

Colorado Hospital Transformation (HTP)

Performance Measures Specifications

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CHASE

Colorado Healthcare Affordability and
Sustainability Enterprise

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Note for consideration:

These measures are applicable to the inpatient setting and as such excludes observation patients, unless otherwise noted. For measures specific to the Medicaid population, this only applies to Medicaid primary patients and will not include dual eligible. Pediatric patients will include ages 0-18 years except where indicated.

Reducing Avoidable Hospitalization Utilization

SW-RAH1 - 30 Day All Cause Risk Adjusted Hospital Readmission

Definition:

For Medicaid patients 18 years of age and older (18-64 years), the number of acute inpatient stays during the measurement year that were followed by an unplanned acute readmission for any diagnosis within 30 days and the predicted probability of an acute readmission.

This measure is reported as the ratio of actual readmissions to expected readmissions based on risk adjustment for patient severity.

Measure Steward: NCQA - NQF 1768

Data Source: Medicaid Claims

Data Collection Methodology:

1. Count of index hospital stays¹ (denominator)
2. Count of observed 30-day readmissions (numerator)
3. Calculation of expected 30-day readmissions

Numerator: Count of observed 30-day Medicaid readmissions

1. Count of 30-day Medicaid readmissions after initial index admissions
2. Each Medicaid readmission becomes a new index admission and the 30-day counter starts again

Denominator:

Expected count of Medicaid index admissions based on risk adjustment for patient severity.

This measure will be reported out as a ratio of actual readmission count to expected readmission count. A score over 1 indicates readmissions are higher than predicted based on patient acuity, a score less than 1 indicates that readmissions are lower than predicted based on patient acuity.

Exclusions:

Numerator:

1. Identify all Medicaid acute and nonacute inpatient stays (Inpatient Stay Value Set).
2. Exclude Medicaid nonacute inpatient stays (Nonacute Inpatient Stay Value Set).
3. Exclude Medicaid acute inpatient hospital admissions with any of the following on the discharge claim:
 - Female members with a principal diagnosis of pregnancy (Pregnancy Value Set).
 - A principal diagnosis for a condition originating in the perinatal period (Perinatal Conditions Value Set).
 - Planned admissions using any of the following:
 - ✓ A principal diagnosis of maintenance chemotherapy (Chemotherapy Value Set).

¹An acute inpatient stay with a discharge during the period of April 1 through March 31 of the following year

- ✓ A principal diagnosis of rehabilitation (Rehabilitation Value Set).
- ✓ An organ transplant (Kidney Transplant Value Set, Bone Marrow Transplant Value Set, Organ Transplant Other Than Kidney Value Set, Introduction of Autologous Pancreatic Cells Value Set).
- ✓ A potentially planned procedure (Potentially Planned Procedures Value Set) without a principal acute diagnosis (Acute Condition Value Set).

Denominator:

1. Identify all Medicaid acute and nonacute inpatient stays (Inpatient Stay Value Set).
2. Exclude Medicaid nonacute inpatient stays (Nonacute Inpatient Stay Value Set).
3. Exclude Medicaid hospital stays where the index admission date is the same as the index discharge date
4. Exclude Medicaid hospital stays for the following reasons:
 - The member dies during the stay
 - Female members with a principal diagnosis of pregnancy (Pregnancy Value Set) on the discharge claim
 - A principal diagnosis of a condition originating in the perinatal period (Perinatal Condition Value Set) on the discharge claim
 - Dialysis

Do **not** exclude chronic conditions from all-cause readmission as per HEDIS specification

Target Population Notes:

- Adult Medicaid (primary) patients 18 years of age and older
- Continuous enrollment 365 days prior to the Index Discharge Date through 30 days after the index discharge date (Note: reports should be generated with and without the 365 continuous enrollment requirement)

Data Elements, Code Systems, Code Lists, Value Sets:

Per HEDIS specification, except:

- Patient status codes excluded
- All discharges with one day between are counted
- Pull inpatient stays by claim type (instead of revenue code)

Risk Adjustment:

For each IHS, use the following steps to identify risk adjustment categories based on presence of surgeries, discharge condition, comorbidity, age and gender.

Surgeries

Determine if the member underwent surgery during the inpatient stay. Download the list of codes from the NCQA website (Table HCC-Surg) and use it to identify surgeries. Consider an IHS to include a surgery if at least one procedure code in Table HCC-Surg is present from any provider between the admission and discharge dates.

Discharge Condition

Assign a discharge Clinical Condition (CC) category code or codes to the IHS based on its primary discharge diagnosis, using Table PCR-DischCC. For acute-to-acute direct transfers, use the direct transfer's primary discharge diagnosis

Comorbidities

Refer to the Utilization Risk Adjustment Determination in the Guidelines for Risk Adjusted Utilization Measures.

PCR Risk Adjustment Tables from: www.ncqa.org/hedis/measures/hedis-2019-risk-adjustment-tables-usage-agreement/hedis-2019-risk-adjustment-tables/

Timing and Time Intervals:

Any Medicaid acute inpatient stay with a discharge on or between October 1 and September 30 of the measurement year.

Calculation Algorithms: Per HEDIS specification

Additional Considerations:

Hospital score will be based on index hospital stays at their institutions. Readmissions include admissions to any hospital.

SW-RAH2 - Pediatric All-Condition Readmission Measure

Definition:

This measure is a case-mix-readjusted readmission rate, defined as the percentage of admissions followed by 1 or more readmissions within 30 days, for patients less than 18 years old adjusted to reflect the readmission rate the hospital would have if it treated a patient cohort with the case mix composition of all eligible index admissions within the national hospital dataset used for analysis. Case mix adjustment is done by the Center of Excellence for Pediatric Quality Measurement using their national dataset.

Measure Steward: Center of Excellence for Pediatric Quality Measurement

Data Source: Center of Excellence for Pediatric Quality Measurement

Data Collection Methodology:

Data submitted by hospitals to the Center of Excellence for Pediatric Quality Measurement

Numerator:

Hospitalizations at general acute care hospitals for patients less than 18 years old that are followed by one or more readmissions to general acute care hospitals within 30 days²

Denominator: Count of index admissions

² Readmissions are risk adjusted per Center of Excellence for Pediatric Quality Measurement specification

The actual hospital rate above is adjusted by the Pediatric Center of Excellence protocol to the readmission rate a hospital would have if it treated a patient cohort with the case mix composition of all eligible index admissions within the national hospital dataset used for analysis. That case mix adjusted readmission rate will be compared to case mix adjusted rates for all hospitals in the Pediatric Center of Excellence national dataset.

Exclusions:

Numerator:

Readmissions for a planned procedure or for chemotherapy.

Denominator:

Certain hospitalizations based on clinical criteria or for issues of data completeness or quality that could prevent assessment of eligibility for the measure cohort or compromise the accuracy of readmission rates. In addition, hospitalizations are excluded from the measure entirely if they meet specified clinical or data quality criteria, including: primary diagnosis for a mental health condition, hospitalization for birth of a healthy newborn, or hospitalization for obstetric care.

Exclusion Detail:

1. The patient was 18 years old or greater at the time of discharge.
2. The hospitalization was for birth of a healthy newborn.
3. The hospitalization was for obstetric care, including labor and delivery.
4. The primary diagnosis code was for a mental health condition.
5. The hospitalization was at a specialty or non-acute care hospital.
6. The discharge disposition was death.
7. The discharge disposition was leaving the hospital against medical advice.
8. Records for the hospitalization contain incomplete data for variables needed to assess eligibility for the measure or calculate readmission rates, including hospital type, patient identifier, admission date, discharge date, disposition status, date of birth, primary diagnosis code, or gender.
9. The hospital is in a State not being analyzed. (Records for these hospitalizations are still assessed as possible readmissions, but readmission rates are not calculated for the out-of-State hospitals due to their lack of complete data.)
10. Thirty days of follow-up data are not available for assessing readmissions.
11. The hospital has less than 80 percent of records with complete patient identifier, admission date, and discharge date or less than 80 percent of records with complete primary diagnosis codes. (Records for these hospitals are still assessed as possible readmissions, but readmission rates are not calculated for these hospitals due to their lack of complete data.)
12. Records for the hospitalization contain data of questionable quality for calculating readmission rates, including:
 - Inconsistent date of birth across records for a patient.
 - Discharge date prior to admission date.

- Admission or discharge date prior to date of birth.
- Admission date after a discharge status of death during a prior hospitalization.

13. Codes other than International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM) procedure codes or International Classification of Diseases, Tenth Revision, Procedure Coding Systems (ICD-10-PCS) procedure codes are used for the primary procedure.

Target Population Notes: Pediatric all payor patients less than 18 years of age

Data Elements, Code Systems, Code Lists, Value Sets:

Per Center of Excellence for Pediatric Quality Measurement

Risk Adjustment:

The hospitals actual readmission rate is adjusted to reflect the readmission rate the hospital would have if it treated a patient cohort with the case mix composition of all eligible index admissions within the national hospital dataset used for analysis.

Timing and Time Intervals: Annual

Calculation Algorithms:

Case mix adjustment is performed by the Center of Excellence for Pediatric Quality Measurement

Additional Considerations:

- For pediatric hospitals only.
- Eligibility
 - ✓ Excluded Title XIX Aid Codes are F3 and F4 (QMB/SLMB)
 - ✓ Excluded Aid Codes include 'N1', 'N2', 'N4', 'K2', 'K7', 'F3', 'F4'

RAH1 - Follow up appointment with a clinician made prior to discharge and notification to the Regional Accountable Entities (RAE) within one business day

Definition:

Percentage of Medicaid patients discharged from an inpatient admission to home with a documented follow up appointment with a clinician and notification to the RAE within one business day.

A documented follow up appointment or notification to the RAE within one business day alone is not considered adequate for this measure. The measure is reported as one overall score counting in the numerator only those patients who receive both a documented follow up appointment AND notification to their RAE within one business day.

Measure Steward: Colorado Department of Health Care Policy and Financing

Data Source: Hospital self-reported data

Data Collection Methodology: EMR or medical record review

Numerator:

Medicaid patients discharged to home from an inpatient admission with a follow up appointment documented in the medical record and notification to their RAE within one business day. Patients who do not receive both a documented follow up appointment and notification to their RAE within one business day are excluded from the denominator.

Denominator: Medicaid patients discharged to home from an inpatient admission

Exclusions:

1. Patients discharged Against Medical Advice (AMA).

Target Population Notes: Adult and Pediatric Medicaid (primary) patients

Data Elements, Code Systems, Code Lists, Value Sets:

1. EMR or patient record data extraction or chart review documenting follow up appointment and RAE.
2. Discharge counts.

Risk Adjustment: Not applicable

Timing and Time Intervals: Annual

Calculation Algorithms: Percentage

Additional Considerations:

This will require a hospital to work collaboratively with RAE's to identify appropriate follow up clinician and facilitate appointment access and scheduling in addition to determining appropriate protocols and standards for reporting. Clinicians includes physicians, nurse practitioners, physician assistants, nurses, and other allied health professionals.

Telehealth appointments are acceptable to meet this measure. Hospitals will submit a reporting listing all Medicaid patient discharges and documenting follow up appointment and RAE follow up status for each admission.

RAH2 - Emergency Department (ED) Visits for which the member received follow up within 30 days of the ED visit**Definition:**

Percentage of level 4 and 5 Medicaid patient emergency encounters where the patient is discharged to home in which the patient has a follow up visit with a clinician within 30 days of discharge.

Measure Steward: Colorado Department of Health Care Policy and Financing

Data Source: Medicaid Claims

Data Collection Methodology: Claims analysis

Numerator:

Medicaid patients with a level 4 or 5 emergency encounter discharged to home with a follow up visit with a clinician within 30 days.

Denominator:

Medicaid patients with a level 4 or 5 emergency encounter discharged to home.

Exclusions:

1. Patients that are discharged AMA or discontinued care.
2. Patients not continuously enrolled for 30 days after the ED visit.

These include routine discharge to home or self-care.

Target Population Notes: Adult and Pediatric Medicaid (primary) patients

Data Elements, Code Systems, Code Lists, Value Sets:

1. ED level 4 and 5 codes are 99284 and 99285
2. Ambulatory visit defined by specific E&M codes or provider types

Risk Adjustment: Not applicable

Timing and Time Intervals: Annual

Calculation Algorithms: Percentage

Additional Considerations:

- This measure would require hospitals to work with RAE's to ensure optimal patient access and follow up.
- Additional claim type definition
 - ✓ Claim Type Code include Outpatient Xover Claims (C) , Outpatient Claims (O) and Revenue Code include ('0450','0451','0452','0456','0459','0981') or
 - ✓ Claim Type Code include Professional Xover Claims (B), Professional Claims (M) and Procedure Codes between '99281' AND '99285' or
 - ✓ Claim Type Code include Professional Xover Claims (B), Professional Claims (M) and Place of Service Code = '23' and Procedure Code between '10021' AND '69979' or Procedure Code = '69990'
- Eligibility
 - ✓ Health Program Code used include 'MEDA', 'MEDB' for Medicare exclusion
 - ✓ Excluded Title XIX Aid Codes are F3 and F4 (QMB/SLMB)
 - ✓ Excluded Aid Codes include 'N1', 'N2', 'N4', 'K2', 'K7', 'F3', 'F4'

RAH3 - Home Management Plan of Care (HMPC) Document Given to Pediatric Asthma Patient/Caregiver (eCQM)

Definition:

An assessment that there is documentation in the medical record that a Home Management Plan of Care (HMPC) document was given to the pediatric asthma patient/caregiver.

Measure Steward: The Joint Commission

Data Source: Hospital self-report

Data Collection Methodology: EMR

Numerator:

Pediatric asthma inpatients with documentation that they or their caregivers were given a written Home Management Plan of Care (HMPC) document that addresses all of the following:

1. Arrangements for follow-up care
2. Environmental control and control of other triggers
3. Method and timing of rescue actions
4. Use of controllers
5. Use of relievers

Denominator:

Pediatric patients discharged from the hospital to home with a primary diagnosis of Asthma.

Exclusions:

1. Patients discharged AMA.

Target Population Notes: Pediatric all payor patients

Data Elements, Code Systems, Code Lists, Value Sets: Per eCQM specifications

Risk Adjustment: Not applicable

Timing and Time Intervals: Annual

Calculation Algorithms: Percentage

Additional Considerations:

RAH4 - Percentage of Patients with Ischemic Stroke who are Discharged on Statin Medication (eCQM)

Definition:

This measure captures the proportion of ischemic stroke patients who are prescribed a statin medication at hospital discharge. This measure is a part of a set of eight nationally implemented measures that address stroke care (STK-1: Venous Thromboembolism (VTE) Prophylaxis, STK-2: Discharged on Antithrombotic Therapy, STK-3: Anticoagulation Therapy for Atrial Fibrillation/Flutter, STK-4: Thrombolytic Therapy, STK-5: Antithrombotic Therapy By End of Hospital Day 2, STK-8: Stroke Education, and STK-10: Assessed for Rehabilitation) that are used in The Joint Commissions hospital accreditation and Disease-Specific Care certification programs.

Measure Steward: The Joint Commission

Data Source: Hospital self-report

Data Collection Methodology: EMR

Numerator: Ischemic stroke patients prescribed statin medication at hospital discharge.

Denominator: Ischemic stroke patients discharged.

Exclusions:

1. Less than 18 years of age
2. Length of Stay greater than 120 days
3. Comfort measures only documented
4. Enrolled in clinical trials related to stroke
5. Admitted for elective carotid intervention
6. Discharged to another hospital
7. Left against medical advice
8. Expired
9. Discharged to home for hospice care
10. Discharged to a health care facility for hospice care
11. Documented reason for not prescribing statin medication at discharge
12. Patients discharged from observation

Target Population Notes: Adult all payor patients

Data Elements, Code Systems, Code Lists, Value Sets: Per eCQM specifications

Risk Adjustment: Not applicable

Timing and Time Intervals: Annual

Calculation Algorithms: Percentage

Additional Considerations:

Core Populations

SW-CP1 - Social Needs Screening and Notification

Definition:

Measurement of the number of Medicaid patients discharged to home from an inpatient admission who have formal social needs screening during or within 12 months of the admission, results documented in the medical record and, if there is a positive social needs screen, referral to an appropriate entity and notification to the RAE utilizing a process that is mutually agreed upon.

A patient with a positive social needs screen must be referred to an appropriate entity and the RAE notified for the patient to be considered having met this measure and included in the numerator. Screening alone without appropriate referral and RAE notification for a patient who screens positive is not considered adequate for this measure. The measure is reported as one overall score counting all patients who are screened and screen negative, and patients with positive screens only if they are appropriately referred and the RAE is notified about them.

Social needs screening should include at a minimum, five core domains consisting of housing instability; food insecurity; transportation problems; utility help needs and interpersonal safety.

Measure Steward: Colorado Department of Health Care Policy and Financing

Data Source: Hospital self-report

Data Collection Methodology: EMR or medical record review

Numerator:

Number of Medicaid patients discharged to home from an inpatient admission who have formal social needs screening during or within 12 months of the admission with results and if the screen is positive referral to an appropriate entity with notification to the RAE.

The numerator consists of the total number of patients screened who do not have positive screen and patients with positive screens who have been appropriately referred and the RAE notified. Patients who screen positive but are not appropriately referred with notification to the RAE, are excluded from the numerator.

Denominator: Medicaid patients discharged to home with an inpatient admission.

Exclusions:

1. Patients discharged AMA.

Target Population Notes: Adult and Pediatric Medicaid (primary) patients

Data Elements, Code Systems, Code Lists, Value Sets:

1. Patient record data extraction or chart review documenting screening and referral notification

2. Discharge counts

Risk Adjustment: Not applicable

Timing and Time Intervals: Annual

Calculation Algorithms: Percentage

Additional Considerations:

This measure incentivizes hospitals to implement screening for social needs and to work collaboratively with their community and RAE's to increase the options for and number of referrals to community-based agencies to address social needs.

CP1 - Readmission Rate for a High Frequency Chronic Condition 30 Day (Adult)

Definition:

Percentage of Medicaid patients discharged who have a high frequency chronic condition who are readmitted to the hospital within 30 days and are between 18 to 65 years of age. High frequency conditions are defined as hypertension, diabetes mellitus, heart failure, COPD, and asthma.

Measure Steward: Colorado Department of Health Care Policy and Financing

Data Source: Medicaid claims

Data Collection Methodology: Claims analysis

Numerator:

Medicaid patients discharged from the hospital who have a high frequency chronic condition as a primary or secondary diagnosis who are readmitted to the hospital within 30 days. High frequency conditions are defined as hypertension, diabetes mellitus, heart failure, COPD, and asthma.

Denominator:

Medicaid patients discharged from the hospital who have a high frequency chronic condition as a primary or secondary diagnosis. High frequency conditions are defined as hypertension, diabetes mellitus, heart failure, COPD, and asthma.

Exclusions:

Numerator:

1. Identify all acute and nonacute inpatient stays (Inpatient Stay Value Set).
2. Exclude nonacute inpatient stays (Nonacute Inpatient Stay Value Set).
3. Exclude acute inpatient hospital admissions with any of the following on the discharge claim:
 - Female members with a principal diagnosis of pregnancy (Pregnancy Value Set).
 - A principal diagnosis for a condition originating in the perinatal period (Perinatal Conditions Value Set).
 - Planned admissions using any of the following:

- ✓ A principal diagnosis of maintenance chemotherapy (Chemotherapy Value Set).
- ✓ A principal diagnosis of rehabilitation (Rehabilitation Value Set).
- ✓ An organ transplant (Kidney Transplant Value Set, Bone Marrow Transplant Value Set, Organ Transplant Other Than Kidney Value Set, Introduction of Autologous Pancreatic Cells Value Set).
- ✓ A potentially planned procedure (Potentially Planned Procedures Value Set) without a principal acute diagnosis (Acute Condition Value Set).

Denominator:

1. Identify all acute and nonacute inpatient stays (Inpatient Stay Value Set).
2. Exclude nonacute inpatient stays (Nonacute Inpatient Stay Value Set).
3. Exclude hospital stays where the index admission date is the same as the index discharge date
4. Exclude hospital stays for the following reasons:
 - The member dies during the stay
 - Female members with a principal diagnosis of pregnancy (Pregnancy Value Set) on the discharge claim
 - A principal diagnosis of a condition originating in the perinatal period (Perinatal Condition Value Set) on the discharge claim

Chronic condition codes were not included

Target Population Notes:

- Adult Medicaid (primary) patients between 18 and 65 years of age
- Continuous enrollment 365 days prior to the Index Discharge Date through 30 days after the index discharge date (Note: reports should be generated with and without the 365 continuous enrollment requirements).

Data Elements, Code Systems, Code Lists, Value Sets:

Use any diagnosis code on the claim code (including primary and secondary claim codes)

- Chronic condition: Hypertension
 - ✓ ICD-10 Code: All codes beginning with I10, I11, I12, I13, I14, I15, I16
- Chronic condition: Diabetes mellitus
 - ✓ ICD-10 Code: All codes beginning with E08, E09, E10, E11, E13
- Chronic condition: Heart failure
 - ✓ ICD-10 Code: All codes beginning with I50
- Chronic condition: COPD
 - ✓ ICD-10 Code: All codes beginning with J40, J41, J42, J43, J44
- Chronic condition: Asthma
 - ✓ ICD-10 Code: All codes beginning with J45

Per HEDIS specification, except:

- Patient status codes excluded
- All discharges with one day between are counted
- Pull inpatient stays by claim type (instead of revenue code)

Risk Adjustment: Not applicable

Timing and Time Intervals: Annual

Calculation Algorithms: Percentage

Additional Considerations:

This measure would be applicable to hospitals who want to implement enhanced transitions of care support for a cohort of Medicaid patients discharged with a chronic condition. This will include addressing both medical issues and social determinants of health.

CP1 - Pediatric All Condition Readmissions Rate Chronic Condition 30 Day

Definition:

This report contains detailed measure specifications for calculating case-mix-adjusted, 30-day all-condition readmission rates for the pediatric Medicaid population 18 years old or younger. High frequency conditions are defined as hypertension, diabetes mellitus, heart failure, COPD, and asthma.

Measure Steward: Center of Excellence for Pediatric Quality Measurement -NQF 2393

Data Source: Medicaid claims

Data Collection Methodology: Claims analysis

Numerator: Number of Medicaid index admissions with 1 or less readmission within 30 days.

Denominator: Total number of Medicaid index admissions.

Exclusions:

1. Patients discharged AMA.

Exclusions at hospital level:

1. Specialty hospitals
2. Non-acute care institutions, such as rehabilitation and long-term care facilities
3. Admissions for obstetric conditions, mental health conditions, and birth of healthy newborns
4. Readmissions for planned procedures and chemotherapy.

Exclusions at episode of care level:

1. Episodes of care for patients >18 years or 0 days old at the time of discharge
2. Episodes of care with a discharge disposition of death
3. Episodes of care with a discharge disposition of leaving the hospital against medical advice
4. Episodes of care for which 30 days of follow-up data are unavailable, either
 - because the dataset's time range for claims does not include the full 30 days
 - because, for single-payer analyses, the patient was not enrolled with the payer for the full 30 days (i.e., the difference between *ins_end* and *end_service_dt* is less than 30 days

Target Population Notes: Pediatric Medicaid (primary) patients 18 years of age and younger

Data Elements, Code Systems, Code Lists, Value Sets:

Use any diagnosis code on the claim code (including primary and secondary claim codes)

- Chronic condition: Hypertension
 - ✓ ICD-10 Code: All codes beginning with I10, I11, I12, I13, I14, I15, I16
- Chronic condition: Diabetes mellitus
 - ✓ ICD-10 Code: All codes beginning with E08, E09, E10, E11, E13
- Chronic condition: Heart failure
 - ✓ ICD-10 Code: All codes beginning with I50
- Chronic condition: COPD
 - ✓ ICD-10 Code: All codes beginning with J40, J41, J42, J43, J44
- Chronic condition: Asthma
 - ✓ ICD-10 Code: All codes beginning with J45

Risk Adjustment: Not applicable

Timing and Time Intervals: Annual

Calculation Algorithms:

The readmissions algorithm and adjustment methodology are a SAS program that was taken directly from specs provided by the Center of Excellence for Pediatric Quality Measurement.

Additional Considerations:

Measure Specification Documentation:

Provide name and email to access the specification and the SAS code

www.childrenshospital.org/Research/Centers-Departmental-Programs/center-of-excellence-for-pediatric-quality-measurement-cepqm/cepqm-measures/pediatric-readmissions/content

Provider IDs will need to be updated in the code every year

CP2 - Pediatric Bronchiolitis Appropriate Use of Bronchodilators

Definition:

Percentage of patients with a primary diagnosis of bronchiolitis admitted to the inpatient setting who receive bronchodilators (Note: lower percentage is better).

Measure Steward: Children's Hospital Association

Data Source: Hospital self-report

Data Collection Methodology: EMR or medical record review

Numerator:

Number of patients with a primary diagnosis of bronchiolitis admitted to the inpatient setting who receive bronchodilators.

Denominator:

Number of patients with a primary diagnosis of bronchiolitis admitted to the inpatient setting.

Exclusions:

Target Population Notes: Pediatric all payor patients less than 18 years

Data Elements, Code Systems, Code Lists, Value Sets: EMR or medical record documentation

Risk Adjustment: Not applicable

Timing and Time Intervals: Measure reported December to April

Calculation Algorithms: Percentage

Additional Considerations:

Please note this measure will be under annual review as developments and evidence-based research becomes available due to COVID-19.

CP3 - Pediatric Sepsis Timely Antibiotics

Definition:

Percentage of pediatric patients with suspected sepsis who receive antibiotics in less than or equal to 3 hours after an initial diagnosis of suspected sepsis. This includes patients in the emergency department, urgent care and inpatient settings.

Measure Steward: Children's Hospital Association

Data Source: Hospital self-report

Data Collection Methodology: EMR or medical record review

Numerator:

Number of patients in the emergency department, urgent care and inpatient settings who receive antibiotics in less than or equal to 3 hours after an initial diagnosis of suspected sepsis.

Denominator:

Number of patients in the emergency department, urgent care and inpatient settings who are diagnosed as suspected sepsis at some point during their visit or hospitalization.

Exclusions:

1. Patients admitted to the NICU

Target Population Notes: Pediatric all payor patients less than 18 years

Data Elements, Code Systems, Code Lists, Value Sets: EMR or medical record documentation

Risk Adjustment: Not applicable

Timing and Time Intervals: Performance year

Calculation Algorithms: Percentage

Additional Considerations:

CP4 - Screening for Transitions of Care Supports in Adults with Disabilities

Definition:

The percent of admitted patients, 18 years and older, with disabilities screened for transitions of care supports. Screening shall include an assessment of functional status using the “Long-Term Care Hospital Continuity Assessment Record and Evaluation Data Set Version 4.0” available at www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/LTCH-Quality-Reporting/LTCH-CARE-Data-Set-and-LTCH-QRP-Manual.html or similar comprehensive screen and if needed supports are identified, contact appropriate agencies to put in additional services.

Measure Steward: Colorado Department of Health Care Policy and Financing

Data Source: Hospital self-report

Data Collection Methodology: EMR or medical record review

Numerator:

Patients with a disability per Social Security Administration listings (www.ssa.gov/disability/professionals/bluebook/AdultListings.htm) admitted to the hospital who have a documented screening for transitions of care supports in the medical record; if needed supports are identified, contact appropriate agencies to put in additional services.

Denominator:

Patients with a disability per Social Security Administration listings (www.ssa.gov/disability/professionals/bluebook/AdultListings.htm) admitted to the hospital.

Exclusions:

Target Population Notes: Adult all payor patients 18 years of age and older

Data Elements, Code Systems, Code Lists, Value Sets: EMR or medical record documentation

Risk Adjustment: Not applicable

Timing and Time Intervals: Annual

Calculation Algorithms: Percentage

Additional Considerations:

CP5 - Reducing Neonatal Complications

Definition:

Reducing the percent of infants with unexpected newborn complications among full term newborns with no preexisting conditions.

Severe complications include neonatal death, transfer to another hospital for higher level of care, severe birth injuries such as intracranial hemorrhage or nerve injury, neurologic damage, severe respiratory and infectious complications such as sepsis.

Moderate complications include diagnoses or procedures that raise concern but at a lower level than the list for severe, e.g. use of CPAP or bone fracture. Examples include less severe respiratory complications e.g. Transient Tachypnea of the Newborn, or infections with a longer length of stay not including sepsis, infants who have a prolonged length of stay of over five days.

Measure Steward: The Joint Commission JC-06 (Version 2019A)

Data Source: Hospital chart abstraction

Data Collection Methodology:

Chart abstraction which can include vital records, delivery logs and clinical information systems

Numerator:

Newborns with severe complications and moderate complications

Severe Complications:

1. Death
2. Transfer to another acute care facility for higher level of care
3. *Principal Diagnosis Code, Other Diagnosis Codes, Principal Procedure Code or Other Procedure Codes for Severe Morbidities:*

- Severe Birth Trauma
- Severe Hypoxia/Asphyxia
- Severe Shock and Resuscitation
- Neonatal Severe Respiratory Complications
- Neonatal Severe Infection
- Neonatal Severe Neurological Complications
- Severe Shock and Resuscitation Procedures
- Neonatal Severe Respiratory Procedures
- Neonatal Severe Neurological Procedures

4. Patients with Length of Stay greater than 4 days AND a *Principal Diagnosis Code or Other Diagnosis Codes for Sepsis*

Moderate Complications:

1. *Principal Diagnosis Code, Other Diagnosis Codes, Principal Procedure Code or Other Procedure Codes* for moderate complications:
 - Moderate Birth Trauma
 - Moderate Respiratory Complications
 - Moderate Respiratory Complications Procedures
2. *Principal Diagnosis Code* for Single Liveborn Newborn-Vaginal AND Length of Stay greater than 2 days
OR
Principal Diagnosis Code for Single Liveborn Newborn-Cesarean AND Length of Stay greater than 4 days
AND ANY
Principal Diagnosis Code, Other Diagnosis Codes, Principal Procedure Code or Other Procedure Codes for moderate complications:
 - Moderate Birth Trauma with LOS
 - Moderate Respiratory Complications with LOS
 - Moderate Neurological Complications with LOS Procedures
 - Moderate Respiratory Complications with LOS Procedures
 - Moderate Infection with LOS
3. Patients with Length of Stay greater than 5 days and NO *Principal Diagnosis Code, Other Diagnosis Codes, Principal Procedure Code or Other Procedure Codes* for jaundice or social indications:
 - Neonatal Jaundice
 - Phototherapy
 - Social Indications

Denominator: Liveborn single term newborns 2500 gm or over in birth weight.

Exclusions:

Numerator: None

Denominator:

1. Patients who are not born in the hospital or are part of multiple gestation pregnancies
2. Birth Weight less than 2500g
3. Patients who are not term or with less than 37 weeks gestation completed
4. Patients whose term status or gestational age is missing and birthweight less than 3000 gm
5. Congenital malformations and genetic diseases
6. Pre-existing fetal conditions
7. Maternal drug use exposure in-utero

Target Population Notes: All payor

Data Elements, Code Systems, Code Lists, Value Sets:

Numerator:

- Admission Date
- Discharge Date
- Discharge Disposition
- Other Diagnosis Codes
- Principal Diagnosis Code
- Other Procedure Codes
- Principal Procedure Code

Denominator:

- Birth Weight
- Birthdate
- Other Diagnosis Codes
- Principal Diagnosis Code
- Other Procedure Codes
- Principal Procedure Code
- Term Newborn

Risk Adjustment: Not applicable

Timing and Time Intervals: Annual

Calculation Algorithms: The result is expressed as a rate per 1000 live births.

Additional Considerations:

Hospitals with over 300 deliveries a year are mandated to report this to The Joint Commission on Accreditation of Healthcare Organizations (JCAHO).

CP6 - Screening and Referral for Perinatal and Post Partum Depression and Anxiety and Notification of Positive Screens to the RAE

Definition:

Percentage of pregnant Medicaid patients screened at any hospital encounter for perinatal and post-partum anxiety and depression during pregnancy or the postpartum period (60 days) with the RAE notified within one business day if the screen is positive.

The RAE must be notified within one business day if a patient has a positive screen for that patient to be considered having met this measure and included in the numerator. Screening alone without RAE notification for a Medicaid patient who screens positive is not considered adequate for this measure. The measure is reported as one overall score counting all patients who are screened and screen negative, and patients with positive screens only if the RAE is notified about them within one business day.

Measure Steward: Colorado Department of Health Care Policy and Financing

Data Source: Hospital self-report

Data Collection Methodology: EMR or medical record review

Numerator:

The number of Medicaid hospital encounters for women who are pregnant or in the post-partum period (60 days) at which a screening for anxiety and depression was done and RAE notified within one business day if the screen was positive.

The numerator consists of the number of patients screened who do not have positive screen and the number of patients with positive screens for whom the RAE notified within one business day. Patients who are screened, and screen positive, for whom the RAE is not notified within one business are excluded from the numerator.

Denominator:

The number of Medicaid hospital encounters of women who are pregnant or in the post-partum period (60 days).

Exclusions:

1. Patients discharged AMA.

Target Population Notes: Medicaid (primary) patients

Data Elements, Code Systems, Code Lists, Value Sets: EMR or medical record documentation

Risk Adjustment: Not applicable

Timing and Time Intervals: Annual

Calculation Algorithms: Percentage

Additional Considerations:

This measure would require hospitals to work with RAE's to ensure optimal patient access and follow up. Notification to the RAE should not take the place of or delay appropriate referral when mental health referral resources are known and available. If a screening took place in the last 7 days and was positive, that screening is valid and re-screening is not required.

CP7 - Increase Access to Specialty Care

Definition:

The annual number of Medicaid visits with specialist physicians contracted through or employed by a hospital.

Measure Steward: Colorado Department of Health Care Policy and Financing

Data Source: Hospital self-report

Data Collection Methodology: Hospital system

Numerator:

This is a simple count of the number of Medicaid visits with specialty physicians contracted through or employed by a hospital as described above.

Denominator: None

Exclusions:

Target Population Notes: Medicaid (primary) patients

Data Elements, Code Systems, Code Lists, Value Sets:

Visit counts from hospital systems or records

Risk Adjustment: Not applicable

Timing and Time Intervals: Annual

Calculation Algorithms: Visit count

Additional Considerations:

This measure is appropriate for hospitals who provide significant ambulatory specialty care through employed physicians and are committed to improving specialty access for Medicaid patients through increased appointment availability and patient support for completing the visit.

Behavioral Health/Substance Use Disorder

SW-BH1 - Collaboratively develop and implement a mutually agreed upon discharge planning and notification process with the appropriate RAE's for eligible patients with a diagnosis of mental illness or substance use disorder (SUD) discharged from the hospital or ED

Definition:

Percentage of eligible Medicaid patients 18 years or older discharged from the hospital or emergency department to home with a principal or secondary diagnosis of mental illness or SUD with a collaboratively mutually agreed upon discharge planning and notification process with or to the RAE within one business day.

The Substance Abuse and Mental Health Services Administration defines SUD as alcoholism and drug dependence and addiction or the use of alcohol or drugs that is compulsive or dangerous.³

Measure Steward: Colorado Department of Health Care Policy and Financing

Data Source: Hospital self-report

Data Collection Methodology: Hospital self-reported data

Numerator:

Number of eligible Medicaid patients discharged from the hospital or emergency department to home with a principal or secondary diagnosis of mental illness or SUD with a collaboratively mutually agreed upon discharge planning and notification process with or to the RAE within one business day.

Denominator:

Number of eligible Medicaid patients discharged to home from the hospital or emergency department with a principal or secondary diagnosis of mental illness or SUD.

Exclusions:

1. Patients discharged AMA or discontinued care.

Target Population Notes: Adult Medicaid (primary) patients 18 years of age and older

Data Elements, Code Systems, Code Lists, Value Sets:

Covered Mental Health Diagnosis:

ICD-10-CM Code Ranges	
Start Value	End Value
F20.0	F42.3
F42.8	F48.1
F48.9	F51.03
F51.09	F51.12

³ <https://store.samhsa.gov/system/files/sma14-4126.pdf>

Start Value	End Value
F51.09	F51.9
F53.0	F53.1
F60.0	F63.9
F68.10	F69
F90.0	F98.4
F98.8	F99
R45.1	R45.2
R45.5	R45.82

Covered Substance Use Disorder Diagnosis:

ICD-10-CM Code Ranges

Start Value	End Value
F10.10	F10.26
F10.28	F10.96
F10.98	F13.26
F13.28	F13.96
F13.98	F18.159
F18.18	F18.259
F18.28	F18.959
F18.980	F19.16
F19.18	F19.26
F19.28	F19.99

Risk Adjustment: Not applicable

Timing and Time Intervals: Annual

Calculation Algorithms: Percentage

Additional Considerations:

Eligible patients are those who give consent or for whom state and federal statutes allow notification without consent. Implementation plans for this measure must include a robust process for seeking patient consent.

SW-BH2 - Pediatric Screening for Depression in Inpatient and ED Including Suicide Risk

Definition:

Percent of pediatric patients 12 years or older who were screened for depression including suicide risk during an inpatient or emergency department encounter.

Measure Steward: Colorado Department of Health Care Policy and Financing

Data Source: Hospital self-report

Data Collection Methodology: EMR or medical record review

Numerator:

Number of pediatric patients (12 years or older) with an inpatient or emergency department encounter who were screened for depression including suicide risk.

Denominator:

Number of pediatric patients with an inpatient or emergency department encounter.

Exclusions:

1. Patients discharged AMA.

Target Population Notes: Pediatric all payor patients 12 years of age and older

Data Elements, Code Systems, Code Lists, Value Sets: EMR or medical record documentation

Risk Adjustment: Not applicable

Timing and Time Intervals: Annual

Calculation Algorithms: Percentage

Additional Considerations:

SW-BH3 - Using Alternatives to Opioids (ALTO's) in Hospital EDs: 1) Decrease use of opioids 2) Increase use of ALTO's

Definition:

1. Total per oral (PO) morphine equivalents units (MEUs) per 1,000 Emergency Department (ED) Visits for patient ages 18 year and older broken down by Pain Pathway.
2. Total number of listed ALTO drugs of interest medications administered per 1,000 Emergency Department (ED) Visits for patient ages 18 year and older broken down by Pain Pathway. For example, if a patient was given two ALTOs with the same medication name both administrations would count in the Numerator of this metric.

Measure Steward: Colorado Hospital Association; American College of Emergency Physicians

Data Source: Hospital self-report

Data Collection Methodology:

Numerator: EMR; Medication administration record (MAR)

Denominator: EMR, billing systems or other tracking systems

Numerator:

1. (Decrease use of Opioids) Total MEUs of the drugs included in the listed drugs of interest (Drugs of Interest), among cases meeting the inclusion and exclusion rules for the denominator.
2. (Increase use of ALTOs) Number of medications administered included in the listed ALTOs drugs of interest (Drugs of Interest), among cases meeting the inclusion and exclusion rules for the denominator.

Denominator:

1. Any visit where the patient was treated at some point in the ED for patients ages 18 years and older, including patients who were admitted as inpatients, kept in observation, or discharged home, with any primary or secondary ICD-10-CM diagnosis codes (Pain Pathways).
2. Any visit where the patient was treated at some point in the ED for patients ages 18 years and older, including patients who were admitted as inpatients, kept in observation, or discharged home with any primary or secondary ICD-10-CM diagnosis codes (Pain Pathways).

Exclusions:

Numerator: None

Denominator:

Exclude cases: with missing gender (SEX=missing), age (AGE=missing), quarter (DQTR=missing), year (YEAR=missing), or principal diagnosis (DX1=missing)

Target Population Notes: Adult all payor patients 18 years of age and older

Data Elements, Code Systems, Code Lists, Value Sets:

Per specifications from Colorado Hospital Association (Appendix A)

Risk Adjustment: Not applicable

Timing and Time Intervals: Annual

Calculation Algorithms: Rate

Additional Considerations:

This is a two part measure each worth 50%.

See Appendix A for additional specification detail including acceptable alternative medications and ICD-10-CM diagnosis codes or visit cha.com/alto for further information.

BH1 - Screening, Brief Intervention, and Referral to Treatment (SBIRT) in the ED

Definition:

The percent of Medicaid ED patients age 12 years and older who are screened for alcohol or other substance use at the time of an ED visit and those who score positive have also received a brief intervention during the ED visit.

Screening alone without a brief intervention for patients who score positive is not considered adequate for this measure. The measure is reported as one overall score counting in the numerator all patients who are screened and screen negative, and patients with positive screens only if there is a brief intervention.

Measure Steward: Oregon Health Authority

Data Source: Hospital self-report

Data Collection Methodology: EMR or chart review

Numerator:

The numerator consists of the number of Medicaid patients screened at the time of an ED visit who do not have positive screen and the number of patients with positive screens only if they receive a brief intervention during the ED visit. Patients who are screened, and screen positive, but do not receive a brief intervention in the ED are excluded from the numerator.

Denominator: Number of ED visits for Medicaid patients age 12 years and older.

Exclusions:

Screening Rate: Any of the following criteria removes individuals from the denominator:

1. Individual refuses to participate
2. Situations where the individual's functional capacity or ability to communicate may impact the accuracy of results of standardized alcohol or drug use screening tools
3. Medical stabilization is the primary function of the ED and treatment must be delivered to obtain that outcome. Therefore, the denominator should exclude individuals where time is of the essence and to delay treatment would jeopardize the individual's health status.

Target Population Notes: Adult and Pediatric Medicaid (primary) patients

Data Elements, Code Systems, Code Lists, Value Sets: EMR or medical record documentation

Risk Adjustment: Not applicable

Timing and Time Intervals: Annual

Calculation Algorithms: Percentage

Additional Considerations:

Screening instrument and scoring methodology used by individual hospitals must be consistent with CMS guidance and approved by the state. Please reference:

https://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNProducts/downloads/SBIRT_Factsheet_ICN904084.pdf

BH2 - Initiation of Medication Assisted Treatment (MAT) in ED or Hospital Owned Certified Provider Based Rural Health Center**Definition:**

The number of patients with an opioid use disorder (OUD) diagnosis for whom MAT with Buprenorphine, Methadone, or Naltrexone is initiated during an emergency department visit or hospital-owned certified provider-based rural health center.

Measure Steward: Colorado Department of Health Care Policy and Financing

Data Source: Hospital self-report

Data Collection Methodology: Treatment recorded in ED visit note or claim

Numerator:

This is a simple count of the number of OUD diagnosis patients for whom MAT with Buprenorphine, Methadone, or Naltrexone is initiated in the emergency department or hospital-owned certified provider-based rural health center.

Denominator: None

Exclusions:

Target Population Notes: All payor patients with an opioid use disorder diagnosis

Data Elements, Code Systems, Code Lists, Value Sets:

Hospital self-report from visit note or claim

Risk Adjustment: Not applicable

Timing and Time Intervals: Yearly count

Calculation Algorithms: Patient count

Additional Considerations:

This measure is designed for hospitals who want to implement a program to train and certify providers and develop protocols to initiate MAT in the emergency department for appropriate patients. Patients will then be referred to outpatient providers for ongoing treatment. The measure will reflect the number of patients treated annually post implementation.

Clinical and Operational Efficiencies

SW-COE1 - Hospital Index

Definition:

A measure of avoidable care across procedural episodes. A hospital's index score will be compared to a baseline index score.

Measure Steward:

Colorado Department of Health Care Policy and Financing utilizing the Prometheus tool

Data Source: Medicaid claims and Hospital Prometheus Dashboard

Data Collection Methodology: Claims analysis

Numerator: Not applicable

Denominator: Not applicable

Exclusions:

1. Per proprietary algorithm

Target Population Notes: Medicaid (primary) patients

Data Elements, Code Systems, Code Lists, Value Sets: Claims

The following procedure are used to calculate performance in the Hospital Index measure.

Episode Description	Episode Type
Bariatric Surgery	Procedural
Breast Biopsy	Procedural
C-Section	Procedural
CABG &/or Valve Procedures	Procedural
Cataract Surgery	Procedural
Colonoscopy	Procedural
Colorectal Resection	Procedural
Coronary Angioplasty	Procedural
Gall Bladder Surgery	Procedural
Hip Replacement / Revision	Procedural
Hysterectomy	Procedural
Knee Arthroscopy	Procedural
Knee Replacement / Revision	Procedural
Lumbar Laminectomy	Procedural
Lumbar Spine Fusion	Procedural
Lung Resection	Procedural
Mastectomy	Procedural
Pacemaker / Defibrillator	Procedural
Prostatectomy	Procedural
Shoulder Replacement	Procedural
Tonsillectomy	Procedural

Episode Description	Episode Type
Transurethral Resection Prostate	Procedural
Upper GI Endoscopy	Procedural
Vaginal Delivery	Procedural

Risk Adjustment: No, but the index calculation is normalized

Timing and Time Intervals: Annual

Calculation Algorithms: Index score

Additional Considerations:

Proprietary algorithm

citeseerx.ist.psu.edu/viewdoc/download?doi=10.1.1.867.7869&rep=rep1&type=pdf

COE1 - Increase the successful transmission of a summary of care record to a patient's primary care physician (PCP) or other healthcare professional within one business day of discharge from an inpatient facility to home

Definition:

Successful transmission of a summary of care record, as described in the intervention, to a Medicaid patient's PCP or other healthcare professional within one business day of discharge from an inpatient facility to home.

Measure Steward: Colorado Department of Health Care Policy and Financing

Data Source: Hospital self-report

Data Collection Methodology: EMR or medical record documentation

Numerator:

The number of successful transmissions of a summary of care record to a Medicaid patient's PCP or other healthcare professional within one business day of discharge from an inpatient facility to home.

Denominator: The number of Medicaid inpatient discharges.

Exclusions:

Target Population Notes: Adult and Pediatric Medicaid (primary) patients

Data Elements, Code Systems, Code Lists, Value Sets: EMR or patient record documentation

Summary of Care Record is defined in the "Medicaid Promoting Interoperability Program" by CMS⁴ and has to include:

- Patient name
- Demographic information (preferred language, sex, race, ethnicity, date of birth)

⁴ www.cms.gov/Regulations-and-Guidance/Legislation/EHRIncentivePrograms/Downloads/MedicaidEP_2019_Obj7.pdf

- Smoking status
- Current problem list (providers may also include historical problems at their discretion)⁵
- Current medication list⁵
- Laboratory test(s)
- Laboratory value(s)/result(s)
- Vital signs (height, weight, blood pressure, Body Mass Index (BMI))
- Procedures
- Care team member(s) including the primary care provider of record and any additional known care team members beyond the referring or transitioning provider and the receiving provider)⁵
- Immunizations
- Unique device identifier(s) for a patient’s implantable device(s)
- Care plan, including goals, health concerns, and assessment and plan of treatment
- Encounter diagnosis
- Functional status, including activities of daily living, cognitive and disability status

Risk Adjustment: Not applicable

Timing and Time Intervals: Annual

Calculation Algorithms: Percentage

Additional Considerations:

If the patient cannot identify a PCP, the hospital should contact the RAE to determine the PCP assigned to the patient.

Hospitals should define the best method for documenting receipt based on transmission type and their system capabilities.

COE2 - Implementation/expansion of Telemedicine Visits

Definition:

The annual number of telemedicine visits supported through the hospital.

A telemedicine visit is an interactive telephone or video encounter between a clinician and a patient that meets the following definition: *“Telemedicine - The delivery of medical services and any diagnosis, consultation, treatment, transfer of medical data or education related to health care services using interactive audio, interactive video, or interactive data communication instead of in-person contact. Any health benefits provided through Telemedicine shall meet the same standard of care as in-person care.”* (Defined in Colorado rule 10 CCR 2505-10 8.200.3.B)

⁵ An eligible professional (EP) must verify that the fields for current problem list, current medication list, and current medication allergy list are not blank and include the most recent information known by the EP as of the time of generating the summary of care document or include a notation of no current problem, medication and/or medication allergies

Measure Steward: Colorado Department of Health Care Policy and Financing

Data Source: Hospital self-report

Data Collection Methodology: Hospital system

Numerator: This is a simple count of the number of telemedicine visits as described above.

Denominator: None

Exclusions:

Target Population Notes: Adult and Pediatric all payor patients

Data Elements, Code Systems, Code Lists, Value Sets:

Visit counts from hospital systems or records

Risk Adjustment: Not applicable

Timing and Time Intervals: Annual

Calculation Algorithms: Visit count

Additional Considerations:

This measure is appropriate for hospitals who want to implement or expand telemedicine programs on their own or in collaboration with a vendor or clinician group.

Only completed visits, not just scheduled, should be counted.

For this measure, the hospital has to be the primary implementer of the telehealth visit process and system or have participated in significant collaborative planning and implementation with another hospital to enable these visits to occur.

COE3 - Implementation/expansion of e-Consults

Definition:

The annual number of e-Consults supported through the hospital.

e-Consults are a communication about a specific patient between a primary care clinician and a specialist documented in the patient's medical record and conducted through a "web-based system that allows for an asynchronous exchange between primary care providers and specialists to securely share health information and discuss patient care."

Measure Steward: Colorado Department of Health Care Policy and Financing

Data Source: Hospital self-report

Data Collection Methodology: Hospital system

Numerator: This is a simple count of the number of e-Consults as described above.

Denominator: None

Exclusions:

Target Population Notes: Adult and Pediatric all payor patients

Data Elements, Code Systems, Code Lists, Value Sets:

Visit counts from hospital systems or records

Risk Adjustment: Not applicable

Timing and Time Intervals: Annual

Calculation Algorithms: Visit count

Additional Considerations:

This measure is appropriate for hospitals who want to implement or expand e-Consults on their own or in collaboration with a vendor or clinician group.

COE4 - Energy Star Certification Achievement and Score Improvement for Hospitals

Definition:

The ENERGY STAR Score for Hospitals applies to general medical and surgical hospitals, including critical access hospitals and children's hospitals. The objective of the ENERGY STAR score is to provide a fair assessment of the energy performance of a property relative to its peers, taking into account the climate, weather, and business activities at the property. To identify the aspects of building activity that are significant drivers of energy use and then normalize for those factors, a statistical analysis of the peer building population is performed. The result of this analysis is an equation that will predict the energy use of a property, based on its experienced business activities. The energy use prediction for a building is compared to its actual energy use to yield a 1 to 100 percentile ranking of performance, relative to the national population.

To be eligible for ENERGY STAR certification and any credit for this measure, a hospital must earn an ENERGY STAR score of 75 or higher, indicating that it performs better than at least 75 percent of similar buildings nationally. Hospitals will also be expected to demonstrate improvement in the score during the program.

Measure Steward:

U.S. Department of Environmental Protection and U.S. Department of Energy

Data Source: Hospital systems data

Data Collection Methodology:

Annual Energy Star for Hospitals survey submission verified by a licensed Professional Engineer (PE) or Registered Architect (RA)

Numerator:

Score at 75th percentile or above relative to national performance based on data from an industry survey conducted by the America Society for Healthcare Engineering (ASHE), a personal membership society of the American Hospital Association (AHA).

Denominator: None

Exclusions:

Target Population Notes: All payor patients

Data Elements, Code Systems, Code Lists, Value Sets: Per Energy Star program

Risk Adjustment: Yes, the analysis includes adjustments for the following

1. Building size
2. Number of Full-Time Equivalent Workers
3. Number of Staffed Beds
4. Number of MRI Machines
5. Weather and Climate (using Cooling Degree Days, retrieved based on Zip code)

Timing and Time Intervals: Annual

Calculation Algorithms: Description available at:

www.energystar.gov/sites/default/files/tools/Hospital_August_2018_EN_508.pdf

Additional Considerations:

Scoring will be based on achievement of energy star certification and improvement in the score year to year.

Population Health/Total Cost of Care

SW-PH1 - Severity Adjusted Length of Stay (LOS)

Definition:

Severity Adjusted LOS compared to statewide average.

This measure is reported as the ratio of actual average length of stay to expected average length of stay based on statewide average and risk adjustment for patient severity.

Days LOS Admit Acute is the average length of stay for acute admissions, defined as:

$$\text{Days LOS Admit Acute} = \text{Days Admit Acute} / \text{Admits Acute}$$

Acute Admissions identifies Medicaid admissions that took place in an acute inpatient setting. Acute inpatient settings include inpatient hospitals, birthing centers, inpatient psychiatric facilities, and residential substance abuse treatment facilities. The setting value is derived from the Admission record, Medstat Place Group Code value. The value is filtered to Group Code=1.

Measure Steward: IBM-Watson Truven Advantage Suite

Data Source: Medicaid claims

Data Collection Methodology: Claims analysis

Numerator: Hospitals actual average length of stay for Medicaid patients.

Denominator:

Hospitals expected average length of stay for Medicaid patients as calculated by the Truven Advantage (IBM) Reporting Suite. The expected length of stay for each hospital is the statewide average length of stay adjusted for the patient condition severity mix at each hospital.

This measure will be reported out as a ratio of actual average length of stay to expected severity adjusted average length of stay. A score over 1 indicates LOS are higher than predicted based on patient severity; a score less than 1 indicates that LOS are lower than predicted based on patient condition severity.

Exclusions:

1. Transfers to or from a hospital
2. Other exclusions per IBM-Watson specification

Target Population Notes: Adult and Pediatric Medicaid (primary) patients

Data Elements, Code Systems, Code Lists, Value Sets:

21 Inpatient Hospital (Place Group = 1)

Risk Adjustment:

DRG mix and severity of the admissions within each DRG. Truven Advantage Suite uses *Medstat Disease Staging Software*[®] *predictive scale values* in combination with *DRG specific adjustment factors*.

Timing and Time Intervals: Annual

Calculation Algorithms: Day count

Additional Considerations:

Proprietary algorithm

PH1 - Increase the Percentage of Patients who had a Well Visit within a Rolling 12-month period

Definition:

The percentage of Medicaid patients who had a well visit within a rolling 12-month period.

Measure Steward: Colorado Department of Health Care Policy and Financing

Data Source: Medicaid claims

Data Collection Methodology: Claims analysis

Numerator:

The percentage of Medicaid patients who had a well visit within a rolling 12-month period.

Denominator:

The attributed number of Medicaid patients in the hospital's primary catchment area.

Exclusions:

1. Patients not continuously enrolled throughout the performance year.

Target Population Notes: Pediatric Medicaid (primary)

Data Elements, Code Systems, Code Lists, Value Sets: E and M codes

Risk Adjustment: Not applicable

Timing and Time Intervals: Annual

Calculation Algorithms: Percentage

Additional Considerations:

- Appropriate only for hospitals that are sole community providers and/or provide ambulatory care. Hospitals could work with their local RAE on this measure through referral and appointments made for patients seen in ED and/or inpatient.
- Claims with the listed diagnosis codes and billing provider types 32, 45, and 61 were included to capture FQHC, RHC, and IHS visits
- Additional claim type definition

- ✓ Claim Type Code used include Inpatient Xover Claims (A), Inpatient Claims (I), Outpatient Xover Claims (C), Outpatient Claims (O) to retrieve all inpatient and outpatient claims
- ✓ To retrieve well visit using procedure codes, the Claim Type Code used include: Professional Xover Claims (B), Professional Claims (M), Outpatient Xover Claims (C), Outpatient Claims (O), along with the following procedure codes '99381','99382','99383','99384','99385','99386','99387','99391','99392','99393','99394','99395','99396','99397','99460','99461','99463'.
- ✓ To retrieve well visit using diagnostic code, the following diagnostics codes were used: 'Z762','Z0000','Z0001','Z00110','Z00111','Z00121','Z00129','Z005','Z006','Z0070','Z0071','Z008','Z020','Z021','Z022','Z023','Z024','Z025','Z026','Z0281','Z0282','Z0283','Z0289'
- Criteria require one of the diagnosis codes AND one of the procedure codes to be present on the claim
- Additional procedure codes that were used to match the ACC KPI definition:
 - ✓ Procedure code between '99201' and '99205' or procedure code between '99211' and '99215' or procedure code in ('99304','99305','99306','99307','99308','99309','99310','99311','99312','99313','99315','99316','99318','99341','99342','99343','99344','99345','99347','99348','99349','99350','99406','99407','99408','99409','99415','99416','99420','99429','99401','99402','99403','99404','99411','99412')
- Eligibility
 - ✓ Health Program Code used include 'MEDA', 'MEDB' for Medicare exclusion
 - ✓ Excluded Title XIX Aid Codes are F3 and F4 (QMB/SLMB)
 - ✓ Excluded Aid Codes include 'N1', 'N2', 'N4', 'K2', 'K7', 'F3', 'F4'

PH2 - Increase the Number of Patients Seen by Co-Responder Hospital Staff

Definition:

Increase the number of patients seen by Co-Responder hospital staff. Program description at: www.colorado.gov/pacific/cdhs/co-responder-programs

Measure Steward: Colorado Department of Health Care Policy and Financing

Data Source: Hospital self-report

Data Collection Methodology: Hospital self-reported data

Numerator:

Simple count of number of patient contacts by hospital supported Co-Responder staff.

Denominator: None

Exclusions:

Target Population Notes: Adult all payor

Data Elements, Code Systems, Code Lists, Value Sets: Patient count

Risk Adjustment: Not applicable

Timing and Time Intervals: Annual

Calculation Algorithms: Patient count

Additional Considerations: Hospital diversion rate should be tracked and reported.

PH3 - Improve Leadership Diversity

Definition: Increase the percentage of management staff from underrepresented groups.

Management staff are defined as hospital employees who manage a department or have a title of director or above.

Measure Steward: Colorado Department of Health Care Policy and Financing

Data Source: Hospital self-report

Data Collection Methodology: Hospital human resource system

Numerator:

Number of hospital employed staff who manage a department or have a title of director or above and who are from underrepresented groups.

Denominator:

Number of hospital employed staff who manage a department or have a title of director or above.

Exclusions:

Target Population Notes:

Hospitals will submit titles, position descriptions and numbers of management staff for consideration for inclusion in this metric.

Data Elements, Code Systems, Code Lists, Value Sets: Employee types

Risk Adjustment: Not applicable

Timing and Time Intervals: Annual

Calculation Algorithms: Percentage

Additional Considerations: This will be a year over year improvement over hospital baseline.

Statewide Priorities - Optional Choices Below

SP-PH1 - Conversion of Freestanding EDs to Address Community Needs

Conditions to Qualify for Freestanding ED (FSED) conversion credit:

- Identify Hospital affiliated FSEDs
 - ✓ Which hospital billing IDs were the FSEDs using?
 - ✓ Mid-point report review
- Efforts beginning October 2018 and after will be eligible
- Priorities are that FSEDs are:
 - ✓ Converted to primary care with after hours
 - ✓ Converted to BH or SUD treatment
 - ✓ Closed
- For each FSED identify:
 - ✓ Is it being converted or closed? Yes/No
 - ✓ If converted, to what?
 - ✓ If closing, why closing instead of converting?

If not converting or closing all the affiliated FSEDs, why are the remaining ones staying in place?

SP-PH2 - Creation of Dual Track ED

A separate process for lower acuity patients presenting to the emergency room department with less serious conditions who can be treated more quickly and then released consisting of the following:

- Dedicated space part of or adjacent to the emergency room
- Dedicated staffing
- Explicit triage criteria
- Open a minimum of 8 hours a day
- Average wait time less than regular emergency department
- Protocols for most common conditions expected to be treated
 - ✓ Minimum of 12 protocols

Appendix A - Colorado Hospital Association Specification Detail

Total per oral Morphine Equivalent Units (MEU) per 1,000 ED Visits by Pain Pathway

Definition: Total per oral (PO) MEUs per 1,000 Emergency Department (ED) Visits for patient ages 18 year and older broken down by Pain Pathway.

Measure Steward: Colorado Hospital Association

Numerator:

Total MEUs of the drugs included in the listed drugs of interest (Drugs of Interest), among cases meeting the inclusion and exclusion rules for the denominator.

Denominator:

Any visit where the patient was treated at some point in the ED for patients ages 18 years and older, including patients who were admitted as inpatients, kept in observation, or discharged home, with any primary or secondary ICD-10-CM diagnosis codes (Pain Pathways).

Denominator Exclusions:

Numerator: None

Denominator:

Exclude cases: with missing gender (SEX=missing), age (AGE=missing), quarter (DQTR=missing), year (YEAR=missing), or principal diagnosis (DX1=missing)

Calculation Algorithms: Rate

Drugs of Interest:

- Codeine
- Fentanyl
- Hydrocodone
- Hydromorphone
- Meperidine
- Morphine
- Oxycodone
- Oxymorphone
- Tramadol

PO MEU Conversion Table:

Administration Dose x Conversion factor = PO MEU

Opioid	Route	Conversion factor
Codeine	PO	0.15
Codeine	PO	0.15
Fentanyl	IM	300
Fentanyl	IV	300
Fentanyl	SQ	300

Opioid	Route	Conversion factor
Fentanyl	TD	7200
Hydrocodone	PO	1
Hydrocodone	PO	1
Hydrocodone	PO	1
Hydrocodone	PO	1
Hydromorphone	IM	20
Hydromorphone	IV	20
Hydromorphone	PO	4
Hydromorphone	PO	4
Hydromorphone	SL	4
Hydromorphone	SQ	20
Meperidine	PO	0.1
Meperidine	SL	0.1
Morphine	IV	3
Morphine	PO	1
Morphine	PO	1
Morphine	SL	1
Morphine	SL	1
Morphine	SQ	3
Oxycodone	PO	1.5
Oxycodone	PO	1.5
Oxycodone	SL	1.5
Oxymorphone	IM	30
Oxymorphone	IV	30
Oxymorphone	PO	3
Oxymorphone	SL	3
Oxymorphone	SQ	30
Tramadol	PO	0.1
Tramadol	PO	0.1
Tramadol	SL	0.1

Pain Pathways:

Pain Pathway	Code
Migraines and headaches	R51
Migraines and headaches	G4482
Migraines and headaches	G43111
Migraines and headaches	G43119
Migraines and headaches	G43101
Migraines and headaches	G43109
Migraines and headaches	G43011
Migraines and headaches	G43019
Migraines and headaches	G43001
Migraines and headaches	G43009
Migraines and headaches	G43911

Pain Pathway	Code
Migraines and headaches	G43919
Migraines and headaches	G43901
Migraines and headaches	G43909
Migraines and headaches	G43811
Migraines and headaches	G43819
Migraines and headaches	G43801
Migraines and headaches	G43809
Migraines and headaches	G44
Migraines and headaches	G440
Migraines and headaches	G441
Migraines and headaches	G442
Migraines and headaches	G443
Migraines and headaches	G444
Migraines and headaches	G448
Migraines and headaches	G43
Migraines and headaches	G430
Migraines and headaches	G431
Migraines and headaches	G438
Migraines and headaches	G439
Low back pain	M545
Low back pain	M5442
Low back pain	M5441
Low back pain	M5440
Low back pain	M543
Low back pain	M5430
Low back pain	M5431
Low back pain	M5432
Low back pain	M544
Low back pain	M5440
Low back pain	M5441
Low back pain	M5442
Low back pain	M545
Low back pain	M546
Low back pain	M548
Low back pain	M5481
Low back pain	M5489
Low back pain	M549
Kidney Stones	N200
Kidney Stones	N202
Kidney Stones	N23
Arm/leg fractures & dislocations	S4222A
Arm/leg fractures & dislocations	S4224A
Arm/leg fractures & dislocations	S42231A

Pain Pathway	Code
Arm/leg fractures & dislocations	S42241A
Arm/leg fractures & dislocations	S43015A
Arm/leg fractures & dislocations	S53115A
Arm/leg fractures & dislocations	S43014A
Arm/leg fractures & dislocations	S53114A
Arm/leg fractures & dislocations	S52562A
Arm/leg fractures & dislocations	S52561A
Arm/leg fractures & dislocations	S52532A
Arm/leg fractures & dislocations	S52532B
Arm/leg fractures & dislocations	S52532D
Arm/leg fractures & dislocations	S52531A
Arm/leg fractures & dislocations	S9304XA
Arm/leg fractures & dislocations	S82142A
Arm/leg fractures & dislocations	S82142B
Arm/leg fractures & dislocations	S82141A
Arm/leg fractures & dislocations	S82141B
Arm/leg fractures & dislocations	S82141C
Arm/leg fractures & dislocations	S82141D
Arm/leg fractures & dislocations	S42352A
Arm/leg fractures & dislocations	S42351A
Arm/leg fractures & dislocations	S42351D
Arm/leg fractures & dislocations	S72352A
Arm/leg fractures & dislocations	S72352B
Arm/leg fractures & dislocations	S82452A
Arm/leg fractures & dislocations	S82452B
Arm/leg fractures & dislocations	S82252A
Arm/leg fractures & dislocations	S52352A
Arm/leg fractures & dislocations	S52352B
Arm/leg fractures & dislocations	S52351A
Arm/leg fractures & dislocations	S52351B
Arm/leg fractures & dislocations	S72351A
Arm/leg fractures & dislocations	S72351B
Arm/leg fractures & dislocations	S82451A
Arm/leg fractures & dislocations	S82251A
Arm/leg fractures & dislocations	S82251B
Arm/leg fractures & dislocations	S82251C
Arm/leg fractures & dislocations	S52251A
Arm/leg fractures & dislocations	S52251B
Arm/leg fractures & dislocations	S52251C
Arm/leg fractures & dislocations	S82253A
Arm/leg fractures & dislocations	S42422A
Arm/leg fractures & dislocations	S42421A
Arm/leg fractures & dislocations	S42432A

Pain Pathway	Code
Arm/leg fractures & dislocations	S42431A
Arm/leg fractures & dislocations	S42442A
Arm/leg fractures & dislocations	S42441A
Arm/leg fractures & dislocations	S72042A
Arm/leg fractures & dislocations	S72041A
Arm/leg fractures & dislocations	S52042A
Arm/leg fractures & dislocations	S52041A
Arm/leg fractures & dislocations	S72112A
Arm/leg fractures & dislocations	S72111A
Arm/leg fractures & dislocations	S42252A
Arm/leg fractures & dislocations	S42251A
Arm/leg fractures & dislocations	S52122A
Arm/leg fractures & dislocations	S52121A
Arm/leg fractures & dislocations	S72422A
Arm/leg fractures & dislocations	S42452A
Arm/leg fractures & dislocations	S42452B
Arm/leg fractures & dislocations	S82122A
Arm/leg fractures & dislocations	S72421A
Arm/leg fractures & dislocations	S42451A
Arm/leg fractures & dislocations	S82121A
Arm/leg fractures & dislocations	S8262XA
Arm/leg fractures & dislocations	S8262XC
Arm/leg fractures & dislocations	S8261XA
Arm/leg fractures & dislocations	S8261XB
Arm/leg fractures & dislocations	S8261XD
Arm/leg fractures & dislocations	S82112A
Arm/leg fractures & dislocations	S82152A
Arm/leg fractures & dislocations	S52612A
Arm/leg fractures & dislocations	S72122A
Arm/leg fractures & dislocations	S72121A
Arm/leg fractures & dislocations	S72432A
Arm/leg fractures & dislocations	S42462A
Arm/leg fractures & dislocations	S72431A
Arm/leg fractures & dislocations	S8252XA
Arm/leg fractures & dislocations	S8252XB
Arm/leg fractures & dislocations	S8251XA
Arm/leg fractures & dislocations	S8251XB
Arm/leg fractures & dislocations	S8251XD
Arm/leg fractures & dislocations	S8253XA
Arm/leg fractures & dislocations	S52132A
Arm/leg fractures & dislocations	S52131A
Arm/leg fractures & dislocations	S52032A
Arm/leg fractures & dislocations	S52032B

Pain Pathway	Code
Arm/leg fractures & dislocations	S52031A
Arm/leg fractures & dislocations	S52022A
Arm/leg fractures & dislocations	S52022B
Arm/leg fractures & dislocations	S52021A
Arm/leg fractures & dislocations	S52021B
Arm/leg fractures & dislocations	S82111A
Arm/leg fractures & dislocations	S52611A
Arm/leg fractures & dislocations	S52611B
Arm/leg fractures & dislocations	S52611C
Arm/leg fractures & dislocations	S72142A
Arm/leg fractures & dislocations	S72141A
Arm/leg fractures & dislocations	S72032A
Arm/leg fractures & dislocations	S72031A
Arm/leg fractures & dislocations	S42332A
Arm/leg fractures & dislocations	S42331A
Arm/leg fractures & dislocations	S72332A
Arm/leg fractures & dislocations	S82432A
Arm/leg fractures & dislocations	S52332B
Arm/leg fractures & dislocations	S82232A
Arm/leg fractures & dislocations	S72331A
Arm/leg fractures & dislocations	S82431A
Arm/leg fractures & dislocations	S52331B
Arm/leg fractures & dislocations	S82231A
Arm/leg fractures & dislocations	S82872A
Arm/leg fractures & dislocations	S82872B
Arm/leg fractures & dislocations	S82871A
Arm/leg fractures & dislocations	S82871B
Arm/leg fractures & dislocations	S82871C
Arm/leg fractures & dislocations	S42361A
Arm/leg fractures & dislocations	S42412A
Arm/leg fractures & dislocations	S42411A
Arm/leg fractures & dislocations	S42341A
Arm/leg fractures & dislocations	S72342A
Arm/leg fractures & dislocations	S82442A
Arm/leg fractures & dislocations	S82242A
Arm/leg fractures & dislocations	S52341A
Arm/leg fractures & dislocations	S72341A
Arm/leg fractures & dislocations	S82441A
Arm/leg fractures & dislocations	S82441B
Arm/leg fractures & dislocations	S82241A
Arm/leg fractures & dislocations	S82241B
Arm/leg fractures & dislocations	S7222XA
Arm/leg fractures & dislocations	S7221XA

Pain Pathway	Code
Arm/leg fractures & dislocations	S72462A
Arm/leg fractures & dislocations	S72461A
Arm/leg fractures & dislocations	S72452A
Arm/leg fractures & dislocations	S72452C
Arm/leg fractures & dislocations	S72451A
Arm/leg fractures & dislocations	S42471A
Arm/leg fractures & dislocations	S42322A
Arm/leg fractures & dislocations	S42321A
Arm/leg fractures & dislocations	S72322A
Arm/leg fractures & dislocations	S52322A
Arm/leg fractures & dislocations	S82222A
Arm/leg fractures & dislocations	S52222A
Arm/leg fractures & dislocations	S52222B
Arm/leg fractures & dislocations	S72321A
Arm/leg fractures & dislocations	S82421A
Arm/leg fractures & dislocations	S52321A
Arm/leg fractures & dislocations	S82221A
Arm/leg fractures & dislocations	S82221B
Arm/leg fractures & dislocations	S52221A
Arm/leg fractures & dislocations	S72412A
Arm/leg fractures & dislocations	S72411A
Arm/leg fractures & dislocations	T84125S
Arm/leg fractures & dislocations	S72002A
Arm/leg fractures & dislocations	S72002G
Arm/leg fractures & dislocations	S72001A
Arm/leg fractures & dislocations	S52372A
Arm/leg fractures & dislocations	S52372B
Arm/leg fractures & dislocations	S52371A
Arm/leg fractures & dislocations	S52371B
Arm/leg fractures & dislocations	S52212A
Arm/leg fractures & dislocations	S52312A
Arm/leg fractures & dislocations	S52311A
Arm/leg fractures & dislocations	S52211A
Arm/leg fractures & dislocations	S52219A
Arm/leg fractures & dislocations	S43035A
Arm/leg fractures & dislocations	S43034A
Arm/leg fractures & dislocations	S83015A
Arm/leg fractures & dislocations	S83014A
Arm/leg fractures & dislocations	S53144A
Arm/leg fractures & dislocations	S83016A
Arm/leg fractures & dislocations	S52272A
Arm/leg fractures & dislocations	S52271A
Arm/leg fractures & dislocations	S82145A

Pain Pathway	Code
Arm/leg fractures & dislocations	S82144A
Arm/leg fractures & dislocations	S82455A
Arm/leg fractures & dislocations	S82255A
Arm/leg fractures & dislocations	S52354A
Arm/leg fractures & dislocations	S82454A
Arm/leg fractures & dislocations	S82254A
Arm/leg fractures & dislocations	S42434A
Arm/leg fractures & dislocations	S52044A
Arm/leg fractures & dislocations	S72115A
Arm/leg fractures & dislocations	S72114A
Arm/leg fractures & dislocations	S72116A
Arm/leg fractures & dislocations	S42255A
Arm/leg fractures & dislocations	S42255D
Arm/leg fractures & dislocations	S42254A
Arm/leg fractures & dislocations	S52125A
Arm/leg fractures & dislocations	S52124A
Arm/leg fractures & dislocations	S52126A
Arm/leg fractures & dislocations	S82125A
Arm/leg fractures & dislocations	S72424A
Arm/leg fractures & dislocations	S42454A
Arm/leg fractures & dislocations	S8265XA
Arm/leg fractures & dislocations	S8264XA
Arm/leg fractures & dislocations	S8266XA
Arm/leg fractures & dislocations	S52615A
Arm/leg fractures & dislocations	S72435A
Arm/leg fractures & dislocations	S8255XA
Arm/leg fractures & dislocations	S8254XA
Arm/leg fractures & dislocations	S8254XB
Arm/leg fractures & dislocations	S8256XA
Arm/leg fractures & dislocations	S52135A
Arm/leg fractures & dislocations	S52134A
Arm/leg fractures & dislocations	S52025A
Arm/leg fractures & dislocations	S52614A
Arm/leg fractures & dislocations	S72145A
Arm/leg fractures & dislocations	S72144A
Arm/leg fractures & dislocations	S72144G
Arm/leg fractures & dislocations	S72035A
Arm/leg fractures & dislocations	S42335A
Arm/leg fractures & dislocations	S42334A
Arm/leg fractures & dislocations	S72335A
Arm/leg fractures & dislocations	S82435A
Arm/leg fractures & dislocations	S82234A
Arm/leg fractures & dislocations	S82875A

Pain Pathway	Code
Arm/leg fractures & dislocations	S82265A
Arm/leg fractures & dislocations	S42415A
Arm/leg fractures & dislocations	S42414A
Arm/leg fractures & dislocations	S82445A
Arm/leg fractures & dislocations	S82444A
Arm/leg fractures & dislocations	S82244A
Arm/leg fractures & dislocations	S42475A
Arm/leg fractures & dislocations	S42474A
Arm/leg fractures & dislocations	S42474D
Arm/leg fractures & dislocations	S42324A
Arm/leg fractures & dislocations	S82425A
Arm/leg fractures & dislocations	S52325A
Arm/leg fractures & dislocations	S82225A
Arm/leg fractures & dislocations	S52225A
Arm/leg fractures & dislocations	S82424A
Arm/leg fractures & dislocations	S52326A
Arm/leg fractures & dislocations	S73035A
Arm/leg fractures & dislocations	S83195A
Arm/leg fractures & dislocations	S43085A
Arm/leg fractures & dislocations	S53094A
Arm/leg fractures & dislocations	S43084A
Arm/leg fractures & dislocations	S42492A
Arm/leg fractures & dislocations	S42492B
Arm/leg fractures & dislocations	S42491A
Arm/leg fractures & dislocations	S42292A
Arm/leg fractures & dislocations	S42291A
Arm/leg fractures & dislocations	S42293A
Arm/leg fractures & dislocations	S52552A
Arm/leg fractures & dislocations	S52551A
Arm/leg fractures & dislocations	S72092A
Arm/leg fractures & dislocations	S72091A
Arm/leg fractures & dislocations	S72492C
Arm/leg fractures & dislocations	S82392A
Arm/leg fractures & dislocations	S82392B
Arm/leg fractures & dislocations	S82392D
Arm/leg fractures & dislocations	S52692A
Arm/leg fractures & dislocations	S72491A
Arm/leg fractures & dislocations	S82391A
Arm/leg fractures & dislocations	S82391B
Arm/leg fractures & dislocations	S52691A
Arm/leg fractures & dislocations	S728X1A
Arm/leg fractures & dislocations	S82492A
Arm/leg fractures & dislocations	S42392A

Pain Pathway	Code
Arm/leg fractures & dislocations	S82292A
Arm/leg fractures & dislocations	S52292B
Arm/leg fractures & dislocations	S52392A
Arm/leg fractures & dislocations	S52392B
Arm/leg fractures & dislocations	S52391A
Arm/leg fractures & dislocations	S72391A
Arm/leg fractures & dislocations	S82491A
Arm/leg fractures & dislocations	S42391A
Arm/leg fractures & dislocations	S82291A
Arm/leg fractures & dislocations	S82291P
Arm/leg fractures & dislocations	S52291A
Arm/leg fractures & dislocations	S82832A
Arm/leg fractures & dislocations	S82832B
Arm/leg fractures & dislocations	S82832D
Arm/leg fractures & dislocations	S82832K
Arm/leg fractures & dislocations	S82831A
Arm/leg fractures & dislocations	S82831D
Arm/leg fractures & dislocations	S82831K
Arm/leg fractures & dislocations	S82839A
Arm/leg fractures & dislocations	S52182A
Arm/leg fractures & dislocations	S82192A
Arm/leg fractures & dislocations	S52181A
Arm/leg fractures & dislocations	S82191A
Arm/leg fractures & dislocations	S82191B
Arm/leg fractures & dislocations	S52592A
Arm/leg fractures & dislocations	S52592B
Arm/leg fractures & dislocations	S52592C
Arm/leg fractures & dislocations	S52591A
Arm/leg fractures & dislocations	S52599A
Arm/leg fractures & dislocations	S52572A
Arm/leg fractures & dislocations	S52571A
Arm/leg fractures & dislocations	S52571B
Arm/leg fractures & dislocations	S52579A
Arm/leg fractures & dislocations	S42295A
Arm/leg fractures & dislocations	S42294A
Arm/leg fractures & dislocations	S49191A
Arm/leg fractures & dislocations	S59292A
Arm/leg fractures & dislocations	S59092A
Arm/leg fractures & dislocations	S49091A
Arm/leg fractures & dislocations	S73015A
Arm/leg fractures & dislocations	S43025A
Arm/leg fractures & dislocations	S53025A
Arm/leg fractures & dislocations	S53125A

Pain Pathway	Code
Arm/leg fractures & dislocations	S73014A
Arm/leg fractures & dislocations	S43024A
Arm/leg fractures & dislocations	S53124A
Arm/leg fractures & dislocations	M2202
Arm/leg fractures & dislocations	M24422
Arm/leg fractures & dislocations	M24452
Arm/leg fractures & dislocations	M24412
Arm/leg fractures & dislocations	M24451
Arm/leg fractures & dislocations	M24411
Arm/leg fractures & dislocations	S59212A
Arm/leg fractures & dislocations	S59211A
Arm/leg fractures & dislocations	S89122A
Arm/leg fractures & dislocations	S59222A
Arm/leg fractures & dislocations	S59221A
Arm/leg fractures & dislocations	S59229A
Arm/leg fractures & dislocations	S59022A
Arm/leg fractures & dislocations	S59121A
Arm/leg fractures & dislocations	S89021A
Arm/leg fractures & dislocations	S89132A
Arm/leg fractures & dislocations	S89131A
Arm/leg fractures & dislocations	S89142A
Arm/leg fractures & dislocations	S59241A
Arm/leg fractures & dislocations	S52542A
Arm/leg fractures & dislocations	M84351A
Arm/leg fractures & dislocations	S52522A
Arm/leg fractures & dislocations	S52522D
Arm/leg fractures & dislocations	S82312A
Arm/leg fractures & dislocations	S52622A
Arm/leg fractures & dislocations	S82821D
Arm/leg fractures & dislocations	S52521A
Arm/leg fractures & dislocations	S52621A
Arm/leg fractures & dislocations	S82162A
Arm/leg fractures & dislocations	S73005A
Arm/leg fractures & dislocations	S83105A
Arm/leg fractures & dislocations	S83005A
Arm/leg fractures & dislocations	S53005A
Arm/leg fractures & dislocations	S43005A
Arm/leg fractures & dislocations	S53105A
Arm/leg fractures & dislocations	S73004A
Arm/leg fractures & dislocations	S83104A
Arm/leg fractures & dislocations	S83004A
Arm/leg fractures & dislocations	S43004A
Arm/leg fractures & dislocations	S43004D

Pain Pathway	Code
Arm/leg fractures & dislocations	S53104A
Arm/leg fractures & dislocations	S83106A
Arm/leg fractures & dislocations	S43006A
Arm/leg fractures & dislocations	S42212A
Arm/leg fractures & dislocations	S42211A
Arm/leg fractures & dislocations	S72052A
Arm/leg fractures & dislocations	S7292XA
Arm/leg fractures & dislocations	S72402A
Arm/leg fractures & dislocations	S72402B
Arm/leg fractures & dislocations	S42402A
Arm/leg fractures & dislocations	S42402B
Arm/leg fractures & dislocations	S42402D
Arm/leg fractures & dislocations	S82302A
Arm/leg fractures & dislocations	S52602A
Arm/leg fractures & dislocations	S52602B
Arm/leg fractures & dislocations	S72401A
Arm/leg fractures & dislocations	S42401A
Arm/leg fractures & dislocations	S82301A
Arm/leg fractures & dislocations	S52601A
Arm/leg fractures & dislocations	S7291XA
Arm/leg fractures & dislocations	S42302A
Arm/leg fractures & dislocations	S42302B
Arm/leg fractures & dislocations	S42302D
Arm/leg fractures & dislocations	S42301A
Arm/leg fractures & dislocations	S42309A
Arm/leg fractures & dislocations	S72302A
Arm/leg fractures & dislocations	S82402A
Arm/leg fractures & dislocations	S82402B
Arm/leg fractures & dislocations	S82402D
Arm/leg fractures & dislocations	S52302A
Arm/leg fractures & dislocations	S52302B
Arm/leg fractures & dislocations	S82202A
Arm/leg fractures & dislocations	S82202D
Arm/leg fractures & dislocations	S52202A
Arm/leg fractures & dislocations	S52202D
Arm/leg fractures & dislocations	S72301A
Arm/leg fractures & dislocations	S72301B
Arm/leg fractures & dislocations	S82401A
Arm/leg fractures & dislocations	S82401B
Arm/leg fractures & dislocations	S52301A
Arm/leg fractures & dislocations	S52301B
Arm/leg fractures & dislocations	S82201A
Arm/leg fractures & dislocations	S82201D

Pain Pathway	Code
Arm/leg fractures & dislocations	S52201A
Arm/leg fractures & dislocations	S82409A
Arm/leg fractures & dislocations	S52309A
Arm/leg fractures & dislocations	S82209D
Arm/leg fractures & dislocations	S52502A
Arm/leg fractures & dislocations	S52502B
Arm/leg fractures & dislocations	S52502D
Arm/leg fractures & dislocations	S52501A
Arm/leg fractures & dislocations	S52501B
Arm/leg fractures & dislocations	S52501C
Arm/leg fractures & dislocations	S52501D
Arm/leg fractures & dislocations	S42202A
Arm/leg fractures & dislocations	S42202D
Arm/leg fractures & dislocations	S52102A
Arm/leg fractures & dislocations	S82102A
Arm/leg fractures & dislocations	S52002A
Arm/leg fractures & dislocations	S42201A
Arm/leg fractures & dislocations	S42201D
Arm/leg fractures & dislocations	S52101A
Arm/leg fractures & dislocations	S82101A
Arm/leg fractures & dislocations	S82101M
Arm/leg fractures & dislocations	S52001A
Arm/leg fractures & dislocations	S72012A
Arm/leg fractures & dislocations	S72011A
Arm/leg fractures & dislocations	S42215A
Arm/leg fractures & dislocations	S42214A
Arm/leg fractures & dislocations	S49101A
Arm/leg fractures & dislocations	S89302A
Arm/leg fractures & dislocations	S89102A
Arm/leg fractures & dislocations	S59202A
Arm/leg fractures & dislocations	S89301A
Arm/leg fractures & dislocations	S49002A
Arm/leg fractures & dislocations	S89202A
Arm/leg fractures & dislocations	S59102A
Arm/leg fractures & dislocations	S72102A
Unspecified abdominal pain	R109
Unspecified abdominal pain	R101
Unspecified abdominal pain	R1010
Unspecified abdominal pain	R1011
Unspecified abdominal pain	R1012
Unspecified abdominal pain	R1013
Unspecified abdominal pain	R102
Unspecified abdominal pain	R103

Pain Pathway	Code
Unspecified abdominal pain	R1030
Unspecified abdominal pain	R1031
Unspecified abdominal pain	R1032
Unspecified abdominal pain	R1033
Unspecified abdominal pain	R108
Unspecified abdominal pain	R1081
Unspecified abdominal pain	R10811
Unspecified abdominal pain	R10812
Unspecified abdominal pain	R10813
Unspecified abdominal pain	R10814
Unspecified abdominal pain	R10815
Unspecified abdominal pain	R10816
Unspecified abdominal pain	R10817
Unspecified abdominal pain	R10819
Unspecified abdominal pain	R1082
Unspecified abdominal pain	R10821
Unspecified abdominal pain	R10822
Unspecified abdominal pain	R10823
Unspecified abdominal pain	R10824
Unspecified abdominal pain	R10825
Unspecified abdominal pain	R10826
Unspecified abdominal pain	R10827
Unspecified abdominal pain	R10829
Unspecified abdominal pain	R1083
Unspecified abdominal pain	R1084
Unspecified abdominal pain	R109

Total ALTO Medication Administrations per 1,000 ED Visits by Pain Pathway

Definition: Total number of listed ALTO drugs of interest medications administered per 1,000 Emergency Department (ED) Visits for patient ages 18 year and older broken down by Pain Pathway. For example, if a patient was given two ALTOs with the same medication name both administrations would count in the Numerator of this metric.

Measure Steward: Colorado Hospital Association

Numerator:

Number of medications administered included in the listed ALTOs drugs of interest (Drugs of Interest), among cases meeting the inclusion and exclusion rules for the denominator.

Denominator:

Any visit where the patient was treated at some point in the ED for patients ages 18 years and older, including patients who were admitted as inpatients, kept in observation, or discharged home with any primary or secondary ICD-10-CM diagnosis codes (Pain Pathways).

Denominator Exclusions:

Numerator: None

Denominator:

Exclude cases: with missing gender (SEX=missing), age (AGE=missing), quarter (DQTR=missing), year (YEAR=missing), or principal diagnosis (DX1=missing)

Calculation Algorithms: Rate

Drugs of Interest:

- Acetaminophen
- Ibuprofen
- Lidocaine
- Haloperidol
- Ketamine
- Ketorolac
- Dicyclomine

Pain Pathways:

Pain Pathway	Code
Migraines and headaches	R51
Migraines and headaches	G4482
Migraines and headaches	G43111
Migraines and headaches	G43119
Migraines and headaches	G43101
Migraines and headaches	G43109
Migraines and headaches	G43011
Migraines and headaches	G43019
Migraines and headaches	G43001

Pain Pathway	Code
Migraines and headaches	G43009
Migraines and headaches	G43911
Migraines and headaches	G43919
Migraines and headaches	G43901
Migraines and headaches	G43909
Migraines and headaches	G43811
Migraines and headaches	G43819
Migraines and headaches	G43801
Migraines and headaches	G43809
Migraines and headaches	G44
Migraines and headaches	G440
Migraines and headaches	G441
Migraines and headaches	G442
Migraines and headaches	G443
Migraines and headaches	G444
Migraines and headaches	G448
Migraines and headaches	G43
Migraines and headaches	G430
Migraines and headaches	G431
Migraines and headaches	G438
Migraines and headaches	G439
Low back pain	M545
Low back pain	M5442
Low back pain	M5441
Low back pain	M5440
Low back pain	M543
Low back pain	M5430
Low back pain	M5431
Low back pain	M5432
Low back pain	M544
Low back pain	M5440
Low back pain	M5441
Low back pain	M5442
Low back pain	M545
Low back pain	M546
Low back pain	M548
Low back pain	M5481
Low back pain	M5489
Low back pain	M549
Kidney Stones	N200
Kidney Stones	N202
Kidney Stones	N23
Arm/leg fractures & dislocations	S42222A
Arm/leg fractures & dislocations	S42224A

Pain Pathway	Code
Arm/leg fractures & dislocations	S42231A
Arm/leg fractures & dislocations	S42241A
Arm/leg fractures & dislocations	S43015A
Arm/leg fractures & dislocations	S53115A
Arm/leg fractures & dislocations	S43014A
Arm/leg fractures & dislocations	S53114A
Arm/leg fractures & dislocations	S52562A
Arm/leg fractures & dislocations	S52561A
Arm/leg fractures & dislocations	S52532A
Arm/leg fractures & dislocations	S52532B
Arm/leg fractures & dislocations	S52532D
Arm/leg fractures & dislocations	S52531A
Arm/leg fractures & dislocations	S9304XA
Arm/leg fractures & dislocations	S82142A
Arm/leg fractures & dislocations	S82142B
Arm/leg fractures & dislocations	S82141A
Arm/leg fractures & dislocations	S82141B
Arm/leg fractures & dislocations	S82141C
Arm/leg fractures & dislocations	S82141D
Arm/leg fractures & dislocations	S42352A
Arm/leg fractures & dislocations	S42351A
Arm/leg fractures & dislocations	S42351D
Arm/leg fractures & dislocations	S72352A
Arm/leg fractures & dislocations	S72352B
Arm/leg fractures & dislocations	S82452A
Arm/leg fractures & dislocations	S82452B
Arm/leg fractures & dislocations	S82252A
Arm/leg fractures & dislocations	S52352A
Arm/leg fractures & dislocations	S52352B
Arm/leg fractures & dislocations	S52351A
Arm/leg fractures & dislocations	S52351B
Arm/leg fractures & dislocations	S72351A
Arm/leg fractures & dislocations	S72351B
Arm/leg fractures & dislocations	S82451A
Arm/leg fractures & dislocations	S82251A
Arm/leg fractures & dislocations	S82251B
Arm/leg fractures & dislocations	S82251C
Arm/leg fractures & dislocations	S52251A
Arm/leg fractures & dislocations	S52251B
Arm/leg fractures & dislocations	S52251C
Arm/leg fractures & dislocations	S82253A
Arm/leg fractures & dislocations	S42422A
Arm/leg fractures & dislocations	S42421A
Arm/leg fractures & dislocations	S42432A

Pain Pathway	Code
Arm/leg fractures & dislocations	S42431A
Arm/leg fractures & dislocations	S42442A
Arm/leg fractures & dislocations	S42441A
Arm/leg fractures & dislocations	S72042A
Arm/leg fractures & dislocations	S72041A
Arm/leg fractures & dislocations	S52042A
Arm/leg fractures & dislocations	S52041A
Arm/leg fractures & dislocations	S72112A
Arm/leg fractures & dislocations	S72111A
Arm/leg fractures & dislocations	S42252A
Arm/leg fractures & dislocations	S42251A
Arm/leg fractures & dislocations	S52122A
Arm/leg fractures & dislocations	S52121A
Arm/leg fractures & dislocations	S72422A
Arm/leg fractures & dislocations	S42452A
Arm/leg fractures & dislocations	S42452B
Arm/leg fractures & dislocations	S82122A
Arm/leg fractures & dislocations	S72421A
Arm/leg fractures & dislocations	S42451A
Arm/leg fractures & dislocations	S82121A
Arm/leg fractures & dislocations	S8262XA
Arm/leg fractures & dislocations	S8262XC
Arm/leg fractures & dislocations	S8261XA
Arm/leg fractures & dislocations	S8261XB
Arm/leg fractures & dislocations	S8261XD
Arm/leg fractures & dislocations	S82112A
Arm/leg fractures & dislocations	S82152A
Arm/leg fractures & dislocations	S52612A
Arm/leg fractures & dislocations	S72122A
Arm/leg fractures & dislocations	S72121A
Arm/leg fractures & dislocations	S72432A
Arm/leg fractures & dislocations	S42462A
Arm/leg fractures & dislocations	S72431A
Arm/leg fractures & dislocations	S8252XA
Arm/leg fractures & dislocations	S8252XB
Arm/leg fractures & dislocations	S8251XA
Arm/leg fractures & dislocations	S8251XB
Arm/leg fractures & dislocations	S8251XD
Arm/leg fractures & dislocations	S8253XA
Arm/leg fractures & dislocations	S52132A
Arm/leg fractures & dislocations	S52131A
Arm/leg fractures & dislocations	S52032A
Arm/leg fractures & dislocations	S52032B
Arm/leg fractures & dislocations	S52031A

Pain Pathway	Code
Arm/leg fractures & dislocations	S52022A
Arm/leg fractures & dislocations	S52022B
Arm/leg fractures & dislocations	S52021A
Arm/leg fractures & dislocations	S52021B
Arm/leg fractures & dislocations	S82111A
Arm/leg fractures & dislocations	S52611A
Arm/leg fractures & dislocations	S52611B
Arm/leg fractures & dislocations	S52611C
Arm/leg fractures & dislocations	S72142A
Arm/leg fractures & dislocations	S72141A
Arm/leg fractures & dislocations	S72032A
Arm/leg fractures & dislocations	S72031A
Arm/leg fractures & dislocations	S42332A
Arm/leg fractures & dislocations	S42331A
Arm/leg fractures & dislocations	S72332A
Arm/leg fractures & dislocations	S82432A
Arm/leg fractures & dislocations	S52332B
Arm/leg fractures & dislocations	S82232A
Arm/leg fractures & dislocations	S72331A
Arm/leg fractures & dislocations	S82431A
Arm/leg fractures & dislocations	S52331B
Arm/leg fractures & dislocations	S82231A
Arm/leg fractures & dislocations	S82872A
Arm/leg fractures & dislocations	S82872B
Arm/leg fractures & dislocations	S82871A
Arm/leg fractures & dislocations	S82871B
Arm/leg fractures & dislocations	S82871C
Arm/leg fractures & dislocations	S42361A
Arm/leg fractures & dislocations	S42412A
Arm/leg fractures & dislocations	S42411A
Arm/leg fractures & dislocations	S42341A
Arm/leg fractures & dislocations	S72342A
Arm/leg fractures & dislocations	S82442A
Arm/leg fractures & dislocations	S82242A
Arm/leg fractures & dislocations	S52341A
Arm/leg fractures & dislocations	S72341A
Arm/leg fractures & dislocations	S82441A
Arm/leg fractures & dislocations	S82441B
Arm/leg fractures & dislocations	S82241A
Arm/leg fractures & dislocations	S82241B
Arm/leg fractures & dislocations	S7222XA
Arm/leg fractures & dislocations	S7221XA
Arm/leg fractures & dislocations	S72462A
Arm/leg fractures & dislocations	S72461A

Pain Pathway	Code
Arm/leg fractures & dislocations	S72452A
Arm/leg fractures & dislocations	S72452C
Arm/leg fractures & dislocations	S72451A
Arm/leg fractures & dislocations	S42471A
Arm/leg fractures & dislocations	S42322A
Arm/leg fractures & dislocations	S42321A
Arm/leg fractures & dislocations	S72322A
Arm/leg fractures & dislocations	S52322A
Arm/leg fractures & dislocations	S82222A
Arm/leg fractures & dislocations	S52222A
Arm/leg fractures & dislocations	S52222B
Arm/leg fractures & dislocations	S72321A
Arm/leg fractures & dislocations	S82421A
Arm/leg fractures & dislocations	S52321A
Arm/leg fractures & dislocations	S82221A
Arm/leg fractures & dislocations	S82221B
Arm/leg fractures & dislocations	S52221A
Arm/leg fractures & dislocations	S72412A
Arm/leg fractures & dislocations	S72411A
Arm/leg fractures & dislocations	T84125S
Arm/leg fractures & dislocations	S72002A
Arm/leg fractures & dislocations	S72002G
Arm/leg fractures & dislocations	S72001A
Arm/leg fractures & dislocations	S52372A
Arm/leg fractures & dislocations	S52372B
Arm/leg fractures & dislocations	S52371A
Arm/leg fractures & dislocations	S52371B
Arm/leg fractures & dislocations	S52212A
Arm/leg fractures & dislocations	S52312A
Arm/leg fractures & dislocations	S52311A
Arm/leg fractures & dislocations	S52211A
Arm/leg fractures & dislocations	S52219A
Arm/leg fractures & dislocations	S43035A
Arm/leg fractures & dislocations	S43034A
Arm/leg fractures & dislocations	S83015A
Arm/leg fractures & dislocations	S83014A
Arm/leg fractures & dislocations	S53144A
Arm/leg fractures & dislocations	S83016A
Arm/leg fractures & dislocations	S52272A
Arm/leg fractures & dislocations	S52271A
Arm/leg fractures & dislocations	S82145A
Arm/leg fractures & dislocations	S82144A
Arm/leg fractures & dislocations	S82455A
Arm/leg fractures & dislocations	S82255A

Pain Pathway	Code
Arm/leg fractures & dislocations	S52354A
Arm/leg fractures & dislocations	S82454A
Arm/leg fractures & dislocations	S82254A
Arm/leg fractures & dislocations	S42434A
Arm/leg fractures & dislocations	S52044A
Arm/leg fractures & dislocations	S72115A
Arm/leg fractures & dislocations	S72114A
Arm/leg fractures & dislocations	S72116A
Arm/leg fractures & dislocations	S42255A
Arm/leg fractures & dislocations	S42255D
Arm/leg fractures & dislocations	S42254A
Arm/leg fractures & dislocations	S52125A
Arm/leg fractures & dislocations	S52124A
Arm/leg fractures & dislocations	S52126A
Arm/leg fractures & dislocations	S82125A
Arm/leg fractures & dislocations	S72424A
Arm/leg fractures & dislocations	S42454A
Arm/leg fractures & dislocations	S8265XA
Arm/leg fractures & dislocations	S8264XA
Arm/leg fractures & dislocations	S8266XA
Arm/leg fractures & dislocations	S52615A
Arm/leg fractures & dislocations	S72435A
Arm/leg fractures & dislocations	S8255XA
Arm/leg fractures & dislocations	S8254XA
Arm/leg fractures & dislocations	S8254XB
Arm/leg fractures & dislocations	S8256XA
Arm/leg fractures & dislocations	S52135A
Arm/leg fractures & dislocations	S52134A
Arm/leg fractures & dislocations	S52025A
Arm/leg fractures & dislocations	S52614A
Arm/leg fractures & dislocations	S72145A
Arm/leg fractures & dislocations	S72144A
Arm/leg fractures & dislocations	S72144G
Arm/leg fractures & dislocations	S72035A
Arm/leg fractures & dislocations	S42335A
Arm/leg fractures & dislocations	S42334A
Arm/leg fractures & dislocations	S72335A
Arm/leg fractures & dislocations	S82435A
Arm/leg fractures & dislocations	S82234A
Arm/leg fractures & dislocations	S82875A
Arm/leg fractures & dislocations	S82265A
Arm/leg fractures & dislocations	S42415A
Arm/leg fractures & dislocations	S42414A
Arm/leg fractures & dislocations	S82445A

Pain Pathway	Code
Arm/leg fractures & dislocations	S82444A
Arm/leg fractures & dislocations	S82244A
Arm/leg fractures & dislocations	S42475A
Arm/leg fractures & dislocations	S42474A
Arm/leg fractures & dislocations	S42474D
Arm/leg fractures & dislocations	S42324A
Arm/leg fractures & dislocations	S82425A
Arm/leg fractures & dislocations	S52325A
Arm/leg fractures & dislocations	S82225A
Arm/leg fractures & dislocations	S52225A
Arm/leg fractures & dislocations	S82424A
Arm/leg fractures & dislocations	S52326A
Arm/leg fractures & dislocations	S73035A
Arm/leg fractures & dislocations	S83195A
Arm/leg fractures & dislocations	S43085A
Arm/leg fractures & dislocations	S53094A
Arm/leg fractures & dislocations	S43084A
Arm/leg fractures & dislocations	S42492A
Arm/leg fractures & dislocations	S42492B
Arm/leg fractures & dislocations	S42491A
Arm/leg fractures & dislocations	S42292A
Arm/leg fractures & dislocations	S42291A
Arm/leg fractures & dislocations	S42293A
Arm/leg fractures & dislocations	S52552A
Arm/leg fractures & dislocations	S52551A
Arm/leg fractures & dislocations	S72092A
Arm/leg fractures & dislocations	S72091A
Arm/leg fractures & dislocations	S72492C
Arm/leg fractures & dislocations	S82392A
Arm/leg fractures & dislocations	S82392B
Arm/leg fractures & dislocations	S82392D
Arm/leg fractures & dislocations	S52692A
Arm/leg fractures & dislocations	S72491A
Arm/leg fractures & dislocations	S82391A
Arm/leg fractures & dislocations	S82391B
Arm/leg fractures & dislocations	S52691A
Arm/leg fractures & dislocations	S728X1A
Arm/leg fractures & dislocations	S82492A
Arm/leg fractures & dislocations	S42392A
Arm/leg fractures & dislocations	S82292A
Arm/leg fractures & dislocations	S52292B
Arm/leg fractures & dislocations	S52392A
Arm/leg fractures & dislocations	S52392B
Arm/leg fractures & dislocations	S52391A

Pain Pathway	Code
Arm/leg fractures & dislocations	S72391A
Arm/leg fractures & dislocations	S82491A
Arm/leg fractures & dislocations	S42391A
Arm/leg fractures & dislocations	S82291A
Arm/leg fractures & dislocations	S82291P
Arm/leg fractures & dislocations	S52291A
Arm/leg fractures & dislocations	S82832A
Arm/leg fractures & dislocations	S82832B
Arm/leg fractures & dislocations	S82832D
Arm/leg fractures & dislocations	S82832K
Arm/leg fractures & dislocations	S82831A
Arm/leg fractures & dislocations	S82831D
Arm/leg fractures & dislocations	S82831K
Arm/leg fractures & dislocations	S82839A
Arm/leg fractures & dislocations	S52182A
Arm/leg fractures & dislocations	S82192A
Arm/leg fractures & dislocations	S52181A
Arm/leg fractures & dislocations	S82191A
Arm/leg fractures & dislocations	S82191B
Arm/leg fractures & dislocations	S52592A
Arm/leg fractures & dislocations	S52592B
Arm/leg fractures & dislocations	S52592C
Arm/leg fractures & dislocations	S52591A
Arm/leg fractures & dislocations	S52599A
Arm/leg fractures & dislocations	S52572A
Arm/leg fractures & dislocations	S52571A
Arm/leg fractures & dislocations	S52571B
Arm/leg fractures & dislocations	S52579A
Arm/leg fractures & dislocations	S42295A
Arm/leg fractures & dislocations	S42294A
Arm/leg fractures & dislocations	S49191A
Arm/leg fractures & dislocations	S59292A
Arm/leg fractures & dislocations	S59092A
Arm/leg fractures & dislocations	S49091A
Arm/leg fractures & dislocations	S73015A
Arm/leg fractures & dislocations	S43025A
Arm/leg fractures & dislocations	S53025A
Arm/leg fractures & dislocations	S53125A
Arm/leg fractures & dislocations	S73014A
Arm/leg fractures & dislocations	S43024A
Arm/leg fractures & dislocations	S53124A
Arm/leg fractures & dislocations	M2202
Arm/leg fractures & dislocations	M24422
Arm/leg fractures & dislocations	M24452

Pain Pathway	Code
Arm/leg fractures & dislocations	M24412
Arm/leg fractures & dislocations	M24451
Arm/leg fractures & dislocations	M24411
Arm/leg fractures & dislocations	S59212A
Arm/leg fractures & dislocations	S59211A
Arm/leg fractures & dislocations	S89122A
Arm/leg fractures & dislocations	S59222A
Arm/leg fractures & dislocations	S59221A
Arm/leg fractures & dislocations	S59229A
Arm/leg fractures & dislocations	S59022A
Arm/leg fractures & dislocations	S59121A
Arm/leg fractures & dislocations	S89021A
Arm/leg fractures & dislocations	S89132A
Arm/leg fractures & dislocations	S89131A
Arm/leg fractures & dislocations	S89142A
Arm/leg fractures & dislocations	S59241A
Arm/leg fractures & dislocations	S52542A
Arm/leg fractures & dislocations	M84351A
Arm/leg fractures & dislocations	S52522A
Arm/leg fractures & dislocations	S52522D
Arm/leg fractures & dislocations	S82312A
Arm/leg fractures & dislocations	S52622A
Arm/leg fractures & dislocations	S82821D
Arm/leg fractures & dislocations	S52521A
Arm/leg fractures & dislocations	S52621A
Arm/leg fractures & dislocations	S82162A
Arm/leg fractures & dislocations	S73005A
Arm/leg fractures & dislocations	S83105A
Arm/leg fractures & dislocations	S83005A
Arm/leg fractures & dislocations	S53005A
Arm/leg fractures & dislocations	S43005A
Arm/leg fractures & dislocations	S53105A
Arm/leg fractures & dislocations	S73004A
Arm/leg fractures & dislocations	S83104A
Arm/leg fractures & dislocations	S83004A
Arm/leg fractures & dislocations	S43004A
Arm/leg fractures & dislocations	S43004D
Arm/leg fractures & dislocations	S53104A
Arm/leg fractures & dislocations	S83106A
Arm/leg fractures & dislocations	S43006A
Arm/leg fractures & dislocations	S42212A
Arm/leg fractures & dislocations	S42211A
Arm/leg fractures & dislocations	S72052A
Arm/leg fractures & dislocations	S7292XA

Pain Pathway	Code
Arm/leg fractures & dislocations	S72402A
Arm/leg fractures & dislocations	S72402B
Arm/leg fractures & dislocations	S42402A
Arm/leg fractures & dislocations	S42402B
Arm/leg fractures & dislocations	S42402D
Arm/leg fractures & dislocations	S82302A
Arm/leg fractures & dislocations	S52602A
Arm/leg fractures & dislocations	S52602B
Arm/leg fractures & dislocations	S72401A
Arm/leg fractures & dislocations	S42401A
Arm/leg fractures & dislocations	S82301A
Arm/leg fractures & dislocations	S52601A
Arm/leg fractures & dislocations	S7291XA
Arm/leg fractures & dislocations	S42302A
Arm/leg fractures & dislocations	S42302B
Arm/leg fractures & dislocations	S42302D
Arm/leg fractures & dislocations	S42301A
Arm/leg fractures & dislocations	S42309A
Arm/leg fractures & dislocations	S72302A
Arm/leg fractures & dislocations	S82402A
Arm/leg fractures & dislocations	S82402B
Arm/leg fractures & dislocations	S82402D
Arm/leg fractures & dislocations	S52302A
Arm/leg fractures & dislocations	S52302B
Arm/leg fractures & dislocations	S82202A
Arm/leg fractures & dislocations	S82202D
Arm/leg fractures & dislocations	S52202A
Arm/leg fractures & dislocations	S52202D
Arm/leg fractures & dislocations	S72301A
Arm/leg fractures & dislocations	S72301B
Arm/leg fractures & dislocations	S82401A
Arm/leg fractures & dislocations	S82401B
Arm/leg fractures & dislocations	S52301A
Arm/leg fractures & dislocations	S52301B
Arm/leg fractures & dislocations	S82201A
Arm/leg fractures & dislocations	S82201D
Arm/leg fractures & dislocations	S52201A
Arm/leg fractures & dislocations	S82409A
Arm/leg fractures & dislocations	S52309A
Arm/leg fractures & dislocations	S82209D
Arm/leg fractures & dislocations	S52502A
Arm/leg fractures & dislocations	S52502B
Arm/leg fractures & dislocations	S52502D
Arm/leg fractures & dislocations	S52501A

Pain Pathway	Code
Arm/leg fractures & dislocations	S52501B
Arm/leg fractures & dislocations	S52501C
Arm/leg fractures & dislocations	S52501D
Arm/leg fractures & dislocations	S42202A
Arm/leg fractures & dislocations	S42202D
Arm/leg fractures & dislocations	S52102A
Arm/leg fractures & dislocations	S82102A
Arm/leg fractures & dislocations	S52002A
Arm/leg fractures & dislocations	S42201A
Arm/leg fractures & dislocations	S42201D
Arm/leg fractures & dislocations	S52101A
Arm/leg fractures & dislocations	S82101A
Arm/leg fractures & dislocations	S82101M
Arm/leg fractures & dislocations	S52001A
Arm/leg fractures & dislocations	S72012A
Arm/leg fractures & dislocations	S72011A
Arm/leg fractures & dislocations	S42215A
Arm/leg fractures & dislocations	S42214A
Arm/leg fractures & dislocations	S49101A
Arm/leg fractures & dislocations	S89302A
Arm/leg fractures & dislocations	S89102A
Arm/leg fractures & dislocations	S59202A
Arm/leg fractures & dislocations	S89301A
Arm/leg fractures & dislocations	S49002A
Arm/leg fractures & dislocations	S89202A
Arm/leg fractures & dislocations	S59102A
Arm/leg fractures & dislocations	S72102A
Unspecified abdominal pain	R109
Unspecified abdominal pain	R101
Unspecified abdominal pain	R1010
Unspecified abdominal pain	R1011
Unspecified abdominal pain	R1012
Unspecified abdominal pain	R1013
Unspecified abdominal pain	R102
Unspecified abdominal pain	R103
Unspecified abdominal pain	R1030
Unspecified abdominal pain	R1031
Unspecified abdominal pain	R1032
Unspecified abdominal pain	R1033
Unspecified abdominal pain	R108
Unspecified abdominal pain	R1081
Unspecified abdominal pain	R10811
Unspecified abdominal pain	R10812
Unspecified abdominal pain	R10813

Pain Pathway	Code
Unspecified abdominal pain	R10814
Unspecified abdominal pain	R10815
Unspecified abdominal pain	R10816
Unspecified abdominal pain	R10817
Unspecified abdominal pain	R10819
Unspecified abdominal pain	R1082
Unspecified abdominal pain	R10821
Unspecified abdominal pain	R10822
Unspecified abdominal pain	R10823
Unspecified abdominal pain	R10824
Unspecified abdominal pain	R10825
Unspecified abdominal pain	R10826
Unspecified abdominal pain	R10827
Unspecified abdominal pain	R10829
Unspecified abdominal pain	R1083
Unspecified abdominal pain	R1084
Unspecified abdominal pain	R109