

Adult BMI Assessment:

Measure and record height, weight, and BMI at every office visit for all patients 18-74. Use diagnosis codes Z68.1-Z68.45 for adults-at least once a year. **Patients 18-21 must also have BMI percentile** documented. For ages 18-21 BMI Percentile use pediatric codes Z68.51-Z68.54. **Do NOT use Z68 without decimal point.**

Weight Assessment for Children/Adolescents: Documented yearly for ages 3-17.

Height, weight, and BMI percentile (use Z68.51-Z68.54)

All immunizations: Use Z23 and ensure nurse drops code(s) as applicable

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)

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)	

For DTaP, IPV, Hep B combination vaccine use 90723

For DTaP, IPV, HiB combination vaccine use 90698

Immunizations for Adolescents:

Adolescents, by their thirteenth birthday, must have at least the following: 1 dose of meningococcal vaccine (90734, given between ages 11-13), 1 dose of Tdap (90715, given between ages 10-13) and 3 doses of HPV (90649, 90651, given between ages 9-13). **(Must have all IZs before 13th birthday)**

Colorectal Cancer Screening:

Colonoscopy documented in notes within the last 10 years (45378, 45380, 45385) or flex sig (45330, 45331) within the last 5 years, CT colonography (74261, 74262, 74263) within the last 5 years, yearly guaiac FOBT (gFOBT) (82270) or yearly Fecal Immunochemical Occult Blood Test (FIT or iFOBT) (82274) for patients age 50-75. To exclude patients with history of colon cancer, use code Z85.038 or more specific code such as C18.4 for malignant neoplasm of transverse colon or 44150 for total colectomy. **(If patients refuse colonoscopy, offer FOBT or FIT at the time of the visit)**

Comprehensive Diabetes Care: 4 parts to be documented yearly.

Diabetic patients (type 1 and type 2) age 18-75 with documentation of HgBA1c testing and result, Blood Pressure <140/90, dilated eye exam or retinal screening (92250) (or negative retinal screen the year prior) and medical attention for nephropathy (includes any of the following: microalbumin testing, evidence of macroalbuminuria, nephrology visit, evidence of ACEI or ARB therapy, or CKD stage 4, ESRD or kidney transplant diagnosis). To exclude patients with gestational diabetes, use code O24.419. Negative retinal screening (can be performed by any provider type (PCP, optometrist, ophthalmologist). HgBA1c controlled: <8%. VCHCP obtains data from Quest and Cerner which is used for the Diabetes Disease Management Program. For patients with BP >140/90, consider rechecking at the time of the visit. **(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)**

Breast Cancer Screening:

Document screening mammogram (77067, 77055) done every 2 years in age group 50-74. 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 (88141) done every 3 years in age group 21-64 or every 5 years in age group 30-64 if HPV co-testing (87623) also done. Every 5 years in age group 30-64 if high risk HPV testing was done. 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, see next)**

Chlamydia Screening in Women:

Documented yearly in sexually active woman in age group 16-24.

(Remember that this is to be done even though patients may not come in for annual exams. Patients dispensed prescription contraceptives are included in this measure.)

Appropriate testing for Pharyngitis:

For ages 3 and older, diagnosed with pharyngitis and dispensed an antibiotic after receiving a group A strep test. If coding for acute pharyngitis J02.9, acute tonsillitis J03.90 or strep pharyngitis J02.0, order group A strep test and treat appropriately with judicious use of antibiotics. Use CPT 87880 for rapid strep test POC

Appropriate Treatment for with URI:

For ages 3 months and older who were given a diagnosis of URI and NOT prescribed an antibiotic. If prescribing antibiotics, use code for presumed bacterial etiology.

Avoidance of Antibiotic Treatment for Acute Bronchitis/Bronchiolitis:

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

Prenatal and Postpartum Care:

Prenatal care visit should be during the first trimester of pregnancy. Postpartum care visit should be on or between 7 and 84 days after delivery. Use code Z39.2or Z01.419 for postpartum care visits. **Note: For VCMC Prime Metrics, postpartum care visit remains to be on or between 21 to 56 days after delivery.**

Medication Management for People with Asthma:

Patients ages 5-64 with persistent asthma who were prescribed controller medication should remain on medication throughout treatment/measurement period. **Patient is considered to have Persistent Asthma if they have any of the following: At least 1 ER visit with a principal diagnosis of asthma; at least one acute inpatient encounter with a principal diagnosis of asthma; at least 4 outpatient visits with any diagnosis of asthma associated with at least 2 asthma medication dispensing events; or at least 4 asthma medication dispensing events.**

Asthma Medication Ratio

Identify patients ages 5-64 who 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. See definition of Persistent Asthma above. Examples of persistent asthma codes include J45.30-32, J45.40-42, J45.50-52.

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**

Flu Shots for Adults:

Yearly for everyone 6 months and older.

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: Run CURES report with each prescription and place in patient's chart under "CURES report" and utilize Opioid Treatment Agreement in Adhoc forms**

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: Run CURES report with each prescription and place in patient's chart under "CURES report" and utilize Opioid Treatment Agreement in Adhoc forms**

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.)**

Use of Imaging Studies for Low Back Pain: Patients with a primary diagnosis of low back pain should NOT have an imaging study within 28 days of the diagnosis unless clinically appropriate. Clinically appropriate criteria includes: diagnosis of cancer, recent trauma, IV drug abuse, HIV, spinal infection, major organ transplant, prolonged use of corticosteroids, or neurologic impairment. Please code accordingly.

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 treatment period.

Depression Screening and Follow-up:

All patients 12 and older should be screened annually for depression with a standardized screening tool. **VCMC providers should use the PHQ2/9 in Adhoc forms.**

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.

Note: Listed codes are examples acceptable for HEDIS