

# Regional Accountable Entity

*Behavioral Health Incentive Specification Document*  
*SFY 2018-2019*



*This document includes the details for calculations of the Regional Accountable Entity Behavioral Health Incentive Measures for the seven Regional Accountable Entities. All measures are calculated using paid claims/encounters data.*

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<b>Revision History</b>		
Document Date	Version	Change Description
7/9/2018	V3	Code 90792 was removed from ALL measures.

# PARTICIPATION MEASURES

To qualify for incentive payments, a RAEs must meet the following minimum performance requirements during the contract year:

- 1) Timely submission and completion of a corrective action plan submissions and activities
- 2) Timely and accurate submission of monthly encounter data

## Qualifier 1: Monthly Data Submission

**Description:** The number of successful months of monthly data submissions to the department.

**Successful monthly data submission is defined as:**

Submission of flat files that are submitted on time in accordance with the contract and meets the following flat file specifications:

- The flat file contains no lines that duplicate other lines within the submission, nor lines that duplicate lines from previous submissions
- The flat file has no missing key fields or incorrect formats.

Each monthly submission that contains only files meeting the above criteria will count towards this qualifying measure. Monthly submissions containing additional files to correct for the errors listed above, or containing additional supplemental files, will not count towards the qualifying measure.

**Data Source:** Encounter Submission through RAE flat files

**Benchmark:** To receive 100% of the qualifying measure, the plan must have at least 10 months of successful monthly data submissions. For each month below the 10 months of successful submissions, the plan will lose a portion of the qualifying measure. For 8-9 months of successful submissions, the plan will lose 10% of the measure for each month below 10. For months below 8, the plan will lose the remainder of the qualifying measure. Thus, the schedule for this measure is as follows:

- 10-12 successful months of data submissions – 100%
- 9 successful months of data submissions – 90%
- 8 successful months of data submissions – 80%
- 7 or less successful months of data submissions – 0%

## Qualifier 2: Corrective Action Plan Compliance

**Description:** All corrective action plan submissions and activities shall be in accordance with the provisions of the Contract, for the duration of the Contract term.

**To qualify for the portion of the overall incentive funds allocated for this participation measure, the Contractor shall demonstrate 100% compliance.**

According to the corrective action plan (CAP) process, there are specific steps to ensure plans are a 100% compliant that are coordinated by the Departments EQRO, they are:

- The plan must submit the CAP within the timeframe given (30 days)
- The CAP must be approved by the Department -
- The CAP must be completed within the allowed timeframe outlined in the CAP

# INCENTIVE MEASURES

## Indicator 1: Engagement in Outpatient Substance Use Disorder (SUD) Treatment

### Measure Description

The percentage of members who had two or more outpatient services for a primary diagnosis of SUD within 30 days of their first episode of substance use disorder treatment.

### Evaluation Period

September 1, 2018 to May 31, 2019

### Denominator

Members will be included in the denominator if they are enrolled in the ACC and received an intake service for a primary covered SUD diagnosis (see Appendix A). For an outpatient visit, or intensive outpatient visit use the first date of service to determine the intake date. For an episode of detoxification use the last date of the first detox episode to determine the intake date.

Condition Description	# Event	Detailed Criteria	Criteria Connector	Timeframe
Enrolled in the ACC	1		and	During evaluation period
Initiated treatment for a primary Covered SUD diagnosis (see Appendix A)	1	<b>Codes to Identify Detoxification</b>		During the evaluation period
		S3005, T1007, T1019, T1023	or	
		<b>Codes to Identify Outpatient or Intensive Outpatient Visit</b>		
		<b>HCPCS</b>		
		G0176, G0177, H0001, H0002, H0004, H0005, H0007, H0015, H0020, H0022, H0031, H0033, H0034, H0035, H0036, H0037, H0039, H0040, H2000, H2001, H2011, H2012, H2013, H2014, H2015, H2016, H2017, H2018, H2035, H2036, S9480, S9485, T1006, T1012	or	
		<b>CPT</b>		

		99202-99205, 99211-99215, 99217-99220, 99221-99223, 99231-99233, 99238, 99239, 99251-99255, 99242-99245, 99341-99345, 99347-99350, 90791, 90832-90834, 90836-90840, 90847, 90849, 90853, 90875, 90876	or	
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**Population Exclusions**

Members are excluded if there is previous substance use treatment history in the past 60 days.

**Numerator**

Members in the denominator who have had at least two or more outpatient visits or intensive outpatient encounters with any primary SUD diagnosis (see Appendix A) within 30 days after the date of the initiation encounter (inclusive). Multiple engagement visits may occur on the same day.

**Notes:** Do not count events that include inpatient detoxification or detoxification codes (see table below) when identifying engagement of SUD treatment.

Condition Description	# Event	Detailed Criteria			Criteria Connector	Timeframe
Members included in the denominator	1				and	During evaluation period
Two or more outpatient visits or intensive outpatient encounters with a primary covered SUD diagnosis (see Appendix A).	1	<b>Codes to Identify Outpatient or Intensive Outpatient Visit</b>			or	Within 30 days after initiation encounter
		<b>HCPC</b>	with	<b>Billing Provider Type</b>		
		G0176, G0177, H0001, H0002, H0004, H0005, H0007, H0015, H0020, H0022, H0031, H0033, H0034, H0035, H0036, H0037, H0038, H0039, H0040, H2000, H2001, H2011, H2012, H2013, H2014, H2015, H2016, H2017,		63, 64, 37, 35, 38, 25		

		H2018, H2035, H2036, S9480, S9485, T1006, T1012					
		<b>CPT</b>		<b>Billing Provider Type</b>			
		99202-99205, 99211-99215, 99217-99220, 99221-99223, 99231-99233, 99238, 99239, 99251-99255, 99242-99245, 99341-99345, 99347-99350, 90791, 90832- 90834, 90836- 90840, 90847, 90849, 90853, 90875, 90876	With	63, 64, 37, 35, 38, 25	or		
		UB Revenue Codes					
		The organization does not need to determine practitioner type for follow-up visits identified by the following UB Revenue codes. Visits identified by the following Revenue codes must be used in conjunction with any primary covered Substance Use diagnosis code (see Appendix A).					Within 30 days after initiation encounter
		<b>Revenue Code</b>		<b>Billing Provider Type</b>			
		0900, 0914, 0915	with	01	or		
		UB Revenue Code 0900 with the following					
		<b>CPT/HCPC</b>		<b>Billing Provider Type</b>			
		G0176, G0177, H0001, H0002, H0004, H0005, H0007, H0015, H0020, H0022,	with	32, 45	or	Within 30 days after initiation encounter	

		H0031, H0033, H0034, H0035, H0036, H0037, H0038, H0039, H0040, H2000, H2001, H2011, H2012, H2013, H2014, H2015, H2016, H2017, H2018, H2035, H2036, S9480, S9485, T1006, T1012 99202-99205, 99211- 99215, 99217-99220, 99221-99223, 99231- 99233, 99238, 99239, 99251-99255, 99242-99245, 99341- 99345, 99347-99350, 90791, 90832-90834, 90836-90840, 90847, 90849, 90853, 90875, 90876				
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**Continuous Enrollment Criteria**

Members must be continuously enrolled in the ACC on the date of intake through 30 days after the intake date, with no gaps.

**Data Source**

RAE claims/encounter systems

**Calculation of Measure**

This measure will be calculated by the RAE (utilization data on RAE services) and then validated by HSAG for accuracy.

RAEs will be required to:

- Use the Department approved template for data submission
- Upload and submit a detailed data set to the FTP website
- Participate in any measure validation activities required by the Department

DUE: November 1, 2019



## Indicator 2: Follow-up appointment within 7 days of an Inpatient Hospital discharge for a mental health condition

### Measure Description

The percentage of member discharges from an inpatient hospital episode for treatment of a primary covered mental health diagnosis to the community or a non-24-hour treatment facility who were seen on an outpatient basis by a mental health provider within 7 days.

### Evaluation Period

July 1, 2018 to June 23, 2019

### Denominator

Members will be included in the denominator if they are enrolled in the ACC and received a discharge from an inpatient hospital episode for treatment of a primary covered mental health diagnosis (See Appendix A) to the community or a non-24-hour treatment facility.

Condition Description	# Event	Detailed Criteria	Criteria Connector	Timeframe
Enrolled in the ACC	1		and	During evaluation period
Member discharge from an inpatient hospital episode for a primary covered mental health diagnosis (see Appendix A).	1	<b>UB Revenue Code</b>		
		100-219 or 0100-0219		

### Population Exclusions

Members with a non-acute care discharge will be excluded from the denominator based on the chart below.

#### Codes to Identify Non-Acute Care

Condition Description	Billing Provider Type	HCPCS	UB Revenue	UB Type of Bill	POS
Hospice			0115, 0125, 0135, 0145, 0155, 0650, 0656, 0658, 0659	81x, 82x	34
SNF			019x	21x, 22x	31, 32
Hospital transitional				18x, 28x	

care, swing bed or rehabilitation					
Rehabilitation			0118, 0128, 0138, 0148, 0158		
Respite			655		
Intermediate care facility					54
Residential substance abuse treatment facility			1002		55
Psychiatric residential treatment center		H0017-H0019	1001		56
Psychiatric residential treatment center (when services are paid for by Fee For Service)	30		0911		
Residential Child Care Facility (when services are paid for by Fee For Service)	52	90791, 90785, 90832, 90834, 90837, 90846, 90847, 90853, 96101, 96102, 90833, 90836, 90839, 90840, 90863			11, 14
Comprehensive inpatient rehabilitation facility					61
Other non-acute care facilities that do not use the UB Revenue or type of bill codes for billing (e.g. ICF, SNF)					

**The following are exclusions from the denominator:**

- If the discharge is followed by readmission or direct transfer to an emergency department for a primary diagnosis of mental health- within the 7-day follow-up period, count only the readmission discharge or the discharge from the emergency department to which the patient was transferred.
- Exclude discharges followed by admission or direct transfer to an acute or nonacute facility within the 7-day follow-up period, regardless of primary diagnosis for the admission.

These discharges are excluded from the measure because hospitalization or transfer may prevent an outpatient follow-up visit from taking place.

**Numerator**

Members in the denominator who were seen on an outpatient basis (this excludes case management) with a mental health provider within 7 days.

Condition Description	# Event	Detailed Criteria			Criteria Connector	Timeframe	
Member included in the denominator	1	and					
Mental health (outpatient) follow-up visit with a mental health provider	1	<b>Codes to Identify Mental Health Visits</b>				or	Within 7 days of the discharge
		<b>HCPCS</b>	with	<b>Billing Provider Type</b>	or		
		G0176, G0177, H0002, H0004, H0031, H0034-H0037, H0039, H0040, H2000, H2001, H2011, H2012, H2014-H2018, H2022, M0064, S9480, S9485		37, 35, 38, 28			
		<b>CPT</b>	with	<b>Billing Provider Type</b>	or		
		98960-98962, 99201-99205, 99211-99215, 99217-99220, 99242-99245, 99341-99345, 99347-99350		37, 35, 38, 28			
		<b>CPT</b>	with	<b>Billing Provider Type</b>	or		
90791, 90792, 90832, 90834, 90837, 90839, 90847, 90849, 90853, 90870,	37, 35, 38, 28						

		90875, 90876, 99221-99223, 99231-99233, 99238, 99239, 99251-99255				
		<b>UB Revenue Codes</b>				Within 7 days of the discharge
		<i>The organization does not need to determine practitioner type for follow-up visits identified by the following UB Revenue codes. Visits identified by the following Revenue codes must be used in conjunction with any primary covered Mental Health diagnosis code (see Appendix A).</i>				
		<b>Revenue Code</b>	<b>with</b>	<b>Billing Provider Type</b>	<b>or</b>	
		0900, 0914, 0915		01		
		<b>UB Revenue Code 0900 with the following</b>				
		<b>CPT/HCPC</b>		<b>Billing Provider Type</b>		
		G0176, G0177, H0002, H0004, H0031, H0034- H0037, H0039, H0040, H2000, H2001, H2011, H2012, H2014- H2018, H2022, M0064, S9480, S9485, 98960- 98962, 99201- 99205, 99211- 99215, 99217- 99220, 99242- 99245, 99341- 99345, 99347- 99350, 90791, 90832, 90834, 90837, 90839, 90847, 90849, 90853, 90870, 90875, 90876, 99221-99223, 99231-99233,	<b>with</b>	32, 45	<b>or</b>	Within 7 days of the discharge

		99238, 99239, 99251-99255				
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\* For each denominator event (discharge), the follow-up visit must occur after the applicable discharge. An outpatient visit on the date of discharge should be included in the measure.

### Continuous Enrollment Criteria

Members must be continuously enrolled in the ACC from date of discharge for 7 days, with no gaps.

### Data Source

RAE claims/encounter systems

### Calculation of Measure

This measure will be calculated by the RAE (utilization data on RAE services) and then validated by HSAG for accuracy.

RAEs will be required to:

- Use the Department approved template for data submission
- Upload and submit a detailed data set to the FTP website
- Participate in any measure validation activities required by the Department

DUE: November 1, 2019

## Indicator 3: Follow-up Appointment within 7 days of an Emergency Department (ED) visit for a Substance Use Disorder

### Measure Description

The percentage of member discharges from an emergency department episode for treatment of a covered substance use disorder (SUD) to the community or a non-24-hour treatment facility who were seen on an outpatient basis by a behavioral health provider within 7 days.

### Evaluation Period

July 1, 2018 to June 23, 2019

### Denominator

Members will be included in the denominator if they are enrolled in the ACC and received a discharge from an emergency department episode for treatment of a primary covered substance use disorder diagnosis (see Appendix A) to the community or a non-24-hour treatment facility.

Condition Description	# Event	Detailed Criteria	Criteria Connector	Timeframe
Enrolled in the ACC	1		and	During evaluation period
Member discharge from an emergency department episode for a primary substance use disorder diagnosis (see Appendix A).	1	<b>UB Revenue Code</b>		
		45x or 045x	or	
		<b>CPT</b>		
		99281-99285	or	

### Population Exclusions

Members with a non-acute care discharge will be excluded from the measure.

### Codes to Identify Non-Acute Care

Condition Description	Billing Provider Type	HCPCS	UB Revenue	UB Type of Bill	POS
Hospice			0115, 0125, 0135, 0145, 0155, 0650, 0656, 0658, 0659	81x, 82x	34
SNF			019x	21x, 22x	31, 32
Hospital transitional care, swing bed or rehabilitation				18x, 28x	

Rehabilitation			0118, 0128, 0138, 0148, 0158		
Respite			655		
Intermediate care facility					54
Residential substance abuse treatment facility			1002		55
Psychiatric residential treatment center		H0017-H0019	1001		56
Psychiatric residential treatment center (when services are paid for by Fee For Service)	30		0911		
Residential Child Care Facility (when services are paid for by Fee For Service)	52	90791, 90785, 90832, 90834, 90837, 90846, 90847, 90853, 96101, 96102, 90833, 90836, 90839, 90840, 90863			11, 14
Comprehensive inpatient rehabilitation facility					61
Other non-acute care facilities that do not use the UB Revenue or type of bill codes for billing (e.g. ICF, SNF)					

**The following are exclusions from the denominator:**

- If the discharge is followed by readmission or direct transfer to an emergency department for a primary diagnosis of substance use disorder (SUD) within the 7-day follow-up period, count only the readmission discharge or the discharge from the emergency department to which the patient was transferred.
- Exclude discharges followed by admission or direct transfer to an acute or nonacute facility within the 7-day follow-up period, regardless of primary diagnosis for the admission.

These discharges are excluded from the measure because hospitalization or transfer may prevent an outpatient follow-up visit from taking place.

**Numerator**

Members in the denominator who were seen on an outpatient basis (this excludes case management) with a behavioral health provider within 7 days.

Condition Description	# Event	Detailed Criteria			Criteria Connector	Timeframe	
Member included in the denominator	1				and		
Substance Use Disorder (outpatient) follow-up visit with a behavioral health provider	1	<b>Codes to Identify Detoxification</b>				or	Within 7 days of the discharge
		<b>HCPCS</b>	with	<b>Billing Provider Type</b>			
		S3005, T1007, T1019, T1023		63, 64, 37, 35, 38, 25			
		<b>Codes to Identify Behavioral Health Visits</b>				or	Within 7 days of the discharge
		<b>HCPC</b>	with	<b>Billing Provider Type</b>			
		G0176, G0177, H0001, H0002, H0004, H0005, H0007, H0015, H0020, H0022, H0031, H0033, H0034, H0035, H0036, H0037, H0039, H0040, H2000, H2001, H2011, H2012, H2013, H2014, H2015, H2016, H2017, H2018, H2035, H2036, S9480, S9485, T1006, T1012		63, 64, 37, 35, 38, 25			
<b>CPT</b>	with	<b>Billing Provider Type</b>					
99202-99205, 99211-99215, 99217-99220,		63, 64, 37, 35, 38, 25					



		99221-99223, 99231-99233, 99238, 99239, 99251-99255, 99242-99245, 99341-99345, 99347-99350, 90791, 90832- 90834, 90836- 90840, 90847, 90849, 90853, 90875, 90876				
<b>UB Revenue Codes</b>						
<p><i>The organization does not need to determine practitioner type for follow-up visits identified by the following UB Revenue codes. Visits identified by the following Revenue codes must be used in conjunction with any primary covered Substance Use diagnosis code (see Appendix A).</i></p>						Within 7 days of the discharge
<b>Revenue Code</b>	with	<b>Billing Provider Type</b>	or			
0900, 0914, 0915		01				
<b>UB Revenue Code 0900 with the following</b>						
<b>CPT/HCPC</b>		<b>Billing Provider Type</b>	or			Within 7 days of the discharge
S3005, T1007, T1019, T1023, G0176, G0177, H0001, H0002, H0004, H0005, H0007, H0015, H0020, H0022, H0031, H0033, H0034, H0035, H0036, H0037, H0039, H0040, H2000, H2001, H2011, H2012, H2013, H2014, H2015, H2016, H2017, H2018, H2035, H2036,	with	32, 45				

		S9480, S9485, T1006, T1012 99202-99205, 99211-99215, 99217-99220, 99221-99223, 99231-99233, 99238, 99239, 99251-99255, 99242-99245, 99341-99345, 99347-99350, 90791, 90832- 90834, 90836- 90840, 90847, 90849, 90853, 90875, 90876				
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### Continuous Enrollment Criteria

Members must be continuously enrolled in the ACC from date of discharge for 7 days, with no gaps.

### Data Source

RAE claims/encounter systems

### Calculation of Measure

This measure will be calculated by HCPF.

DUE: November 1, 2019

## Indicator 4: Follow-up after a Positive Depression Screen

### Measure Description

Percentage of members engaged in mental health service within 30 days of screening positive for depression within a Primary Care Setting.

\*In order to qualify for payment, depression screening rates cannot fall below 7%, as identified by the number of members with an outpatient primary care visit in the evaluation period who received a depression screening (G8431, G8510)

### Evaluation Period

July 1, 2018 to May 31, 2019

### Denominator

All members with a positive depression screening as identified by procedure code G8431 in a primary care setting.

### Numerator

All members with a positive depression screen who also received one of the following services within 30 days:

Condition Description	# Event	Detailed Criteria			Criteria Connector	Timeframe
Members included in the denominator	1				and	During evaluation period
At least one of the following services	1	Codes to identify follow-up Assessment in any setting (Behavioral Health or Primary Care)			Or	Within 30 days of the Positive Depression Screen
		CPT	with	Billing Provider Type		
		90791, 90832, 90834, 90837, 90846, 90847		35, 37, 38, 41, 25, 26, 05, 39		

Codes to identify follow-up Assessment in a Behavioral Health Setting using a Behavioral Health Screen or Evaluation and Management Codes, including Emergency Department E&M Codes and Consultation E&M Codes			
CPT/HCPC		Billing Provider Type	
H0002, 90833, 90836, 90838, 99201- 99205, 99211- 99215, 99217- 99226, 99231- 99236, 99238, 99239, 99304- 99310, 99315, 99316, 99318, 99324- 99328, 99334- 99337, 99341- 99345, 99347- 99350, 99366, 99367, 99368, 99441- 99443, 99281- 99285, 99241- 99245,	With	37, 35, 38, 25	Or

		99251- 99255				
		<b>UB Revenue Code 0900 with the following</b>				
		<b>CPT/HCPC</b>		<b>Billing Provider Type</b>		
		H0002, 90791, 90832, 90833, 90834, 90836, 90837, 90838, 90846, 90847, 99201- 99205, 99211- 99215, 99217- 99226, 99231- 99236, 99238, 99239, 99304- 99310, 99315, 99316, 99318, 99324- 99328, 99334- 99337, 99341- 99345, 99347- 99350, 99366, 99367, 99368, 99441- 99443, 99281- 99285,	with	32, 45	or	Within 30 days of the Positive Depression Screen

		99241- 99245, 99251- 99255				
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**Continuous Enrollment Criteria**

Members must be continuously enrolled in the ACC on the date of the positive depression screen for 30 days, with no gaps.

**Data Source**

RAE claims/encounter systems

**Calculation of Measure**

This measure will be calculated by the RAE (utilization data on RAE services) and then validated by HSAG for accuracy.

RAEs will be required to:

- Use the Department approved template for data submission
- Upload and submit a detailed data set to the FTP website
- Participate in any measure validation activities required by the Department

DUE: November 1, 2019

## Indicator 5: Behavioral Health Screening or Assessment for children in the Foster Care system

### Measure Description

Percentage of foster care children who received a behavioral screening or assessment within 30 days of ACC enrollment.

### Evaluation Period

July 1, 2018 to May 31, 2019

### Denominator

Total number of members who became Medicaid eligible on or after July 1, 2018 based on aid code and are assigned to a RAE. Members must be continuously enrolled for 30 days from the date of ACC enrollment.

Condition Description	# Event	Detailed Criteria	Criteria Connector	Timeframe
Members who became Medicaid eligible based on aid code, are enrolled in a RAE for 30 days from the date of ACC enrollment	1	Aid Codes used to identify members	and	During the evaluation period
		10, 11, 12, 13, 19, 20, 23, 70		

### Population Exclusions

Condition Description	Billing Provider Type	HCPCS	UB Revenue	UB Type of Bill	POS
Psychiatric residential treatment center (when services are paid for by Fee For Service)	30		0911		
Residential Child Care Facility (when services are paid for by Fee For Service)	52	90791, 90785, 90832, 90834, 90837, 90846, 90847, 90853, 96101, 96102, 90833, 90836,			11, 14

		90839, 90840, 90863			
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**Numerator**

Total number of members from the denominator who received one of the following services within 30 days of ACC enrollment:

Condition Description	# Event	Detailed Criteria	Criteria Connector	Timeframe
Members included in the denominator	1		and	During evaluation period
At least one of the following services	1	Codes to identify follow-up Assessment in a Behavioral Health Setting using a Behavioral Health Screen or Evaluation and Management Codes, including Emergency Department E&M Codes and Consultation E&M Codes		Within 30 days from the date of RAE enrollment
		CPT/HCPC		
		H0002, 90791, 90833, 90836, 90838, 99201-99205, 99211-99215, 99217-99226, 99231-99236, 99238, 99239, 99304-99310, 99315, 99316, 99318, 99324-99328, 99334-99337, 99341-99345, 99347-99350, 99366, 99367, 99368, 99441-99443, 99281-99285, 99241-99245, 99251-99255	with	
		UB Revenue Code 0900 with the following		



		CPT/HCPC		Billing Provider Type	
		H0002, 90791, 90832, 90833, 90834, 90836, 90837, 90838, 90846, 90847, 99201-99205, 99211-99215, 99217-99226, 99231-99236, 99238, 99239, 99304-99310, 99315, 99316, 99318, 99324-99328, 99334-99337, 99341-99345, 99347-99350, 99366, 99367, 99368, 99441-99443, 99281-99285, 99241-99245, 99251-99255	with	32, 45	Within 30 days from the date of RAE enrollment

**Continuous Enrollment Criteria**

Members must be continuously enrolled in the ACC for 30 days from the time enrollment began.

**Data Source**

RAE claims/encounter systems

**Calculation of Measure**

This measure will be calculated by the RAE (utilization data on RAE services) and then validated by HSAG for accuracy.

RAEs will be required to:

- Use the Department approved template for data submission
- Upload and submit a detailed data set to the FTP website
- Participate in any measure validation activities required by the Department

DUE: November 1, 2019

## Appendix A

### Covered Behavioral Health Diagnosis

#### Covered Mental Health Diagnosis:

ICD-10-CM Code Ranges	
Start Value	End Value
F20.0	F42.3
F42.8	F48.1
F48.9	F51.03
F51.09	F51.12
F51.19	F51.9
F60.0	F63.9
F68.10	F69
F90.0	F98.4
F98.8	F99
R45.1	R45.2
R45.5	R45.82

#### Covered Substance Use Disorder Diagnosis:

ICD-10-CM Code Ranges	
Start Value	End Value
F10.10	F10.26
F10.28	F10.96
F10.98	F13.26
F13.28	F13.96
F13.98	F18.159
F18.18	F18.259
F18.28	F18.959
F18.980	F19.16
F19.18	F19.26
F19.28	F19.99