| | Measure 0004: Initiation and Engagement of Alcohol and Other Drug Abuse or Dependence Treatment (National Committee for Quality Assurance) |
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| **Description** | The percentage of adolescent and adult patients with a new episode of alcohol or other drug (AOD) dependence who received the following.<br><br>- Initiation of AOD Treatment. The percentage of patients who initiate treatment through an inpatient AOD admission, outpatient visit, intensive outpatient encounter or partial hospitalization within 14 days of the diagnosis.<br><br>- Engagement of AOD Treatment. The percentage of patients who initiated treatment and who had two or more additional services with a diagnosis of AOD within 30 days of the initiation visit. |
| **Numerator** | Initiation of AOD Dependence Treatment:<br>Initiation of AOD treatment through an inpatient admission, outpatient visit, intensive outpatient encounter or partial hospitalization within 14 days of the index episode start date.<br><br>---<br>Engagement of AOD Treatment:<br>Initiation of AOD treatment and two or more inpatient admissions, outpatient visits, intensive outpatient encounters or partial hospitalizations with any AOD diagnosis within 30 days after the date of the Initiation encounter (inclusive). |
| **Numerator Details** | Index Episode Start Date: The earliest date of service for an inpatient, intensive outpatient, partial hospitalization, outpatient, detoxification or ED encounter during the first 10 and ½ months of the measurement year (e.g., January 1 to November 15) with a diagnosis of AOD.<br>- For an outpatient, intensive outpatient, partial hospitalization, detoxification or ED visit (not resulting in an inpatient stay), the Index Episode Start Date is the date of service.<br>- For an inpatient (acute or nonacute) event, the Index Episode Start Date is the date of discharge.<br>- For an ED visit that results in an inpatient event, the Index Episode Start Date is the date of the inpatient discharge.<br>- For direct transfers, the Index Episode Start Date is the discharge date from the second admission<br><br>INITIATION OF AOD TREATMENT<br>If the Index Episode was an inpatient discharge, the inpatient stay is considered initiation of treatment and the patient is compliant<br><br>If the Index Episode was an outpatient, intensive outpatient, partial hospitalization, detoxification or ED visit, the patient must have an inpatient admission, outpatient visit, intensive outpatient encounter or partial hospitalization, with an AOD diagnosis, on the Index Episode Start Date or in the 13 days after the Index Episode Start Date (14 total days). If the Index Episode Start Date and the initiation visit occur on the same day, they must be with different providers in order to count. Any of the following code combinations meet criteria:<br><br>- An acute or nonacute inpatient admission with a diagnosis of AOD (AOD Dependence |

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| | Value Set). To identify acute and nonacute inpatient admissions: 1. Identify all acute and nonacute inpatient stays (Inpatient Stay Value Set). 2. Identify the admission date for the stay.<br>- IET Stand Alone Visits Value Set WITH AOD Dependence Value Set<br>- IET Visits Group 1 Value Set WITH IET POS Group 1 Value Set AND AOD Dependence Value Set<br>- IET Visits Group 2 Value Set WITH IET POS Group 2 Value Set AND AOD Dependence Value Set.<br>(See corresponding Excel document for appropriate value sets)<br><br>Do not count Index Episodes that include detoxification codes (including inpatient detoxification) as being initiation of treatment<br>- See corresponding Excel document for the Detoxification Value Set.<br><br>---<br>ENGAGEMENT OF AOD TREATMENT<br>Identify all patients who meet the following criteria:<br>1) Numerator compliant for the Initiation of AOD Treatment numerator and<br><br>2) Two or more inpatient admissions, outpatient visits, intensive outpatient encounters or partial hospitalizations with any AOD diagnosis, beginning on the day after the initiation encounter through 29 days after the initiation event (29 total days). Multiple engagement visits may occur on the same day, but they must be with different providers in order to count. Any of the following code combinations meet criteria:<br>– An acute or nonacute inpatient admission with a diagnosis of AOD (AOD Dependence Value Set). To identify acute or nonacute inpatient admissions: First Identify all acute and nonacute inpatient stays (Inpatient Stay Value Set), Then Identify the admission date for the stay.<br>– IET Stand Alone Visits Value Set with AOD Dependence Value Set.<br>– IET Visits Group 1 Value Set with IET POS Group 1 Value Set and AOD Dependence Value Set.<br>– IET Visits Group 2 Value Set with IET POS Group 2 Value Set and AOD Dependence Value Set.<br><br>For patients who initiated treatment via an inpatient admission, the 29-day period for the two engagement visits begins the day after discharge.<br><br>Do not count events that include inpatient detoxification or detoxification codes (Detoxification Value Set) when identifying engagement of AOD treatment.<br>The time frame for engagement, which includes the initiation event, is 30 total days. |
| **Denominator** | Patients age 13 years of age and older who were diagnosed with a new episode of alcohol or other drug dependency (AOD) during the first 10 and ½ months of the measurement year (e.g., January 1-November 15). |
| **Denominator Details** | Identify the Index Episode. Identify all patients in the specified age range who during the first 10 and ½ months of the measurement year (e.g., January 1 to November 15) had one of the following:<br>• An outpatient visit, intensive outpatient encounter or partial hospitalization with a diagnosis of AOD. Any of the following code combinations meet criteria: |

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| | – IET Stand Alone Visits Value Set WITH AOD Dependence Value Set.<br>– IET Visits Group 1 Value Set WITH IET POS Group 1 Value Set AND AOD Dependence Value Set.<br>– IET Visits Group 2 Value Set WITH IET POS Group 2 Value Set AND AOD Dependence Value Set.<br>(See corresponding Excel document for the appropriate value sets)<br><br>• A detoxification visit (See corresponding Excel document for the Detoxification Value Set)<br>• An ED visit with a diagnosis of AOD (See corresponding Excel document for the ED Value Set and the AOD Dependence Value Set).<br>• An acute or nonacute inpatient discharge with either a diagnosis of AOD (AOD Dependence Value Set) or an AOD procedure code (AOD Procedures Value Set). To identify acute and nonacute inpatient discharges: First, identify all acute and nonacute inpatient stays (Inpatient Stay Value Set), Second, identify the discharge date for the stay.<br><br>For patients with more than one episode of AOD, use the first episode.<br><br>For patients whose first episode was an ED visit that resulted in an inpatient event, use the inpatient discharge.<br><br>Select the Index Episode Start Date. |
| **Exclusions** | Exclude patients who had a claim/encounter with a diagnosis of AOD during the 60 days (2 months) before the Index Episode Start Date. (See corresponding Excel document for the AOD Dependence Value Set)<br><br>Exclude from the denominator for both indicators (Initiation of AOD Treatment and Engagement of AOD Treatment) patients whose initiation of treatment event is an inpatient stay with a discharge date after December 1 of the measurement year. |
| **Exclusion details** | Exclude patients who had a claim/encounter with a diagnosis of AOD during the 60 days (2 months) before the Index Episode Start Date. (See corresponding Excel document for the AOD Dependence Value Set)<br>- For an inpatient Index Episode Start Date, use the admission date to determine if the patient had a period of 60 days prior to the Index Episode Start Date with no claims with a diagnosis of AOD dependence.<br>- For an ED visit that results in an inpatient event, use the ED date of service to determine if the patient had a period of 60 days prior to the Index Episode Start Date with no claims with a diagnosis of AOD dependence.<br>- For direct transfers, use the first admission to determine if the patient had a period of 60 days prior to the Index Episode Start Date with no claims with a diagnosis of AOD dependence. |
| **Risk Adjustment** | No risk adjustment or risk stratification |
| **Stratification** | The total population is stratified by age: 13-17 and 18+ years of age.<br><br>Report two age stratifications and a total rate. |

| | The total is the sum of the age stratifications. |
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| **Type** | Process |
| **Type of Score** | Rate/proportion |
| **Data Source** | Claims, Electronic Health Records |
| **Level** | Health Plan, Integrated Delivery System |
| **Setting** | Emergency Department and Services, Inpatient/Hospital, Outpatient Services |

Created on: 04/03/2018 at 02:30 AM

| | **Measure 1657: TOB-4 Tobacco Use: Assessing Status after Discharge (The Joint Commission)** |
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| **Description** | Hospitalized patients 18 years of age and older who are identified through the screening process as having used tobacco products (cigarettes, smokeless tobacco, pipe, and cigars) within the past 30 days who are contacted between 15 and 30 days after hospital discharge and follow-up information regarding tobacco use status is collected. This measure is intended to be used as part of a set of 4 linked measures addressing Tobacco Use (TOB-1 Tobacco Use Screening; TOB-2 Tobacco Use Treatment Provided or Offered (during hospital stay); TOB-3 Tobacco Use Treatment Provided or Offered at Discharge. |
| **Numerator** | The number of discharged patients who are contacted between 15 and 30 days after hospital discharge and follow-up information regarding tobacco use status is collected. |
| **Numerator Details** | Five data elements are used to satisfy the numerator. Follow-up Contact Date and Follow-up Contact, Tobacco Use Status Post Discharge - Counseling, Tobacco Use Status Post Discharge - Medication, and Tobacco Use Status Post Discharge - Quit Status. Follow -up contact can be made through a variety of modes including phone call, clinic visit, e-mail or letter through U.S. mail. The contact may also be made by someone other than a hospital employee, however if this is done, information must be cataloged at the hospital. The contact date must be between 15 and 30 days post discharge. The contact date for e-mail or letter would be the date that information was received from the patient, not the date the e-mail or letter was sent. The 3 post discharge data elements (Tobacco Use Status Post Discharge - Counseling, Tobacco Use Status Post Discharge - Medication, Tobacco Use Status Post Discharge - Quit Status)must be answered in order to receive credit for the measure. The allowable values provide options for patient refusal to provide information, as well as quit using or not quit using. In the measure calculation, the hospital is not held accountable for the patient´s compliance with the recommended treatment or the quit status, but is accounable for collecting the information. Full specifications can be viewed on the Joint Commission web site at at the following link: http://www.jointcommission.org/specifications_manual_for_national_hospital_inpatient_quality_measures/ |
| **Denominator** | The number of discharged patients 18 years of age and older identified as current tobacco users. |
| **Denominator Details** | There are six data elements that define the denominator: Admission Date, Birthdate, Cognitive Impairment, Discharge Date, Discharge Disposition, and Tobacco Use Status. The Admission Date, Birthdate and Discharge Date are used to determine the patient age and length of stay. The data element Tobacco Use Status is used to identify patients who use tobacco products. The data element identifies the product, and the volume used. Discharge Disposition is used to identify those patients who would be excluded for a variety of reasons such as death, transfer to another hospital for inpatient care, those who leave AMA or who are transferred to hospice, etc. |
| **Exclusions** | There are 15 exclusions from the denominator as follows:<br>1. Patients less than 18 years of age<br>2. Patients who are cognitively impaired<br>3. Patients who are not current tobacco users<br>4. Patients who were not screened for tobacco use<br>5. Patients who expired during the hospital stay - identified by Discharge Disposition<br>6. Patients who have a length of stay less than or equal to one day |

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| | 7. Patients with a length of stay greater than 120 days<br>8. Patients discharged/transferred to another hospital for inpatient care<br>9. Patients who left against medical advice<br>10. Patients discharged/transferred to another health care facility.<br>11. Patients discharged to home or another health care facility for hospice care<br>12. Patients who do not reside in the United States<br>13. Patients who do not have a phone or cannot provide contact information<br>14. Patients discharged to a detention facility, jail or prison<br>15. Patients re-admitted to the hospital within the follow-up time frame<br>Patients who were not screened for tobacco use |
| **Exclusion details** | Patients who are less than 18 years of age are identified by subtracting the patient birthdate from the admission date.<br>Patients who are not tobacco users are identified through allowable value 6 for the data element Tobacco Use Status.<br>Patients with a length of day of one day or less and those with a stay greater than or equal to 120 days are identified by the admission and discharge date.<br>Patients who are not residents of the USA or who do not have contact information or a phone or patients who are readmitted to the hospital within the follow up time frame are excluded through allowable value 3 for the data element Follow-up Contact.<br>Those patients who expire, are transferred to another facility for inpatient care, hospice, federal health care facility, detention, or leave AMA are identified by virtue of the data element Discharge Disposition. |
| **Risk Adjustment** | No risk adjustment or risk stratification |
| **Stratification** | Not Applicable, the measure is not stratified |
| **Numerator Time window** | Any time between 15 and 30 days post discharge. |
| **Type** | Process |
| **Type of Score** | Rate/proportion |
| **Data Source** | Electronic Health Records, Paper Medical Records |
| **Level** | Facility, Other |
| **Setting** | Inpatient/Hospital |

Created on: 04/03/2018 at 02:30 AM

| | **Measure 1664: SUB-3 Alcohol & Other Drug Use Disorder Treatment Provided or Offered at Discharge and SUB-3a Alcohol & Other Drug Use Disorder Treatment at Discharge (The Joint Commission)** |
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| **Description** | The measure is reported as an overall rate which includes all hospitalized patients 18 years of age and older to whom alcohol or drug use disorder treatment was provided, or offered and refused, at the time of hospital discharge, and a second rate, a subset of the first, which includes only those patients who received alcohol or drug use disorder treatment at discharge. The Provided or Offered rate (SUB-3) describes patients who are identified with alcohol or drug use disorder who receive or refuse at discharge a prescription for FDA-approved medications for alcohol or drug use disorder, OR who receive or refuse a referral for addictions treatment. The Alcohol and Other Drug Disorder Treatment at Discharge (SUB-3a) rate describes only those who receive a prescription for FDA-approved medications for alcohol or drug use disorder OR a referral for addictions treatment. Those who refused are not included.<br>These measures are intended to be used as part of a set of 4 linked measures addressing Substance Use (SUB-1 Alcohol Use Screening ; SUB-2 Alcohol Use Brief Intervention Provided or Offered; SUB-3 Alcohol and Other Drug Use Disorder Treatment Provided or Offered at Discharge; SUB-4 Alcohol and Drug Use: Assessing Status after Discharge [temporarily suspended]). |
| **Numerator** | SUB-3: The number of patients who received or refused at discharge a prescription for medication for treatment of alcohol or drug use disorder OR received or refused a referral for addictions treatment.<br><br>SUB-3a: The number of patients who received a prescription at discharge for medication for treatment of alcohol or drug use disorder OR a referral for addictions treatment. |
| **Numerator Details** | Two data elements are used to calculate the numerator:<br><br>1. Referral for Addiction Treatment- Documentation that a referral was made at discharge for addictions treatment by a physician or non-physician (such as nurse, psychologist, or counselor).<br><br>2. Prescription for Alcohol or Drug Disorder Medication- Documentation that an FDA-approved medication for alcohol or drug disorder was prescribed at hospital discharge.<br><br>A referral to addiction treatment may be given at discharge or the referral can take place prior to discharge and the healthcare professional referred to can provide treatment during the hospitalization. The referral may be to an addictions treatment program, to a mental health program or mental health specialist for follow up for substance use or addiction treatment, or to a medical or health professional for follow up for substance use or addiction. A referral to Alcoholics Anonymous does not meet the intent of the measure. Full specifications can be viewed on the Joint Commission web site at www.jointcommission.org at the following link: http://www.jointcommission.org/specifications_manual_for_national_hospital_inpatient_quality_measures/<br><br>The patient does not need to receive both a referral to addictions treatment and a prescription for one of the FDA approved medications, one or the other will meet the intent |

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| | of the measure. |
| **Denominator** | The number of hospitalized inpatients 18 years of age and older identified with an alcohol or drug use disorder |
| **Denominator Details** | There are 10 data elements used to calculate the denominator:<br><br>1. Admission Date The month, day and year of admission to acute inpatient care.<br><br>2. Alcohol Use Status Alcohol Use Status- Documentation of the adult patient's alcohol use status using a validated screening questionnaire for unhealthy alcohol use within the first three days of admission. There are seven allowable values:<br><br>1. The patient is screened with a validated tool within the first three days of admission and the score on the alcohol screen indicates no or low risk of alcohol related problems.<br>2 The patient was screened with a validated tool within the first three days of admission and the score on the alcohol screen indicates unhealthy alcohol use (moderate or high risk) benefiting from brief intervention.<br>3. The patient was screened with a non-validated tool within the first three days of admission and the score on the alcohol screen indicates no or low risk of alcohol related problems.<br>4. The patient was screened with a non-validated tool within the first three days of admission and the score on the alcohol screen indicates unhealthy alcohol use (moderate or high risk) benefiting from brief intervention.<br>5. The patient refused the screen for alcohol use within the first three days of admission.<br>6. The patient was not screened for alcohol use during the first three days of admission or unable to determine from medical record documentation.<br>7. The patient was not screened for alcohol use during the first three days of admission because of cognitive impairment.<br><br>3. Birthdate-The month, day and year the patient was born.<br><br>4. Comfort Measures Only- Documentation that the patient was receiving medical treatment where the natural dying process is permitted to occur while assuring maximum comfort. There are four allowable values:<br><br>1 Day 0 or 1: The earliest day the physician/APN/PA documented comfort measures only was the day of arrival (Day 0) or day after arrival (Day 1).<br>2 Day 2 or after: The earliest day the physician/APN/PA documented comfort measures only was two or more days after arrival day (Day 2+).<br>3 Timing unclear: There is physician/APN/PA documentation of comfort measures only during this hospital stay, but whether the earliest documentation of comfort measures only was on day 0 or 1 OR after day 1 is unclear.<br>4 Not Documented/UTD: There is no physician/APN/PA documentation of comfort measures only, or unable to determine from medical record documentation.<br><br>5. Discharge Date The month day and year the patient was discharged from acute care, left against medical advice or expired during the stay.<br><br>6. Discharge Disposition The place or setting to which the patient was discharged. |

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| | 7. ICD-10-CM Other Diagnosis Codes The CMS ICD-10-CM master code table for other or secondary ICD-10-CM codes associated with the diagnosis for this hospitalization.<br><br>8. ICD-10-PCS Other Procedure Codes The other or secondary ICD-10-PCS codes identifying all significant procedures other than the principal procedure. Any valid procedure code as per the CMS ICD-10-PCS master code table (2015 PCS Long and Abbreviated Titles)<br><br>9. ICD-10-CM Principal Diagnosis Code The CMS ICD-10-CM master code table for the diagnosis code that is primarily responsible for the admission of the patient to the hospital for care during this hospitalization.<br><br>10. ICD-9-PCS Principal Procedure Code- The principal procedure is the procedure performed for definitive treatment rather than diagnostic or exploratory purposes, or which is necessary to take care of a complication. Any valid procedure code as per the CMS ICD-10-PCS master code table (2015 PCS Long and Abbreviated Titles) |
| **Exclusions** | There are 11 exclusions to the denominator as follows:<br>• Patients less than 18 years of age<br>• Patient drinking at unhealthy levels who do not meet criteria for an alcohol use disorder<br>• Patients who are cognitively impaired<br>• Patients who expire<br>• Patients discharged to another hospital<br>• Patients who left against medical advice<br>• Patients discharged to another healthcare facility<br>• Patients discharged to home or another healthcare facility for hospice care<br>• Patients who have a length of stay less than or equal to three days or greater than 120 days<br>• Patients who do not reside in the United States<br>• Patients receiving Comfort Measures Only documented |
| **Exclusion details** | Patients who are less than 18 years of age are identified by subtracting the patient birthdate from the admission date. Patients who are cognitively impaired and cannot be screened to identify alcohol use are excluded through the data element Alcohol Use Status. Patients with a LOS of three days or less and those with a stay greater than 120 days are identified by the admission and discharge dates. Patients who are not residents of the USA are excluded through specific allowable values for the data elements Referral for Addictions Treatment and Prescription for Alcohol or Drug Disorder Medication. Those patients who expire, are transferred to another facility for inpatient care, hospice, federal health care facility, detention, or leave AMA are identified by virtue of the data element Discharge Disposition.<br>Patients who do not have a principal or other diagnosis code for alcohol or drug dependence listed on Table 13.2 or a procedure on table 13.3 would not be included in the measure population. If the patient is receiving comfort measures only which is medical treatment where the natural dying process is permitted to occur while assuring maximum comfort, the patient will be excluded from the population. |
| **Risk Adjustment** | No risk adjustment or risk stratification |

| Stratification | Not Applicable, the measure is not stratified.<br>However there is a subset measure SUB-3a which removes patients from the numerator who refused either the prescription or the addictions treatment referral. The subset measure has overlapping populations and this is different from a stratum where the measure population is mutually exclusive.<br>Since 31.5% of the cases in the numerator refused at least one of the treatments (referral or prescription for medications) a subset measure was added which reports only those that received treatment. |
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| **Type** | Process |
| **Type of Score** | Rate/proportion |
| **Data Source** | Electronic Health Records, Paper Medical Records |
| **Level** | Facility, Other |
| **Setting** | Inpatient/Hospital |

Created on: 04/03/2018 at 02:30 AM

| | **Measure 1665: SUB-4 Alcohol & Drug Use: Assessing Status After Discharge (The Joint Commission)** |
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| **Description** | Hospitalized patients age 18 years and older who screened positive for unhealthy alcohol use or who received a diagnosis of alcohol or drug disorder during their inpatient stay, who are contacted between 7 and 30 days after hospital discharge and follow-up information regarding their alcohol or drug use status post discharge is collected.<br>This measure is intended to be used as part of a set of 4 linked measures addressing Substance Use (SUB-1) Alcohol Use Screening ; SUB-2 Alcohol Use Brief Intervention Provided or Offered; SUB-3 Alcohol and Other Drug Use Disorder Treatment Provided or Offered at Discharge; SUB-4 Alcohol and Drug Use: Assessing Status after Discharge). |
| **Numerator** | The number of discharged patients that are contacted between 7 and 30 days after hospital discharge and follow-up information regarding alcohol or drug use status is collected. |
| **Numerator Details** | Six data elements are used to satisfy the numerator. Follow-up Contact Date and Follow-up Contact. Follow -up contact can be made through a variety of modes including phone call, clinic visit, e-mail or letter through U.S. mail. The contact may also be made by someone other than a hospital employee, however if this is done, information must be cataloged at the hospital. The contact date must be between 7 and 30 days post discharge. The 4 post discharge data elements (Alcohol or Drug Use Status Post Discharge - Counseling, Alcohol or Drug Use Status Post Discharge - Medication, Alcohol Use Status Post Discharge - Quit Status, and Drug Use Status Post Discharge - Quit Status)must be answered in order to receive credit for the measure. The allowable values provide options for patient refusal to provide information and not applicable if alcohol or drug use does not apply. In the measure calculation, the hospital is not held accountable for the patient´s compliance with the recommended treatment or the quit status, but is accounable for collecting the information. Full specifications can be viewed on the Joint Commission web site at the following link:<br>http://www.jointcommission.org/specifications_manual_for_national_hospital_inpatient_quality_measures/ |
| **Denominator** | The number of discharged patients 18 years of age and older who screened positive for unhealthy alcohol use or who received a diagnosis of alcohol or drug use disorder during their hospital stay. |
| **Denominator Details** | There are 11 data elements that define the denominator.<br>1. Admission Date<br>2. Alcohol Use Status<br>3. Alcohol or Drug Disorder<br>4. Birthdate<br>5. Cognitive Impairment<br>6. Discharge Date<br>7. Discharge Disposition<br>8. ICD-9-CM Other Diagnosis Codes,<br>9. ICD-9-CM Other Procedure Codes<br>10. ICD-9-CM Principal Diagnosis Code<br>11. ICD-9-CM Principal Procedure Code.<br>The Admission Date, Birthdate and Discharge Date are used to determine the patient age and length of stay. The data elements Alcohol Use Status, Alcohol or Drug Disorder, and the 4 ICD-9-CM diagnosis and Procedure Code data elements are used to identify |

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| | patients who had an alcohol or drug use disorder or who screened positive for unhealthy alcohol use. Discharge Disposition is used to identify those patients who would be excluded for a variety of reasons such as death, transfer to another hospital for inpatient care, those who leave AMA or who are transferred to hospice, etc. Patients who do not reside in the United States are excluded by a specific value for the data element Follow up Contact. |
| **Exclusions** | The following are the exclusions from the denominator for this measure<br>1. Patients less than 18 years of age<br>2. Patients who are cognitively impaired<br>3. Patients who were not screened or refused to be screened for alcohol use<br>4. Patients who expired<br>5. Patients who have a length of stay less than or equal to one day or greater than 120 days<br>6. Patients who do not screen positive for unhealthy alcohol use<br>7. Patients discharged to another hospital<br>8. Patients who left against medical advice<br>9. Patients discharged to another health care facility<br>10. Patients discharged to home or other health care facility for hospice care<br>11. Patients who do not reside in the United States<br>12. Patients who do not have a phone or cannot provide any contact information<br>13. Patients discharged to a detention facility, jail, or prison<br>14. Patients who are readmitted within the follow-up time frame. |
| **Exclusion details** | Patients who are less than 18 years of age are identified by subtracting the patient birthdate from the admission date.<br>Patients who do not need follow up are identified through allowable value 1 for the data element Alcohol Use Status, as well as value 5 (refused) and value 6(not screened)<br>Patients with a LOS one day or less and those with a stay greater than 120 days are identified by the admission and discharge date.<br>Patients who are not residents of the USA or who do not have contact information or a phone and those who are readmitted within the follow up time frame are excluded through allowable value 3 for the data element Follow-up Contact<br>Those patients who expire, are transferred to another facility for inpatient care, hospice, federal health care facility, detention, or leave AMA are identified by virtue of the data element Discharge Disposition. |
| **Risk Adjustment** | No risk adjustment or risk stratification |
| **Stratification** | Not Applicable, the measure is not stratified. |
| **Numerator Time window** | Anytime between 7 and 30 days post hospital discharge |
| **Type** | Process |
| **Type of Score** | Rate/proportion |
| **Data Source** | Electronic Health Records, Paper Medical Records |
| **Level** | Facility, Other |
| **Setting** | Inpatient/Hospital |

Created on: 04/03/2018 at 02:30 AM

| | **Measure 1938: Emergency department utilization for mental health conditions by people with schizophrenia (National Committee for Quality Assurance)** |
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| **Description** | The percentage of individuals 25 – 64 years of age with a schizophrenia diagnosis who had an emergency department admission for mental health. |
| **Numerator** | An admission to the ED with a mental health diagnosis. |
| **Numerator Details** | Codes to identify visit type:<br>Any Emergency Department visit type:<br>CPT code: 99281-99285 with visit related mental health ICD-9 diagnosis code: 290, 293,295-302, 306-316 |
| **Denominator** | Adults 25 – 64 years of age as of December 31 of the measurement year with a schizophrenia diagnosis. |
| **Denominator Details** | -Medicaid beneficiaries 25 – 64 years of age as of December 31 of the measurement year<br>-Two separate claims with schizophrenia as a primary diagnosis or one inpatient claim with schizophrenia as a primary diagnosis in the measurement year<br>-10 months continuous enrollment during the measurement year<br><br>Codes to identify schizophrenia diagnosis:<br>ICD-9-CM Diagnosis: 295<br>ICD-10-CM Diagnosis: F20, F25.9<br><br>Codes to identify visit type:<br>Acute inpatient<br>UB Revenue: 010x, 0110-0114, 0119, 0120-0124, 0129, 0130-0134, 0139, 0140-0144, 0149, 0150-0154, 0159, 016x, 020x, 021x, 072x, 0987<br><br>CPT: 90801, 90802, 90816-90819, 90821-90824, 90826-90829, 90845, 90847, 90849, 90853, 90857, 90862, 90870, 90875, 90876, 99221-99223, 99231-99233, 99238, 99239, 99251-99255, 99291<br>WITH<br>POS: 21, 51<br><br>Outpatient, intensive outpatient and partial hospitalization<br>CPT: 90804-90815, 98960-98962, 99078, 99201-99205, 99211-99215, 99217-99220, 99241-99245, 99341-99345, 99347-99350, 99385-99387, 99395-99397, 99401-99404, 99411, 99412, 99510<br><br>HCPCS: G0155, G0176, G0177, G0409-G0411, H0002, H0004, H0031, H0034-H0037, H0039, H0040, H2000, H2001, H2010-H2020, M0064, S0201, S9480, S9484, S9485<br><br>UB Revenue: 0510, 0513, 0515-0517, 0519-0523, 0526-0529, 0900, 0901, 0902-0905, |

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| | 0907, 0911-0917, 0919, 0982, 0983<br><br>CPT: 90801, 90802, 90816-90819, 90821-90824, 90826-90829, 90845, 90847, 90849, 90853, 90857, 90862, 90870, 90875, 90876, 99221-99223, 99231-99233, 99238, 99239, 99251-99255<br><br>WITH<br>POS: 03, 05, 07, 09, 11, 12, 13, 14, 15, 20, 22, 24, 33, 49, 50, 52, 53, 71, 72<br><br>ED<br>CPT: 99281-99285<br>UB Revenue: 045x, 0981<br><br>CPT: 90801, 90802, 90845, 90847, 90849, 90853, 90857, 90862, 90870, 90875, 90876, WITH<br>POS: 23<br><br>Nonacute inpatient<br>CPT: 99304-99310, 99315, 99316, 99318, 99324-99328, 99334-99337<br>HCPCS: H0017-H0019, T2048<br>UB Revenue: 0118, 0128, 0138, 0148, 0158, 019x, 0524, 0525, 055x, 066x, 1000, 1001, 1003-1005<br><br>CPT: 90801, 90802, 90816-90819, 90821-90824, 90826-90829, 90845, 90847, 90849, 90853, 90857, 90862, 90870, 90875, 90876<br>WITH<br>POS: 31, 32, 56 |
| **Exclusions** | Not applicable. |
| **Exclusion details** | Not applicable. |
| **Risk Adjustment** | No risk adjustment or risk stratification |
| **Stratification** | Not applicable. |
| **Numerator Time window** | The measurement year. |
| **Type** | Process |
| **Type of Score** | Rate/proportion |
| **Data Source** | Claims |
| **Level** | Population : Regional and State |
| **Setting** | Other:Any outpatient setting represented with Medicaid claims data |