## Pay for Quality Program 2021



## **Practitioner Service and Documentation Guide**

Measure Name	Standard Abbreviation	Measure Description	Age/ Attribution	Service Required	Coding and Diagnosis
Child and Adolescent Well Care Visits	WCV	The percentage of enrolled members 3-21 years of age who had a least one comprehensive well-care visit with a PCP or an OB/ GYN practitioner during 2021.	3-17 years as of December 31, 2021	Well-Care visits during the measurement year:  Health Education/Anticipatory Guidance (diet, exercise, junk food, drugs, smoking, suicide, contraception) AND  Health & Developmental History (peer relationships, school achievement, hobbies, sexually active or not) AND	CPT®: 99381-99385, 99391-99395, 99461 ICD-10: Z00.121, Z00.129, Z00.2
				<b>Physical Exam</b> (height, weight, BMI, blood pressure, heart, lungs, abdomen).	
Well-Child Visits in the First 30 Months of Life (W15)	W30	Percentage of members who had the following number of well-child visits with a PCP or Pediatrician:  Children who turned 15 months with 6 or more visits	15 months old during 2021 30 months old during 2021	Well-Care visits during the measurement year with the following:  Health Education/Anticipatory Guidance (i.e. address safety issues such as infant car seat, sleep on back)	CPT®: 99381-99385, 99391-99395, 99461 ICD-10: Z00.110-Z00.111, Z00.121, Z00.129, Z76.2
		Children who turned 30 months with 2 or more visits		AND  Health & Developmental History (i.e. coos, grasps, follows to midline AND  Physical Exam (height, weight, heart, lungs, abdomen.	

Measure Name	Standard Abbreviation	Measure Description	Age/ Attribution	Service Required	Coding and Diagnosis
Annual Dental Visit	ADV	The percentage of members 2-20 years of age who had at least one dental visit during 2021  • Although HEDIS ADV measures members 2-20 years old, for the 2021 P4Q program, preventive care visits for members age 6 months-20 years old will be included, to encourage long-standing habits of preventive oral health care.	6 months – 20 years	At least one preventive dental visit with a dental practitioner (DDS, DMD, certified and licensed dental hygienists) in 2021	AND CDT-D1000-D1999 A code from the first grouping of CDT codes and a code from the second grouping of CDT codes above must be on the same claim and date of service to count.
Lead Screening in Children	LSC	Members turning 2 years of age in 2021 who had one or more capillary or venous lead blood test for lead poisoning by their second birthday.	Members turning 2 years of age in 2021	One or more capillary or venous lead blood test for lead poisoning during 2021.	Lead Tests CPT®: 83655 Lead Tests Loinc: 10368-9, 10912-4, 14807-2, 17052-2, 25459-9, 27129-6, 32325-3, 5671-3, 5674-7, 77307-7
Developmental Screening in the First Three Years of Life	DVS	The percentage of members 1-3 years of age, screened for risk of developmental, behavioral, and social delays using a qualified screening tool in the 12 months preceding or on their first, second, or third birthday.	1-3 years of age as of December 31, 2021	One screening for risk of developmental, behavioral, and social delays using a standardized screening tool in the 12 months preceding or on the child's first, second, or third birthday.	Developmental screening (eg, PEDS, Ages and Stages, M-CHAT)CPT®: 96110
Comprehensive Diabetes Care: HbA1c Poor Control	CDC	The percentage of members 18-75 years of age with diabetes (Type 1 and type 2) who had at least one HbA1c test during the measurement year and whose most recent HbA1c is < 9.0%. (Measure is inverse- members with HbA1c > 9.0% are captured. A lower rate better.)	18-75 years as of December 31, 2021	Outpatient, ED or inpatient or pharmacy claim indicating diabetes and most recent HbA1c test as documented with lab data with result < 9.0%.	HbA1c Screen CPT®: 83036 and 83037; HbA1c Screen LOINC: 17856-6, 4548-4 and 4549-2 HBA1c Levels CPTII: 3044F, 3051F, 3052F We still encourage providers to fully code on claims for members in poor control using the 3046F A1c result code.

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Controlling High CE Blood Pressure		The percentage of members 18-85 years of age who had a diagnosis of hypertension (HTN) captured twice between 1/1/20 – 6/30/21 and whose BP was adequately controlled based on the stated criteria.	18-85 years as of December 31, 2021	Initial evidence of hypertension then BP that shows control per criteria:  • Members 18–85 years of age whose latest BP in 2020 is <140/90 mm Hg  • High compliant BP is 139/89 mm Hg	Essential Primary Hypertension: ICD10: I10 CPTII: 3074F - systolic less than 130 3075F - systolic 130 - 139 3077F - Systolic greater than/ equal to 140 3078F - Diastolic less than 80 3079F - Diastolic 80-89 3080F - Diastolic greater than/ equal to 90
Timeliness of Prenatal Care		The percentage of deliveries that received a prenatal care visit in the first trimester, on or before the enrollment start date or within 42 days of enrollment in the health plan.	None defined; Delivered a live birth on or between October 8, 2020 and October 7, 2021. Include women who delivered in a birthing center.	Prenatal visit in the first trimester, on or before the enrollment start date or 42 days of enrollment.  All prenatal records for a delivery that occurred between October 8, 2020 and October 7, 2021 to an OB/GYN or other prenatal care practitioner or PCP.  For visits to a PCP, a diagnosis of pregnancy must be present.  Documentation in the medical record must include a note indicating the date when the prenatal care visit occurred, and evidence of one of the following:  • A basic physical obstetrical examination that includes auscultation for fetal heart tone, or pelvic exam with obstetric observations, or measurement of fundus height.  • Evidence that a prenatal care procedure was performed (such as OB panel or ultrasound).  • Documentation of LMP or EDD in conjunction with either a prenatal risk assessment and education and counseling, or a complete obstetrical history.  Visit does not apply if RN conducts the visit.	Stand Alone Prenatal Visit CPT®: 99500 Stand Alone Prenatal Visit CPT® Cat II: 0500F, 0501F, 0502F Stand Alone Prenatal Visit HCPCS: H1000-H1004 OR Prenatal Visit Codes: CPT®: 99201-99205, 99211-99215, 99241-99245, 99483 HCPCS: T1015, G0463 The Prenatal Visit Codes must be paired with one of the following: Obstetric Panel CPT Prenatal Ultrasound Pregnancy Diagnosis ICD-10-CM: 009.00, 009.01, 009.10, 009.11, 009.211, 009.219, 009.291, 009.299 Toxoplasma Antibody Rubella Antibody

Measure Name	Standard Abbreviation	Measure Description	Age/ Attribution	Service Required	Coding and Diagnosis
Postpartum Care	PPC	The percentage of deliveries that had a postpartum visit on or between 7 and 84 days after delivery.	None defined; Delivered a live birth on or between October 8, 2020 and October 7, 2021. Include women who delivered in a birthing center.	Postpartum visit for a pelvic exam or postpartum care on or between 7 and 84 days after delivery.	<b>Postpartum Visit CPT®:</b> 57170, 58300, 59430, 99501, 0503F
					<b>ICD10:</b> Z01.411, Z01.419 Z01.42, Z30.430, Z39.1, Z39.2
					HCPCS: G0101
					<b>Cervical Cytology:</b> 88141-88143, 88147, 88148, 88150, 88152-88154, 88164-88167, 88174, 88175
					<b>LOINC:</b> 10524-7, 18500-9, 19762-4, 19764-0, 19765-7, 19766-5, 19774-9, 33717-0, 47527-7, 47528-5
					<b>HCPCS:</b> G0123, G0124, G0141, G0143-G0145, G0147, G0148, P3000, P3001, Q0091
					<b>Postpartum Bundled CPT®:</b> 59400, 59410, 59510, 59515, 59610, 59614, 59618, and 59622.
					Please note: these codes may be used only if the claim form indicates when postpartum care was rendered.
Ambulatory Care -	AMB-ED	Includes all members who utilize the Emergency Room for ambulatory care services that did not result in an inpatient admission.	None defined	ED Visits for the following:	<b>ED Visits:</b> 99281-99285
Emergency Department Visits				<ul> <li>Ambulatory (outpatient care) that did not result in an inpatient stay are captured. Members sought care at the ED as opposed to their PCP.</li> </ul>	ED Visit Place of Service/Procedure Code Examples: POS: 23
				• The measure is inverse - therefore a lower rate is better.	<b>CPT®:</b> 10021, 10022, 10030, 10035, 10036, 10040, 10060
				Encounters for the following are excluded: principal diagnosis of mental illness or chemical dependency, psychiatry, electroconvulsive therapy.	
Plan All Cause Readmission	RPR	This performance measure assesses the percentage of inpatient acute care discharges with subsequent readmission to inpatient acute care within 30 days of the initial inpatient acute care discharge	None defined	For discharges with one or more direct transfers, the last date of discharge will be used.	Inpatient Stay Code Examples: UBREV: 100, 101, 110- 134, 136-154, 156-160
				The following hospital stays will not be included in the measure:	<b>Observation Stay Code Examples: UBREV:</b> 0760, 0762, 0769
				<ul> <li>The member died during the hospital stay</li> </ul>	
				Principle diagnosis of pregnancy	
				<ul> <li>A principle diagnosis of a condition originating in the perinatal period</li> </ul>	

There is a large list of approved NCQA codes used to identify the services or conditions included in the measures in the P4Q program. This document offers just a sampling of the approved codes. Access additional coding guides and tips by:

- Visiting <a href="https://www.aetnabetterhealth.com/pennsylvania/providers/quality-improvement-resources">https://www.aetnabetterhealth.com/pennsylvania/providers/quality-improvement-resources</a>
- Attending the monthly HEDIS webinar series
- Contacting Quality Management at <u>AetnaBetterHealthPAQM@aetna.com</u>





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