

2022 VBP PRACTICE

Quality Measure and Coding Review

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2022 Incentive Measures

- Pediatric contracts
 - 5 measures total
 - 20 points per measure
- Adult/Pediatric/IPA contracts
 - 10 measures total
 - 12.5 (cancer and diabetic screenings) and 7.5 points per measure (child and adolescent prevention)

Adolescent Immunizations - (Combo 2) IMA

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

- One dose of meningococcal vaccine between the 11th and 13th birthday
- One tetanus, diphtheria toxoids and acellular pertussis (Tdap) vaccine between 10th and 13th birthday and
- Completed the human papillomavirus (HPV) vaccine series between 9th and 13th birthday

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

Well Child Visits in the first 30 months of life – W30

W30 Composite has 2 parts:

- Well-Child Visits in the First 15 months –
Five or more well-child visits before the 15-month birthday
- Well-Child Visits for Age 15 Months-30 Months –
Two or more well-child visits between the child's 15-month birthday and the 30-month birthday

Coding -

99381-99382

99391-99392

99461

Child and Adolescent Well Child Visits (WCV)

Children 3-21 years of age with one well-child visit with a PCP or an OBGYN practitioner within the calendar year

Coding –

99382-99385

99392-99395

*Change for 2022: Measure now aligns with the HEDIS criteria to include 18-21 year olds

Weight Assessment and Counseling - 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

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

Adult/Pediatric Practices – Diabetic Retinal Eye Exam

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

Documentation must include:

- Patients will have a retinal or dilated eye exam by an eye care professional (*optometrist or ophthalmologist*) in the calendar year *or*
- A negative retinal or dilated eye exam (negative for retinopathy) by an eye care professional in the year prior to the current calendar year
- Documentation in the medical record must include the **result or finding** as well as when the retinal eye exam was performed
- Include all diagnosis codes related to diabetic retinal screening exam

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, 2023F, 2024F, 2025F, 2026F, 2033F***
- **3072F** – Low risk for retinopathy (*no evidence of retinopathy in the prior year*)

Adult/Pediatric Practices – Diabetic 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

Patients will have at least one HbA1c test performed during the calendar year

- HbA1c Control < 8%: Most recent Hemoglobin A1c (HbA1c) level < 8.0% is considered compliant
- HbA1c Poor Control > 9%: Most recent Hemoglobin A1c (HbA1c) level > 9.0% or result is missing
- 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*

Thank you for continued success in our VBP partnership!

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