

Ambulatory Care: Emergency Department, Outpatient, and Avoidable Emergency Department Visits

Measure Basic Information

Name and date of specifications used: OHA uses HEDIS® MY2020/2021 Technical Specifications for Health Plans, Volume 2 for Ambulatory ED and Outpatient Visits measures, and California Department of Health Care Services Medi-Cal Managed Care Division’s statewide collaborative quality improvement project on avoidable ER visits. The Medi-Cal Managed Care Division has stopped maintaining the measurement specification, and in order to accommodate the transition from ICD-9 to ICD-10 coding since October 2015, OHA utilized CMS General Equivalence Mappings (GEMs) to create the ICD-10 code set for identify qualifying numerator ED visits.

URL of Specifications:

http://www.dhcs.ca.gov/dataandstats/reports/Documents/MMCD_Qual_Rpts/EQRO_QIPs/CA2011-12_QIP_Coll_ER_Remeasure_Report.pdf (Appendix A-1).

<https://www.cms.gov/Medicare/Coding/ICD10/2016-ICD-10-CM-and-GEMs.html>

Measure Type:

HEDIS (AMB_ED and AMB_OP) PQI Survey Other Specify: California Department of Health Care Services Medi-Cal Managed Care Division with OHA updates to ICD-10 codes

Measure Utility:

CCO Incentive State Quality CMS Adult Core Set CMS Child Core Set
 Other Specify:

Data Source: MMIS/DSSURS

Measurement Period: January 1, 2020 – December 31, 2020; January 1, 2021 – December 31, 2021

Benchmarks:

Benchmark for OHA measurement year	2013	2014	2015	2016	2017	2018	2019	2020	2021
AMB_ED	44.4	44.6	39.4	39.8	42.9	44.2	43.1	42.2	TBD
Source:	Prior year national Medicaid 90 th percentile								
AMB_OP	N/A (reporting-only)								
AVOID_ED	N/A (reporting-only)								

Measure changes in specifications from 2019 to MY2020/2021:

- OHA combines three related measures: Ambulatory Care ED, Outpatient, and Avoidable ED utilization into one specification sheet.
- HEDIS MY2020/2021 added 15 codes in the Online Assessments Value Set.

Member type: CCO A CCO B CCO G

Specify claims used in the calculation:

AMB_ED AMB_OP AVOID_ED	Only use claims from matching CCO that a member is enrolled with	Denied claims included
Numerator event	Y	N

Measure Details

Data elements required denominator: 1,000 member months of all members enrolled with a CCO in the measurement year.

Required exclusions for denominator: Members in hospice are excluded from this measure. These members are identified using HEDIS MY2020/2021 Hospice Encounter Value Set and Hospice Intervention Value Set, with claims within the measurement year. (See HEDIS MY2020/2021 General Guideline 17 for detail.)

Hospice Encounter Value Set	
CPT/HCPCS	UBREV
G9473-G9479, Q5003-Q5008, Q5010, S9126, T2042-T2046	0115, 0125, 0135, 0145, 0155, 0235, 0650-0652, 0655-0659

Hospice Intervention Value Set	
CPT/HCPCS	
99377, 99378, G0182	

Note HEDIS 2020 included SNOMED CT codes in Hospice Encounter Value Set and Hospice Intervention Value Set which are not in the administrative claims data that OHA uses for the measure, therefore these codes are omitted in the above code tables.

Deviations from cited specifications for denominator: None.

Continuous enrollment criteria: None.

Allowable gaps in enrollment: N/A.

Anchor Date: None.

Data elements required numerator:

Numerator for Emergency Department Visits – Total number of emergency department visits from the denominator members (all members excluding hospice), during the enrollment span with the organization within the measurement year. Count each visit to an ED that does not result in an inpatient encounter once; count multiple ED visits on the same date of service as one visit. Emergency Department visits are specified by the following codes:

ED Value Set	
CPT	UB Revenue
99281-99285	0450, 0451, 0452, 0456, 0459, 0981

OR

ED Procedure Code Value Set	With	ED POS Value Set
CPT		POS
Total of 5,843 CPT codes are included. See HEDIS MY2020/2021 Value Set Dictionary for detail		23

Do not include ED visits that result in an inpatient stay (Inpatient Stay Value Set).

HEDIS MY2020/2021 General Guideline 44: When an outpatient, ED or observation visit and an inpatient stay are billed on separate claims, the visit results in a stay when the visit date of service occurs on the day prior to the admission date or any time during the admission (admission date through discharge date). A visit billed on the same claim as a stay is considered a visit that resulted in a stay

Inpatient Stay Visits Value Set	
UBREV	0100, 0101, 0110 – 0114, 0116 – 0124, 0126 – 0134, 0136 – 0144, 0146 – 0154, 0156 – 0160, 0164, 0167, 0169 – 0174, 0179, 0190 – 0194, 0199 – 0204, 0206 – 0214, 0219, 1000 – 1002

Numerator for Outpatient Visits - Total number of outpatient visits from the denominator members (all members excluding hospice), during the enrollment span with the organization within the measurement year. Count multiple codes with the same practitioner on the same date of service as a single visit. Count visits with different practitioners separately (count visits with different providers on the same date of service as different visits). Outpatient visits are specified by the following codes:

Ambulatory Outpatient Visits Value Set	
CPT	92002, 92004, 92012, 92014, 99201 - 99205, 99211 - 99215, 99241 - 99245, 99304 - 99310, 99315, 99316, 99318, 99324 - 99328, 99334 - 99337, 99341 - 99345, 99347 - 99350, 99381 - 99387, 99391 - 99397, 99401 - 99404, 99411, 99412, 99429, 99461, 99483
HCPCS	G0463, T1015
UBREV	0510 - 0517, 0519 - 0529, 0982, 0983

OR

Telephone Visits Value Set	
CPT	98966-98968, 99441-99443

OR

Online Assessments Value Set	
CPT	98969-98972, 99421-99423, 99444, 99457, G0071, G2010, G2012, G2061-G2063

Numerator for Avoidable ED Visits

Step1, identify all ED visits following the methods in ‘Numerator for Emergency Department Visits’ section above.

Step2, identify a subset of avoidable ED visits as those visits with a primary diagnosis in the Avoidable ED Numerator Diagnosis Code Set below. Note these diagnosis codes were defined by the California Department of Health Services¹ prior to 2015 using ICD-9 diagnosis codes; OHA utilized CMS 2016 General Equivalence Mappings (GEMs) to update numerator avoidable ED diagnosis codes into ICD-10 coding system:

Avoidable ED Numerator Diagnosis Code Set	
ICD10-CM	ICD10_Desc
B354	Tinea corporis
B355	Tinea imbricata
B370	Candidal stomatitis
B372	Candidiasis of skin and nail
B373	Candidiasis of vulva and vagina
B3741	Candidal cystitis and urethritis
B3742	Candidal balanitis
B3749	Other urogenital candidiasis
B3781	Candidal esophagitis
B3782	Candidal enteritis
B3783	Candidal cheilitis
B3784	Candidal otitis externa
B3789	Other sites of candidiasis
B379	Candidiasis, unspecified
B86	Scabies
B880	Other acariasis
B889	Infestation, unspecified
G441	Vascular headache, not elsewhere classified
H01141	Xeroderma of right upper eyelid
H01142	Xeroderma of right lower eyelid
H01143	Xeroderma of right eye, unspecified eyelid
H01144	Xeroderma of left upper eyelid
H01145	Xeroderma of left lower eyelid
H01146	Xeroderma of left eye, unspecified eyelid
H01149	Xeroderma of unspecified eye, unspecified eyelid
H10011	Acute follicular conjunctivitis, right eye

¹ For reference, see Appendix A for the original list of ICD-9 diagnosis codes here:

http://www.dhcs.ca.gov/dataandstats/reports/Documents/MMCD_Qual_Rpts/EQRO_QIPs/CA2011-12_QIP_Coll_ER_Remeasure_Report.pdf

Avoidable ED Numerator Diagnosis Code Set	
ICD10-CM	ICD10_Desc
H10012	Acute follicular conjunctivitis, left eye
H10013	Acute follicular conjunctivitis, bilateral
H10019	Acute follicular conjunctivitis, unspecified eye
H10021	Other mucopurulent conjunctivitis, right eye
H10022	Other mucopurulent conjunctivitis, left eye
H10023	Other mucopurulent conjunctivitis, bilateral
H10029	Other mucopurulent conjunctivitis, unspecified eye
H1010	Acute atopic conjunctivitis, unspecified eye
H1011	Acute atopic conjunctivitis, right eye
H1012	Acute atopic conjunctivitis, left eye
H1013	Acute atopic conjunctivitis, bilateral
H10221	Pseudomembranous conjunctivitis, right eye
H10222	Pseudomembranous conjunctivitis, left eye
H10223	Pseudomembranous conjunctivitis, bilateral
H10229	Pseudomembranous conjunctivitis, unspecified eye
H10231	Serous conjunctivitis, except viral, right eye
H10232	Serous conjunctivitis, except viral, left eye
H10233	Serous conjunctivitis, except viral, bilateral
H10239	Serous conjunctivitis, except viral, unspecified eye
H1030	Unspecified acute conjunctivitis, unspecified eye
H1031	Unspecified acute conjunctivitis, right eye
H1032	Unspecified acute conjunctivitis, left eye
H1033	Unspecified acute conjunctivitis, bilateral
H10401	Unspecified chronic conjunctivitis, right eye
H10402	Unspecified chronic conjunctivitis, left eye
H10403	Unspecified chronic conjunctivitis, bilateral
H10409	Unspecified chronic conjunctivitis, unspecified eye
H10411	Chronic giant papillary conjunctivitis, right eye
H10412	Chronic giant papillary conjunctivitis, left eye
H10413	Chronic giant papillary conjunctivitis, bilateral
H10419	Chronic giant papillary conjunctivitis, unspecified eye
H10421	Simple chronic conjunctivitis, right eye
H10422	Simple chronic conjunctivitis, left eye
H10423	Simple chronic conjunctivitis, bilateral
H10429	Simple chronic conjunctivitis, unspecified eye
H10431	Chronic follicular conjunctivitis, right eye
H10432	Chronic follicular conjunctivitis, left eye
H10433	Chronic follicular conjunctivitis, bilateral
H10439	Chronic follicular conjunctivitis, unspecified eye

Avoidable ED Numerator Diagnosis Code Set	
ICD10-CM	ICD10_Desc
H1044	Vernal conjunctivitis
H1045	Other chronic allergic conjunctivitis
H10501	Unspecified blepharoconjunctivitis, right eye
H10502	Unspecified blepharoconjunctivitis, left eye
H10503	Unspecified blepharoconjunctivitis, bilateral
H10509	Unspecified blepharoconjunctivitis, unspecified eye
H10511	Ligneous conjunctivitis, right eye
H10512	Ligneous conjunctivitis, left eye
H10513	Ligneous conjunctivitis, bilateral
H10519	Ligneous conjunctivitis, unspecified eye
H10521	Angular blepharoconjunctivitis, right eye
H10522	Angular blepharoconjunctivitis, left eye
H10523	Angular blepharoconjunctivitis, bilateral
H10529	Angular blepharoconjunctivitis, unspecified eye
H10531	Contact blepharoconjunctivitis, right eye
H10532	Contact blepharoconjunctivitis, left eye
H10533	Contact blepharoconjunctivitis, bilateral
H10539	Contact blepharoconjunctivitis, unspecified eye
H1089	Other conjunctivitis
H109	Unspecified conjunctivitis
H66001	Acute suppr otitis media w/o spon rupt ear drum, right ear
H66002	Acute suppr otitis media w/o spon rupt ear drum, left ear
H66003	Acute suppr otitis media w/o spon rupt ear drum, bilateral
H66004	Ac suppr otitis media w/o spon rupt ear drum, recur, r ear
H66005	Ac suppr otitis media w/o spon rupt ear drum, recur, l ear
H66006	Acute suppr otitis media w/o spon rupt ear drum, recur, bi
H66007	Ac suppr otitis media w/o spon rupt ear drum, recur, unsp ear
H66009	Acute suppr otitis media w/o spon rupt ear drum, unsp ear
H66011	Acute suppr otitis media w spon rupt ear drum, right ear
H66012	Acute suppr otitis media w spon rupt ear drum, left ear
H66013	Acute suppr otitis media w spon rupt ear drum, bilateral
H66014	Acute suppr otitis media w spon rupt ear drum, recur, r ear
H66015	Acute suppr otitis media w spon rupt ear drum, recur, l ear
H66016	Acute suppr otitis media w spon rupt ear drum, recurrent, bi
H66017	Ac suppr otitis media w spon rupt ear drum, recur, unsp ear
H66019	Acute suppr otitis media w spon rupt ear drum, unsp ear
H6610	Chronic tubotympanic suppurative otitis media, unspecified
H6611	Chronic tubotympanic suppurative otitis media, right ear
H6612	Chronic tubotympanic suppurative otitis media, left ear

Avoidable ED Numerator Diagnosis Code Set	
ICD10-CM	ICD10_Desc
H6613	Chronic tubotympanic suppurative otitis media, bilateral
H6620	Chronic atticoantral suppurative otitis media, unsp ear
H6621	Chronic atticoantral suppurative otitis media, right ear
H6622	Chronic atticoantral suppurative otitis media, left ear
H6623	Chronic atticoantral suppurative otitis media, bilateral
H663X1	Other chronic suppurative otitis media, right ear
H663X2	Other chronic suppurative otitis media, left ear
H663X3	Other chronic suppurative otitis media, bilateral
H663X9	Other chronic suppurative otitis media, unspecified ear
H6640	Suppurative otitis media, unspecified, unspecified ear
H6641	Suppurative otitis media, unspecified, right ear
H6642	Suppurative otitis media, unspecified, left ear
H6643	Suppurative otitis media, unspecified, bilateral
H6690	Otitis media, unspecified, unspecified ear
H6691	Otitis media, unspecified, right ear
H6692	Otitis media, unspecified, left ear
H6693	Otitis media, unspecified, bilateral
H70091	Acute mastoiditis with other complications, right ear
H70092	Acute mastoiditis with other complications, left ear
H70093	Acute mastoiditis with other complications, bilateral
H70099	Acute mastoiditis with other complications, unspecified ear
J00	Acute nasopharyngitis [common cold]
J028	Acute pharyngitis due to other specified organisms
J029	Acute pharyngitis, unspecified
J060	Acute laryngopharyngitis
J069	Acute upper respiratory infection, unspecified
J208	Acute bronchitis due to other specified organisms
J209	Acute bronchitis, unspecified
J310	Chronic rhinitis
J311	Chronic nasopharyngitis
J312	Chronic pharyngitis
J320	Chronic maxillary sinusitis
J321	Chronic frontal sinusitis
J322	Chronic ethmoidal sinusitis
J323	Chronic sphenoidal sinusitis
J324	Chronic pansinusitis
J328	Other chronic sinusitis
J329	Chronic sinusitis, unspecified
J3501	Chronic tonsillitis

Avoidable ED Numerator Diagnosis Code Set	
ICD10-CM	ICD10_Desc
J3502	Chronic adenoiditis
J3503	Chronic tonsillitis and adenoiditis
J351	Hypertrophy of tonsils
J352	Hypertrophy of adenoids
J353	Hypertrophy of tonsils with hypertrophy of adenoids
J358	Other chronic diseases of tonsils and adenoids
J359	Chronic disease of tonsils and adenoids, unspecified
L298	Other pruritus
L299	Pruritus, unspecified
L740	Miliaria rubra
L741	Miliaria crystallina
L742	Miliaria profunda
L743	Miliaria, unspecified
M532x8	Spinal instabilities, sacral and sacrococcygeal region
M533	Sacrococcygeal disorders, not elsewhere classified
M5403	Panniculitis aff regions of neck/bk, cervicothor region
M5404	Panniculitis affecting regions of neck/bk, thoracic region
M5405	Panniculitis affecting regions of neck/bk, thoracolum region
M5406	Panniculitis affecting regions of neck/bk, lumbar region
M5407	Panniculitis affecting regions of neck/bk, lumbosacr region
M5408	Panniculitis aff regions of neck/bk, sacr/sacrocygl region
M5409	Panniculitis aff regions, neck/bk, multiple sites in spine
M545	Low back pain
M5489	Other dorsalgia
M549	Dorsalgia, unspecified
M62830	Muscle spasm of back
N3000	Acute cystitis without hematuria
N3001	Acute cystitis with hematuria
N3010	Interstitial cystitis (chronic) without hematuria
N3011	Interstitial cystitis (chronic) with hematuria
N3020	Other chronic cystitis without hematuria
N3021	Other chronic cystitis with hematuria
N3030	Trigonitis without hematuria
N3031	Trigonitis with hematuria
N3040	Irradiation cystitis without hematuria
N3041	Irradiation cystitis with hematuria
N3080	Other cystitis without hematuria
N3081	Other cystitis with hematuria
N3090	Cystitis, unspecified without hematuria

Avoidable ED Numerator Diagnosis Code Set	
ICD10-CM	ICD10_Desc
N3091	Cystitis, unspecified with hematuria
N390	Urinary tract infection, site not specified
N72	Inflammatory disease of cervix uteri
N760	Acute vaginitis
N761	Subacute and chronic vaginitis
N762	Acute vulvitis
N763	Subacute and chronic vulvitis
N771	Vaginitis, vulvitis and vulvovaginitis in diseases classified elsewhere
N978	Female infertility of other origin
R51	Headache
Z0000	Encntr for general adult medical exam w/o abnormal findings
Z0000	Encounter for general adult medical examination without abnormal findings
Z0001	Encounter for general adult medical exam w abnormal findings
Z005	Encounter for exam of potential donor of organ and tissue
Z006	Encntr for exam for nrml cmprsn and ctrl in clncl rsrch prog
Z0070	Encntr for exam for delay growth in chldhd w/o abn findings
Z0071	Encntr for exam for delay growth in chldhd w abn findings
Z008	Encounter for other general examination
Z0100	Encounter for exam of eyes and vision w/o abnormal findings
Z0101	Encounter for exam of eyes and vision w abnormal findings
Z0110	Encounter for exam of ears and hearing w/o abnormal findings
Z01110	Encounter for hearing exam following failed hear screening
Z01118	Encntr for exam of ears and hearing w oth abnormal findings
Z0112	Encounter for hearing conservation and treatment
Z0120	Encounter for dental exam and cleaning w/o abnormal findings
Z0121	Encounter for dental exam and cleaning w abnormal findings
Z0130	Encounter for exam of blood pressure w/o abnormal findings
Z0131	Encounter for exam of blood pressure w abnormal findings
Z01411	Encntr for gyn exam (general) (routine) w abnormal findings
Z01419	Encntr for gyn exam (general) (routine) w/o abn findings
Z0142	Encntr for cerv smear to cnfrm norm smr fol init abn smear
Z01810	Encounter for preprocedural cardiovascular examination
Z01811	Encounter for preprocedural respiratory examination
Z01812	Encounter for preprocedural laboratory examination
Z01818	Encounter for other preprocedural examination
Z0182	Encounter for allergy testing
Z0183	Encounter for blood typing
Z0184	Encounter for antibody response examination
Z0189	Encounter for other specified special examinations

Avoidable ED Numerator Diagnosis Code Set	
ICD10-CM	ICD10_Desc
Z020	Encounter for exam for admission to educational institution
Z021	Encounter for pre-employment examination
Z022	Encounter for exam for admission to residential institution
Z023	Encounter for examination for recruitment to armed forces
Z024	Encounter for examination for driving license
Z025	Encounter for examination for participation in sport
Z026	Encounter for examination for insurance purposes
Z0271	Encounter for disability determination
Z0279	Encounter for issue of other medical certificate
Z0281	Encounter for paternity testing
Z0282	Encounter for adoption services
Z0283	Encounter for blood-alcohol and blood-drug test
Z0289	Encounter for other administrative examinations
Z029	Encounter for administrative examinations, unspecified
Z046	Encntr for general psychiatric exam, requested by authority
Z048	Encounter for examination and observation for oth reasons
Z049	Encounter for examination and observation for unspecified reason
Z08	Encntr for follow-up exam after trtmt for malignant neoplasm
Z09	Encntr for f/u exam aft trtmt for cond oth than malig neoplsm
Z09	Encounter for follow-up examination after completed treatment for conditions other than malignant neoplasm
Z3200	Encounter for pregnancy test, result unknown
Z3201	Encounter for pregnancy test, result positive
Z3202	Encounter for pregnancy test, result negative
Z760	Encounter for issue of repeat prescription

Required exclusions for numerator (for all three sub-measures): Mental health and chemical dependency services are excluded, using the following codes. Note OHA applies the exclusions at the claim line level and keeps all paid ED claim lines that do not have the exclusion codes, i.e., unless the entire claim was denied or all claim lines qualify for exclusion, the remaining paid lines without mental health and chemical dependency services would pass through the algorithm.

Mental and Behavioral Disorders Value Set
<i>Principal ICD-10 CM Diagnosis</i>
Total of 745 diagnosis codes are included. See HEDIS MY2020/2021 Value Set Dictionary for detail

OR

Psychiatry Value Set
CPT

90785, 90791, 90792, 90832 – 90834, 90836 – 90840, 90845 – 90847, 90849, 90853, 90863, 90865, 90867 - 90870, 90875, 90876, 90880, 90882, 90885, 90887, 90889, 90899

OR

Electroconvulsive Therapy Value Set	
CPT	ICD-10 PCS Procedure
90870	GZB0ZZZ, GZB1ZZZ, GZB2ZZZ, GZB3ZZZ, GZB4ZZZ

Deviations from cited specifications for numerator: None.

Report each measure separately:

Total Denominator (1000 member months from all members excluding hospice)	Ambulatory ED Visits		Ambulatory Outpatient Visits		Avoidable ED Visits	
	Numerator (Visits)	Rate (Visits per 1,000 member months)	Numerator (Visits)	Rate (Visits per 1,000 member months)	Numerator (Visits)	Rate (Visits per 1,000 member months)