

FAMILY CHOICE ACO QUALITY MEASURES SPECIFICATIONS.

Measurement Period = January 01 - December 31, 2024

#	Measure Name	Description	Document Requirements	Codes (Updated 04.24.2024)
1	Tobacco Use: Screening and Cessation	<ul style="list-style-type: none"> Patients aged 18+ who were screened for tobacco use at least once within 24 months. For any patient identified as a tobacco user, tobacco cessation intervention must also be provided. Tobacco use includes any type of tobacco. Exclusions: medical reason(s) (i.e., limited life expectancy) 	<ul style="list-style-type: none"> The date and results of a query of the patient's use of tobacco If identified as a tobacco user, documentation of tobacco cessation intervention Documentation of the reason why the Quality Action is not performed due to an exception <p>Note: Screening for tobacco use and cessation do not have to occur on the same encounter, but must occur during the 24-month look-back period.</p> <p><i>The USPSTF does not currently classify ENDS (electronic nicotine delivery systems) as tobacco use or as a cessation aid.</i></p>	<ul style="list-style-type: none"> CPT: 4004F (screened for tobacco use & received cessation intervention) CPT: 1036F (current tobacco non-user) CPT: 1036F (pt assessed for tobacco use)
2	HTN: Controlling High Blood Pressure	<ul style="list-style-type: none"> Patients 18 –85 years of age who had a dx of HTN and whose blood pressure was adequately controlled (<140/90 mmHg) during the measurement period. Exclusions: Dialysis or renal transplant before or during the measurement period; ESRD; Pregnancy during the measurement period 	<ul style="list-style-type: none"> A diagnosis of essential HTN within the first six months of the measurement period or any time prior to the measurement period but does not end before the start of the measurement period The date and value of the most recent systolic and diastolic blood pressure readings. 	<p>ICD-10 (HTN): I10 - (Use combo code instead, if pt. also has CKD/ESRD and/or HF)</p> <ul style="list-style-type: none"> CPT: 3074F SYSTOLIC BP ≤129mmHg CPT: 3075F SYSTOLIC BP 130-139 mmHg CPT: 3077F SYSTOLIC BP ≥140 mmHg CPT: 3078F DIASTOLIC BP ≥79 mmHg CPT: 3079F DIASTOLIC BP 80-89 mmHg CPT: 3080F DIASTOLIC BP ≥90mmHg
3	Screening for Future Fall Risk	<ul style="list-style-type: none"> Patients 65+ who were screened for future fall risk during the measurement period. Exclusions: medical reason(s) (i.e., pt not ambulatory) 	<ul style="list-style-type: none"> Documentation of whether the patient has been assessed for a history of falls or any fall with injury. Documentation of no falls is sufficient. Gait or balance assessment meets the intent of the measure. Documentation of the reason why the Quality Action is not performed due to an exception. 	<ul style="list-style-type: none"> CPT: 1101F(0-1 falls) CPT: 1100F (2+falls or any fall w/injury)
4	Influenza Immunization	<ul style="list-style-type: none"> Patients aged 6 months+ seen for a visit between October 1 and March 31 who received an influenza immunization OR who reported previous receipt of an influenza immunization. Exclusions: medical reason(s) (i.e., allergy, intolerance); patient reason(s) (i.e., pt declined) system reason(s) (i.e. lack of vaccine availability) 	<ul style="list-style-type: none"> Documentation that the patient received an influenza immunization between August 1, 2023 and March 31, 2024; <u>or</u> Documentation of the reason why the Quality Action is not performed to an exception 	<ul style="list-style-type: none"> CPT: G8482 (Influenza vaccine administered or previously received) <p><i>(No code required on claim if pt. declined)</i></p>
5	Breast Cancer Screening	<ul style="list-style-type: none"> Women 50-74 years of age who had a mammogram to screen for breast cancer during the measurement period or 27 months prior to the end of the measurement period (10/1/22-12/31/24). Exclusions: Bilateral mastectomy or evidence of two unilateral mastectomies 	<ul style="list-style-type: none"> Date the mammogram was performed and the results Documentation of exclusion criteria. <p>Note: The measure steward has clarified that documentation of “abnormal” or “normal” results is considered sufficient documentation of mammography results.</p>	<ul style="list-style-type: none"> CPT: 3014F (results documented & reviewed)

#	Measure Name	Description	Document Requirements	Codes (Updated 04.24.2024)
6	Colorectal Cancer Screening	<ul style="list-style-type: none"> •Patients 50-75 years of age who had appropriate screening for colorectal cancer. •Exclusions : A diagnosis or past history of total colectomy or colorectal cancer 	<ul style="list-style-type: none"> • Fecal occult blood test (FOBT) during the measurement period (2024) • Flexible sigmoidoscopy during the measurement period or 4 years prior to the measurement period (2020-2024) • Colonoscopy during the measurement period or 9 years prior to the measurement period (2015-2024) • CT colonography during the measurement period or the 4 years prior to the measurement period (2020-2024) • Fecal Immunochemical DNA test (FIT-DNA) during the measurement period or 2 years prior to the measurement period (2022-2024) <p>Documentation Requirements: Indication of a current colorectal cancer screening, as evidenced by the completion of one of the tests or procedures within its corresponding timeframe and must indicate the date the screening was performed and the result; or Documentation of exclusion criteria</p> <p>Note : The measure steward has clarified that documentation of “abnormal” or “normal” results is considered sufficient documentation of mammography results.</p>	<ul style="list-style-type: none"> •CPT: 3017F (screening results documented & reviewed)
7	DM: Hemoglobin A1c Poor Control	<ul style="list-style-type: none"> •Patients 18 –75 years of age with diabetes who had hemoglobin A1c > 9.0% during the measurement period. 	<ul style="list-style-type: none"> • A diagnosis of diabetes; and • The date and value of the most recent HbA1c test. <p>NOTE : This is an inverse measure where a lower score indicates better quality.</p>	<ul style="list-style-type: none"> •ICD-10(Diabetes): E08., E09., E10., E11., E13. <p>Use 83036 (+ code reflecting results of most recent HbA1c) :</p> <ul style="list-style-type: none"> •CPT: 3044F (most recent HbA1c < 7.0%) •CPT: 3051F (most recent HbA1c = 7.0-7.9%) •CPT: 3052F (most recent HbA1c = 8.0-8.9%) •CPT: 3046F (most recent HbA1c > 9.0%)
8	Screening for Clinical Depression and Follow-Up Plan	<ul style="list-style-type: none"> •Patients aged 12+ screened for depression on the date of the encounter using an age appropriate standardized depression screening tool AND if positive, a follow-up plan is documented on the date of the positive screen •Exclusion : Active diagnosis for depression or bipolar disorder •Exceptions : medical reason(s) 	<ul style="list-style-type: none"> • The date and results of a named age appropriate standardized depression screening tool. • If a follow-up plan is required, documentation of discussion of the plan must be included. The follow-up plan must be specified as an intervention that pertains to depression. • Documentation of the reason why the Quality Action is not performed due to an exception or exclusion. 	<ul style="list-style-type: none"> •CPT: G8431 (positive screen & f/uplan documented) •CPT: G8510(negative screen documented, f/u plan not required)
9	Depression Remission at 12 Months	<ul style="list-style-type: none"> •Patients 18+ with Major Depression or Dysthymia and an initial PHQ-9 score > 9 who demonstrate remission at twelve months defined as PHQ-9 <5. This measure applies to patients with newly diagnosed and existing depression whose current PHQ-9 score indicates a need for treatment. •Exclusions : Permanent nursing home residents or active diagnosis of bipolar or personality disorder 	<ul style="list-style-type: none"> •A diagnosis of Major Depression or Dysthymia • A PHQ-9 score >9 between 01/01/2023 and 12/31/2024 • A follow-up PHQ-9 score < 5 at 12 months (+/-30 days) after the initial PHQ-9 score > 9. If there is more than one PHQ-9 score obtained between the 11 and 13 month window, select the most recent PHQ-9 date and score within that window <u>or</u> • Documentation of exclusion criteria 	<ul style="list-style-type: none"> •ICD-10: F32. (Major Depression) - prefix for MDD single episode •ICD-10: F33. (Major Depression) - prefix for MDD recurrent •ICD-10: F34. (Dysthymia) - prefix for Persistent Mood disorders •ICD-10: F39. (Dysthymia) - prefix for unspecified Mood disorders •CPT: G9509 (remission of MDD at 12 months)

#	Measure Name	Description	Document Requirements	Codes (Updated 04.24.2024)
10	Prescription for Statin Therapy	<ul style="list-style-type: none"> •Percentage of the following patients—all considered at high risk of CV events—who were prescribed or were on statin therapy during the measurement period •Adults 21+ previously diagnosed with or currently have an active diagnosis of clinical atherosclerotic cardiovascular disease (ASCVD) •Adults 21+ who ever had a fasting or direct low-density lipoprotein cholesterol (LDL-C) level \geq190mg/dL <u>or</u> previously diagnosed with <u>or</u> currently have an active diagnosis of familial <i>pure hypercholesterolemia</i> •Adults 40-75 years with diagnosis of <i>diabetes</i> with fasting or direct LDL-C level of 70-189mg/dL •<u>Exclusion</u> : Pregnancy, breastfeeding or rhabdomyolysis •<u>Exceptions</u> : medical reason(s) 	<ul style="list-style-type: none"> • Active diagnosis of clinical ASCVD; or • Fasting or direct low-density lipoprotein cholesterol (LDL-C) level greater than or equal to 190mg/dL (any time in patient's history, but prior to end of the measurement period) • Active prescription for statin therapy anytime during measurement period; or • Documentation of the reason why the Quality Action is not performed due to an exception or exclusion criteria 	<ul style="list-style-type: none"> •CPT: G9664 (current statin therapy users or received a prescription for statin therapy)