



Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents

Documented yearly for ages 3-17

Height, weight, BMI percentile (use Z68.51-Z68.54) and nutrition (97802, 97803, 97804) and physical activity counseling (Z02.5, Z71.82)

Lead Screening in Children

Children **must** have one or more capillary or venous lead blood tests for lead poisoning by their second birthday.

Well Child Visits in the First 30 Months of Life

Well-Child Visits in the First 15 Months – 6 or more well child visits with a PCP

Well-Child Visits for Age 15 Months to 30 Months – 2 or more well child visits with a PCP

Well-Child Visits CPT codes 99381-99385, 99391-99395, 99461

Child and Adolescent Well-Care Visits

Children and Adolescents ages 3-21 must have at least one comprehensive well-care visit with PCP or an OB-GYN annually. Well-Child Visits CPT codes 99381-99385, 99391-99395, 99461

Childhood Immunizations

Code for all immunizations given and input previous immunizations into the chart or EHR as well as CAIR. Document if 2 or 3 dose Rotavirus given. *(Remember: IZs must be given prior to the 2nd birthday except for LAIV (influenza) which must be given on the child's second birthday)*

4 DTaP (90700)	3 HiB (90648)	4 Pneumo (90670)	2 Rotavirus (90681 x 2)
3 IPV (90713)	3 Hep B (90744)	1 Hep A (90633)	3 Rotavirus (90680 x 3)
1 MMR (90707 or 90710)	1 VZV (90716 or 90710)	2 Influenza (90686, 90685) (one of the two can be a LAIV)	

For DTaP, IPV, Hep B combination vaccine use 90723

For DTaP, IPV, HiB combination vaccine use 90698.

DTaP, IPV, HiB, PCV and Rotavirus do not count if given prior to 42 days after birth.

MMR, VZV, Hep A- must be given on or between 1st and 2nd birthday.

Influenza - 2 doses must be given after 6 months and before 2nd birthday.

Hep B- one can be newborn vax within the first 8 days of life.

Immunizations for Adolescents

Adolescents, by their thirteenth birthday, must have at least the following: 1 dose of meningococcal vaccine (90734, given between ages 10-13), 1 dose of Tdap (90715, given between ages 10-13) and 2 doses of HPV, 146 days apart (5months) (90649, 90651, given between ages 9-13). (Must have all IZs before 13th birthday)

Flu Vaccinations

Yearly for everyone 6 months and older.

Colorectal Cancer Screening

One of the following screening tests for patients age 45-75: 1) Colonoscopy screening every 10 years (45378, 45380, 45385) 2) yearly Fecal Immunochemical Occult Blood Test (FIT or iFOBT) 3) sDNA-FIT every 1 to 3 years (81528) 4) flex sig (45330, 45331) every 5 years or flex sig every 10 years + FIT every year 5) CT colonography (74261, 74262, 74263) every 5 years, 6) yearly guaiac FOBT (gFOBT) (82270) or (82274). To exclude patients with a history of colorectal cancer, sue code Z85.038 or more specific code such as C18.4 for malignant neoplasm of transverse colon or 44150 for total colectomy.

(Offer patients the screening modality they prefer between FIT and colonoscopy when FIT is clinically appropriate)

Glycemic Status Assessment for Patients with Diabetes (GSD) formerly called Hemoglobin A1c Control for Patients with Diabetes*

Glycemic status assessment (HbA1c or glucose management indicator [GMI]) <8.0% is considered controlled for diabetic patients (types 1 and 2) ages 18-75 yearly. VCHCP obtains data from Quest and Cerner which is used for the Diabetes Disease Management Program. The following is considered poor control 1) Glycemic status assessment >9.0% is considered poor control or 2) no measurement of A1c/GMI in the last year for a patient with diabetes.

Blood Pressure Control for Patients with Diabetes*

Blood Pressure control <140/90 for diabetic patients (types 1 and 2) ages 18-75 yearly. Always repeat the BP measurement during the visit when the patient's BP is initially BP >140/90.

Eye Exam for Patients with Diabetes*

Dilated eye exam or retinal screening (92250) for diabetic patients (types 1 and 2) ages 18-75 every two years (if negative) or every year (if positive). Negative retinal screening is performed by any provider type (PCP, optometrist, ophthalmologist). *Remember patients can receive retinopathy screening through an ophthalmology office or at the following clinics: Magnolia, Las Islas, Academic Family Medicine Center (AFMC), West Ventura, Conejo Valley, Moorpark, Fillmore, Santa Paula Medical Clinic and Sierra Vista.*

Kidney Health Evaluation for Patients with Diabetes*

Kidney Health Evaluation for diabetic patients (type 1 and type 2) ages 18-85 yearly. Kidney health evaluation is defined by an estimated glomerular filtration rate (eGFR) AND a urine albumin-creatinine ratio (uACR). Both an eGFR and a uACR must be done during the measurement year. **To exclude patients with gestational diabetes, use code O24.419.*

Statin Therapy for Patients with Diabetes*

Patients 40-75 years old with diabetes who do **NOT** have atherosclerotic cardiovascular disease should receive at least 1 statin medication of any intensity and remain on a statin medication of any intensity for at least 80% of the period from the time the medication is prescribed (or the start of the calendar year for long term medications) until the end of the calendar year. **To exclude patients with gestational diabetes, use code O24.419.*

Breast Cancer Screening

Document screening mammogram (77067, 77055) is done every 2 years in age group 40-74. To exclude patients with bilateral mastectomy, use code Z90.13. *(VCHCP patients will receive a postcard for screening if due and will not require a MD order if done at a contracted radiology facility)*

Cervical Cancer Screening

Document pap smear (88141) is done every 3 years in age group 21-64. For age group 30-64, every 5 years with high-risk human papillomavirus (hrHPV) testing alone (87624), or every 5 years with hrHPV testing in combination with cytology (co-testing). To exclude patients' s/p hysterectomy not requiring pap, use code Z90.710. *(Remember to do Chlamydia screening at time of pap in age group 16-24. Outside pap smears can be documented in Cerner via an ad hoc form)*

Chlamydia Screening in Women

Women age 16-24 who are sexually active need one test for chlamydia yearly. *(Remember that this is to be done even though patients may not come in for annual exams. Because "sexual activity" for the measure includes oral contraceptive prescriptions and pregnancy tests, universal chlamydia screening in all patients in the most effective way to meet this measure. Remember to screen for gonorrhea simultaneously to comply with USPSTF recommendations.*

Appropriate Testing for Pharyngitis

For ages 3 and older, individuals who have all three components 1) diagnosed with pharyngitis 2) had a group A strep test 3) received antibiotics. Visits where pharyngitis is diagnosed and antibiotics are prescribed, but no group A strep test is performed will be non-compliant for this measure. If coding for acute pharyngitis J02.9, acute tonsillitis J03.90 or strep pharyngitis J02.0, order group A strep test. Use CPT 87880 for rapid strep test POC.

Appropriate Treatment for URI

For ages 3 months and older who were given a diagnosis of URI and **NOT** prescribed an antibiotic. When prescribing antibiotics, use code for presumed bacterial etiology. For example, ICD-10 codes: [A49.9] Bacterial infection, unspecified [J15.9]: Unspecified bacterial pneumonia; [J20.2] Acute bronchitis due to streptococcus

Avoidance of Antibiotic Treatment for Acute Bronchitis/Bronchiolitis

For ages 3 months and older with a diagnosis of acute bronchitis/bronchiolitis should **NOT** be prescribed an antibiotic unless there is bacterial etiology.

Prenatal and Postpartum Care

Prenatal care visits should be during the first trimester of pregnancy. Postpartum care visits should be on or between 7 and 84 days after delivery. Use code Z39.2or Z01.419 for postpartum care visits.

Asthma Medication Ratio

Identify patients ages 5-64 who **heavily use albuterol OR have persistent asthma** and ensure that at least half of the medications dispensed to treat their asthma are controller medications throughout the treatment/measurement period. Patients can be included in this measure if they received 4 albuterol inhalers during the measurement year even if they do not have a documented asthma diagnosis. **Patient is considered to have persistent asthma if they have any of the following: At least 1 ER visit for asthma; at least 1 hospitalization for asthma; at least 4 outpatient visits on different dates of service with any diagnosis of asthma and at least 2 asthma medication dispensing events for any controller or reliever medication; at least 4 asthma medication dispensing events for any controller or reliever medications.** Examples of persistent asthma codes include J45.30-32, J45.40-42, J45.50-52. **Note: Providers are encouraged not to allow automatic refill of rescue inhalers unless associated with an office visit to evaluate use of and adherence to controller medications. Use of single maintenance and reliever (SMART) therapy in adults with a LABA-ICS combination inhaler can lead to better asthma control and less overuse of albuterol. COPD and cystic fibrosis are excluded.**

Medical Assistance with Smoking and Tobacco Use Cessation: 3 parts yearly

Use code Z72.0 to document smoking disorder. 1) Advise smokers and tobacco users to quit, 2) discuss cessation medications and, 3) cessation strategies. 99406, 99407, Z71.6 *(NOTE: Ventura County Public Health has a 5 A's Training Program. For more information, email callitquits@ventura.org)*

Use of Opioids at High Dosage

Patients ages 18 years or older should NOT receive prescription opioids at a high dosage (MME greater than or equal to 90) for 15 or more days. Exclusions: Cancer and Sickle Cell Disease. *(VCMC providers: Addiction medicine (for patients with co-occurring substance use disorders) and PM&R consultation, both as econsult or patient visits, are available for help managing high dose opioid prescriptions)*

Use of Opioids from Multiple Prescribers and Multiple Pharmacies

Patients ages 18 years or older should **NOT** receive prescription opioids from 4 or more different prescribers or from 4 or more different pharmacies. *(VCMC providers: Addiction medicine (for patients with co-occurring substance use disorders) and PM&R consultation, both as econsult or patient visits, are available for help managing high dose opioid prescriptions)*

Risk of Continued Opioid Use

Patients ages 18 years or older who have a new episode of opioid use are at risk for continued opioid use if they have at least 15 days of prescription opioids in a 30-day period or at least 31 days of prescription opioids in a 62-day period.

Controlling High Blood Pressure

Patients 18-85 years of age who had a diagnosis of hypertension (HTN) should have their BP adequately controlled. Adequate control is <140/90 mm Hg. Measure and record BP at each visit. If BP is high (>139/89), recheck at the end of the visit. *(NOTE: Systolic BP of 140 and diastolic BP of 90 is a miss. Must be below 140/90.) (NOTE: Telephone visits, e-visits and virtual check-ins are appropriate settings for BP readings. Please record reading and/or submit CPT Category II code (3074F, 3075F, 3077F, 3078F, 3079F, 3080F)*

Use of Imaging Studies for Low Back Pain

Patients 18-75 years of age with a primary diagnosis of acute low back pain should NOT have an imaging study within 28 days of the diagnosis unless clinically appropriate. Clinically appropriate criteria include diagnosis of cancer, recent trauma, Injection drug use, HIV, spinal infection, major organ transplant, prolonged use of corticosteroids, or neurologic impairment that is coded as a diagnosis during the visit. Please code accordingly.

Depression Screening and Follow-up on Positive Depression Screen

All patients 12 and older should be screened annually for depression with a standardized screening tool. If screened positive, a follow care must be received within 30 days of positive depression screen finding. *(VCMC providers should use Tonic Ipads for screening. If a patient screens positive for the first time, it is necessary to code a mental health diagnosis as an ICD10 code the day of the visit)*

Plan All-Cause Readmissions

Patients discharged from the hospital should be seen by their PCP within 30 days of discharge to prevent the patient from being readmitted.

Adult Immunization Status

- Influenza – for ages 19 years and older yearly vaccine
- Td/Tdap – For ages 19 years and older one (1) Td/Tdap booster every ten (10) years, or after 5 years in the case of a severe/dirty wound or burn, 1 dose TDAP each pregnancy
- Zoster – For ages 19 years and older, two (2) doses of RZV who are or will be immunodeficient or immunosuppressed. For 50 years and older, 2 doses of recombinant zoster vaccine (RZV)
- Pneumococcal – One (1) adult pneumococcal vaccine for ages 19 through 64 years old with certain risk conditions, and one (1) adult pneumococcal vaccine for all adults 65 years or older
- Hepatitis B – All adults ages 19 to 59 must receive a HepB vaccine and ages 60 years or older should be vaccinated if they have risk factors for Hepatitis and were not vaccinated previously.

Documenting Substance Use Disorder (SUD) Remission

Remission codes allow providers to capture the progress made by patients with SUDs. These codes indicate that a patient previously met criteria for a specific SUD but no longer exhibits the symptoms required for a current diagnosis. It acknowledges the positive changes in a patient's condition, indicating successful treatment and recovery.

Please refer to the following list of ICD-10 codes to document remission:

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Substance	Diagnosis	Description
Alcohol	F10.11	Alcohol Abuse, In Remission
	F10.21	Alcohol Dependence, In Remission
Opioids	F11.11	Opioid Abuse, In Remission
	F11.21	Alcohol Dependence, In Remission
Cannabis	F12.11	Cannabis Abuse, In Remission
	F12.21	Cannabis Dependence, In Remission
Sedative/Hypnotic/ Anxiolytic	F13.11	Sedative/Hypnotic/Anxiolytic Abuse, In Remission
	F13.21	Sedative/Hypnotic/Anxiolytic Dependence, In Remission
Cocaine	F14.11	Cocaine Abuse, In Remission
	F14.21	Cocaine Dependence, In Remission
Other Stimulants/ Amphetamine-type	F15.11	Other Stimulants/Amphetamine-type Abuse, In Remission
	F15.21	Other Stimulants/Amphetamine-type Dependence, In Remission
Hallucinogen/ Phencyclidine	F16.11	Hallucinogen/Phencyclidine Abuse, In Remission
	F16.21	Hallucinogen/Phencyclidine Dependence, In Remission
Inhalants	F18.11	Inhalants Abuse, In Remission
	F18.21	Inhalants Dependence, In Remission
Other Psychotic Substances	F19.11	Other Psychotic Substances Abuse, In Remission
	F19.21	Other Psychotic Substances Dependence, In Remission

NOTE: When Using a remission code for an SUD, do not simultaneously include an "active use" code for that same substance. For example, if someone is abstinent from alcohol, not code both "alcohol dependence" and "alcohol dependence, in remission". Only code "alcohol dependence, in remission." Other SUD diagnoses must be removed from the active diagnosis.