



The measures chosen for 2018 continue to be focused more on outcomes, rather than specific processes as they had been in the past. These measures also are intended to cover a broader range of patients in the practice and include both pediatric and adult patient populations.

More information about the measures and their significance are included in this handout and is taken from the National Quality Measures Clearinghouse information. Please refer any questions or comments to me at joby.kolsun@leememorial.org.

Adolescent Well Care Visit

Why – Adolescents benefit from an annual preventive health care visit that addresses the physical, emotional and social aspects of their health. Adolescence is a time of transition between childhood and adult life and is accompanied by dramatic changes. Accidents, homicide and suicide are the leading causes of adolescent deaths. Sexually transmitted diseases, substance abuse, pregnancy and antisocial behavior are important causes of—or result from—physical, emotional and social adolescent problems.

What - The percentage of patients 12 to 19 years of age who had at least one visit with a primary care practitioner (PCP) or an obstetrics and gynecology (OB/GYN) practitioner during the measurement year.

How

Numerator – One or more visits with a PCP (Ambulatory Visits Value Set, see below) during the measurement year or the year prior to the measurement year. Count all patients who had an ambulatory or preventive care visit with any PCP. Exclude specialist visits.

Denominator – Patients 12 to 19 years as of December 31 of the measurement year.

Exclusions - None

Ambulatory Visit Value Set

CPT codes – 99201, 99202, 99203, 99204, 99205, 99211, 99212, 99213, 99214, 99215, 99241, 99242, 99243, 99244, 99245, 99341, 99342, 99343, 99344, 99345, 99347, 99348, 99349, 99350, 99381, 99382, 99383, 99384, 99385, 99386, 99387, 99391, 99392, 99392, 99393, 99394, 99395, 99396, 99397, 99401, 99402, 99403, 99404, 99411, 99412, 99420, 99429.

HCPCS codes – G0402, G0438, G0439, G0463, and T1015.

ICDM-10 – Z00.00Z00.01, Z00.121, Z00.129, Z00.5, Z00.8, Z02.0, Z02.1, Z02.3, Z02.4, Z02.5, Z02.6, Z02.71, Z02.79, Z02.81, Z02.82, Z02.83, Z02.89, Z02.9.



Pediatric Body Mass Index

Why - One of the most important developments in pediatrics in the past two decades has been the emergence of a new chronic disease: obesity in childhood and adolescence. The rapidly increasing prevalence of obesity among children is one of the most challenging dilemmas currently facing pediatricians. The Centers for Disease Control and Prevention (CDC) states that overweight children and adolescents are more likely to become obese as adults.

What - The percentage of patients 3 to 17 years of age who had an outpatient visit with a primary care practitioner (PCP) or obstetrician/gynecologist (OB/GYN) and who had evidence of body mass index (BMI) percentile documentation during the measurement year.

How

Numerator – Documentation of BMI percentile (BMI Percentile Value Set) during the measurement year.

Denominator - Ages 3–17 years as of December 31 of the measurement year.

Exclusions - Patients who have a diagnosis of pregnancy during the measurement year or the year prior to the measurement year.

Pediatric BMI Percentile Value Set – ICDM-10Codes

Z68.51 less than 5th percentile for age

Z68.52 5th percentile to less than 85th percentile for age

Z68.53 85th percentile to less than 95th percentile for age

Z68.54 greater than or equal to 95th percentile for age

Asthma Medication Compliance > 75%

Why - Pharmacologic therapy is used to prevent and control asthma symptoms, improve quality of life, reduce the frequency and severity of asthma exacerbations, and reverse airflow obstruction.

What - This measure is used to assess the percentage of patients 5 to 18 years of age during the measurement year who were identified as having persistent asthma and who were dispensed appropriate medications that they remained on for at least 75% of their treatment period.

How

Numerator – Patients 5-18 years of age

Denominator –



Step 1 - Identify patients as having persistent asthma who met at least one of the following criteria during both the measurement year and the year prior to the measurement year. Criteria need not be the same across both years.

- At least one ED visit (ED Value Set), with asthma as the principal diagnosis (Asthma Value Set).
- At least one acute inpatient claim/encounter (Acute Inpatient Value Set), with asthma as the principal diagnosis (Asthma Value Set).
- At least four outpatient asthma visits (Outpatient Value Set) or observation visits (Observation Value Set) on different dates of service, with asthma as one of the listed diagnoses (Asthma Value Set) and at least two asthma medication dispensing events (Table MMA-A). Visit type need not be the same for the four visits.
- At least four asthma medication dispensing events (Table MMA-A).

Step 2 - A patient identified as having persistent asthma because of at least four asthma medication dispensing events, where leukotriene modifiers or antibody inhibitors were the sole asthma medication dispensed in that year, must also have at least one diagnosis of asthma (Asthma Value Set), in any setting, in the same year as the leukotriene modifier or antibody inhibitor (i.e., the measurement year or the year prior to the measurement year).

Exclusions – Exclude patients who met any of the following criteria:

- Patients who had any diagnosis from any of the following value sets, any time during the patient’s history through December 31 of the measurement year:
 - Emphysema Value Set.
 - Other Emphysema Value Set.
 - COPD Value Set.
 - Obstructive Chronic Bronchitis Value Set.
 - Chronic Respiratory Conditions Due to Fumes/Vapors Value Set.
 - Cystic Fibrosis Value Set.
 - Acute Respiratory Failure Value Set.
- Patients who have no asthma controller medications (Table MMA-B) dispensed during the measurement year

Table MMA-A: Asthma Medications

Description	Prescriptions		
Antiasthmatic combinations	• Dyphylline-guaifenesin	• Guaifenesin-theophylline	
Antibody inhibitor	• Omalizumab		
Inhaled steroid combinations	• Budesonide-formoterol	• Fluticasone-salmeterol	• Mometasone-formoterol
Inhaled corticosteroids	• Beclomethasone • Budesonide	• Ciclesonide • Flunisolide	• Fluticasone CFC free • Mometasone
Leukotriene modifiers	• Montelukast	• Zafirlukast	• Zileuton
Mast cell stabilizers	• Cromolyn		



Methylxanthines	• Aminophylline	• Dyphylline	• Theophylline
Short-acting, inhaled beta-2 agonists	• Albuterol	• Levalbuterol	• Pirbuterol

Table MMA-B: Asthma Controller Medications

Description	Prescriptions		
Antiasthmatic combinations	• Dyphylline-guaifenesin	• Guaifenesin-theophylline	
Antibody inhibitor	• Omalizumab		
Inhaled steroid combinations	• Budesonide-formoterol	• Fluticasone-salmeterol	• Mometasone-formoterol
Inhaled corticosteroids	• Beclomethasone • Budesonide	• Ciclesonide • Flunisolide	• Fluticasone CFC free • Mometasone
Leukotriene modifiers	• Montelukast	• Zafirlukast	• Zileuton
Mast cell stabilizers	• Cromolyn		
Methylxanthines	• Aminophylline	• Dyphylline	• Theophylline

Well Child Visit 3-6 Years of Life

Why – Regular visits with a pediatrician during the developmental years can ensure appropriate growth and development is occurring while also being able to detect early disease states.

What - This measure will include all children who are at least 2 years and 31 days old but not older than 6 years during the measurement year

How - Continuous medical benefit enrollment for the measurement year (all age stratifications) with no more than one gap in enrollment of up to 45 days during each year of continuous enrollment. The patient must be enrolled as of December 31 of the measurement year.