2025

COVERED CA QUALITY TRANSFORMATION PROGRAM (QTP) (FOR PCPs)

Program Technical Guide

IEHP Covered

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TABLE OF CONTENTS

PROGRAM OVERVIEW

This program guide provides an overview of the 2025 Covered CA (CCA) Quality Transformation Program (QTP) for IEHP Direct Primary Care Providers (PCPs). The IEHP Covered CA Quality Transformation Program (QTP) for PCPs is designed to support the quality of health care for IEHPs Covered CA Members. The Covered CA Quality Transformation Program (QTP) aligns with the CCA Quality Exhibit IEHP Covered CA IEHP Direct PCPs contract requirements.

If you would like more information about IEHP's Covered CA Quality Transformation Program (QTP) or best practices to help improve quality scores and outcomes, visit our Secure Provider Portal at ***www.iehp.org***, email the Quality Team at ***QualityPrograms@iehp.org*** or call the IEHP Provider Relations Team at (909) 890-2054.

Eligibility

To be eligible for incentive payments in the 2025 Covered CA Quality Transformation Program (QTP), PCPs must meet the following criteria:

- IEHP Direct Covered CA Primary Care Physicians (PCPs) who have a CCA Quality Exhibit IEHP Covered CA IEHP Direct PCP contract are eligible to participate in the Covered CA Quality Transformation Program (QTP).
- Have at least 20 Members in the denominator as of December 2025 for each quality measure to qualify for scoring.

☑ Minimum Data Requirements

Claims Data

Claims data is foundational to performance measurement and is essential in the 2025 Covered CA Quality Transformation Program. Complete, timely and accurate claims data should be submitted through normal reporting channels for all services rendered to IEHP Members. Please use the appropriate codes listed in Appendix 2 to meet measure requirements.

Lab Results

Data from lab results data is also foundational to Program performance measurement. Providers should ensure they submit complete lab results data for services rendered to IEHP Members. Work with IEHP to ensure you are using the appropriate lab vendors for IEHP Members.

Lab results that are performed in the office (e.g., point of care HbA1c testing, urine tests, etc.) should be coded and submitted through your encounter data.

Immunizations

To maximize performance in immunization-based measures, **IEHP requires all Providers to report all immunizations via the California Immunization Registry (CAIR2)**. For more information on how to register for CAIR2, please visit *http://cairweb.org/*. IEHP works closely with CAIR to ensure data sharing to support the Covered CA Quality Transformation program.

☑ Provider Research Inquiries

All Provider research inquiries, related to the data collected to measure program metrics, must be submitted in an excel worksheet. The following information must be included in the research inquiry to support the description of the dispute: Provider Name, Provider NPI, Member Name, Member ID, Measure Name, DOS, Procedure Code/ICD-10 code, and any other information that would be helpful to research the inquiry.

Program Terms and Conditions

- Good Standing: A Provider currently contracted with Plan for the delivery of services, not pursuing any litigation or arbitration or has a pending claim pursuant to the California Government Tort Claim Act (Cal. Gov. Code Sections 810, et seq.) filed against Plan at the time of program application or at the time additional funds may be payable, and has demonstrated the intent, in Plan's sole determination, to continue to work together with Plan on addressing community and Member issues. Additionally, at the direction of the CEO or their designee, Plan may determine that a Provider is not in good standing based on relevant quality, payment, or other business concerns.
- Criteria for calculating Provider Star Rating are subject to change at any time, with or without notice, at IEHP's sole discretion.
- In consideration of IEHP's offering of the IEHP Covered CA Quality Transformation Program (QTP), participants agree to fully and forever release and discharge IEHP from any and all claims, demands, causes of action, and suits, of any nature, pertaining to or arising from the offering by IEHP of the IEHP Covered CA Quality Transformation Program (QTP).
- The determination of IEHP regarding performance scoring and Quality Performance Adjustments under the IEHP Covered CA Quality Transformation Program (QTP) is final.
- As a condition of receiving payment under the IEHP Covered CA Quality Transformation Program (QTP), Providers must be active and contracted with IEHP and have active assigned Members at the time of payment.
- Providers will not charge IEHP for medical records for HEDIS, Risk Adjustment, and other health plan operational activities.

Financial Overview: Quality Adjustment

Providers are eligible to receive a quality adjustment that will be based on the Provider's quality performance in the measurement year (2025). This quality adjustment may be an increase, or reduction, in the Providers IEHP base fee schedule rate. Refer to your CCA PCP agreement, Quality Exhibit for details.

Performance Measures

Appendix 1 provides a list of the 5 measures in the 2025 Covered CA Quality Transformation Core Program (QTP) and includes thresholds and benchmarks associated with respective Tier Goals.

Measures included in this program use standard Healthcare Effectiveness Data and Information Set (HEDIS®) process and outcomes measures that are based on the specifications published by the National Committee for Quality Assurance (NCQA). Non-HEDIS® measures that are included in the program come from the California Department of Health Care Services (DHCS) Medi-Cal Managed Care Quality Program.

Program Measures:

- Controlling High Blood Pressure
- Glycemic Status Assessment for Patients with Diabetes
- Chlamydia Screening
- Child and Adolescent Well-Care Visits
- Initial Health Appointment

☑ Scoring Methodology

In this second year of the Covered CA Quality Transformation Program, Provider performance will be assessed based on performance improvement in the current measurement year (2025). Quality improvement adjustments in this program will be determined by the Providers performance in the program metrics being assessed. The measurement performance will begin once the IEHP Covered CA Member assignment begins with a Provider. The performance in this program will determine the "Quality Improvement Adjustment Amount" that may impact the Providers PCP Quality Adjustment Amount starting July 2026. The 2025 measurement year will assess performance within the period of January 1 – December 31, 2025.

Year-Over-Year Improvement

The current measurement year (2025) performance baseline will be set from the final performance in the prior measurement year (2024). This program is designed to focus on value-based care where Provider reimbursement is directly tied to the quality of care provided to IEHP Members. There will be improvement factors that will take place starting in measurement year 2025, and continuing year-over-year, in the Covered CA Quality Transformation Program (QTP).

Performance Methodology

Calculating the Star Score

Provider performance for each measure will be given a star value (i.e., a measure score). Measure scores are applied based on star threshold cut points that are assigned per measure (see Appendix 1 for star threshold cut points).

The following formula will be used to calculate the overall Star Rating Score:
Star Rating Score = Sum (measure star rating * measure weight) / Sum of measure weights

The Star Rating will follow the rounding rules found in Table 1 below:

TABLE 1. COVERED CA QUALITY TRANSFORMATION PROGRAM (QTP) – STAR RATING	
Initial Star Rating	**Overall Star Rating***
≥ 0.750000 and < 1.250000	1.0 Stars
≥ 1.250000 and < 1.750000	1.5 Stars
≥ 1.750000 and < 2.250000	2.0 Stars
≥ 2.250000 and < 2.750000	2.5 Stars
≥ 2.750000 and < 3.250000	3.0 Stars
≥ 3.250000 and < 3.750000	3.5 Stars
≥ 3.750000 and < 4.250000	4.0 Stars
≥ 4.250000 and < 4.750000	4.5 Stars
≥ 4.750000 and ≤ 5.000000	5.0 Stars

**The results of the overall star rating calculations are rounded down to the nearest whole number.*

Calculating the Quality Adjustment

There will be **two** adjustments calculated for the 2025 performance year:

1) Quality Performance Adjustment
2) Quality Improvement Adjustment

The Quality Performance Adjustment and Quality Improvement Adjustment will both be used to determine the Providers overall Final PCP Quality Adjustment Amount (Providers CCA rate that will begin July following the measurement year through the next 12 months).

Quality Performance Adjustment

The Quality Performance Adjustment will be the first adjustment calculated for the current measurement year (2025) performance. The Quality Performance Adjustment will determine if there is a rate change made to the Provider's base CCA contractual rate.

The following method will be used to calculate the **Quality Performance Adjustment:**

Step 1: Determine current measurement year (2025) star rating (see Calculating the Star Score methodology).

Step 2: Determine Provider current measurement year (2025) Composite Quality Score (see Table 2: Provider Composite Quality Score & Associated Quality Performance Adjustment Overview).

Step 3: Determine Quality Performance Adjustment Amount based on current measurement year (2025) Provider Composite Quality Score (see Table 2: Provider Composite Quality Score & Associated Quality Performance Adjustment Overview).

TABLE 2. PROVIDER COMPOSITE QUALITY SCORE & ASSOCIATED QUALITY PERFORMANCE ADJUSTMENT OVERVIEW	
Provider Composite Quality Score	**Quality Performance Adjustment Amount**
5 Star Rating: Performance at the 90th percentile or higher	20% increase in base rate
4 Star Rating: Performance between the 66th percentile and 89th percentile	10% increase in base rate
3 Star Rating: Performance between the 33rd percentile and the 65th percentile	No change in base rate
2 Star Rating: Performance between the 10th percentile and 32nd percentile	5% reduction in base rate
1 Star Rating: Performance below the 10th percentile	10% reduction in base rate

Step 4: Calculate the Initial PCP Quality Adjustment Amount:

Initial PCP Quality Adjustment Amount = PCP base CCA rate + current measurement year (2025) Quality Performance Adjustment Amount.

Quality Improvement Adjustment

The Quality Improvement Adjustment will be the second adjustment calculated for the current measurement year (2025). The Quality Improvement Adjustment will determine if there is a second rate change made to the Provider's CCA contractual rate, based on the Quality Performance Adjustment for the measurement year (2025). The Quality Performance Adjustment rate change will be made to the Provider's CCA contractual rate starting July 2026 and continuing through June 2027.

The following method will be used to calculate the **Quality Improvement Adjustment:**

Step 1: Determine current measurement year (2025) star rating (see Calculating the Star Score methodology).

Step 2: Determine prior measurement year (2024) star rating.

Step 3: Calculate the improvement between current measurement year (2025) and prior measurement year (2024) star ratings.

Step 4: Determine Provider Improvement Composite Quality Score based on current measurement year (2025) to prior measurement year (2024) star score comparison.

Step 5: Use the Provider current measurement year (2025) Provider Improvement Composite Quality Score to indicate the Quality Improvement Adjustment (see Table 3).

TABLE 3. PROVIDER COMPOSITE QUALITY SCORE & ASSOCIATED QUALITY IMPROVEMENT ADJUSTMENT	
Provider Improvement Composite Quality Score	**Quality Improvement Adjustment**
Improved by 3 stars	+7.5%
Improved by 2 stars	+5.0%
Improved by 1 star	+2.5%
No change in star rating	None
Any decline in star rating	None

Step 6: Calculate the Final PCP Quality Adjustment Amount:

Final PCP Quality Adjustment Amount = Initial PCP Quality Adjustment Amount + current measurement year (2025) Quality Improvement Adjustment.

The Final PCP Quality Adjustment Amount will be applied as the Providers CCA contractual rate from July of the following year (2026) through June of the next year (2027).

Scoring Methodology Example:

Provider Example: Calculating Provider Final PCP Quality Adjustment Amount

PROVIDER JOHN DOE 2025 QUALITY IMPROVEMENT ADJUSTMENT FACTORS	
PCP Base Rate	100%
2024 Star Rating	2 star
2025 Star Rating	4 star

Calculating 2025 Final PCP Quality Adjustment Amount:

The following method will be used to calculate the **Quality Performance Adjustment:**

Step 1: Determine current measurement year (2025) star rating: *Provider finished the current measurement year (2025) with a 4 star rating.*

Step 2: Determine Provider current measurement year (2025) Composite Quality Score (see Table 2: Provider Composite Quality Score & Associated Quality Performance Adjustment Overview): *Providers Composite Quality Score is at a 4 star rating: between the 66th and 89th percentile.*

Step 3: Determine Quality Performance Adjustment Amount based on current measurement year (2025) Provider Composite Quality Score (see Table 2: Provider Composite Quality Score & Associated Quality Performance Adjustment Overview): *Providers Composite Quality Score is between the 66th and 89th percentile and meets a Quality Performance Adjustment amount of 10%.*

TABLE 2. PROVIDER COMPOSITE QUALITY SCORE & ASSOCIATED QUALITY PERFORMANCE ADJUSTMENT OVERVIEW	
Provider Composite Quality Score	**Quality Performance Adjustment Amount**
5 Star Rating: Performance at the 90th percentile or higher	20% increase in base rate
4 Star Rating: Performance between the 66th percentile and 89th percentile	10% increase in base rate
3 Star Rating: Performance between the 33rd percentile and the 65th percentile	No change in base rate
2 Star Rating: Performance between the 10th percentile and 32nd percentile	5% reduction in base rate
1 Star Rating: Performance below the 10th percentile	10% reduction in base rate

Step 4: Calculate the Initial PCP Quality Adjustment Amount:

Initial PCP Quality Adjustment Amount = PCP Base CCA rate + current measurement year (2025) Quality Performance Adjustment Amount.

Initial PCP Quality Adjustment Amount = 100 % + 10% = 110% CCA rate

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The following method will be used to calculate the **Quality Improvement Adjustment:**

Step 1: Determine current measurement year (2025) star rating: *Provider finished the current measurement year (2025) with a 4 star rating.*

Step 2: Determine prior measurement year (2024) star rating: *Provider finished the prior measurement year (2024) with a 2 star rating.*

Step 3: Calculate the improvement between current measurement year (2025) and prior measurement year (2024) star ratings: *Provider finishing the current measurement year (2025) with a 4 star rating compared to the prior measurement year (2024) with a 2 star rating corresponds to a 2 star rating improvement.*

Step 4: Determine Provider Improvement Composite Quality Score based on current measurement year (2025) to prior measurement year (2024) star score comparison: *Provider finishing the current measurement year (2025) with a 4 star rating compared to the prior measurement year (2024) with a 2 star rating corresponds to a Provider Improvement Composite Quality Score of 2 star rating improvement.*

Step 5: Use the Provider current measurement year (2025) Provider Improvement Composite Quality Score to indicate the Quality Improvement Adjustment (see Table 3 below): *Provider finishing the current measurement year (2025) with a 4 star rating compared to the prior measurement year (2024) with a 2 star rating corresponds to a 2 star rating improvement. This will give an additional 5.0% Quality Improvement Adjustment.*

TABLE 3. PROVIDER COMPOSITE QUALITY SCORE & ASSOCIATED QUALITY IMPROVEMENT ADJUSTMENT	
Provider Improvement Composite Quality Score	**Quality Improvement Adjustment**
Improved by 3 stars	+7.5%
Improved by 2 stars	+5.0%
Improved by 1 star	+2.5%
No change in star rating	None
Any decline in star rating	None

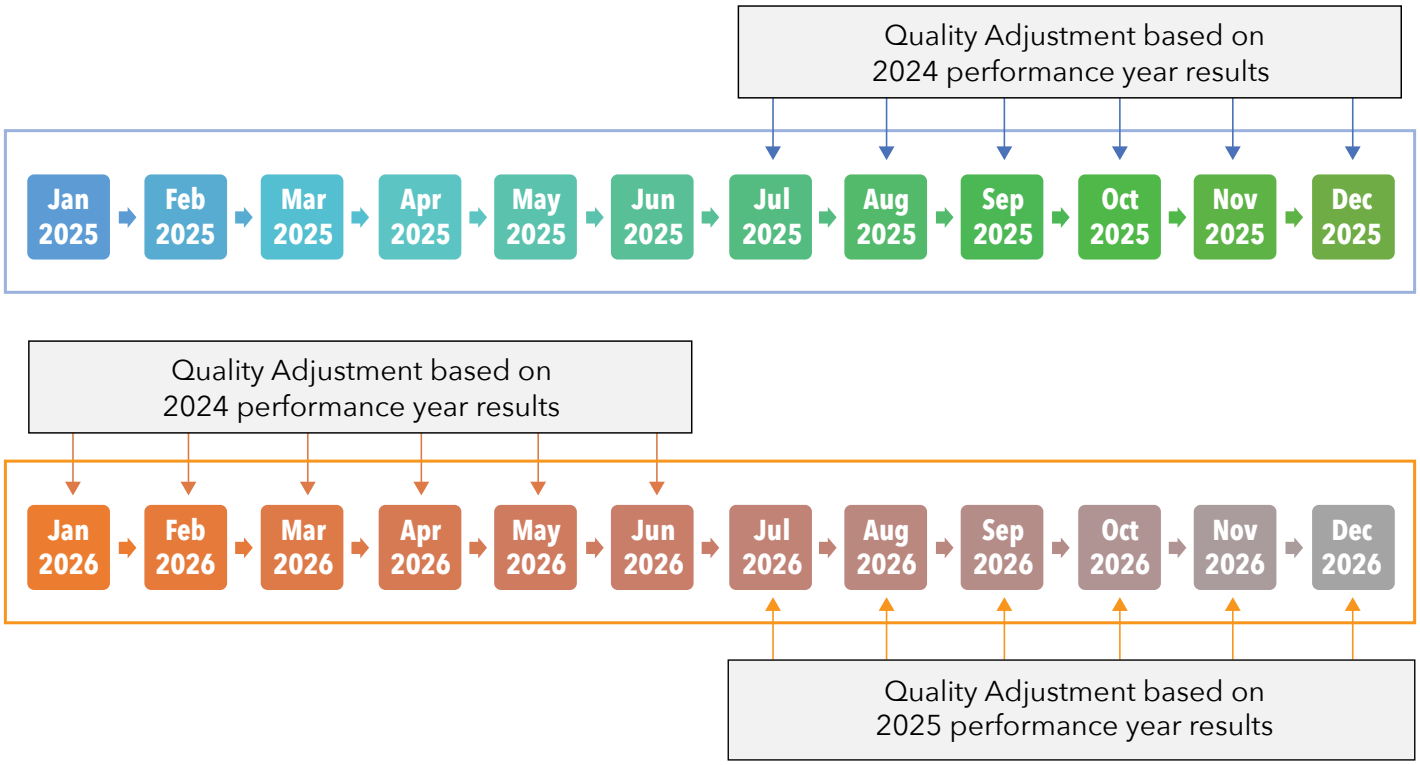
Step 6: Calculate the Final PCP Quality Adjustment Amount:

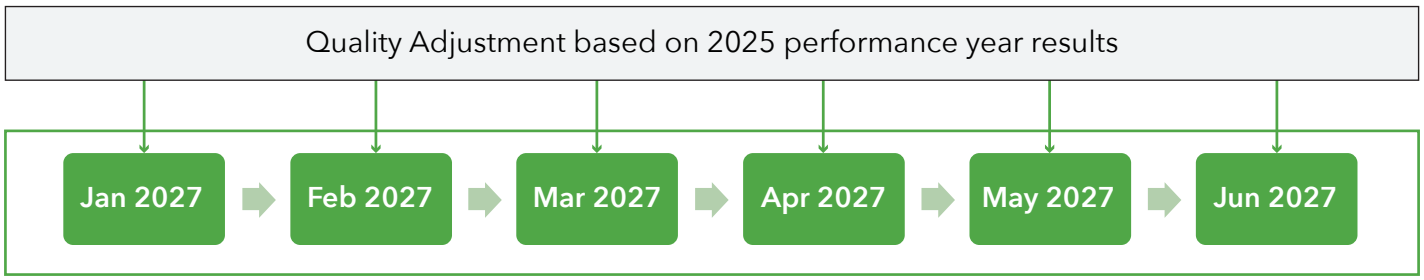
Final PCP Quality Adjustment Amount = Initial PCP Quality Adjustment Amount + current measurement year (2025) Quality Improvement Adjustment.

Final PCP Quality Adjustment Amount = 110% +5.0% = 115% CCA rate

The Final PCP Quality Adjustment Amount of 115% will be the new rate that will be applied as the Providers CCA contractual rate from July of the following year (2026) through June of the next year (2027).

☑ Covered CA Quality Transformation Program Timeline:





Getting Help

Please direct questions and/or comments related to this program to the IEHP Provider Relations Team at (909) 890-2054 or IEHP's Quality Department at ***QualityPrograms@iehp.org***.

APPENDIX 1: *2025 PCP Covered CA Quality Transformation Program (QTP) Measures*

2025 COVERED CA QUALITY TRANSFORMATION PROGRAM (QTP) MEASURE LIST:								
Domain	**Measure Name**	**Population**	**Star 1 Rating**	**Star 2 Rating**	**Star 3 Rating**	**Star 4 Rating**	**Star 5 Rating**	**Measure Weight**
Clinical Quality	Controlling High Blood Preesure▪	Adult	<60%	60%	66%	73%	79%	3.0
Clinical Quality	Glycemic Status Assessment for Patients with Diabetes (GSD)♦	Adult	<67%	67%	76%	82%	85%	3.0
Clinical Quality	Chlamydia Screening in Women▪	Women	<36%	36%	44%	53%	65%	1.0
Clinical Quality	Child and Adolescent Well-Care Visits▪	Child	<36%	36%	46%	58%	71%	1.0
Clinical Quality	Initial Health Appointment^	All	<39%	39%	57%	74%	87%	1.0

▪ *Star Rating set as published in the 2024 (MY 2023) NCQA Exchange Quality Compass*

♦ *Star Rating set as published in the MY 2023 CMS Benchmarks*

^ *Star Rating set at the MY 2023 Medi-Cal Network Performance*

The goals in Appendix 1 may be adjusted once measurement year (2024) national benchmarks are available. The goals are based on a combination of national and network performance and may be adjusted higher or lower based on network trends.

APPENDIX 2: *Measures Overview*

☑ Population: Adult

Controlling High Blood Pressure (CBP)

Methodology: HEDIS®

Measure Description: The percentage of Members who are 18-85 years of age, with a diagnosis of hypertension (HTN), and whose blood pressure (BP) was controlled (<140/90 mm Hg) during the measurement year (2025).

- Eligible population in this measure meets all of the following criteria:
    1. Age 18-85 years of age as of December 31 of the measurement year (2025).
    2. Continuous enrollment with IEHP during the measurement year (2025) with no more than one gap in continuous enrollment with IEHP of up to 45 days during the measurement year (2025).
    3. Members who had at least two different visits with a hypertension diagnosis on or between January 1 of the year prior to the measurement year (2024) and June 30 of the measurement year (2025). Visit can be in any outpatient setting.

Denominator: All Members 18-85 years of age who meet all criteria for the eligible population.

- Anchor Date: December 31, 2025

Numerator: Members in the denominator who had a BP reading taken during the measurement year (2025), in any of the following settings: office visits, e-visits, telephone visits or online assessments. The most recent BP of the measurement year (2025) will be used to determine compliance for this measure. **Provider must bill one diastolic code, one systolic code and one visit type code.**

NOTE: The BP reading must be taken on or after the date of the second hypertension diagnosis.

CODES TO IDENTIFY BLOOD PRESSURE SCREENING:			
Service	**Code Type**	**Code**	**Code Description**
Blood Pressure Screening	CPT- CAT-II	3079F	Most recent diastolic blood pressure 80-89 mm Hg (HTN, CKD, CAD) (DM)
Blood Pressure Screening	CPT- CAT-II	3080F	Most recent diastolic blood pressure greater than or equal to 90 mm Hg (HTN, CKD, CAD) (DM)
Blood Pressure Screening	CPT- CAT-II	3078F	Most recent diastolic blood pressure less than 80 mm Hg (HTN, CKD, CAD) (DM)
Blood Pressure Screening	CPT- CAT-II	3077F	Most recent systolic blood pressure greater than or equal to 140 mm Hg (HTN, CKD, CAD) (DM)
Blood Pressure Screening	CPT- CAT-II	3074F	Most recent systolic blood pressure less than 130 mm Hg (DM), (HTN, CKD, CAD)
Blood Pressure Screening	CPT- CAT-II	3075F	Most recent systolic blood pressure 130-139 mm Hg (DM) (HTN, CKD, CAD)

CODES TO IDENTIFY OFFICE VISITS:			
Service	**Code Type**	**Code**	**Code Description**
Office Visit	CPT	99202	Office or other outpatient visit for the evaluation and management of a new patient, which requires a medically appropriate history and/or examination and straightforward medical decision making. When using time for code selection, 15 minutes must be met or exceeded.
Office Visit	CPT	99203	Office or other outpatient visit for the evaluation and management of a new patient, which requires a medically appropriate history and/or examination and low level of medical decision making. When using time for code selection, 30 minutes must be met or exceeded.
Office Visit	CPT	99204	Office or other outpatient visit for the evaluation and management of a new patient, which requires a medically appropriate history and/or examination and moderate level of medical decision making. When using time for code selection, 45 minutes must be met or exceeded.
Office Visit	CPT	99205	Office or other outpatient visit for the evaluation and management of a new patient, which requires a medically appropriate history and/or examination and high level of medical decision making. When using time for code selection, 60 minutes must be met or exceeded.
Office Visit	CPT	99211	Office or other outpatient visit for the evaluation and management of an established patient, that may not require the presence of a physician or other qualified health care professional.
Office Visit	CPT	99212	Office or other outpatient visit for the evaluation and management of an established patient, which requires a medically appropriate history and/or examination and straightforward medical decision making. When using time for code selection, 10 minutes must be met or exceeded.
Office Visit	CPT	99213	Office or other outpatient visit for the evaluation and management of an established patient, which requires a medically appropriate history and/or examination and low level of medical decision making. When using time for code selection, 20 minutes must be met or exceeded.

CODES TO IDENTIFY OFFICE VISITS:			
Service	**Code Type**	**Code**	**Code Description**
Office Visit	CPT	99214	Office or other outpatient visit for the evaluation and management of an established patient, which requires a medically appropriate history and/or examination and moderate level of medical decision making. When using time for code selection, 30 minutes must be met or exceeded.
Office Visit	CPT	99215	Office or other outpatient visit for the evaluation and management of an established patient, which requires a medically appropriate history and/or examination and high level of medical decision making. When using time for code selection, 40 minutes must be met or exceeded.
Office Visit	CPT	99242	Office or other outpatient consultation for a new or established patient, which requires a medically appropriate history and/or examination and straightforward medical decision making. When using total time on the date of the encounter for code selection, 20 minutes must be met or exceeded.
Office Visit	CPT	99243	Office or other outpatient consultation for a new or established patient, which requires a medically appropriate history and/or examination and low level of medical decision making. When using total time on the date of the encounter for code selection, 30 minutes must be met or exceeded.
Office Visit	CPT	99244	Office or other outpatient consultation for a new or established patient, which requires a medically appropriate history and/or examination and moderate level of medical decision making. When using total time on the date of the encounter for code selection, 40 minutes must be met or exceeded.
Office Visit	CPT	99245	Office or other outpatient consultation for a new or established patient, which requires a medically appropriate history and/or examination and high level of medical decision making. When using total time on the date of the encounter for code selection, 55 minutes must be met or exceeded.
Office Visit	CPT	99341	Home or residence visit for the evaluation and management of a new patient, which requires a medically appropriate history and/or examination and straightforward medical decision making. When using total time on the date of the encounter for code selection, 15 minutes must be met or exceeded.
Office Visit	CPT	99342	Home or residence visit for the evaluation and management of a new patient, which requires a medically appropriate history and/or examination and low level of medical decision making. When using total time on the date of the encounter for code selection, 30 minutes must be met or exceeded.
Office Visit	CPT	99344	Home or residence visit for the evaluation and management of a new patient, which requires a medically appropriate history and/or examination and moderate level of medical decision making. When using total time on the date of the encounter for code selection, 60 minutes must be met or exceeded.
Office Visit	CPT	99345	Home or residence visit for the evaluation and management of a new patient, which requires a medically appropriate history and/or examination and high level of medical decision making. When using total time on the date of the encounter for code selection, 75 minutes must be met or exceeded.
Office Visit	CPT	99347	Home or residence visit for the evaluation and management of an established patient, which requires a medically appropriate history and/or examination and straightforward medical decision making. When using total time on the date of the encounter for code selection, 20 minutes must be met or exceeded.

CODES TO IDENTIFY OFFICE VISITS:			
Service	**Code Type**	**Code**	**Code Description**
Office Visit	CPT	99348	Home or residence visit for the evaluation and management of an established patient, which requires a medically appropriate history and/or examination and low level of medical decision making. When using total time on the date of the encounter for code selection, 30 minutes must be met or exceeded.
Office Visit	CPT	99349	Home or residence visit for the evaluation and management of an established patient, which requires a medically appropriate history and/or examination and moderate level of medical decision making. When using total time on the date of the encounter for code selection, 40 minutes must be met or exceeded.
Office Visit	CPT	99350	Home or residence visit for the evaluation and management of an established patient, which requires a medically appropriate history and/or examination and high level of medical decision making. When using total time on the date of the encounter for code selection, 60 minutes must be met or exceeded.
Office Visit	CPT	99385	Initial comprehensive preventive medicine evaluation and management of an individual including an age and gender appropriate history, examination, counseling/anticipatory guidance/risk factor reduction interventions, and the ordering of laboratory/diagnostic procedures, new patient; 18-39 years.
Office Visit	CPT	99386	Initial comprehensive preventive medicine evaluation and management of an individual including an age and gender appropriate history, examination, counseling/anticipatory guidance/risk factor reduction interventions, and the ordering of laboratory/diagnostic procedures, new patient; 40-64 years.
Office Visit	CPT	99387	Initial comprehensive preventive medicine evaluation and management of an individual including an age and gender appropriate history, examination, counseling/anticipatory guidance/risk factor reduction interventions, and the ordering of laboratory/diagnostic procedures, new patient; 65 years and older.
Office Visit	CPT	99395	Periodic comprehensive preventive medicine reevaluation and management of an individual including an age and gender appropriate history, examination, counseling/anticipatory guidance/risk factor reduction interventions, and the ordering of laboratory/diagnostic procedures, established patient; 18-39 years.
Office Visit	CPT	99396	Periodic comprehensive preventive medicine reevaluation and management of an individual including an age and gender appropriate history, examination, counseling/anticipatory guidance/risk factor reduction interventions, and the ordering of laboratory/diagnostic procedures, established patient; 40-64 years.
Office Visit	CPT	99397	Periodic comprehensive preventive medicine reevaluation and management of an individual including an age and gender appropriate history, examination, counseling/anticipatory guidance/risk factor reduction interventions, and the ordering of laboratory/diagnostic procedures, established patient; 65 years and older.
Office Visit	CPT	99401	Preventive medicine counseling and/or risk factor reduction intervention(s) provided to an individual (separate procedure); approximately 15 minutes.
Office Visit	CPT	99402	Preventive medicine counseling and/or risk factor reduction intervention(s) provided to an individual (separate procedure); approximately 30 minutes.
Office Visit	CPT	99403	Preventive medicine counseling and/or risk factor reduction intervention(s) provided to an individual (separate procedure); approximately 45 minutes.

CODES TO IDENTIFY OFFICE VISITS:			
Service	**Code Type**	**Code**	**Code Description**
Office Visit	CPT	99404	Preventive medicine counseling and/or risk factor reduction intervention(s) provided to an individual (separate procedure); approximately 60 minutes.
Office Visit	CPT	99411	Preventive medicine counseling and/or risk factor reduction intervention(s) provided to individuals in a group setting (separate procedure); approximately 30 minutes.
Office Visit	CPT	99412	Preventive medicine counseling and/or risk factor reduction intervention(s) provided to individuals in a group setting (separate procedure); approximately 60 minutes.
Office Visit	CPT	99429	Unlisted preventive medicine service.
Office Visit	CPT	99455	Work-related or medical disability examination by the treating physician that includes: Completion of a medical history commensurate with the patient's condition; Performance of an examination commensurate with the patient's condition; Formulation of a diagnosis, assessment of capabilities and stability, and calculation of impairment; Development of future medical treatment plan; and Completion of necessary documentation/certificates and report.
Office Visit	CPT	99456	Work-related or medical disability examination by other than the treating physician that includes: Completion of a medical history commensurate with the patient's condition; Performance of an examination commensurate with the patient's condition; Formulation of a diagnosis, assessment of capabilities and stability, and calculation of impairment; Development of future medical treatment plan; and Completion of necessary documentation/certificates and report.
Office Visit	CPT	99483	Assessment of and care planning for a patient with cognitive impairment, requiring an independent historian, in the office or other outpatient, home or domiciliary or rest home, with all of the following required elements: Cognition-focused evaluation including a pertinent history and examination; Medical decision making of moderate or high complexity; Functional assessment (e.g., basic and instrumental activities of daily living), including decision-making capacity; Use of standardized instruments for staging of dementia (e.g., functional assessment staging test [FAST], clinical dementia rating [CDR]); Medication reconciliation and review for high-risk medications; Evaluation for neuropsychiatric and behavioral symptoms, including depression, including use of standardized screening instrument(s); Evaluation of safety (e.g., home), including motor vehicle operation; Identification of caregiver(s), caregiver knowledge, caregiver needs, social supports, and the willingness of caregiver to take on caregiving tasks; Development, updating or revision, or review of an Advance Care Plan; Creation of a written care plan, including initial plans to address any neuropsychiatric symptoms, neuro-cognitive symptoms, functional limitations, and referral to community resources as needed (e.g., rehabilitation services, adult day programs, support groups) shared with the patient and/or caregiver with initial education and support. Typically, 60 minutes of total time is spent on the date of the encounter.
Office Visit	HCPCS	G0071	Payment for communication technology-based services for five minutes or more of a virtual (non-face-to-face) communication between a rural health clinic (RHC) or federally qualified health center (FQHC) practitioner and RHC or FQHC patient, or five minutes or more of remote evaluation of recorded video and/or images by an RHC or FQHC practitioner, occurring in lieu of an office visit; RHC or FQHC only.

CODES TO IDENTIFY OFFICE VISITS:			
Service	**Code Type**	**Code**	**Code Description**
Office Visit	HCPCS	G0402	Initial preventive physical examination; face-to-face visit, services limited to new beneficiary during the first 12 months of Medicare enrollment.
Office Visit	HCPCS	G0438	Annual wellness visit; includes a personalized prevention plan of service (PPS), initial visit.
Office Visit	HCPCS	G0439	Annual wellness visit, includes a personalized prevention plan of service (PPS), subsequent visit.
Office Visit	HCPCS	G0463	Hospital outpatient clinic visit for assessment and management of a patient.
Office Visit	HCPCS	T1015	Clinic Visit/encounter, All-inclusive

CODES TO IDENTIFY E-VISITS:			
Service	**Code Type**	**Code**	**Code Description**
E-Visit	CPT	98970	Qualified nonphysician health care professional online digital assessment and management, for an established patient, for up to seven days, cumulative time during the seven days; 5-10 minutes.
E-Visit	CPT	98971	Qualified nonphysician health care professional online digital assessment and management, for an established patient, for up to seven days, cumulative time during the seven days; 11-20 minutes.
E-Visit	CPT	98972	Qualified nonphysician health care professional online digital assessment and management, for an established patient, for up to seven days, cumulative time during the seven days; 21 or more minutes.
E-Visit	CPT	99421	Online digital evaluation and management service, for an established patient, for up to seven days, cumulative time during the seven days; 5-10 minutes.
E-Visit	CPT	99422	Online digital evaluation and management service, for an established patient, for up to seven days, cumulative time during the seven days; 11-20 minutes.
E-Visit	CPT	99423	Online digital evaluation and management service, for an established patient, for up to seven days, cumulative time during the seven days; 21 or more minutes.
E-Visit	HCPCS	G2010	Remote evaluation of recorded video and/or images submitted by an established patient (e.g., store and forward), including interpretation with follow-up with the patient within 24 business hours, not originating from a related E/M service provided within the previous seven days nor leading to an E/M service or procedure within the next 24 hours or soonest available appointment.
E-Visit	HCPCS	G2012	Brief communication technology-based service, e.g., virtual check-in, by a physician or other qualified health care professional who can report evaluation and management services, provided to an established patient, not originating from a related E/M service provided within the previous seven days nor leading to an E/M service or procedure within the next 24 hours or soonest available appointment; 5-10 minutes of medical discussion.

CODES TO IDENTIFY TELEPHONE VISITS:			
Service	**Code Type**	**Code**	**Code Description**
Telephone Visit	CPT	98966	Telephone assessment and management service provided by a qualified nonphysician health care professional to an established patient, parent, or guardian not originating from a related assessment and management service provided within the previous seven days nor leading to an assessment and management service or procedure within the next 24 hours or soonest available appointment; 5-10 minutes of medical discussion.
Telephone Visit	CPT	98967	Telephone assessment and management service provided by a qualified nonphysician health care professional to an established patient, parent, or guardian not originating from a related assessment and management service provided within the previous seven days nor leading to an assessment and management service or procedure within the next 24 hours or soonest available appointment; 11-20 minutes of medical discussion.
Telephone Visit	CPT	98968	Telephone assessment and management service provided by a qualified nonphysician health care professional to an established patient, parent, or guardian not originating from a related assessment and management service provided within the previous seven days nor leading to an assessment and management service or procedure within the next 24 hours or soonest available appointment; 21-30 minutes of medical discussion.
Telephone Visit	CPT	99441	Telephone evaluation and management service by a physician or other qualified health care professional who may report evaluation and management services provided to an established patient, parent, or guardian not originating from a related E/M service provided within the previous seven days nor leading to an E/M service or procedure within the next 24 hours or soonest available appointment; 5-10 minutes of medical discussion.
Telephone Visit	CPT	99442	Telephone evaluation and management service by a physician or other qualified health care professional who may report evaluation and management services provided to an established patient, parent, or guardian not originating from a related E/M service provided within the previous seven days nor leading to an E/M service or procedure within the next 24 hours or soonest available appointment; 11-20 minutes of medical discussion.
Telephone Visit	CPT	99443	Telephone evaluation and management service by a physician or other qualified health care professional who may report evaluation and management services provided to an established patient, parent, or guardian not originating from a related E/M service provided within the previous seven days nor leading to an E/M service or procedure within the next 24 hours or soonest available appointment; 21-30 minutes of medical discussion.

CODES TO IDENTIFY ONLINE ASSESSMENTS:			
Service	**Code Type**	**Code**	**Code Description**
Online Assessment	CPT	98980	Remote therapeutic monitoring treatment management services, physician or other qualified health care professional time in a calendar month requiring at least one interactive communication with the patient or caregiver during the calendar month; first 20 minutes
Online Assessment	CPT	98981	Remote therapeutic monitoring treatment management services, physician or other qualified health care professional time in a calendar month requiring at least one interactive communication with the patient or caregiver during the calendar month; each additional 20 minutes (List separately in addition to code for primary procedure)
Online Assessment	CPT	99457	Remote physiologic monitoring treatment management services, clinical staff/physician/other qualified health care professional time in a calendar month requiring interactive communication with the patient/caregiver during the month; first 20 minutes
Online Assessment	CPT	99458	Remote physiologic monitoring treatment management services, clinical staff/physician/other qualified health care professional time in a calendar month requiring interactive communication with the patient/caregiver during the month; each additional 20 minutes (List separately in addition to code for primary procedure)
Online Assessment	HCPCS	G2250	Remote assessment of recorded video and/or images submitted by an established patient (e.g., store and forward), including interpretation with follow-up with the patient within 24 business hours, not originating from a related service provided within the previous 7 days nor leading to a service or procedure within the next 24 hours or soonest available appointment
Online Assessment	HCPCS	G2251	Brief communication technology-based service, e.g. virtual check-in, by a qualified health care professional who cannot report evaluation and management services, provided to an established patient, not originating from a related service provided within the previous 7 days nor leading to a service or procedure within the next 24 hours or soonest available appointment; 5-10 minutes of clinical discussion
Online Assessment	HCPCS	G2252	Brief communication technology-based service, e.g. virtual check-in, by a physician or other qualified health care professional who can report evaluation and management services, provided to an established patient, not originating from a related EM service provided within the previous 7 days nor leading to an EM service or procedure within the next 24 hours or soonest available appointment; 11-20 minutes of medical discussion

Glycemic Status Assessment for Patients with Diabetes (GSD)

Methodology: HEDIS®

Measure Description: The percentage of Members 18-75 years of age and have a diagnosis of diabetes (type 1 and type 2) who had the following:

- Glycemic Status (<8.0%) – This includes diabetics whose most recent Glycemic Status (hemoglobin A1c or glucose management indicator [GMI]) during the measurement year (2025) has a value <8.0%.
    - The Member is not numerator compliant if the result for the most recent Glycemic Status Assessment is ≥8.0% or is missing a result, or if an Glycemic Status Assessment was not done during the measurement year (2025).
- The eligible population in this measure meets all of the following criteria:
    1. Members who are 18-75 years old as of December 31 of the measurement year (2025).
    2. Continuous enrollment with IEHP in the measurement year (2025) with no more than one gap of up to 45 days during the measurement year (2025).
    3. Members who meet any of the following criteria during the measurement year (2025) or the year prior to the measurement year (2024). Count services that occur over both years:
        - Members who had at least two diagnoses of diabetes on different days of service during the measurement year (2025) or the year prior to the measurement year (2024).
        - Members who were dispensed insulin or hypoglycemics/antihyperglycemics during the measurement year (2025) or the year prior to the measurement year (2024) and have at least one diagnosis of diabetes during the measurement year (2025) or the year prior to the measurement year (2024).

CODES TO IDENTIFY GLYCEMIC STATUS TESTS:			
Service	**Code Type**	**Code**	**Code Description**
Glycemic Status Result	CPT-CAT-II	3046F	Most Recent Hemoglobin A1c Level Greater Than 9.0% (DM)
Glycemic Status Result	CPT-CAT-II	3051F	Most Recent Hemoglobin A1c (HbA1c) Level Greater Than Or Equal To 7.0% And Less Than 8.0%
Glycemic Status Result	CPT-CAT-II	3052F	Most Recent Hemoglobin A1c (HbA1c) Level Greater Than Or Equal To 8.0% And Less Than Or Equal To 9.0%
Glycemic Status Result	CPT-CAT-II	3044F	Most Recent Hemoglobin A1c (HbA1c) Level Less Than 7.0% (DM)

- Members who met any of the following criteria are excluded:
    1. Members in hospice.
    2. Members receiving palliative care.
    3. Members who expired at any time during the measurement year (2025).
    4. Members 66 years of age and older as of December 31 of measurement year (2025) with both frailty and advanced illness.

Denominator: Members 18-75 years of age who meet all the criteria for eligible population.

- Anchor Date: December 31, 2025

Numerator: Members in the denominator who had the most recent glycemic status test result of <8 during the measurement year (2025).

☑ Population: Women

Chlamydia Screening (CHL)

Summary of Changes to the Program Guide:

- Update to measure title

Methodology: HEDIS®

Measure Description: The percentage of women 16-24 years of age who identified as sexually active and had at least one test for chlamydia during the measurement year (2025).

- The eligible population in the measure meets all of the following criteria:
  1. Women 16-24 years as of December 31 of the measurement year (2025).
  2. Continuous enrollment with IEHP during the measurement year (2025) with no more than one gap in enrollment of up to 45 days.
  3. There are two methods to identify sexually active women: claim/encounter data or pharmacy data.

CODES TO IDENTIFY SEXUALLY ACTIVE WOMEN:			
Service	**Code Type**	**Code**	**Code Description**
Sexually Active	CPT	86631	Antibody Chlamydia
Sexually Active	CPT	86632	Antibody Chlamydia Igm
Sexually Active	CPT	87810	Infectious Agent Detection By Immunoassay With Direct Optical Observation Chlamydia Trachomatis
Sexually Active	CPT	87270	Infectious Agent Antigen Detection By Immunofluorescent Technique Chlamydia Trachomatis
Sexually Active	CPT	87320	Infectious agent antigen detection by immunoassay technique, (eg, enzyme immunoassay [EIA], enzyme-linked immunosorbent assay [ELISA], fluorescence immunoassay [FIA], immunochemiluminometric assay [IMCA]) qualitative or semiquantitative; Chlamydia trachomatis
Sexually Active	CPT	87492	Infectious Agent Detection By Nucleic Acid (DNA or RNA) Chlamydia Trachomatis Quantification
Sexually Active	CPT	87110	Culture Chlamydia Any Source
Sexually Active	CPT	87490	Infectious Agent Detection By Nucleic Acid (DNA or RNA) Chlamydia Trachomatis Direct Probe Technique
Sexually Active	CPT	87491	Infectious Agent Detection By Nucleic Acid (DNA or RNA) Chlamydia Trachomatis Amplified Probe Technique

CONTRACEPTIVE MEDICATIONS	
Description	**Prescription**
Contraceptives	Desogestrel-ethinyl estradiol Dienogest-estradiol (multiphasic) Drospirenone-ethinyl estradiol Drospirenone-ethinyl estradiol-levomefolate (biphasic) Ethinyl estradiol-ethynodiol Ethinyl estradiol-etonogestrel Ethinyl estradiol-levonorgestrel Ethinyl estradiol-norelgestromin Ethinyl estradiol-norethindrone Ethinyl estradiol-norgestimate Ethinyl estradiol-norgestrel Etonogestrel Levonorgestrel Medroxyprogesterone Norethindrone
Diaphragm	Diaphragm
Spermicide	Nonxynol 9

CODES TO IDENTIFY CHLAMYDIA SCREENING:			
Service	**Code Type**	**Code**	**Code Description**
Chlamydia Screening	CPT	87110	Culture Chlamydia Any Source
Chlamydia Screening	CPT	87270	Infectious Agent Antigen Detection By Immunofluorescent Technique Chlamydia Trachomatis
Chlamydia Screening	CPT	87320	Infectious agent antigen detection by immunoassay technique, (eg, enzyme immunoassay [EIA], enzyme-linked immunosorbent assay [ELISA], fluorescence immunoassay [FIA], immunochemiluminometric assay [IMCA]) qualitative or semiquantitative; Chlamydia trachomatis
Chlamydia Screening	CPT	87490	Infectious Agent Detection By Nucleic Acid (DNA or RNA) Chlamydia Trachomatis Direct Probe Technique
Chlamydia Screening	CPT	87491	Infectious Agent Detection By Nucleic Acid (DNA or RNA) Chlamydia Trachomatis Amplified Probe Technique
Chlamydia Screening	CPT	87492	Infectious Agent Detection By Nucleic Acid (DNA or RNA) Chlamydia Trachomatis Quantification
Chlamydia Screening	CPT	87810	Infectious Agent Detection By Immunoassay With Direct Optical Observation Chlamydia Trachomatis

Denominator: Women 16-24 years of age who meet the criteria for eligible population.

- Anchor Date: December 31, 2025

Numerator: Women in the denominator who were tested at least once for chlamydia during the measurement year (2025).

☑ Population: Child

Child and Adolescent Well-Care Visits (WCV)

Summary of Changes to the Program Guide:

- Updated acceptable visit types

Methodology: HEDIS®

Measure Description: The percentage of Members ages 3-21 who had at least one comprehensive well-care visit with a PCP or an OB/GYN practitioner during the measurement year (2025).

- Eligible population in this measure meets all of the following criteria:
  1. Ages 3-21 as of December 31 of the measurement year (2025).
  2. Continuous enrollment with IEHP throughout the measurement year (2025). No more than one gap in enrollment of up to 45 days during the measurement year (2025).

NOTE: Well-care visits done as telehealth visits will not be accepted for the Child and Adolescent Well-Care Visits measure.

CODES TO IDENTIFY WELL-CARE VISITS:			
Service	**Code Type**	**Code**	**Code Description**
Well-Care Visit	CPT	99382	Initial comprehensive preventive medicine evaluation and management of an individual including an age and gender appropriate history, examination, counseling/anticipatory guidance/risk factor reduction interventions, and the ordering of laboratory/diagnostic procedures, new patient; early childhood (age 1 through 4 years)
Well-Care Visit	CPT	99383	Initial comprehensive preventive medicine evaluation and management of an individual including an age and gender appropriate history, examination, counseling/anticipatory guidance/risk factor reduction interventions, and the ordering of laboratory/diagnostic procedures, new patient; late childhood (age 5 through 11 years)
Well-Care Visit	CPT	99384	Initial comprehensive preventive medicine evaluation and management of an individual including an age and gender appropriate history, examination, counseling/anticipatory guidance/risk factor reduction interventions, and the ordering of laboratory/diagnostic procedures, new patient; adolescent (age 12 through 17 years)
Well-Care Visit	CPT	99385	Initial comprehensive preventive medicine evaluation and management of an individual including an age and gender appropriate history, examination, counseling/anticipatory guidance/risk factor reduction interventions, and the ordering of laboratory/diagnostic procedures, new patient; 18-39 years

CODES TO IDENTIFY WELL-CARE VISITS:			
Service	**Code Type**	**Code**	**Code Description**
Well-Care Visit	CPT	99392	Periodic comprehensive preventive medicine reevaluation and management of an individual including an age and gender appropriate history, examination, counseling/anticipatory guidance/risk factor reduction interventions, and the ordering of laboratory/diagnostic procedures, established patient; early childhood (age 1 through 4 years)
Well-Care Visit	CPT	99393	Periodic comprehensive preventive medicine reevaluation and management of an individual including an age and gender appropriate history, examination, counseling/anticipatory guidance/risk factor reduction interventions, and the ordering of laboratory/diagnostic procedures, established patient; late childhood (age 5 through 11 years)
Well-Care Visit	CPT	99394	Periodic comprehensive preventive medicine reevaluation and management of an individual including an age and gender appropriate history, examination, counseling/anticipatory guidance/risk factor reduction interventions, and the ordering of laboratory/diagnostic procedures, established patient; adolescent (age 12 through 17 years)
Well-Care Visit	CPT	99395	Periodic comprehensive preventive medicine reevaluation and management of an individual including an age and gender appropriate history, examination, counseling/anticipatory guidance/risk factor reduction interventions, and the ordering of laboratory/diagnostic procedures, established patient; 18-39 years
Well-Care Visit	HCPCS	G0438	Annual wellness visit; includes a personalized prevention plan of service (PPS), initial visit
Well-Care Visit	HCPCS	G0439	Annual wellness visit, includes a personalized prevention plan of service (PPS), subsequent visit
Well-Care Visit	HCPCS	S0302	Completed early periodic screening diagnosis and treatment (EPSDT) service (list in addition to code for appropriate evaluation and management service)
Well-Care Visit	HCPCS	S0610	Annual gynecological examination, new patient
Well-Care Visit	HCPCS	S0612	Annual gynecological examination, established patient
Well-Care Visit	HCPCS	S0613	Annual gynecological examination; clinical breast examination without pelvic evaluation
Well-Care Visit	ICD-10	Z00.00	Encounter for general adult medical examination without abnormal findings
Well-Care Visit	ICD-10	Z00.01	Encounter for general adult medical examination with abnormal findings
Well-Care Visit	ICD-10	Z00.121	Encounter for routine child health examination with abnormal findings
Well-Care Visit	ICD-10	Z00.129	Encounter for routine child health examination without abnormal findings
Well-Care Visit	ICD-10	Z01.411	Encounter for gynecological examination (general) (routine) with abnormal findings
Well-Care Visit	ICD-10	Z01.419	Encounter for gynecological examination (general) (routine) without abnormal findings
Well-Care Visit	ICD-10	Z00.2	Encounter for examination for period of rapid growth in childhood
Well-Care Visit	ICD-10	Z00.3	Encounter for examination for adolescent development state
Well-Care Visit	ICD-10	Z02.5	Encounter for examination for participation in sport

CODES TO IDENTIFY WELL-CARE VISITS:			
Service	**Code Type**	**Code**	**Code Description**
Well-Care Visit	ICD-10	Z76. 1*	Encounter for health supervision and care of foundling
Well-Care Visit	ICD-10	Z02.84	Encounter for child welfare exam
Well-Care Visit	ICD-10	Z76.2*	Encounter for health supervision and care of other healthy infant and child

**Code must be billed as the Primary diagnosis on claim for the claim to process correctly.*

Denominator: The eligible population.

- Anchor Date December 31, 2025

Numerator: Members in the denominator who had one or more well-care visits with a PCP or an OB/GYN during the measurement year (2025).

☑ Population: All

Initial Health Appointment (IHA)

Methodology: IEHP-Defined Quality Measure

Measure Description: The IHA is a comprehensive assessment that is completed during the Member's initial encounter with a PCP, appropriate medical specialist, or Non-Physician Medical Provider, and it must be documented in the Member's medical record. The IHA enables the Member's PCP to assess and manage the acute, chronic and preventive health needs of the Member.

IEHP provides PCPs with a monthly detailed Member roster on the secure IEHP Provider Portal for all newly enrolled IEHP Members who are due for an IHA at 120 days of enrollment.

- The eligible population is newly assigned Members with an IEHP effective enrollment date of January 1, 2025 through August 31, 2025. The IHA must be provided within 120 days of enrollment (e.g., Member enrolled in August 2025 must be seen by December 2025 and PCP must submit encounter by January 2026).
- IHA visits completed during the 11 months prior to enrollment with IEHP count towards numerator compliance.

An IHA must include all of the following:

- A history of the Member's physical and mental health
- An identification of risks
- An assessment of need for preventive screens or services
- Health education
- The diagnosis and plan for treatment of any diseases

CODES TO IDENTIFY IHA VISITS:		
Code Type	**Code**	**Code Description**
CPT	96160	Administration of patient-focused health risk assessment instrument (e.g., health hazard appraisal) with scoring and documentation, per standardized instrument.
CPT	96161	Administration of caregiver-focused health risk assessment instrument (e.g., depression inventory) for the benefit of the patient, with scoring and documentation, per standardized instrument.
CPT	99202	Office or other outpatient visit for the evaluation and management of a new patient, which requires a medically appropriate history and/or examination and straightforward medical decision making. When using total time on the date of the encounter for code selection, 15 minutes must be met or exceeded.

CODES TO IDENTIFY IHA VISITS:		
Code Type	**Code**	**Code Description**
CPT	99203	Office or other outpatient visit for the evaluation and management of a new patient, which requires a medically appropriate history and/or examination and low level of medical decision making. When using total time on the date of the encounter for code selection, 30 minutes must be met or exceeded.
CPT	99204	Office or other outpatient visit for the evaluation and management of a new patient, which requires a medically appropriate history and/or examination and moderate level of medical decision making. When using total time on the date of the encounter for code selection, 45 minutes must be met or exceeded.
CPT	99205	Office or other outpatient visit for the evaluation and management of a new patient, which requires a medically appropriate history and/or examination and high level of medical decision making. When using total time on the date of the encounter for code selection, 60 minutes must be met or exceeded.
CPT	99211	Office or other outpatient visit for the evaluation and management of an established patient, that may not require the presence of a physician or other qualified health care professional.
CPT	99212	Office or other outpatient visit for the evaluation and management of an established patient, which requires a medically appropriate history and/or examination and straightforward medical decision making. When using total time on the date of the encounter for code selection, 10 minutes must be met or exceeded.
CPT	99213	Office or other outpatient visit for the evaluation and management of an established patient, which requires a medically appropriate history and/or examination and low level of medical decision making. When using total time on the date of the encounter for code selection, 20 minutes must be met or exceeded.
CPT	99214	Office or other outpatient visit for the evaluation and management of an established patient, which requires a medically appropriate history and/or examination and moderate level of medical decision making. When using total time on the date of the encounter for code selection, 30 minutes must be met or exceeded.
CPT	99215	Office or other outpatient visit for the evaluation and management of an established patient, which requires a medically appropriate history and/or examination and high level of medical decision making. When using total time on the date of the encounter for code selection, 40 minutes must be met or exceeded.
CPT	99242	Office or other outpatient consultation for a new or established patient, which requires a medically appropriate history and/or examination and straightforward medical decision making. When using total time on the date of the encounter for code selection, 20 minutes must be met or exceeded.
CPT	99243	Office or other outpatient consultation for a new or established patient, which requires a medically appropriate history and/or examination and low level of medical decision making. When using total time on the date of the encounter for code selection, 30 minutes must be met or exceeded.
CPT	99244	Office or other outpatient consultation for a new or established patient, which requires a medically appropriate history and/or examination and moderate level of medical decision making. When using total time on the date of the encounter for code selection, 40 minutes must be met or exceeded.

CODES TO IDENTIFY IHA VISITS:		
Code Type	**Code**	**Code Description**
CPT	99245	Office or other outpatient consultation for a new or established patient, which requires a medically appropriate history and/or examination and high level of medical decision making. When using total time on the date of the encounter for code selection, 55 minutes must be met or exceeded.
CPT	99354	Prolonged service(s) in the outpatient setting requiring direct patient contact beyond the time of the usual service; first hour (List separately in addition to code for outpatient Evaluation and Management or psychotherapy service, except with office or other outpatient services [99202, 99203, 99204, 99205, 99212, 99213, 99214, 99215]).
CPT	99355	Prolonged service(s) in the outpatient setting requiring direct patient contact beyond the time of the usual service; each additional 30 minutes (List separately in addition to code for prolonged service).
CPT	99381	Initial comprehensive preventive medicine evaluation and management of an individual including an age and gender appropriate history, examination, counseling/ anticipatory guidance/risk factor reduction interventions, and the ordering of laboratory/diagnostic procedures, new patient; infant (age younger than 1 year).
CPT	99382	Initial comprehensive preventive medicine evaluation and management of an individual including an age and gender appropriate history, examination, counseling/ anticipatory guidance/risk factor reduction interventions, and the ordering of laboratory/diagnostic procedures, new patient; early childhood (age 1 through 4 years).
CPT	99383	Initial comprehensive preventive medicine evaluation and management of an individual including an age and gender appropriate history, examination, counseling/ anticipatory guidance/risk factor reduction interventions, and the ordering of laboratory/diagnostic procedures, new patient; late childhood (age 5 through 11 years).
CPT	99384	Initial comprehensive preventive medicine evaluation and management of an individual including an age and gender appropriate history, examination, counseling/ anticipatory guidance/risk factor reduction interventions, and the ordering of laboratory/diagnostic procedures, new patient; adolescent (age 12 through 17 years).
CPT	99385	Initial comprehensive preventive medicine evaluation and management of an individual including an age and gender appropriate history, examination, counseling/ anticipatory guidance/risk factor reduction interventions, and the ordering of laboratory/diagnostic procedures, new patient; 18-39 years.
CPT	99386	Initial comprehensive preventive medicine evaluation and management of an individual including an age and gender appropriate history, examination, counseling/ anticipatory guidance/risk factor reduction interventions, and the ordering of laboratory/diagnostic procedures, new patient; 40-64 years.
CPT	99387	Initial comprehensive preventive medicine evaluation and management of an individual including an age and gender appropriate history, examination, counseling/ anticipatory guidance/risk factor reduction interventions, and the ordering of laboratory/diagnostic procedures, new patient; 65 years and older.

CODES TO IDENTIFY IHA VISITS:		
Code Type	**Code**	**Code Description**
CPT	99391	Periodic comprehensive preventive medicine reevaluation and management of an individual including an age and gender appropriate history, examination, counseling/ anticipatory guidance/risk factor reduction interventions, and the ordering of laboratory/diagnostic procedures, established patient; infant (age younger than 1 year).
CPT	99392	Periodic comprehensive preventive medicine reevaluation and management of an individual including an age and gender appropriate history, examination, counseling/ anticipatory guidance/risk factor reduction interventions, and the ordering of laboratory/diagnostic procedures, established patient; early childhood (age 1 through 4 years).
CPT	99393	Periodic comprehensive preventive medicine reevaluation and management of an individual including an age and gender appropriate history, examination, counseling/ anticipatory guidance/risk factor reduction interventions, and the ordering of laboratory/diagnostic procedures, established patient; late childhood (age 5 through 11 years).
CPT	99394	Periodic comprehensive preventive medicine reevaluation and management of an individual including an age and gender appropriate history, examination, counseling/ anticipatory guidance/risk factor reduction interventions, and the ordering of laboratory/diagnostic procedures, established patient; adolescent (age 12 through 17 years).
CPT	99395	Periodic comprehensive preventive medicine reevaluation and management of an individual including an age and gender appropriate history, examination, counseling/ anticipatory guidance/risk factor reduction interventions, and the ordering of laboratory/diagnostic procedures, established patient; 18-39 years.
CPT	99396	Periodic comprehensive preventive medicine reevaluation and management of an individual including an age and gender appropriate history, examination, counseling/ anticipatory guidance/risk factor reduction interventions, and the ordering of laboratory/diagnostic procedures, established patient; 40-64 years.
CPT	99397	Periodic comprehensive preventive medicine reevaluation and management of an individual including an age and gender appropriate history, examination, counseling/ anticipatory guidance/risk factor reduction interventions, and the ordering of laboratory/diagnostic procedures, established patient; 65 years and older.
CPT	99401	Preventive medicine counseling and/or risk factor reduction intervention(s) provided to an individual (separate procedure); approximately 15 minutes.
CPT	99402	Preventive medicine counseling and/or risk factor reduction intervention(s) provided to an individual (separate procedure); approximately 30 minutes.
CPT	99403	Preventive medicine counseling and/or risk factor reduction intervention(s) provided to an individual (separate procedure); approximately 45 minutes.
CPT	99404	Preventive medicine counseling and/or risk factor reduction intervention(s) provided to an individual (separate procedure); approximately 60 minutes.
CPT	99411	Preventive medicine counseling and/or risk factor reduction intervention(s) provided to individuals in a group setting (separate procedure); approximately 30 minutes.
CPT	99412	Preventive medicine counseling and/or risk factor reduction intervention(s) provided to individuals in a group setting (separate procedure); approximately 60 minutes.

CODES TO IDENTIFY IHA VISITS:		
Code Type	**Code**	**Code Description**
CPT	99429	Unlisted Preven Meds Serv.
CPT	99444	Online evaluation and management service provided by a physician or other qualified health care professional who may report evaluation and management services provided to an established patient or guardian, not originating from a related E/M service provided within the previous seven days, using the Internet or similar electronic communications network.
CPT	99446	Interprofessional telephone/Internet/electronic health record assessment and management service provided by a consultative physician or other qualified health care professional, including a verbal and written report to the patient's treating/requesting physician or other qualified health care professional; 5-10 minutes of medical consultative discussion and review.
CPT	99447	Interprofessional telephone/Internet/electronic health record assessment and management service provided by a consultative physician or other qualified health care professional, including a verbal and written report to the patient's treating/requesting physician or other qualified health care professional; 11-20 minutes of medical consultative discussion and review.
CPT	99448	Interprofessional telephone/Internet/electronic health record assessment and management service provided by a consultative physician or other qualified health care professional, including a verbal and written report to the patient's treating/requesting physician or other qualified health care professional; 21-30 minutes of medical consultative discussion and review.
CPT	99449	Interprofessional telephone/Internet/electronic health record assessment and management service provided by a consultative physician or other qualified health care professional, including a verbal and written report to the patient's treating/requesting physician or other qualified health care professional; 31 minutes or more of medical consultative discussion and review.
CPT	99450	Basic life and/or disability examination that includes: Measurement of height, weight, and blood pressure; Completion of a medical history following a life insurance pro forma; Collection of blood sample and/or urinalysis complying with "chain of custody" protocols; and Completion of necessary documentation/certificates.
CPT	99455	Work-related or medical disability examination by the treating physician that includes: Completion of a medical history commensurate with the patient's condition; Performance of an examination commensurate with the patient's condition; Formulation of a diagnosis, assessment of capabilities and stability, and calculation of impairment; Development of future medical treatment plan; and Completion of necessary documentation/certificates and report.
CPT	99456	Work-related or medical disability examination by other than the treating physician that includes: Completion of a medical history commensurate with the patient's condition; Performance of an examination commensurate with the patient's condition; Formulation of a diagnosis, assessment of capabilities and stability, and calculation of impairment; Development of future medical treatment plan; and Completion of necessary documentation/certificates and report.
HCPCS	G0402	Initial preventive physical examination; face-to-face visit, services limited to new beneficiary during the first 12 months of Medicare enrollment.

CODES TO IDENTIFY IHA VISITS:		
Code Type	**Code**	**Code Description**
HCPCS	G0438	Annual wellness visit; includes a personalized prevention plan of service (PPS), initial visit.
HCPCS	G0439	Annual wellness visit, includes a personalized prevention plan of service (PPS), subsequent visit.
HCPCS	G0463	Hospital outpatient clinic visit for assessment and management of a patient.
HCPCS	T1015	Clinic visit/encounter, all-inclusive.
ICD10CM	Z00.00	Encounter for general adult medical examination without abnormal findings.
ICD10CM	Z00.01	Encounter for general adult medical examination with abnormal findings.
ICD10CM	Z00.121	Encounter for routine child health examination with abnormal findings.
ICD10CM	Z00.129	Encounter for routine child health examination without abnormal findings.
ICD10CM	Z02.5	Encounter for examination for participation in sport.

Quality Improvement Activity

For the 2025 performance year, there will be two quality improvement activities providers will be required to complete as stated in the PCP Covered CA Quality Exhibit:

1) CCA Provider Directory
2) CCA Regional Quality Model Participation

CCA Provider Directory

Methodology: Department of Managed Health Care (DMHC)

Measure Description: Providers are required to submit IEHP Provider Directory demographics twice in the measurement year (2025), timely, during the Summer Provider Directory Verification process.

Provider elements required:

- **Race/Ethnicity** – This is the Provider's race and/or ethnicity. If a Provider is mixed race and identifies with more than one ethnicity, all should be listed on the verification form.
- **Language** Spoken by Staff and Provider – Languages spoken by the Providers, clinical staff, and/or administrative staff.

How the Provider will report or submit info: As part of IEHPs Provider Directory Verification process, Provider offices are asked to report/confirm their Provider demographics. Provider demographics are to be reported to IEHP via the fax number or email address based on Provider preference as part of the Provider Directory Verification process.

Submission Deadline: During the Summer Provider Directory Verification process, Provider offices will have four (4) weeks to sign and attest to the verification form and return it to IEHP. Only responses during this window will be considered compliant for the 2025 Covered CA Quality Transformation Program (QTP).

CCA Regional Quality Model Participation

Methodology: IEHP – Defined Quality Improvement Activity

Measure Description: Inland Empire Health Plan (IEHP) has made quality improvement an essential focus to ensure IEHP Providers and Members reach optimal care and vibrant health. To assist in quality improvement efforts, IEHP has designed the IEHP Regional Quality Model (RQM) that has been created to engage in IEHP Members', Providers' and Community Partner's Quality challenges and needs by applying custom solutions. RQM is a quality improvement system that provides insights, solutions, and services through a regional framework. RQM aligns strategies, tactics, resources, data, metrics and people/teams to meet the unique needs of the communities, Providers and Members.

Goal: Providers, if selected, will be expected to participate in the RQM activities that include (but are not limited to):

- Take part in Quality Specialist Representative Support
- Work with IEHP Quality Engagement Specialists
- Be involved in Quality Coder coding and billing best practice recommendations

APPENDIX 3: *Provider Quality Resource*

This Provider Quality Resource is designed for IEHP Providers and their staff to assist in delivering high quality health care to their members. The goal is to provide IEHP Providers and their practice staff with various online resources that will help enhance their quality care in the following focus areas: Adult Preventive Health, Cardiovascular Disease Management, Child Preventive Health, Diabetes Management.

Our goal is to provide IEHP Providers and their practice staff with a comprehensive resource for enhancing quality in the discussed healthcare topics. Collaboration between IEHP and Providers has the potential to boost IEHP's quality rating, maximizing available funds for Provider incentive programs.

To request materials for your practice, please contact the IEHP Provider Call Center at (909) 890-2054, (866) 223-4347 or email ProviderServices@iehp.org.

We are dedicated to supporting our Providers and working together to improve the quality of care for our community. Together, we can "heal and inspire the human spirit." Thank you for all you do to provide quality health care to IEHP Members.

PROVIDER QUALITY RESOURCE:			
Focus Area	**Type**	**Resource***	**Description**
Adult Preventive Health, Cardiovascular Disease Management, and Diabetes Management	Member	Healthy Heart	An educational guide for Members on understanding cardiovascular event risk and heart health.
Cardiovascular Disease Management	Member	Blood Pressure Brochure	A Member brochure focusing on high blood pressure management.
Cardiovascular Disease Management	Member	Blood Pressure Fact Sheets | American Heart Association	Fact Sheets on blood pressure from the American Heart Association.
Cardiovascular Disease Management	Provider	AAFPHypertension Guideline.pdf	Blood Pressure Targets in Adults With Hypertension: A Clinical Practice Guideline From the AAFP.
Cardiovascular Disease Management	Provider	Blood Pressure Targets in Adults with Hypertension	GuidelineCentral®

PROVIDER QUALITY RESOURCE:			
Focus Area	**Type**	**Resource***	**Description**
Cardiovascular Disease Management	Provider	AHA High Blood Pressure Toolkit (ascendeventmedia.com)	Hypertension Guideline Toolkit from the American Heart Association.
Diabetes Management	Member	IEHP - Community Resources : Community Resource Centers :	IEHP Members can enroll in the Diabetes Self-Management workshop and Healthy Living classes at the Community Resource Centers
Diabetes Management	Member	Diabetes: What's Next?	Brochure on how to lead a healthy life for those diagnosed with diabetes. Available in English and Spanish.
Diabetes Management	Member	Staying Healthy With Diabetes	Booklet to help Members with diabetes self-management.
Diabetes Management	Member	Diabetes Prevention Program (DPP) - Live the Life You Love	Information about the online year-long lifestyle change program which pairs participants with a health coach to help set up and track health goals. Studies have shown that those who finish the program can lose weight and prevent Type 2 Diabetes.
Diabetes Management	Provider	"Prescription" for Diabetes Prevention Program	Information about the Diabetes Prevention Program to hand to patients so that they can self-refer.
Diabetes Management	Provider	Diabetes Standards of Care 2025	GuidelineCentral®
Diabetes Management	Provider	Transformation of Medi-Cal: Community Supports	Fact Sheet on Community Supports including Medically-Supportive Food/Medically Tailored Meals. With a Provider referral, eligible Members with diabetes can receive deliveries of nutritious, prepared meals and healthy groceries to support their health needs. Members also receive vouchers for healthy food and/or nutrition education.
Adult Preventive Health	Member	Interactive Self-Management Tools	Online interactive modules on various health topics such as Healthy Weight, Healthy Eating, and Physical Activity available on the IEHP Member Portal.
Adult Preventive Health	Member	Healthy Living My Best Self	An educational guide for Members on getting to and maintaining a healthy weight.
Adult Preventive Health	Member	BMI Calculator	Centers for Disease Control and Prevention (CDC) Body Mass Index Calculator.
Adult Preventive Health	Member	Cancer Screening Resources	IEHP Cancer Screening information and resources.
Adult Preventive Health	Member	Community Wellness Centers	Community Wellness Centers are places where you can take free exercise classes and/or health workshops.
Adult Preventive Health	Member	RadNet Online Appointments (myradiologyconnectportal.com)	Online scheduling service to schedule a mammogram through RadNet locations.

PROVIDER QUALITY RESOURCE:			
Focus Area	**Type**	**Resource***	**Description**
Adult Preventive and Child Preventive Health	Member	Health Screenings Guide	IEHP Health Screening Guide provides information on all of the covered health screenings needed by Members at all stages of life.
Adult Preventive Health	Member	Pap and HPV tests: What to Expect	Handout explaining the Pap test and the HPV (human papillomavirus) test. In English and Spanish.
Adult Preventive Health	Member	The Wisdom Study	The WISDOM Study (Women Informed to Screen, Depending on Measures of risk) is helping to end confusion about mammograms. Medical researchers from University of California need study volunteers, specifically women ages 40 to 74 years old who have not had breast cancer or DCIS (ductal carcinoma in situ). Study participants will: - Find out about their risk for breast cancer - Get clarification on screening guidelines for them, their sister, daughter, and future generations - Participate mostly from home (No extra medical visits required) - Help medical researchers discover the best guidelines for mammogram
Adult Preventive Health	Provider	Clinical Practice Guidelines	The tools provided on this page are meant to be used as resources to assist primary care providers in delivering care in accordance with IEHP standards.
Adult Preventive Health	Provider	Facility Site Review (FSR) Training	Multiple Facility Site Review and Medical Record Review resources for Providers, including DHCS standards and tools, plus IEHP's addendum tools.
Child Preventive Health	Member	Teen Health Guide	Booklet provides age-appropriate information on reproduction, birth control methods, and sexually transmitted infections.
Child Preventive Health	Member	Well Child Journey	Member handout detailing a child's wellness journey from newborn to young adulthood, including when immunizations and screenings are due.
Child Preventive Health	Member	Wellness Journey - Your baby's 1st Year	Member booklet detailing what to expect for baby's preventive care during their first year of life.
Child Preventive Health	Member	AAP Schedule of Well-Child Care Visits	American Academy of Pediatrics Parenting Website with information on schedule of well-child visits and what to expect during each visit based on age.
Child Preventive Health	Member	Developmental Screening	IEHP resource page on Developmental Screening explaining assessment tool as a way for caregivers to monitor their child's growth and development.
Child Preventive Health	Member	Pediatric Dental and Vision Benefits	Information on Covered California pediatric dental and vision coverage including what is covered and the importance of dental insurance.

PROVIDER QUALITY RESOURCE:			
Focus Area	**Type**	**Resource***	**Description**
Child Preventive Health	Member	Fluoride Varnish: What Parents Need to Know	American Academy of Pediatrics Parenting Website with information on the importance of fluoride varnish.
Child Preventive Health	Member	Topical Fluoride Brochure	Member brochure explaining what a fluoride treatment is and its the benefits.
Child Preventive Health	Member	Dental Health for Kids and Teens	Information about oral hygiene and how to find a dental provider.
Child Preventive Health	Member	Blood Lead Testing Brochure	Member brochure detailing the importance of having a child tested for lead and what to expect.
Child Preventive Health	Provider	Bright Futures/AAP Periodicity Schedule	Bright Futures/American Academy of Pediatrics Recommendations for Preventive Pediatric Health Care.
Child Preventive Health	Provider	Quality Performance Learning Guide	Provider and office staff resource with learning modules on measures including Child and Adolescent Well-Care Visits, Well Child Visits in the First 30 Months, Developmental Screening, Lead Screening, Topical Fluoride for Children, and Immunizations.
Child Preventive Health	Provider	Growth Charts	Growth chart forms for the following age ranges: 0-36 months and 2-20 years.
Child Preventive Health	Provider	Early and Periodic Screening, Diagnostic and Treatment (EPSDT)	Information on training and resources for Providers on Early and Periodic Screening, Diagnostic and Treatment (EPSDT).
Child Preventive Health	Provider	Oral Health Coding Fact Sheet for PCPs	American Academy of Pediatrics Oral Health Coding Fact Sheet for Primary Care Physicians.
Child Preventive Health	Provider	Smile California Primary Care Physician Toolkit	List of Provider resources on oral health and references for educational materials.
Child Preventive Health	Provider	Oral Health Practice Tools	American Academy of Pediatrics website providing resources on how to incorporate oral health into a Provider practice.
Child Preventive Health	Provider	Campaign for Dental Health	American Academy of Pediatrics website with resources on how to address fluoride with Members and Member materials.
Child Preventive Health	Provider	Caries Risk Assessment, Fluoride Varnish, and Counseling	Smiles for Life oral health curriculum including the benefits, appropriate safety precautions, and dosing for fluoride, as well as how to apply fluoride varnish.
Child Preventive Health	Provider	Early Start Program	California Early Start Program - refer infants and toddlers who have developmental delays or who are at risk of developmental disability.

IEHP

Covered

PROVIDER RELATIONS TEAM

(909) 890-2054

Monday-Friday, 8am-5pm

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