Physician's Coding Toolkit: Health Choice Arizona and Pathway

AHCCCS and CMS Performance Metrics

Overview: Health plans and providers are held to a standard on a variety of metrics by the Centers for Medicare and Medicaid and the State of Arizona. The sources for this rating include preventative measures, pharmacy measures, independent reviews, and surveys. When provider offices and health plans collaborate, the needs of the population can be appropriately addressed. Together, the necessary documentation and proper continuity of care will propel the membership to receive the best possible care. Health Choice thanks you for your help in keeping our members healthy!

Child and Adolescent Performance Metrics

Child and Adolescent Well Visits and Developmental Screening

Age: Birth to 21

Frequency: 6 visits by 15 months, 2 visits between 15 and 30 months, then annually ages 3 to 21

Description: All patients to age 21 should receive one or more comprehensive well-visits with a doctor, NP, or PA every year

Qualifying CPT Codes:
New patient well visit: **99381-99385**
Established patient well visit: **99391-99395**
Developmental screening: **96110***

* NOTE: Well Visits can be scheduled at any time during the year; Health Choice Arizona does not impose any restrictions around timing of well visits
*NOTE: Providers who bill 96110 must be certified in PEDS, MCHAT, or ASQ

Annual Dental Visits, Fluoride Varnish, and Dental Sealants

Dental Visits (age 1 through 20): At least one dental visit every year

Fluoride Varnish (Age 0 through 20): Applied at least every 3 months; allowed 4 times per year

Dental Sealants (Age 5 through 14): One dental sealant per permanent molar tooth per 36 month period

Be sure to recommend dental services every time you see your pediatric patients!

You can help your patients find an AHCCCS-contracted dental provider on the AHCCCS website:
Go to www.AZAHCCCS.gov, then select Members/Applicants, then Provider Listings

Child and Adolescent Recommended Immunization Schedule*

Note: All immunizations must be logged in ASIIS
If multiple immunizations are administered on the same visit, ensure that all immunizations are included on the claim

Vaccine	MONTHS						YEARS		
	Birth	2	4	6	12-15	18	4-6	9-10	11-13
HepB	★	★			★		★	★	★
DTaP		★	★	★	★		★		
IPV		★	★		★				★
Hib		★	★	★	★	★			
PCV		★	★	★	★	★	★		
Rotavirus		★	★	★					
Influenza		2 doses by 2 years of age					Seasonal and yearly		
MMR					★	★	★	★	★
Varicella					★		★	★	★
HepA					★	★	★	★	★
MCV4									★
Tdap								★ 10-13	
HPV								2 doses*	

* This is a general guideline based on recommendations from the Centers for Disease Control (CDC). Children who miss shots normally given at a certain age and children in certain high-risk groups may receive additional shots, or may receive shots at different times than shown on this schedule. ***For HPV** a two dose schedule may be followed if both doses are administered at 9yrs - 14yrs old and are at least 5 months apart; a 3 dose schedule is required if administered at 15yrs or older or 2nd dose is less than 5 months after 1st dose ★**Recommended** ★ **Catching up**

Adolescent and Adult Performance Metrics

BMI Assessment (Child & Adult)

Age: 3-74

Frequency: At least every other year

Adult BMI Assessment (Age 20+): Weight and BMI value (not range) must be calculated and documented
Qualifying ICD-10 Codes: Z68.1-Z68.45

Child/Adolescent BMI Assessment (Up to age 20): Height, weight and BMI percentile (not value) must be calculated and documented
Qualifying ICD-10 Codes: Z68.51-Z68.54

Chlamydia Screening in Women (CHL)

Age: 16-24, *women identified as sexually active*

Frequency: Every year

Description: Female patients aged 16-24 should receive at least one test for chlamydia every year

Qualifying CPT Code: 87110, Culture, chlamydia, any source

Suggested workflow: Conduct a urine catch at all visits for all female patients aged 16-24

Screening for Depression and Follow-up Plan

Age and frequency: At least once per year for all patients 15+

Description: All patients should be screened for depression using a standardized tool (e.g. PHQ). If the screening is positive, a follow-up plan must be documented.

Qualifying HCPCS Codes:
G8431 Screening for depression is documented as being positive and a follow-up plan is documented
G8510 Screening for depression is documented as negative, a follow-up plan is not required

Timely Prenatal and Postpartum Visits

Prenatal Visits: Pregnant patients should receive at least one prenatal care visit during the first trimester
Qualifying Services: Prenatal office visit
Qualifying Codes: T1015, 99201-99205, 99211-99215, 99241-99245, 0502F

Postpartum Visits: Patients who give birth should receive a postpartum visit between 7 and 84 days post-delivery
Qualifying Services: Postpartum office visit, IUD insertion, Pap exam
Qualifying Codes for Standalone Postpartum Visit: 59430, 0503F
If you submitted a global OB code prior to the postpartum visit, submit a $0 claim with CPT-II code **0503F** on the day of the PPV

Performance Improvement Coordinator (PIC) Program

Health Choice Arizona employs a team of 9 quality experts called Performance Improvement Coordinators (PICs) who are here to help you improve your performance on AHCCCS and CMS Quality Measures. If your practice already has an assigned PIC, reach out to them anytime with questions. If you do not have a PIC but want to learn more about improving your quality performance, email us at **HCHPerformanceImprovement@HealthChoiceAZ.com**

Adult Performance Metrics

Medicare Annual Wellnes Visits (AWV)/Comphrensive Health Evaluation (CHE)

Age: All patients covered by Medicare **Description:** All patients should receive one comprehensive wellness visit with an MD, NP, or PA every year
Qualifying CPT Codes: G0438/G0439/G0468 ONLY *NOTE: **99499** may be used in addition to G Codes for patients with 12+ diagnosis submissions

Breast Cancer Screening	Cervical Cancer Screening
Age: 50-74	**Age**: 21-64
Description: Women 50–74 years of age must have a mammogram to screen for breast cancer every two years.	**Frequency:** Age 21-64, cervical cytology every 3 years Age 30-64, cervical cytology + HPV test every 5 years*
Note: Provider recommendation is one of the strongest predictors of cancer screening! Please recommend cancer screenings to your patients at every visit. ****Health Choice does not require referrals or prior authorization for breast cancer screening, cervical cancer screening, or colorectal cancer screening****	**Description:** The percentage of women 21–64 years of age who were screened for cervical cancer in the previous 3-5 years **Qualifying CPT if performed in-office: Q0091** **Note: This is the only office visit code that qualifies for this measure**

Colorectal Cancer Screening	Medication Reconciliation Post-Discharge
Age: 50-75	**Age:** 18+
Description: Individuals 50–75 years of age should receive appropriate screening for colorectal cancer	**Description:** All patients who are discharged from an inpatient stay should receive a medication reconciliation within 30 days
Frequency: Varies based on screening type Colonoscopy: Every 10 years Sigmoidoscopy: Every 5 years CT Colonography: Every 5 years FIT DNA/Cologuard®: Every 3 years FOBT/FIT Kit: Every year	**Post-Discharge Best Practices:** • Request the discharge summary for all patients who are admitted to an inpatient setting and upload it to your EMR • See the patient for a post-discharge follow-up within 30 days • Reconcile the patient's medications, document the reconciliation in your EMR, and use CPT-II code **1111F**

Comprehensive Diabetes Care (CDC)
A1c Control, Eye Exam, and Medical Attention for Nephropathy

Age: 18-75 with a diagnosis of diabetes	**Frequency:** Every year
Description: Diabetic patients (type 1 and type 2) 18-75 years of age should receive each of the following every year: • Hemoglobin A1c (HbA1c) test with results in control (< 9.0%) • Retinal eye exam • Screening or medical attention for nephropathy	
Qualifying CPT and CPT II Codes for Medical Attention for Nephropathy: **Nephropathy Screening:** **82042** Albumin; urine or other source, quantitative, each specimen **84156** Protein, total, except by refractometry **Nephropathy Treatment:** **90935** Hemodialysis procedure **3066F** Documentation of treatment for nephropathy **Attention for Nephropathy:** **3060F** Positive microalbuminuria test result documented **3061F** Negative microalbuminuria test result documented **3062F** Positive microalbuminuria test result documented **4010F** Angiotensin converting enzyme (ACE) inhibitor or Angiotensin receptor blocker (ARB) therapy prescribed	**Qualifying CPT and CPT-II Codes for A1c Control:** **83036** Hemoglobin; glycosylated (A1C) **3044F** Most recent HbA1c < 7.0% **3051F** Most recent HbA1c ≥ 7.0% and less than 8.0% **3052F** Most recent HbA1c ≥ 8.0% and less than or equal to 9.0% **3046F** Most recent HbA1c > 9.0% **Diabetic Eye Exams:** Communicate to your diabetic patients how easy and important diabetic eye exams are and make sure your patients are aware that diabetic retinopathy can only be diagnosed via a dilated eye exam; normal vision exams are not sufficient. Offer to help your diabetic patients schedule their diabetic eye exams and review the results with them after they have received the exam. **Timing Note:** If lack of retinopathy is documented using CPT-II **3072F**, another exam is not required for two years.

Care For Older Adults (COA)
Advance Care Planning, Medication Assessment, Functional Status Assessment, Pain Assessment

Age: 66 years and older	**Frequency:** Every year
Description: The percentage of adults 66 years and older who had: • Medication review • Functional status assessment • Pain assessment	**Functional Status Assessment:** An individual's functional status should be assessed using ADLs, IADLs, or other standardized tool **Qualifying CPT and CPT-II Codes:** **1170F** Functional Status Assessed
Pain Assessment: Pain can be quantified using a numerical scale, face scale, or other method. Pain assessment in any single body system except the chest qualifies. **Qualifying CPT-II Codes:** **1125F** Pain severity quantified; pain present **1126F** Pain severity quantified; no pain present	**Medication Review:** Both are required every year: at least one medication review and the presence of a medication list in the medical record **Qualifying CPT-II Codes:** **1159F** Medication list documented in medical record AND **1160F** Review of all medications by a prescribing practitioner