MOLINA® HEALTHCARE QUALITY BULLETIN

Cervical Cancer Screenings

In 2018, 56 percent of Molina members who needed a cervical cancer screening received one. This is just above the National Committee on Quality Assurance (NCQA) 33rd percentile. To help improve the screening rate for our members, we are asking that you recommend this screening to all women of reproductive age. Screening rates among primary care offices who perform this service are higher than offices who do not.

The following guidelines are recommended for asymptomatic women:

- Avoid screenings in women under 21 due to low incidence of cervical cancer and the potential for unnecessary testing and harm.
- Screenings every three years for women between 21 and 29. Interim guidance from the ASCCP and Society of Gynecologic Oncology also supports HPV screening in women 25 years and older as an alternative to cytology.
- Engage cytology with high-risk HPV co-testing for women ages 30 to 65 every five years.
- Discontinue screening at 65 years of age if a patient is low risk, defined by three consecutive negative cytology results or two negative results in a row within the past 10 years, with the most recent test performed within the last five years.
- Discontinue screening in women who have had a hysterectomy with removal of the cervix for benign indications.

The guidelines above are recommended best practices according to the American College of Physicians, the U.S. Preventive Services Task Force, the American Congress of Obstetricians and Gynecologists, the American Cancer Society, the American Society for Colposcopy and Cervical Pathology (ASCCP) and the Society of Gynecologic Oncology.

Thanks to widespread use of the pap test and proactive efforts to address cervical health in women, deaths associated with this form of cancer continue to decline by a couple of percentage points each year. The medical community can continue advancing this positive trend by understanding risk factors, educating patients and following evidence-based guidelines for screenings. If Molina can support you in improving cervical cancer screening rates, we would like to hear from you!

Submit BMI Assessments with ICD-10 Codes

BMI Assessments must be submitted with ICD-10 diagnosis codes to count as HEDIS hits. Please use the following ICD-10 diagnosis codes when submitting claims or records:

Adult BMI	ICD-10 Codes
19 or lower	Z68.1
20-24	Z68.20-Z68.24
25-29	Z68.25-Z68.29
30-39.9	Z68.30-Z68.39
40 or higher	Z68.41-Z68.45
Pediatric BMI Percentile for Age	**ICD-10 Codes**
<5th percentile	Z68.51
5th to<85th percentile	Z68.52
85th to <95th percentile	Z68.53
Less than or equal to 95th percentile	Z68.54

In the past, Molina has notified providers that CPT II codes are needed to receive BMI results. Please disregard this previous instruction. For the results to count for HEDIS, ICD-10 diagnosis codes are the only acceptable coding on claims and records.

Molina Team Graduates from IHI Course

Molina's second Institute for Healthcare Improvement (IHI) quality improvement model class graduated in April. The Ohio Department of Medicaid course, led by the Anderson Center of Cincinnati Children's, includes seven all-day training sessions focused on quality improvement techniques and tools to improve health care. The interactive educational classes encourage participants to use rapid cycle quality improvement to test changes that lead to sustainable improvement. The graduates are eager to continue using the IHI model to improve processes for better health outcomes for our members. If you would like to partner with Molina on a quality improvement project, please reach out to us! Molina plans to send more teams through the training, eventually spreading this model throughout the organization

Coding Tips for Pregnancy Related Services

Diagnosis and CPT coding has an impact on more than just claims payment. Molina relies on claims data to support our member incentive programs like **Pregnancy Rewards**, case management, risk adjustment, and quality reporting to ODM and other industry regulators. Proper claims coding also impacts providers' shared savings opportunities under value-based reimbursement programs like Comprehensive Primary Care (CPC) and Episodes of Care.

ICD-10-CM Diagnosis Coding
Pre-natal Care for Normal Pregnancy*
*Do not use these codes if the mother has a condition that is related to, complicating, or complicated by pregnancy. Instead code from chapter O00-O9A.

Z34.0 Encounter for supervision of normal first pregnancy
- Z34.00 …… unspecified trimester
- Z34.01 …… first trimester
- Z34.02 …… second trimester
- Z34.03 …… third trimester

Z34.8 Encounter for supervision of other normal pregnancy
- Z34.80 …… unspecified trimester
- Z34.81 …… first trimester
- Z34.82 …… second trimester
- Z34.83 …… third trimester

Z34.9 Encounter for supervision of normal pregnancy, unspecified
- Z34.90 …… unspecified trimester
- Z34.91 …… first trimester
- Z34.92 …… second trimester
- Z34.93 …… third trimester

Chapter O00-O9A
Codes from this chapter are for use only on maternal records. Do not code from this section if coding for supervision of normal pregnancy Z34. Codes from this chapter are used for conditions related to or aggravated by pregnancy, childbirth, or the puerperium (maternal causes or obstetric causes). Common coding errors include omitting these codes on maternal claims and using these

codes on non-pregnant women. Please use all codes that apply and code to the highest level of specificity.

- O00-O08 Pregnancy with abortive outcome

- O09-O09 Supervision of high risk pregnancy

- O10-O16 Edema, proteinuria and hypertensive disorders in pregnancy, childbirth and the puerperium

- O20-O29 Other maternal disorders predominantly related to pregnancy

- O30-O48 Maternal care related to the fetus and amniotic cavity and possible delivery problems

- O60-O77 Complications of labor and delivery

- O80-O82 Encounter for delivery

- O85-O92 Complications predominantly related to the puerperium

- O94-O9A Other obstetric conditions, not elsewhere classified

Gestational age – Providers should use additional code from category Z3A, weeks of gestation, to identify the specific week of the pregnancy, if known. If gestation is unknown, Z3A.00 should be reported (gestation not specified).

Safety Guidelines from Ohio Minds Matter

Patients age 1 to 17 who are on two or more concurrent antipsychotics for at least 90 consecutive days fall into the HEDIS Multiple Concurrent Antipsychotics in Children and Adolescents (APC) measure. HEDIS maintains specific safety guidelines in prescribing multiple antipsychotic medications to children and adolescents because long-term consequences are not well understood and there is a high risk of side effects and drug interactions. In particular, youth in foster care demonstrate higher utilization rates of antipsychotics.

Ohio Minds Matter, a medication quality improvement collaborative, recommends the following:
- Multiple psychotropic medications or polypharmacy should be avoided whenever possible because it increases difficulty to assess and manage drug efficacy, safety, and tolerability.
- Prescribing more than one psychotropic medication in the same class is not recommended because there is little to no evidence that it is advantageous in children and adolescents and it increases the risk of side effects and drug interactions.

Ohio Minds Matter works with various health care leaders and medical professionals to improve effective treatment for children with complex behavioral health needs by reducing medication-related adverse effects. For safety guidelines and additional resources, visit http://ohiomindsmatter.org.

Questions?

Provider Services – (855) 322-4079
8 a.m. to 5 p.m., Monday to Friday
(MyCare Ohio available until 6 p.m.)

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