/caremanagement-codes</a>.</p> <p>Filemart report PIP_013 Care Management is available in Excel and PDF format and provides detail on care management claims practice-level performance. For information on this report or to be set up to receive it electronically, contact your Provider Account Representative.</p> <p><b>Attestation</b></p> <p>Practices will also be required to attest to care management program details. The following details will be addressed in an attestation survey. Each of these items is required to receive the incentive.</p> <p>Care management program requirements:</p> <ul style="list-style-type: none"> <li>• Full- or part-time equivalent care manager(s) in the practice</li> <li>• Care managers must have the licensure of a qualified health professional. This requirement aligns with licensure required to bill care management codes (RN, RD, MSW, CDE, CAE, Pharmacist, PA, NP)</li> <li>• Care management staff trained under program models consistent with nationally recognized programs. Examples include <ul style="list-style-type: none"> <li>○ Geisinger</li> <li>○ Care Management Society of America</li> </ul> </li> </ul> |
|----------------------------------|---|

|  |  |
|--|--|
|  | <ul style="list-style-type: none"> <li>○ Michigan Primary Care Transformation (MiPCT)</li> <li>○ Michigan Center for Clinical System Improvement (MICCSI)</li> <li>○ Learning Action Network</li> <li>○ Health Services Institute</li> <li>○ Practice Transformation Institute</li> </ul> <p>Beyond the initial training requirement for first year care managers, each care manager must be able to document at least 8 hours of continuing education during 2016 to qualify for this incentive.</p> <ul style="list-style-type: none"> <li>• The practice's care management program is built on the team-based model</li> <li>• Provider registry or EMR use for risk stratification, or Priority Health population segmentation reports to identify patients for care management</li> <li>• The practice supports integration with the Priority Health care management team. Integration is defined as communication, as needed, between Priority Health and practice care managers to coordinate care. The frequency of communication will vary based on the membership size within the practice.</li> <li>• Practice written protocol or policy regarding patient populations selected for care management.</li> <li>• Practice or PHO/PO must have a physician champion for their care management program. If the practice is a member of a PO/PHO and the physician champion for care management covers all practice sites, this meets criteria. Independent practices must designate a physician lead for care management.</li> </ul> <p>Practices may be audited to confirm compliance with measure criteria.</p> <p>Priority Health recommends the Michigan Primary Care Transformation (MiPCT) Demonstration, Agency for Healthcare Research and Quality (AHRQ) and Care Management Society of America (CMSA) as resources to learn more about care management.</p> |
| <b>Level of measure</b>                                | Practice group   |
| <b>Minimum members</b>                                 | 1 per practice group   |
| <b>Applicable product lines</b>                        | HMO/POS, ASO/PPO, Medicare, Medicaid   |
| <b>Method of measurement</b>                           | Claims activity to measure 3% unique member target.  |
|  | Attestation via a completed survey due by June 1, 2016.  |
| <b>Target: HMO/POS, ASO/PPO, Medicare and Medicaid</b> | Of all active members attributed or assigned to the practice, 3% or greater of unique members must have a billed care management claim for a 2016 date of service.   |
| <b>Payout</b>  | <p>\$3.25 pmpm</p> <p>Practices are eligible for either the PCMH incentive or care management incentive, but not both. If a PCMH practice qualifies for the care management incentive, the higher care management incentive will be paid. With each practice measured separately, an ACN will receive incentives for each member practice based on their PCMH and/or care management incentive status.</p>   |

## Efficiency and care transformation

### ED Visits: PCP Treatable Care

|   |   |  |
|---|---|--|
| <b>MiPCT</b>                                  | Aligned with MiPCT  |  |
| <b>Case definition</b>                        | <p>Emergency department utilization of PCP treatable care as identified through ICD-10 coding. PCP treatable care is based on the NYU code set.</p> <p>Performance is measured in a PCP treatable ED rate per 1,000 members.</p> <p>A shared savings incentive will be provided to primary care practices that:</p> <ul style="list-style-type: none"> <li>Exceed (lower than) a target of 64 ED PCP treatable visits per thousand, or</li> <li>Experience improvement from year-end 2015 to year-end 2016 and have a year-end 2016 rate between 64 and 88 ED PCP treatable visits per thousand.</li> </ul> |  |
| <b>Age criteria</b>                           | All ages  |  |
| <b>Exclusionary criteria</b>                  | ED visits resulting in an inpatient admission   |  |
| <b>Numerator</b>                              | Number of PCP treatable ED visits with a PCP treatable defined primary diagnosis.   |  |
| <b>Denominator</b>                            | Member months affiliated with an ACN  |  |
| <b>Level of measure</b>                       | Accountable Care Network (ACN)  |  |
| <b>Minimum members</b>                        | <p>A minimum of 12,000 annual member months at the ACN level in 2016.</p> <p>ACNs with fewer than 12,000 annual member months in 2015 who reach more than 12,000 annual member months in 2016, will only be eligible for the target measurement. No improvement criteria will apply.</p>  |  |
| <b>Applicable product lines</b>               | HMO/POS   |  |
| <b>Method of measurement</b>                  | Claims data submitted by Feb. 28, 2017  |  |
| <b>Calculation</b>                            | $\frac{\text{PCP treatable ED visits} \times 12,000}{\text{Total member months}}$   |  |
| <b>Target, improvement and shared savings</b> | Each ED PCP treatable visits is valued at \$.04 pmpm for each per thousand increment.   |  |
|   | Target/Improvement  | Share of savings   |
|   | Rate that exceeds (lower than) 64   | 50% savings share for each ED PCP treatable unit below 64          |
|   | Experience improvement from 2015 to 2016 and have a rate between 64 and 88  | 25% savings share for each ED PCP treatable unit between 64 and 88 |



# Measure code sets

## ICD-10 conversion

The ICD-10 system was implemented on Oct. 1, 2015. PCP IP relevant care must be billed under an ICD-10 code for the 2016 program year. Priority Health will no longer accept or convert ICD-9 codes.

## Measure codes for Cervical Cancer Screenings

### Cervical cancer screenings

| CPT   | HCPCS | UB Rev Code |
|-------|-------|-------------|
| 88141 | G0123 | 0923        |
| 88142 | G0124 |             |
| 88143 | G0141 |             |
| 88147 | G0143 |             |
| 88148 | G0144 |             |
| 88150 | G0145 |             |
| 88152 | G0147 |             |
| 88153 | G0148 |             |
| 88154 | P3000 |             |
| 88164 | P3001 |             |
| 88165 | Q0091 |             |
| 88166 |       |             |
| 88167 |       |             |
| 88174 |       |             |
| 88175 |       |             |

### HPV Screening

| CPT   |
|-------|
| 87620 |
| 87621 |
| 87622 |

### Hysterectomy exclusion

| CPT   |       |       |       |       |       |       | ICD-10  |
|-------|-------|-------|-------|-------|-------|-------|---------|
| 51925 | 57555 | 58210 | 58267 | 58290 | 58570 | 58953 | Q51.5   |
| 56308 | 57556 | 58240 | 58270 | 58291 | 58571 | 58954 | Z90.710 |
| 57540 | 58150 | 58260 | 58275 | 58292 | 58572 | 58956 | Z90.712 |
| 57545 | 58152 | 58262 | 58280 | 58293 | 58573 | 59135 |         |
| 57550 | 58200 | 58263 | 58285 | 58294 | 58951 |       |         |

## Measure codes for Adolescent Immunizations

### Vaccines

updated 4/2016

| Meningococcal | Tdap/ Td |
|---------------|----------|
| 90733         | 90714    |
| 90734         | 90718    |
|               | 90715    |

## Measure codes for Childhood Immunizations

### Vaccines

| DTaP  | IPV   | MMR    | HIB   | HepB   | Varicella | Pneumo-<br>coccal<br>Conjugate |
|-------|-------|--------|-------|--------|-----------|--------------------------------|
| 90698 | 90698 | 90705  | 90645 | 90723  | 90710     | 90669                          |
| 90700 | 90713 | 90707  | 90646 | 90740  | 90716     | 90670                          |
| 90721 | 90723 | 90710  | 90647 | 90744  |           |                                |
| 90723 |       | 90708  | 90648 | 90747  | B01.0     |                                |
|       |       | B26.0  | 90698 | 90748  | B01.11    |                                |
|       |       | B26.1  | 90721 | B16.0  | B01.12    |                                |
|       |       | B26.2  | 90748 | B16.1  | B01.2     |                                |
|       |       | B26.3  |       | B16.2  | B01.81    |                                |
|       |       | B26.81 |       | B16.9  | B01.89    |                                |
|       |       | B26.82 |       | B17.0  | B01.9     |                                |
|       |       | B26.83 |       | B18.0  | B02.0     |                                |
|       |       | B26.84 |       | B18.1  | B02.1     |                                |
|       |       | B26.85 |       | B19.10 | B02.21    |                                |
|       |       | B26.89 |       | B19.11 | B02.22    |                                |
|       |       | B26.9  |       | Z22.51 | B02.23    |                                |
|       |       | 90704  |       |        | B02.24    |                                |
|       |       | B06.00 |       |        | B02.29    |                                |
|       |       | B06.01 |       |        | B02.30    |                                |
|       |       | B06.02 |       |        | B02.31    |                                |
|       |       | B06.09 |       |        | B02.32    |                                |
|       |       | B06.81 |       |        | B02.33    |                                |
|       |       | B06.82 |       |        | B02.34    |                                |
|       |       | B06.89 |       |        | B02.39    |                                |
|       |       | B06.9  |       |        | B02.7     |                                |
|       |       | 90706  |       |        | B02.8     |                                |
|       |       |        |       |        | B02.9     |                                |

## Measure codes for Well-Child Visits in the First 15 Months of Life

### Well-Child visits

| CPT   | HCPCS | ICD-10         |
|-------|-------|----------------|
| 99381 | G0438 | Z00.00 Z02.3   |
| 99382 | G0439 | Z00.01 Z02.4   |
| 99383 |       | Z00.110 Z02.5  |
| 99384 |       | Z00.111 Z02.6  |
| 99385 |       | Z00.121 Z02.71 |
| 99391 |       | Z00.129 Z02.79 |
| 99392 |       | Z00.5 Z02.81   |
| 99393 |       | Z00.8 Z02.82   |
| 99394 |       | Z02.0 Z02.83   |
| 99395 |       | Z02.1 Z02.89   |
| 99461 |       | Z02.2 Z02.9    |

## Measure codes for Well-Child Visits 3–6 Years

### Well-Child visits

| CPT   | HCPCS | ICD-10         |
|-------|-------|----------------|
| 99381 | G0438 | Z00.00 Z02.3   |
| 99382 | G0439 | Z00.01 Z02.4   |
| 99383 |       | Z00.110 Z02.5  |
| 99384 |       | Z00.111 Z02.6  |
| 99385 |       | Z00.121 Z02.71 |
| 99391 |       | Z00.129 Z02.79 |
| 99392 |       | Z00.5 Z02.81   |
| 99393 |       | Z00.8 Z02.82   |
| 99394 |       | Z02.0 Z02.83   |
| 99395 |       | Z02.1 Z02.89   |
| 99461 |       | Z02.2 Z02.9    |

## Measure codes for Chlamydia Screenings

### Chlamydia screening

| CPT   |
|-------|
| 87110 |
| 87270 |
| 87320 |
| 87490 |
| 87491 |
| 87492 |
| 87810 |

**Sexually active women**

| <b>CPT</b>   |       |       |       | <b>UB Rev Code</b> |
|--------------|-------|-------|-------|--------------------|
| <b>11976</b> | 59409 | 76816 | 87620 | 112                |
| <b>57022</b> | 59410 | 76817 | 87621 | 122                |
| <b>57170</b> | 59412 | 76818 | 87622 | 132                |
| <b>58300</b> | 59414 | 76819 | 87660 | 142                |
| <b>58301</b> | 59425 | 76820 | 87661 | 152                |
| <b>58600</b> | 59426 | 76821 | 87808 | 720                |
| <b>58605</b> | 59430 | 76825 | 87810 | 721                |
| <b>58615</b> | 59510 | 76826 | 87850 | 722                |
| <b>58970</b> | 59514 | 76827 | 88141 | 724                |
| <b>58974</b> | 59515 | 76828 | 88142 | 729                |
| <b>58976</b> | 59525 | 76941 | 88143 | 923                |
| <b>59000</b> | 59610 | 76945 | 88147 |                    |
| <b>59001</b> | 59612 | 76946 | 88148 |                    |
| <b>59012</b> | 59614 | 80055 | 88150 |                    |
| <b>59015</b> | 59618 | 82105 | 88152 |                    |
| <b>59020</b> | 59620 | 82106 | 88153 |                    |
| <b>59025</b> | 59622 | 82143 | 88154 |                    |
| <b>59030</b> | 59812 | 82731 | 88164 |                    |
| <b>59050</b> | 59820 | 83632 | 88165 |                    |
| <b>59051</b> | 59821 | 83661 | 88166 |                    |
| <b>59070</b> | 59830 | 83662 | 88167 |                    |
| <b>59072</b> | 59840 | 83663 | 88174 |                    |
| <b>59074</b> | 59841 | 83664 | 88175 |                    |
| <b>59076</b> | 59850 | 84163 | 88235 |                    |
| <b>59100</b> | 59851 | 84704 | 88267 |                    |
| <b>59120</b> | 59852 | 86592 | 88269 |                    |
| <b>59121</b> | 59855 | 86593 |       |                    |
| <b>59130</b> | 59856 | 86631 |       |                    |
| <b>59135</b> | 59857 | 86632 |       |                    |
| <b>59136</b> | 59866 | 87110 |       |                    |
| <b>59140</b> | 59870 | 87164 |       |                    |
| <b>59150</b> | 59871 | 87166 |       |                    |
| <b>59151</b> | 59897 | 87270 |       |                    |
| <b>59160</b> | 59898 | 87320 |       |                    |
| <b>59200</b> | 59899 | 87490 |       |                    |
| <b>59300</b> | 76801 | 87491 |       |                    |
| <b>59320</b> | 76805 | 87492 |       |                    |
| <b>59325</b> | 76811 | 87590 |       |                    |
| <b>59350</b> | 76813 | 87591 |       |                    |
| <b>59400</b> | 76815 | 87592 |       |                    |

**Sexually active women**

| ICD-10        |               |        |          |          |        |        |        | HCPCS |
|---------------|---------------|--------|----------|----------|--------|--------|--------|-------|
| <b>A34</b>    | A52.76        | A56.02 | N70.92   | T83.39XS | Z31.89 | Z37.9  | Z3A.42 | G0101 |
| <b>A51.0</b>  | A52.77        | A56.09 | N70.93   | Z20.2    | Z31.9  | Z39.0  | Z3A.49 | G0123 |
| <b>A51.1</b>  | A52.78        | A56.11 | N71.0    | Z21      | Z32.00 | Z39.1  | Z64.0  | G0124 |
| <b>A51.2</b>  | A52.79        | A56.19 | N71.1    | Z22.4    | Z32.01 | Z39.2  | Z64.1  | G0141 |
| <b>A51.31</b> | A52.8         | A56.2  | N71.9    | Z30.011  | Z32.02 | Z3A.00 | Z72.51 | G0143 |
| <b>A51.32</b> | A52.9         | A56.3  | N93.0    | Z30.012  | Z32.2  | Z3A.01 | Z72.52 | G0144 |
| <b>A51.39</b> | A53.0         | A56.4  | N94.1    | Z30.013  | Z32.3  | Z3A.08 | Z72.53 | G0145 |
| <b>A51.41</b> | A53.9         | A56.8  | N96      | Z30.014  | Z33.1  | Z3A.09 | Z79.3  | G0147 |
| <b>A51.42</b> | A54.00        | A57    | N97.0    | Z30.018  | Z33.2  | Z3A.10 | Z92.0  | G0148 |
| <b>A51.43</b> | A54.01        | A58    | N97.1    | Z30.019  | Z34.00 | Z3A.11 | Z97.5  | H1000 |
| <b>A51.44</b> | A54.02        | A59.00 | N97.2    | Z30.02   | Z34.01 | Z3A.12 | Z98.51 | H1001 |
| <b>A51.45</b> | A54.03        | A59.01 | N97.8    | Z30.09   | Z34.02 | Z3A.13 |        | H1003 |
| <b>A51.46</b> | A54.09        | A59.03 | N97.9    | Z30.2    | Z34.03 | Z3A.14 |        | H1004 |
| <b>A51.49</b> | A54.1         | A59.09 | O94      | Z30.40   | Z34.80 | Z3A.15 |        | H1005 |
| <b>A51.5</b>  | A54.21        | A59.8  | T38.4X1A | Z30.41   | Z34.81 | Z3A.16 |        | P3000 |
| <b>A51.9</b>  | A54.24        | A59.9  | T38.4X1D | Z30.42   | Z34.82 | Z3A.17 |        | P3001 |
| <b>A52.00</b> | A54.29        | A60.00 | T38.4X1S | Z30.430  | Z34.83 | Z3A.18 |        | Q0091 |
| <b>A52.01</b> | A54.30        | A60.03 | T38.4X2A | Z30.431  | Z34.90 | Z3A.19 |        | S0199 |
| <b>A52.02</b> | A54.31        | A60.04 | T38.4X2D | Z30.432  | Z34.91 | Z3A.20 |        | S4981 |
| <b>A52.03</b> | A54.32        | A60.09 | T38.4X2S | Z30.433  | Z34.92 | Z3A.21 |        | S8055 |
| <b>A52.04</b> | A54.33        | A60.1  | T38.4X3A | Z30.49   | Z34.93 | Z3A.22 |        |       |
| <b>A52.05</b> | A54.39        | A60.9  | T38.4X3D | Z30.8    | Z36    | Z3A.23 |        |       |
| <b>A52.06</b> | A54.40        | A63.0  | T38.4X3S | Z30.9    | Z37.0  | Z3A.24 |        |       |
| <b>A52.09</b> | A54.41        | A63.8  | T38.4X4A | Z31.0    | Z37.1  | Z3A.25 |        |       |
| <b>A52.10</b> | A54.42        | A64    | T38.4X4D | Z31.41   | Z37.2  | Z3A.26 |        |       |
| <b>A52.11</b> | A54.43        | B20    | T38.4X4S | Z31.42   | Z37.3  | Z3A.27 |        |       |
|               | <b>A54.49</b> | B97.33 | T38.4X5A | Z31.430  | Z37.4  | Z3A.28 |        |       |
|               | <b>A54.5</b>  | B97.34 | T38.4X5D | Z31.438  | Z37.50 | Z3A.29 |        |       |
|               | <b>A54.6</b>  | B97.35 | T38.4X5S | Z31.440  | Z37.51 | Z3A.30 |        |       |
|               | <b>A54.81</b> | B97.7  | T38.4X6A | Z31.441  | Z37.52 | Z3A.31 |        |       |
|               | <b>A54.82</b> | F52.6  | T38.4X6D | Z31.448  | Z37.53 | Z3A.32 |        |       |
|               | <b>A54.83</b> | F53    | T38.4X6S | Z31.49   | Z37.54 | Z3A.33 |        |       |
|               | <b>A54.84</b> | G44.82 | T83.31XA | Z31.5    | Z37.59 | Z3A.34 |        |       |
|               | <b>A54.85</b> | N70.01 | T83.31XD | Z31.61   | Z37.60 | Z3A.35 |        |       |
|               | <b>A54.86</b> | N70.02 | T83.31XS | Z31.62   | Z37.61 | Z3A.36 |        |       |
|               | <b>A54.89</b> | N70.03 | T83.32XA | Z31.69   | Z37.62 | Z3A.37 |        |       |
|               | <b>A54.9</b>  | N70.11 | T83.32XD | Z31.81   | Z37.63 | Z3A.38 |        |       |
|               | <b>A55</b>    | N70.12 | T83.32XS | Z31.82   | Z37.64 | Z3A.39 |        |       |
|               | <b>A56.00</b> | N70.13 | T83.39XA | Z31.83   | Z37.69 | Z3A.40 |        |       |
|               | <b>A56.01</b> | N70.91 | T83.39XD | Z31.84   | Z37.7  | Z3A.41 |        |       |

**Pregnancy tests (when billed with Diagnostic Radiology)**

| CPT   | Rev Code |
|-------|----------|
| 81025 | 0925     |
| 84702 |          |
| 84703 |          |

**Diagnostic radiology**

| CPT         | Rev Code |
|-------------|----------|
| 70010-76499 | 0320     |
|             | 0321     |
|             | 0322     |
|             | 0323     |
|             | 0324     |
|             | 0329     |

Exclusion for prescription retinoid (isotretinoin) identified by National Drug Code

Oral contraceptive prescriptions to determine sexual activity identified by National Drug Code

**Measure codes for Lead Screening in Children****Lead tests**

| CPT   |
|-------|
| 83655 |

**Pediatric Obesity**

| ICD-10        |
|---------------|
| Z68.51-Z68.54 |

**Measure codes for Colorectal Cancer Screening****Colonoscopy**

| CPT         | HCPCS |
|-------------|-------|
| 44388-44394 | G0105 |
| 44397       | G0121 |
| 45355       |       |
| 45378-45387 |       |
| 45391       |       |
| 45392       |       |

**Colorectal cancer**

| ICD-10      | HCPCS |
|-------------|-------|
| C18.0-C18.9 | G0213 |
| C19         | G0214 |
| C20         | G0215 |
| C21.2       | G0231 |
| C21.8       |       |
| C78.5       |       |
| Z85.038     |       |
| Z85.048     |       |

**Flexible sigmoidoscopy**

| CPT  | HCPCS |
|--|-------|
| 45330-45335<br>45337-45339<br>45340-45342<br>45345-45350 | G0104 |

**Fecal occult blood test (FOBT)**

| CPT            | HCPCS |
|----------------|-------|
| 82270<br>82274 | G0328 |

**Total colectomy**

| CPT                                       | ICD-10                                   |
|---|--|
| 44150-44153<br>44155-44158<br>44210-44212 | 0DTE0ZZ<br>0DTE4ZZ<br>0DTE7ZZ<br>0DTE8ZZ |

**Cologuard**

| HCPCS |
|-------|
| G0464 |

**Measure codes for Depression Screening****HCPCS**

G8431 – Positive screen for clinical depression, follow-up plan documented  
 G8510 – Negative screen for clinical depression documented, follow-up plan not required  
 G8511 – Positive screen for clinical depression using an age appropriate standardized tool documented, follow-up plan not documented, reason not specified.

**Measure codes for Diabetes Care****Diabetes Care: Controlled HbA1c Measures****Diabetes Care: Controlled HbA1c Less Than 7.0% – myocardial infarction exclusion**

| ICD-10 |       |
|--------|-------|
| I21.01 | I22.2 |
| I21.02 | I22.8 |
| I21.09 | I22.9 |
| I21.11 | I23.0 |
| I21.19 | I23.1 |
| I21.21 | I23.2 |
| I21.29 | I23.3 |
| I21.3  | I23.4 |
| I21.4  | I23.5 |
| I22.0  | I23.6 |
| I22.1  | I23.7 |
| I22.2  | I23.8 |
| I22.8  | I25.2 |
| I22.9  |       |

**HbA1c lab codes**

| CPT   | CPT II |
|-------|--------|
| 83036 | 3044F  |
| 83037 | 3045F  |
|       | 3046F  |

**Measure codes for Diabetes Care Measures****Diabetes**

|         |         | ICD-10  |         |
|---------|---------|---------|---------|
| E10.10  | E11.00  | E13.00  | O24.011 |
| E10.11  | E11.01  | E13.01  | O24.012 |
| E10.21  | E11.21  | E13.10  | O24.013 |
| E10.22  | E11.22  | E13.11  | O24.019 |
| E10.29  | E11.29  | E13.21  | O24.02  |
| E10.311 | E11.311 | E13.22  | O24.03  |
| E10.319 | E11.319 | E13.29  | O24.83  |
| E10.321 | E11.321 | E13.311 | O24.111 |
| E10.329 | E11.329 | E13.319 | O24.112 |
| E10.331 | E11.331 | E13.321 | O24.113 |
| E10.339 | E11.339 | E13.329 | O24.119 |
| E10.341 | E11.341 | E13.331 | O24.12  |
| E10.349 | E11.349 | E13.339 | O24.13  |
| E10.351 | E11.351 | E13.341 | O24.311 |
| E10.359 | E11.359 | E13.349 | O24.312 |
| E10.36  | E11.36  | E13.351 | O24.313 |
| E10.39  | E11.39  | E13.359 | O24.319 |
| E10.40  | E11.40  | E13.36  | O24.32  |
| E10.41  | E11.41  | E13.39  | O24.33  |
| E10.42  | E11.42  | E13.40  | O24.811 |
| E10.43  | E11.43  | E13.41  | O24.812 |
| E10.44  | E11.44  | E13.42  | O24.813 |
| E10.49  | E11.49  | E13.43  | O24.819 |
| E10.51  | E11.51  | E13.44  | O24.82  |
| E10.52  | E11.52  | E13.49  | O24.83  |
| E10.59  | E11.59  | E13.51  |         |
| E10.610 | E11.610 | E13.52  |         |
| E10.618 | E11.618 | E13.59  |         |
| E10.620 | E11.620 | E13.610 |         |
| E10.621 | E11.621 | E13.618 |         |
| E10.622 | E11.622 | E13.620 |         |
| E10.628 | E11.628 | E13.621 |         |
| E10.630 | E11.630 | E13.622 |         |
| E10.638 | E11.638 | E13.628 |         |
| E10.641 | E11.641 | E13.630 |         |
| E10.649 | E11.649 | E13.638 |         |
| E10.65  | E11.65  | E13.641 |         |
| E10.69  | E11.69  | E13.649 |         |
| E10.8   | E11.8   | E13.65  |         |
| E10.9   | E11.9   | E13.69  |         |
|         |         | E13.8   |         |
|         |         | E13.9   |         |



**Diabetes Care: Controlled HbA1c Less Than 7.0% – blindness exclusion**

| ICD-10 |        |
|--------|--------|
| H54.0  | H54.41 |
| H54.10 | H54.42 |
| H54.11 | H54.50 |
| H54.12 | H54.51 |
| H54.2  | H54.52 |
| H54.40 | H54.8  |

**Diabetes Care: Controlled HbA1c Less Than 7.0% – lower extremity amputation exclusion**

| CPT         | ICD-10  |
|-------------|---------|
| 27290       | Z89.411 |
| 27295       | Z89.412 |
| 27590-27592 | Z89.419 |
| 27594       | Z89.421 |
| 27596       | Z89.422 |
| 27598       | Z89.429 |
| 27880       | Z89.431 |
| 27881       | Z89.432 |
| 27882       | Z89.439 |
| 27884       | Z89.441 |
| 27886       | Z89.442 |
| 27888       | Z89.449 |
| 27889       | Z89.511 |
| 28800       | Z89.512 |
| 28805       | Z89.519 |
| 28810       | Z89.521 |
| 28820       | Z89.522 |
| 27881       | Z89.529 |
| 27882       | Z89.611 |
| 27884       | Z89.612 |
| 27886       | Z89.619 |
| 27888       | Z89.621 |
| 27889       | Z89.622 |
| 28800       | Z89.629 |
| 28805       |         |
| 28810       |         |
| 28820       |         |
| 28825       |         |

**Diabetes Care: Controlled HbA1c Less Than 7.0% – thoracic aortic aneurysm**

| ICD-10 |
|--------|
| I71.01 |
| I71.03 |
| I71.1  |
| I71.2  |
| I71.5  |
| I71.6  |

**Diabetes Care: Controlled HbA1c Less Than 7.0% – IVD exclusion**

| ICD-10  |         |         |         |         |         |         |         |         |         |         |
|---------|---------|---------|---------|---------|---------|---------|---------|---------|---------|---------|
| I20.0   | I25.790 | I63.331 | I65.01  | I70.219 | I70.313 | I70.411 | I70.508 | I70.602 | I70.699 | I70.793 |
| I20.8   | I25.791 | I63.332 | I65.02  | I70.221 | I70.318 | I70.412 | I70.509 | I70.603 | I70.701 | I70.798 |
| I20.9   | I25.798 | I63.339 | I65.03  | I70.222 | I70.319 | I70.413 | I70.511 | I70.608 | I70.702 | I70.799 |
| I24.0   | I25.799 | I63.341 | I65.09  | I70.223 | I70.321 | I70.418 | I70.512 | I70.609 | I70.703 | I70.8   |
| I24.1   | I25.810 | I63.342 | I65.1   | I70.228 | I70.322 | I70.419 | I70.513 | I70.611 | I70.708 | I70.90  |
| I24.8   | I25.811 | I63.349 | I65.21  | I70.229 | I70.323 | I70.421 | I70.518 | I70.612 | I70.709 | I70.91  |
| I24.9   | I25.812 | I63.39  | I65.22  | I70.231 | I70.328 | I70.422 | I70.519 | I70.613 | I70.711 | I70.92  |
| I25.10  | I25.82  | I63.40  | I65.23  | I70.232 | I70.329 | I70.423 | I70.521 | I70.618 | I70.712 | I74.01  |
| I25.110 | I25.83  | I63.411 | I65.29  | I70.233 | I70.331 | I70.428 | I70.522 | I70.619 | I70.713 | I74.09  |
| I25.111 | I25.84  | I63.412 | I65.8   | I70.234 | I70.332 | I70.429 | I70.523 | I70.621 | I70.718 | I74.10  |
| I25.118 | I25.89  | I63.419 | I65.9   | I70.235 | I70.333 | I70.431 | I70.528 | I70.622 | I70.719 | I74.11  |
| I25.119 | I25.9   | I63.421 | I66.01  | I70.238 | I70.334 | I70.432 | I70.529 | I70.623 | I70.721 | I74.19  |
| I25.5   | I63.00  | I63.422 | I66.02  | I70.239 | I70.335 | I70.433 | I70.531 | I70.628 | I70.722 | I74.2   |
| I25.6   | I63.011 | I63.429 | I66.03  | I70.241 | I70.338 | I70.434 | I70.532 | I70.629 | I70.723 | I74.3   |
| I25.700 | I63.012 | I63.431 | I66.09  | I70.242 | I70.339 | I70.435 | I70.533 | I70.631 | I70.728 | I74.4   |
| I25.701 | I63.019 | I63.432 | I66.11  | I70.243 | I70.341 | I70.438 | I70.534 | I70.632 | I70.729 | I74.5   |
| I25.708 | I63.02  | I63.439 | I66.12  | I70.244 | I70.342 | I70.439 | I70.535 | I70.633 | I70.731 | I74.8   |
| I25.709 | I63.031 | I63.441 | I66.13  | I70.245 | I70.343 | I70.441 | I70.538 | I70.634 | I70.732 | I74.9   |
| I25.710 | I63.032 | I63.442 | I66.19  | I70.248 | I70.344 | I70.442 | I70.539 | I70.635 | I70.733 | I75.011 |
| I25.711 | I63.039 | I63.449 | I66.21  | I70.249 | I70.345 | I70.443 | I70.541 | I70.638 | I70.734 | I75.012 |
| I25.718 | I63.09  | I63.49  | I66.22  | I70.25  | I70.348 | I70.444 | I70.542 | I70.639 | I70.735 | I75.013 |
| I25.719 | I63.10  | I63.50  | I66.23  | I70.261 | I70.349 | I70.445 | I70.543 | I70.641 | I70.738 | I75.019 |
| I25.720 | I63.111 | I63.511 | I66.29  | I70.262 | I70.35  | I70.448 | I70.544 | I70.642 | I70.739 | I75.021 |
| I25.721 | I63.112 | I63.512 | I66.3   | I70.263 | I70.361 | I70.449 | I70.545 | I70.643 | I70.741 | I75.022 |
| I25.728 | I63.119 | I63.519 | I66.8   | I70.268 | I70.362 | I70.45  | I70.548 | I70.644 | I70.742 | I75.023 |
| I25.729 | I63.12  | I63.521 | I66.9   | I70.269 | I70.363 | I70.461 | I70.549 | I70.645 | I70.743 | I75.029 |
| I25.730 | I63.131 | I63.522 | I67.2   | I70.291 | I70.368 | I70.462 | I70.55  | I70.648 | I70.744 | I75.81  |
| I25.731 | I63.132 | I63.529 | I70.0   | I70.292 | I70.369 | I70.463 | I70.561 | I70.649 | I70.745 | I75.89  |
| I25.738 | I63.139 | I63.531 | I70.1   | I70.293 | I70.391 | I70.468 | I70.562 | I70.65  | I70.748 |         |
| I25.739 | I63.19  | I63.532 | I70.201 | I70.298 | I70.392 | I70.469 | I70.563 | I70.661 | I70.749 |         |
| I25.750 | I63.20  | I63.539 | I70.202 | I70.299 | I70.393 | I70.491 | I70.568 | I70.662 | I70.75  |         |
| I25.751 | I63.211 | I63.541 | I70.203 | I70.301 | I70.398 | I70.492 | I70.569 | I70.663 | I70.761 |         |
| I25.758 | I63.212 | I63.542 | I70.208 | I70.302 | I70.399 | I70.493 | I70.591 | I70.668 | I70.762 |         |
| I25.759 | I63.219 | I63.549 | I70.209 | I70.303 | I70.401 | I70.498 | I70.592 | I70.669 | I70.763 |         |
| I25.760 | I63.22  | I63.59  | I70.211 | I70.308 | I70.402 | I70.499 | I70.593 | I70.691 | I70.768 |         |
| I25.761 | I63.231 | I63.6   | I70.212 | I70.309 | I70.403 | I70.501 | I70.598 | I70.692 | I70.769 |         |
| I25.768 | I63.232 | I63.8   | I70.213 | I70.311 | I70.408 | I70.502 | I70.599 | I70.693 | I70.791 |         |
| I25.769 | I63.239 | I63.9   | I70.218 | I70.312 | I70.409 | I70.503 | I70.601 | I70.698 | I70.792 |         |

**Diabetes Care: Controlled HbA1c Less Than 7.0% - CABG exclusion**

| CPT  | HCPCS           | ICD-10  |         |         |         |  |
|--|-----------------|---------|---------|---------|---------|--|
| 33510-<br>33514<br>33516-<br>33519<br>33521-<br>33523<br>33533-<br>33536 | S2205-<br>S2209 | 210093  | 02100KC | 02110Z8 | 021309C |  |
|  |                 | 210098  | 02100KF | 02110Z9 | 021309F |  |
|  |                 | 210099  | 02100KW | 02110ZC | 021309W |  |
|  |                 | 211093  | 02100Z3 | 02110ZF | 02130A3 |  |
|  |                 | 211098  | 02100Z8 | 021209C | 02130A8 |  |
|  |                 | 211099  | 02100Z9 | 021209F | 02130A9 |  |
|  |                 | 212093  | 02100ZC | 021209W | 02130AC |  |
|  |                 | 212098  | 02100ZF | 02120A3 | 02130AF |  |
|  |                 | 212099  | 021109C | 02120A8 | 02130AW |  |
|  |                 | 213093  | 021109F | 02120A9 | 02130J3 |  |
|  |                 | 213098  | 021109W | 02120AC | 02130J8 |  |
|  |                 | 213099  | 02110A3 | 02120AF | 02130J9 |  |
|  |                 | 021009C | 02110A8 | 02120AW | 02130JC |  |
|  |                 | 021009F | 02110A9 | 02120J3 | 02130JF |  |
|  |                 | 021009W | 02110AC | 02120J8 | 02130JW |  |
|  |                 | 02100A3 | 02110AF | 02120J9 | 02130K3 |  |
|  |                 | 02100A8 | 02110AW | 02120JC | 02130K8 |  |
|  |                 | 02100A9 | 02110J3 | 02120JF | 02130K9 |  |
|  |                 | 02100AC | 02110J8 | 02120JW | 02130KC |  |
|  |                 | 02100AF | 02110J9 | 02120K3 | 02130KF |  |
|  |                 | 02100AW | 02110JC | 02120K8 | 02130KW |  |
|  |                 | 02100J3 | 02110JF | 02120K9 | 02130Z3 |  |
|  |                 | 02100J8 | 02110JW | 02120KC | 02130Z8 |  |
|  |                 | 02100J9 | 02110K3 | 02120KF | 02130Z9 |  |
|  |                 | 02100JC | 02110K8 | 02120KW | 02130ZC |  |
|  |                 | 02100JF | 02110K9 | 02120Z3 | 02130ZF |  |
|  |                 | 02100JW | 02110KC | 02120Z8 |         |  |
|  |                 | 02100K3 | 02110KF | 02120Z9 |         |  |
|  |                 | 02100K8 | 02110KW | 02120ZC |         |  |
|  |                 | 02100K9 | 02110Z3 | 02120ZF |         |  |

**Diabetes Care: PCI exclusion**

| CPT   |       | ICD-10  |         |         |         |         |
|-------|-------|---------|---------|---------|---------|---------|
| 92920 | C9600 | 270346  | 02703Z6 | 02713TZ | 02723T6 | 02733DZ |
| 92924 | C9602 | 270446  | 02703ZZ | 02713Z6 | 02723TZ | 02733T6 |
| 92928 | C9604 | 271346  | 027044Z | 02713ZZ | 02723Z6 | 02733TZ |
| 92933 | C9606 | 271446  | 02704D6 | 027144Z | 02723ZZ | 02733Z6 |
| 92937 | C9607 | 272346  | 02704DZ | 02714D6 | 027244Z | 02733ZZ |
| 92941 |       | 272446  | 02704T6 | 02714DZ | 02724D6 | 027344Z |
| 92943 |       | 273346  | 02704TZ | 02714T6 | 02724DZ | 02734D6 |
| 92980 |       | 273446  | 02704Z6 | 02714TZ | 02724T6 | 02734DZ |
| 92982 |       | 027034Z | 02704ZZ | 02714Z6 | 02724TZ | 02734T6 |
| 92995 |       | 02703D6 | 027134Z | 02714ZZ | 02724Z6 | 02734TZ |
|       |       | 02703DZ | 02713D6 | 027234Z | 02724ZZ | 02734Z6 |
|       |       | 02703T6 | 02713DZ | 02723D6 | 027334Z | 02734ZZ |
|       |       | 02703TZ | 02713T6 | 02723DZ | 02733D6 |         |

**Diabetes Care: Controlled HbA1c Less Than 7.0% – dementia, Alzheimer's disease, frontotemporal dementia, dementia with Lewy bodies exclusions**

| ICD-10 |        |        |
|--------|--------|--------|
| F01.50 | F13.97 | G30.9  |
| F01.51 | F18.17 | G31.83 |
| F02.80 | F18.27 | G31.01 |
| F02.81 | F18.97 | G31.09 |
| F03.90 | F19.17 |        |
| F03.91 | F19.27 |        |
| F04    | F19.97 |        |
| F10.27 | G30.0  |        |
| F10.97 | G30.1  |        |
| F13.27 | G30.8  |        |

**Diabetes Care: Controlled HbA1c Less Than 7.0% – CHF exclusion**

| ICD-10 |        |        |
|--------|--------|--------|
| I42.0  | I43    | I50.40 |
| I42.1  | I50.1  | I50.41 |
| I42.2  | I50.20 | I50.42 |
| I42.3  | I50.21 | I50.43 |
| I42.4  | I50.22 | I50.9  |
| I42.5  | I50.23 |        |
| I42.6  | I50.30 |        |
| I42.7  | I50.31 |        |
| I42.8  | I50.32 |        |
| I42.9  | I50.33 |        |

## Measure codes for Diabetes Care: Annual Retinal Eye Exam

### Retinal eye exam

| HCPCS | CPT   |       |       |       | CPT II |
|-------|-------|-------|-------|-------|--------|
| S0620 | 67028 | 67113 | 92018 | 99213 | 2022F  |
| S0621 | 67030 | 67121 | 92019 | 99214 | 2024F  |
| S3000 | 67031 | 67141 | 92134 | 99215 | 2026F  |
| S0625 | 67036 | 67145 | 92225 | 99242 | 3072F  |
|       | 67039 | 67208 | 92226 | 99243 |        |
|       | 67040 | 67210 | 92227 | 99244 |        |
|       | 67041 | 67218 | 92228 | 99245 |        |
|       | 67042 | 67220 | 92230 |       |        |
|       | 67043 | 67221 | 92235 |       |        |
|       | 67101 | 67227 | 92240 |       |        |
|       | 67105 | 67228 | 92250 |       |        |
|       | 67107 | 92002 | 92260 |       |        |
|       | 67108 | 92004 | 99203 |       |        |
|       | 67110 | 92012 | 99204 |       |        |
|       | 67112 | 92014 | 99205 |       |        |

## Measure Codes for Diabetes Care: Monitoring for Nephropathy

### Microalbuminuria and treatment

| CPT   | CPT II | ICD-10 |       |       |       |        |        |
|-------|--------|--------|-------|-------|-------|--------|--------|
| 81000 | 3060F  | E08.21 | N00.0 | N02.6 | N05.1 | N07.7  | N25.9  |
| 81001 | 3061F  | E08.22 | N00.1 | N02.7 | N05.2 | N07.8  | N26.1  |
| 81002 | 3062F  | E08.29 | N00.2 | N02.8 | N05.3 | N07.9  | N26.2  |
| 81003 | 3066F  | E09.21 | N00.3 | N02.9 | N05.4 | N08    | N26.9  |
| 81005 | 4010F  | E09.21 | N00.4 | N03.0 | N05.5 | N14.0  | Q60.0  |
|       |        | E09.22 | N00.5 | N03.1 | N05.6 | N14.1  | Q60.1  |
| 82042 |        | E09.22 | N00.6 | N03.2 | N05.7 | N14.2  | Q60.2  |
| 82043 |        | E09.29 | N00.7 | N03.3 | N05.8 | N14.3  | Q60.3  |
| 82044 |        | E10.21 | N00.8 | N03.4 | N05.9 | N14.4  | Q60.4  |
| 84156 |        | E10.22 | N00.9 | N03.5 | N06.0 | N17.0  | Q60.5  |
|       |        | E10.29 | N01.0 | N03.6 | N06.1 | N17.1  | Q60.6  |
|       |        | E10.29 | N01.1 | N03.7 | N06.2 | N17.2  | Q61.00 |
|       |        | E11.21 | N01.2 | N03.8 | N06.3 | N17.8  | Q61.01 |
|       |        | E11.22 | N01.3 | N03.9 | N06.4 | N17.9  | Q61.02 |
|       |        | E11.29 | N01.4 | N04.0 | N06.5 | N18.1  | Q61.11 |
|       |        | E11.29 | N01.5 | N04.1 | N06.6 | N18.2  | Q61.19 |
|       |        | E13.21 | N01.6 | N04.2 | N06.7 | N18.3  | Q61.2  |
|       |        | E13.22 | N01.7 | N04.3 | N06.8 | N18.4  | Q61.3  |
|       |        | E13.29 | N01.8 | N04.4 | N06.9 | N18.5  | Q61.4  |
|       |        |        | N01.9 | N04.5 | N07.0 | N18.6  | Q61.5  |
|       |        | I12.0  | N02.0 | N04.6 | N07.1 | N18.9  | Q61.8  |
|       |        | I12.9  | N02.1 | N04.7 | N07.2 | N19    | Q61.9  |
|       |        | I13.0  | N02.2 | N04.8 | N07.3 | N25.0  | R80.0  |
|       |        | I13.10 | N02.3 | N04.9 | N07.4 | N25.1  | R80.1  |
|       |        | I13.11 | N02.4 | N05.0 | N07.5 | N25.81 | R80.2  |
|       |        |        | N02.5 |       | N07.6 | N25.89 | R80.3  |
|       |        | I13.2  |       |       |       |        | R80.8  |
|       |        | I15.0  |       |       |       |        | R80.9  |
|       |        | I15.1  |       |       |       |        |        |

**Stage 4 Chronic Kidney Disease****CPT**

N18.4

**Kidney Transplant**

| CPT   | HCPCS | ICD-10  | REV |
|-------|-------|---------|-----|
| 50300 | S2065 | Z94.0   | 367 |
| 50320 |       | 0TY00Z0 |     |
| 50340 |       | 0TY00Z1 |     |
| 50360 |       | 0TY00Z2 |     |
| 50365 |       | 0TY10Z0 |     |
| 50370 |       | 0TY10Z1 |     |
| 50380 |       | 0TY10Z2 |     |

**ESRD**

| CPT   | HCPCS | ICD-10  | Rev Code  |
|-------|-------|---------|-----------|
| 36147 | G0257 | N18.5   | 0800      |
| 36800 | S9339 | N18.6   | 0801      |
| 36810 |       | Z91.15  | 0802      |
| 36815 |       | Z99.2   | 0803      |
| 36818 |       | 3E1M39Z | 0804      |
| 36819 |       | 5A1D00Z | 0809 0880 |
| 36820 |       | 5A1D60Z | 0820 0881 |
| 36821 |       |         | 0821 0882 |
| 36831 |       |         | 0822 0889 |
| 36832 |       |         | 0823      |
| 36833 |       |         | 0824      |
| 90935 |       |         | 0825      |
| 90937 |       |         | 0829      |
| 90940 |       |         | 0830      |
| 90945 |       |         | 0831      |
| 90947 |       |         | 0832      |
| 90957 |       |         | 0833      |
| 90958 |       |         | 0834      |
| 90959 |       |         | 0835      |
| 90960 |       |         | 0839      |
| 90961 |       |         | 0840      |
| 90962 |       |         | 0841      |
| 90965 |       |         | 0842      |
| 90966 |       |         | 0843      |
| 90969 |       |         | 0844      |
| 90970 |       |         | 0845      |
| 90989 |       |         | 0849      |
| 90993 |       |         | 0850      |
| 90997 |       |         | 0851      |
| 90999 |       |         | 0852      |
| 99512 |       |         | 0853      |

## Measure Codes for Hypertension: Controlled Blood Pressure

### Blood pressure

| CPT II    |   |
|-----------|---|
| Systolic  | <ul style="list-style-type: none"> <li>3074F – Most recent systolic blood pressure &lt; 130 mm Hg</li> <li>3075F – Most recent systolic blood pressure 130 - 139 mm Hg</li> <li>3077F – Most recent systolic blood pressure greater than or equal to 140 mm Hg</li> </ul>   |
| Diastolic | <ul style="list-style-type: none"> <li>3078F – Most recent diastolic blood pressure less than 80 mm Hg</li> <li>3079F – Most recent diastolic blood pressure 80-89 mm Hg</li> <li>3080F – Most recent diastolic blood pressure greater than or equal to 90 mm Hg</li> </ul> |

### Pregnancy Exclusion codes

| ICD-10 |        |         |         |         |        |         |
|--------|--------|---------|---------|---------|--------|---------|
| O00.0  | O03.88 | O08.81  | O09.612 | O10.13  | O12.21 | O22.01  |
| O00.1  | O03.89 | O08.82  | O09.613 | O10.211 | O12.22 | O22.02  |
| O00.2  | O03.9  | O08.83  | O09.619 | O10.212 | O12.23 | O22.03  |
| O00.8  | O04.5  | O08.89  | O09.621 | O10.213 | O13.1  | O22.10  |
| O00.9  | O04.6  | O08.9   | O09.622 | O10.219 | O13.2  | O22.11  |
| O01.0  | O04.7  | O09.00  | O09.623 | O10.22  | O13.3  | O22.12  |
| O01.1  | O04.80 | O09.01  | O09.629 | O10.23  | O13.9  | O22.13  |
| O01.9  | O04.81 | O09.02  | O09.70  | O10.311 | O14.00 | O22.20  |
| O02.0  | O04.82 | O09.03  | O09.71  | O10.312 | O14.02 | O22.21  |
| O02.1  | O04.83 | O09.10  | O09.72  | O10.313 | O14.03 | O22.22  |
| O02.81 | O04.84 | O09.11  | O09.73  | O10.319 | O14.10 | O22.23  |
| O02.89 | O04.85 | O09.12  | O09.811 | O10.32  | O14.12 | O22.30  |
| O02.9  | O04.86 | O09.13  | O09.812 | O10.33  | O14.13 | O22.31  |
| O03.0  | O04.87 | O09.211 | O09.813 | O10.411 | O14.20 | O22.32  |
| O03.1  | O04.88 | O09.212 | O09.819 | O10.412 | O14.22 | O22.33  |
| O03.2  | O04.89 | O09.213 | O09.821 | O10.413 | O14.23 | O22.40  |
| O03.30 | O07.0  | O09.219 | O09.822 | O10.419 | O14.90 | O22.41  |
| O03.31 | O07.1  | O09.291 | O09.823 | O10.42  | O14.92 | O22.42  |
| O03.32 | O07.2  | O09.292 | O09.829 | O10.43  | O14.93 | O22.43  |
| O03.33 | O07.30 | O09.293 | O09.891 | O10.911 | O15.00 | O22.50  |
| O03.34 | O07.31 | O09.299 | O09.892 | O10.912 | O15.02 | O22.51  |
| O03.35 | O07.32 | O09.30  | O09.893 | O10.913 | O15.03 | O22.52  |
| O03.36 | O07.33 | O09.31  | O09.899 | O10.919 | O15.1  | O22.53  |
| O03.37 | O07.34 | O09.32  | O09.90  | O10.92  | O15.2  | O22.8X1 |
| O03.38 | O07.35 | O09.33  | O09.91  | O10.93  | O15.9  | O22.8X2 |
| O03.39 | O07.36 | O09.40  | O09.92  | O11.1   | O16.1  | O22.8X3 |
| O03.4  | O07.37 | O09.41  | O09.93  | O11.2   | O16.2  | O22.8X9 |
| O03.5  | O07.38 | O09.42  | O10.011 | O11.3   | O16.3  | O22.90  |
| O03.6  | O07.39 | O09.43  | O10.012 | O11.9   | O16.9  | O22.91  |
| O03.7  | O07.4  | O09.511 | O10.013 | O12.00  | O20.0  | O22.92  |
| O03.80 | O08.0  | O09.512 | O10.019 | O12.01  | O20.8  | O22.93  |
| O03.81 | O08.1  | O09.513 | O10.02  | O12.02  | O20.9  | O23.00  |
| O03.82 | O08.2  | O09.519 | O10.03  | O12.03  | O21.0  | O23.01  |
| O03.83 | O08.3  | O09.521 | O10.111 | O12.10  | O21.1  | O23.02  |
| O03.84 | O08.4  | O09.522 | O10.112 | O12.11  | O21.2  | O23.03  |
| O03.85 | O08.5  | O09.523 | O10.113 | O12.12  | O21.8  | O23.10  |
| O03.86 | O08.6  | O09.529 | O10.119 | O12.13  | O21.9  | O23.11  |
| O03.87 | O08.7  | O09.611 | O10.12  | O12.20  | O22.00 | O23.12  |

| ICD-10  |         |         |         |         |          |          |
|---------|---------|---------|---------|---------|----------|----------|
| O23.13  | O24.430 | O26.713 | O29.092 | O30.013 | O30.809  | O31.11X1 |
| O23.20  | O24.434 | O26.719 | O29.093 | O30.019 | O30.811  | O31.11X2 |
| O23.21  | O24.439 | O26.72  | O29.099 | O30.021 | O30.812  | O31.11X3 |
| O23.22  | O24.811 | O26.73  | O29.111 | O30.022 | O30.813  | O31.11X4 |
| O23.23  | O24.812 | O26.811 | O29.112 | O30.023 | O30.819  | O31.11X5 |
| O23.30  | O24.813 | O26.812 | O29.113 | O30.029 | O30.821  | O31.11X9 |
| O23.31  | O24.819 | O26.813 | O29.119 | O30.031 | O30.822  | O31.12X0 |
| O23.32  | O24.82  | O26.819 | O29.121 | O30.032 | O30.823  | O31.12X1 |
| O23.33  | O24.83  | O26.821 | O29.122 | O30.033 | O30.829  | O31.12X2 |
| O23.40  | O24.911 | O26.822 | O29.123 | O30.039 | O30.891  | O31.12X3 |
| O23.41  | O24.912 | O26.823 | O29.129 | O30.041 | O30.892  | O31.12X4 |
| O23.42  | O24.913 | O26.829 | O29.191 | O30.042 | O30.893  | O31.12X5 |
| O23.43  | O24.919 | O26.831 | O29.192 | O30.043 | O30.899  | O31.12X9 |
| O23.511 | O24.92  | O26.832 | O29.193 | O30.049 | O30.90   | O31.13X0 |
| O23.512 | O24.93  | O26.833 | O29.199 | O30.091 | O30.91   | O31.13X1 |
| O23.513 | O25.10  | O26.839 | O29.211 | O30.092 | O30.92   | O31.13X2 |
| O23.519 | O25.11  | O26.841 | O29.212 | O30.093 | O30.93   | O31.13X3 |
| O23.521 | O25.12  | O26.842 | O29.213 | O30.099 | O31.00X0 | O31.13X4 |
| O23.522 | O25.13  | O26.843 | O29.219 | O30.101 | O31.00X1 | O31.13X5 |
| O23.523 | O25.2   | O26.849 | O29.291 | O30.102 | O31.00X2 | O31.13X9 |
| O23.529 | O25.3   | O26.851 | O29.292 | O30.103 | O31.00X3 | O31.20X0 |
| O23.591 | O26.00  | O26.852 | O29.293 | O30.109 | O31.00X4 | O31.20X1 |
| O23.592 | O26.01  | O26.853 | O29.299 | O30.111 | O31.00X5 | O31.20X2 |
| O23.593 | O26.02  | O26.859 | O29.3X1 | O30.112 | O31.00X9 | O31.20X3 |
| O23.599 | O26.03  | O26.86  | O29.3X2 | O30.113 | O31.01X0 | O31.20X4 |
| O23.90  | O26.10  | O26.872 | O29.3X3 | O30.119 | O31.01X1 | O31.20X5 |
| O23.91  | O26.11  | O26.873 | O29.3X9 | O30.121 | O31.01X2 | O31.20X9 |
| O23.92  | O26.12  | O26.879 | O29.40  | O30.122 | O31.01X3 | O31.21X0 |
| O23.93  | O26.13  | O26.891 | O29.41  | O30.123 | O31.01X4 | O31.21X1 |
| O24.011 | O26.20  | O26.892 | O29.42  | O30.129 | O31.01X5 | O31.21X2 |
| O24.012 | O26.21  | O26.893 | O29.43  | O30.191 | O31.01X9 | O31.21X3 |
| O24.013 | O26.22  | O26.899 | O29.5X1 | O30.192 | O31.02X0 | O31.21X4 |
| O24.019 | O26.23  | O26.90  | O29.5X2 | O30.193 | O31.02X1 | O31.21X5 |
| O24.02  | O26.30  | O26.91  | O29.5X3 | O30.199 | O31.02X2 | O31.21X9 |
| O24.03  | O26.31  | O26.92  | O29.5X9 | O30.201 | O31.02X3 | O31.22X0 |
| O24.111 | O26.32  | O26.93  | O29.60  | O30.202 | O31.02X4 | O31.22X1 |
| O24.112 | O26.33  | O28.0   | O29.61  | O30.203 | O31.02X5 | O31.22X2 |
| O24.113 | O26.40  | O28.1   | O29.62  | O30.209 | O31.02X9 | O31.22X3 |
| O24.119 | O26.41  | O28.2   | O29.63  | O30.211 | O31.03X0 | O31.22X4 |
| O24.12  | O26.42  | O28.3   | O29.8X1 | O30.212 | O31.03X1 | O31.22X5 |
| O24.13  | O26.43  | O28.4   | O29.8X2 | O30.213 | O31.03X2 | O31.22X9 |
| O24.311 | O26.50  | O28.5   | O29.8X3 | O30.219 | O31.03X3 | O31.23X0 |
| O24.312 | O26.51  | O28.8   | O29.8X9 | O30.221 | O31.03X4 | O31.23X1 |
| O24.313 | O26.52  | O28.9   | O29.90  | O30.222 | O31.03X5 | O31.23X2 |
| O24.319 | O26.53  | O29.011 | O29.91  | O30.223 | O31.03X9 | O31.23X3 |
| O24.32  | O26.611 | O29.012 | O29.92  | O30.229 | O31.10X0 | O31.23X4 |
| O24.33  | O26.612 | O29.013 | O29.93  | O30.291 | O31.10X1 | O31.23X5 |
| O24.410 | O26.613 | O29.019 | O30.001 | O30.292 | O31.10X2 | O31.23X9 |
| O24.414 | O26.619 | O29.021 | O30.002 | O30.293 | O31.10X3 | O31.30X0 |
| O24.419 | O26.62  | O29.022 | O30.003 | O30.299 | O31.10X4 | O31.30X1 |
| O24.420 | O26.63  | O29.023 | O30.009 | O30.801 | O31.10X5 | O31.30X2 |
| O24.424 | O26.711 | O29.029 | O30.011 | O30.802 | O31.10X9 | O31.30X3 |
| O24.429 | O26.712 | O29.091 | O30.012 | O30.803 | O31.11X0 | O31.30X4 |



| ICD-10   |          |          |          |          |          |          |
|----------|----------|----------|----------|----------|----------|----------|
| O31.30X5 | O32.0XX3 | O33.3XX0 | O34.522  | O35.3XX9 | O36.0124 | O36.1122 |
| O31.30X9 | O32.0XX4 | O33.3XX1 | O34.523  | O35.4XX0 | O36.0125 | O36.1123 |
| O31.31X0 | O32.0XX5 | O33.3XX2 | O34.529  | O35.4XX1 | O36.0129 | O36.1124 |
| O31.31X1 | O32.0XX9 | O33.3XX3 | O34.531  | O35.4XX2 | O36.0130 | O36.1125 |
| O31.31X2 | O32.1XX0 | O33.3XX4 | O34.532  | O35.4XX3 | O36.0131 | O36.1129 |
| O31.31X3 | O32.1XX1 | O33.3XX5 | O34.533  | O35.4XX4 | O36.0132 | O36.1130 |
| O31.31X4 | O32.1XX2 | O33.3XX9 | O34.539  | O35.4XX5 | O36.0133 | O36.1131 |
| O31.31X5 | O32.1XX3 | O33.4XX0 | O34.591  | O35.4XX9 | O36.0134 | O36.1132 |
| O31.31X9 | O32.1XX4 | O33.4XX1 | O34.592  | O35.5XX0 | O36.0135 | O36.1133 |
| O31.32X0 | O32.1XX5 | O33.4XX2 | O34.593  | O35.5XX1 | O36.0139 | O36.1134 |
| O31.32X1 | O32.1XX9 | O33.4XX3 | O34.599  | O35.5XX2 | O36.0190 | O36.1135 |
| O31.32X2 | O32.2XX0 | O33.4XX4 | O34.60   | O35.5XX3 | O36.0191 | O36.1139 |
| O31.32X3 | O32.2XX1 | O33.4XX5 | O34.61   | O35.5XX4 | O36.0192 | O36.1190 |
| O31.32X4 | O32.2XX2 | O33.4XX9 | O34.62   | O35.5XX5 | O36.0193 | O36.1191 |
| O31.32X5 | O32.2XX3 | O33.5XX0 | O34.63   | O35.5XX9 | O36.0194 | O36.1192 |
| O31.32X9 | O32.2XX4 | O33.5XX1 | O34.70   | O35.6XX0 | O36.0195 | O36.1193 |
| O31.33X0 | O32.2XX5 | O33.5XX2 | O34.71   | O35.6XX1 | O36.0199 | O36.1194 |
| O31.33X1 | O32.2XX9 | O33.5XX3 | O34.72   | O35.6XX2 | O36.0910 | O36.1195 |
| O31.33X2 | O32.3XX0 | O33.5XX4 | O34.73   | O35.6XX3 | O36.0911 | O36.1199 |
| O31.33X3 | O32.3XX1 | O33.5XX5 | O34.80   | O35.6XX4 | O36.0912 | O36.1910 |
| O31.33X4 | O32.3XX2 | O33.5XX9 | O34.81   | O35.6XX5 | O36.0913 | O36.1911 |
| O31.33X5 | O32.3XX3 | O33.6XX0 | O34.82   | O35.6XX9 | O36.0914 | O36.1912 |
| O31.33X9 | O32.3XX4 | O33.6XX1 | O34.83   | O35.7XX0 | O36.0915 | O36.1913 |
| O31.8X10 | O32.3XX5 | O33.6XX2 | O34.90   | O35.7XX1 | O36.0919 | O36.1914 |
| O31.8X11 | O32.3XX9 | O33.6XX3 | O34.91   | O35.7XX2 | O36.0920 | O36.1915 |
| O31.8X12 | O32.4XX0 | O33.6XX4 | O34.92   | O35.7XX3 | O36.0921 | O36.1919 |
| O31.8X13 | O32.4XX1 | O33.6XX5 | O34.93   | O35.7XX4 | O36.0922 | O36.1920 |
| O31.8X14 | O32.4XX2 | O33.6XX9 | O35.0XX0 | O35.7XX5 | O36.0923 | O36.1921 |
| O31.8X15 | O32.4XX3 | O33.7    | O35.0XX1 | O35.7XX9 | O36.0924 | O36.1922 |
| O31.8X19 | O32.4XX4 | O33.8    | O35.0XX2 | O35.8XX0 | O36.0925 | O36.1923 |
| O31.8X20 | O32.4XX5 | O33.9    | O35.0XX3 | O35.8XX1 | O36.0929 | O36.1924 |
| O31.8X21 | O32.4XX9 | O34.00   | O35.0XX4 | O35.8XX2 | O36.0930 | O36.1925 |
| O31.8X22 | O32.6XX0 | O34.01   | O35.0XX5 | O35.8XX3 | O36.0931 | O36.1929 |
| O31.8X23 | O32.6XX1 | O34.02   | O35.0XX9 | O35.8XX4 | O36.0932 | O36.1930 |
| O31.8X24 | O32.6XX2 | O34.03   | O35.1XX0 | O35.8XX5 | O36.0933 | O36.1931 |
| O31.8X25 | O32.6XX3 | O34.10   | O35.1XX1 | O35.8XX9 | O36.0934 | O36.1932 |
| O31.8X29 | O32.6XX4 | O34.11   | O35.1XX2 | O35.9XX0 | O36.0935 | O36.1933 |
| O31.8X30 | O32.6XX5 | O34.12   | O35.1XX3 | O35.9XX1 | O36.0939 | O36.1934 |
| O31.8X31 | O32.6XX9 | O34.13   | O35.1XX4 | O35.9XX2 | O36.0990 | O36.1935 |
| O31.8X32 | O32.8XX0 | O34.21   | O35.1XX5 | O35.9XX3 | O36.0991 | O36.1939 |
| O31.8X33 | O32.8XX1 | O34.29   | O35.1XX9 | O35.9XX4 | O36.0992 | O36.1990 |
| O31.8X34 | O32.8XX2 | O34.30   | O35.2XX0 | O35.9XX5 | O36.0993 | O36.1991 |
| O31.8X35 | O32.8XX3 | O34.31   | O35.2XX1 | O35.9XX9 | O36.0994 | O36.1992 |
| O31.8X39 | O32.8XX4 | O34.32   | O35.2XX2 | O36.0110 | O36.0995 | O36.1993 |
| O31.8X90 | O32.8XX5 | O34.33   | O35.2XX3 | O36.0111 | O36.0999 | O36.1994 |
| O31.8X91 | O32.8XX9 | O34.40   | O35.2XX4 | O36.0112 | O36.1110 | O36.1995 |
| O31.8X92 | O32.9XX0 | O34.41   | O35.2XX5 | O36.0113 | O36.1111 | O36.1999 |
| O31.8X93 | O32.9XX1 | O34.42   | O35.2XX9 | O36.0114 | O36.1112 | O36.20X0 |
| O31.8X94 | O32.9XX2 | O34.43   | O35.3XX0 | O36.0115 | O36.1113 | O36.20X1 |
| O31.8X95 | O32.9XX3 | O34.511  | O35.3XX1 | O36.0119 | O36.1114 | O36.20X2 |
| O31.8X99 | O32.9XX4 | O34.512  | O35.3XX2 | O36.0120 | O36.1115 | O36.20X3 |
| O32.0XX0 | O32.9XX5 | O34.513  | O35.3XX3 | O36.0121 | O36.1119 | O36.20X4 |
| O32.0XX1 | O32.9XX9 | O34.519  | O35.3XX4 | O36.0122 | O36.1120 | O36.20X5 |
| O32.0XX2 | O33.0    | O34.521  | O35.3XX5 | O36.0123 | O36.1121 | O36.20X9 |

| ICD 10   |          |          |          |          |          |          |
|----------|----------|----------|----------|----------|----------|----------|
| O36.21X0 | O36.5199 | O36.63X5 | O36.8990 | O40.3XX9 | O41.1032 | O41.1430 |
| O36.21X1 | O36.5910 | O36.63X9 | O36.8991 | O40.9XX0 | O41.1033 | O41.1431 |
| O36.21X2 | O36.5911 | O36.70X0 | O36.8992 | O40.9XX1 | O41.1034 | O41.1432 |
| O36.21X3 | O36.5912 | O36.70X1 | O36.8993 | O40.9XX2 | O41.1035 | O41.1433 |
| O36.21X4 | O36.5913 | O36.70X2 | O36.8994 | O40.9XX3 | O41.1039 | O41.1434 |
| O36.21X5 | O36.5914 | O36.70X3 | O36.8995 | O40.9XX4 | O41.1090 | O41.1435 |
| O36.21X9 | O36.5915 | O36.70X4 | O36.8999 | O40.9XX5 | O41.1091 | O41.1439 |
| O36.22X0 | O36.5919 | O36.70X5 | O36.90X0 | O40.9XX9 | O41.1092 | O41.1490 |
| O36.22X1 | O36.5920 | O36.70X9 | O36.90X1 | O41.00X0 | O41.1093 | O41.1491 |
| O36.22X2 | O36.5921 | O36.71X0 | O36.90X2 | O41.00X1 | O41.1094 | O41.1492 |
| O36.22X3 | O36.5922 | O36.71X1 | O36.90X3 | O41.00X2 | O41.1095 | O41.1493 |
| O36.22X4 | O36.5923 | O36.71X2 | O36.90X4 | O41.00X3 | O41.1099 | O41.1494 |
| O36.22X5 | O36.5924 | O36.71X3 | O36.90X5 | O41.00X4 | O41.1210 | O41.1495 |
| O36.22X9 | O36.5925 | O36.71X4 | O36.90X9 | O41.00X5 | O41.1211 | O41.1499 |
| O36.23X0 | O36.5929 | O36.71X5 | O36.91X0 | O41.00X9 | O41.1212 | O41.8X10 |
| O36.23X1 | O36.5930 | O36.71X9 | O36.91X1 | O41.01X0 | O41.1213 | O41.8X11 |
| O36.23X2 | O36.5931 | O36.72X0 | O36.91X2 | O41.01X1 | O41.1214 | O41.8X12 |
| O36.23X3 | O36.5932 | O36.72X1 | O36.91X3 | O41.01X2 | O41.1215 | O41.8X13 |
| O36.23X4 | O36.5933 | O36.72X2 | O36.91X4 | O41.01X3 | O41.1219 | O41.8X14 |
| O36.23X5 | O36.5934 | O36.72X3 | O36.91X5 | O41.01X4 | O41.1220 | O41.8X15 |
| O36.23X9 | O36.5935 | O36.72X4 | O36.91X9 | O41.01X5 | O41.1221 | O41.8X19 |
| O36.4XX0 | O36.5939 | O36.72X5 | O36.92X0 | O41.01X9 | O41.1222 | O41.8X20 |
| O36.4XX1 | O36.5990 | O36.72X9 | O36.92X1 | O41.02X0 | O41.1223 | O41.8X21 |
| O36.4XX2 | O36.5991 | O36.73X0 | O36.92X2 | O41.02X1 | O41.1224 | O41.8X22 |
| O36.4XX3 | O36.5992 | O36.73X1 | O36.92X3 | O41.02X2 | O41.1225 | O41.8X23 |
| O36.4XX4 | O36.5993 | O36.73X2 | O36.92X4 | O41.02X3 | O41.1229 | O41.8X24 |
| O36.4XX5 | O36.5994 | O36.73X3 | O36.92X5 | O41.02X4 | O41.1230 | O41.8X25 |
| O36.4XX9 | O36.5995 | O36.73X4 | O36.92X9 | O41.02X5 | O41.1231 | O41.8X29 |
| O36.5110 | O36.5999 | O36.73X5 | O36.93X0 | O41.02X9 | O41.1232 | O41.8X30 |
| O36.5111 | O36.60X0 | O36.73X9 | O36.93X1 | O41.03X0 | O41.1233 | O41.8X31 |
| O36.5112 | O36.60X1 | O36.80X0 | O36.93X2 | O41.03X1 | O41.1234 | O41.8X32 |
| O36.5113 | O36.60X2 | O36.80X1 | O36.93X3 | O41.03X2 | O41.1235 | O41.8X33 |
| O36.5114 | O36.60X3 | O36.80X2 | O36.93X4 | O41.03X3 | O41.1239 | O41.8X34 |
| O36.5115 | O36.60X4 | O36.80X3 | O36.93X5 | O41.03X4 | O41.1290 | O41.8X35 |
| O36.5119 | O36.60X5 | O36.80X4 | O36.93X9 | O41.03X5 | O41.1291 | O41.8X39 |
| O36.5120 | O36.60X9 | O36.80X5 | O40.1XX0 | O41.03X9 | O41.1292 | O41.8X90 |
| O36.5121 | O36.61X0 | O36.80X9 | O40.1XX1 | O41.1010 | O41.1293 | O41.8X91 |
| O36.5122 | O36.61X1 | O36.8120 | O40.1XX2 | O41.1011 | O41.1294 | O41.8X92 |
| O36.5123 | O36.61X2 | O36.8121 | O40.1XX3 | O41.1012 | O41.1295 | O41.8X93 |
| O36.5124 | O36.61X3 | O36.8122 | O40.1XX4 | O41.1013 | O41.1299 | O41.8X94 |
| O36.5125 | O36.61X4 | O36.8123 | O40.1XX5 | O41.1014 | O41.1410 | O41.8X95 |
| O36.5129 | O36.61X5 | O36.8124 | O40.1XX9 | O41.1015 | O41.1411 | O41.8X99 |
| O36.5130 | O36.61X9 | O36.8125 | O40.2XX0 | O41.1019 | O41.1412 | O41.90X0 |
| O36.5131 | O36.62X0 | O36.8129 | O40.2XX1 | O41.1020 | O41.1413 | O41.90X1 |
| O36.5132 | O36.62X1 | O36.8130 | O40.2XX2 | O41.1021 | O41.1414 | O41.90X2 |
| O36.5133 | O36.62X2 | O36.8131 | O40.2XX3 | O41.1022 | O41.1415 | O41.90X3 |
| O36.5134 | O36.62X3 | O36.8132 | O40.2XX4 | O41.1023 | O41.1419 | O41.90X4 |
| O36.5135 | O36.62X4 | O36.8133 | O40.2XX5 | O41.1024 | O41.1420 | O41.90X5 |
| O36.5139 | O36.62X5 | O36.8134 | O40.2XX9 | O41.1025 | O41.1421 | O41.90X9 |
| O36.5190 | O36.62X9 | O36.8135 | O40.3XX0 | O41.1029 | O41.1422 | O41.91X0 |
| O36.5191 | O36.63X0 | O36.8139 | O40.3XX1 | O41.1030 | O41.1423 | O41.91X1 |
| O36.5192 | O36.63X1 | O36.8190 | O40.3XX2 | O41.1031 | O41.1424 | O41.91X2 |
| O36.5193 | O36.63X2 | O36.8191 | O40.3XX3 | O40.3XX5 | O41.1425 | O41.91X3 |
| O36.5194 | O36.63X3 | O36.8192 | O40.3XX4 | O40.3XX9 | O41.1429 | O41.91X4 |
| O36.5195 | O36.63X4 | O36.8193 | O40.3XX5 |          |          |          |

| ICD 10   |         |          |          |          |          |          |
|----------|---------|----------|----------|----------|----------|----------|
| O41.91X5 | O43.191 | O45.8X3  | O60.13X0 | O64.0XX4 | O65.2    | O69.4XX9 |
| O41.91X9 | O43.192 | O45.8X9  | O60.13X1 | O64.0XX5 | O65.3    | O69.5XX0 |
| O41.92X0 | O43.193 | O45.90   | O60.13X2 | O64.0XX9 | O65.4    | O69.5XX1 |
| O41.92X1 | O43.199 | O45.91   | O60.13X3 | O64.1XX0 | O65.5    | O69.5XX2 |
| O41.92X2 | O43.211 | O45.92   | O60.13X4 | O64.1XX1 | O65.8    | O69.5XX3 |
| O41.92X3 | O43.212 | O45.93   | O60.13X5 | O64.1XX2 | O65.9    | O69.5XX4 |
| O41.92X4 | O43.213 | O46.001  | O60.13X9 | O64.1XX3 | O66.0    | O69.5XX5 |
| O41.92X5 | O43.219 | O46.002  | O60.14X0 | O64.1XX4 | O66.1    | O69.5XX9 |
| O41.92X9 | O43.221 | O46.003  | O60.14X1 | O64.1XX5 | O66.2    | O69.81X0 |
| O41.93X0 | O43.222 | O46.009  | O60.14X2 | O64.1XX9 | O66.3    | O69.81X1 |
| O41.93X1 | O43.223 | O46.011  | O60.14X3 | O64.2XX0 | O66.40   | O69.81X2 |
| O41.93X2 | O43.229 | O46.012  | O60.14X4 | O64.2XX1 | O66.41   | O69.81X3 |
| O41.93X3 | O43.231 | O46.013  | O60.14X5 | O64.2XX2 | O66.5    | O69.81X4 |
| O41.93X4 | O43.232 | O46.019  | O60.14X9 | O64.2XX3 | O66.6    | O69.81X5 |
| O41.93X5 | O43.233 | O46.021  | O60.20X0 | O64.2XX4 | O66.8    | O69.81X9 |
| O41.93X9 | O43.239 | O46.022  | O60.20X1 | O64.2XX5 | O66.9    | O69.82X0 |
| O42.00   | O43.811 | O46.023  | O60.20X2 | O64.2XX9 | O67.0    | O69.82X1 |
| O42.011  | O43.812 | O46.029  | O60.20X3 | O64.3XX0 | O67.8    | O69.82X2 |
| O42.012  | O43.813 | O46.091  | O60.20X4 | O64.3XX1 | O67.9    | O69.82X3 |
| O42.013  | O43.819 | O46.092  | O60.20X5 | O64.3XX2 | O68      | O69.82X4 |
| O42.019  | O43.891 | O46.093  | O60.20X9 | O64.3XX3 | O69.0XX0 | O69.82X5 |
| O42.02   | O43.892 | O46.099  | O60.22X0 | O64.3XX4 | O69.0XX1 | O69.82X9 |
| O42.10   | O43.893 | O46.8X1  | O60.22X1 | O64.3XX5 | O69.0XX2 | O69.89X0 |
| O42.111  | O43.899 | O46.8X2  | O60.22X2 | O64.3XX9 | O69.0XX3 | O69.89X1 |
| O42.112  | O43.90  | O46.8X3  | O60.22X3 | O64.4XX0 | O69.0XX4 | O69.89X2 |
| O42.113  | O43.91  | O46.8X9  | O60.22X4 | O64.4XX1 | O69.0XX5 | O69.89X3 |
| O42.119  | O43.92  | O46.90   | O60.22X5 | O64.4XX2 | O69.0XX9 | O69.89X4 |
| O42.12   | O43.93  | O46.91   | O60.22X9 | O64.4XX3 | O69.1XX0 | O69.89X5 |
| O42.90   | O44.00  | O46.92   | O60.23X0 | O64.4XX4 | O69.1XX1 | O69.89X9 |
| O42.911  | O44.01  | O46.93   | O60.23X1 | O64.4XX5 | O69.1XX2 | O69.9XX0 |
| O42.912  | O44.02  | O47.00   | O60.23X2 | O64.4XX9 | O69.1XX3 | O69.9XX1 |
| O42.913  | O44.03  | O47.02   | O60.23X3 | O64.5XX0 | O69.1XX4 | O69.9XX2 |
| O42.919  | O44.10  | O47.03   | O60.23X4 | O64.5XX1 | O69.1XX5 | O69.9XX3 |
| O42.92   | O44.11  | O47.1    | O60.23X5 | O64.5XX2 | O69.1XX9 | O69.9XX4 |
| O43.011  | O44.12  | O47.9    | O60.23X9 | O64.5XX3 | O69.2XX0 | O69.9XX5 |
| O43.012  | O44.13  | O48.0    | O61.0    | O64.5XX4 | O69.2XX1 | O69.9XX9 |
| O43.013  | O45.001 | O48.1    | O61.1    | O64.5XX5 | O69.2XX2 | O70.0    |
| O43.019  | O45.002 | O60.00   | O61.8    | O64.5XX9 | O69.2XX3 | O70.1    |
| O43.021  | O45.003 | O60.02   | O61.9    | O64.8XX0 | O69.2XX4 | O70.2    |
| O43.022  | O45.009 | O60.03   | O62.0    | O64.8XX1 | O69.2XX5 | O70.3    |
| O43.023  | O45.011 | O60.10X0 | O62.1    | O64.8XX2 | O69.2XX9 | O70.4    |
| O43.029  | O45.012 | O60.10X1 | O62.2    | O64.8XX3 | O69.3XX0 | O70.9    |
| O43.101  | O45.013 | O60.10X2 | O62.3    | O64.8XX4 | O69.3XX1 | O71.00   |
| O43.102  | O45.019 | O60.10X3 | O62.4    | O64.8XX5 | O69.3XX2 | O71.02   |
| O43.103  | O45.021 | O60.10X4 | O62.8    | O64.8XX9 | O69.3XX3 | O71.03   |
| O43.109  | O45.022 | O60.10X5 | O62.9    | O64.9XX0 | O69.3XX4 | O71.1    |
| O43.111  | O45.023 | O60.10X9 | O63.0    | O64.9XX1 | O69.3XX5 | O71.2    |
| O43.112  | O45.029 | O60.12X0 | O63.1    | O64.9XX2 | O69.3XX9 | O71.3    |
| O43.113  | O45.091 | O60.12X1 | O63.2    | O64.9XX3 | O69.4XX0 | O71.4    |
| O43.119  | O45.092 | O60.12X2 | O63.9    | O64.9XX4 | O69.4XX1 | O71.5    |
| O43.121  | O45.093 | O60.12X3 | O64.0XX0 | O64.9XX5 | O69.4XX2 | O71.6    |
| O43.122  | O45.099 | O60.12X4 | O64.0XX1 | O64.9XX9 | O69.4XX3 | O71.7    |
| O43.123  | O45.8X1 | O60.12X5 | O64.0XX2 | O65.0    | O69.4XX4 | O71.81   |
| O43.129  | O45.8X2 | O60.12X9 | O64.0XX3 | O65.1    | O69.4XX5 | O71.82   |

| ICD 10 |         |         |         |         |         |        |
|--------|---------|---------|---------|---------|---------|--------|
| O71.89 | O88.011 | O91.03  | O98.32  | O99.215 | O99.711 | Z03.74 |
| O71.9  | O88.012 | O91.111 | O98.33  | O99.280 | O99.712 | Z03.75 |
| O72.0  | O88.013 | O91.112 | O98.411 | O99.281 | O99.713 | Z03.79 |
| O72.1  | O88.019 | O91.113 | O98.412 | O99.282 | O99.719 | Z33.1  |
| O72.2  | O88.02  | O91.119 | O98.413 | O99.283 | O99.72  | Z33.2  |
| O72.3  | O88.03  | O91.12  | O98.419 | O99.284 | O99.73  | Z34.00 |
| O73.0  | O88.111 | O91.13  | O98.42  | O99.285 | O99.810 | Z34.01 |
| O73.1  | O88.112 | O91.211 | O98.43  | O99.310 | O99.814 | Z34.02 |
| O74.0  | O88.113 | O91.212 | O98.511 | O99.311 | O99.815 | Z34.03 |
| O74.1  | O88.119 | O91.213 | O98.512 | O99.312 | O99.820 | Z34.80 |
| O74.2  | O88.12  | O91.219 | O98.513 | O99.313 | O99.824 | Z34.81 |
| O74.3  | O88.13  | O91.22  | O98.519 | O99.314 | O99.825 | Z34.82 |
| O74.4  | O88.211 | O91.23  | O98.52  | O99.315 | O99.830 | Z34.83 |
| O74.5  | O88.212 | O92.011 | O98.53  | O99.320 | O99.834 | Z34.90 |
| O74.6  | O88.213 | O92.012 | O98.611 | O99.321 | O99.835 | Z34.91 |
| O74.7  | O88.219 | O92.013 | O98.612 | O99.322 | O99.840 | Z34.92 |
| O74.8  | O88.22  | O92.019 | O98.613 | O99.323 | O99.841 | Z34.93 |
| O74.9  | O88.23  | O92.02  | O98.619 | O99.324 | O99.842 | Z36    |
| O75.0  | O88.311 | O92.03  | O98.62  | O99.325 | O99.843 |        |
| O75.1  | O88.312 | O92.111 | O98.63  | O99.330 | O99.844 |        |
| O75.2  | O88.313 | O92.112 | O98.711 | O99.331 | O99.845 |        |
| O75.3  | O88.319 | O92.113 | O98.712 | O99.332 | O99.89  |        |
| O75.4  | O88.32  | O92.119 | O98.713 | O99.333 | O9A.111 |        |
| O75.5  | O88.33  | O92.12  | O98.719 | O99.334 | O9A.112 |        |
| O75.81 | O88.811 | O92.13  | O98.72  | O99.335 | O9A.113 |        |
| O75.82 | O88.812 | O92.20  | O98.73  | O99.340 | O9A.119 |        |
| O75.89 | O88.813 | O92.29  | O98.811 | O99.341 | O9A.12  |        |
| O75.9  | O88.819 | O92.3   | O98.812 | O99.342 | O9A.13  |        |
| O76    | O88.82  | O92.4   | O98.813 | O99.343 | O9A.211 |        |
| O77.0  | O88.83  | O92.5   | O98.819 | O99.344 | O9A.212 |        |
| O77.1  | O89.01  | O92.6   | O98.82  | O99.345 | O9A.213 |        |
| O77.8  | O89.09  | O92.70  | O98.83  | O99.350 | O9A.219 |        |
| O77.9  | O89.1   | O92.79  | O98.911 | O99.351 | O9A.22  |        |
| O80    | O89.2   | O98.011 | O98.912 | O99.352 | O9A.23  |        |
| O82    | O89.3   | O98.012 | O98.913 | O99.353 | O9A.311 |        |
| O85    | O89.4   | O98.013 | O98.919 | O99.354 | O9A.312 |        |
| O86.0  | O89.5   | O98.019 | O98.92  | O99.355 | O9A.313 |        |
| O86.11 | O89.6   | O98.02  | O98.93  | O99.411 | O9A.319 |        |
| O86.12 | O89.8   | O98.03  | O99.011 | O99.412 | O9A.32  |        |
| O86.13 | O89.9   | O98.111 | O99.012 | O99.413 | O9A.33  |        |
| O86.19 | O90.0   | O98.112 | O99.013 | O99.419 | O9A.411 |        |
| O86.20 | O90.1   | O98.113 | O99.019 | O99.42  | O9A.412 |        |
| O86.21 | O90.2   | O98.119 | O99.02  | O99.43  | O9A.413 |        |
| O86.22 | O90.3   | O98.12  | O99.03  | O99.511 | O9A.419 |        |
| O86.29 | O90.4   | O98.13  | O99.111 | O99.512 | O9A.42  |        |
| O86.4  | O90.5   | O98.211 | O99.112 | O99.513 | O9A.43  |        |
| O86.81 | O90.6   | O98.212 | O99.113 | O99.519 | O9A.511 |        |
| O86.89 | O90.81  | O98.213 | O99.119 | O99.52  | O9A.512 |        |
| O87.0  | O90.89  | O98.219 | O99.12  | O99.53  | O9A.513 |        |
| O87.1  | O90.9   | O98.22  | O99.13  | O99.611 | O9A.519 |        |
| O87.2  | O91.011 | O98.23  | O99.210 | O99.612 | O9A.52  |        |
| O87.3  | O91.012 | O98.311 | O99.211 | O99.613 | O9A.53  |        |
| O87.4  | O91.013 | O98.312 | O99.212 | O99.619 | Z03.71  |        |
| O87.8  | O91.019 | O98.313 | O99.213 | O99.62  | Z03.72  |        |
| O87.9  | O91.02  | O98.319 | O99.214 | O99.63  | Z03.73  |        |

**Kidney Transplant Exclusion**

| CPT   |  | HCPCS | ICD-10  | UB Rev |
|-------|--|-------|---------|--------|
| 50300 |  | S2065 | Z94.0   | 367    |
| 50320 |  |       | 0TY00Z0 |        |
| 50340 |  |       | 0TY00Z1 |        |
| 50360 |  |       | 0TY00Z2 |        |
| 50365 |  |       | 0TY10Z0 |        |
| 50370 |  |       | 0TY10Z1 |        |
| 50380 |  |       | 0TY10Z2 |        |

**ESRD Exclusion**

| CPT   |       | HCPCS | ICD-10  | UB Rev |     |
|-------|-------|-------|---------|--------|-----|
| 36147 | 90970 | G0257 | N18.5   | 800    | 853 |
| 36800 | 90989 | S9339 | N18.6   | 801    | 854 |
| 36810 | 90993 | G0308 | Z91.15  | 802    | 855 |
| 36815 | 90997 | G0309 | Z99.2   | 803    | 880 |
| 36818 | 90999 | G0310 | 3E1M39Z | 804    | 881 |
| 36819 | 99512 | G0311 | 5A1D00Z | 809    | 882 |
| 36820 | 36145 | G0312 | 5A1D60Z | 820    | 889 |
| 36821 | 90919 | G0313 |         | 821    | 882 |
| 36831 | 90920 | G0314 |         | 822    |     |
| 36832 | 90921 | G0315 |         | 823    |     |
| 36833 | 90923 | G0316 |         | 824    |     |
| 90935 | 90924 | G0317 |         | 825    |     |
| 90937 | 90925 | G0318 |         | 829    |     |
| 90940 |       | G0319 |         | 830    |     |
| 90945 |       | G0321 |         | 831    |     |
| 90947 |       | G0322 |         | 832    |     |
| 90957 |       | G0323 |         | 833    |     |
| 90958 |       | G0325 |         | 834    |     |
| 90959 |       | G0326 |         | 835    |     |
| 90960 |       | G0327 |         | 839    |     |
| 90961 |       | G0392 |         | 840    |     |
| 90962 |       | G0393 |         | 841    |     |
| 90965 |       |       |         | 842    |     |
| 90966 |       |       |         | 843    |     |
| 90969 |       |       |         | 844    |     |
|       |       |       |         | 845    |     |
|       |       |       |         | 849    |     |
|       |       |       |         | 850    |     |
|       |       |       |         | 851    |     |
|       |       |       |         | 852    |     |

## Tobacco Cessation

### Payable codes:

|       |   |
|-------|---|
| 99406 | Smoking and Tobacco Use Cessation Counseling Visit; Intermediate, Greater than 3 Minutes up to 10 Minutes                           |
| 99407 | Smoking and Tobacco Use Cessation Counseling Visit; Intensive, Greater than 10 Minutes  |
| G0436 | Smoking and tobacco cessation counseling visit for the asymptomatic patient; intermediate, greater than 3 minutes, up to 10 minutes |
| G0437 | Smoking and tobacco cessation counseling visit for the asymptomatic patient; intensive, greater than 10 minutes                     |

### Non-payable codes

|       |  |
|-------|--|
| 4000F | Tobacco use cessation intervention, counseling                           |
| 4001F | Tobacco use cessation intervention, pharmacologic therapy                |
| 4004F | Patient screened for tobacco AND received tobacco cessation intervention |

## Care Management

| CPT         |
|-------------|
| G9001-G9002 |
| G9007-G9008 |
| 98966-98968 |
| 99487       |
| 99489       |
| 99490       |

## ED Visits: PCP Treatable Care

*wagner.nyu.edu/faculty/billings/nyued-background*