EOCCO Incentive Measure Coding Guide 2018

Claims Based Measures

	Metric	Code(s) and Identification	Notes
1	**Adolescent Well-Care Visits**	Annual adolescent well-care visit includes history, physical, assessment & plan. **CPT/HCPCS Codes** 99383-99385, 99393-99395, G0438, G0439 **ICD-10-CM Diagnosis** Z00.00, Z00.01, Z00.121, Z00.129, Z00.5, Z00.8, Z02.0, Z02.1, Z02.2, Z02.3, Z02.4, Z02.5, Z02.6, Z02.71, Z02.79, Z02.81, Z02.82, Z02.83, Z02.89, Z02.9	Members ages 12-21 years old receiving at least one comprehensive well care visit during the measurement year.
2	**Alcohol and Drug Misuse Screening** (SBIRT)	Please provide full screen or full screen +brief intervention services for reimbursement. A brief screen does not count toward this measure. **Full screen** CPT code 96160, with diagnosis code *Z13.89 **or** Z13.9 This coding combination is also used when a brief intervention lasting less than 15 minutes is performed. *Z13.89 may be used as standalone codes, i.e., they do not need to be paired with CPT 96160 for inclusion in the numerator **Full Screen and Brief Intervention** CPT Code 99408 15-29 minutes administering and interpreting a validated alcohol or drug-screening tool, plus performing face to face brief intervention CPT Code 99409 30+ minutes administering and interpreting a validated alcohol or drug-screening tool, plus performing face to face brief intervention	Members age 12+ who had an outpatient visit (office visit, home visit, and/or preventative medicine). CPT codes should be appended to E/M service, with modifier 25. Documentation should support both services.

<table>
<tr>
<td>3</td>
<td>Childhood Immunization Status 2</td>
<td>
<table>
<tr><th>Type</th><th>Required</th><th><u>CVX</u></th><th><u>Codes & Diagnoses</u></th></tr>
<tr><td>DTaP</td><td>At least four</td><td>01, 09, 11, 12, 20, 22, 28, 50, 102, 106, 107, 110, 113, 115, 120, 130, 132</td><td>90698, 90700, 90721, 90723</td></tr>
<tr><td>IPV</td><td>At least three</td><td>2, 10, 89, 110, 120, 130, 132</td><td>90698, 90713, 90723</td></tr>
<tr><td rowspan="5">MMR (Measles, Mumps and Rubella)</td><td rowspan="5">At least one or history of measles, mumps, or rubella illness</td><td>MMR: 03, 94</td><td>90707, 90710</td></tr>
<tr><td>Measles/Rubella: 04</td><td>90708</td></tr>
<tr><td>Measles: 05</td><td>90705
B05.0, B05.1, B05.2, B05.3, B05.4, B05.81, B05.89, B05.9</td></tr>
<tr><td>Mumps: 07, 38</td><td>90704
B26.0, B26.1, B26.2, B26.3, B26.81, B26.82, B26.83, B26.84, B26.85, B26.89, B26.9</td></tr>
<tr><td>Rubella: 06, 38</td><td>90706
B06.00, B06.01, B06.02, B06.09, B06.81, B06.82, B06.89, B06.9</td></tr>
<tr><td>HiB</td><td>At least three</td><td>17, 22, 45, 46-51, 102, 120, 132, 148</td><td>90644, 90645-90648, 90698, 90721, 90748</td></tr>
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<td>Members who turn 2 years of age during 2018.

<u>Date of service must be on or before the child’s second birthday.</u>

Note: EOCCO relies on the Public Health Division Program Registry (ALERTIIS) data.</td>
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	Childhood Immunization Status 2 Continued	Hepatitis B	At least three or history of hepatitis illness	08, 42-45, 51, 102, 104, 110, 132	90723, 90740, 90744, 90747, 90748, G0010 B16.0, B16.1, B16.2, B16.9, B17.0, B18.0, B18.1, B19.10, B19.11, Z22.51		
		VZV Vaccine Administered	At least one	21, 36, 94, 117	90710, 90716		
		Varicella Zoster	history of varicella zoster (e.g., chicken pox) illness		B01.0, B01.1, B01.11, B01.12, B01.2, B01.81, B01.89, B01.9, B02.0, B02.1, B02.21, B02.22, B02.23, B02.24, B02.29, B02.30, B02.31, B02.32, B02.22, B02.33, B02.34, B02.49, B02.7, B02.8, B02.9		

4	**Dental, Mental, Physical Health Assessment for Children in DHS Custody**	• Age 1-3 mental health assessment not required • Age < 1 only physical health assessment required If a provider uses (99201-99205), they will qualify for inclusion in the measure as both mental and physical health assessments only if there is a mental health diagnosis on the same claim as the new patient E&M code. This is to reflect assessments that were provided by a psychiatric (nurse or physician) provider. The diagnosis codes that qualify when billed with 99201-99205 for a mental health assessment are: T74.02xA, T74.02xD, T74.12xA, T74.12xD, T74.22xA, T74.32xA, T74.32xD, T74.22xD, T76.02xA, T76.02xD, T76.12xA, T76.12xD, T76.22xA, T76.22xD, T76.32xA, T76.32xD **Physical Health Assessment Codes** 99201-99205, 99212- 99215, 99381-99384, 99391-99394, G0438, G0439 **Mental Health Assessment Codes** 90791-90792, 96101-96102, H0031, H1011, H2000-TG, H0019*, H2013, H0037 *H0019: use of this code counts as both mental and physical health assessment for children in PRTS (Psychiatric Residential Treatment Center, POS 56) **Dental Health Assessment Codes** D0100-D0199	Members age 0-17 in DHS custody for 60 days. Physical, mental, and dental assessments must be conducted within 60 days of the notification date (when the CCO is notified of the member's placement in DHS) or 30 days prior. First Tooth or Smiles for Life certified medical providers can conduct and code for a dental assessment (D0191) when performed during a well child check.
5	**Dental Sealants on Permanent Molars for Children**	**Dental Sealant HCPCS Code** D1351 Dental hygienists can determine the need for and apply sealants without the supervision of a dentist.	Members age 6-14 who receive a sealant on a permanent molar tooth.
6	**Developmental Screening (0-36 months)**	**Developmental Screening CPT Code** 96110	Members who turn 12, 24, or 36 months in 2018. Screening must be completed 12 months prior to the member's birthday.

7 **Effective Contraceptive Use**

Table 1 –Contraceptive Codes

Description	**ICD-10**	**CPT**	**HCPCS**
Female Sterilization* (tubal ligation) *Permanent numerator hits for this year and the years to follow	Z30.2, Z98.51	58565, 58600, 58605, 58615, 58611, 58670, 58671, 58340, 74740	A4264,
Intrauterine device (IUD/IUS)	T83.31xA, T83.32xA, T83.39xA, T83.59xA, T83.69xA, Z30.014, Z30.430, Z30.431, Z30.433, Z97.5	58300	J7300, J7301, J7297, J7298, S4989, Q0090, S4981
Hormonal implant	Z30.016, Z30.017	11981, 11983	J7306, J7307
Injectable (1-month/3-month)	Z30.013,		J1050, J1051, J1055, J1056
Oral contraceptive	Z30.011		S4993
Patch	Z79.3		J7304
Vaginal ring	Z30.015		J7303
Diaphragm		57170	A4266
Surveillance of a contraceptive method		Z30.41, Z30.42, Z30.44, Z30.45, Z30.46, Z30.49	
Unspecified Contraception		Z30.019, Z30.018, Z30.40, Z30.8, Z30.9	

Women age 15-50 at risk for unintended Pregnancy.

Denominator Exclusions:
Women in the denominator who were not numerator compliant and had a pregnancy diagnosis in the calendar year.

Pregnancy Diagnosis
See HEDIS 2018 Pregnancy Diagnosis Value Set

Hysterectomy Diagnosis
ICD-10
Z90.710, N99.3, Z90.711, Z90.722
CPT/HCPCS
51925, 58150, 58152, 58180, 58200, 58210, 58240, 58260, 58262, 58263, 58267, 58270, 58275, 58280, 58285, 58290, 58291-58294, 58541-58544, 58548, 58550, 58552-58554, 58570-58573, 58943, 58950-58954, 58956-58958, 59135, 59525

Bilateral Oophorectomy Procedures
0UT20ZZ, 0UT27ZZ, 0UT28ZZ, 0UT2FZZ, 0UT00ZZ, 0UT08ZZ, 0UT0FZZ, 0UT10ZZ, 0UT17ZZ, 0UT18ZZ, 0UT1FZZ, 0UT24ZZ, 0UT04ZZ, 0UT14ZZ, 0U520ZZ, 0U523ZZ, 0U524ZZ, 0U570ZZ, 0U573ZZ, 0U574ZZ, 0U577ZZ, 0UB20ZZ, 0UB23ZZ, 0UB24ZZ, 0UB27ZZ, 0UB28ZZ, 0UB70ZZ, 0UB73ZZ, 0UB74ZZ, 0UB77ZZ,

<table>
<tr>
<td></td>
<td>Effective Contraceptive Use Continued</td>
<td>Table 2 –Effective Contraception Surveillance Codes Women using long-acting reversible contraception or permanent contraceptive options, who would not otherwise have a pharmacy claim or procedure code during 2018
<table>
<tr><td>Z30.41</td><td>Encounter for Surveillance of contraceptive pills</td></tr>
<tr><td>Z30.431</td><td>Encounter for routine checking of IUD</td></tr>
<tr><td>Z30.42</td><td>Encounter for surveillance of injectable contraceptive</td></tr>
<tr><td>Z30.49</td><td>Encounter for surveillance of other contraceptives</td></tr>
<tr><td>Z30.018</td><td>Encounter for initial prescription of other contraceptives</td></tr>
<tr><td>Z30.019</td><td>Encounter for initial prescription contraceptives, unspecified</td></tr>
<tr><td>Z30.40</td><td>Encounter for surveillance of contraceptives, unspecified</td></tr>
<tr><td>Z30.8</td><td>Encounter for other contraceptive management</td></tr>
<tr><td>Z30.9</td><td>Encounter for contraceptive management, unspecified</td></tr>
<tr><td>Z97.5</td><td>Presence of intrauterine contraceptive device</td></tr>
</table>
</td>
<td>0UB78ZZ, 0UL70CZ, 0UL70DZ, 0UL70ZZ, 0UL73CZ, 0UL73DZ, 0UL73ZZ, 0UL74CZ, 0UL74DZ, 0UL74ZZ, 0UL77DZ, 0UL77ZZ, 0UL78DZ, 0UL78ZZ, 0UT07ZZ, 0UT40ZZ, 0UT44ZZ, 0UT47ZZ, 0UT48ZZ, 0UT70ZZ, 0UT74ZZ, 0UT77ZZ, 0UT78ZZ, 0UT7FZZ, 0UT90ZZ, 0UT94ZZ, 0UT97ZZ, 0UT98ZZ, 0UT9FZZ

<u>Natural Menopause Diagnosis</u>
N92.4, N95.0, N95.1, N95.2, N95.8, N95.9, Z78.0

<u>Premature Menopause Diagnosis</u>
256.1, 256.2, 256.31, 256.39, 256.8,E89.40, E89.41, E28.310, E28.319, E28.39, E28.8, E28.9, N98.1

<u>Congenital Anomalies of Female Genital Organs Diagnosis</u>
Q50.02, Q51.0

<u>Female Infertility Diagnosis</u>
628.0, 628.2, 628.3, 628.4, 628.8, 628.9, N97.0, N97.1, N97.2, N97.8, N97.9</td>
</tr>
<tr>
<td>8</td>
<td>Emergency Department Utilization</td>
<td>Count each visit to an ED that does not result in an inpatient encounter; count multiple ED visits on the same date of service as one visit. Do not include ED visits that result in an inpatient stay.

<u>ED Value Set CPT Codes</u>
99281-99285</td>
<td>Denominator Exclusions:

<u>Inpatient Stay Visits Value Set*</u>
0100, 0101, 0110-0114, 0116-0124, 0126-0134, 0136-0144, 0146-0154, 0156-0160, 0164, 0167, 0169-0174, 0179, 0190-0194, 0199-0204, 0206-0214, 0219, 1000-1002</td>
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	Emergency Department Utilization Continued	**UB Revenue** 0450, 0451, 0452, 0456, 0459, 0981 **ED Procedure Code Value Set with ED POS Value Set** 10021-69990* with 23 *Total of 5,777 CPT codes are included in the HEDIS 2018 "ED Procedure Code" Value Set **Ambulatory Outpatient Visits CPT Codes** 92009, 92004, 92012, 92014, 99201-99205, 99211-99215, 99247-99328, 99334-99337, 99341-99345, 99347-99350, 99381-99387, 99391-99397, 99401-99404, 99411, 99412, 99429, 99461 **Ambulatory Outpatient Visits HCPCS Codes** G0463, T1015 **Ambulatory Outpatient Visits UBREV Codes** 0510-0517, 0519-0529, 0982, 0983	*Inpatient stay must occur on same day of ED admission or next calendar day **Numerator Exclusions:** **Mental Health and Chemical Dependency Services** See HEDIS 2018 for a list of 1,181 Mental and Behavioral Disorder diagnosis codes **Psychiatry Value Set** 90785, 90791, 90792, 90832 - 90834, 90836 - 90840, 90845 - 90847, 90849, 90853, 90863, 90865, 90867 - 90870, 90875, 90876, 90880, 90882, 90885, 90887, 90889, 90899 **Electroconvulsive Therapy Value Set** GZB0ZZZ, GZB1ZZZ, GZB2ZZZ, GZB3ZZZ, GZB4ZZZ
9	**Emergency Department Utilization for Individuals Experiencing Mental Illness**	Patients with a mental illness diagnosis noted on two or more claims in the last 36 months (January 1, 2016 to December 31, 2018) are in the denominator. Patients with a physical health visit in the ED that does not result in an inpatient encounter are in the numerator. Count multiple ED visits on the same date of service as one visit. Do not include ED visits that result in an inpatient stay.	**Denominator Exclusions:** **Inpatient Stay Visits Value Set*** 0100, 0101, 0110-0114, 0116-0124, 0126-0134, 0136-0144, 0146-0154, 0156-0160, 0164, 0167, 0169-0174, 0179, 0190-0194, 0199-0204, 0206-0214, 0219, 1000-1002 *Inpatient stay must occur on same day of ED admission or next calendar day

	Emergency Department Utilization for Individuals Experiencing Mental Illness Continued	**Mental Illness Value Set** F20.0, F20.1, F20.2, F20.3, F20.5, F20.81, F20.89, F20.9, F21, F23, F24, F25.0, F25.1, F25.8, F25.9, F28, F29, F30.10, F30.11, F30.12, F30.13, F30.2, F30.3, F30.4, F30.8, F30.9, F31.0, F31.10, F31.11, F31.12, F31.13, F31.2, F31.30, F31.31, F31.32, F31.4, F31.5, F31.60, F31.61, F31.62, F31.63, F31.64, F31.70, F31.71, F31.72, F31.73, F31.74, F31.75, F31.76, F31.77, F31.78, F31.81, F31.89, F31.9, F32.0, F32.1, F32.2, F32.3, F32.4, F32.5, F32.8, F32.9, F33.0, F33.1, F33.2, F33.3, F33.40, F33.41, F33.42, F33.8, F33.9, F34.8, F34.9, F39, F42, F43.10, F43.11, F43.12, F60.3 **ED Value Set CPT Codes** 99281-99285 **UB Revenue** 0450, 0451, 0452, 0456, 0459, 0981 **ED Procedure Code Value Set with ED POS Value Set** 10021-69990* with 23 *Total of 5,777 CPT codes are included in the HEDIS 2018 "ED Procedure Code" Value Set	**Numerator Exclusions:** **Mental Health and Chemical Dependency Services** See HEDIS 2018 for a list of 1,181 Mental and Behavioral Disorder diagnosis codes **Psychiatry Value Set** 90785, 90791, 90792, 90832 - 90834, 90836 - 90840, 90845 - 90847, 90849, 90853, 90863, 90865, 90867 - 90870, 90875, 90876, 90880, 90882, 90885, 90887, 90889, 90899 **Electroconvulsive Therapy Value Set** GZB4ZZZ, GZB0ZZZ, GZB1ZZZ, GZB2ZZZ, GZB3ZZZ

Chart Review Measures

	Metric	Code(s) and Identification	Notes
10	**Colorectal Cancer Screening**	**Colonoscopy CPT Codes** 44388-44394, 44397, 44401-44408, 45355, 45378-45387, 45388-45390, 45391, 45392, 45393, 45398 **Colonoscopy HCPCS Codes** G0105, G0121 **DX Codes** 45.22, 45.23, 45.25, 45.42, 45.43	Members age 51-75 **Denominator Exclusions:** **Colorectal Cancer HCPCS** G0213-G0215, G0231 **Colorectal Cancer ICD-10** C18.0-C18.9, C19, C20, C21.2, C21.8, C78.5, Z85.038, Z85.048

	Colorectal Cancer Screening Continued	**Fecal Occult Blood Test CPT Codes** 82270, 82274 **Fecal Occult Blood Test HCPCS Codes** G0328 **LOINC Codes** 2335-8, 12503-9, 12504-7, 14563-1, 14564-9, 14565-6, 27396-1, 27401-9, 27925-7, 27926-5, 29771-3, 56490-6, 56491-4, 57905-2, 58453-2, 80372-6 **Flexible Sigmoidoscopy CPT** 45330-45335, 45337-45342, 45345, 45346, 45347, 45349, 45350 **Flexible Sigmoidoscopy HCPCS** G0104 **DX Codes** 45.24 **CT Colonography CPT Code** 74261-74263 **FIT-DNA HCPCS Code** G0464 **FIT-DNA CPT Code** 81528 **FIT-DNA LOINC Codes** 77353-1, 77354-9 A pathology report that indicates the type of screening and the date when the screening was performed meets criteria for inclusion in the measure.	**Colectomy CPT** 44150-44153, 44155-44158, 44210-44212 **Colectomy ICD-10** 0DTE0ZZ, 0DTE4ZZ, 0DTE7ZZ, 0DTE8ZZ

11	**Timeliness of Prenatal and Postpartum Care**	**Prenatal care (one of the following)** Documentation in the medical record must include a note indicating the date when the prenatal care visit occurred • Basic physical obstetrical examination (auscultation for fetal heart tone, pelvic exam with obstetric observations, or measurement of fundus height • Prenatal care procedure (obstetric panel, echography of a pregnant uterus, documentation of LMP or EDD in conjunction with either prenatal risk assessment and counseling/education, or complete obstetrical history) **Postpartum care (one of the following)** • Pelvic exam • Evaluation of weight, blood pressure, breasts and abdomen • Notation of postpartum care, including, but not limited to "postpartum care," "PP care," "PP check," or "6-week check" • Preprinted "Postpartum care" form • Pap test	A prenatal visit in the first trimester or within 42 days of enrollment. A postpartum visit for a pelvic exam or postpartum care on or between 21 and 56 days after delivery. Includes visits with PAs, NPs, and midwives and provided a co-signature by a physician is present, if required by state law.

Clinical Quality Measures

	Metric	Code(s) and Identification	Notes
12	**Cigarette Smoking Prevalence**	**Documentation:** Each EHR may have different methods to document cigarette smoking and tobacco use. Please indicate if cigarette smoking only, and/or broader tobacco use. 1. Of all patients with a qualifying visit, how many have their cigarette smoking or tobacco use status recorded? 2. Of all patients with their cigarette smoking or tobacco use status recorded, how many are cigarette smokers? 3. Of all patients with their cigarette smoking or tobacco use status recorded, how many are smokers and/or tobacco users? The prevalence of cigarette smokers is determined by rate #2 and the rate must reduce on an annual basis.	Members age 13+ who had a qualifying visit where their smoking and/or tobacco use status is recorded as structured data, who are current smokers and or tobacco users.

13	**Controlling Hypertension (High Blood Pressure)**	Patients whose blood pressure at the most recent visit is adequately controlled • Systolic blood pressure <140 mmHg • Diastolic blood pressure <90 mmHg **Outpatient Services:** Office Visit, Face-to-Face Interaction, Preventive Care Services, Home Health Services, Annual Wellness Visit Only blood pressure readings performed by a clinician in the provider office are accepted for numerator compliance with this measure. If there are multiple blood pressure readings on the same day, use the lowest systolic and the lowest diastolic reading as the most recent blood pressure reading. If no blood pressure is recorded during the measurement period, the patient's blood pressure is assumed "not controlled".	Members 18-85 years of age who had a diagnosis of essential hypertension within the first six months 2018 or any time prior and who received a qualifying outpatient service in 2018. **Denominator Exclusions:** Evidence of ESRD (End Stage Renal Disease), Chronic Kidney Disease Stage 5, Dialysis or renal transplant, Diagnosis of pregnancy, Hospice care NQF 0018 / CMS 165v6
14	**Depression Screening and Follow up Plan**	Patients screened for depression on the date of the encounter, using an age-appropriate standardized tool AND if positive, a follow-up plan is documented on the date of the positive screen. The following Grouping Value Sets are used to identify follow-up planning: • Referral for Depression Adolescent SNOMED-CT Value Set (2.16.840.1.113883.3.600.537) • Referral for Depression Adult SNOMED-CT Value Set (2.16.840.1.113883.3.600.538) • Additional evaluation for depression- adolescent SNOMED-CT Value set (2.16.840.1.113883.3.600.1542) • Additional evaluation for depression- adult SNOMED-CT Value set (2.16.840.1.113883.3.600.1545) • Follow-up for depression- adolescent SNOMED-CT Value Set (2.16.840.1.113883.3.600.467) • Follow-up for depression- adult SNOMED-CT Value Set (2.16.840.1.113883.3.600.468)	Members age 12+ with at least one eligible encounter in 2018. **Denominator Exclusions:** 1. Patients with an active diagnosis for depression or bipolar disorder (Identified by Grouping Value set codes). 2. Patients refusing to participate (SNOMED-CT Value Set) or an urgent/emergent situation where time is the essence and delaying treatment would jeopardize patient health (Medical or Other reason not done Value Set) are considered excluded from the denominator. NQF 0418 / CMS 2v7

	Depression Screening and Follow up Plan Continued	• Depression medications – adolescent RxNorm Value Set (2.16.840.1.113883.3.600.469) • Depression medications – adult RxNorm Value Set (2.16.840.1.113883.3.600.470) • Suicide Risk Assessment SNOMED-CT Value Set (2.16.840.1.113883.3.600.559) Note: the follow up plan must be related to a positive depression screening, example: "Patient referred for psychiatric evaluation due to positive depression screening." Also note that the use of PHQ9 is allowable as follow up to a positive PHQ2.	
15	**Diabetes: HbA1c Poor Control**	Patients whose most recent HbA1c level (performed during 2018) is >9.0%, if the most recent HbA1c result is missing, or if there are no HbA1c tests performed and results documented during 2018. **HbA1c Test CPT Codes** 83036, 83037, 3044F, 3045F, 3046F **Outpatient Services:** Office Visit, Face-to-Face Interaction, Preventive Care Services – Established Office Visit, 18 and Up, Preventive Care Services – Initial Office Visit, 18 and Up	Members 18-75 years of age who had a diagnosis of Type 1 or Type 2 diabetes during or any time prior to 2018 and who received a qualifying outpatient service during 2018. **Denominator Exclusions:** Patients who were in hospice care during the measurement year. NQF 0059 / CMS 122v6
16	**Weight Assessment and Counseling for Nutrition and Physical Activity for Children and Adolescents**	Patients ages 3-17 who had an outpatient visit with a PCP or OB/GYN and who had evidence of the following: 1. Height, weight, and body mass index (BMI) documented 2. Nutrition Counseling 3. Physical Activity Counseling	**Denominator Exclusions:** Patients who have a diagnosis of pregnancy and patients who were in hospice care during the measurement period. NQF 0024 / CMS 155v6

Primary Care Enrollment Measure

	Metric	Code(s) and Identification	Notes
17	**PCPCH Enrollment**	**Numerator:** Number of CCO members enrolled in PCPCHs by tier, using the following formula: (Tier 1 members*1) + (Tier 2 members*2) + (Tier 3 members*3) + (Tier 4 members *4) + (5 STAR members *5) **Denominator:** Total CCO enrollment for the same month as the PCPCH enrollment multiplied by 5.	

State CAPHS Survey Measure

	Metric	Code(s) and Identification	Notes
18	**CAHPS Access to Care**	Members surveyed after the calendar year and their response rate to the following statements: • Received care right away for illness/injury/condition as soon as you/child needed • Received an appointment for routine care as soon as you/child needed	Members must have 6 months experience with Medicaid/OHP to be eligible.

EOCCO Referral and Authorization Guidelines, Moda Health Clinical Editing Policy Information, DMAP Prioritized List of Health Services and DMAP Provider Guidelines outline in the current Oregon Administrative rules apply. Services are subject to eligibility and plan provisions in effect at the time services are rendered.

Please visit EOCCO.com to learn more about Billing and Payments. If you have comments, questions, or would like additional information on codes and billing, please contact EOCCOmetrics@modahealth.com.