

**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}**

© Copyright IBM Corporation 2019

**MEASURE 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]

**PROPRIETARY STATUS:** 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) - Uncertified, Adjusted, Unaudited HEDIS; NCQA (owner) 2019.

**DEVIATIONS FROM MEDICAID CRITERIA:**

1. The criteria specify 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 specify 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.

**MEASURE PACKAGE:** 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.

**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, 99282, 99283, 99284, 99285 or Revenue Code UB = 0450, 0451, 0452, 0456, 0459, 0981 or (CPT Procedure Code = 10021-69990 (5790 codes in total, not fully inclusive) and Place of Service Code Medstat = 23) and Place of Service Code Medstat <> 21))
--	--

**EXCLUSIONS:**

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

<p>Services for mental health or chemical dependency (during the reporting time period)</p>	<p>Diagnosis Code Principal ICD10 = F0390-F99 (744 codes in total, not fully inclusive)  or  CPT Procedure Code = 90785, 90791, 90792, 90832, 90833, 90834, 90836, 90837, 90838, 90839, 90840, 90845, 90846, 90847, 90849, 90853, 90863, 90865, 90867, 90868, 90869, 90870, 90875, 90876, 90880, 90882, 90885, 90887, 90889, 90899  or  ICD10 Procedure = GZB0ZZZ, GZB1ZZZ, GZB2ZZZ, GZB3ZZZ, GZB4ZZZ or  CPT Procedure Code = 90870  or  Revenue Code UB = 0901</p>
<p>Hospice services during the measurement year during the measurement year</p>	<p>CPT Procedure Code = 99377, 99378  or  HCPCS Procedure Code = G0182, G9473-G9479, Q5003-Q5008, Q5010, S9126, T2042-T2046  or  Revenue Code UB = 0115, 0125, 0135, 0145, 0155, 0235, 0650-0652, 0655-0659  or  Bill Type Code UB = 0810-0815, 0817-0825, 0827-0829, 081A-081K, 081M, 081O, 081X-081Z, 082A-082K, 082M, 082O, 082X-082Z</p>

**CONTINUOUS ENROLLMENT:** Not required