Advisory Committee on Primary Care

Washington State Health Care Authority

Tab 1

Washington State Health Care Authority

Washington State Health Care Authority

Advisory Committee on Primary Care

March 30, 2023
2:00 p.m. – 4:00 p.m.
Zoom Meeting

AGENDA

Committee Members:					
☐	Judy Zerzan-Thul, Chair				
☐	Kristal Albrecht	☐	Gregory Marchand	☐	Jonathan Staloff
☐	Sharon Brown	☐	Chandra Hicks	☐	Sarah Stokes
☐	Tony Butruille	☐	Meg Jones	☐	Linda Van Hoff
☐	Michele Causley	☐	Sheryll Morelli	☐	Shawn West
☐	Nancy Connolly	☐	Lan H. Nguyen	☐	Staici West
☐	Tracy Corgiat	☐	Kevin Phelan	☐	Ginny Weir
☐	David DiGiuseppe	☐	Eileen Ravella	☐	Maddy Wiley
☐	DC Dugdale	☐	Katina Rue		
☐	Sharon Eloranta	☐	Mandy Stahre		

Time	Agenda Items	Tab	Lead
2:00-2:10 (10 min)	Welcome, roll call, and agenda review	1	Dr. Judy Zerzan-Thul, Chair, Medical Director Washington State Health Care Authority
2:10-2:15 (5 min)	Approval of February meeting summary	2	Jean Marie Dreyer, Committee Manager Washington State Health Care Authority
2:15-2:30 (15 min)	Public comment		Dr. Judy Zerzan-Thul, Chair, Medical Director Washington State Health Care Authority
2:30-2:45 (15 min)	Presentation on Progress to Date and Review of Discussion Goals	3	Shane Mofford and Amy Clary, Consultants, Center for Evidence-Based Policy (CEbP)
2:45-3:45 (60 min)	Code-Level Discussion of Primary Care Services		Shane Mofford, CEbP and Dr. Judy Zerzan-Thul, Chair, Medical Director, Washington State Health Care Authority
3:45-3:55 (10 min)	Final Check-in and Next Steps		Shane Mofford and Amy Clary, Consultants, CEbP
3:55-4:00 (5 min)	Wrap-up and adjournment		Jean Marie Dreyer, Committee Manager Washington State Health Care Authority

Subject to Section 5 of the Laws of 2022, Chapter 115, also known as HB 1329, the Board has agreed this meeting will be held via Zoom without a physical location.

Tab 2

Advisory Committee on Primary Care Meeting Summary

February 23, 2023
Health Care Authority
Meeting held electronically (Zoom) and telephonically
2:00 p.m. – 4:00 p.m.

Note: this meeting was video recorded in its entirety. The recording and all materials provided to and considered by the committee is available on the Advisory Committee on Primary Care webpage.

Members present

Judy Zerzan-Thul, Chair
D.C. Dugdale
Ginny Weir
Gregory Marchand
Jonathan Staloff
Katina Rue
Kristal Albrecht
Lan H. Nguyen
Linda Van Hoff
Madeline Wiley
Mandy Stahre
Meg Jones
Michele Causley
Sarah Stokes
Sharon Eloranta
Staici West

Members absent

Chandra Hicks
David DiGiuseppe
Eileen Ravella
Kevin Phelan
Nancy Connolly
Sharon Brown
Shawn West
Sheryl Morelli
Tony Butruille
Tracy Corgiat

Call to order

AnnaLisa Gellermann called the meeting to order at 2:01 p.m.

Agenda items

Welcome, roll call, and agenda review

AnnaLisa Gellermann

Approval of January meeting summary

The committee voted to adopt the Meeting Summary from the January 2023 meeting.

Topics for Today

The main topics were a presentation and discussion of primary care providers, facilities, and services.

Public Comment

There were no public comments.

Presentation on Providers, Facilities, and Primary Care Services

Dr. Judy Zerzan-Thul, Washington State Health Care Authority

Dr. Judy Zerzan-Thul reviewed the high-level definition of primary care formulated by the committee, provided a recap of the January 31 committee meeting, and reviewed the following tasks for the current meeting: vote on Advanced Practice Registered Nurses (APRNs) and Physician Assistants (PAs), vote on facilities to include, and begin discussing primary care services to include. Dr. Judy Zerzan-Thul presented the current list of included APRNs and PAs as well as facility types, e.g., Federally Qualified Health Centers (FQHCs), rural health clinics (RHCs), primary care clinics (including those on-site at hospitals), etc.

Discussion of Providers, Facilities, and Primary Care Services

Providers

Committee member Madeline Wiley asked for clarification on the broad versus narrow categorization as they applied to APRNs and PAs. Dr. Zerzan-Thul clarified that the narrow fits in as standard primary care e.g., family medicine, pediatrics, and internal medicine. Broad means the provider sometimes provides primary care, and sometimes doesn't. Madeline Wiley noted that school health APRNs fall into pediatrics or family. Committee member Linda Van Hoff noted that gerontologists are included in adult APRNs. Madeline Wiley asked why nurse practitioner (NP) was used to describe a psychiatric mental health provider rather than APRN? Dr. Zerzan-Thul didn't know why but added that not all PAs have all these categorizations. Madeline Wiley suggested it could be because other categories used PA/APRN. Dr. Zerzan-Thul clarified that PAs recorded for the board of health have general, medical, and surgical categorizations. These categories given by the Office of Financial Management (OFM) were originally put in the narrow. PAs have limited specialties. There is a proposal to move psychiatric to the broad category. Madeline Wiley suggested changing all NP notations to APRN for clarity and Dr. Zerzan-Thul agreed to the proposed change.

Dr. Zerzan-Thul asked which other designations the committee wanted to add e.g., geropsychiatry. Linda Van Hoff suggested putting the obstetrics and gynecology (OBGYN) APRN in the broad category. Dr. Zerzan-Thul clarified that APRNs specializing in women's health would remain in the narrow and APRN and OBGYNs would go to the broad. Madeline Wiley moved to put OBGYN in the broad category and Linda Van Hoff seconded. Dr. Zerzan-Thul called for a vote and the motion was approved.

Madeline Wiley suggested putting all psychiatric mental health categories in the broad category due to inconsistent primary care provision. Madeline Wiley motioned to transfer all psychiatric mental health to the broad category. Committee member Katina Rue seconded. Dr. Zerzan-Thul called for a vote and the motion passed.
Linda Van Hoff made a motion to add adult health to the narrow APRN list. Katina Rue seconded, Dr. Zerzan-Thul called for a vote, and the motion passed.
Committee member Jonathan Staloff asked to hear from colleagues about the proposal to exclude NP acute care and explained that if the acute care is predominantly in an outpatient setting, that should be included, however, if acute care is the equivalent of a hospitalist, that should be excluded. Madeline Wiley replied that acute care NPs help with hospital care but also see patients in primary care offices and should be moved to the broad list.
Committee member Michele Causley seconded moving acute care APRNs to broad and made a motion. Jonathan Staloff seconded, Dr. Zerzan-Thul called for a vote, and the motion to move acute care APRNs to broad passed.
Dr. Zerzan-Thul called for a motion to approve the final, amended list of APRNs and PAs. Madeline Wiley moved to approve the final list, committee member Lan H. Nguyen seconded, Dr. Zeran-Thul called for a vote, and the motion passed.

Facilities

Dr. Zerzan-Thul explained that many of the facilities on the included list came from Josh Liao and Ashok Reddy from the University of Washington (UW). Location is a valid code. The committee may want to engage in further discussion after finalizing the facilities list and rank the importance of who, where, and what were used to define primary care. The three parameters may need to be prioritized differently. The current facilities list includes on-site clinics at hospitals. Not all facilities may be considered primary care locations, but all have providers and services that qualify as primary care.
Madeline Wiley asked if the facilities were based on place of service codes. Method II billing applies to critical access hospitals (CAHs). Dr. Zerzan-Thul agreed to do further research on Method II billing for CAHs.
Katina Rue asked whether urgent care clinics should be included as primary care facilities. Could broad and narrow categorizations apply to facilities as they did with providers? Patients often use urgent care as a primary care clinic, but that may not meet the committee's high-level definition of comprehensive, coordinated care. Madeline Wiley noted that some urgent care clinics advertise primary care. It's not clear how they're noted with insurance or definitions to account for both urgent and primary care. Committee member Gregory Marchand responded that urgent care clinics won't generally meet the committee's definition. Committee member Sharon Eloranta pointed out that a lack of a longitudinal relationship between patients and urgent care providers disqualifies urgent care as primary care. Lan Nguyen added that primary care services in urgent care may not be continuous with a panel of patients and asked whether urgent care clinics are able to provide an array of services aside from acute care.
Madeline Wiley wasn't sure but noted that with the Health Care Authority's (HCA's) primary care transformation model (PCTM) one of the main goals was to expand access to primary care offices, which would reduce reliance on more episodic urgent care. Katina Rue asked whether Emergency Department (ED) services would be included if the committee decided to include urgent care. Madeline Wiley noted that in her experience, there was never a patient transferred in who had been using an urgent care clinic as their source of primary care. Lan Nguyen noted that some of the points being made about urgent care could apply to virtual care. Gregory Marchand noted that UW medicine's urgent care facilities are usually connected to the same building where a primary care provider works to allow for full integration. Sometimes, someone from a primary care clinic may also work out of an urgent care clinic. Jonathan Staloff noted that UW is generally a more integrated delivery system, e.g., integrating the ED and primary care. Urgent care shouldn't be primary care. With regards to virtual care, there should be a distinction between Teladoc and organizations that also provide telemedicine. Organizations that *only* provide telemedicine should be excluded because they aren't comprehensive. Brick and mortar organizations that offer telemedicine as a service should be included. Karie Nicholas from the Foundation for Healthcare Quality asked about the assumptions being made about patients. Does everyone have access to primary care from 8 to 5? Does this apply to

24-hour situations? Dr. Zerzan-Thul clarified that the goal is for people to get access to primary care. Measuring the spend means figuring out what it looks like now. There's a workforce component ensuring there are enough providers e.g., doctors, nurses, and PAs. Karie Nichola asked whether the committee would exclude people who obtain primary care outside of normal hours. Katina Rue noted that patients often get primary care through urgent care, but the state should encourage primary care that meets the agreed upon definition, which means not counting people getting primary care in non-primary care ways. It's important to improve the system so that more people receive typical primary care rather than urgent care. The committee's definition should be limited to high-quality primary care. Karie Nicholas asked what the baseline measurement would be. Michele Causley pointed out that one of the ways to measure would be to use the percentage of patients using urgent care versus primary care. The committee could trend and monitor both to show how improving access to primary care reduces the volume of patients in urgent care. Including urgent care clinics would overstate true primary care spending. Linda Van Hoff suggested that the type of services provided should be used as another lens for meeting the definition. Mandy Stahre noted that it's not possible to tell if a clinic is urgent care based on claims. The committee would need to go by providers and services on that claim. Dr. Zerzan-Thul added that there is an urgent care flag in the current system that not everyone uses. If it's unclear, e.g., multi-specialty, the committee would include it. Sharon Eloranta asked if there is a place of service code for urgent care versus ED. The committee should examine how much primary care is tracked in these non-continuous settings. Committee member Sarah Stokes explained that for Kaiser, there are several places of service codes used for urgent care. Dr. Zerzan-Thul proposed excluding urgent care facilities from the definition and not voting on it since it wasn't already included. For virtual care, if it's all virtual, it's out. There is a modifier for telehealth which the committee should encourage for primary care providers. It's unclear how fully virtual care is billed. Gregory Marchand offered to do further research on fully virtual care.

Dr. Zerzan-Thul stated that the committee wouldn't discuss Hospital-Based Outpatient Departments (HOPDs) because they're already on the existing list. Group/multi-specialty are mostly used in true specialty, not in primary care. Katina Rue noted a concern for overcounting if specialty care is inadvertently included. Dr. Zerzan-Thul noted that OFM struggled how to include group/multi-specialty clinics, too. Evaluation and management (E&M) codes make up the bulk of services categorized as primary care in specialty offices, which can't be separated out from other true specialty services. This is particularly true for PAs and sometimes for NPs. OFM decided 60 percent of PA services were primary care. Distinctions can't be made with the current billing data available. OFM relied on OnPoint to develop the methodology which was based off the proposals put forth by the workgroup who came up with an agreed upon percentage. Michele Causley agreed with Katina's concern of overcounting and Madeline Wiley agreed. Dr. Zerzan-Thul noted a consensus from the group to exclude group/multi-specialty without needing to make a motion. The group will need to do more research on CAHs.

Dr. Zerzan-Thul asked for a motion to approve the current list of facilities, with a caveat that it could still be amended later. Kristal Albrecht moved to approve the current facilities list, Gregory Marchand seconded, and the motion passed.

Primary care services

Dr. Zerzan-Thul explained that the spreadsheet developed by the Primary Care Collaborative (PCC) (emailed to committee members before the meeting) compared primary care across states. Only Washington used narrow and broad categories, and had more codes covered than most states. Other states were concerned with overcounting and decided to include a narrow list of codes.

Dr. Zerzan-Thul reviewed services highlighted by committee members to add to the existing list, beginning with skin tags. Lan Nguyen noted that this service is regularly performed in a primary care setting. Madeline Wiley explained that it is cheaper to remove skin tags in a primary care setting than a dermatology clinic or another specialty clinic. Katina Rue supported adding skin tags. Madeline Wiley moved to include tags. The motion was seconded and approved.

Dr. Zerzan-Thul explained that the committee isn't trying to capture every service that could be primary care but is focused on the bread-and-butter services. Madeline Wiley noted evacuation of a hematoma as a common in-office procedure with minimal equipment. Mandy Stahre pointed out that if added, Washington would be the only state to include it. Katina Rue agreed with adding evacuation of a hematoma to the included list of primary care services. Linda Van Hoff made a motion to include hematoma, Lan seconded, and the motion passed.
Dr. Zerzan-Thul asked whether to add removal of a foreign object and Linda Van Hoff voiced support for adding it. Michele Causley opposed inclusion since no other states included it. Madeline asked for clarification on whether inclusion related to reimbursement of services. Dr. Zerzan-Thul clarified that either inclusion or exclusion on the measurement list wouldn't affect reimbursement for services performed. Katina Rue asked whether all three parameters, (who, where, and what) must be met to be measured. Dr. Zerzan-Thul clarified that the committee is trying to capture the bulk of spending. The goal of the list is to increase primary care spending. This group is using the intersection of all three parameters as inclusion criteria for measurement, but it won't be perfect. There are fewer categorizations for APRNs and PAs, making the intersection point more important for them. Lan Nguyen pointed out that some of these procedures aren't bread and butter. Departments pay for equipment and referrals, meaning certain procedures are discouraged. Dr. Zerzan-Thul clarified that not measuring some services for primary care spending doesn't mean discouraging those services. Payers won't stop paying for excluded services. The most common thing billed is E&M codes which are also accepted across states as primary care. Home visits are broadly covered as are preventive visits. Collaborative care codes and transitional health are also generally included. If the committee wants to increase primary care spending, the group should consider what things are targeted to achieve an increase. The committee might want to use data at a later point in the process to help decide. The committee could recommend a sensitivity analysis.
Katina Rue noted that circumcision in a rural setting is most often done by a primary care provider and less often by urology. Also, prenatal codes should be considered primary care. Dr. Zerzan-Thul asked whether there was a motion to include routine venipuncture. Katina Rue and Lan Nguyen agreed to make a motion to add routine venipuncture to the included list. Michele Causley voted nay.
A motion was made to add capillary blood draw. Michele Causley voted nay.
Lan Nguyen made a motion to add circumcision with a clamp, which was seconded by Katina. Michele Causley voted nay.
Dr. Zerzan-Thul decided that any nays meant that the service would remain up for further discussion due to the small number of votes currently being cast. Routine venipuncture, capillary blood draw, and circumcision would be revisited.
Dr. Zerzan-Thul asked for a motion on services related to infant delivery. Katina Rue agreed to make a motion. If it's happening in a primary care office by someone on the committee's list that's primary care, this is a huge chunk that would be left off. Kristal Albrecht asked if delivery services are included in the baseline of OFM for total cost of care. Dr. Zerzan-Thul replied that they are all in the broad section. Some states have decided that 60 percent of these services are included. Kristal Albrecht noted that including delivery services could have a significant effect on cost. AnnaLisa Gellermann noted that everything beginning with obstetrical care would be the starting point for the next meeting.

Adjournment
The meeting adjourned at 4:00 p.m.

Next meeting
March 30, 2023
Meeting to be held on Zoom
2:00 p.m. – 4:00 p.m.

Tab 3

Washington State Health Care Authority

Advisory Committee on Primary Care

Thursday, March 30, 2023

2-4 p.m.

Washington State Health Care Authority

Agenda

Time	Topic	Facilitator/Presenter
2:30	Progress To Date and Review of Discussion Goals	CEbP
2:45	Code-Level Discussion of Primary Care Services	Shane Mofford, CEbP and Dr. Judy Zerzan-Thul, HCA
3:45	Final Check-in and Next Steps	HCA, CEbP
4:00	Adjourn	HCA

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Goals

- Recap decisions that have been made to date related to the “who” and the “where” of claims-based primary care.

- Determine a code-level set of primary care services.

Progress To-date

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Recap of primary care definition

- Over the last several meetings, the specific “who” and the “where” have been largely finalized, as well as a general definition of primary care.
- At the February meeting, we discussed the “what” at a high level and began to address it at the code level.
- The goal for today is to finalize the code-level list of primary care services.

General definition of primary care

- **"Team -based** care led by an **accountable** primary care clinician that serves as a person's source of **primary contact** with the larger healthcare system. Primary care includes a **comprehensive** array of **equitable**, **evidence-informed** services to create and maintain a **continuous** relationship over time. This array of services is **coordinated** by the accountable primary care clinician but may exist in multiple care settings or be delivered in a variety of modes."

February 23 meeting recap

- Discussed and voted on categorizations of Advanced Practice Registered Nurses (APRNs) and Physician Assistants.
- Discussed and voted on primary care facilities.
- Began discussion of primary care services to include for measurement.

Ground rules

- The primary care definition will need to account for the intersection of **the who**, **the where**, and **the what**.
- This is a “working” definition.
- Not changing statutory categories already in place
  - E.g., naturopath in narrow
- Future data analysis may be used to inform further refinement to the final primary care definition. (E.g., capture codes frequently rendered by primary care that were not previously captured)

Facilities

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Facilities

- Primary care clinic (including on-site at hospitals)
- Multi-specialty clinic/center
- Rural health clinic (RHC)
- Federally qualified health center (FQHC)
- Ambulatory health clinic/center
- Community health clinic/center
- Critical Access Hospitals (CAHs) with Method II billing
- Community health clinic/center
- School-based health center
- Indian health service facility
- Long-term care facility
- Urgent care clinic with PCP
- Virtual care

Approach may be revisited based on data analysis

Providers

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Primary care providers: narrow

- Advanced Practice Registered Nurse
- Family medicine
- Family medicine
  - Adolescent medicine
  - Adult medicine
  - Geriatric medicine
- General practice
- Internal medicine
  - Internal Medicine/Pediatrics
  - Geriatric
- Naturopath
- Pediatrics
  - Adolescent medicine
- Physician Assistant
- Preventive medicine, preventive/occupational environmental medicine

Primary care providers: broad

- Advanced Practice Midwife
- Registered nurse
- APRN,
  - Psychiatric mental health
- Physician Assistant
  - Psychiatric mental health
- Counselors
  - Addiction (SUD)
  - Mental health
  - Etc.
- Family Medicine
  - Addiction medicine
  - Bariatric medicine
  - Hospice and palliative care
  - Etc.
- ~~Homeopath~~
- Internal medicine
  - Addiction
  - Obesity
- Marriage and family therapist
- OBGYN
- Psychologist
  - Addiction (SUD)
  - Clinical
  - Adult development and aging
  - Etc.
- Social Worker
  - Clinical
  - School

Decision

- Approve the facilities list and narrow and broad provider list as final pending future data analysis?

Claims-based Payments: Discussion of Primary Care Services

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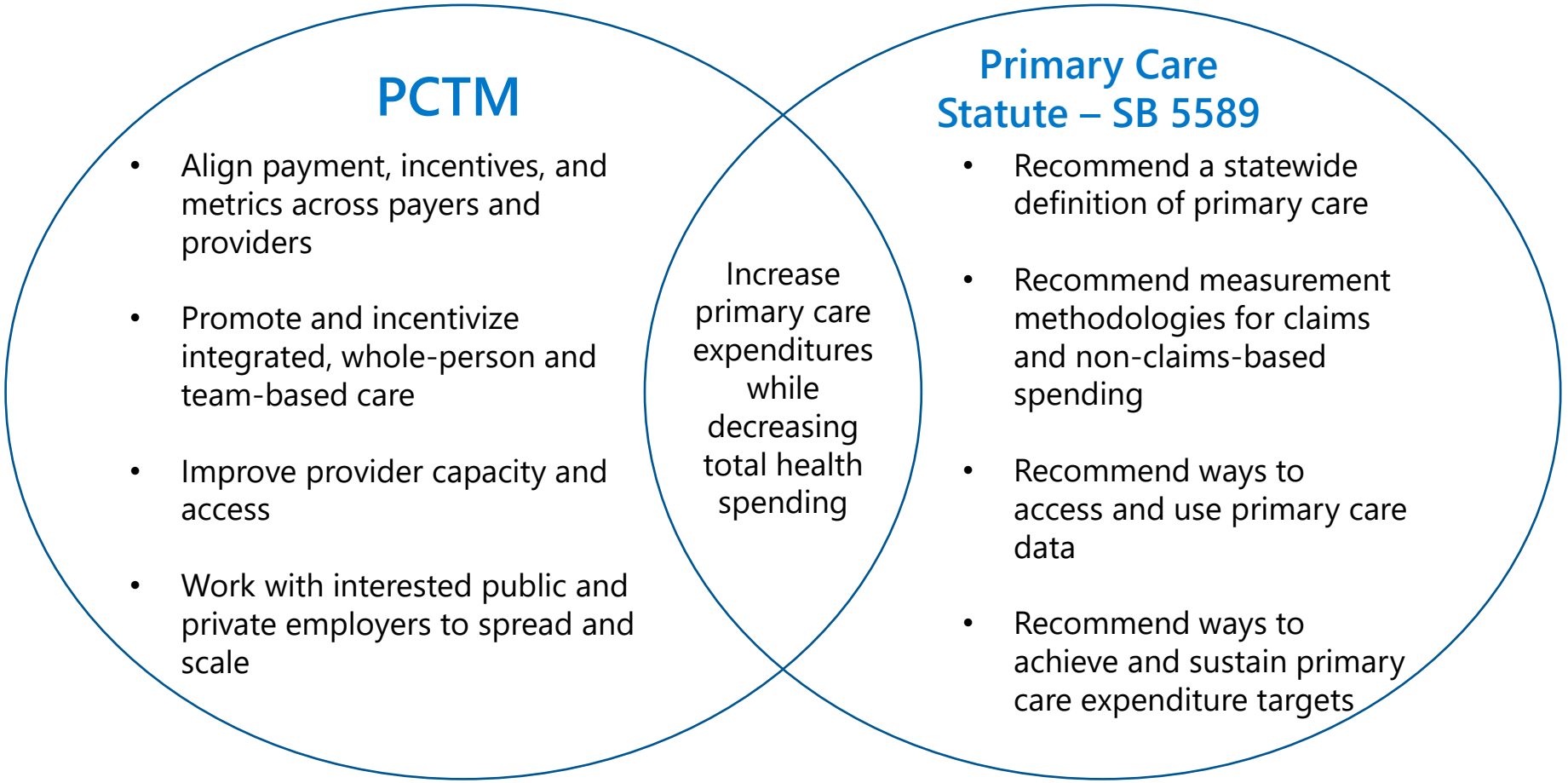
Comparison: primary care services

OFM Primary Care Services (Broad)	Bree Primary Care Services
Excludes ED visits	Excludes ED and Urgent Care
	Care coordination
Integrated behavioral health	Integrated behavioral health
Disease prevention and screening	Disease prevention and screening
Chronic condition management	Chronic condition management
Medication management	Medication management
Person-centered care that includes physical, emotional, and social needs	Person-centered care that includes physical, emotional, and social needs

https://www.hca.wa.gov/assets/hcctb-primary-care-committee-20220928.pdf

PCTM and Advisory Committee on Primary Care



What counts as primary care?

WHO

Is the **provider** considered a primary care provider?

WHAT

Is the **service** considered a primary care service?

WHERE

Is the **facility** considered a primary care facility?

Yes + **Yes** + **Yes** =

Primary care that counts toward the 12% target

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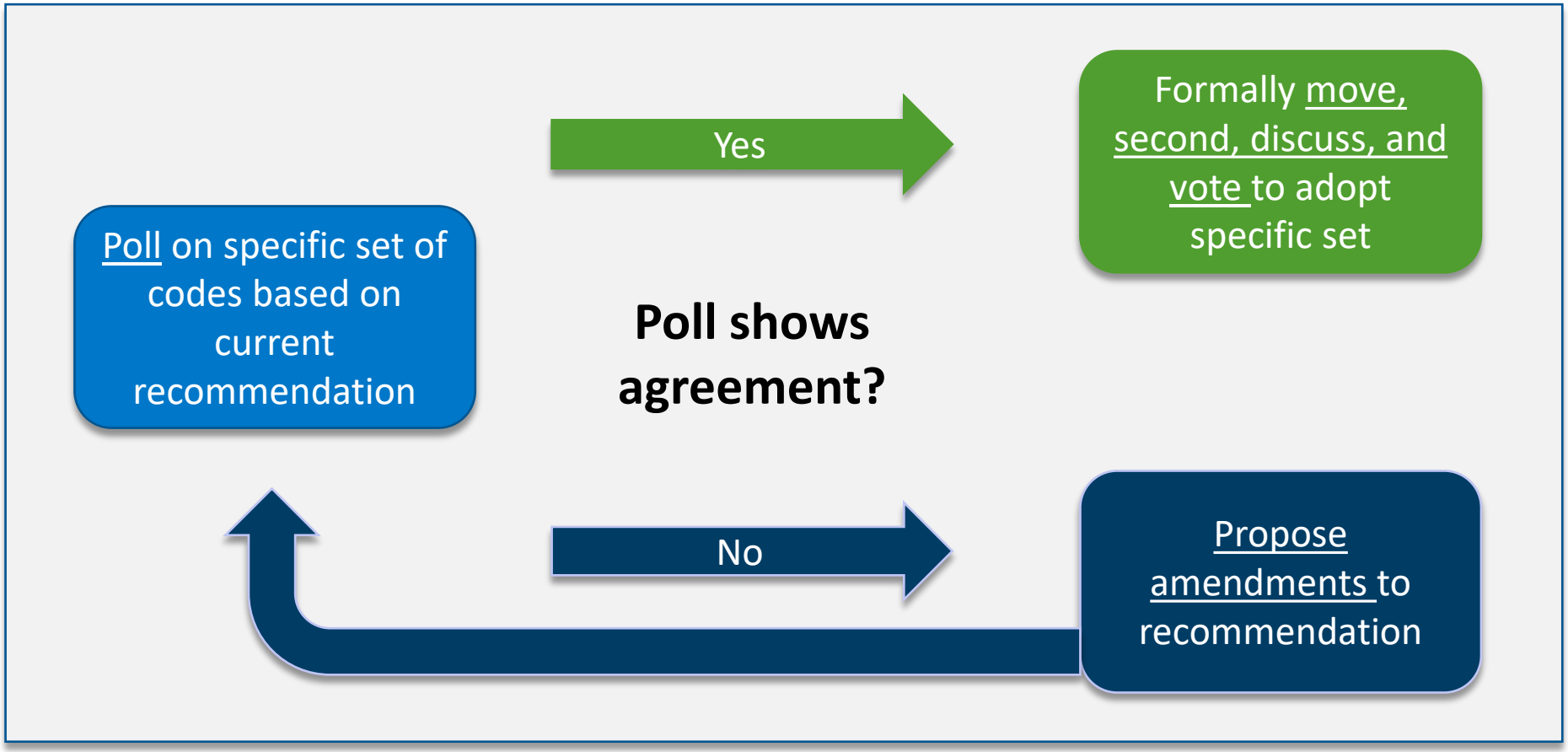
Guiding principles for code discussion

- Do not need to capture every possible code that a primary care provider might render.
- Focus on ensuring the code set includes services that are predominantly provided by primary care. This focus will allow the workgroup to get through the already lengthy approval process efficiently.
- Future data analyses can identify services for future consideration that are frequently provided by the provider types at facilities included in the primary care definition approved by the committee.

Recommendation approval process



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I support the current recommendations for inclusion/exclusion of codes in this set.

Agree

Disagree

Abstain

Preventive Medicine Services (Part 1)

Codes	Description	Prevalence in Other Definitions	Recommendation
99381	Init Pm E/M New Pat Infant	100%	Include
99382	Init Pm E/M New Pat 1-4 Yrs	100%	Include
99383	Prev Visit New Age 5-11	100%	Include
99384	Prev Visit New Age 12-17	100%	Include
99385	Prev Visit New Age 18-39	100%	Include
99386	Prev Visit New Age 40-64	100%	Include
99387	Office Visit - New Pt 65+ Yrs	100%	Include
99391	Periodic Pm Reeval Est Pat Infant 1>	100%	Include
99392	Prev Visit Est Age 1-4	100%	Include
99393	Prev Visit Est Age 5-11	100%	Include
99394	Prev Visit Est Age 12-17	100%	Include
99395	Prev Visit Est Age 18-39	100%	Include
99396	Prev Visit Est Age 40-64	100%	Include

Preventive Medicine Services (Part 2)

Codes	Description	Prevalence in Other Definitions	Recommendation
99397	Per Pm Reeval Est Pat 65+ Yr	100%	Include
99401	Preventive Counseling Indiv 15 Min	100%	Include
99402	Preventive Counseling Indiv 30 Min	100%	Include
99403	Preventive Counseling Indiv 45 Min	100%	Include
99404	Preventive Counseling Indiv 60 Min	100%	Include
99406	Behav Chng Smoking 3-10 Min	75%	Include
99407	Behav Chng Smoking > 10 Min	75%	Include
99408	Audit/Dast 15-30 Min	75%	Include
99409	Alcohol/Substance Screen & Intervention >30 Min	75%	Include
99411	Preventive Counseling Group 30 Min	100%	Include
99412	Preventive Counseling Group 60 Min	100%	Include
99429	Unlisted Preventive Service	100%	Include

Immunizations

Codes	Description	Prevalence in Other Definitions	Recommendation
90460	Immunization Admin 1St/Only Component 18 Years<	83%	Include
90461	Immunization Admin Each Addl Component 18 Years<	75%	Include
90471	Immunization Admin 1 Vaccine Single/Combo	83%	Include
90472	Immunization Admin Each Add-On Single/Combo	83%	Include
90473	Immunization Admin Oral/Nasal Single/Combo	83%	Include
90474	Immunization Admin Oral/Nasal Addl Single/Combo	83%	Include

Special Services, Procedures and Reports (Part 1)

Codes	Description	Prevalence in Other Definitions	Recommendation
99000	Specimen Handling Office-Lab	8%	Include
99050	Medical Services After Hrs	8%	Include
99051	Med Serv Evening/Wkend/Holiday	8%	Include
99058	Office Emergency Care	8%	Include
99078	Phys/QHP Education Materials for Pts In Group Setting	25%	Include
99173	Visual Acuity Screen	50%	Include
99202	Office/OutPt Visit New 15-29 Min	100%	Include
99203	Office/OutPt Visit New 30-44 Min	100%	Include
99204	Office/OutPt Visit New 45-59 Min	100%	Include
99205	Office/OutPt Visit New 60-74 Min	100%	Include
99211	Office/OutPt Visit Est	100%	Include

Special Services, Procedures and Reports (Part 2)

Codes	Description	Prevalence in Other Definitions	Recommendation
99212	Office/OutPt Visit Est 10-19 Min	100%	Include
99213	Office/OutPt Visit Est 20-29 Min	100%	Include
99214	Office/OutPt Visit Est 30-39 Min	100%	Include
99215	Office/OutPt Visit Est 40-54 Min	100%	Include

Special Evaluation and Management Services

Codes	Description	Prevalence in Other Definitions	Recommendation
96160	Pt-Focused Hlth Risk Assmt	58%	Include
96161	Caregiver Health Risk Assmt	58%	Include
99375	Home/Nursing Facility Visits 30 Min	25%	Include
99450	Basic Life And/Or Disability Exam	8%	Include
99451	Interprofessional Electronic Health Assessment 5 Min >	50%	Include
99452	Interprofessional Electronic Health Record Referral Service(S) Provided By A Treating Physician Health Care Professional, > 16 Min	58%	Include
99453	Remote Monitoring Physiologic Parameters Initial	0%	Exclude
99454	Remote Monitoring Physiologic Parameters Programed Transmission	0%	Exclude
99455	Work Related Disability Exam	8%	Include
99456	Disability Examination	8%	Include
99457	Remote Physiologic Monitoring Treatment Management Services, First 20 Min	8%	Include

Care Plan Oversight Services

Codes	Description	Prevalence in Other Definitions	Recommendation
99366	Team Conf W/ Pt By Healthcare Prof 30 Min W/Physician	58%	Include
99367	Team Conf W/Out Pt By Healthcare Prof 30 Min W/Physician	75%	Include
99368	Team Conf W/Out Pt By Healthcare Prof 30 Min W/Out Physician	58%	Include
99374	Home/Nursing Facility Visits 15-29 Min	25%	Include
99483	Assmt & Care Planning Pt W/Cognitive Impairment	42%	Include
99484	Care Mgmt Svc Bhvl Health Conditions 20 Min	25%	Include
99496	Trans Care Mgmt 7 Day Disch	92%	Include
99497	Advncd Care Plan 30 Min	67%	Include
99498	Advncd Care Plan Addl 30 Min	67%	Include
99366	Team Conf W/ Pt By Healthcare Prof 30 Min W/Physician	58%	Include
99367	Team Conf W/Out Pt By Healthcare Prof 30 Min W/Physician	75%	Include
99368	Team Conf W/Out Pt By Healthcare Prof 30 Min W/Out Physician	58%	Include

Consultation

Codes	Description	Prevalence in Other Definitions	Recommendation
99241	Office Or Other OutPt Consultations 15 Min	83%	Include
99242	Office Or Other OutPt Consultations 30 Min	83%	Include
99243	Office Or Other OutPt Consultations 40 Min	83%	Include
99244	Office Or Other OutPt Consultations 60 Min	83%	Include
99245	Office Or Other OutPt Consultations 80 Min	83%	Include

Home Health Services

Codes	Description	Prevalence in Other Definitions	Recommendation
99341	Home Visit New Pt 20 Min	92%	Include
99342	Home Visit New Pt 30 Min	92%	Include
99343	Home Visit New Pt 45 Min	92%	Include
99344	Home Visit New Pt 60 Min	92%	Include
99345	Home Visit New Pt 75 Min	92%	Include
99347	Home Visit Established Pt 15 Min	92%	Include
99348	Home Visit Established Pt 25 Min	92%	Include
99349	Home Visit Established Pt 40 Min	92%	Include
99350	Home Visit Established Pt 60 Min	92%	Include

Complex Chronic Care Coordination Services

Codes	Description	Prevalence in Other Definitions	Recommendation
99487	Complex Care W/O Pt Vsit 60 Min	67%	Include
99489	Complex Chronic Care Addl 30 Min	50%	Include
99490	Chron Care Mgmt Srvc 20 Min	67%	Include
99494	1St/Sbsq Psyc Collab Care	33%	Include

Non-face-to-face Physician and Non-physician Services

Codes	Description	Prevalence in Other Definitions	Recommendation
98966	Hc Pro Phone Call 5-10 Min	75%	Include
98967	Non-Physician Telephone Services 11-20 Min	75%	Include
98968	Non-Physician Telephone Services 21-30 Min	75%	Include
98969	Online Service By Hc Pro	75%	Include
99441	Phys/Qhp Telephone Evaluation 5-10 Min	75%	Include
99442	Phone E/M Phys/Qhp 11-20 Min	83%	Include
99443	Phys/Qhp Telephone Evaluation 21-30 Min	83%	Include
99446	Interprofessional Electronic Health Assessment 5-10 Min	42%	Include
99447	Interprofessional Electronic Health Assessment 11-20 Min	42%	Include
99448	Interprofessional Electronic Health Assessment 21-30 Min	42%	Include
99449	Interprofessional Electronic Health Assessment 31 Min <	42%	Include

Nursing Facility Services

Codes	Description	Prevalence in Other Definitions	Recommendation
99304	Initial Nursing Facility Care/Day 25 Min	25%	Exclude
99305	Initial Nursing Facility Care/Day 35 Min	25%	Exclude
99306	Initial Nursing Facility Care/Day 45 Min	25%	Exclude
99307	Sbsq Nursing Facility Care/Day E/M Stable 10 Min	25%	Exclude
99308	Sbsq Nursing Facil Care/Day Minor Complj 15 Min	25%	Exclude
99309	Sbsq Nursing Facil Care/Day New Problem 25 Min	25%	Exclude
99310	Sbsq Nurs Facil Care/Day Unstabl/New Prob 35 Min	25%	Exclude
99315	Nursing Facility Discharge Management 30 Min<	25%	Exclude
99316	Nursing Facility Discharge Management 30 Min>	25%	Exclude
99318	E/M Annual Nursing Facility Assess Stable 30 Min	25%	Exclude

Domiciliary, Rest Home or Custodial Care Services

Codes	Description	Prevalence in Other Definitions	Recommendation
99339	Individual Physician Supervision Of Pt (W/OutPt) In Home, Domiciliary Or Rest Home Complex 15-29 Min	83%	Include
99324	Domiciliary Or Rest Home Custodial Care 20 Min	42%	Include
99325	Domiciliary Or Rest Home Custodial Care 30 Min	42%	Include
99326	Domiciliary Or Rest Home Custodial Care 45 Min	42%	Include
99327	Domiciliary Or Rest Home Custodial Care 60 Min	42%	Include
99328	Domiciliary Or Rest Home Custodial Care 75 Min	42%	Include
99334	Domiciiary Or Rest Home Evaluation 15 Min	50%	Include
99335	Domiciliary Or Rest Home Evaluation 25 Min	42%	Include
99336	Domiciliary Or Rest Home Evaluation 40 Min	50%	Include
99337	Domiciliary Or Rest Home Evaluation 60 Min	50%	Include

Osteopathic Manipulative Treatment

Codes	Description	Prevalence in Other Definitions	Recommendation
98925	Osteopath Manj 1-2 Regions	8%	Include
98926	Osteopath Manj 3-4 Regions	8%	Include
98927	Osteopath Manj 5-6 Regions	8%	Include
98928	Osteopath Manj 7-8 Regions	8%	Include
98929	Osteopath Manj 9-10 Regions	17%	Include

Prolonged Services

Codes	Description	Prevalence in Other Definitions	Recommendation
99354	Prolonged Service OutPt 60 Min	42%	Include
99355	Prolonged Service OutPt Add 30 Min	42%	Include
99356	Prolonged Service Requiring Unit/Floor 60 Min	17%	Include
99357	Prolonged Service Requiring Unit/Floor Add 30 Min	17%	Include
99358	Prolong Service W/O Contact	67%	Include
99359	Prolong Serv W/O Contact Add 30 Min	67%	Include
99360	Standby Service	42%	Include

Temporary Codes (Part 1)

Codes	Description	Prevalence in Other Definitions	Recommendation
G0008	Admin Influenza Virus Vaccine	92%	Include
G0009	Admin Pneumococcal Vaccine	92%	Include
G0010	Admin Hepatitis B Vaccine	75%	Include
G0101	Cancer Screen; Pelvic/Breast Exam	58%	Include
G0102	Prostate Cancer Screening; Digital Rectal Examination	58%	Include
G0179	Phys Re-Cert Mcr-Covr Hom Hlth Srvc Re-Cert Prd	25%	Include
G0180	Phys Cert Mcr-Covr Hom Hlth Srvc Per Cert Prd	25%	Include
G0181	Home/Nursing Facility Visits W/Out Pt Medicare Approved	25%	Include
G0182	Hospice Facility Visits Medicare Approved	25%	Include
G0396	Alcohol/Subs Misuse Intervention 15-30 Min	67%	Include
G0397	Alcohol/Subs Misuse Intervention 30 Min <	67%	Include
G0402	Welcome to Medicare visit	58%	Include
G0403	Ekg For Initial Prevent Exam	17%	Include

Lab Testing and Supplies (Part 1)

Codes	Description	Prevalence in Other Definitions	Recommendation
*81000	Urinalysis Dip Stick/Tablet Reagnt Non-Auto Micrscpy	0%	Exclude
*81001	Urinalysis Dip Stick/Tablet Reagent Auto Microscopy	0%	Exclude
*81025	Urine Pregnancy Test Visual Color Comparison	0%	Exclude
82044	Urine Albumin Semiquantitative	0%	Exclude
82270	Blood Occult Peroxidase Actv Qual Feces 1 Determination	0%	Exclude
82272	Blood Occult Peroxidase Actv Qual Feces 1-3 Spec Determination	0%	Exclude
82465	Cholesterol Serum/Whole Blood Total	0%	Exclude
82947	Glucose Quantitative Blood Xcpt Reagent Strip	0%	Exclude
82948	Glucose Blood Reagent Strip	0%	Exclude
82950	Glucose Post Glucose Dose	0%	Exclude
82962	Gluc Bld Glucouse Device Spec Home Use	0%	Exclude
83655	Assay Of Lead	0%	Exclude

Lab Testing and Supplies (Part 2)

Codes	Description	Prevalence in Other Definitions	Recommendation
83718	Lipoprotein Dir Meas High Density Cholesterol	0%	Exclude
85013	Blood Count Spun Microhematocrit	0%	Exclude
85014	Blood Count Hematocrit	0%	Exclude
85018	Blood Count Hemoglobin	0%	Exclude
*86580	Skin Test Tuberculosis Intradermal	0%	Exclude
*87205	Smr Prim Src Gram/Giemsa Stain Bct Fungi/Cel	0%	Exclude
*87880	Immunoassay Streptococcus Group A	0%	Exclude

Temporary Codes (Part 2)

Codes	Description	Prevalence in Other Definitions	Recommendation
G0404	Ekg Tracing For Initial Prev	17%	Include
G0405	Ekg Interpret & Report Preve	17%	Include
G0438	Ppps, Initial Visit	92%	Include
G0439	Ppps, Subseq Visit	92%	Include
G0442	Annual Alcohol Screen 15 Min	83%	Include
G0443	Brief Alcohol Misuse Counsel	83%	Include
G0444	Depression Screen Annual 15 Min	75%	Include
G0404	Ekg Tracing For Initial Prev	17%	Include
G0405	Ekg Interpret & Report Preve	17%	Include
G0438	Ppps, Initial Visit	92%	Include
G0439	Ppps, Subseq Visit	92%	Include
G0442	Annual Alcohol Screen 15 Min	83%	Include
G0443	Brief Alcohol Misuse Counsel	83%	Include

Temporary Codes (Part 3)

Codes	Description	Prevalence in Other Definitions	Recommendation
G0463	Hospital Outpt Clinic Visit	58%	Include
G0466	FQHC Visit, New Pt	58%	Include
G0467	FQHC Visit, Established Pt	58%	Include
G0468	FQHC Preventive Visit	58%	Include
G0469	FQHC Visit, Mh New Pt	8%	Include
G0470	FQHC Visit, Mh Estab Pt	8%	Include
G0506	Comprehensive Asses Care Plan Chronic Care Mgmt Services	75%	Include
G0513	Prolong Preventative Services, First 30 Min	67%	Include
G0514	Prolonged Preventive Service Addl 30 Min	67%	Include
*J1050	Injection Medroxyprogesterone Acetate 1 Mg	0%	Exclude
Q0091	Obtaining Screen Pap Smear	33%	Include
*S8100	Holding Chamb/Spacr W/Inhal/Nebulizr; W/O Mask	0%	Exclude
*S8101	Holding Chamb/Spacr W/An Inhal/Nebulizr; W/Mask	0%	Exclude
T1015	Clinic Service All-Inclusive	58%	Include

Supervision

Codes	Description	Prevalence in Other Definitions	Recommendation
99340	Individual Physician Supervision Of Pt (W/OutPt) In Home, Domiciliary Or Rest Home Complex 30 Min	83%	Include
99377	Supervision Hospice Patient/Month 15-29 Min	25%	Include
99378	Supervision Hospice Patient/Month 30 Minutes/>	25%	Include
*99379	Supervision Nurs Facility Pt Mo 15-29 Min	0%	Exclude
*99380	Supervision Nurs Facility Pt Month 30 Min/>	0%	Exclude

Cardiac and Pulmonary Testing/Procedures

Codes	Description	Prevalence in Other Definitions	Recommendation
*93000	Ecg Routine Ecg W/Least 12 Lds W/I&R	0%	Exclude
*93005	Ecg Routine Ecg W/Least 12 Lds Trcg Only W/O I&R	0%	Exclude
*93010	Ecg Routine Ecg W/Least 12 Lds I&R Only	0%	Exclude
*93040	Rhythm Ecg 1-3 Leads W/Interpretation & Report	0%	Exclude
*93268	Xtrnl Pt Activ Ecg Transmis W/R&I </30 Days	0%	Exclude
*93784	Ambl Bld Press W/Tape&/Disk 24/> Hr Alys I&R	0%	Exclude
*94010	Spirometry	8%	Exclude
*94060	Bronchodilation Responsiveness	8%	Exclude
*94640	Pressurized/Nonpressurized Inhalation Treatment	0%	Exclude
*94664	Demo&/Eval Of Pt Utiliz Aersl Gen/Neb/Inhlr/Ip	0%	Exclude
*94760	Noninvasive Ear/Pulse Oximetry Single Deter	0%	Exclude
*94761	Noninvasive Ear/Pulse Oximetry Multiple Deter	0%	Exclude

Dermatological

Codes	Description	Prevalence in Other Definitions	Recommendation
11055	Trim Skin Lesion Single	8%	Exclude
11056	Trim Skin Lesions 2 To 4	8%	Exclude
*11200	Removal Of Skin Tags <W/15	8%	Exclude
*11201	Remove Skin Tags Add-On	8%	Exclude
11719	Trimming Nondystrophic Nails Any Number	0%	Exclude
11720	Debride Nail 1-5	8%	Exclude
11721	Debride Nail 6+	0%	Exclude
11740	Evacuation Subungual Hematoma	0%	Exclude
11900	Inject Skin Lesions </W 7	8%	Exclude

Newborn care services

Codes	Description	Prevalence in Other Definitions	Recommendation
*99460	Initial Evaluation And Management Of Newborn At Hospital	25%	Exclude
*99461	Initial Evaluation And Management Of Newborn Outside Of Hospital	25%	Exclude
*99462	Evaluation And Menagement Of Normal Newborn At Hospital	25%	Exclude
*99463	Evaluation And Menagement Of Normal Newborn Hospital Same Day Admittance And Discharge	25%	Exclude
*99464	Attendance At Delivery And Initial Stabilization Of Newborn	25%	Exclude
*99465	Delivery/Birthing Resuscitation	25%	Exclude

Obstetrics

Codes	Description	Prevalence in Other Definitions	Recommendation
*59400	Obstetrical Care	36%	Exclude
*59410	Veginal Delivery + Postpartum Care	25%	Exclude
*59425	Antepartum Care Only 4-6 Visits	17%	Exclude
*59426	Antepartum Care Only 7< Visits	17%	Exclude
*59430	Postpartum Care Only	17%	Exclude
*59510	Routine Ob Care	36%	Exclude
*59515	Cesarean Delivery Only + Postpartum Care	27%	Exclude
*59610	Routine Obstetric Care After Prevs C-Section	30%	Exclude
*59614	Vaginal Delivery Only After Prevs C-Section + Postpartum Care	27%	Exclude
*59618	Routine Ob Care Post Vaginal Delivery After Prev C-Section	36%	Exclude
*59622	C-Section Only, After Attempted Vaginal Delivery After Prev C- Section + Postpartum Care	27%	Exclude

Otology Services

Codes	Description	Prevalence in Other Definitions	Recommendation
*69200	Clear Outer Ear Canal W/Out Anesthesia	8%	Exclude
*69210	Remove Impacted Ear Wax Instruments	8%	Exclude
*92551	Pure Tone Hearing Test Air	8%	Exclude
*92567	Tympanometry	8%	Exclude

Other (Part 1)

Codes	Description	Prevalence in Other Definitions	Recommendation
*36415	Routine Venipuncture	8%	Exclude
*36416	Capillary Blood Draw	8%	Exclude
11976	Remove Contraceptive Capsule	8%	Include
11981	Insert Drug Implant Device	33%	Include
11982	Remove Drug Implant Device	33%	Include
11983	Remove W/ Insert Drug Implant	33%	Include
15851	Removal Sutures Under Anesthesia Other Surgeon	0%	Exclude
16020	Dressings&/Dbrdmt Prtl-Thkns Burns 1St/Sbsq Small	0%	Exclude
17110	Destroy B9 Lesion 1-14	8%	Exclude
17111	Destroy B9 Lesion 15 Or More	8%	Exclude
*24640	Closed Treat Radial Head Sublx Child	0%	Exclude
*30300	Removal Foreign Body Intranasal Office Procedure	0%	Exclude
*51702	Insj Temp Indwellg Bladder Catheter Simple	0%	Exclude

Other (Part 2)

Codes	Description	Prevalence in Other Definitions	Recommendation
*54150	Circumcision W/Clamp/Oth Dev W/Block	0%	Exclude
57170	Fitting Of Diaphragm/Cap	33%	Include
58300	Insert Intrauterine Device	33%	Include
*95115	Prof Services Allergen Immutherapy Single Injection	0%	Exclude
*95117	Prof Services Allergen Immutherapy Multiple Injection	0%	Exclude
96372	Ther/Proph/Diag Inj Sc/Im	50%	Include
*A4627	Spacr Bag/Resrvor W/Wo Mask W/Metrd Dose Inhal	0%	Exclude
*A6448	Light Comprs Bandge Elast Wdth < 3 In Per Yard	0%	Exclude
*A6449	Light Comprs Bandge Elast Wdth >/= 3 & <5 In Per Yd	0%	Exclude
*A7003	Admn Set Sm Vol Nonfiltr Pneumat Nebulizr Dispbl	0%	Exclude
*A7015	Areo Mask Used W/ Dme Neb	0%	Exclude
99495	Trans Care Mgmt 14 Day Disch	92%	Include
*97597	Debridement Open Wound 20 Sq Cm/<	0%	Exclude
*97602	Rmvl Devital Tiss N-Slctv Dbrdmt W/O Anes 1 Sess	0%	Exclude

Thank you

Washington State Health Care Authority