# CTC Measure Definitions

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# Revision History

|  |  |  |
| --- | --- | --- |
| **Date** | **Topic** | **Revision** |
| 12/15/2011 |  | Base |
| 06/13/2013 | DM LDL Control | Update to DM LDL Control – most recent LDL value must be used. |
| 07/18/2013 | General | Remove references to Beacon Program. Addition of revision history table. |
| 08/07/2013 | New measures | Add 3 new measures to be reported beginning 1Q2014: Avoidance of Antibiotic Treatment for Adults with Acute Bronchitis (18 – 64), Chlamydia Screening for Women (2 parts) and Fall Risk Management. |
| 09/12/2013 | Adult BMI | Update to 2 Adult BMI measures – specifies that most recent BMI should be used, not any BMI taken during the measurement period. |
| 09/12/2013 | Meaningful Use measures | Clarification of allowable use of Meaningful Use measures. Maybe be used only by single provider practices. |
| 05/26/2014 | Various | Added clarification of inverted rate measurement in the numerator of Avoidance of Antibiotic Treatment in Adults with Acute Bronchitis and removed it in the description.Reorganized the order of the measures in the document.Added E&M and G Codes for Prevention Visits.Removed DM BP <130/80 as not reported anymore. |
| 06/23/2014 | Adult BMIDM LDL  | Added to the descriptions for BMI Measures and various Control Measures. Added to the descriptions for BMI Measures and various Control Measures. Removed DM LDL as not reported anymore. |
| 06/26/2014 | GeneralHTN BP Measurement | Moved contract measures up to beginning of document and designated as such.Removed HTN BP Measurement as not reported anymore. |
| 07/14/2014 | Chlamydia measures | Removed HEDIS as measurement source for Chlamydia measures. Waiting for update from Data & Evaluation. |
| 08/13/2014 | ICD–9Adult BMIHTN BP | ICD–9 formats changed to the XXX.xx structure.BMI Care Plans more thoroughly defined.HTN BP Measure changed to reflect new standards. |
| 09/29/2014 | Chlamydia Test | Updated Chlamydia Test denominator to state that patients can be considered screened for sexual activity in 2 ways: being screened or having a Chlamydia test.  |
| 10/07/2014 | Acute Bronchitis | Removed Acute Bronchitis measure. This measure is suspended. |
| 11/24/2014 | HTN BP | Update HTN BP Control numerator to match HEDIS 2015 specifications. |
| 12/10/2014 | e–cigarettes and tobacco | Add guideline for use of e–cigarettes to Tobacco Cessation Intervention measure. |
| 12/17/2014 | HTN BP | Changed existing language “as of December 31st” on HTN BP Control to: Members 60–85 years of age as of the last day of the reporting period. |
| 03/23/2015 | General | Updated contractual measures to include targets. Reformatted “EHR MU Reports” disclosure. Removed “measure” from source and type/domain. |
| 7/30/2015 | General | Removed “measurement period” field for all measures. |
| 7/30/2015 | General | Changes instances of “during the measurement period” to the appropriate number of months. |
| 7/30/2015 | DM diagnosis | All Diabetes measure denominators exclude patients who have not been on the practice panel for at least 6 months. |
| 7/31/2015 | 2016 Targets | Updated 2015 targets to 2016. |
| 11/12/2015 | Add measure definition | Add DM A1c Patients w Result |
| 1/17/2016 | Added ICD10 Codes |  |

# Active Patient(s)

|  |  |
| --- | --- |
| **\*Definition** | Patients seen by a primary care clinician of the PCMH anytime within the last 24 months. Definition of primary care clinician includes the following: MD/DO, Physician’s Assistant (PA), and Certified Nurse Practitioner (CNP). The following are the eligible CPT office visit codes for determining Active Patient status: * 99201-99205, 99212-99215, 99217-99220, 99241-99245, 99341-99345, 99347-99350, 99384-99387, 99394-99397, 99401-99404, 99411-99412, 99420, 99429, 99455-99456.

NOTE: Brief nurse visits (CPT code 99211) ***do not*** count as eligible visits for determining Active Patient status.Exclusions: Do not include patients who have left the practice, as determined by one or more of the following:* Patient has asked for records to be transferred or otherwise indicated that they are leaving the practice
* Patient has passed away
* Patient cannot be reached on 3 consecutive occasions via phone or emergency contact person
* Patient has been discharged
 |

# Adult Body Mass Index – Age 18–64 (In Range or Care Plan) – Contract measure

|  |  |
| --- | --- |
| **Definition** | Percentage of patients age 18–64 whose calculated BMI is either in the normal range or is above or below the normal range and have a documented follow–up plan. |
| **Numerator** | Patients in the denominator who meet the following criteria:1. Patients whose most recent calculated BMI in the last 12 months is in normal range:
2. Patients whose most recent calculated BMI in the last 12 months is ABOVE or BELOW normal range AND have a documented care plan in the last 12 months. A documented care plan can be: Structured Data, Visit with or Referral to Nutritionist/Dietician, Weight Counseling by Health Care Professional, Providing Patient Educational Materials on Nutrition, ICD–9 Code: V65.3 – dietary counseling. ICD-10 Code: Z71.3

|  |  |
| --- | --- |
| BMI Range | Age 18–64 years |
| ABOVE Normal | >25 kg/m2 |
| NORMAL | greater than 18.5 kg/m2 but less than 25 kg/m2 |
| BELOW Normal | ***<***18.5 kg/m2 |

 |
| **Denominator**  | Active patients\* age 18–64 years at any time in the last 12 months who were seen by a primary care clinician of the PCMH during the last 12 months. |
| **Exclusions** | Optionally, these exclusions may be applied:* Patients diagnosed with a terminal illness – No value set for ICD10 codes for terminal illness (but we never put ICD9 codes in)
* Patients who are pregnant (ICD–9 codes: 630.xx-679.xx, V22.xx, V23.xx, V28.xx; ICD-10 Codes: See Excel Spreadsheet, Tab1 - Pregnancy)
* Patients for whom the exam was not done for patient reason
* Patients for whom the exam was not done for medical reason
* Patients for whom the exam was not done for system reason
 |
| **Source** | Based on HEDIS and NQF 0421 |
| **Domain/ Type** | Process |
| **Target** | 2014 – 70%; 2015–2016 – 85%Success can be achieved either by reaching the target rate or via the improvement method. |

**EHR Meaningful Use Reports** - EHR Meaningful Use certified automated reports may be used only in single provider practices. Aggregation of individual provider numerators and denominators generated by the reports results in duplication of patients.

# \* Active patients – see definition on page 4Adult Body Mass Index – Age 65 and Older (In Range or Care Plan) – Contract measure

|  |  |
| --- | --- |
| **Definition** | Percentage of patients age 65 years and older whose calculated BMI is either in the normal range or is above or below the normal range and have a documented follow up plan. |
| **Numerator** | Patients in the denominator who meet the following criteria:1. Patients whose most recent calculated BMI in the last 12 months is in normal range:
2. Patients whose most recent calculated BMI in the last 12 months is ABOVE or BELOW normal range AND have a documented care plan in the last 12 months. A documented care plan can be: Structured Data, Visit with or Referral to Nutritionist/Dietician, CPT code, Weight Counseling by Health Care Professional, Providing Patient Educational Materials on Nutrition, ICD-9 Code: V65.3 – dietary counseling. ICD-10 Code: Z71.3

|  |  |
| --- | --- |
| BMI Range | Age 65 years and older |
| ABOVE Normal | >30 kg/m2 |
| NORMAL | greater than 22 kg/m2 but  less than 30 kg/m2 |
| BELOW Normal | <22 kg/m2 |

 |
| **Denominator**  | Active patients\* age 65 years and older at any time in the last 12 months who were seen by a primary care clinician of the PCMH during the last 12 months. |
| **Exclusions** | Optionally, these exclusions may be applied:* Patients diagnosed with a terminal illness – No value set for ICD10 codes for terminal illness (but we never put ICD9 codes in)
* Patients who are pregnant (ICD–9 codes: 630.xx-679.xx, V22.xx, V23.xx, V28.xx; ICD-10 Codes: See Excel Spreadsheet, Tab1 - Pregnancy)
* Patients for whom the exam was not done for patient reason
* Patients for whom the exam was not done for medical reason
* Patients for whom the exam was not done for system reason
 |
| **Source** | * Based on HEDIS and NQF 0421
 |
| **Domain/ Type** | Process |
| **Target** | 2014 – 75%; 2015–2016 – 90%Success can be achieved either by reaching the target rate or via the improvement method. |
|  |  |

 **EHR Meaningful Use Reports** - EHR Meaningful Use certified automated reports may be used only in single provider practices. Aggregation of individual provider numerators and denominators generated by the reports results in duplication of patients.

**\* Active patients – see definition on page 4**

# Diabetes Mellitus – HbA1c Control (<8) – Contract measure

|  |  |
| --- | --- |
| **Definition** | The percentage of diabetic patients (Type 1 or 2) age 18–75 with controlled disease (having an HbA1c value less than 8.0%). |
| **Numerator** | Patients in the denominator with the most recent HbA1c <8.0% in the last 12 months. |
| **Denominator** | Active patients\* who have been on the practice panel for at least 6 months, between the ages of 18–75 years at any time during the last 24 months, and who are identified as having diabetes by **1 or more** of the following methods:* Patient is listed in a diabetes registry
* Patient’s problem list includes diabetes
* Patient’s record includes coding, during the last 24 months, for a diabetes diagnosis via any of the following ICD-9 codes: 250.xx, 357.2x, 362.0x, 366.41, 648.0x; ICD10 codes: See excel spreadsheet, Tab2 - Diabetes
 |
| **Exclusions** | Patients with gestational diabetes, steroid–induced diabetes, or polycystic ovary syndrome during the last 12 months, as identified by one of the following:* ICD–9 codes:
* Steroid induced diabetes: 249.xx, 251.8x, 962.0x
* Gestational diabetes: 648.8x
* PCOS: 256.4x
* ICD–10 codes:
	+ See excel spreadsheet, Tab3 – DM Exceptions
 |
| **Source** | Based on HEDIS and NQF 0575  |
| **Domain/ Type** | Outcome |
| **Target** | 2014 – 70%; 2015–2016 – 72%Success can be achieved either by reaching the target rate or via the improvement method. |

**EHR Meaningful Use Reports** - EHR Meaningful Use certified automated reports may be used only in single provider practices. Aggregation of individual provider numerators and denominators generated by the reports results in duplication of patients.

**\* Active patients – see definition on page 4**

# Diabetes Mellitus – HbA1c Poor Control (>9 or NONE)

|  |  |
| --- | --- |
| **Definition** | The percentage of diabetic patients (Type 1 or 2) age 18–75 with poorly controlled disease (having an HbA1c value greater than 9.0%). |
| **Numerator** | Patients in the denominator with the most recent HbA1c >9.0% in the last 12 months OR has no documented HbA1c in the last 12 months. |
| **Denominator** | Active patients\* who have been on the practice panel for at least 6 months, between the ages of 18–75 years at any time during the last 24 months, and who are identified as having diabetes by **1 or more** of the following methods:* Patient is listed in a diabetes registry
* Patient’s problem list includes diabetes
* Patient’s record includes coding, during the last 24 months, for a diabetes diagnosis via any of the following ICD-9 codes: 250.xx, 357.2x, 362.0x, 366.41, 648.0x; ICD10 codes: See excel spreadsheet, Tab2 - Diabetes
 |
| **Exclusions** | Patients with gestational diabetes, steroid–induced diabetes, or polycystic ovary syndrome during the last 12 months, as identified by one of the following:* ICD–9 codes:
* Steroid induced diabetes: 249.xx, 251.8x, 962.0x
* Gestational diabetes: 648.8x
* PCOS: 256.4x
* ICD–10 codes:
	+ See excel spreadsheet, Tab3 – DM Exceptions
 |
| **Source** | Based on HEDIS and NQF 0059 |
| **Domain/ Type** | Outcome |

**EHR Meaningful Use Reports** - EHR Meaningful Use certified automated reports may be used only in single provider practices. Aggregation of individual provider numerators and denominators generated by the reports results in duplication of patients.

**\* Active patients – see definition on page 4**

# Diabetes Mellitus – HbA1c Patients with Result

|  |  |
| --- | --- |
| **Definition** | The percentage of diabetic patients (Type 1 or 2) age 18–75 that have an HbA1c result.  |
| **Numerator** | Active patients in the denominator who have had an HbA1c result in the past 12 months. |
| **Denominator** | Active patients\* who have been on the practice panel for at least 6 months, between the ages of 18–75 years at any time during the last 24 months, and who are identified as having diabetes by **1 or more** of the following methods:* Patient is listed in a diabetes registry
* Patient’s problem list includes diabetes
* Patient’s record includes coding, during the last 24 months, for a diabetes diagnosis via any of the following ICD-9 codes: 250.xx, 357.2x, 362.0x, 366.41, 648.0x; ICD10 codes: See excel spreadsheet, Tab2 - Diabetes
 |
| **Exclusions** | Patients with gestational diabetes, steroid–induced diabetes, or polycystic ovary syndrome during the last 12 months, as identified by one of the following:* ICD–9 codes:
* Steroid induced diabetes: 249.xx, 251.8x, 962.0x
* Gestational diabetes: 648.8x
* PCOS: 256.4x
* ICD–10 codes:
	+ See excel spreadsheet, Tab3 – DM Exceptions
 |
| **Source** | Based on HEDIS and NQF 0059 |
| **Domain/ Type** | Outcome |

**EHR Meaningful Use Reports** - EHR Meaningful Use certified automated reports may be used only in single provider practices. Aggregation of individual provider numerators and denominators generated by the reports results in duplication of patients.

**\* Active patients – see definition on page 4**

# Diabetes Mellitus – Blood Pressure Control (<140/90) – Contract measure

|  |  |
| --- | --- |
| **Definition** | The percentage of diabetic patients (Type 1 or 2) age 18–75 who had a blood pressure value less than 140/90. |
| **Numerator** | Patients in the denominator whose most recent blood pressure test result value during the last 12 months is less than 140/90\*\*. |
| **Denominator** | Active patients\* who have been on the practice panel for at least 6 months, between the ages of 18–75 years at any time during the last 24 months, and who are identified as having diabetes by **1 or more** of the following methods:* Patient is listed in a diabetes registry
* Patient’s problem list includes diabetes
* Patient’s record includes coding, during the last 24 months, for a diabetes diagnosis via any of the following ICD-9 codes: 250.xx, 357.2x, 362.0x, 366.41, 648.0x; ICD10 codes: See excel spreadsheet, Tab2 - Diabetes
 |
| **Exclusions** | Patients with gestational diabetes, steroid–induced diabetes, or polycystic ovary syndrome during the last 12 months, as identified by one of the following:* ICD–9 codes:
* Steroid induced diabetes: 249.xx, 251.8x, 962.0x
* Gestational diabetes: 648.8x
* PCOS: 256.4x
* ICD–10 codes:
	+ See excel spreadsheet, Tab3 – DM Exceptions
 |
| **Source** | Based on HEDIS and NQF 0061  |
| **Domain/ Type** | Outcome |
| **Target** | 2014 – 78%; 2015–2016 – 80%Success can be achieved either by reaching the target rate or via the improvement method. |
|  |  |

**EHR Meaningful Use Reports** - EHR Meaningful Use certified automated reports may be used only in single provider practices. Aggregation of individual provider numerators and denominators generated by the reports results in duplication of patients.

**\* Active patients – see definition on page 4**

\*\*If multiple BP measurements occur on the same date or are noted in the chart on the same date, the lowest systolic and lowest diastolic BP reading should be used. If no BP is recorded during the measurement year, assume that the member is “not controlled.” ***Controlling High Blood Pressure (CBP) HEDIS 2011***

Blood pressure is viewed as 2 separate values: systolic and diastolic. The lowest systolic and lowest diastolic BP reading from the most recent BP notation in the medical record may be used. If there are multiple BPs recorded for a single date, use the lowest systolic and lowest diastolic BP on the date as the representative BP. The systolic and diastolic results do not need to be from the same reading. ***NQF MEASURE DETAILS–0061***

<http://www.qualityforum.org/MeasureDetails.aspx?actid=0&SubmissionId=1235#k=diabetes&e=1&st=&sd=&mt=&cs=&s=n&so=a&p=1>

# Hypertension – Blood Pressure Control (<140/90 or <150/90) – Contract measure

|  |  |
| --- | --- |
| **Definition** | The percentage of members 18–85 years of age who had a diagnosis of hypertension (HTN) and whose BP was adequately controlled based on the following criteria:* Members 18–59 years of age whose BP was <140/90 mm Hg.
* Members 60–85 years of age with a diagnosis of diabetes whose BP was <140/90 mm Hg.
* Members 60–85 years of age without a diagnosis of diabetes whose BP was <150/90 mm Hg.
 |
| **Numerator** | Patients in the denominator whose most recent blood pressure (both systolic and diastolic)\*\* is adequately controlled during the past 12 months based on the following criteria:* Members 18–59 years of age whose BP was <140/90 mm Hg.
* Members 60–85 years of age and diagnosed with diabetes (ICD 9 Code groups for diabetes: 250.xx, 357.2x, 362.0x, 366.41, 648.0x) whose BP was <140/90 mm Hg.
* Members 60–85 years of age and flagged as not having a diagnosis of diabetes whose BP was <150/90 mm Hg.
 |
| **Denominator** | Active patients\* age 18–85 at any time during the last 24 months, and who are identified as having hypertension by the following method:* Patient’s record includes coding, during the first 18 months of the last 24 months, for a hypertension diagnosis via any of the following:
	+ ICD–9 codes: 401.xx
	+ ICD10 codes: See excel spreadsheet, Tab3 - Hypertension

NOTE: In order to allow the clinicians time to address a patient’s hypertension, this measure should not include patients whose hypertension diagnosis was first made in the most recent 6 months. Due to the fact that patient problem lists and patient registries are *not* generally linked to specific diagnosis dates and therefore might include recently diagnosed patients, it is therefore recommended that problem lists and registries **NOT** be used for identifying denominator patients.  |
| **Exclusions** | Patients who are pregnant or have been diagnosed with ESRD during the last 12 months, as identified by 1 of the following ICD–9 codes:* Pregnancy: ICD-9 codes: 630.xx-679.xx, V22.xx, V23.xx, V28.xx; ICD-10 codes: See excel spreadsheet; Tab 1 - Pregnancy
* ESRD: ICD-9 codes: 585.6x; ICD-10 codes: See excel spreadsheet; Tab 5 - ESRD
 |
| **Source** | * Based on NQF 0018 and HEDIS 2011 Controlling High Blood Pressure (CBP)
 |
| **Domain/ Type** | Process |
| **Target** | 2014 – 76%; 2015–2016 – 80%Success can be achieved either by reaching the target rate or via the improvement method. |

**EHR Meaningful Use Reports** - EHR Meaningful Use certified automated reports may be used only in single provider practices. Aggregation of individual provider numerators and denominators generated by the reports results in duplication of patients.

**\* Active patients – see definition on page 4**

\*\* If multiple BP measurements occur on the same date or are noted in the chart on the same date, the lowest systolic and lowest diastolic BP reading should be used. If no BP is recorded during the measurement year, assume that the member is “not controlled.” ***Controlling High Blood Pressure (CBP) HEDIS 2011***

# Tobacco Use Assessment

|  |  |
| --- | --- |
| **Definition** | The percentage of patients age 18 and older who were queried 1 or more times about tobacco use. |
| **Numerator** | Patients in the denominator who were queried, with a documented response, 1 or more times about tobacco use within the last 24 months. |
| **Denominator** | Active patients\* age 18 and older at any time in the last 24 months who were seen 2 or more times or for 1 preventive visit, by a primary care clinician of the PCMH within the last 24 months.Codes to identify preventive visits:* 99381-99387, 99391-99397, G0402-G0405, G0438-G0439
 |
| **Exclusions** | None |
| **Source** | Based on HEDIS and NQF 0028 |
| **Domain/ Type** | Process |

**EHR Meaningful Use Reports** - EHR Meaningful Use certified automated reports may be used only in single provider practices. Aggregation of individual provider numerators and denominators generated by the reports results in duplication of patients.

# \* Active patients – see definition on page 4

# Tobacco Cessation Intervention – Contract measure

|  |  |
| --- | --- |
| **Definition** | The percentage of tobacco users in the total Active Patient\* population, given tobacco cessation advice including 1 or more of the following: advice to quit, counseling, referral for counseling and/or pharmacologic therapy. |
| **Numerator** | Patients in the denominator who were given tobacco cessation intervention at least 1 time during any face-to-face encounter, including 1 with a nurse care manager, during the last 24 months. Tobacco cessation intervention includes advice to quit\*\*\*, counseling, referral for counseling and/or pharmacologic therapy during the last 24 months. * *\*\*\*Recommendation of e-cigarette use as nicotine replacement may also be considered as tobacco cessation advice if provider documents as so in the patient’s chart.*
 |
| **Denominator** | Active patients\* age 18 and older at any time in the last 24 months who were seen 2 or more times or for 1 preventive visit, by a primary care clinician of the PCMH within the last 24 months and were identified as tobacco users in the most recent tobacco use assessment in the last 24 months.Codes to identify preventive visits:* 99381-99387, 99391-99397, G0402-G0405, G0438-G0439

*Note: Patients identified as e-cigarette users should not be included as tobacco users for this measure.* |
| **Exclusions** | None |
| **Source** | Based on HEDIS and NQF 0028b  |
| **Domain/ Type** | Process |
| **Target** | 2014 – 90%; 2015–2016 – 90%Success can be achieved either by reaching the target rate or via the improvement method. |

**EHR Meaningful Use Reports** - EHR Meaningful Use certified automated reports may be used only in single provider practices. Aggregation of individual provider numerators and denominators generated by the reports results in duplication of patients.

**\* Active patients – see definition on page 4**

# Depression Screening

|  |  |
| --- | --- |
| **Definition** | The percentage of patients age 18 and older screened 1 or more times for depression, using a standardized screening tool (PHQ-2 or other validated tool). |
| **Numerator** | Patients in the denominator who received a depression screen one or more times within the last 24 months using the PHQ-2 or other validated tool. Include patients who have documented diagnoses with the following codes:* ICD-9 codes: 296.xx, 300.4x, 311.xx, 293.83, 298.0x, 309.0x, 309.1x, 309.28
* ICD-10 codes: See excel spreadsheet: Tab 6 – Depression
 |
| **Denominator** | Active patients\* age 18 and older at any time in the last 24 months who were seen 2 or more times **or for 1 preventive visit** by a primary care clinician of the PCMH within the last 24 months.Codes to identify preventive visits:* CPT Codes: 99381-99387, 99391-99397, G0402-G0405, G0438-G0439
 |
| **Exclusions** | Patients diagnosed dementia using the following codes:* ICD-9 Codes: 290.xx, 294.xx ,318.xx
* ICD-10 Codes: See excel spreadsheet: Tab 7 – Dementia
 |
| **Source** | Based on: [Veterans’ Health Administration measure](http://www.qualitymeasures.ahrq.gov/content.aspx?id=14592&search=depression+screening+and+phq#Section304)<http://www.qualitymeasures.ahrq.gov/content.aspx?id=16177> |
| **Domain/ Type** | Process |

**EHR Meaningful Use Reports** - EHR Meaningful Use certified automated reports may be used only in single provider practices. Aggregation of individual provider numerators and denominators generated by the reports results in duplication of patients.

**\* Active patients – see definition on page 4**

# Fall Risk Management

|  |  |
| --- | --- |
| **Definition** | The percentage of patients age 66 and older on the date of visit who were screened for fall risk.  |
| **Numerator**  | Patients in the denominator who were screened for fall risk during the last 12 months. At a minimum, the following questions must be asked:* Have you fallen two or more times in the past year
* Have you fallen once with injury in the past year
 |
| **Denominator** | Active patients\* age 66 and older on the date of visit who were seen by a primary care clinician of the PCMH within the last 12 months. * CPT codes: 99201-99205, 99212-99215,99387,99397, G0402, G0438, G0439
 |
| **Exclusions** | None |
| **Source** | Based NQF 0101 Part A on HEDIS |
| **Domain/ Type** | Process |
|  |  |

**EHR Meaningful Use Reports** - EHR Meaningful Use certified automated reports may be used only in single provider practices. Aggregation of individual provider numerators and denominators generated by the reports results in duplication of patients.

**\* Active patients – see definition on page 4**

# Chlamydia Screening – Obtaining Sexual History

|  |  |
| --- | --- |
| **Definition** | The percentage of women 18–24 years of age on the date of visit who were screened for sexual history.  |
| **Numerator**  | The number of patients in the denominator who were screened for sexual history during the last 12 months.  |
| **Denominator** | Active female patients\* the ages of 18–24 years on the date of a preventive visit during the last 12 months.**To identify a preventive visit,** **the visit must have been coded with 1 of the following CPT Codes:** * 99385, 99395

***OR*****the visit must have been coded with 1 of the following CPT Codes:** * 99201- 99215

**ALONG WITH** **1 of the following preventive diagnosis codes:** * ICD-9 Codes: V20.xx, V22.xx, V23.xx, V70.xx, V72.31
* ICD-10 Codes: See excel spreadsheet: Tab 8 – Well Care Exams
 |
| **Exclusions** | None |
| **Source** |  |
| **Domain/ Type** | Process |

**EHR Meaningful Use Reports** - EHR Meaningful Use certified automated reports may be used only in single provider practices. Aggregation of individual provider numerators and denominators generated by the reports results in duplication of patients.

**\* Active patients – see definition on page 4**

# Chlamydia Screening – Testing

|  |  |
| --- | --- |
| **Definition** | The percentage of women 18–24 years of age on the date of visit who were identified as sexually active and who had at least 1 test for Chlamydia. |
| **Numerator**  | The number of patients in the denominator with documentation of at least 1 test for Chlamydia during the last 12 months. Codes to Identify Chlamydia Screening (NCQA CHL-C 2013)

|  |  |
| --- | --- |
| CPT | LOINC |
| 87110, 87270, 87320, 87490, 87491, 87492, 87810 | 557-9, 560-3, 4993-2, 6349-5, 6354-5, 6355-2, 6356-0, 6357-8, 14463-4, 14464-2, 14467-5, 14470-9, 14471-7, 14474-1, 14509-4, 14510-2, 14513-6, 16600-9, 16601-7, 21189-6, 21190-4, 21191-2, 21192-0, 21613-5, 23838-6, 31771-9, 31772-7, 31775-0, 31777-6, 36902-5, 36903-3, 42931-6, 43304-5, 43404-3, 43406-8, 44806-8, 44807-6, 45067-6, 45068-4, 45069-2, 45070-0, 45074-2, 45076-7, 45078-3, 45080-9, 45084-1, 45091-6, 45095-7, 45098-1, 45100-5, 47211-8, 47212-6, 49096-1, 50387-0, 53925-4, 53926-2 |
|  |

* NOTE: These codes are not the only form of test documentation. Data from other structured fields may also be included.
 |
| **Denominator** | Active female patients\* the ages of 18–24 years on the date of a preventive visit during the last 12 months and who were documented as sexually active during the last 12 months.Patients can be considered sexually active in **either** of the following 2 ways: * Having been screened for Sexual History during the last 12 months
* Having had a Chlamydia test during the last 12 months

**To identify a preventive visit,** **the visit must have been coded with 1 of the following CPT Codes:** * 99385, 99395

***OR*****the visit must have been coded with 1 of the following CPT Codes:** * 99201- 99215

**ALONG WITH** **1 of the following preventive diagnosis codes:** * V20.xx, V22.xx, V23.xx, V70.xx, V72.31
* ICD-10 Codes: See excel spreadsheet: Tab 8 – Well Care Exams
 |
| **Exclusions** | None  |
| **Source** |  |
| **Domain/ Type** | Process |

 **EHR Meaningful Use Reports** - EHR Meaningful Use certified automated reports may be used only in single provider practices. Aggregation of individual provider numerators and denominators generated by the reports results in duplication of patients.

**\* Active patients – see definition on page 4**