

Physician's Toolkit: Measure Improvement Resources, Health Choice Arizona

AHCCCS 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!

Pediatric Performance Metrics

Well-Child Visits	Access to PCP
Age: 0-20	Age: 0-20
Frequency: Every year	Frequency: Every year
Description: Patients who receive one or more visits with their primary care physician within the measurement year	Description: Patients who receive one or more comprehensive well-child visits with a primary care physician within the measurement year
Suggested CPT: New patient well visit: 99381-99385 Established patient well visit: 99391-99395	Suggested CPT: New patients: 99201-99205 Established patients: 99212-99215 New patient well visit: 99382-99385 Established patient well visit: 99392-99395
Suggested ICD-10: Ages 0 days to 7 days: Z00.110 Ages 8 days to 28 days: Z00.111 Ages 29 days to 17yr: Z00.129 no abnormal findings, Z00.121 abnormal Ages 18yr to 20yr: Z00.00 no abnormal findings, Z00.01 abnormal findings	Suggested ICD-10: Ages 12mo to 17yr: Z00.129 no abnormal findings, Z00.121 abnormal findings Ages 18yr to 20yr: Z00.00 no abnormal findings, Z00.01 abnormal findings
Dental Visits	Developmental Screening
Age: 2-20	Age: 0-3
Frequency: Every year	Frequency: Every year
Description: Patients who receive one or more dental visits within the measurement year	Description: Patients who receive a screening for risk of developmental, behavioral, and social delays using a standardized screening tool
	Suggested CPT: Developmental screening: 96110
Childhood Immunizations	Adolescent Immunizations
Age: 0-2	Age: 7-18
Frequency: As recommended	Frequency: As recommended
Recommended immunizations listed as single vaccines: 4 diphtheria, tetanus and acellular pertussis (DTaP): 90700 3 polio (IPV): 90713 1 measles, mumps and rubella (MMR): 90707 or 90710 3 haemophilus influenza type B (HiB): 90647 (3 doses) or 90648 (4 doses) 3 hepatitis B: 90744 1 chicken pox (VZV): 90716 4 pneumococcal conjugate (PCV): 90670 1 hepatitis A: 90633 3 rotavirus (RV): 90680 or 90681 2 influenza (flu) vaccines: use CPT based upon strain and year given	Recommended immunizations: Human papillomavirus vaccine for females: 90649, 90650, or 90651 (3 dose schedule recommended) 1 meningococcal vaccine, tetanus and acellular pertussis vaccine (Tdap): 90734, 90700 OR 1 tetanus diphtheria toxoids vaccine (Td): 90714

Child and Adolescent Recommended Immunization Schedule*

Vaccine	MONTHS						YEARS		
	Birth	2	4	6	12-15	18	4-6	11-12	18
HepB	★	★			★			★	
DTaP		★	★	★	★	★	★	★	
IPV		★	★		★			★	
Hib		★	★	★	★				
PCV		★	★	★	★			★	
Rotavirus		★	★	★					
Influenza		2 doses by 2 years of age					Seasonal and yearly		
MMR					★		★	★	
Varicella					★		★	★	
HepA					★	★			
MCV4								★	★
HPV								3 doses	★

*This is a general schedule 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. ★ Recommended ★ Catching up

Pediatric and Adult Performance Metrics

Chlamydia Screening in Women	Diabetes Care- Blood Sugar Control (HbA1c)
Age: 16-24, women identified as sexually active	Age: 18-75, with diagnosis of diabetes
Frequency: Every year	Frequency: Every year
Description: Female patients who receive at least one test for chlamydia within the measurement year	Description: Diabetic patients who receive at least one hemoglobin A1c (HbA1c) test within the measurement year
Suggested ICD-10: Encounter for screening for infections with a predominantly sexual mode of transmission: Z11.3	Suggested CPT: <7.0%: 3044F 7.0%-9.0%: 3045F >9.0%: 3046F
Diabetes Care- Retinal Eye Exam	Flu Shots
Age: 18-75, with diagnosis of diabetes	Age: 18+
Frequency: Every year	Frequency: Every year
Description: Diabetic patients who receive at least one retinal eye exam from an optometrist or ophthalmologist within the measurement year	Description: Patients who receive a flu shot within the measurement year. Please submit all administrations to the Arizona State Immunization Information System (ASIS)
Suggested CPT: Results documented and reviewed: 2022F No evidence of retinopathy in the prior year: 3072F	

E-Prescribe

Age: All members
Description: Electronic transmit of new prescriptions or renewal authorization to a community or mail-order pharmacy
Equation: $\frac{\text{Number of New E-Prescriptions}}{\text{Total Number of New Prescriptions}} = \text{E-Prescribe \%}$

Adult Performance Metrics

Emergency Department (ED) Utilization	Readmissions within 30 days of discharge
Age: 20+	Age: 18+
Description: The number of emergency department visits per member	Description: The number of hospital readmissions within 30 days of each
Equation: $\frac{\text{Number of ED Visits}}{\text{Number of Member Months/ 1000}} = \text{ED Utilization}$	Equation: $\frac{\# \text{ of Members with an IP Readmission within 30 days}}{\text{Number of Members with an Inpatient visit}} = \text{Readmit \%}$
Inpatient (IP) Utilization	Cervical Cancer Screening
Age: 18+	Age: 21-64
Description: The number of inpatient days per members within the contract year	Frequency: Every 3 years
Equation: $\frac{\text{Number of IP Visits}}{\text{Number of Member Months/ 1000}} = \text{IP Utilization}$	Description: Female patients who receive a cervical cytology (Pap test)
	Suggested CPT: Pap Smear: Q0091
Colorectal Cancer Screening	Breast Cancer Screening
Age: 51-75	Age: 50-74
Frequency: Every 9 years for colonoscopy OR every 2 years for sigmoidoscopy OR every year for FOBT	Frequency: Every 2 years
Suggested CPT: Results documented and reviewed: 3017F Colonoscopy: 45380 Sigmoidoscopy: 45330 Fecal Occult Blood Test: G0328	Suggested CPT if performed in office: Screening mammography: G0202 Diagnostic mammography; bilateral: G0204 unilateral: G0206

Additional Information

Questions	Prior-Authorization Requests
<p>Need help signing up to use the Provider Portal? Contact Health Choice for assistance!</p> <p style="text-align: center;">Provider Services: (480) 968-6866</p> <p style="text-align: center;">Standard Mail: Health Choice Arizona 410 N. 44th Street, Suite 520 Phoenix, AZ 85008</p>	<p style="text-align: center;">Medical Prior-Authorization Fax: (800) 422-8120</p> <p style="text-align: center;">Pharmacy Prior-Authorization Fax Line: (800) 422-8130</p> <p style="text-align: center;">MedSolutions PA Department: Phone: (888) 693-3211 Fax: (888) 693-3210</p>

Confidential and Proprietary. This guide includes some common diagnostic statements and their associated CPT and ICD-10 codes. It does NOT replace ICD-10-CM coding manuals, nor replace the training required by a certified medical coder. *Any code submitted should be supported by the documentation.* Coding guidelines should be referenced and the most specified code appropriate should be selected.

