MOLINA HEALTHCARE QUALITY BULLETIN

Healthy Children

Removal of Telehealth from W30 and WCV HEDIS® Measures

Well-child visits in the first 30 months of life (W30) and child and adolescent well-care visits (WCV) will no longer include telehealth visits in 2025. The telehealth allowance was added temporarily in response to the COVID-19 pandemic. Telehealth visits will no longer help to close gaps in care for W30 and WCV HEDIS® measures for Measurement Year 2025.

The following may help to close W30 and WCV gaps in care:

- Take advantage of every office visit (including sick visits) to complete a well visit.
- Make sports/daycare physicals into well visits by performing required services and submitting appropriate codes.
- Educate parents/caregivers on the importance of well visits.
- Schedule visits within recommended time frames.

Healthy Adults

Yearly Adult Preventative Care Visits

Yearly visits are important to establish a trusting relationship with your adult patients. By encouraging preventative care visits, patients may better understand the importance of primary care, recommended health screenings and managing chronic conditions.

Men often seek primary care health services less than women. According to a study, men seek help for specific health concerns rather than preventative care.[1] Also, men value input from their female partners instead of their male friends for health concerns. Barriers for men seeking care include fear, perception of social roles/masculinity, time, access and lack of male provider options.

Consider educating your adult patients on the importance of yearly visits, including early recognition of symptoms, improving access by expanding office hours or offering telehealth appointments and making reminder calls to decrease no shows.

[1]Tudiver F, Talbot Y. *Why don't men seek help? Family physicians' perspectives on help-seeking behavior in men.* J Fam Pract. 1999 Jan;48(1):47-52. PMID: 9934383.
Baker, P. (2021, March 5). *Men and Primary Care: Removing the Barriers*. Perspectives in Primary Care.
https://info.primarycare.hms.harvard.edu/perspectives/articles/men-primary-care

Women's Health

Chlamydia Screening

Chlamydia is the most reported bacterial sexually transmitted infection in the United States. An estimated three million chlamydia infections occur annually among sexually active adolescents and young adults, according to the World Health Organization.[2]

Untreated chlamydia infections can lead to health complications including pelvic inflammatory disease and infertility. Chlamydia infection also increases the risk of HIV and has been associated with adverse pregnancy.[3]

The HEDIS® measure for chlamydia screening in women looks at the percentage of women aged 16-24 identified as sexually active who had at least one test for chlamydia in the past year.

Current Procedural Terminology (CPT) codes to Identify Chlamydia Screening:

- 75580, 87110, 87270, 87320, 87490-87492, 87810.

Ways to Improve HEDIS® Scores

- Perform chlamydia screening every year on every woman 16-24 years of age, regardless of reported sexual activity (use any visit as an opportunity).
- Add chlamydia screening as a standard lab for women 16-24 years old. Use well-child exams and well women exams for this purpose.
- Ensure that you have an opportunity to speak with your adolescent female patients without their parent.
- A urine specimen is the least invasive way to screen for chlamydia. This can be done during any office visit.
- Set Electronic Medical Record (EMR) alerts to flag patients due for screening.

[2]*Chlamydia*. World Health Organization, 8 Nov. 2024, https://www.who.int/news-room/fact-sheets/detail/chlamydia.
[3]Mohseni, Michael. *Chlamydia*. National Institute of Health, U.S. National Library of Medicine, 8 Aug. 2023, www.ncbi.nlm.nih.gov/books/NBK537286/.

Chronic Conditions

New HEDIS® Measure-Blood Pressure Control for Patients with Hypertension (BPC-E)

The percentage of members 18-85 years of age who had a diagnosis of hypertension (HTN) and whose blood pressure (BP) was <140/90 mm Hg during the measurement year.

- This new measure has two key modifications from the Controlling High Blood Pressure (CBP) HEDIS® measure, which uses the Hybrid reporting method

(including medical record review) and a denominator that may miss many people with hypertension who should be included in the measure:
    - It uses the Electronic Clinical Data System (ECDS) reporting method.
    - The denominator includes a pharmacy data method with a hypertension diagnosis.
    - This measure is stratified by race and ethnicity.

Ways Providers Can Improve HEDIS® Performance

- Ensure that sphygmomanometers are annually calibrated.
- Upgrading to automated blood pressure machines can reduce human error that is commonly associated with auscultatory measurements and provide more accurate readings.
- Retake the BP if reading is high at the office visit (≥140/90 mm Hg), as HEDIS® allows the use of the lowest systolic and diastolic readings on the same day, and often, the second reading is lower.
- Remind the patients that need to fast for labs that they should continue to take their anti-hypertensive medications with water.
- Do not round BP values up. If using an automated machine, record exact values.
- Review the patient's hypertensive medication history and compliance to consider modifying treatment plans for uncontrolled blood pressure, as needed.
- Recommend that patients with elevated BP return in three months or prior to December 31 for retesting.
- Review exclusions and code appropriately for the patient to be removed from the measure.
- Have coders add relevant CPT II codes (listed below) to claims to alleviate the need to submit medical records.
- Periodically audit staff for appropriate techniques. (For example, ensure patients are still and quiet five minutes prior to testing. They should be sitting comfortably with feet uncrossed and flat on the floor and arm resting at heart level with a proper fitting cuff on bare skin.)
- Upload medical record that contains BP values (e.g., vitals extracts) in Availity HEDIS® Portlet, Cozeva, fax, etc. to close a data gap if the patient has a BP on file.

Codes Included in the Current HEDIS® Measure

Description	Code
Essential Hypertension	• **International Classification of Diseases (ICD)-10:** I10
Outpatient and Telehealth **without**	• **CPT:** 98966-98968, 98970-98972, 98980, 98981, 99202-99205, 99211-99215, 99242-99245, 99341-99342, 99344-99345, 99347-

UBREV (Uniform Billing Revenue Code)	99350, 99381-99387, 99391-99397, 99401-99404, 99411, 99412, 99421-99423, 99429, 99441-99443, 99455-99458, 99483 • **Healthcare Common Procedure Coding System (HCPCS):** G0071, G0402, G0438, G0439, G0463, G2010, G2012, G2250-G2252, T1015
Exclude Settings/Visits:	
Acute Inpatient	• **CPT:** 99221-99223, 99231-99236, 99238, 99239, 99251-99255, 99255
Acute Inpatient Place of Service (POS)	• **POS:** 21, 51
Emergency Department (ED)	• **CPT:** 99281-99285 • **UBREV:** 0450-0452, 0456, 0459, 0981

Codes to Identify Blood Pressure Readings

Description	Code
Systolic Blood Pressure	• **CPT II:** 3074F (Less than 130 mm Hg) • **CPT II:** 3075F (Between 130-139 mm Hg) • **CPT II:** 3077F (Greater than/equal to 140 mm Hg) Note: • Do not include codes with CPT CAT II Modifier: 1P-2P, 8P. • Do not include BPs taken in an acute inpatient setting or during an ED visit with POS 23.
Diastolic Blood Pressure	• **CPT II:** 3078F (Less than 80 mm Hg) • **CPT II:** 3079F (Between 80-89 mm Hg) • **CPT II:** 3080F (Greater than/equal to 90 mm Hg) Note: • Do not include codes with CPT CAT II Modifier: 1P-2P, 8P. • Do not include BPs taken in an acute inpatient setting or during an ED visit with POS 23.

Older Adults

Breast Cancer Screening for Older Adults

Breast cancer is the second leading cause of death from cancer in American women, second only to lung cancer. According to the American Cancer Society (ACS),

besides being a woman, older age is the main risk factor for breast cancer.[4] The chance of getting breast cancer increases with age.

The ACS reports that breast cancer death rates have been decreasing steadily since 1989.[4] The overall rate of decline is 44% through 2022. Early detection through screening, increased awareness and better treatments are key factors in reducing breast cancer death rates.

Current ACS guidelines recommend that women who are age 65 and older and at average risk should get a screening mammogram every other year, or can choose to continue yearly screening. It also recommends that screening continue if an older woman is in good health and expected to live at least 10 more years.

Did You Know?

- In Ohio, breast cancer occurred most often among women 65-74 years during 2015-2019.[5]
- Deaths due to breast cancer in Ohio occurred most often among women ages 65-74 years (24.5%) during the same period.[5]

Clinicians can fully engage and support older women in the breast screening process by using shared decision making and health decision aids to guide discussions about risks and benefits in their individual case. This allows older patients to make informed decisions as they age.

Molina Healthcare of Ohio, Inc. tracks the percentage of members 50-74 years of age who are recommended for a routine breast cancer screening and had a mammogram to screen for breast cancer. See coding tips for breast cancer screening below.

Breast Cancer Screening (BCS-E)

Description	**Code**
Mammography	**CPT:** 77061-77063, 77065-77067
Measure Common Exclusions	
Description	**Code**
Absence of Left Breast	**ICD-10**: Z90.12
Absence of Right Breast	**ICD-10:** Z90.11
Bilateral Mastectomy	**ICD-10:** OHTV0ZZ
History of Bilateral Mastectomy	**ICD-10:** Z90.13
Unilateral Mastectomy	**CPT:** 19180, 19200, 19220, 19240, 19303-19307
Unilateral Mastectomy Left	**ICD-10:** OHTU0ZZ
Unilateral Mastectomy Right	**ICD-10:** OHTT0ZZ

[4]American Cancer Society. (2025). *Breast Cancer*.
https://www.cancer.org/cancer/types/beast-cancer.html
[5]Ohio Department of Health. (2022). *Breast Cancer in Ohio 2022*.
https://odh.ohio.gov/wps/wcm/connect/gov/601efde9-b8c2-4b27-aa05-3592e4d7cba3/Breast+Cancer+in+Ohio+2022+Final.pdf?MOD=AJPERES

Questions?

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