

# Regional Accountable Entity Behavioral Health Incentive Program Specification Document FY 2024-2025



**COLORADO**

Department of Health Care  
Policy & Financing

*This document includes the details for calculations of Behavioral Health Incentive Program Performance Measures for the seven Regional Accountable Entities.*

# Table of Contents

<b>Section 1: Introduction</b> .....	<b>2</b>
Overview .....	2
Purpose .....	2
Scope .....	2
Document Maintenance .....	3
Definitions and Acronyms .....	3
<b>Section 2: Data Requirements</b> .....	<b>4</b>
Data Requirements.....	4
Background.....	4
Evaluation and Baseline Period .....	4
Evaluation Population .....	4
Claims Selection Criteria.....	4
Supplemental Data.....	5
<b>Section 3: Baselines and Targets</b> .....	<b>6</b>
Evaluation and Baseline Periods .....	6
Calculation of Department Goals .....	6
Gap Closure .....	6
Baselines and Targets .....	7
<b>Section 4: Payment Information</b> .....	<b>9</b>
Payment Tiers .....	9
Payment Schedule .....	9
<b>Section 5: BHIP Participation Indicators</b> .....	<b>10</b>
Qualifier 1: Quarterly Data Submission (50%) .....	10
Qualifier 2: Corrective Action Plans (50%) .....	11
<b>Section 6: BHIP Indicators</b> .....	<b>12</b>
Indicator 1: Initiation and Engagement of Substance Use Disorder Treatment .....	12
Indicator 2: Follow-Up after Hospitalization for Mental Illness.....	13
Indicator 3: Follow-Up after Emergency Department Visit for Substance Use .....	14
Indicator 4: Follow-Up Visit after a Positive Depression Screen.....	15
Indicator 5: Behavioral Health Screening or Assessment for Children in the Foster Care System .....	19
<b>Appendices</b> .....	<b>23</b>
Appendix A: Quarterly Data Sharing .....	23

Appendix B: CMS Core Measure Technical Specifications..... 24  
Appendix C: Covered Behavioral Health Diagnosis..... 25

Revision History		
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06/04/2024	V1	Approved & updated through eClearance process
06/12/2024	V1	Accessibility Approved
08/12/2024	v2	Updated document based on BHIC discussion of Indicator 5 Value Set Review and Indicator 4 Billing provider code changes. 08/29/2024 eClearance final approval
10/09/2024	V3	PM#4; removed “outpatient visit” requirement

## Section 1: Introduction

### Overview

The Behavioral Health Incentive Program (BHIP) is comprised of set aside funding. These measures are intended to place greater emphasis on health outcomes and cost containment.

### Purpose

The purpose of this document is to describe the methodologies used to calculate BHIP payments for Regional Accountable Entities (RAEs) participating in the Accountable Care Collaborative (ACC) in State Fiscal Year (FY) 24-25.

### Scope

This document addresses only the methodology utilized to calculate the ACC Behavioral Health Incentive Program performance Indicators.

*The Department understands that Well Visit, Oral Evaluation, and Lead Screening metrics do not align perfectly with EPSDT Requirements that State Medicaid Agencies are held accountable for. However, Health First Colorado acknowledges that we are expected and required to meet the goals and objectives in EPSDT in addition to CMS Core Measures and commit to working on both program expectations simultaneously.*

## Document Maintenance

This document will be reviewed annually at the start of the new State Fiscal Year and updated as necessary. This document contains a Revision History log on the Document Information page. When changes occur, the version number will be updated to the next increment as well as the revision date and change description. Unless otherwise noted, the author of the revision will be the document's author, as identified in the Document Identification table, which is also on the Document Information page.

## Definitions and Acronyms

**ACC** - Accountable Care Collaborative

**BH** - Behavioral Health

**HCPF** - Health Care Policy and Financing

**HEDIS** - Health Effectiveness Data and Information Set

**IMD** - Institution for Mental Disease

**NCQA** - National Committee for Quality Assurance

**RAE** - Regional Accountable Entity

**SQL** - Programming Code Language

**Baseline:** Historical data that provides a starting point against which performance is measured.

**Denominator:** The population or subset of individuals being measured.

**Encounters:** Capitated behavioral health data.

**Gap Closure:** A methodology for setting performance targets. RAEs must achieve a specific percentage increase (e.g., 10%) in performance toward the goal that is calculated based on the difference between their baseline and the goal.

**Department Goal:** A national benchmark or homegrown benchmark against which performance is measured. There is a target for each indicator that applies to all RAEs.

**Indicator:** A performance measure tied to incentive payment.

**Numerator:** The target population, subset of unique individuals, condition or event that is being measured.

**Pay Out:** Financial incentive dollars that are paid to RAEs when targets are reached for indicators.

**Performance Period:** The time period during which performance is evaluated.

Target: For each indicator, RAEs have assigned a specific numerical end point or target to strive for. This target is based on gradual improvement toward a larger goal.

## Section 2: Data Requirements

### Data Requirements

The BHIP indicators are calculated for RAEs and Primary Care Medical Providers (PCMPs) participating in the Accountable Care Collaborative (ACC) program based on the members' utilization of services.

### Background

Each BHIP indicator calculation is based on the utilization of services by the population enrolled in the ACC. The following sections describe the differences in the methodologies used to calculate and evaluate these measures.

*Note: Some Indicators will be based on CMS Core Measure Technical Specifications. Telemedicine visits and services are included in calculations if specifications allow. See the CMS Core Measure Reporting Resources for more details.*

### Evaluation and Baseline Period

Each evaluation period is twelve rolling months of data based on service/eligibility dates allowing for three months of claims runout.

### Evaluation Population

All members with full Medicaid are mandatorily enrolled into the ACC program. All baseline and evaluation period populations are specified under each measure specification.

### Claims Selection Criteria

The following criteria are used to select the claims to calculate the indicators:

- Both facility and professional claims
- Paid claims and Encounters (with three months runout)
- Only current records
- Last claim (after all adjustments have been taken)

Encounters:

- Dental Encounter Data
- Behavioral Health Encounter Data

Exclude:

- Deleted records
- MCO and CHP+ Encounter Data

## Supplemental Data

The following data may be incorporated into appropriate measures where available and appropriate:

- Colorado Immunization Registry (CIIS)
- Clinical/EHR Data
- Laboratory Data
- Vital Records Data

# Section 3: Baselines and Targets

## Evaluation and Baseline Periods

Performance Period: July 1, 2024 through June 30, 2025

Baseline Period: July 1, 2022 through June 30, 2023

## Calculation of Department Goals

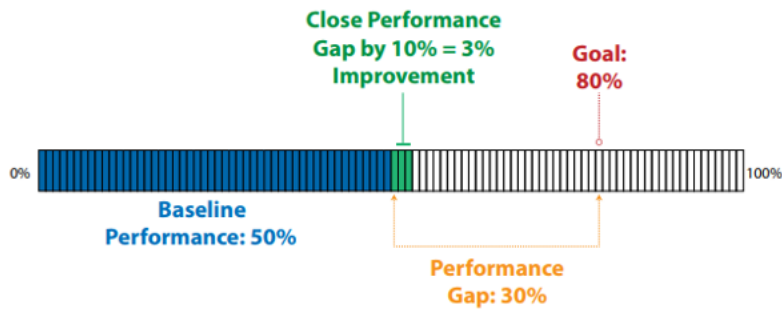
Indicators in the BHIP Program that are using national standards have Department Stretch Goals typically based on the NCQA 90<sup>th</sup> percentile for all Medicaid Lines of Business, when available. When unavailable, the Department will use the Top Performer to develop a Department Goal.

$$(\text{Top Performer}) + (10\% \text{ of Top Performer}) = \text{Department Goal}$$

## Gap Closure

The targets for indicators are based on a 10% gap closure methodology from baseline to Department goal.

Each RAE will be responsible for closing their performance gap (between FY 22-23 performance and the identified HCPF Goal) by 10% during the performance year (FY 24-25). Please see the example below.



## Baselines and Targets

<b>Indicator 1: Initiation and Engagement of Substance Use Disorder Treatment (Engagement)</b>		
<b>RAE</b>	<b>Baseline (SFY 22-23)</b>	<b>Target (SFY 24-25)</b>
1	18.58%	19.12%
2	11.62%	12.86%
3	13.51%	14.56%
4	10.66%	11.99%
5	13.84%	14.86%
6	14.07%	15.06%
7	16.48%	17.23%
HCPF	15.00%	24.00%
<b>Indicator 2: Follow-Up after Hospitalization for Mental Illness</b>		
<b>RAE</b>	<b>Baseline (SFY 22-23)</b>	<b>Target (SFY 24-25)</b>
1	27.14%	29.73%
2	21.62%	24.76%
3	31.86%	33.97%
4	26.79%	29.41%
5	25.51%	28.26%
6	34.98%	36.78%
7	27.10%	29.69%
HCPF	31.00%	53.00%
<b>Indicator 3: Follow-Up after Emergency Department Visit for Substance Use</b>		
<b>RAE</b>	<b>Baseline (SFY 22-23)</b>	<b>Target (SFY 24-25)</b>
1	27.33%	28.76%
2	20.65%	22.75%
3	23.14%	24.99%
4	23.66%	25.46%
5	24.59%	26.30%
6	22.43%	24.35%
7	28.84%	30.12%
HCPF	24.00%	38.00%
<b>Indicator 4 Part 1: Depression Screening (GATE)</b>		
<b>RAE</b>	<b>Baseline (SFY 22-23)</b>	<b>Target (SFY 24-25)</b>
1	9.34%	10.45%
2	10.82%	11.78%
3	11.40%	12.30%



4	10.08%	11.12%
5	5.38%	6.89%
6	7.66%	8.94%
7	<b>18.58%</b>	18.77%
HCPF	10.90%	20.44%
<b>Indicator 4 Part 2: Follow-Up After a Positive Depression Screening</b>		
<b>RAE</b>	<b>Baseline (SFY 22-23)</b>	<b>Target (SFY 24-25)</b>
1	67.16%	69.67%
2	<b>83.84%</b>	84.67%
3	43.33%	48.22%
4	37.80%	43.24%
5	49.28%	53.58%
6	55.74%	59.39%
7	59.70%	62.95%
HCPF	55.45%	92.22%
<b>Indicator 5: Behavioral Health Screening or Assessment for Children in the Foster Care System</b>		
<b>RAE</b>	<b>Baseline (SFY 22-23)</b>	<b>Target (SFY 24-25)</b>
1	14.86%	17.40%
2	14.38%	16.97%
3	9.92%	12.95%
4	<b>36.59%</b>	36.95%
5	25.58%	27.05%
6	13.25%	15.95%
7	15.73%	18.18%
HCPF	17.44%	40.24%

## Section 4: Payment Information

### Payment Tiers

Each BHIP Metric is worth 20% of available BHIP dollars.

### Payment Schedule

The Department will calculate final performance for all indicators to determine payout in December of each year.

Once final performance is calculated, the Department will notify RAEs of their draft performance and their forthcoming payments. The Department will make final payments by the end of March 2026.

## Section 5: BHIP Participation Indicators

To qualify for participation in the BHIP Program, RAEs must meet the following:

1. The Contractor must manage the program such that the weighted average per-member-per-month trend is 4% or less from FY 2023-2024 to FY 2024-25. The Department may, at its discretion, and with contractor consent, modify the target trend to account for underlying changes in the program's risk structure or population.

To qualify for incentive payments, 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 quarterly encounter data

### Qualifier 1: Quarterly Data Submission (50%)

**Description:** The number of successful quarters of quarterly data submissions to the Department.

Successful quarterly 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.

**Data Source:** Encounter Submission through RAE flat files, using dates of service of July 2024 through June 2025, as adjudicated by the RAEs through September 2025.

There are five flat file submissions (four quarterly submissions and one annual submission). To receive 100% of the qualifying measure, the plan must have at least four successful flat file submissions. For each submission below four successful submissions, the plan will lose 20% of the qualifying measure. Thus, the schedule for this measure is as follows:

- Five successful data submissions - 100%
- Four successful data submissions - 100%
- Three successful data submissions - 80%
- Two successful data submissions - 60%
- One successful data submission - 40%
- Zero successful data submissions - 20%

## Qualifier 2: Corrective Action Plans (50%)

**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, which is coordinated by the Department's EQRO, there are specific steps to ensure plans are 100% compliant, 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, as outlined in the CAP.

## Section 6: BHIP Indicators

### Indicator 1: Initiation and Engagement of Substance Use Disorder Treatment

[Core Measure - Measure Steward - NCQA]

#### *Measure Description*

Percentage of new substance use disorder (SUD) episodes that result in treatment initiation and engagement. Two rates are reported:

- Initiation of SUD Treatment. The percentage of new SUD episodes that result in treatment initiation through an inpatient SUD admission, outpatient visit, intensive outpatient encounter, partial hospitalization, telehealth visit, or medication treatment within 14 days.
- Engagement of SUD Treatment. The percentage of new SUD episodes that have evidence of treatment engagement within 34 days of initiation.

**Payment will be based on the Engagement of SUD Treatment Rate.**

#### *Measurement Period*

July 1, 2024 - June 30, 2025

#### *Data Source*

All RAE claims, Encounter systems, FFS Claims, and Pharmacy data.

#### *Measure Calculation*

This measure will be calculated by the Department.

#### *Measure Reporting Details*

Please see Appendix B for links to detailed measure information and value sets.

## Indicator 2: Follow-Up after Hospitalization for Mental Illness

[Core Measure - Measure Steward - NCQA]

### *Measure Description*

Percentage of discharges for beneficiaries age 6 and older who were hospitalized for treatment of selected mental illness or intentional self-harm diagnoses and who had a follow-up visit with a mental health provider. Two rates are reported:

- Percentage of discharges for which the beneficiary received follow-up within 30 days after discharge
- Percentage of discharges for which the beneficiary received follow-up within 7 days after discharge

**Payment will be based on the 7 day follow up, total rate.**

### *Measurement Period*

July 1, 2024 - June 30, 2025

### *Data Source*

All RAE claims, Encounter systems, FFS Claims, and Pharmacy data.

### *Measure Calculation*

This measure will be calculated by the Department.

### *Measure Reporting Details*

This measure will be calculated using both the Adult and Child Core Set Specifications.

Please see Appendix B for links to detailed measure information and value sets.

## Indicator 3: Follow-Up after Emergency Department Visit for Substance Use

[Core Measure - Measure Steward - NCQA]

### *Measure Description*

Percentage of emergency department (ED) visits for beneficiaries age 13 and older with a principal diagnosis of substance use disorder (SUD), or any diagnosis of drug overdose, for which there was follow-up. Two rates are reported:

- Percentage of ED visits for which the beneficiary received follow-up within 30 days of the ED visit (31 total days)
- Percentage of ED visits for which the beneficiary received follow-up within 7 days of the ED visit (8 total days)

**Payment will be based on the 7 day follow up, total rate.**

### *Measurement Period*

July 1, 2024 - June 30, 2025

### *Data Source*

All RAE claims, Encounter systems, FFS Claims, and Pharmacy data.

### *Measure Calculation*

This measure will be calculated by the Department.

### *Measure Reporting Details*

This measure will be calculated using both the Adult and Child Core Set Specifications.

Please see Appendix B for links to detailed measure information and value sets.

## Indicator 4: Follow-Up Visit after a Positive Depression Screen

[Measure Steward - HCPF]

### *Measure Description*

Percentage of members over the age of 11 who received a follow-up visit on or within 30 days of screening positive for depression

This measure has two parts.

**Part 1** - Number of members over the age of 11 with a completed depression screening during the measurement year

- **Numerator:** ALL unique members over the age of 11 that had a depression screening
- **Denominator:** ALL unique members over the age of 11 that are attributed to the RAE during the measurement year

**Part 2** - Of those with a positive screen, percentage of members who had a follow-up visit within 30 days of the positive depression screen.

**In order to qualify for payment, Part 1 and Part 2 must be met.**

### **Part 1**

The member must have a depression screening within the evaluation period (any of the codes below) AND the depression screening rate must increase by 10% Gap closure between RAE performance and the Department Goal:

**G8431** - Screening for Depression Documented as Positive, AND Follow-Up Plan Documented

**G8432** - Screening for Depression not Documented, Reason not Given

**G8510** - Screening for Depression Documented as Negative, Follow-Up Plan not Required

**G8511** - Screening for Depression Documented as Positive, Follow-Up Plan not Documented, Reason not Given

### **Part 2**

All members identified in **Part 1** with a positive depression screening who also received one of the following services on the same day or within 30 days: See table under “Numerator”, below:

### *Measurement Period*

Triggering event: July 1, 2024 to June 1, 2025 (Part1)

Full measurement period: July 1, 2024 to June 30, 2025 (Part 2)

### *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**

All RAE claims, Encounter systems, FFS Claims, and Pharmacy data, as appropriate.

**Measure Reporting Details**

This measure will be calculated by the Department once, annually.

**Measure Reporting Details**

**Denominator:** All members with a positive depression screening as identified by procedure code G8431 and G8511.

**Notes:**

1. Billing provider type is only used on FFS data for the calculation of this metric.
2. Exclusions from the Denominator:
  - a. Exclude members under 12 years old
  - b. Exclude G9717 Documentation stating the patient has had a diagnosis of depression or has had a diagnosis of bipolar disorder
  - c. Exclude G8433 (Screening for Depression not Completed, Documented Reason)

**Numerator:** All members with a positive depression screen who also received one of the following services the same day or within 30 days:

Condition Description	# Event	Detailed Criteria			Criteria Connector	Timeframe
Members included in the denominator	1				and	During evaluation period
Outpatient visit with a PCMP	1	90791, 90832, 90834, 90837, 90846, 90847			or	Within 30 days of the positive depression screen
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, 90792, 90832, 90834, 90837, 90846, 90847		35, 37, 38, 41, 25, 26, 05, 39, 77/389, 78		

		<b>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&amp;M Codes and Consultation E&amp;M Codes</b>				
		CPT/HCPC		Billing Provider Type		
		H0002, H2011 H0031 90833, 90836, 90838, 99202- 99205, 99211- 99215, 99217- 99226, 99231- 99236, 99238, 99239, 99304- 99310, 99315, 99316, 99341- 99345, 99347- 99350, 99366, 99367, 99368, 99441-99443, 99281-99285, 99241-99245, 99251-99255	With	37, 35, 38, 25, 77/389, 78	Or	
		<b>UB Revenue Code 0529 or 0900 with the following</b>				
		CPT/HCPC		Billing Provider Type		
		H0002, H2011, H0031 90791, 90792, 90832, 90833, 90834, 90836, 90837, 90838, 90846, 90847, 99202-99205, 99211-99215, 99217-99226, 99231-99236,	with	32, 45	or	Within 30 days of the Positive Depression Screen

		99238, 99239, 99304-99310, 99315, 99316, 99341-99345, 99347-99350, 99366, 99367, 99368, 99441- 99443, 99281- 99285, 99241- 99245, 99251- 99255				
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## Indicator 5: Behavioral Health Screening or Assessment for Children in the Foster Care System

[Measure Steward - HCPF]

### Measure Description

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

### Measurement Period

Triggering event: July 1, 2024 to June 1, 2025

Full Measurement Period: July 1, 2024 to June 30, 2025

### Continuous Enrollment Criteria

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

### Data Source

All RAE claims, Encounter systems, FFS Claims, and Pharmacy data.

### Measure Calculation

This measure will be calculated by the Department once annually.

### Measure Reporting Details

**Denominator:** Total number of members who became Medicaid eligible on or after July 1, 2024 based on aid code and are assigned to a RAE. Members must be continuously enrolled for 30 days from the date of ACC enrollment.

### Notes:

1. Billing provider type is only used on FFS data for the calculation of this metric.
2. If a member moves from one aid category to another, they will not be added to the denominator a second time. Only members new to foster care will count in the denominator.

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 10, 11, 12, 13, 19, 20, 23, 70	and	During the evaluation period

### 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		
Qualified Residential Treatment Programs (when services are paid for by Fee For Service)	52, 68	90791, 90792, 90785, 90832, 90834, 90837, 90846, 90847, 90853, 96101, 96102, 90833, 90836, 90839, 90840, 90863, H0019			11, 14, 56

Exclude members with aid code 30 from denominator.

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

Condition Description	# Event	Detailed Criteria	Criteria Connector	Timeframe
Members included in the denominator	1		and	During evaluation period
Outpatient visit with a PCMP	1	90791, 90832, 90834, 90837, 90846, 90847	or	Within 30 days from the date of RAE enrollment
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	with	

		H0002, H2011 H0031, 90791, 90792, 90832, 90833, 90834, 90836, 90837, 90838, 90846, 90847, 99202- 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		37, 35, 38, 25, 77/389, 78	
		<b>UB Revenue Code 0529 or 0900 with the following</b>			
		<b>CPT/HCPC</b>		<b>Billing Provider Type</b>	
		H0002, H2011, H0031 90791, 90792, 90832, 90833, 90834, 90836, 90837, 90838, 90846, 90847, 99202-99205, 99211-99215, 99217-99226, 99231-99236, 99238, 99239, 99304-99310, 99315, 99316, 99318, 99324- 99328, 99334- 99337, 99341-	with	32, 45	Within 30 days from the date of RAE enrollment

		99345, 99347- 99350, 99366, 99367, 99368, 99441-99443, 99281-99285, 99241-99245, 99251-99255			
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# Appendices

## Appendix A: Quarterly Data Sharing

### Schedule for Sharing Quarterly Data

Timeframes for metrics run by HCPF through Care Analyzer:			
Performance Period*	90 Day Runout Period Ends	HCPF Detailed Data Availability	RAE Detailed Data Availability
Jan 1 - Dec 31	30-Apr	30-Apr	15-May
Apr 1 - Mar 31	31-Jul	31-Jul	15-Aug
Jul 1 - Jun 30	31-Oct	31-Oct	15-Nov
Oct 1 - Sept 30	31-Jan	31-Jan	15-Feb

\*Most recent 12 months of available data. This is updated every 3 months.



## Appendix B: CMS Core Measure Technical Specifications

Important information regarding Indicators 1-3:

The following measures are defined using the 2024 CMS Core Measure Set Technical Specifications and Value Set Directories. You can find the Reporting Resources at the links below for each of the following measures.

[2024 CMS Adult Core Measure Set Reporting Resources](#)

[2024 CMS Child Core Measure Set Reporting Resources](#)

## Appendix C: Covered Behavioral Health Diagnosis

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
F53.0	F53.1
F60.0	F64.9
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