

2016 Quality Provider Plan: Preventive Medicine/Early Detection

The 2016 Quality Provider Plan includes the top measures from HEDIS® and the CMS Star Rating system. The plan includes criteria, exclusions, and helpful tips for providers to incorporate into their practices and workflows. This plan impacts the Medicare Advantage HMO and PPO lines of business. See below for the **preventive medicine/early detection measures** you should focus on in 2016.



Measure	Description	Exclusions	Timeframe	Compliance/Codes	2016 P4P	Helpful tips
<i>Breast Cancer Screening</i>	Women age 50 to 74 who had at least one screening or diagnostic mammogram	Bilateral mastectomy Unilateral mastectomy (must be for left and right breasts)	October 1, 2014 – December 31, 2016	CPT: 77055, 77056, 77057 HCPCS: G0202, G0204, G0206	√	<ul style="list-style-type: none"> Access processes to ensure a mammogram is ordered and performed; processes should include referrals, reminders and tracking Conduct annual wellness visits (AWVs) and review preventive care plan with patients Check MRM™ quality gap report for noncompliant patients
<i>Colorectal Cancer Screening</i>	Members age 50 to 75 who had appropriate screening for colorectal cancer	Colorectal cancer Total colectomy	<i>FOBT:</i> January 1, 2016 – December 31, 2016 (1 year) <i>Sigmoidoscopy:</i> January 1, 2012 – December 31, 2016 (5 years) <i>Colonoscopy:</i> January 1, 2007 – December 31, 2016 (10 years)	CPT: 88270 & 82274 CPT: 45330 – 45342; 45345 HCPCS: G0104 CPT: 44388-44394; 44397; 45378 – 45387; 45391 & 45392; 45355 HCPCS: G0105, G0121	Medicare quality incentive	<ul style="list-style-type: none"> Clearly document patients with exclusions Ensure documentation in medical records include month, year, and results Conduct AWVs and review preventive care plan with patients. Check MRM™ quality gap report for noncompliant patients
<i>Adult BMI Assessment</i>	Members age 18 to 74 who had an outpatient visit and whose body mass index (BMI) was documented		21 and older: January 1, 2015 – December 31, 2016 20 and younger: January 1, 2015 – December 31, 2016	ICD10: Z68.1, Z68.20 – Z68.39, Z68.41 – Z68.45 ICD10: Z68.51 – Z68.54		<ul style="list-style-type: none"> For a compliant patient, use ICD-10 codes for BMI and submit through regular claim submission Documentation in the medical record must include the weight, height, and BMI value (turn on BMI calculation in EMR system)
<i>Osteoporosis Management</i>	Women age 67 to 85 who suffered a fracture and had a bone mineral density test or prescription to treat osteoporosis in the six months after the fracture	Members who had a BMD test 24 months prior to fracture Members who had a claim for osteoporosis therapy 12 months prior to fracture Fractures of finger, toe, face and skull are not included in this measure	<i>New fracture</i> occurred between July 1, 2015 – June 30, 2016	CPT: 76977, 77078, 77080- 77082 & 77085 ICD10: BP48ZZ1, BP49ZZ1, BP4GZZ1, BP4HZZ1, BP4LZZ1, BP4MZZ1, BP4NZZ1, BP4PZZ1, BQ00ZZ1, BQ01ZZ1, BQ03ZZ1, BQ04ZZ1, BR00ZZ1, BR07ZZ1, BR09ZZ1, BR0GZZ1 Osteoporosis therapies: Bisphosphonates and other agents		<ul style="list-style-type: none"> Use the correct diagnosis codes for treatment of a fracture. Claims with codes for new fractures pull patients into the measure; you should not use new fracture diagnosis codes for patients in the recovery or healing phase Codes for traumatic, pathologic, or stress fractures should be reserved for when the patient is receiving active treatment for the fracture, such as surgical treatment or an emergency department encounter Standard orders for bone density for all women that meet the criteria Ask your patient whether or not they had a fracture since last office visit

The CPT and ICD-10 codes listed above are used for compliancy in the quality measures. It does not necessarily indicate that these codes will be reimbursed as part of our fee schedule or another quality program.