# Agenda

- White Paper

- Six Major Updates

- Previous Recommendations
  - Top nine recommendations
  - Configuration Options for Hybrid Quality Data
  - Alerts and Workflows
  - Templates and Order Sets
  - Miscellaneous recommendations

# White Paper

- Written with input from advisory committee

- Link in the Chatbox: down load now.

- http://www.partnershiphp.org/Providers/HealthServices/Pages/Office-of-the-CMO.aspx

# 2023 Updates

- New Anxiety Screening Recommendation

- Diagnosis Code Capture and Transmission

- Medical Equipment Program Updates

- Preventive Health Surveys post-SHA

- Telephone and Virtual Visits

- Asthma Controller Medications

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# Anxiety Screening Recommendations

- New USPSTF Grade B recommendation
  - Ages 8 – 64

- Interval: not defined by USPSTF. Options are:
  - Recommend: association with health maintenance visit template.
  - Another option is to screen for anxiety whenever screening for depression.

- Adult Screening (Age 18 +): GAD-2 → GAD-7

- Teen Screening (Age 11-17): GAD-2 → GAD-7 (Child 11-17)

- Child Screening (Age 8-13): SCARED-5 → SCARED-41
  - Parent and child versions

# Diagnosis Code Capture and Transmission

- Acuity adjustment of pay for performance programs depend on:
  o The actual complexity of the patients
  o The degree to which complex patients see their PCP
  o The completeness of diagnosis codes billed with clinical encounters by the PCP

- The range of diagnoses/encounter for PCP ranges from 2.5 to 4.0 (10th percentile and 90th percentile)

- Systematic under-coding decreases funding available

- Ensure your system can transmit at least 6 diagnosis codes per encounter.

- Train your clinicians to improve coding completeness

- Equipment available, mailed directly to member
  - o BP monitors
  - o Pulse oximeters
  - o Humidifiers
  - o Vaporizers
  - o Nebulizer (new: battery operated)
  - o Thermometer
  - o Scales
  - o Lock Boxes for prescriptions
  - o Coming soon: enuresis alarm

- Best practice:  Integrate fillable form in EMR

# Preventive Health Assessments-I

- Staying Healthy Assessment no longer required

- Adult screenings recommended:
    - Depression and anxiety screening (PHQ3→PHQ9 and GAD2→GAD7)
    - Tobacco use; brief alcohol and drug use screening
    - ACES screening
    - Intimate partners violence screen (HITS)
    - Screening for physical activity
    - Screening for symptoms of tuberculosis (cough > 3weeks, weight loss, lymphadenopathy)

- Child screening options in Bright Futures Tool and Resource Kit
  - o Younger Children:
    - ▪ Option 1:  Survey of Well-being of Young Children (SWYC) (0-65 months)
    - ▪ Option 2: Ages and Stages (0-66 months)
      - • ASQ Developmental screening (ASQ-3)
      - • M-CHAT plus
      - • Socio emotional questionnaire (ASQ-SE)
  - o All ages: add
    - ▪ PEARLS
    - ▪ TB symptom screen

- Teen screening question options
  - Highly recommended
    - Depression and Anxiety:  PHQ-2, GAD-2 → PHQ-A, GAD-7 for adolescents
    - CRAFFT 2.1+N (substance use)
    - PEARLS
    - TB symptom screen
  - Other recommendations
    - Teen dating violence
    - Bullying
    - Sexual activity

# Coding for Virtual Visits

- Ensure a streamlined or automated process to ensure correct modifiers or codes are used
  - Templates
  - Visit type linked to automatically add correct modifier

- Reminder of codes:
  - Video visit: .95 modifier
  - Telephone visit: .93 modifier
  - Minimal phone visit FQHCs and Rural Health Centers: G0071
  - Minimal phone visit all other providers: G2012

# Asthma Medication Ratio Changes

- Nebulizers are not counted for AMR measure

- New medications added:
  - Fluticasone furoate (Arnuity Ellipta) – Inhaled corticosteroid
  - Albuterol and Budesonide (Airsupra) – Unclear if will be categorized as a controller or a rescue medication
  - Tezepelumab (Tezpire) biologic controller, usually Rx from specialist

- Medi-Cal Rx major restrictions:
  - Zileuton and Zafirlukast TAR required
  - Pulmicort Flexhaler 90mcg strength is limited to 1 per 30 days
  - Fluticasone propionate alone: limited to brand name Flovent
  - Fluticasone propionate/Salmterol limited to brand name Advair Diskus/HFA only
  - Budesonide/formoterol limited to brand name Symbicort only

Standardize refills for asthma medications:

- 3 months with 3 refills for controllers

- 1-2 rescue inhalers with 1 refill for rescue medications

- Will help ensure optimum ratio of controller medications to all medications for asthma (Asthma Medication Ratio)

- Apply to all primary care practices!

- Prepare for Electronic Clinical Data Systems Measures (ECDS) where the data source is the EMR
  - o Depression: Include the actual PHQ-9 score resulting from depression screening or follow up as a discrete data field; include a field with the interpretation of the result (e.g. positive or negative)
  - o Alcohol use disorder screening: Ideally use the AUDIT-C for screening for alcohol misuse; record numerical score as discrete data field, with interpretation as another field

# Best Practice 2A

## Update all Well-Child Templates

- Standards based on the American Academy of Pediatrics Bright Futures program. Especially check the following:
    - Two blood lead test results between ages 1 and 3
    - Fluoride varnish application to teeth at the time of the well child visit (age 1 to 5)
    - Screening for tobacco and vaping  **(preferred code 4004F)**
    - Documented referral or recommendation for routine dental hygiene care
      (every visit, starting at age 6 months)
    - Lipid screening (at least once after age 8)
    - Screening questions for risk of TB (all ages)

# Best Practice 2B

(Continued)
  - o Skin cancer behavioral counselling starting at age 6 months
  - o Blood pressure screening starting at age 3
  - o Prescription of fluoride vitamin supplement
    (if living in location with non-fluoridated water)
  - o All ages: Document education on physical activity and diet
  - o Newborns: Documentation of review of newborn screening results
- Additional recommendations in other parts of white paper

## Acute Visit to Well-Child Visit Conversion Template

- Key elements needed:
    - o Age appropriate screening
    - o Complete physical exam
    - o Review of past medical history/social history
    - o Review of immunization status (order age appropriate vaccinations)
    - o ICD10 code for well-child visit: Z00.121
    - o Overall, use CPT code for health maintenance visit for the converted visit

# Best Practice 4

Use preventive visit codes for well child visits

- 99381-99385 for new patients

- 99391-99395 for established patients (probably best for templates)

# Best Practice 5

Build in screening for tobacco use into well-adult and well-adolescent templates

- Use HCPCS code 4004F in these templates

- 4004F: Screening for tobacco use, and if positive, counselling to quit

- We believe we will meet HRSA requirements

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# Best Practice 6

Standardize Hysterectomy Documentation Format
in Patient Medical History

- Not acceptable: "Hysterectomy"

- Acceptable: Total hysterectomy, Total Abdominal Hysterectomy (TAH),
  Total Vaginal Hysterectomy (TVH), Total Abdominal Hysterectomy with
  salpingo-oophorectomy (TAH-BSO), Radical Hysterectomy

- Acceptable for medical record documentation, but will not allow
  patient to be excluded from cervical cancer screening denominator:
  - Supracervical (sometimes called "sub-total") Hysterectomy
  - Supracervical Abdominal Hysterectomy (SAH)

# Best Practice 7

Include screening for chlamydia and gonorrhea into family planning templates and well-woman exam templates

- Default for family planning and well-woman exam templates for women under age 25

- Option for templates for women age 25 and older

- Option for teen girl well-child template (indicated if sexually active)

# Best Practice 8

Incorporate the Ages and Stage Questionnaire (ASQ) into at least the 9 month, 18 month, and 2-year-old well child visit templates.

- Include the CPT code 96110 on these templates

- If the M-CHAT is also used for autism screening at ages 18 months and 2 years of age, the 96110.KX code would be added, as well, to those two templates.

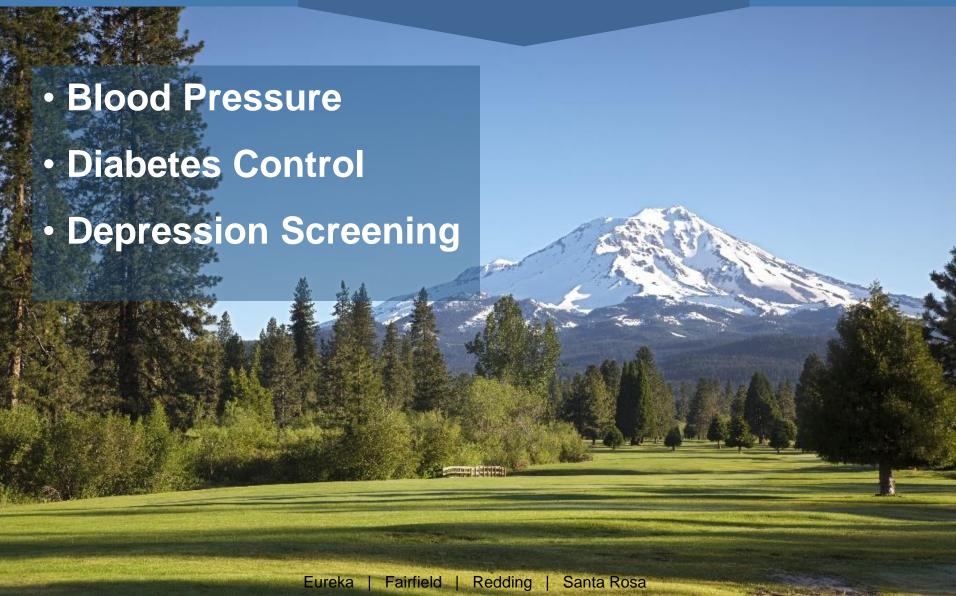- Ideally, ASQ used for all ages up to age 66 months

# Best Practice 9

## Alcohol Use Screening and Drug Use

- New codes:
  - H0049: To be used for Drug use screening with valid tool (for example DAST-20 or the NM-ASSIST or TAPS or NIDA or 4Ps)
  - H0050: To be used for either Drug and/or Alcohol misuse counseling, for each 15 minute period of time
- Continue to use this code:
  - G0042: Alcohol misuse screening
- **Do not use this code:**
  - G0043: Brief intervention for alcohol misuse (switch to H0050)
- Of note, other payers, like Medicare may have different rules on the use of these codes, so you may need to make payer-specific templates for these.
- You will want to be sure a validated tool for screening for drug and alcohol misuse is build into your EMR, capturing results as structured data.

# Configuration Options for Hybrid Quality Data

- **Blood Pressure**
- **Diabetes Control**
- **Depression Screening**

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# Recommendation 1

If at all possible, automate conversion of the adult patient's best blood pressure into the CPT-2 codes added for the visit with includes a diagnosis code of I10 (essential hypertension)

- Controlled Systolic:
    - CPT 3074F (systolic blood pressure less than 130)
    - CPT 3075F (systolic blood pressure less than 130-39)

- Controlled Diastolic:
    - CPT 3078F (diastolic blood pressure less than 80)
    - CPT 3079F (diastolic blood pressure less than 80-89)

- Note: Medicare incentives are also available for the use of these CPT-2 codes for hypertension.

# Recommendation 2

Create three diabetes templates, based on the degree of control of the diabetes:

- Well controlled: most recent HbA1c < 7.0%, using CPT: 3044F

- Moderately controlled: most recent HbA1c 7.0 to 9.0%, using CPT: 3045F

- Poorly controlled: most recent HbA1c >9.0%, using CPT 3046F

- MediCare incentives are also available for diabetes testing

# Recommendation 3

Insert depression screening into new OB visit, postpartum visit, well-woman visit and other adult preventive health templates.

- One of the following codes should be submitted in a claim to document screening:

    o G8431 – Positive screen with plan

    o G8510 – Negative screen

- Consider also a depression counseling template using these codes which could be added to other visits.

# Alerts and Workflows

- Six Recommendations

- Apply to all provider types, including PPS providers

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1.  Preventive reminders whenever chart is open.

2.  Reminder to recheck high blood pressure reading (greater than 140/90)

3.  Trigger to alert children of coming birthday, to schedule well-child visit

4.  Ensure outside vaccinations are entered into CAIR

5.  Alert for all patients for influenza vaccination

6.  Process for encouraging performing cervical cancer screening when an acute visit is scheduled, or converting appointment to well-woman visit.

# Templates and Order Sets

- Six template recommendations

1. Screening for psychological trauma

- Include PEARLS screening annually into well-child templates to age 19.  Look into integration with EHR.
    - o Different screening tool starting at age 12
    - o Two different HCPCS code options:
        - G9919 for score of 4 and greater
        - G9920 for score 0-3

- For adults, ACES screening is done, with a score, once per patient per provider: consider template or workflow.

2. Two postpartum visits are now recommended, one **for 7-21** days postpartum, the second for 22-84 days postpartum. Consider different templates for each of these.

- Both should address family planning, lactation status, depression screening

- If virtual postpartum visit, use .95 modifier

3. Have MA assess each well-child visit for history of asthma. If child has asthma, merge asthma template with well-child template.

4. Create an asthma order set to incorporate best practices in asthma care.

- Guidelines on step therapy

- Preferred controller medications

- Testing recommendations

5. Create a template for a medication assisted therapy (MAT) visit for treating opioid use disorder and alcohol use disorder.

- Diagnosis Code: F11.2x for opioid use disorder

- Diagnosis Code: F10.2x for alcohol use disorder

- Include toxicology screen, screening for signs of diversion, screening for side effects.

6. Detailed template for performing medical clearance exam for alcohol withdrawal management

- See Appendix A of White Paper for details.

- Partnership webinar on principles of this medical clearance exam [here](#).

Miscellaneous Billing and EMR Configuration

- Sixteen recommendations

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# Miscellaneous Recommendations

- Ensure your EHR or population management tool can stratify quality measures by race/ethnicity.

- Get a good population health management system

- If you use remote patient monitoring, build templates to capture codes appropriately

- Program your EHR to select Medi-Cal Rx covered devices

- Train staff and encourage them to de-duplicate CAIR entries

- Set up templates to use proper codes for Advance Care Planning

# Miscellaneous Recommendations

- Set up system to capture dementia screening in adults over age 65.

- Buy NCQA Specifications and Value Set

- Include titles in EMR signatures (e.g. last name Smith RN)

- Set up referral tracking in the EMR to include elements listed in the White Paper.

- If you have an integrated dental-medical electronic health record, record dental blood pressures differently.

- Ensure EMR documents BMI percentile for children as a number (having access to the graph is not enough)

- When capturing previous cervical cancer screening results (done outside your organization), capture the exact type of study done (e.g. thin prep with high risk HPV screening), the month it was completed and a summary of the results

- Ensure refill protocol by nurse/pharmacist does not auto refill rescue MDIs (e.g. albuterol etc.) without a chart review

- Sexual Orientation/Gender Identity as core demographic

- Capture of CPT codes for Social Determinants/ACES

# Contact Us

- Send questions or suggestions to Dr. Moore at:

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