

# VBP Practice 2021 Quality Measure and Coding Review

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# Objectives

- ❖ Monroe Plan History
  - ❖ Quality 101
- ❖ Review of Diabetes Related Measures & Codes
  - ❖ Diabetes Tool Kit Overview
    - ❖ Support

# Monroe Plan

- Monroe Plan's Mission is to support low-income individuals, working poor and other populations served by government sponsored programs to improve their health status and that of their families.
- We have been actively involved in this capacity in Upstate New York for just over 50 years. We have been providing care management in Erie County since 2009.
- 2021 Monroe Plan VBP program

# A Bit of Quality Background



## **HEDIS (Healthcare Effectiveness Data and Information Set)**

The term HEDIS originated in the late 1980's as the product of a group of forward-thinking employers and quality experts. It is a set of widely used performance indicators which provide health care consumers and purchasers with valuable and reliable information to compare the performance of health plans.



## **NCQA (National Committee for Quality Assurance)**

HEDIS is developed and maintained by NCQA and is used by more than 90% of the US health plans to measure health care quality and service.

## \* Comprehensive Diabetes Care: Diabetes Eye Exam

**Patients 18–75 years of age with a diagnosis of diabetes (type 1 and type 2) who had a dilated eye exam by an eye care professional during the calendar year *or* had a negative dilated eye exam by an eye care professional in the year prior to the current year**

**Coding:**

Examples of codes to identify an eye exam:

S0620-S0621; 92002; 92004; 92012; 92014; 92250; 92227; 92228

*(must be performed by an optometrist or ophthalmologist)*

**Codes to identify Diabetic Retinal Screening with an Eye Care Professional *reported by any provider:***

2022F – Dilated retinal exam with interpretation by an ophthalmologist or optometrist documented and reviewed; with evidence of retinopathy

2023F – Dilated retinal eye exam with interpretation by an ophthalmologist or optometrist documented and reviewed; without evidence of retinopathy

2024F – Seven (7) standard field stereoscopic retinal photos with interpretation by an ophthalmologist or optometrist documented and reviewed; with evidence of retinopathy

2025F - Seven (7) standard field stereoscopic retinal photos with interpretation by an ophthalmologist or optometrist documented and reviewed; without evidence of retinopathy

2026F – Eye imaging validated to match diagnosis from seven (7) standard field stereoscopic retinal photos results documented and reviewed; with evidence of retinopathy

2033F – Eye imaging validated to match diagnosis from seven (7) standard field stereoscopic retinal photos results documented and reviewed; without evidence of retinopathy

**3072F – Low risk for retinopathy (*no evidence of retinopathy in the prior year*)**

## \* Comprehensive Diabetes Care: Hemoglobin A1c (HbA1c) Poor Control > 9.0%

**Patients 18–75 years of age with a diagnosis of diabetes (type 1 and type 2) who had the following: the most recent HbA1c level performed during the calendar year is > 9.0% or the result is missing**

### **Coding:**

83036, 83037, 3044F, 3046F, 3051F, 3052F

*\*\* CPT II codes used to identify compliance must use the most recent result provided during the calendar year. (Note: A lower rate indicates better performance for this measure)*

## Comprehensive Diabetes Care: Hemoglobin A1c (HbA1c) Testing

**Patients 18–75 years of age with a diagnosis of diabetes (type 1 and type 2) and had a HbA1c level performed during the calendar year.**

- Medical record documentation must include the date and value of the most recent HbA1c result during the calendar year

**Coding:**

83036, 83037

3044F (Most recent HbA1c less than 7.0%);

3046F (Most recent HbA1c greater than 9.0%)

3051F (Most recent HbA1c greater than or equal to 7.0% and less than 8.0%)

3052F (Most recent HbA1c greater than or equal to 8.0% and less than 9.0%)

**\*\* CPT II codes used to identify compliance must use the most recent result provided during the calendar year.**

## Comprehensive Diabetes Care: BP Control

**Blood Pressure Control:** <140/90

Ages: 18-75

Tips for taking an accurate BP

- ❖ Empty Bladder
- ❖ Bare arm
- ❖ Support arm at heart level
  - ❖ Feet on ground
  - ❖ Sit up straight
  - ❖ Shhhhh

A BP reading  $\geq$  140/90 is non-compliant. A repeat BP reading is recommended.

### Coding:

CPT II codes:

#### Systolic:

**3074F** – Most recent Systolic BP less than 130 mm Hg

**3075F** - Most recent Systolic BP 130-139 mm Hg

**3077F** - Most recent Systolic BP greater than or equal to 140 mm Hg

#### Diastolic:

**3078F** – Most recent Diastolic BP less than 80 mm Hg

**3079F** - Most recent Diastolic BP 80-89 mm Hg

**3080F** - Most recent Diastolic BP greater than or equal to 90 mm Hg

\*\* Both a systolic code *and* a diastolic code need to be added to the claim



## Comprehensive Diabetes Care: Kidney Disease (KED)

Patients 18–85 years of age with diabetes (type 1 and type 2) who received a kidney health evaluation, defined by an estimated glomerular filtration rate (eGFR) *and* a urine albumin-creatinine ratio (uACR) during the calendar year

**Coding:**

**eGFR:** 80047-80048, 80050, 80053, 80069, 82565

**Quantitative Urine Albumin test:** 82043

**Urine creatinine test:** 82570

## Comprehensive Diabetes Care: Nephropathy ( only reported for Medicare)

**Individuals 18–75 years  
of age with diabetes  
(type 1 and type 2)  
who had medical  
attention for  
nephropathy during  
the calendar year**

**Coding:**

Codes for nephropathy screening or monitoring test:

81000-81003, 81005, 82042-82044, 84156

*OR*

**3060F** – Positive microalbuminuria test result documented and reviewed

**3061F** - Negative microalbuminuria test result documented and reviewed

**3062F** - Positive macroalbuminuria test result documented and reviewed

# Mental Health and Diabetes

## \*Diabetes Screening for Individuals with Schizophrenia or Bipolar Disorder who are using Antipsychotic Medications (SSD)

**Individuals 18-64 years of age with schizophrenia or bipolar disorder, who were dispensed an antipsychotic medication need to have been tested for diabetes once/year (A1c lab test)**

### Coding:

#### **Diabetic screening:**

Glucose lab test: 80047-80048,  
80050, 80053, 80069, 82947,  
82950-82951

HbA1c lab test: 83036-83037

HbA1c test result/ finding: 3044F,  
3046F, 3051F, 3052F

## Diabetes Monitoring for Individuals with Schizophrenia (SMD)

Individuals 18-64 years of age  
with Schizophrenia AND  
Diabetes who have had an  
annual lab test for

- A1c (non-fasting glucose  
test) AND
- LDL (lab test)  
during the calendar year.

### Coding:

**A1C-** 83036, 83037, 3044F, 3046F, 3051F, 3052F

**LDL-** 80061, 83700, 83701, 83704, 83721, 3048F- 3050F

\*\*\*A1c and LDL can be either on same day of service or different day of service.

## \*Adherence to Antipsychotic Medications for Individuals with Schizophrenia (SAA)

**Patients 18 years of age and older with a schizophrenia or schizoaffective disorder diagnosis who were dispensed and remained on an antipsychotic medication for at least 80% of their treatment period**

**Coding:**

**Schizophrenia diagnosis codes:** F20.0-F20.3, F20.5, F20.81, F20.89, F20.9, F25.0-F25.1, F25.8, F25.9

## Metabolic Monitoring for Children and Adolescents on Antipsychotics (APM)

Children and Adolescents 1–17 years of age who had two or more antipsychotic prescriptions and had metabolic testing.

Three rates are reported:

- The percentage of children and adolescents on antipsychotics who received blood glucose or A1c testing.
- The percentage of children and adolescents on antipsychotics who received cholesterol testing.
- The percentage of children and adolescents on antipsychotics who received blood glucose or A1c and cholesterol testing.

### **Coding:**

**Blood Glucose/ A1C-** 80047, 80048, 80050, 80053, 80069, 82947, 82950, 82951, 83036, 83037, 3044F, 3046F, 3051F, 3052F

**LDL-C/ Cholesterol -** 80061, 83700, 83701, 83704, 83721, 82465, 83718, 83722, 84478, 3048F- 3050F

**\*\* Patients who received both Blood Glucose/A1c testing and LDL-C/ Cholesterol testing: testing can be either on same date of service or different dates of service.**

## Helpful Tips to Improve Quality Scores

- **Review diabetes services at each visit for patients with a diabetes diagnosis**
- **Order labs prior to patient appointments so that they can be reviewed at the appointment**
- **If point of care services are done in the office (ex: HbA1c), make sure that the result is documented in the medical record and that the corresponding code is on the claim**
- **Monitor HbA1c and BP levels and adjust treatment as needed. Follow up with patients to monitor progress**
- **Make sure that patients with a diabetes diagnosis have a retinal or dilated exam each year. Digital eye exams, remote imaging and fundus photography must be read by an eye care professional (optometrist or ophthalmologist)**
- **Remember to add code 3072F to the claim if the patient's retinal or dilated eye exam was negative or showed no evidence of retinopathy in the prior calendar year**

# Group Medical Visit Toolkit For Diabetes Care





## Group Medical Visit Toolkit for Diabetes Care

- **Originally Developed in 2009 as a collaboration between the Monroe Plan and the Upstate American Diabetes Association**
- **Based upon the work of Dr. John Scott at the University of Colorado**
- **Strong evidence that Group Medical Visits can be a vehicle for improved outcomes for individuals with Diabetes**
- **Group Medical Visits are an effective tool for other chronic conditions (e.g., CHF, ASCVD, Asthma, COPD, Mental Illness, etc.)**
- **Rolling out an updated Toolkit to include Virtual Group Medical Visits**

## Group Medical Visit Toolkit for Diabetes Care

### Toolkit Contents

- Introduction to Group Medical Visits
- In-Person Planning and Process
- Group Medical Visit Resources
- Group Facilitation Training and Resources
- Virtual Group Medical Visits Planning and Process
- Bibliography

MP Website Link for Toolkit:

[Monroe Plan > Provider > Provider Resources & Forms](#)

# Nutritional Counseling

CPT Code	Type	Time (per 15 minutes)	Time (per 30 minutes)
97802 - Medical nutrition therapy; initial assessment and intervention, individual, face-to-face with the patient, each <b>15</b> minutes	Individual New Patient	1 unit	2 units
97803 - Medical nutrition therapy; re-assessment and intervention, individual, face-to-face with the patient, each <b>15</b> minutes	Individual Established Patient	1 unit	2 units
97804 - Medical nutrition therapy; group (2 or more individual(s)), each <b>30</b> minutes	Group (per 30 Minutes per participant)	NA	2 units

## Diabetes Self-Management Education (DSME)

HCPC Code	Type	Time (per 30 minutes)
G0108 - Diabetes outpatient self-management training services, individual, per <b>30</b> minutes	Individual	1 units
G0109 - Diabetes outpatient self-management training services, group session (two or more), per <b>30</b> minutes	Group/Individual	1 units

# Group Medical Visit

CPT Code	Allocated Time
99212 - Office or other outpatient visit for the evaluation and management of an established patient, which requires a medically appropriate history and/or examination and straightforward medical decision making. When using time for code selection, <a href="#">10-19</a> minutes of total time is spent on the date of the encounter.	10-19 minutes
99213 - Office or other outpatient visit for the evaluation and management of an established patient, which requires a medically appropriate history and/or examination and low level of medical decision making. When using time for code selection, <a href="#">20-29</a> minutes of total time is spent on the date of the encounter.	20-29 minutes

# Support from Monroe Plan

## **VBP Clinical team**

- Monthly meetings
- Practice support

## **Provider Relations team**

### **Case Management Services**

- Pediatrics
  - Adult
- Behavioral Health
  - Prenatal

### **Health Home Services**

- Coordination of services
  - Pediatrics
  - Adult

## **Practice Advisory Committee Meeting**

## **Monroe Plan Provider Portal**

## **Provider Newsletters**

## **Data Analytics**

# Claim Submits

All claims are submitted to Molina Health Care



## Provider Quick Reference Guide

### Provider Services

Demographic changes, Provider Claims, Contracting,  
Credentialing, Training and Provider complaints

H: 8:00 a.m. - 6:00 p.m.

P: 877-872-4716

F: 844-879-4509

E: [MHNYProviderServices@MolinaHealthcare.com](mailto:MHNYProviderServices@MolinaHealthcare.com)

Correspondence Address:

5232 Witz Dr.,

N. Syracuse, NY 13212-6501

## Claim Guidelines

### Paper Submissions

Molina Healthcare of New York, Inc.  
PO Box 22615  
Long Beach, CA 90801  
F: 877-872-4716

### Claims Recovery

Molina Healthcare of New York, Inc. Attn: Claims Recovery  
200 Oceangate Suite 100  
Long Beach, CA 90802  
P: 866-642-8999

### Appeals/Adjustments

Molina highly encourages the use of the following for clean claims, corrected claims, to appeal claims, and for adjustment requests.  
Provider Portal: <https://provider.molinahealthcare.com>  
EDI: Payer ID 16146

Molina Healthcare of New York, Inc.  
Attention: Appeals and Grievances Department  
5232 Witz Dr.,  
N. Syracuse, NY 13212-6501  
F: 315-234-9812



- **Success!** In house DRE testing, POS A1c, Group visits
- **Barriers?** Receipt of DRE results from the eye care professional, Proper EMR filing
- Practice initiatives
- Questions
- **What's coming next...**September Coding University

# We are here to help



## VBP Team

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**PR Team** Please feel free to reach out to Monroe Plan for Medical Care Network Relations Department for support or education claims related. [providerrelations@MonroePlan.com](mailto:providerrelations@MonroePlan.com)

## PFM Team

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\*\*limited access