

VBP Practice 2021 Quality Measure and Coding Review Quarter 3

Monroe Plan VBP Clinical Team

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End of 2021 Measure Focus

- Adult/Pediatric Practices
 - DRE and A1c: Hemoglobin A1c and Diabetic Dilated Retinal Eye Exam
 - COL: Colorectal Cancer Screening
 - BCS: Breast Cancer Screening
- Pediatric Practices
 - WCV/WCC: Yearly Well Visit for children 3-17 years old
 - CIS: Childhood Immunization Status by the 2nd birthday
 - IMA: Immunizations for Adolescents by the 13th birthday

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

HbA1c Poor Control > 9.0%: the most recent HbA1c level is > 9.0% *or* is missing a result *or* if an HbA1c test was not done during the calendar year as documented through laboratory data or medical record review

Documentation in the medical record must include the **result or finding** as well as the date when the Hemoglobin A1c (HbA1c) test was performed

Hemoglobin A1c (HbA1c) Poor Control > 9.0% Coding

Coding:

83036, 83037

3044F - Most recent hemoglobin A1c (HbA1c) level less than 7.0%

3046F - Most recent hemoglobin A1c level greater than 9.0%

3051F - Most recent hemoglobin A1c (HbA1c) level greater than or equal to 7.0% and less than 8.0%

3052F - Most recent hemoglobin A1c (HbA1c) level greater than or equal to 8.0% and less than or equal to 9.0%

*** 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)*

Dilated 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

Medical record documentation should include/ indicate:

- ❖ Documentation from a health care professional indicating that a retinal or dilated exam was completed by an eye care professional (optometrist or ophthalmologist), the date when the exam was performed and the results
- ❖ A chart or photograph indicating the date when the fundus photography was performed and one of the following:
 - ❖ evidence that an eye care professional (optometrist or ophthalmologist) reviewed the results
 - ❖ evidence results were read by a qualified reading center that operates under the direction of a medical director who is a retinal specialist
 - ❖ evidence results were read by a system that provides an artificial intelligence (AI) interpretation
- ❖ Documentation of a negative retinal or dilated exam by an eye care professional in the year prior to the current year, where results indicate retinopathy was not present

Dilated Eye Exam Coding

Coding:

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*)

Helpful Tips to Improve Diabetes Measures

- ❖ Consider inhouse POS machine
- ❖ Consider inhouse DRE machine
- ❖ Discuss at appointments-Need/Results-Document in EMR
 - DRE
 - A1C
 - Foot exams
 - Medications
- ❖ Collaboration with MH provider for those on an antipsychotic medication
- ❖ Nutrition consult, CDE in house, Pharmacist
- ❖ Group visits
- ❖ Check HEALTHeLINK for results-document in EMR



Breast Cancer Screening (BCS)

Women 50-74 years of age who had a mammogram to screen for breast cancer. One or more mammograms in the last two years.

Coding:

77061-77063

77065-77067

Helpful Tips to Improve BCS Scores

- ❖ A script is needed for a mammogram. Offer script at appointments
- ❖ Consider hosting a Mammography bus event
- ❖ Patient Education
- ❖ Outreach calls
- ❖ Molina offers a patient incentive



Colorectal Cancer Screening (COL)

Patients male or female 50-75 years of age who had screening for colorectal cancer.

Screening for colorectal cancer by one of the following:

- Fecal occult blood test (FOBT; iFOBT; FIT) *OR*
- Flexible sigmoidoscopy during the last year or within the past four years *OR*
- Colonoscopy during the last year or within the past nine years *OR*
- CT colonography during the last year or within the past four years *OR*
- FIT-DNA (e.g. Cologuard) test during the last year or within the past two years

Coding:

FOBT: 82270, 82274, G0328

Flexible Sigmoidoscopy: 45330-45335, 45337-45338, 45346, 45340-45342, 45347, 45349-45350, G0104

Colonoscopy: 44388-44392, 44394, 44401-44408, 45378-45382, 45388, 45384-45386, 45389, 45391-45392, 45390, 45393, 45398, G0105, G0121

CT colonography: 74261-74263

FIT-DNA: 81528

Helpful Tips to Improve COL Scores

- ❖ Linking with Cologuard – drop off and pick up right from the patient’s home; have interpreters; have a portal for results; have local representatives to come meet with your office staff
- ❖ Have FIT kits on hand for sending home with patient that day and follow up within 3 days of visit
- ❖ Supplemental data hunt for colonoscopies performed in the last 10 years – ask the patient what year their last colonoscopy was and document in EMR



Well Child Visit (WCV and WCC)

- WCV: Children 3-17 years of age with one well-child visit with a PCP or an OB/GYN practitioner within the calendar year
- WCC: Children 3-17 years of age who had an outpatient visit with a PCP or OB/ GYN practitioner and who had evidence of the following:
 - ✓ BMI percentile documentation
 - ✓ Counseling for nutrition
 - ✓ Counseling for physical activity
- All 3 components need to be met to get credit for the measure
- Can be supplemented with chart review

WCV Coding:

99382-99385, 99392-99395

WCC Coding:

BMI percentile: Z68.51, Z68.52, Z68.53, Z68.54

Nutrition Counseling: Z71.3
97802-97804; G0270-G0271

Physical Activity Counseling: Z71.82, Z02.5
G0447

** Ensure *all* diagnosis codes submitted are also included in the medical record

Immunizations for Adolescents (Combo 2) (IMA)

Adolescents who have had the following immunizations by their 13th birthday:

- ✓ One dose of meningococcal vaccine and
- ✓ One tetanus, diphtheria toxoids and acellular pertussis (Tdap) vaccine and
- ✓ Completed the human papillomavirus (HPV) vaccine series

Coding:

Meningococcal: 90734

Tdap: 90715

HPV: 90649-90651

The claim for each vaccine administered must include the vaccination supply code in addition to the administration code

Vaccine codes: Refer to NYS Vaccines for Children (VFC) Program

Childhood Immunizations Status (Combo 3) (CIS)

Children 2 years of age who have had the following immunizations on or before their second birthday:

- ✓ 4 diphtheria, tetanus, and acellular pertussis (DTaP)
- ✓ 3 polio (IPV)
- ✓ 1 measles, mumps and rubella (MMR)
- ✓ 3 haemophilus influenza type B (HiB)
- ✓ 3 hepatitis B (HepB)
- ✓ 1 chicken pox (VZV)
- ✓ 4 pneumococcal conjugate (PCV)

Coding:

The claim for each vaccine administered must include the vaccination supply code in addition to the administration code

Vaccine codes: **Refer to NYS Vaccines for Children (VFC) Program**



Helpful Tips to Improve Pediatric Measure Scores

- ❖ Be sure to upload immunizations into NYSIIS
- ❖ Transfer any newborn hospital records into your EMR, including immunizations given in the hospital
- ❖ Flip acute visit to a well visit
- ❖ Max Pack appointments to include siblings if COVID safe
- ❖ Plan initiatives for OR to patients a quarter in advance (example)
- ❖ Review “last seen” reports for those with missed appointments
- ❖ EMR template should include WCC components to capture quality

We are here to help



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Past Coding Universities: <http://www.monroeplan.com/Provider/Provider-Communications>