

FOR THE HCVC PROGRAM, THIS MEASURE INCLUDES ALL AGES

**Ambulatory Care Emerg Dept Visits Age < 1 Yr {MS}**  
**Ambulatory Care Emerg Dept Visits Age 1 to 9 {MS}**  
**Ambulatory Care Emerg Dept Visits Age 10 to 19 {MS}**

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**RULE DESCRIPTION**

**AMBULATORY CARE EMERG DEPT VISITS AGE < 1 YR {MS} and AMBULATORY CARE EMERG DEPT VISITS AGE**

1 to 9 {MS} and AMBULATORY CARE EMERG DEPT VISITS AGE 10 to 19 {MS} identify the number of emergency department (ED) visits per 1,000 member months among children in the age groups of less than one year, age 1 to 9 years, and age 10 to 19 years. [ED visit rate = (number of ED visits / number of eligible months) x 1,000]

This subset is based on the CMS Core Set of Children’s Health Care Quality Measures for Medicaid, Measure AMB-CH, and HEDIS measure *Ambulatory Care* (AMB).

PROPRIETARY STATUS: This measure is owned by NCQA.

**DEVIATIONS** from Medicaid criteria:

1. The criteria specifies to report all services the state paid for or expects to pay for (i.e., claims incurred but not paid). Results are based on paid claims only.
2. The criteria states to determine enrollee months using a specified day of each month (e.g., the 15<sup>th</sup> or the last day of the month), to be determined by the state’s administrative processes. A month of eligibility is counted if the member is eligible for medical coverage anytime during the month.
3. The criteria specifies to use the enrollee’s age on a specified day of each month to determine to which age group the enrollee months will be contributed, and also to report the ED visit in the appropriate age group as of the date of service. Age is determined at the time the claim was incurred.
4. For the Medicaid population, states are to run enrollment reports for enrollee month calculations to determine utilization rates within 30 days of the claims reports and for the same time period. States may include retroactive additions and terminations in these reports.

RULE PACKAGE: Advantage Medicaid Focus

**MEASURE DETAILS:**

RATE: Visits ED Per 1000 Mbr Mos Age < 1 Yr Rate {MR}  
 Visits ED Per 1000 Mbr Mos Age 1 to 9 Rate {MR}  
 Visits ED Per 1000 Mbr Mos Age 10 to 19 Rate {MR}

DENOMINATOR: Member Months Age Less Than 1 Year  
 Member Months Age 1 to 9 Years  
 Member Months Age 10 to 19 Years

Identifies the total number of months of eligibility with medical coverage, for members aged less than one year, aged 1 to 9 years, and aged 10 to 19 years at the time the claim was incurred.

Age in Months (at the time the claim was incurred)	< = 11
OR	
Age in Years (at the time the claim was incurred)	>= 1 and <= 9
OR	

Age in Years (at the time the claim was incurred)	>= 10 and <= 19
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NUMERATOR:   Emergency Dept Visits Age < 1 Yr Num {MR}  
                   Emergency Dept Visits Age 1 to 9 Num {MR}  
                   Emergency Dept Visits Age 10 to 19 Num {MR}

The total number of ED visits during the reporting time period, not resulting in hospital admission.

Count of ED visits not resulting in admission (during the reporting time period)  Note: Count multiple ED visits on the same date of service as one visit.	((CPT Procedure Code = 99281-99285 or Revenue Code UB = 045*, 0981 or (CPT Procedure Code = 10030-69979 (not fully inclusive) And Place of Service Code Medstat = 23) And Place of Service Code Medstat <> 21))
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**EXCLUSIONS:**

Excludes from the total number of ED visits any services for mental health or chemical dependency during the reporting time period.

Services for mental health or chemical dependency (during the reporting time period)	Diagnosis Code Principal ICD9 = 2900-316 (not fully inclusive) or Diagnosis Code Principal ICD10 = F0390-F99 (not fully inclusive) or CPT Procedure Code = 90785, 90791, 90792, 90801, 90802, 90804-90819, 90821-90829, 90832-90834, 90836-90840, 90845-90847, 90849, 90853, 90857, 90862, 90863, 90865, 90867-90870, 90875, 90876, 90880, 90882, 90885, 90887, 90889, 90899 or ICD9 Procedure Code = 9426, 9427, 9461-9469 or ICD10 Procedure = GZB0ZZZ, GZB1ZZZ, GZB2ZZZ, GZB3ZZZ, GZB4ZZZ, HZ2*-HZ5*, HZ81ZZZ-HZ89ZZZ, HZ91ZZZ-HZ99ZZZ
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**CONTINUOUS ENROLLMENT:**

Not required.

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