

Quality Provider Program: Primary Care

Allowable Corrections Guide

General Guidance

- Include a copy of EMR note, progress note, or screen print signed by MA/RN/MD including member name, DOB, and provider.
- Submit corrections using [this online tool](#).
- Wait 6 weeks from the date of service to enter corrections to allow for claim lag.
- Don't attach multiple patient records to a single correction.
- Each date of service requires separate correction entries, except for kidney health evaluation and the immunization measures.

ADULT CORRECTIONS						
Allowable Correction	Submission Correction Process				Additional Required Documentation (see "General Guidance" for Standard Requirements)	Notes for Entering Corrections
	Category	Measure	Component	Correction Type		
Breast Cancer Screening						
Does not fit age criteria	Refer to Other Corrections: Demographics				Date of birth	Mammogram 2025 Date Range: OCT 2023–DEC 2025. Note that: <ul style="list-style-type: none"> • When only year is given, use date 12/31/YEAR • When only month & year is given, use last day of month (e.g., April 2024: 4/30/2024) Breast biopsies, thermography, ultrasounds, and/or MRIs DO NOT COUNT.
Patient is male					BIRTH sex of patient	
Unaccounted for mastectomy	Preventive Screening	Breast Cancer Screening	BCS Exclusion	Bilateral Mastectomy Unilateral Mastectomy: Right Unilateral Mastectomy: Left	Date of mastectomy (Coding for mastectomy is different prior to 10/1/2015. Please double check the date of mastectomy and select the correct option from the drop-down list in the QDC tool.)	
Unaccounted for breast cancer screening			BCS Numerator	Mammography	Date of mammogram	
Colorectal Cancer Screening¹						
Does not fit age criteria	Refer to Other Corrections: Demographics				Date of birth	For any correction with this measure: <ul style="list-style-type: none"> • When only year is given, use date 12/31/YEAR • When only month & year is given, use last day of month (e.g., April 2023: 4/30/2023) In the correction tool, use: <ul style="list-style-type: none"> • FOBT for Fecal Occult Blood Test (FOBT) or fecal immunochemical test (FIT) • FIT-DNA for Fit DNA or Cologuard test Digital rectal exams or FOBT performed in an office setting DOES NOT COUNT.
Unaccounted for total colectomy	Preventive Screening	Colorectal Cancer Screening	Col Exclusion	Total Colectomy	Date of total colectomy	
Unaccounted for colorectal cancer diagnosis				Colorectal Cancer (history of)	Date of diagnosis	
Unaccounted for colorectal cancer screening			Col Numerator	FOBT FLEXSIG COLONOSCOPY CT COLO FIT-DNA	Date of colorectal screening	

¹ Types of colorectal cancer screening:

- Fecal occult blood test (FOBT) or fecal immunochemical test (FIT) one or more times during 2025.
- Flexible sigmoidoscopy one or more times from 2021 to 2025.

- Colonoscopy one or more times from 2016 to 2025.
- CT colonography one or more times from 2021 to 2025.
- Fit DNA or Cologuard test one or more times from 2023 to 2025. **NOTE:** FIT and FIT-DNA are different tests.

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Questions about the Quality Provider Program?
 Contact us at QualityProvider@selecthealth.org.

ADULT CORRECTIONS, CONTINUED

	Allowable Correction	Submission Correction Process			Additional Required Documentation (see "General Guidance" for Standard Requirements)	Notes for Entering Corrections	
		Category	Measure	Component			Correction Type
DIABETES CARE	Glycemic Status Assessment (A1c or GMI)						
	Unaccounted for HbA1c or GMI <8.0	Chronic Disease	A1c Control or Glycemic Status in Control	A1c or GMI Result	Hemoglobin A1c Result or Glycemic Status Value: 4.0-20.0	Lab result with report date and A1c value or glucose management indicator (GMI) value	
	Unaccounted for HbA1c or GMI ≥8.0						
	Eye Exam						
	Unaccounted for diabetic eye exam	Chronic Disease	Diabetic Eye Exam	Right Eye Left Eye Both Eyes	NEG RET POS RET NO RESULT	Date of eye exam, name of ophthalmologist/optometrist and result (normal or retinopathy)	All eye exams must have a result to count. If the documentation does not contain the name of the eye care professional, it must state that the exam was read by an ophthalmologist or optometrist. The exception to this requirement is an exam read by AI.
	Kidney Health Evaluation (KED)						
	Unaccounted for estimated glomerular filtration rate (eGFR)	Chronic Disease	Kidney Health Evaluation for Patients with Diabetes	KED1 Numerator (1-element entry)	eGFR	Continued... Date of test and result	Do not use the nephropathy option under Comprehensive Diabetes Care. Members must have all three components to be compliant for this measure. All three component can be entered as one correction submission.
	Unaccounted for albumin-creatinine ratio (uACR)			KED2 Numerator (2-element entry)	Urine Creatinine		
				KED3 Numerator (3-element entry)	Urine Albumin		

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ADULT CORRECTIONS, CONTINUED

	Allowable Correction	Submission Correction Process				Additional Required Documentation (see “General Guidance” for Standard Requirements)	Notes for Entering Corrections
		Category	Measure	Component	Correction Type		
FOLLOW-UP	Follow Up After ED Visit for People with Multiple Chronic Conditions						
	Unaccounted for follow-up service	Care Coordination	FMC Follow Up After ED w/ Multiple High-Risk CC	FMC Numerator	<ul style="list-style-type: none"> • Case Management • Complex Care Management • Telephone Visit • Substance use disorder services 	Documentation of visit must include date of follow up service and some or all the following: <ul style="list-style-type: none"> • Thorough and diagnosis-appropriate mental health assessment • Review of medication list and medication side effects • Physical exam findings • Compliance with documentation and prescribed treatment • Review discharge summary; verify understanding of instructions and that all new prescriptions were filled. • Questions/concerns the member or caregiver may have, etc. <p>NOTE: Documentation example, “contacted patient after ED visit, no questions,” will not meet criteria.</p>	Follow-up services can be completed by: <ul style="list-style-type: none"> • Outpatient, phone, or virtual check-in • Transitional care management, care management, or complex care management services • Behavioral health visit as outpatient or via telehealth • Substance use disorder service or substance abuse counseling and surveillance

PEDIATRIC CORRECTIONS							
	Allowable Correction	Submission Correction Process			Additional Required Documentation (see "General Guidance" for Standard Requirements)	Notes for Entering Corrections	
		Category	Measure	Component			Correction Type
IMMUNIZATION	Immunization: Childhood and Flu						
	Unaccounted for vaccination: DTaP, IPV, MMR, HiB, HepB, VZV, Pneumococcal conjugate, Hep A, Rotavirus, Flu	Immunization	Childhood Immunization	CIS Numerator (1- to 4-dose entry) ²	<ul style="list-style-type: none"> • DTaP • IPV • MMR • HiB • Hepatitis B • VZV • Pneumococcal conjugate • Hepatitis A • Rotavirus (2-Dose Schedule) • Rotavirus (3-Dose Schedule) • Influenza 	<p>(Utah) Intermountain Medical Group clinics enter into iCentra; affiliate clinics enter into USIIS. For corrections documentation, use the Immunization History Report from USIIS, which shows vaccination date.</p> <p>(Nevada) Enter missing immunizations into WebIZ, which shows vaccination date, and use it for documenting corrections.</p> <p>(Idaho, Colorado) Because Select Health does not receive data feeds from the state immunization records, use the QDC tool for data correction submissions including the Vaccine History Report.</p>	<ul style="list-style-type: none"> • All doses for childhood immunizations must have occurred on or before the 2nd birthday. • Flumist (LAIV) is only acceptable if given on the 2nd birthday. • Rotavirus: <ul style="list-style-type: none"> — RotaTeq: 3-dose series. Rotarix: 2-dose series. — If note says "NOS" or unspecified, they must have a total of 3 doses of rotavirus. • NOTE: A child may be considered complete in a vaccine forecast but not compliant for the measure if they fall behind on the vaccine schedule and only receive: <ul style="list-style-type: none"> — Three pneumococcal conjugate (PCV) doses by the 2nd birthday — Two RotaTeq doses before age 8 months
	Immunization: Adolescence						
	Unaccounted for vaccination: Meningococcal conjugate, HPV, Tdap (tetanus, diphtheria toxoids, and acellular pertussis)	Immunization	Adolescent Immunization	IMA Numerator (1- to 4-dose entry) ²	Meningococcal Tdap HPV	<p>(Utah) Intermountain Medical Group clinics enter into iCentra; affiliate clinics enter into USIIS. Use the Immunization History Report from USIIS for corrections documentation, which shows vaccination date.</p> <p>(Nevada) Enter missing immunizations into WebIZ, which shows vaccination date, and use it for documenting corrections.</p> <p>(Idaho, Colorado) Because Select Health does not receive data feeds from the state immunization records, use the QDC tool for data correction submissions including the Vaccine History Report.</p>	<ul style="list-style-type: none"> • Meningococcal: Between 11th and 13th birthday • Tdap: Between 10th and 13th birthday • HPV: Between 9th and 13th birthday (2-dose minimum 146 days apart)
SCREENING	Screening: Childhood Lead						
	Unaccounted for screening: Childhood Lead	Preventive Screening	Lead Screening in Children	LSC Numerator	Assay of Lead	<p>Upload documentation of the blood test date and test result.</p>	<ul style="list-style-type: none"> • Indicate the name of the specific antigen and the date of service. • Check the child's visit notes for POC testing that wasn't billed. • Blood tests performed after the child's 2nd birthday will not be accepted.

² For immunization combo/series: Four immunization corrections can be submitted at one time. Submit additional correction(s) if more than four correction are needed.

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PEDIATRIC CORRECTIONS, CONTINUED

WELL-CHILD VISITS	Well-Child Visit: 0–15 Months & 15–30 Months						
	Unaccounted for Well-Child Visit	Wellness Visit	Well Child Visits	W30 Numerator (Select the numerator visit entry that corresponds to the number of visits you will be uploading.)	Enter visit date and Well Care 1–15 Months Well Care 16–30 Months for each uploaded visit.	All uploaded visit notes must be labeled as a well visit or be identifiable as a well-care or preventive visit. Acute or sick care cannot be the primary intent of the visit. ³	Well Child Visits: <ol style="list-style-type: none"> When the child is 15 months +1 day old, select 16–30 month as the correction type. When the child is 30 months +2 days old, submit a child and adolescent well care visit for 3–11 years. Up to 6 visits can be entered and uploaded on the same correction submission.
	Well-Child Visits: 3–21 years						
	Unaccounted for Well Child Visit	Wellness Visit	Child and Adolescent Well-Care Visits	WCV Numerator	Well-Care Visits 3–11 Years Well-Care Visits 18–21 Years	All uploaded visit notes must be labeled as a well visit or be identifiable as a well-care or preventive visit. Acute or sick care cannot be the primary intent of the visit. ³	Medication checks and sports physicals are only acceptable if also labeled as a well exam or identifiable as well-care or preventive visit.

³ **Components of a well-care visit:**

- Date with height and weight and BMI percent or BMI chart with the plotted BMI
- Documentation of counseling for nutrition and physical activity that includes the date and a note indicating **AT LEAST ONE** of the following:
 - A checklist that nutrition and/or physical activity was discussed
 - Note that a handout was given discussing eating habits and physical activity
 - Referral for education for nutrition and/or physical activity
 - Anticipatory guidance specific to the child’s nutrition and physical activity habits
 - Weight and obesity counseling

DEMOGRAPHICS							
Correction Type	Allowable Correction	Submission Correction Process				Required Documentation	Notes for Entering Corrections
		Category	Measure	Component	Correction Type		
Date of Birth	Birthday is incorrect in Quality Provider Program Gaps in Care for Download	Member Detail	Demographics	Date of Birth	Member Date of Birth	<ul style="list-style-type: none"> Documentation from EMR HIPAA consent form signed by patient requesting change of DOB 	Select Health will research claims data and approve if acceptable.
Member Sex	Patient is included in wrong measure based on sex (e.g., patient is male, but included for breast cancer screening)			Member Sex	Member Sex		Documentation from EMR of patient's birth sex
Member Name	Member name is incorrect in Quality Provider Program Gaps in Care for Download	Send member name change request to QPP representative, along with the supporting documentation, to be processed.				<ul style="list-style-type: none"> Documentation from EMR HIPAA consent form signed by patient requesting name change Copy of patient identification with correct name listed 	Select Health will review and approve if acceptable.

NO ALLOWABLE CORRECTIONS FOR COMPLIANCE	
Statin Therapy for Diabetes	There is an option in the tool to enter a correction; however, it is not for the QPP measure. The only way for a patient to be compliant in this measure is through a pharmacy claim for a statin; or intolerance codes on a claim during the measurement year, which will remove the individual from the QPP measure.
Medication Adherence: Cholesterol, Diabetes, & Hypertension	The only way for a patient to be compliant in QPP measure is pharmacy claim for prescription medication.
Adult Annual Wellness Visits	The only way for a patient to be compliant in QPP measure is to correct the claim with accepted AWV billing codes (i.e., G0402, G0438, G0439 , Codes: 99381-99397).
Maternal Depression Screening	The only way for a patient to be compliant in QPP measure is correct the claim with accepted billing code: CPT96161 .
Controlling High Blood Pressure	The only way for a patient to be compliant in QPP measure is to use CPT category II codes (diastolic: 3078F, 3079 F, 3080F ; systolic: 3074F, 3075F, 3077F) or participate in data submission.