

Quality and performance measurement are important aspects of the pediatric medical home and the movement from payment by fee for service alone to value-based payment. Physicians who have successfully participated in quality measurement may see incentive payments such as per-member/per-month payments, annual incentives, or a percentage of savings. Physicians, payers, and accreditation organizations may use codes or claims data as a first line of quality measurement. When diagnosis or procedure codes provide necessary information for reviewing quality performance data, more time-consuming and costly medical record review may be avoided. Clinical registries and other electronic data may also be used in quality measurement. This chapter discusses 2 ways that correct coding may support performance measurement: codes that may support Healthcare Effectiveness Data and Information Set (HEDIS<sup>®</sup>) quality measurement and *Current Procedural Terminology* (CPT<sup>®</sup>) Category II codes.

For more information on value-based payment and other emerging payment models, see Chapter 16 and FAQ: Alternative Payment Methodologies (Appendix B-9).

## Healthcare Effectiveness Data and Information Set (HEDIS)

### Examples

- ▶ A physician sees a 12-year-old girl for a new patient office visit with a chief complaint of acne. The physician identifies that the girl is not up-to-date with immunizations and has not received preventive care in the last year. The physician recommends and provides a preventive medicine service. The encounter includes documentation of the services recommended by the American Academy of Pediatrics (AAP) *Bright Futures: Guidelines for Health Supervision of Infants, Children, and Adolescents*, 3rd Edition, and counseling and administration of age-appropriate immunizations. Documentation does not support a separately identifiable evaluation and management (E/M) service but includes a diagnosis of mild acne vulgaris.

<b>International Classification of Diseases, 10th Revision, Clinical Modification (ICD-10-CM)</b>	<b>CPT</b>
<p><b>Z00.121</b> (encounter for routine child health examination with abnormal findings)</p> <p><b>L70.0</b> (acne vulgaris)</p> <p><b>Z71.3</b> (dietary counseling and surveillance)</p> <p><b>Z68.52</b> (body mass index [BMI] pediatric, 5th percentile to &lt;85th percentile for age)</p> <p><b>Z13.89</b> (encounter for screening for other disorder [alcohol or drug use, depression])</p>	<p><b>99384</b> (initial comprehensive preventive medicine E/M, new patient; age 12–17 years old)</p> <p><b>90460</b> × 4 units (immunization administration, each initial component)</p> <p><b>90461</b> × 2 units (immunization administration, each additional component)</p> <p><b>90686</b> (IIV4 vaccine)</p> <p><b>90649</b> (4-valent human papillomavirus [HPV])</p> <p><b>90734</b> (MenACWY)</p> <p><b>90715</b> (tetanus, diphtheria, acellular pertussis [Tdap])</p> <p><b>99420</b> (administration and interpretation of health risk assessment instrument [alcohol and drug assessment])</p> <p><b>96127</b> (brief emotional/behavioral assessment, with scoring and documentation, per standardized instrument [depression screening])</p>

The physician in this scenario has proactively provided preventive care that is recommended for this patient and, in doing so, is able to report diagnosis and procedure codes demonstrating that quality measures have been met. For instance, HEDIS includes measurements for immunization for meningococcal, tetanus, diphtheria, and pertussis for all adolescents prior to their 13th birthday and HPV for girls prior to their 13th birthday, in addition to measures for adolescent well-care visits, BMI measurement, and counseling on nutrition and physical activity (measure assessed by chart review). There is no *ICD-10-CM* code for reporting counseling about physical activity.

\* HEDIS<sup>®</sup> is a registered trademark of the National Committee for Quality Assurance.