



Healthy Blue®

Healthy Blue
Care Together



HEDIS Benchmarks and Coding Guidelines for Quality Care

HEDIS Coding Booklet 2026

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To simplify staying current with annual HEDIS® documentation changes, we've developed a comprehensive HEDIS Resource Library for your use. This library includes tip sheets with coding guidance and measure-specific information, along with other helpful materials to support accurate documentation and claims coding, promoting proper reimbursement and quality reporting.

To access these materials, log into Availity Essentials, select **Payer**, and then select the **Resources** tab. You can also contact your plan representative or consultant for assistance.

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The codes and measure tips listed are informational only, not clinical guidelines or standards of medical care, and do not guarantee reimbursement. All member care and related decisions of treatment are the sole responsibility of the provider. This information does not dictate or control your clinical decisions regarding the appropriate care of members. Your state/provider contract(s), Medicaid, member benefits, and several other guidelines determine reimbursement for the applicable codes. Proper coding and providing appropriate care decrease the need for high volume of medical record review requests and provider audits. It also helps us review your performance on the quality of care that is provided to our members and meet the HEDIS measure for quality reporting based on the care you provide our members.

Note: The information provided is based on HEDIS Measurement Year 2026 technical specifications and is subject to change based on guidance given by the National Committee for Quality Assurance (NCQA), the Centers for Medicare & Medicaid Services (CMS), and state recommendations. Please refer to the appropriate agency for additional guidance.

Avoidance of Antibiotic Treatment for Acute Bronchitis/Bronchiolitis (AAB)

This HEDIS® measure looks at the percentage of episodes for persons ages 3 months and older with a diagnosis of acute bronchitis/ bronchiolitis that did not result in an antibiotic dispensing event July 1 of the year prior to the measurement period to June 30 of the measurement period.

Exclusions:

- Persons who use hospice services or elect to use a hospice benefit anytime during the measurement period
- Persons who die at any time during the measurement period

Description	ICD-10 CM/SNOMED CT
Pharyngitis	<p>ICD-10 CM</p> <p>J02.0: Streptococcal pharyngitis J02.8: Acute pharyngitis due to other specified organisms J02.9: Acute pharyngitis, unspecified J03.00: Acute streptococcal tonsillitis, unspecified J03.01: Acute recurrent streptococcal tonsillitis J03.80: Acute tonsillitis due to other specified organisms J03.81: Acute recurrent tonsillitis due to other specified organisms J03.90: Acute tonsillitis, unspecified J03.91: Acute recurrent tonsillitis, unspecified</p> <p>SNOMED CT</p> <p>140004, 652005, 1532007, 2365002, 10351008, 11461005, 14465002, 17741008, 27878001, 31309002, 39271004, 40766000, 41582007, 43878008, 51209006, 55355000, 58031004, 59471009, 63866002, 72430001, 76651006, 78430008, 78911000, 82228008, 87326000, 90176007, 90979004, 95885008, 111816002, 126664009, 126665005, 186357007, 186659004, 186963008, 195655000, 195656004, 195657008, 195658003, 195659006, 195660001, 195662009, 195663004, 195666007, 195667003, 195668008, 195669000, 195670004, 195671000, 195672007, 195673002, 195676005, 195677001, 195709006, 195779005, 195780008, 195782000, 195803003, 195804009, 195924009, 232399005, 232400003, 232401004, 232402006, 232403001, 232405008, 232406009, 232417005, 240444009, 240547000, 302911003, 312422001, 363746003, 405737000, 415724006, 703468005, 721586007, 878818001, 1296672005, 133171000119105, 10629231000119109, 10629271000119107</p>

Note: The codes listed are informational only; this information does not guarantee benefit coverage or reimbursement.

Helpful tips:

- If a patient insists on an antibiotic:
 - Refer to the illness as a chest cold rather than bronchitis; individuals tend to associate the label with a less frequent need for antibiotics.
- The illness is caused by a virus and antibiotics do not work on viruses. Only treat with an antibiotic if the patient has a comorbid condition. If using an electronic medical record (EMR) system, consider electronic data sharing with your health plan to capture all coded elements. Contact your provider relationship management representative for additional details and questions.

How can we help?

We help you with the avoidance of antibiotic treatment for persons with acute bronchitis/bronchiolitis by:

- Offering current Clinical Practice Guidelines on our provider self-service website.
- Persons may be eligible for transportation assistance at no cost. Contact Member Services for arrangements.

Other available resources

Go to [cdc.gov/antibiotic-use/index.html](https://www.cdc.gov/antibiotic-use/index.html).

Adults' Access to Preventive/Ambulatory Health Services (AAP)

This HEDIS measure looks at the percentage of persons 20 years of age and older who had an ambulatory or preventive care visit. The organization reports percentages for persons who had an ambulatory or preventive care visit during the measurement period.

Exclusions:

- Persons who use hospice services or elect to use a hospice benefit anytime during the measurement period
- Persons who died during the measurement period

Description	CPT®/HCPCS/SNOMED CT
Ambulatory Visits	<p>CPT 92002, 92004, 92012, 92014, 98000, 98001, 98002, 98003, 98004, 98005, 98006, 98007, 98008, 98009, 98010, 98011, 98012, 98013, 98014, 98015, 98016, 98966, 98967, 98968, 98970, 98971, 98972, 98980, 98981, 99202, 99203, 99204, 99205, 99211, 99212, 99213, 99214, 99215, 99242, 99243, 99244, 99245, 99304, 99305, 99306, 99307, 99308, 99309, 99310, 99315, 99316, 99341, 99342, 99344, 99345, 99347, 99348, 99349, 99350, 99381, 99382, 99383, 99384, 99385, 99386, 99387, 99391, 99392, 99393, 99394, 99395, 99396, 99397, 99401, 99402, 99403, 99404, 99411, 99412, 99421, 99422, 99423, 99429, 99457, 99458, 99483</p> <p>HCPCS G0071: Payment for communication technology-based services for 5 minutes or more of a virtual (non-face-to-face) communication between a rural health clinic (RHC) or federally qualified health center (FQHC) practitioner and RHC or FQHC patient, or 5 minutes or more of remote evaluation of recorded video and/or images by an RHC or FQHC practitioner, occurring in lieu of an office visit; RHC or FQHC only G0402: Initial preventive physical examination; face-to-face visit, services limited to new beneficiary during the first 12 months of Medicare enrollment G0438: Annual wellness visit; includes a personalized prevention plan of service (PPS), initial visit G0439: Annual wellness visit, includes a personalized prevention plan of service (PPS), subsequent visit G0463: Hospital outpatient clinic visit for assessment and management of a patient</p>

Description	CPT®/HCPCS/SNOMED CT
	<p>G2010: Remote evaluation of recorded video and/or images submitted by an established patient (for example, store and forward), including interpretation with follow-up with the patient within 24 business hours, not originating from a related E/M service provided within the previous 7 days nor leading to an E/M service or procedure within the next 24 hours or soonest available appointment</p> <p>G2250: Remote assessment of recorded video and/or images submitted by an established patient (for example, store and forward), including interpretation with follow-up with the patient within 24 business hours, not originating from a related service provided within the previous 7 days nor leading to a service or procedure within the next 24 hours or soonest available appointment</p> <p>G2251: Brief communication technology-based service, for example, virtual check-in, by a qualified healthcare professional who cannot report evaluation and management services, provided to an established patient, not originating from a related service provided within the previous 7 days nor leading to a service or procedure within the next 24 hours or soonest available appointment; 5-10 minutes of clinical discussion</p> <p>G2252: Brief communication technology-based service, for example, virtual check-in, by a physician or other qualified healthcare professional who can report evaluation and management services, provided to an established patient, not originating from a related E/M service provided within the previous 7 days nor leading to an E/M service or procedure within the next 24 hours or soonest available appointment; 11-20 minutes of medical discussion</p> <p>S0620: Routine ophthalmological examination including refraction; new patient</p> <p>S0621: Routine ophthalmological examination including refraction; established patient</p> <p>T1015: Clinic visit/encounter, all-inclusive</p> <p>SNOMET CT 18170008, 19681004, 162651007, 162655003, 170107008, 170114005, 170123008, 170132005, 170141000, 170150003, 170159002, 170168000, 170250008, 170254004, 170263002, 170272005, 170281004, 170290006, 170300004, 170309003, 185317003, 207195004, 209099002, 210098006, 243788004, 268563000, 268565007, 281029006, 281031002, 314849005, 386472008, 386473003, 401140000, 401267002, 410620009, 410622001, 410623006, 410624000, 410625004, 410626003, 410627007, 410628002, 410629005, 410630000, 410631001, 410632008, 410633003, 410634009, 410635005, 410636006, 410637002, 410638007, 410639004, 410640002, 410641003, 410642005, 410643000, 410644006, 410645007, 410646008, 410647004,</p>

Description	CPT®/HCPCS/SNOMED CT
	410648009, 410649001, 410650001, 442162000, 699134002, 712791009, 713020001, 783260003, 1269517007, 1269518002
Reason for Ambulatory Visit	<p>Z00.00: Encounter for general adult medical examination without abnormal findings</p> <p>Z00.01: Encounter for general adult medical examination with abnormal findings</p> <p>Z00.121: Encounter for routine child health examination with abnormal findings</p> <p>Z00.129: Encounter for routine child health examination without abnormal findings</p> <p>Z00.3: Encounter for examination for adolescent development state</p> <p>Z00.5: Encounter for examination of potential donor of organ and tissue</p> <p>Z00.8: Encounter for other general examination</p> <p>Z02.0: Encounter for examination for admission to educational institution</p> <p>Z02.1: Encounter for pre-employment examination</p> <p>Z02.2: Encounter for examination for admission to residential institution</p> <p>Z02.3: Encounter for examination for recruitment to armed forces</p> <p>Z02.4: Encounter for examination for driving license</p> <p>Z02.5: Encounter for examination for participation in sport</p> <p>Z02.6: Encounter for examination for insurance purposes</p> <p>Z02.71: Encounter for disability determination</p> <p>Z02.79: Encounter for issue of other medical certificate</p> <p>Z02.81: Encounter for paternity testing</p> <p>Z02.82: Encounter for adoption services</p> <p>Z02.83: Encounter for blood-alcohol and blood-drug test</p> <p>Z02.84: Encounter for child welfare exam</p> <p>Z02.89: Encounter for other administrative examinations</p> <p>Z02.9: Encounter for administrative examinations, unspecified</p> <p>Z76.1: Encounter for health supervision and care of foundling</p> <p>Z76.2: Encounter for health supervision and care of other healthy infant and child</p>

Note: The codes listed are informational only; this information does not guarantee benefit coverage or reimbursement.

Helpful tips:

- If using an EMR system, consider electronic data sharing with your health plan to capture all coded elements. Contact your provider relationship management representative for additional details and questions.

How can we help?

- Persons may be eligible for transportation assistance at no cost. Contact Member Services for arrangements.

Use of First-Line Psychosocial Care for Persons and Adolescents on Antipsychotics (APP)

This HEDIS measure looks at the percentage of persons and adolescents 1 to 17 years of age who had a new prescription for an antipsychotic medication and had documentation of psychosocial care as first-line treatment, January 1 through December 1 of the measurement period.

Record your efforts:

- Documentation of psychosocial care or residential behavioral health treatment in the 121-day period from 90 days prior to the IPSD through 30 days after the IPSD.

Exclusions:

- Persons who use hospice services or elect to use a hospice benefit at any time during the measurement period
- Persons who die at any time during the measurement period
- Persons for whom first-line antipsychotic medications may be clinically appropriate are persons with a diagnosis of:
 - Schizophrenia
 - Schizoaffective disorder
 - Bipolar disorder
 - Other psychotic disorders
 - Autism
 - Other developmental disorders on at least two different dates of service during the measurement period
 - Do not include laboratory claims (claims with POS code 81)

Description	CPT/HCPCS/ICD-10-CM
Psychosocial Care	<p>CPT 90832, 90833, 90834, 90836, 90837, 90838, 90839, 90840, 90845, 90846, 90847, 90849, 90853, 90875, 90876, 90880</p> <p>HCPCS G0176: Activity therapy, such as music, dance, art or play therapies not for recreation, related to the care and treatment of patient's disabling mental health problems, per session (45 minutes or more) G0177: Training and educational services related to the care and treatment of patient's disabling mental health problems per session (45 minutes or more)</p>

Description	CPT/HCPCS/ICD-10-CM
	<p>G0409: Social work and psychological services, directly relating to and/or furthering the patient's rehabilitation goals, each 15 minutes, face-to-face; individual (services provided by a CORF-qualified social worker or psychologist in a CORF)</p> <p>G0410: Group psychotherapy other than of a multiple-family group, in a partial hospitalization setting, approximately 45 to 50 minutes</p> <p>G0411: Interactive group psychotherapy, in a partial hospitalization setting, approximately 45 to 50 minutes</p> <p>H0004: Behavioral health counseling and therapy, per 15 minutes</p> <p>H0035: Mental health partial hospitalization, treatment, less than 24 hours</p> <p>H0036: Community psychiatric supportive treatment, face-to-face, per 15 minutes</p> <p>H0037: Community psychiatric supportive treatment program, per diem</p> <p>H0038: Self-help/peer services, per 15 minutes</p> <p>H0039: Assertive community treatment, face-to-face, per 15 minutes</p> <p>H0040: Assertive community treatment program, per diem</p> <p>H2000: Comprehensive multidisciplinary evaluation</p> <p>H2001: Rehabilitation program, per 1/2 day</p> <p>H2011: Crisis intervention service, per 15 minutes</p> <p>H2012: Behavioral health day treatment, per hour</p> <p>H2013: Psychiatric health facility service, per diem</p> <p>H2014: Skills training and development, per 15 minutes</p> <p>H2017: Psychosocial rehabilitation services, per 15 minutes</p> <p>H2018: Psychosocial rehabilitation services, per diem</p> <p>H2019: Therapeutic behavioral services, per 15 minutes</p> <p>H2020: Therapeutic behavioral services, per diem</p> <p>S0201: Partial hospitalization services, less than 24 hours, per diem</p> <p>S9480: Intensive outpatient psychiatric services, per diem</p> <p>S9484: Crisis intervention mental health services, per hour</p> <p>S9485: Crisis intervention mental health services, per diem</p>
Bipolar Disorder	<p>ICD-10-CM</p> <p>F30.10: Manic episode without psychotic symptoms, unspecified</p> <p>F30.11: Manic episode without psychotic symptoms, mild</p> <p>F30.12: Manic episode without psychotic symptoms, moderate</p> <p>F30.13: Manic episode, severe, without psychotic symptoms</p> <p>F30.2: Manic episode, severe with psychotic symptoms</p> <p>F30.3: Manic episode in partial remission</p> <p>F30.4: Manic episode in full remission</p> <p>F30.8: Other manic episodes</p> <p>F30.9: Manic episode, unspecified</p> <p>F31.0: Bipolar disorder, current episode hypomanic</p>

Description	CPT/HCPCS/ICD-10-CM
	<p>F31.10: Bipolar disorder, current episode manic without psychotic features, unspecified</p> <p>F31.11: Bipolar disorder, current episode manic without psychotic features, mild</p> <p>F31.12: Bipolar disorder, current episode manic without psychotic features, moderate</p> <p>F31.13: Bipolar disorder, current episode manic without psychotic features, severe</p> <p>F31.2: Bipolar disorder, current episode manic severe with psychotic features</p> <p>F31.30: Bipolar disorder, current episode depressed, mild or moderate severity, unspecified</p> <p>F31.31: Bipolar disorder, current episode depressed, mild</p> <p>F31.32: Bipolar disorder, current episode depressed, moderate</p> <p>F31.4: Bipolar disorder, current episode depressed, severe, without psychotic features</p> <p>F31.5: Bipolar disorder, current episode depressed, severe, with psychotic features</p> <p>F31.60: Bipolar disorder, current episode mixed, unspecified</p> <p>F31.61: Bipolar disorder, current episode mixed, mild</p> <p>F31.62: Bipolar disorder, current episode mixed, moderate</p> <p>F31.63: Bipolar disorder, current episode mixed, severe, without psychotic features</p> <p>F31.64: Bipolar disorder, current episode mixed, severe, with psychotic features</p> <p>F31.70: Bipolar disorder, currently in remission, most recent episode unspecified</p> <p>F31.71: Bipolar disorder, in partial remission, most recent episode hypomanic</p> <p>F31.72: Bipolar disorder, in full remission, most recent episode hypomanic</p> <p>F31.73: Bipolar disorder, in partial remission, most recent episode manic</p> <p>F31.74: Bipolar disorder, in full remission, most recent episode manic</p> <p>F31.75: Bipolar disorder, in partial remission, most recent episode depressed</p> <p>F31.76: Bipolar disorder, in full remission, most recent episode depressed</p> <p>F31.77: Bipolar disorder, in partial remission, most recent episode mixed</p> <p>F31.78: Bipolar disorder, in full remission, most recent episode mixed</p>
Other Psychotic and Developmental Disorders	<p>ICD-10-CM</p> <p>F22: Delusional disorders</p> <p>F23: Brief psychotic disorder</p>

Description	CPT/HCPCS/ICD-10-CM
	<p>F24: Shared psychotic disorder F28: Other psychotic disorder not due to a substance or known physiological condition F29: Unspecified psychosis not due to a substance or known physiological condition F32.3: Major depressive disorder, single episode, severe with psychotic features F33.3: Major depressive disorder, recurrent, severe with psychotic symptoms F84.0: Autistic disorder F84.2: Rett's syndrome F84.3: Other childhood disintegrative disorder F84.5: Asperger's syndrome F84.8: Other pervasive developmental disorders F84.9: Pervasive developmental disorder, unspecified F95.0: Transient tic disorder F95.1: Chronic motor or vocal tic disorder F95.2: Tourette's disorder F95.8: Other tic disorders F95.9: Tic disorder, unspecified</p>
Residential Behavioral Health Treatment	<p>HCPCS H0017: Behavioral health; residential (hospital residential treatment program), without room and board, per diem H0018: Behavioral health; short-term residential (non-hospital residential treatment program), without room and board, per diem H0019: Behavioral health; long-term residential (non-medical, non-acute care in a residential treatment program where stay is typically longer than 30 days), without room and board, per diem T2048: Behavioral health; long-term care residential (non-acute care in a residential treatment program where stay is typically longer than 30 days), with room and board, per diem</p>
Schizophrenia	<p>ICD-10-CM F20.0: Paranoid schizophrenia F20.1: Disorganized schizophrenia F20.2: Catatonic schizophrenia F20.3: Undifferentiated schizophrenia F20.5: Residual schizophrenia F20.81: Schizophreniform disorder F20.89: Other schizophrenia F20.9: Schizophrenia, unspecified F25.0: Schizoaffective disorder, bipolar type F25.1: Schizoaffective disorder, depressive type F25.8: Other schizoaffective disorders F25.9: Schizoaffective disorder, unspecified</p>

Note: The codes listed are informational only; this information does not guarantee benefit coverage or reimbursement.

Helpful tip:

- If using an EMR system, consider electronic data sharing with your health plan to capture all coded elements. Contact your provider relationship management representative for additional details and questions.

How can we help?

- Offering current Clinical Practice Guidelines on our provider self-service website.
- Providing you with individual reports of your persons overdue for services, if needed.
- Assisting with patient scheduling if needed.
- Persons may be eligible for transportation assistance at no cost. Contact Member Services for arrangements.

Other available resources

You can find more information and tools online at:

- nhlbi.nih.gov
- cdc.gov/bloodpressure/index.htm

Blood Pressure Control for Patients with Diabetes (BPD)

This HEDIS measure looks at the percentage of persons 18 to 75 years of age with Diabetes (type 1 or type 2) whose blood pressure (BP) was adequately controlled (<140/90 mm Hg) during the measurement period.

Record your efforts:

- Taken during an acute inpatient stay or an ED visit.
- Persons 18 to 75 years of age whose BP is < 140/90 mm Hg
- If there are multiple BPs on the same date of service, use the lowest systolic and lowest diastolic BP on that date as the representative BP
- BP readings taken by the patient (digital monitor) and documented in the patient's medical record are eligible for use in reporting (provided the BP does not meet any exclusion criteria)

What does not count?

Do not include BP readings:

- Taken during an acute inpatient stay or an ED visit.
- Taken on the same day as a diagnostic test or diagnostic or therapeutic procedure that requires a change in diet or change in medication on or one day before the day of the test or procedure, with the exception of fasting blood tests.
- Taken by the patient using a non-digital device, such as a manual blood pressure cuff and a stethoscope.

Exclusions:

- Persons who use hospice services or elect to use a hospice benefit at any time during the measurement period
- Persons who die at any time during the measurement period
- Persons receiving palliative care at any time during the measurement period
- Persons who had an encounter with palliative anytime during the measurement period. Do not include laboratory claims (claims with POS code 81)
- Persons 66 years of age and older as of December 31 of the measurement period (all product lines) with frailty and advanced illness. Persons must meet both frailty and advanced illness criteria to be excluded.

Description	CPT/CPT-CAT II/LOINC/HCPCS
Diastolic Blood Pressure	<p>CPT-CAT II 3078F: Most recent diastolic blood pressure less than 80 mm Hg (HTN, CKD, CAD) (DM) 3079F: Most recent diastolic blood pressure 80-89 mm Hg (HTN, CKD, CAD) (DM) 3080F: Most recent diastolic blood pressure greater than or equal to 90 mm Hg (HTN, CKD, CAD) (DM) LOINC 75995-1: Diastolic blood pressure by Continuous non-invasive monitoring 8453-3: Diastolic blood pressure--sitting 8462-4: Diastolic blood pressure 8496-2: Brachial artery Diastolic blood pressure 8514-2: Brachial artery - left Diastolic blood pressure 8515-9: Brachial artery - right Diastolic blood pressure</p>
Diastolic Less Than 90	<p>CPT-CAT II 3078F: Most recent diastolic blood pressure less than 80 mm Hg (HTN, CKD, CAD) (DM) 3079F: Most recent diastolic blood pressure 80-89 mm Hg (HTN, CKD, CAD) (DM)</p>
Systolic and Diastolic Result	<p>CPT-CAT II 3074F: Most recent systolic blood pressure less than 130 mm Hg (DM) (HTN, CKD, CAD) 3075F: Most recent systolic blood pressure 130-139 mm Hg (DM) (HTN, CKD, CAD) 3077F: Most recent systolic blood pressure greater than or equal to 140 mm Hg (HTN, CKD, CAD) (DM) 3078F: Most recent diastolic blood pressure less than 80 mm Hg (HTN, CKD, CAD) (DM) 3079F: Most recent diastolic blood pressure 80-89 mm Hg (HTN, CKD, CAD) (DM) 3080F: Most recent diastolic blood pressure greater than or equal to 90 mm Hg (HTN, CKD, CAD) (DM)</p>
Systolic Blood Pressure	<p>CPT-CAT II 3074F: Most recent systolic blood pressure less than 130 mm Hg (DM) (HTN, CKD, CAD) 3075F: Most recent systolic blood pressure 130-139 mm Hg (DM) (HTN, CKD, CAD) 3077F: Most recent systolic blood pressure greater than or equal to 140 mm Hg (HTN, CKD, CAD) (DM) LOINC 75997-7: Systolic blood pressure by Continuous non-invasive monitoring 8459-0: Systolic blood pressure—sitting</p>

	8480-6: Systolic blood pressure 8508-4: Brachial artery Systolic blood pressure 8546-4: Brachial artery - left Systolic blood pressure 8547-2: Brachial artery - right Systolic blood pressure
Systolic Blood Pressure	CPT-CAT II 3074F: Most recent systolic blood pressure less than 130 mm Hg (DM) (HTN, CKD, CAD) 3075F: Most recent systolic blood pressure 130-139 mm Hg (DM) (HTN, CKD, CAD)

Note: The Logical Observation Identifiers Names and Codes (LOINC) are for reporting clinical observations and laboratory testing. The codes listed are informational only; this information does not guarantee benefit coverage or reimbursement.

Helpful tips:

- Improve the accuracy of BP measurements performed by your clinical staff by:
 - Providing training materials from the American Heart Association.
 - Conducting BP competency tests to validate the education of each clinical staff member.
 - Making a variety of cuff sizes available.
- Instruct your office staff to recheck BPs for all persons with initial recorded readings greater than systolic 140 mm Hg and diastolic of 90 mm Hg during outpatient office visits; have your staff record the recheck in Patient’s medical records.
- Refer high-risk persons to our hypertension programs for additional education and support.
- Educate persons and their spouses, caregivers, or guardians about the elements of a healthy lifestyle such as:
 - Heart healthy eating and a low salt diet.
 - Smoking cessation and avoiding secondhand smoke.
 - Adding regular exercise to daily activities.
 - Home BP monitoring.
 - Ideal body mass index (BMI).
- The importance of taking all prescribed medications as directed.
- Remember to include the applicable Category II reporting code above on the claim form to help reduce the burden of HEDIS medical record review!
- If using an EMR system, consider electronic data sharing with your health plan to capture all coded elements. Contact your provider relationship management representative for additional details and questions.

How can we help?

- We support you in helping persons control high blood pressure by:
 - Providing online Clinical Practice Guidelines on our provider self-service website.
 - Reaching out to our hypertensive persons through our programs.
 - Helping you identify your hypertensive persons.
 - Helping you schedule, plan, implement, and evaluate a health screening Clinic Day; call your provider relationship management representative to find out more.

- Educating our persons on high blood pressure through health education materials if available.
- Supplying copies of healthy tips for your office.
- Persons may be eligible for transportation assistance at no cost, contact Services for an arrangement.

Other available resources

You can find more information and tools online at:

- <https://www.nhlbi.nih.gov>
- <https://www.cdc.gov/high-blood-pressure/index.html>

Controlling High Blood Pressure (CBP)

This HEDIS measure looks at the percentage of persons ages 18 to 85 years who had a diagnosis of hypertension (HTN) and whose blood pressure (BP) was adequately controlled (< 140/90 mm Hg) during the measurement period.

Record your efforts

Document blood pressure and diagnosis of HTN. Persons whose BP is adequately controlled include:

- Persons 18 to 85 years of age who had a diagnosis of HTN and whose BP was adequately controlled (< 140/90 mm Hg) during the measurement period
- The most recent BP reading during the measurement period on or after the second diagnosis of hypertension:
 - If multiple BP measurements occur on the same date or are noted in the chart on the same date, use the lowest systolic and lowest diastolic BP reading.
 - If no BP is recorded during the measurement period, assume that the patient is not controlled.

What does not count?

- Taken on the same day as a diagnostic test or diagnostic or therapeutic procedure that requires a change in diet or change in medication on or one day before the day of the test or procedure, with the exception of fasting blood tests
- Taken during an acute inpatient stay or an ED visit
- Taken by the patient using a non-digital device, such as with a manual blood pressure cuff and a stethoscope

Exclusions:

- Persons who use hospice services or elect to use a hospice benefit any time during the measurement period
- Persons who die at any time during the measurement period
- Persons receiving palliative care any time during the measurement period
- Persons who had an encounter with palliative care anytime during the measurement period. Do not include laboratory claims (claims with POS code 81)
- Persons with a diagnosis that indicates end-stage renal disease (ESRD) anytime during the patient's history on or prior to December 31 of the measurement period. Do not include laboratory claims (claims with POS code 81)
- Persons with a procedure that indicates ESRD: dialysis, nephrectomy, or kidney transplant anytime during the patient's history on or prior to December 31 of the measurement period
- Persons with a diagnosis of pregnancy anytime during the measurement period
- Persons 66 to 80 years of age as of December 31 of the measurement period (all product lines) with frailty and advanced illness. Persons must meet **both** frailty and advanced illness criteria to be excluded

- Persons 81 years of age and older as of December 31 of the measurement period (all product lines) with at least two indications of frailty with different dates of service during the measurement period

Description	CPT/CPT-CAT II/LOINC/HCPCS
Diastolic Blood Pressure	CPT-CAT II 3078F: Most recent diastolic blood pressure less than 80 mm Hg (HTN, CKD, CAD) (DM) 3079F: Most recent diastolic blood pressure 80-89 mm Hg (HTN, CKD, CAD) (DM) 3080F: Most recent diastolic blood pressure greater than or equal to 90 mm Hg (HTN, CKD, CAD) (DM) LOINC 75995-1: Diastolic blood pressure by Continuous non-invasive monitoring 8453-3: Diastolic blood pressure--sitting 8462-4: Diastolic blood pressure 8496-2: Brachial artery Diastolic blood pressure 8514-2: Brachial artery - left Diastolic blood pressure 8515-9: Brachial artery - right Diastolic blood pressure
Diastolic Less Than 90	CPT-CAT II 3078F: Most recent diastolic blood pressure less than 80 mm Hg (HTN, CKD, CAD) (DM) 3079F: Most recent diastolic blood pressure 80-89 mm Hg (HTN, CKD, CAD) (DM)
Systolic and Diastolic Result	CPT-CAT II 3074F: Most recent systolic blood pressure less than 130 mm Hg (DM) (HTN, CKD, CAD) 3075F: Most recent systolic blood pressure 130-139 mm Hg (DM) (HTN, CKD, CAD) 3077F: Most recent systolic blood pressure greater than or equal to 140 mm Hg (HTN, CKD, CAD) (DM) 3078F: Most recent diastolic blood pressure less than 80 mm Hg (HTN, CKD, CAD) (DM) 3079F: Most recent diastolic blood pressure 80-89 mm Hg (HTN, CKD, CAD) (DM) 3080F: Most recent diastolic blood pressure greater than or equal to 90 mm Hg (HTN, CKD, CAD) (DM)
Systolic Blood Pressure	CPT-CAT II 3074F: Most recent systolic blood pressure less than 130 mm Hg (DM) (HTN, CKD, CAD) 3075F: Most recent systolic blood pressure 130-139 mm Hg (DM) (HTN, CKD, CAD)

Description	CPT/CPT-CAT II/LOINC/HCPCS
	3077F: Most recent systolic blood pressure greater than or equal to 140 mm Hg (HTN, CKD, CAD) (DM) LOINC 75997-7: Systolic blood pressure by Continuous non-invasive monitoring 8459-0: Systolic blood pressure—sitting 8480-6: Systolic blood pressure 8508-4: Brachial artery Systolic blood pressure 8546-4: Brachial artery - left Systolic blood pressure 8547-2: Brachial artery - right Systolic blood pressure
Systolic Less Than 140	CPT-CAT II 3074F: Most recent systolic blood pressure less than 130 mm Hg (DM) (HTN, CKD, CAD) 3075F: Most recent systolic blood pressure 130-139 mm Hg (DM) (HTN, CKD, CAD)
CDC Race and Ethnicity	1002-5: American Indian or Alaska Native 2028-9: Asian 2054-5: Black or African American 2076-8: Native Hawaiian or Other Pacific Islander 2106-3: White 2135-2: Hispanic or Latino 2186-5: Not Hispanic or Latino 2118-8: Middle Eastern or North African

Note: The Logical Observation Identifiers Names and Codes (LOINC) are for reporting clinical observations and laboratory testing. The codes listed are informational only; this information does not guarantee benefit coverage or reimbursement.

Helpful tips:

- Improve the accuracy of BP measurements performed by your clinical staff by:
 - Providing training materials from the American Heart Association.
 - Conducting BP competency tests to validate the education of each clinical staff member.
 - Making a variety of cuff sizes available.
- Instruct your office staff to recheck BPs for all persons with initial recorded readings greater than systolic 140 mm Hg and diastolic of 90 mm Hg during outpatient office visits; have your staff record the recheck in patient’s medical records.
- Refer high-risk persons to our hypertension programs for additional education and support.
- Educate persons and their spouses, caregivers, or guardians about the elements of a healthy lifestyle, such as:
 - Heart healthy eating and a low salt diet.
 - Smoking cessation and avoiding secondhand smoke.
 - Adding regular exercise to daily activities.
 - Home BP monitoring.
 - Ideal body mass index (BMI).

- The importance of taking all prescribed medications as directed.
- Remember to include the applicable Category II reporting code above on the claim form to help reduce the burden of HEDIS medical record review!
- If using an EMR system, consider electronic data sharing with your health plan to capture all coded elements. Contact your provider relationship management representative for additional details and questions.

How can we help?

We support you in helping persons control high blood pressure by:

- Providing online Clinical Practice Guidelines on our provider self-service website.
- Reaching out to our hypertensive persons through our programs.
- Helping you identify your hypertensive persons.
- Helping you schedule, plan, implement, and evaluate a health screening Clinic Day; call your provider relationship management representative to find out more.
- Educating our persons on high blood pressure through health education materials if available.
- Supplying copies of healthy tips for your office.
- Persons may be eligible for transportation assistance at no cost. Contact Member Services for arrangements.

Other available resources

You can find more information and tools online at:

- <https://www.nhlbi.nih.gov>
- <https://www.cdc.gov/high-blood-pressure/index.html>

Chlamydia Screening (CHL)

This HEDIS measure looks at the percentage of persons 16 to 24 years of age who were recommended for routine chlamydia screening, identified as sexually active and who had at least one test for chlamydia during the measurement period.

Record your efforts

Indicate the date the test was performed and the results.

Exclusions:

- Persons in hospice or elect to use a hospice benefit any time during the measurement period
- Persons who died during the measurement period
- Sex Assigned at Birth:
 - (LOINC code 76689-9) Male
 - (LOINC code LA2-8) any time in the patient’s history.

Based on a pregnancy test alone and who meet either of the following:

A pregnancy test during the measurement period and a prescription for isotretinoin on the date of the pregnancy test or the 6 days after

A pregnancy test during the measurement period and an x-ray on the date of the pregnancy test through 6 days after the pregnancy test.

Description	CPT/LOINC
Chlamydia Tests	CPT 87110, 87270, 87320, 87490, 87491, 87492, 87810 LOINC 14463-4: Chlamydia trachomatis [Presence] in Cervix by Organism specific culture 14464-2: Chlamydia trachomatis [Presence] in Vaginal fluid by Organism specific culture 14465-9: Chlamydia trachomatis [Presence] in Urethra by Organism specific culture 14467-5: Chlamydia trachomatis [Presence] in Urine sediment by Organism specific culture 14474-1: Chlamydia trachomatis Ag [Presence] in Urine sediment by Immunoassay 14513-6: Chlamydia trachomatis Ag [Presence] in Urine sediment by Immunofluorescence 16600-9: Chlamydia trachomatis rRNA [Presence] in Genital specimen by Probe 21190-4: Chlamydia trachomatis DNA [Presence] in Cervix by NAA with probe detection

Description	CPT/LOINC
	21191-2: Chlamydia trachomatis DNA [Presence] in Urethra by NAA with probe detection
	21613-5: Chlamydia trachomatis DNA [Presence] in Specimen by NAA with probe detection
	23838-6: Chlamydia trachomatis rRNA [Presence] in Genital fluid by Probe
	31775-0: Chlamydia trachomatis Ag [Presence] in Urine sediment
	34710-4: Chlamydia trachomatis Ag [Presence] in Anal
	42931-6: Chlamydia trachomatis rRNA [Presence] in Urine by NAA with probe detection
	43304-5: Chlamydia trachomatis rRNA [Presence] in Specimen by NAA with probe detection
	43404-3: Chlamydia trachomatis DNA [Presence] in Specimen by Probe with signal amplification
	44806-8: Chlamydia trachomatis+Neisseria gonorrhoeae DNA [Presence] in Urine by NAA with probe detection
	44807-6: Chlamydia trachomatis+Neisseria gonorrhoeae DNA [Presence] in Genital specimen by NAA with probe detection
	45068-4: Chlamydia trachomatis+Neisseria gonorrhoeae DNA [Presence] in Cervix by NAA with probe detection
	45069-2: Chlamydia trachomatis+Neisseria gonorrhoeae rRNA [Presence] in Genital specimen by Probe
	45072-6: Chlamydia trachomatis+Neisseria gonorrhoeae rRNA [Presence] in Anal by Probe
	45073-4: Chlamydia trachomatis+Neisseria gonorrhoeae rRNA [Presence] in Tissue by Probe
	45075-9: Chlamydia trachomatis+Neisseria gonorrhoeae rRNA [Presence] in Urethra by Probe
	45084-1: Chlamydia trachomatis DNA [Presence] in Vaginal fluid by NAA with probe detection
	45089-0: Chlamydia trachomatis rRNA [Presence] in Anal by Probe
	45090-8: Chlamydia trachomatis DNA [Presence] in Anal by NAA with probe detection
	45091-6: Chlamydia trachomatis Ag [Presence] in Genital specimen
	45093-2: Chlamydia trachomatis [Presence] in Anal by Organism specific culture
	45095-7: Chlamydia trachomatis [Presence] in Genital specimen by Organism specific culture
	4993-2: Chlamydia trachomatis rRNA [Presence] in Specimen by Probe
	50387-0: Chlamydia trachomatis rRNA [Presence] in Cervix by NAA with probe detection
	53925-4: Chlamydia trachomatis rRNA [Presence] in Urethra by NAA with probe detection

Description	CPT/LOINC
	53926-2: Chlamydia trachomatis rRNA [Presence] in Vaginal fluid by NAA with probe detection
	57287-5: Chlamydia trachomatis rRNA [Presence] in Anal by NAA with probe detection
	6353-7: Chlamydia trachomatis Ag [Presence] in Tissue by Immunofluorescence
	6356-0: Chlamydia trachomatis DNA [Presence] in Genital specimen by NAA with probe detection
	6357-8: Chlamydia trachomatis DNA [Presence] in Urine by NAA with probe detection
	80360-1: Chlamydia trachomatis+Neisseria gonorrhoeae rRNA [Presence] in Urine by NAA with probe detection
	80361-9: Chlamydia trachomatis+Neisseria gonorrhoeae rRNA [Presence] in Cervix by NAA with probe detection
	80362-7: Chlamydia trachomatis+Neisseria gonorrhoeae rRNA [Presence] in Vaginal fluid by NAA with probe detection
	80363-5: Chlamydia trachomatis DNA [Presence] in Anorectal by NAA with probe detection
	80364-3: Chlamydia trachomatis rRNA [Presence] in Anorectal by NAA with probe detection
	80365-0: Chlamydia trachomatis+Neisseria gonorrhoeae rRNA [Presence] in Anorectal by NAA with probe detection
	80367-6: Chlamydia trachomatis [Presence] in Anorectal by Organism specific culture
	82306-2: Chlamydia trachomatis rRNA [Presence] in Throat by NAA with probe detection
	87949-4: Chlamydia trachomatis DNA [Presence] in Tissue by NAA with probe detection
	87950-2: Chlamydia trachomatis [Presence] in Tissue by Organism specific culture
	88221-7: Chlamydia trachomatis DNA [Presence] in Throat by NAA with probe detection
	89648-0: Chlamydia trachomatis [Presence] in Throat by Organism specific culture
	91860-7: Chlamydia trachomatis Ag [Presence] in Genital specimen by Immunofluorescence
	91873-0: Chlamydia trachomatis Ag [Presence] in Throat by Immunofluorescence

How can we help?

- Persons may be eligible for transportation assistance at no cost. Contact Member Services for arrangements.

Helpful resource:

- <https://www.cdc.gov/chlamydia/about/index.html>

Helpful tip:

- If using an EMR system, consider electronic data sharing with your health plan to capture all coded elements. Contact your provider relationship management representative for additional details and questions.

Cardiac Rehabilitation (CRE)

This HEDIS measure evaluates the percentage of persons 18 years and older who attended cardiac rehabilitation following a qualifying cardiac event, including myocardial infarction, percutaneous coronary intervention, coronary artery bypass grafting, heart and heart/lung transplantation, or heart valve repair/replacement on or between July 1 of the year prior to the measurement period to June 30 of the measurement period. Four rates are reported:

- **Initiation:** The percentage of persons who attended two or more sessions of cardiac rehabilitation within 30 days after a qualifying event.
- **Engagement 1:** The percentage of persons who attended 12 or more sessions of cardiac rehabilitation within 90 days after a qualifying event.
- **Engagement 2:** The percentage of persons who attended 24 or more sessions of cardiac rehabilitation within 180 days after a qualifying event.
- **Achievement:** The percentage of persons who attended 36 or more sessions of cardiac rehabilitation within 180 days after a qualifying event.

Record your efforts

Count multiple cardiac rehabilitation sessions on the same date of service as multiple sessions. For example, if a patient has two different codes for cardiac rehabilitation on the same date of service (or one code billed as two units), count this as two sessions of cardiac rehabilitation.

Exclusions:

- Persons who use hospice services or elect to use a hospice benefit any time during the measurement period
- Persons who die at any time during the measurement period
- Persons receiving palliative care any time during the measurement period
- Persons who had an encounter for palliative care anytime during the measurement period. Do not include laboratory claims (claims with POS code 81)
- Persons 66 to 80 years of age and older as of December 31 of the measurement period (all product lines) with frailty and advanced illness. Persons must meet both frailty and advanced illness criteria to be excluded. Do not include laboratory claims (claims with POS code 81)
- Persons 81 years of age and older as of December 31 of the measurement period (all product lines) with at least two indications of frailty with different dates of service during the measurement period. Do not include laboratory claims (claims with POS code 81)
- Discharged from an inpatient setting with any of the following on the discharge claim during the 180 days after the episode date:
 - Myocardial Infarction (MI)
 - Coronary artery bypass graft (CABG)
 - Heart or heart/lung transplant
 - Heart valve repair or replacement
 - Percutaneous Coronary Intervention (PCI)

Description	CPT/HCPCS/SNOMED CT
Cardiac Rehabilitation	<p>CPT 93797, 93798</p> <p>HCPCS G0422: Intensive cardiac rehabilitation; with or without continuous ECG monitoring with exercise, per session G0423: Intensive cardiac rehabilitation; with or without continuous ECG monitoring; without exercise, per session S9472: Cardiac rehabilitation program, non-physician provider, per diem</p> <p>SNOMED CT 24050008, 313395003, 385979001, 385980003, 395696000, 395697009, 395698004, 395699007</p>

Note: The codes listed are informational only; this information does not guarantee benefit coverage or reimbursement.

How can we help?

- Persons may be eligible for transportation assistance at no cost. Contact Services for an arrangement.

Helpful tips:

- If using an EMR system, consider electronic data sharing with your health plan to capture all coded elements. Contact your provider relationship management representative for additional details and questions.

Appropriate Testing for Pharyngitis (CWP)

This HEDIS measure evaluates the percentage of episodes for persons three years of age and older where the person was diagnosed with pharyngitis, dispensed an antibiotic, and received a group A streptococcus (strep) test for the episode on or between July 1 of the year prior to the measurement period to June 30 of the measurement period.

Record your efforts

- Document results of all strep tests or refusal for testing in medical record.
- If antibiotics are prescribed for another condition, ensure accurate coding and documentation will associate the antibiotic with the appropriate diagnosis.

Exclusions:

- Persons who use hospice services or elect to use a hospice benefit any time during the measurement period
- Persons who die at any time during the measurement period

Description	CPT/HCPCS/ICD-10-CM/LOINC/SNOMED
Pharyngitis	<p>ICD-10-CM</p> <p>J02.0: Streptococcal pharyngitis J02.8: Acute pharyngitis due to other specified organisms J02.9: Acute pharyngitis, unspecified J03.00: Acute streptococcal tonsillitis, unspecified J03.01: Acute recurrent streptococcal tonsillitis J03.80: Acute tonsillitis due to other specified organisms J03.81: Acute recurrent tonsillitis due to other specified organisms J03.90: Acute tonsillitis, unspecified J03.91: Acute recurrent tonsillitis, unspecified</p> <p>SNOMED CT</p> <p>140004, 652005, 1532007, 2365002, 10351008, 11461005, 14465002, 17741008, 27878001, 31309002, 39271004, 40766000, 41582007, 43878008, 51209006, 55355000, 58031004, 59471009, 63866002, 72430001, 76651006, 78430008, 78911000, 82228008, 87326000, 90176007, 90979004, 95885008, 111816002, 126664009, 126665005, 186357007, 186659004, 186963008, 195655000, 195656004, 195657008, 195658003, 195659006, 195660001, 195662009, 195663004, 195666007, 195667003, 195668008, 195669000, 195670004, 195671000, 195672007, 195673002, 195676005, 195677001, 195709006, 195779005, 195780008, 195782000, 195803003, 195804009, 195924009, 232399005, 232400003, 232401004, 232402006, 232403001, 232405008, 232406009, 232417005, 240444009, 240547000,</p>

Description	CPT/HCPCS/ICD-10-CM/LOINC/SNOMED
	302911003, 312422001, 363746003, 405737000, 415724006, 703468005, 721586007, 878818001, 1296672005, 133171000119105, 10629231000119109, 10629271000119107
Group A Strep Tests	<p>CPT 87070, 87071, 87081, 87430, 87650, 87651, 87652, 87880</p> <p>LOINC 101300-2: Streptococcus pyogenes DNA [Presence] in Throat by NAA with non-probe detection 103627-6: Streptococcus pyogenes DNA [Presence] in Specimen by NAA with probe detection 105062-4: Streptococcus pyogenes DNA [Presence] in Specimen 105063-2: Streptococcus pyogenes [Presence] in Specimen 11268-0: Streptococcus pyogenes [Presence] in Throat by Organism specific culture 17656-0: Streptococcus pyogenes [Presence] in Specimen by Organism specific culture 17898-8: Bacteria identified in Throat by Aerobe culture 18481-2: Streptococcus pyogenes Ag [Presence] in Throat 31971-5: Streptococcus pyogenes Ag [Presence] in Specimen 49610-9: Streptococcus pyogenes DNA [Identifier] in Specimen by NAA with probe detection 5036-9: Streptococcus pyogenes rRNA [Presence] in Specimen by Probe 60489-2: Streptococcus pyogenes DNA [Presence] in Throat by NAA with probe detection 626-2: Bacteria identified in Throat by Culture 6557-3: Streptococcus pyogenes Ag [Presence] in Throat by Immunofluorescence 6558-1: Streptococcus pyogenes Ag [Presence] in Specimen by Immunoassay 6559-9: Streptococcus pyogenes Ag [Presence] in Specimen by Immunofluorescence 68954-7: Streptococcus pyogenes rRNA [Presence] in Throat by Probe 78012-2: Streptococcus pyogenes Ag [Presence] in Throat by Rapid immunoassay</p>
Outpatient, ED and Telehealth	<p>CPT 98000, 98001, 98002, 98003, 98004, 98005, 98006, 98007, 98008, 98009, 98010, 98011, 98012, 98013, 98014, 98015, 98016, 98966, 98967, 98968, 98970, 98971, 98972, 98980, 98981, 99202, 99203, 99204, 99205, 99211, 99212, 99213, 99214, 99215, 99242, 99243, 99244, 99245, 99281, 99282, 99283, 99284, 99285, 99341, 99342, 99344, 99345, 99347, 99348, 99349, 99350, 99381, 99382, 99383, 99384, 99385, 99386, 99387, 99391, 99392, 99393, 99394,</p>

Description	CPT/HCPCS/ICD-10-CM/LOINC/SNOMED
	<p>99395, 99396, 99397, 99401, 99402, 99403, 99404, 99411, 99412, 99421, 99422, 99423, 99429, 99455, 99456, 99457, 99458, 99483</p> <p>HCPCS</p> <p>G0071: Payment for communication technology-based services for 5 minutes or more of a virtual (non-face-to-face) communication between a rural health clinic (RHC) or federally qualified health center (FQHC) practitioner and RHC or FQHC patient, or 5 minutes or more of remote evaluation of recorded video and/or images by an RHC or FQHC practitioner, occurring in lieu of an office visit; RHC or FQHC only</p> <p>G0402: Initial preventive physical examination; face-to-face visit, services limited to new beneficiary during the first 12 months of Medicare enrollment</p> <p>G0438: Annual wellness visit; includes a personalized prevention plan of service (PPS), initial visit</p> <p>G0439: Annual wellness visit, includes a personalized prevention plan of service (PPS), subsequent visit</p> <p>G0463: Hospital outpatient clinic visit for assessment and management of a patient</p> <p>G2010: Remote evaluation of recorded video and/or images submitted by an established patient (for example, store and forward), including interpretation with follow-up with the patient within 24 business hours, not originating from a related E/M service provided within the previous 7 days nor leading to an E/M service or procedure within the next 24 hours or soonest available appointment</p> <p>G2250: Remote assessment of recorded video and/or images submitted by an established patient (for example, store and forward), including interpretation with follow-up with the patient within 24 business hours, not originating from a related service provided within the previous 7 days nor leading to a service or procedure within the next 24 hours or soonest available appointment</p> <p>G2251: Brief communication technology-based service, for example, virtual check-in, by a qualified healthcare professional who cannot report evaluation and management services, provided to an established patient, not originating from a related service provided within the previous 7 days nor leading to a service or procedure within the next 24 hours or soonest available appointment; 5-10 minutes of clinical discussion</p> <p>G2252: Brief communication technology-based service, for example, virtual check-in, by a physician or other qualified healthcare professional who can report evaluation and management services, provided to an established patient, not originating from a related E/M service provided within the previous 7 days nor leading to an</p>

Description	CPT/HCPCS/ICD-10-CM/LOINC/SNOMED
	<p>E/M service or procedure within the next 24 hours or soonest available appointment; 11-20 minutes of medical discussion</p> <p>T1015: Clinic visit/encounter, all-inclusive</p> <p>SNOMED CT</p> <p>4525004, 50357006, 77406008, 84251009, 86013001, 90526000, 185317003, 185463005, 185464004, 185465003, 209099002, 281036007, 314849005, 386472008, 386473003, 401267002, 439740005, 866149003, 3391000175108, 444971000124105, 456201000124103</p>

Note: The Logical Observation Identifiers Names and Codes (LOINC) are for reporting clinical observations and laboratory testing. The codes listed are informational only; this information does not guarantee reimbursement.

Helpful tips:

- Refer to the illness as a sore throat due to a cold virus; persons tend to associate the label with a less frequent need for antibiotics.
- Antibiotics do not work on viruses.
- Educate persons on the difference between bacterial and viral infections. This is the key point in the success of this measure. Use CDC handouts or education tools as needed.
- Discuss with persons the ways to treat symptoms:
 - Get extra rest.
 - Drink plenty of fluids.
 - Use over-the-counter medications.
 - Use the cool mist vaporizer and nasal spray for congestion.
 - Eat ice chips or use throat spray/lozenges for sore throats.
- Educate persons and their parents or caregivers that they can prevent infection by:
 - Washing hands frequently.
 - Disinfecting toys.
 - Keeping the child out of school or day care for at least 24 hours until antibiotics have been taken and symptoms have improved.
- If using an EMR system, consider electronic data sharing with your health plan to capture all coded elements. Contact your provider relationship management representative for additional details and questions.

How can we help?

- Persons may be eligible for transportation assistance at no cost. Contact Services for an arrangement.

Helpful resources

- [cdc.gov/antibiotic-use/index.html](https://www.cdc.gov/antibiotic-use/index.html)

Eye Exam for Patients With Diabetes (EED)

This HEDIS measure looks at the percentage of persons 18 to 75 years of age with diabetes (type 1 or type 2) who had a retinal eye exam.

Record your efforts:

- A retinal or dilated eye exam by an eye care professional (optometrist or ophthalmologist) in the measurement period
- A negative retinal or dilated eye exam (negative for retinopathy) by an eye care professional in the year prior to the measurement period

Note: Blindness is not an exclusion for a diabetic eye exam because it is difficult to distinguish between individuals who are legally blind but require a retinal exam and those who are completely blind and therefore do not require an exam.

Exclusions:

- Bilateral eye enucleation any time during the patient's history through December 31 of the measurement period:
 - Unilateral eye enucleation with a bilateral modifier (CPT Modifier code 50).
 - Two unilateral eye enucleations with service dates 14 days or more apart.
 - Left unilateral eye enucleation (ICD-10-PCS code 08T1XZZ) and right unilateral eye enucleation (ICD-10-PCS code 08T0XZZ) on the same or different dates of service.
 - A unilateral eye enucleation and a left unilateral eye enucleation (ICD-10-PCS code 08T1XZZ) with service dates 14 days or more apart.
 - A unilateral eye enucleation (Unilateral Eye Enucleation Value Set) and a right unilateral eye enucleation (ICD-10-PCS code 08T0XZZ) with service dates 14 days or more apart.
- Persons who use hospice services or elect to use a hospice benefit any time during the measurement period
- Persons who die at any time during the measurement period
- Persons receiving palliative care any time during the measurement period
- Persons who had an encounter for palliative care anytime during the measurement period. Do not include laboratory claims (claims with POS code 81)
- Persons 66 years of age and older as of December 31 of the measurement period (all product lines) with frailty and advanced illness. Persons must meet both frailty and advanced illness criteria to be excluded. Do not include laboratory claims (claims with POS code 81)

Services	CPT/ICD-10-CM/HCPCS/CPT-CAT II/SNOMED CT
Unilateral Eye Enucleation	<p>CPT 65091, 65093, 65101, 65103, 65105, 65110, 65112, 65114</p> <p>ICD-10 08T1XZZ, 08T0XZZ</p> <p>SNOMED CT 59590004, 172132001, 205336009, 397800002, 397994004, 398031005, 1303651001, 1303652008</p>
Retinal Eye Exams	<p>CPT 92002, 92004, 92012, 92014, 92018, 92019, 92134, 92137, 92201, 92202, 92230, 92235, 92250, 99203, 99204, 99205, 99213, 99214, 99215, 99242, 99243, 99244, 99245</p> <p>HCPCS S0620: Routine ophthalmological examination including refraction; new patient S0621: Routine ophthalmological examination including refraction; established patient S3000: Diabetic indicator; retinal eye exam, dilated, bilateral</p> <p>SNOMED CT 6615001, 18188000, 21593001, 30842004, 36844005, 53524009, 56072006, 56204000, 252779009, 252780007, 252781006, 252782004, 252783009, 252784003, 252788000, 252789008, 252790004, 252846004, 274795007, 274798009, 308110009, 314972008, 391999003, 392005004, 410441007, 410450009, 410451008, 410452001, 410453006, 410455004, 416369006, 417587001, 420213007, 425816006, 427478009, 700070005, 722161008</p> <p>LOINC 71490-7 LA18643-9</p>
Eye Exam with Evidence of Retinopathy	<p>CPT-CAT II 2022F: Dilated retinal eye exam with interpretation by an ophthalmologist or optometrist documented and reviewed; with evidence of retinopathy (DM) 2024F: 7 standard field stereoscopic retinal photos with interpretation by an ophthalmologist or optometrist documented and reviewed; with evidence of retinopathy (DM) 2026F: Eye imaging validated to match diagnosis from 7 standard field stereoscopic retinal photos results documented and reviewed; with evidence of retinopathy (DM)</p>
Eye Exam Without Evidence of Retinopathy	<p>CPT-CAT II 2023F: Dilated retinal eye exam with interpretation by an ophthalmologist or optometrist documented and reviewed; without evidence of retinopathy (DM)</p>

Services	CPT/ICD-10-CM/HCPCS/CPT-CAT II/SNOMED CT
	<p>2025F: 7 standard field stereoscopic retinal photos with interpretation by an ophthalmologist or optometrist documented and reviewed; without evidence of retinopathy (DM)</p> <p>2033F: Eye imaging validated to match diagnosis from 7 standard field stereoscopic retinal photos results documented and reviewed; without evidence of retinopathy (DM)</p>
Retinal Imaging	<p>CPT 92227, 92228</p> <p>SNOMED 3047001, 20067007, 314971001</p>
Autonomous Eye Exam	<p>CPT 92229</p> <p>LOINC 105914-6</p> <p>WITH a result: LA34398-0: ETDRS Level 20 or lower, without macular edema OR LA34399-8: ETDRS Level 35 or higher, with or without macular edema</p>
Diabetic retinal screening negative in prior year billed by any provider type during the measurement period	<p>CPT CAT-II 3072F: Low risk for retinopathy (no evidence of retinopathy in the prior year) (DM)</p>
CDC Race and Ethnicity	<p>1002-5: American Indian or Alaska Native 2028-9: Asian 2054-5: Black or African American 2076-8: Native Hawaiian or Other Pacific Islander 2106-3: White 2135-2: Hispanic or Latino 2186-5: Not Hispanic or Latino 2118-8: Middle Eastern or North African</p>

Note: The codes listed are informational only; this information does not guarantee benefit coverage or reimbursement.

Helpful tips:

- For the recommended frequency of testing and screening, refer to the Clinical Practice Guidelines for diabetes mellitus.
- If your practice uses EMRs, have flags or reminders set in the system to alert your staff when a patient's screenings are due.
- Send appointment reminders and call persons to remind them of upcoming appointments and necessary screenings.
- Follow up on lab test results, eye exam results, or any specialist referral and document on your chart.

- Refer persons to the network of eye providers for their annual diabetic eye exam.
- Educate your persons and their families, caregivers, and guardians on diabetes care, including:
 - Taking all prescribed medications as directed.
 - Adding regular exercise to daily activities.
 - Having a diabetic eye exam each year with an eye care provider.
 - Regularly monitoring blood sugar and blood pressure at home.
 - Maintaining healthy weight and ideal body mass index.
 - Eating heart-healthy, low-calorie, and low-fat foods.
 - Stopping smoking and avoiding second-hand smoke.
 - Keeping all medical appointments; getting help with scheduling necessary appointments, screenings, and tests to improve compliance.
- Remember to include the applicable Category II reporting code above on the claim form to help reduce the burden of HEDIS medical record review.
- If using an electronic medical record (EMR) system, consider electronic data sharing with your health plan to capture all coded elements. Contact your provider relationship management representative for additional details and questions.

How can we help?

We can help you with comprehensive diabetes care by:

- Providing online Clinical Practice Guidelines on our provider self-service website.
- Providing programs that may be available to our diabetic persons.
- Supplying copies of educational resources on diabetes that may be available for your office.
- Providing education at your office if available in your area.
- Persons may be eligible for transportation assistance at no cost. Contact Member Services for arrangements.

Follow-up After Emergency Department Visit for Substance Use (FUA)

This HEDIS measure evaluates the percentage of emergency department (ED) visits for persons 13 years of age and older with a principal diagnosis of substance use disorder (SUD), or any diagnosis of drug overdose, for which there was a follow-up. Two rates are reported:

- The percentage of ED visits for which the patient received follow-up within 30 days of the ED visit (31 total days)
- The percentage of ED visits for which the patient received follow-up within seven days of the ED visit (8 total days)

Record your efforts:

- *30 Day Follow-Up: A patient has a follow-up visit or a pharmacotherapy dispensing event 30 days after the ED visit (31 total days). Include visits and pharmacotherapy events that occur on the date of the ED visit.*
- *7 Day Follow-Up: A patient has a follow-up visit or a pharmacotherapy dispensing event 7 days after the ED visit (8 total days). Include visits and pharmacotherapy events that occur on the date of the ED visit.*

Exclusions:

- ED visits that result in an inpatient stay
- ED visits followed by residential treatment on the date of the ED visit or within the 30 days after the ED visit.
- Persons who use hospice services or elect to use a hospice benefit anytime during the measurement period
- Persons who died during the measurement period

Services	CPT/HCPCS/ICD-10-CM/POS
BH Outpatient	<p>CPT 98960, 98961, 98962, 99078, 99202, 99203, 99204, 99205, 99211, 99212, 99213, 99214, 99215, 99242, 99243, 99244, 99245, 99341, 99342, 99344, 99345, 99347, 99348, 99349, 99350, 99381, 99382, 99383, 99384, 99385, 99386, 99387, 99391, 99392, 99393, 99394, 99395, 99396, 99397, 99401, 99402, 99403, 99404, 99411, 99412, 99483, 99492, 99493, 99494, 99510</p> <p>HCPCS G0155: Services of clinical social worker in home health or hospice settings, each 15 minutes</p>

Services	CPT/HCPCS/ICD-10-CM/POS
	<p>G0176: Activity therapy, such as music, dance, art or play therapies not for recreation, related to the care and treatment of patient's disabling mental health problems, per session (45 minutes or more)</p> <p>G0177: Training and educational services related to the care and treatment of patient's disabling mental health problems per session (45 minutes or more)</p> <p>G0409: Social work and psychological services, directly relating to and/or furthering the patient's rehabilitation goals, each 15 minutes, face-to-face; individual (services provided by a CORF-qualified social worker or psychologist in a CORF)</p> <p>G0463: Hospital outpatient clinic visit for assessment and management of a patient</p> <p>G0512: Rural health clinic or federally qualified health center (RHC/FQHC) only, psychiatric collaborative care model (psychiatric COCM), 60 minutes or more of clinical staff time for psychiatric COCM services directed by an RHC or FQHC practitioner (physician, NP, PA, or CNM) and including services furnished by a behavioral healthcare manager and consultation with a psychiatric consultant, per calendar month</p> <p>G0560: Safety planning interventions, each 20 minutes personally performed by the billing practitioner, including assisting the patient in the identification of the following personalized elements of a safety plan: recognizing warning signs of an impending suicidal or substance use-related crisis; employing internal coping strategies; utilizing social contacts and social settings as a means of distraction from suicidal thoughts or risky substance use; utilizing family members, significant others, caregivers, and/or friends to help resolve the crisis; contacting mental health or substance use disorder professionals or agencies; and making the environment safe</p> <p>H0002: Behavioral health screening to determine eligibility for admission to treatment program</p> <p>H0004: Behavioral health counseling and therapy, per 15 minutes</p> <p>H0031: Mental health assessment, by non-physician</p> <p>H0034: Medication training and support, per 15 minutes</p> <p>H0036: Community psychiatric supportive treatment, face-to-face, per 15 minutes</p> <p>H0037: Community psychiatric supportive treatment program, per diem</p> <p>H0039: Assertive community treatment, face-to-face, per 15 minutes</p> <p>H0040: Assertive community treatment program, per diem</p> <p>H2000: Comprehensive multidisciplinary evaluation</p> <p>H2010: Comprehensive medication services, per 15 minutes</p> <p>H2011: Crisis intervention service, per 15 minutes</p> <p>H2013: Psychiatric health facility service, per diem</p>

Services	CPT/HCPCS/ICD-10-CM/POS
	<p>H2014: Skills training and development, per 15 minutes H2015: Comprehensive community support services, per 15 minutes H2016: Comprehensive community support services, per diem H2017: Psychosocial rehabilitation services, per 15 minutes H2018: Psychosocial rehabilitation services, per diem H2019: Therapeutic behavioral services, per 15 minutes H2020: Therapeutic behavioral services, per diem T1015: Clinic visit/encounter, all-inclusive</p>
<p>Substance Abuse Counseling and Surveillance</p>	<p>ICD-10-CM Z71.41: Alcohol abuse counseling and surveillance of alcoholic Z71.51: Drug abuse counseling and surveillance of drug abuser</p>
<p>Substance Use Disorder Services</p>	<p>CPT 99408, 99409 HCPCS G0396: Alcohol and/or substance (other than tobacco) misuse structured assessment (for example, audit, DAST), and brief intervention 15 to 30 minutes G0397: Alcohol and/or substance (other than tobacco) misuse structured assessment (for example, audit, DAST), and intervention, greater than 30 minutes G0443: Brief face-to-face behavioral counseling for alcohol misuse, 15 minutes H0001: Alcohol and/or drug assessment H0005: Alcohol and/or drug services; group counseling by a clinician H0007: Alcohol and/or drug services; crisis intervention (outpatient) H0015: Alcohol and/or drug services; intensive outpatient (treatment program that operates at least 3 hours/day and at least 3 days/week and is based on an individualized treatment plan), including assessment, counseling; crisis intervention, and activity therapies or education H0016: Alcohol and/or drug services; medical/somatic (medical intervention in ambulatory setting) H0022: Alcohol and/or drug intervention service (planned facilitation) H0047: Alcohol and/or other drug abuse services, not otherwise specified H0050: Alcohol and/or drug services, brief intervention, per 15 minutes H2035: Alcohol and/or other drug treatment program, per hour H2036: Alcohol and/or other drug treatment program, per diem T1006: Alcohol and/or substance abuse services, family/couple counseling T1012: Alcohol and/or substance abuse services, skills development</p>
<p>Substance Use Services</p>	<p>HCPCS</p>

Services	CPT/HCPCS/ICD-10-CM/POS
	<p>H0006: Alcohol and/or drug services; care management H0028: Alcohol and/or drug prevention problem identification and referral service (for example, student assistance and employee assistance programs), does not include assessment</p>
<p>OUD Monthly Office-based Treatment</p>	<p>HCPCS G2069: Medication assisted treatment, buprenorphine (injectable) administered on a monthly basis; bundle including dispensing and/or administration, substance use counseling, individual and group therapy, and toxicology testing if performed (provision of the services by a Medicare-enrolled opioid treatment program) G2086: Office-based treatment for opioid use disorder, including development of the treatment plan, care coordination, individual therapy and group therapy and counseling; at least 70 minutes in the first calendar month G2087: Office-based treatment for opioid use disorder, including care coordination, individual therapy and group therapy and counseling; at least 60 minutes in a subsequent calendar month</p>
<p>OUD Weekly Drug Treatment Service</p>	<p>HCPCS G0533: Medication assisted treatment, buprenorphine (injectable) administered on a weekly basis; weekly bundle including dispensing and/or administration, substance use counseling, individual and group therapy, and toxicology testing if performed (provision of the services by a Medicare-enrolled opioid treatment program) G2067: Medication assisted treatment, methadone; weekly bundle including dispensing and/or administration, substance use counseling, individual and group therapy, and toxicology testing, if performed (provision of the services by a Medicare-enrolled opioid treatment program) G2068: Medication assisted treatment, buprenorphine (oral); weekly bundle including dispensing and/or administration, substance use counseling, individual and group therapy, and toxicology testing if performed (provision of the services by a Medicare-enrolled opioid treatment program) G2073: Medication assisted treatment, naltrexone; weekly bundle including dispensing and/or administration, substance use counseling, individual and group therapy, and toxicology testing if performed (provision of the services by a Medicare-enrolled opioid treatment program)</p>
<p>OUD Weekly Nondrug Service</p>	<p>HCPCS G2074: Medication assisted treatment, weekly bundle not including the drug, including substance use counseling, individual and group therapy, and toxicology testing if performed (provision of the services by a Medicare-enrolled opioid treatment program)</p>

Services	CPT/HCPCS/ICD-10-CM/POS
	<p>G2075: Medication assisted treatment, medication not otherwise specified; weekly bundle including dispensing and/or administration, substance use counseling, individual and group therapy, and toxicology testing, if performed (provision of the services by a Medicare-enrolled opioid treatment program)</p> <p>G2076: Intake activities, including initial medical examination that is a complete, fully documented physical evaluation and initial assessment by a program physician or a primary care physician, or an authorized healthcare professional under the supervision of a program physician qualified personnel that includes preparation of a treatment plan that includes the patient's short-term goals and the tasks the patient must perform to complete the short-term goals; the patient's requirements for education, vocational rehabilitation, and employment; and the medical, psycho- social, economic, legal, or other supportive services that a patient needs, conducted by qualified personnel (provision of the services by a Medicare-enrolled opioid</p> <p>G2077: Periodic assessment; assessing periodically by an OTP practitioner and includes a review of MOUD dosing, treatment response, other substance use disorder treatment needs, responses and patient-identified goals, and other relevant physical and psychiatric treatment needs and goals; assessment may be informed by administration of a standardized, evidence-based social determinants of health risk assessment to identify unmet health-related social needs, or the need and interest for harm reduction interventions and recovery support services (provision of the services by a Medicare-enrolled opioid treatment program); list separately in addition to each primary code</p> <p>G2080: Each additional 30 minutes of counseling in a week of medication assisted treatment, (provision of the services by a Medicare-enrolled opioid treatment program); list separately in addition to code for primary procedure</p>
Residential Program Detoxification	<p>HCPCS</p> <p>H0010: Alcohol and/or drug services; sub-acute detoxification (residential addiction program inpatient)</p> <p>H0011: Alcohol and/or drug services; acute detoxification (residential addiction program inpatient)</p>
Telehealth POS	<p>POS</p> <p>02: Telehealth Provided Other than in Patient's Home</p> <p>10: Telehealth Provided in Patient's Home</p>
Telephone visits	<p>CPT</p> <p>98008, 98009, 98010, 98011, 98012, 98013, 98014, 98015, 98966, 98967, 98968</p>
CDC Race and Ethnicity	<p>1002-5: American Indian or Alaska Native</p>

Services	CPT/HCPCS/ICD-10-CM/POS
	2028-9: Asian 2054-5: Black or African American 2076-8: Native Hawaiian or Other Pacific Islander 2106-3: White 2135-2: Hispanic or Latino 2186-5: Not Hispanic or Latino 2118-8: Middle Eastern or North African

Note: The codes listed are informational only; this information does not guarantee benefit coverage or reimbursement.

How can we help?

- Offer current Clinical Practice Guidelines on our provider self-service website.
- Persons may be eligible for transportation assistance at no cost. Contact Member Services for arrangements.

Other available resources

- You can find more information and tools online at <http://www.qualityforum.org>.

Helpful tip

- If using an EMR system, consider electronic data sharing with your health plan to capture all coded elements. Contact your provider relationship management representative for additional details and questions.

Follow-Up After Hospitalization for Mental Illness (FUH)

This HEDIS measure evaluates the percentage of discharges for persons ages 6 years and older who were hospitalized for a principal diagnosis of mental illness, or any diagnosis of intentional self harm, and had a mental health follow-up service. Two rates are reported:

- The percentage of discharges for which the patient received follow-up within 30 days after discharge
- The percentage of discharges for which the patient received follow-up within 7 days after discharge

Exclusions:

- Exclude discharges followed by readmission or direct transfer to a nonacute inpatient care setting (except for psychiatric residential treatment) within the 30day follow-up period, regardless of principal diagnosis for the readmission.
- Persons who use hospice or elect to use a hospice benefit any time during the measurement period
- Persons who died during the measurement period

Services	CPT/HCPCS/POS
BH Outpatient	<p>CPT 98960, 98961, 98962, 99078, 99202, 99203, 99204, 99205, 99211, 99212, 99213, 99214, 99215, 99242, 99243, 99244, 99245, 99341, 99342, 99344, 99345, 99347, 99348, 99349, 99350, 99381, 99382, 99383, 99384, 99385, 99386, 99387, 99391, 99392, 99393, 99394, 99395, 99396, 99397, 99401, 99402, 99403, 99404, 99411, 99412, 99483, 99492, 99493, 99494, 99510</p> <p>HCPCS G0155: Services of clinical social worker in home health or hospice settings, each 15 minutes G0176: Activity therapy, such as music, dance, art or play therapies not for recreation, related to the care and treatment of patient's disabling mental health problems, per session (45 minutes or more) G0177: Training and educational services related to the care and treatment of patient's disabling mental health problems per session (45 minutes or more) G0409: Social work and psychological services, directly relating to and/or furthering the patient's rehabilitation goals, each 15 minutes, face-to-face; individual (services provided by a CORF-qualified social worker or psychologist in a CORF)</p>

Services	CPT/HCPCS/POS
	<p>G0463: Hospital outpatient clinic visit for assessment and management of a patient</p> <p>G0512: Rural health clinic or federally qualified health center (RHC/FQHC) only, psychiatric collaborative care model (psychiatric COCM), 60 minutes or more of clinical staff time for psychiatric COCM services directed by an RHC or FQHC practitioner (physician, NP, PA, or CNM) and including services furnished by a behavioral healthcare manager and consultation with a psychiatric consultant, per calendar month</p> <p>G0560: Safety planning interventions, each 20 minutes personally performed by the billing practitioner, including assisting the patient in the identification of the following personalized elements of a safety plan: recognizing warning signs of an impending suicidal or substance use-related crisis; employing internal coping strategies; utilizing social contacts and social settings as a means of distraction from suicidal thoughts or risky substance use; utilizing family members, significant others, caregivers, and/or friends to help resolve the crisis; contacting mental health or substance use disorder professionals or agencies; and making the environment safe</p> <p>H0002: Behavioral health screening to determine eligibility for admission to treatment program</p> <p>H0004: Behavioral health counseling and therapy, per 15 minutes</p> <p>H0031: Mental health assessment, by non-physician</p> <p>H0034: Medication training and support, per 15 minutes</p> <p>H0036: Community psychiatric supportive treatment, face-to-face, per 15 minutes</p> <p>H0037: Community psychiatric supportive treatment program, per diem</p> <p>H0039: Assertive community treatment, face-to-face, per 15 minutes</p> <p>H0040: Assertive community treatment program, per diem</p> <p>H2000: Comprehensive multidisciplinary evaluation</p> <p>H2010: Comprehensive medication services, per 15 minutes</p> <p>H2011: Crisis intervention service, per 15 minutes</p> <p>H2013: Psychiatric health facility service, per diem</p> <p>H2014: Skills training and development, per 15 minutes</p> <p>H2015: Comprehensive community support services, per 15 minutes</p> <p>H2016: Comprehensive community support services, per diem</p> <p>H2017: Psychosocial rehabilitation services, per 15 minutes</p> <p>H2018: Psychosocial rehabilitation services, per diem</p> <p>H2019: Therapeutic behavioral services, per 15 minutes</p> <p>H2020: Therapeutic behavioral services, per diem</p> <p>T1015: Clinic visit/encounter, all-inclusive</p>
Psychiatric Collaborative Care Management	<p>CPT 99492, 99493, 99494</p>

Services	CPT/HCPCS/POS
	<p>HCPCS G0512: Rural health clinic or federally qualified health center (RHC/FQHC) only, psychiatric collaborative care model (psychiatric COCM), 60 minutes or more of clinical staff time for psychiatric COCM services directed by an RHC or FQHC practitioner (physician, NP, PA, or CNM) and including services furnished by a behavioral healthcare manager and consultation with a psychiatric consultant, per calendar month</p>
Residential Behavioral Health Treatment	<p>HCPCS T2048: Behavioral health; long-term care residential (non-acute care in a residential treatment program where stay is typically longer than 30 days), with room and board, per diem H0019: Behavioral health; long-term residential (non-medical, non-acute care in a residential treatment program where stay is typically longer than 30 days), without room and board, per diem H0017: Behavioral health; residential (hospital residential treatment program), without room and board, per diem H0018: Behavioral health; short-term residential (non-hospital residential treatment program), without room and board, per diem</p>
Transitional Care Management Services	<p>CPT 99495, 99496</p>
Telephone Visits	<p>CPT 98008, 98009, 98010, 98011, 98012, 98013, 98014, 98015, 98966, 98967, 98968</p>
Telehealth POS	<p>POS 02: Telehealth Provided Other than in Patient's Home 10: Telehealth Provided in Patient's Home</p>
Visit Setting Unspecified	<p>CPT 90791, 90792, 90832, 90833, 90834, 90836, 90837, 90838, 90839, 90840, 90845, 90847, 90849, 90853, 90875, 90876, 99221, 99222, 99223, 99231, 99232, 99233, 99238, 99239, 99252, 99253, 99254, 99255</p>
Outpatient POS	<p>POS 03: School 05: Indian Health Service Free-standing Facility 07: Facility 09: Tribal 638 Free-standing Facility 11: Office 12: Home 13: Assisted Living Facility 14: Group Home 15: Mobile Unit 16: Temporary Lodging 17: Walk-in Retail Clinic</p>

Services	CPT/HCPCS/POS
	18: Place of Employment-Worksite 19: Off Campus-Outpatient Hospital 20: Urgent Care Facility 22: On-Campus Outpatient Hospital 33: Custodial Care Facility 49: Independent Clinic 50: Federally Qualified Health Center 71: Public Health Clinic 72: Rural Health Clinic
CDC Race and Ethnicity	1002-5: American Indian or Alaska Native 2028-9: Asian 2054-5: Black or African American 2076-8: Native Hawaiian or Other Pacific Islander 2106-3: White 2135-2: Hispanic or Latino 2186-5: Not Hispanic or Latino 2118-8: Middle Eastern or North African

Note: The codes listed are informational only; this information does not guarantee benefit coverage or reimbursement.

Helpful tips:

- Educate your persons and their spouses, caregivers, or guardians about the importance of compliance with long-term medications, if prescribed.
- Encourage persons to participate in our behavioral health case management program for help getting a follow-up discharge appointment within seven days and other support.
- Teach patient’s families to review all discharge instructions for persons and ask for details of all followup discharge instructions, such as the dates and times of appointments. The post-discharge follow-up should optimally be within seven days of discharge.
- Ask persons with a mental health diagnosis to allow you access to their mental health records if you are their primary care provider.
- Telehealth services that are completed by a qualified mental health provider can be used for this measure.
- If using an EMR system, consider electronic data sharing with your health plan to capture all coded elements. Contact your provider relationship management representative for additional details and questions.

How can we help?

- We help you with follow-up after hospitalization for mental illness by:
- Offer current Clinical Practice Guidelines on our provider self-service website.
- Persons may be eligible for transportation assistance at no cost. Contact Member Services for arrangements.

Follow-Up After High Intensity Care for Substance Use Disorder (FUI)

This HEDIS measure evaluates the percentage of acute inpatient hospitalizations, residential treatment, or withdrawal management visits for a diagnosis of substance use disorder among persons 13 years of age and older that result in a follow-up visit or service for substance use disorder during the measurement period. Two rates are reported:

- The percentage of visits or discharges for which the patient received follow-up for substance use disorder within the 30 days after the visit or discharge
- The percentage of visits or discharges for which the patient received follow-up for substance use disorder within the 7 days after the visit or discharge

Exclusions:

- Persons who use hospice services or elect to use a hospice benefit any time during the measurement period
- Persons who die at any time during the measurement period

Services	CPT/HCPCS/ICD-10-CM/POS
BH Outpatient	<p>CPT 98960, 98961, 98962, 99078, 99202, 99203, 99204, 99205, 99211, 99212, 99213, 99214, 99215, 99242, 99243, 99244, 99245, 99341, 99342, 99344, 99345, 99347, 99348, 99349, 99350, 99381, 99382, 99383, 99384, 99385, 99386, 99387, 99391, 99392, 99393, 99394, 99395, 99396, 99397, 99401, 99402, 99403, 99404, 99411, 99412, 99483, 99492, 99493, 99494, 99510</p> <p>HCPCS G0155: Services of clinical social worker in home health or hospice settings, each 15 minutes G0176: Activity therapy, such as music, dance, art or play therapies not for recreation, related to the care and treatment of patient's disabling mental health problems, per session (45 minutes or more) G0177: Training and educational services related to the care and treatment of patient's disabling mental health problems per session (45 minutes or more) G0409: Social work and psychological services, directly relating to and/or furthering the patient's rehabilitation goals, each 15 minutes, face-to-face; individual (services provided by a CORF-qualified social worker or psychologist in a CORF) G0463: Hospital outpatient clinic visit for assessment and management of a patient</p>

Services	CPT/HCPCS/ICD-10-CM/POS
	<p>G0512: Rural health clinic or federally qualified health center (RHC/FQHC) only, psychiatric collaborative care model (psychiatric COCM), 60 minutes or more of clinical staff time for psychiatric COCM services directed by an RHC or FQHC practitioner (physician, NP, PA, or CNM) and including services furnished by a behavioral healthcare manager and consultation with a psychiatric consultant, per calendar month</p> <p>G0560: Safety planning interventions, each 20 minutes personally performed by the billing practitioner, including assisting the patient in the identification of the following personalized elements of a safety plan: recognizing warning signs of an impending suicidal or substance use-related crisis; employing internal coping strategies; utilizing social contacts and social settings as a means of distraction from suicidal thoughts or risky substance use; utilizing family members, significant others, caregivers, and/or friends to help resolve the crisis; contacting mental health or substance use disorder professionals or agencies; and making the environment safe</p> <p>H0002: Behavioral health screening to determine eligibility for admission to treatment program</p> <p>H0004: Behavioral health counseling and therapy, per 15 minutes</p> <p>H0031: Mental health assessment, by non-physician</p> <p>H0034: Medication training and support, per 15 minutes</p> <p>H0036: Community psychiatric supportive treatment, face-to-face, per 15 minutes</p> <p>H0037: Community psychiatric supportive treatment program, per diem</p> <p>H0039: Assertive community treatment, face-to-face, per 15 minutes</p> <p>H0040: Assertive community treatment program, per diem</p> <p>H2000: Comprehensive multidisciplinary evaluation</p> <p>H2010: Comprehensive medication services, per 15 minutes</p> <p>H2011: Crisis intervention service, per 15 minutes</p> <p>H2013: Psychiatric health facility service, per diem</p> <p>H2014: Skills training and development, per 15 minutes</p> <p>H2015: Comprehensive community support services, per 15 minutes</p> <p>H2016: Comprehensive community support services, per diem</p> <p>H2017: Psychosocial rehabilitation services, per 15 minutes</p> <p>H2018: Psychosocial rehabilitation services, per diem</p> <p>H2019: Therapeutic behavioral services, per 15 minutes</p> <p>H2020: Therapeutic behavioral services, per diem</p> <p>T1015: Clinic visit/encounter, all-inclusive</p>
Substance Abuse Counseling and Surveillance	<p>ICD-10-CM</p> <p>Z71.41: Alcohol abuse counseling and surveillance of alcoholic</p> <p>Z71.51: Drug abuse counseling and surveillance of drug abuser</p>

Services	CPT/HCPCS/ICD-10-CM/POS
Substance Use Disorder Services	<p>CPT 99408, 99409</p> <p>HCPCS G0396: Alcohol and/or substance (other than tobacco) misuse structured assessment (for example, audit, DAST), and brief intervention 15 to 30 minutes G0397: Alcohol and/or substance (other than tobacco) misuse structured assessment (for example, audit, DAST), and intervention, greater than 30 minutes G0443: Brief face-to-face behavioral counseling for alcohol misuse, 15 minutes H0001: Alcohol and/or drug assessment H0005: Alcohol and/or drug services; group counseling by a clinician H0007: Alcohol and/or drug services; crisis intervention (outpatient) H0015: Alcohol and/or drug services; intensive outpatient (treatment program that operates at least 3 hours/day and at least 3 days/week and is based on an individualized treatment plan), including assessment, counseling; crisis intervention, and activity therapies or education H0016: Alcohol and/or drug services; medical/somatic (medical intervention in ambulatory setting) H0022: Alcohol and/or drug intervention service (planned facilitation) H0047: Alcohol and/or other drug abuse services, not otherwise specified H0050: Alcohol and/or drug services, brief intervention, per 15 minutes H2035: Alcohol and/or other drug treatment program, per hour H2036: Alcohol and/or other drug treatment program, per diem T1006: Alcohol and/or substance abuse services, family/couple counseling T1012: Alcohol and/or substance abuse services, skills development</p>
Substance Use Services	<p>HCPCS H0006: Alcohol and/or drug services; case management H0028: Alcohol and/or drug prevention problem identification and referral service (for example, student assistance and employee assistance programs), does not include assessment</p>
OUD Monthly Office-based Treatment	<p>HCPCS G2069: Medication assisted treatment, buprenorphine (injectable) administered on a monthly basis; bundle including dispensing and/or administration, substance use counseling, individual and group therapy, and toxicology testing if performed (provision of the services by a Medicare-enrolled opioid treatment program)</p>

Services	CPT/HCPCS/ICD-10-CM/POS
	<p>G2086: Office-based treatment for opioid use disorder, including development of the treatment plan, care coordination, individual therapy and group therapy and counseling; at least 70 minutes in the first calendar month</p> <p>G2087: Office-based treatment for opioid use disorder, including care coordination, individual therapy and group therapy and counseling; at least 60 minutes in a subsequent calendar month</p>
<p>OUD Weekly Drug Treatment Service</p>	<p>HCPCS</p> <p>G0533: Medication assisted treatment, buprenorphine (injectable) administered on a weekly basis; weekly bundle including dispensing and/or administration, substance use counseling, individual and group therapy, and toxicology testing if performed (provision of the services by a Medicare-enrolled opioid treatment program)</p> <p>G2067: Medication assisted treatment, methadone; weekly bundle including dispensing and/or administration, substance use counseling, individual and group therapy, and toxicology testing, if performed (provision of the services by a Medicare-enrolled opioid treatment program)</p> <p>G2068: Medication assisted treatment, buprenorphine (oral); weekly bundle including dispensing and/or administration, substance use counseling, individual and group therapy, and toxicology testing if performed (provision of the services by a Medicare-enrolled opioid treatment program)</p> <p>G2073: Medication assisted treatment, naltrexone; weekly bundle including dispensing and/or administration, substance use counseling, individual and group therapy, and toxicology testing if performed (provision of the services by a Medicare-enrolled opioid treatment program)</p>
<p>OUD Weekly Nondrug Service</p>	<p>HCPCS</p> <p>G2074: Medication assisted treatment, weekly bundle not including the drug, including substance use counseling, individual and group therapy, and toxicology testing if performed (provision of the services by a Medicare-enrolled opioid treatment program)</p> <p>G2075: Medication assisted treatment, medication not otherwise specified; weekly bundle including dispensing and/or administration, substance use counseling, individual and group therapy, and toxicology testing, if performed (provision of the services by a Medicare-enrolled opioid treatment program)</p> <p>G2076: Intake activities, including initial medical examination that is a complete, fully documented physical evaluation and initial assessment by a program physician or a primary care physician, or an authorized healthcare professional under the supervision of a program physician qualified personnel that includes preparation of a treatment plan that includes the patient's short-term goals and the</p>

Services	CPT/HCPCS/ICD-10-CM/POS
	<p>tasks the patient must perform to complete the short-term goals; the patient's requirements for education, vocational rehabilitation, and employment; and the medical, psycho- social, economic, legal, or other supportive services that a patient needs, conducted by qualified personnel (provision of the services by a Medicare-enrolled opioid</p> <p>G2077: Periodic assessment; assessing periodically by an OTP practitioner and includes a review of MOUD dosing, treatment response, other substance use disorder treatment needs, responses and patient-identified goals, and other relevant physical and psychiatric treatment needs and goals; assessment may be informed by administration of a standardized, evidence-based social determinants of health risk assessment to identify unmet health-related social needs, or the need and interest for harm reduction interventions and recovery support services (provision of the services by a Medicare-enrolled opioid treatment program); list separately in addition to each primary code</p> <p>G2080: Each additional 30 minutes of counseling in a week of medication assisted treatment, (provision of the services by a Medicare-enrolled opioid treatment program); list separately in addition to code for primary procedure</p>
Online Assessments	<p>CPT 98016, 98970, 98971, 98972, 98980, 98981, 99421, 99422, 99423, 99457, 99458</p> <p>HCPCS G0071: Payment for communication technology-based services for 5 minutes or more of a virtual (non-face-to-face) communication between a rural health clinic (RHC) or federally qualified health center (FQHC) practitioner and RHC or FQHC patient, or 5 minutes or more of remote evaluation of recorded video and/or images by an RHC or FQHC practitioner, occurring in lieu of an office visit; RHC or FQHC only</p> <p>G2010: Remote evaluation of recorded video and/or images submitted by an established patient (for example, store and forward), including interpretation with follow-up with the patient within 24 business hours, not originating from a related E/M service provided within the previous 7 days nor leading to an E/M service or procedure within the next 24 hours or soonest available appointment</p> <p>G2250: Remote assessment of recorded video and/or images submitted by an established patient (for example, store and forward), including interpretation with follow-up with the patient within 24 business hours, not originating from a related service provided within the previous 7 days nor leading to a service or procedure within the next 24 hours or soonest available appointment</p>

Services	CPT/HCPCS/ICD-10-CM/POS
	<p>G2251: Brief communication technology-based service, for example, virtual check-in, by a qualified healthcare professional who cannot report evaluation and management services, provided to an established patient, not originating from a related service provided within the previous 7 days nor leading to a service or procedure within the next 24 hours or soonest available appointment; 5-10 minutes of clinical discussion</p> <p>G2252: Brief communication technology-based service, for example, virtual check-in, by a physician or other qualified healthcare professional who can report evaluation and management services, provided to an established patient, not originating from a related E/M service provided within the previous 7 days nor leading to an E/M service or procedure within the next 24 hours or soonest available appointment; 11-20 minutes of medical discussion</p>
Outpatient POS	<p>POS</p> <p>03: School</p> <p>05: Indian Health Service Free-standing Facility</p> <p>07: Tribal 638 Free-standing Facility</p> <p>09: Prison/ Correctional Facility</p> <p>11: Office</p> <p>12: Home</p> <p>13: Assisted Living Facility</p> <p>14: Group Home</p> <p>15: Mobile Unit</p> <p>16: Temporary Lodging</p> <p>17: Walk-in Retail Clinic</p> <p>18: Place of Employment-Worksite</p> <p>19: Off Campus-Outpatient Hospital</p> <p>20: Urgent Care Facility</p> <p>22: On-Campus Outpatient Hospital</p> <p>33: Custodial Care Facility</p> <p>49: Independent Clinic</p> <p>50: Federally Qualified Health Center</p> <p>71: Public Health Clinic</p> <p>72: Rural Health Clinic</p>
Telephone Visits	<p>CPT</p> <p>90812, 90813, 90814, 90815, 98008, 98009, 98010, 98011, 98966, 98967, 98968</p>
Telehealth POS	<p>POS</p> <p>02: Telehealth Provided Other than in Patient's Home</p> <p>10: Telehealth Provided in Patient's Home</p>
Visit Setting Unspecified	<p>CPT</p> <p>90791, 90792, 90832, 90833, 90834, 90836, 90837, 90838, 90839, 90840, 90845, 90847, 90849, 90853, 90875, 90876, 99221, 99222,</p>

Services	CPT/HCPCS/ICD-10-CM/POS
	99223, 99231, 99232, 99233, 99238, 99239, 99252, 99253, 99254, 99255

Note: The codes listed are informational only; this information does not guarantee benefit coverage or reimbursement.

How can we help?

We help you with follow-up after hospitalization for mental illness by:

- Offer current Clinical Practice Guidelines on our provider self-service website.
- Persons may be eligible for transportation assistance at no cost. Contact Member Services for arrangements.

Other available resources

- You can find more information and tools online at qualityforum.org.

Helpful tip

- If using an EMR system, consider electronic data sharing with your health plan to capture all coded elements. Contact your provider relationship management representative for additional details and questions.

Follow-Up After Emergency Department Visit for Mental Illness (FUM)

This HEDIS measure evaluates the percentage of emergency department (ED) visits for persons ages 6 years and older with a principal diagnosis of mental illness or any diagnosis of intentional self-harm, and who had a mental health follow-up service during the measurement period. Two rates are reported:

1. The percentage of ED visits for which the patient received follow-up within 30 days of the ED visit (31 total days)
2. The percentage of ED visits for which the patient received follow-up within 7 days of the ED visit (8 total days)

Exclusions:

- ED visits that result in an inpatient stay
- ED visits followed by admission to an acute or non-acute inpatient care setting on the date of the ED visit or within the 30 days after the ED visit (31 total days)
- Persons in hospice or using hospice services anytime during the measurement period
- Persons who died during the measurement period

Services	CPT/HCPCS/POS
BH Outpatient	<p>CPT 98960, 98961, 98962, 99078, 99202, 99203, 99204, 99205, 99211, 99212, 99213, 99214, 99215, 99242, 99243, 99244, 99245, 99341, 99342, 99344, 99345, 99347, 99348, 99349, 99350, 99381, 99382, 99383, 99384, 99385, 99386, 99387, 99391, 99392, 99393, 99394, 99395, 99396, 99397, 99401, 99402, 99403, 99404, 99411, 99412, 99483, 99492, 99493, 99494, 99510</p> <p>HCPCS G0155: Services of clinical social worker in home health or hospice settings, each 15 minutes G0176: Activity therapy, such as music, dance, art or play therapies not for recreation, related to the care and treatment of patient's disabling mental health problems, per session (45 minutes or more) G0177: Training and educational services related to the care and treatment of patient's disabling mental health problems per session (45 minutes or more) G0409: Social work and psychological services, directly relating to and/or furthering the patient's rehabilitation goals, each 15 minutes, face-to-face; individual (services provided by a CORF-qualified social worker or psychologist in a CORF)</p>

Services	CPT/HCPCS/POS
	<p>G0463: Hospital outpatient clinic visit for assessment and management of a patient</p> <p>G0512: Rural health clinic or federally qualified health center (RHC/FQHC) only, psychiatric collaborative care model (psychiatric COCM), 60 minutes or more of clinical staff time for psychiatric COCM services directed by an RHC or FQHC practitioner (physician, NP, PA, or CNM) and including services furnished by a behavioral healthcare manager and consultation with a psychiatric consultant, per calendar month</p> <p>G0560: Safety planning interventions, each 20 minutes personally performed by the billing practitioner, including assisting the patient in the identification of the following personalized elements of a safety plan: recognizing warning signs of an impending suicidal or substance use-related crisis; employing internal coping strategies; utilizing social contacts and social settings as a means of distraction from suicidal thoughts or risky substance use; utilizing family members, significant others, caregivers, and/or friends to help resolve the crisis; contacting mental health or substance use disorder professionals or agencies; and making the environment safe</p> <p>H0002: Behavioral health screening to determine eligibility for admission to treatment program</p> <p>H0004: Behavioral health counseling and therapy, per 15 minutes</p> <p>H0031: Mental health assessment, by non-physician</p> <p>H0034: Medication training and support, per 15 minutes</p> <p>H0036: Community psychiatric supportive treatment, face-to-face, per 15 minutes</p> <p>H0037: Community psychiatric supportive treatment program, per diem</p> <p>H0039: Assertive community treatment, face-to-face, per 15 minutes</p> <p>H0040: Assertive community treatment program, per diem</p> <p>H2000: Comprehensive multidisciplinary evaluation</p> <p>H2010: Comprehensive medication services, per 15 minutes</p> <p>H2011: Crisis intervention service, per 15 minutes</p> <p>H2013: Psychiatric health facility service, per diem</p> <p>H2014: Skills training and development, per 15 minutes</p> <p>H2015: Comprehensive community support services, per 15 minutes</p> <p>H2016: Comprehensive community support services, per diem</p> <p>H2017: Psychosocial rehabilitation services, per 15 minutes</p> <p>H2018: Psychosocial rehabilitation services, per diem</p> <p>H2019: Therapeutic behavioral services, per 15 minutes</p> <p>H2020: Therapeutic behavioral services, per diem</p> <p>T1015: Clinic visit/encounter, all-inclusive</p>
Residential Behavioral Health Treatment	HCPCS

Services	CPT/HCPCS/POS
	<p>T2048: Behavioral health; long-term care residential (non-acute care in a residential treatment program where stay is typically longer than 30 days), with room and board, per diem</p> <p>H0019: Behavioral health; long-term residential (non-medical, non-acute care in a residential treatment program where stay is typically longer than 30 days), without room and board, per diem</p> <p>H0017: Behavioral health; residential (hospital residential treatment program), without room and board, per diem</p> <p>H0018: Behavioral health; short-term residential (non-hospital residential treatment program), without room and board, per diem</p>
Telehealth POS	<p>POS</p> <p>02: Telehealth Provided Other than in Patient’s Home</p> <p>10: Telehealth Provided in Patient’s Home</p>
Outpatient POS	<p>POS</p> <p>03: School</p> <p>05: Indian Health Service Free-standing Facility</p> <p>07: Tribal 638 Free-standing Facility</p> <p>09: Prison/ Correctional Facility</p> <p>11: Office</p> <p>12: Home</p> <p>13: Assisted Living Facility</p> <p>14: Group Home</p> <p>15: Mobile Unit</p> <p>16: Temporary Lodging</p> <p>17: Walk-in Retail Clinic</p> <p>18: Place of Employment-Worksite</p> <p>19: Off Campus-Outpatient Hospital</p> <p>20: Urgent Care Facility</p> <p>22: On-Campus Outpatient Hospital</p> <p>33: Custodial Care Facility</p> <p>49: Independent Clinic</p> <p>50: Federally Qualified Health Center</p> <p>71: Public Health Clinic</p> <p>72: Rural Health Clinic</p>
Visit Setting Unspecified	<p>CPT</p> <p>90791, 90792, 90832, 90833, 90834, 90836, 90837, 90838, 90839, 90840, 90845, 90847, 90849, 90853, 90875, 90876, 99221, 99222, 99223, 99231, 99232, 99233, 99238, 99239, 99252, 99253, 99254, 99255</p>
Online Assessments	<p>CPT</p> <p>98016, 98970, 98971, 98972, 98980, 98981, 99421, 99422, 99423, 99457, 99458</p> <p>HCPCS</p>

Services	CPT/HCPCS/POS
	<p>G0071: Payment for communication technology-based services for 5 minutes or more of a virtual (non-face-to-face) communication between a rural health clinic (RHC) or federally qualified health center (FQHC) practitioner and RHC or FQHC patient, or 5 minutes or more of remote evaluation of recorded video and/or images by an RHC or FQHC practitioner, occurring in lieu of an office visit; RHC or FQHC only</p> <p>G2010: Remote evaluation of recorded video and/or images submitted by an established patient (for example, store and forward), including interpretation with follow-up with the patient within 24 business hours, not originating from a related E/M service provided within the previous 7 days nor leading to an E/M service or procedure within the next 24 hours or soonest available appointment</p> <p>G2250: Remote assessment of recorded video and/or images submitted by an established patient (for example, store and forward), including interpretation with follow-up with the patient within 24 business hours, not originating from a related service provided within the previous 7 days nor leading to a service or procedure within the next 24 hours or soonest available appointment</p> <p>G2251: Brief communication technology-based service, for example, virtual check-in, by a qualified healthcare professional who cannot report evaluation and management services, provided to an established patient, not originating from a related service provided within the previous 7 days nor leading to a service or procedure within the next 24 hours or soonest available appointment; 5-10 minutes of clinical discussion</p> <p>G2252: Brief communication technology-based service, for example, virtual check-in, by a physician or other qualified healthcare professional who can report evaluation and management services, provided to an established patient, not originating from a related E/M service provided within the previous 7 days nor leading to an E/M service or procedure within the next 24 hours or soonest available appointment; 11-20 minutes of medical discussion</p>
Telephone Visits	<p>CPT 98008, 98009, 98010, 98011, 98012, 98013, 98014, 98015, 98966, 98967, 98968</p>
CDC Race and Ethnicity	<p>1002-5: American Indian or Alaska Native 2028-9: Asian 2054-5: Black or African American 2076-8: Native Hawaiian or Other Pacific Islander 2106-3: White 2135-2: Hispanic or Latino 2186-5: Not Hispanic or Latino 2118-8: Middle Eastern or North African</p>

Services	CPT/HCPCS/POS

Note: The codes listed are informational only; this information does not guarantee benefit coverage or reimbursement.

How can we help?

We help you with follow-up after hospitalization for mental illness by:

- Offer current Clinical Practice Guidelines on our provider self-service website
- Persons may be eligible for transportation assistance at no cost. Contact Member Services for arrangements.

Other available resources:

- You can find more information and tools online at qualityforum.org.

Helpful tip:

- If using an EMR system, consider electronic data sharing with your health plan to capture all coded elements. Contact your provider relationship management representative for additional details and questions.

Glycemic Status Assessment for Patients With Diabetes (GSD)

This measure looks at the percentage of persons 18 to 75 years of age with diabetes (type 1 or type2) whose most recent glycemic status (hemoglobin A1c [HbA1c] or glucose management indicator [GMI]) was at the following levels during the measurement period:

- Glycemic Status <8.0%.
- Glycemic Status >9.0%.

Note: A lower rate indicates better performance for this indicator (in other words, low rates of Glycemic Status >9% indicate better care).

Record your efforts:

- Document the result of the most recent glycemic status assessment (HbA1c or GMI) performed during the measurement period
- When identifying the most recent glycemic status assessment (HbA1c or GMI), GMI values must include documentation of the continuous glucose monitoring data date range used to derive the value. The terminal date in the range should be used to assign assessment date.

Exclusions:

- Persons who use hospice services or elect to use a hospice benefit any time during the measurement period
- Persons who die at any time during the measurement period
- Persons receiving palliative care any time during the measurement period or had an encounter for palliative care any time during the measurement period. Do not include laboratory claims (claims with POS code 81)
- Persons 66 years of age and older as of December 31 of the measurement period (all product lines) with frailty and advanced illness. Persons must meet both frailty and advanced illness criteria to be excluded. Do not include laboratory claims (claims with POS code 81)

Description	CPT/CPT-CAT II/LOINC/SNOMED CT
HbA1c Level Greater Than or Equal to 8.0	CPT-CAT II 3046F: Most recent hemoglobin A1c level greater than 9.0% (DM) 3052F: Most recent hemoglobin A1c (HbA1c) level greater than or equal to 8.0% and less than or equal to 9.0% (DM)
HbA1c Level Less Than 8.0	CPT-CAT II 3044F: Most recent hemoglobin A1c (HbA1c) level less than 7.0% (DM) 3051F: Most recent hemoglobin A1c (HbA1c) level greater than or equal to 7.0% and less than 8.0% (DM)

Description	CPT/CPT-CAT II/LOINC/SNOMED CT
Hb1c Level Less Than or Equal to 9.0	CPT-CAT II 3044F: Most recent hemoglobin A1c (HbA1c) level less than 7.0% (DM) 3051F: Most recent hemoglobin A1c (HbA1c) level greater than or equal to 7.0% and less than 8.0% (DM) 3052F: Most recent hemoglobin A1c (HbA1c) level greater than or equal to 8.0% and less than or equal to 9.0% (DM)
HbA1c Tests Results or Findings	CPT-CAT II 3044F: Most recent hemoglobin A1c (HbA1c) level less than 7.0% (DM) 3046F: Most recent hemoglobin A1c level greater than 9.0% (DM) 3051F: Most recent hemoglobin A1c (HbA1c) level greater than or equal to 7.0% and less than 8.0% (DM) 3052F: Most recent hemoglobin A1c (HbA1c) level greater than or equal to 8.0% and less than or equal to 9.0% (DM) 165679005: Hemoglobin A1c less than 7 percent indicating good diabetic control (finding) 451061000124104: Hemoglobin A1c greater than nine percent indicating poor diabetic control (finding)
HbA1c Lab Test	CPT 83036, 83037 LOINC 17855-8: Hemoglobin A1c/Hemoglobin.total in Blood by calculation 17856-6: Hemoglobin A1c/Hemoglobin.total in Blood by HPLC 4548-4: Hemoglobin A1c/Hemoglobin.total in Blood 4549-2: Hemoglobin A1c/Hemoglobin.total in Blood by Electrophoresis 96595-4: Hemoglobin A1c/Hemoglobin.total in DBS 97506-0: Glucose management indicator
CDC Race and Ethnicity	1002-5: American Indian or Alaska Native 2028-9: Asian 2054-5: Black or African American 2076-8: Native Hawaiian or Other Pacific Islander 2106-3: White 2135-2: Hispanic or Latino 2186-5: Not Hispanic or Latino 2118-8: Middle Eastern or North African
	*Do not include laboratory claims (claims with POS code 81). †Do not include CPT Category II codes with a modifier

Note: The Logical Observation Identifiers Names and Codes (LOINC) are for reporting clinical observations and laboratory testing. The codes listed are informational only; this information does not guarantee benefit coverage or reimbursement.

Helpful tips:

- For the recommended frequency of testing and screening, refer to the Clinical Practice Guidelines for diabetes mellitus.
- If your practice uses EMRs, have flags or reminders set in the system to alert your staff when a patient's screenings are due.
- Send appointment reminders and call persons to remind them of upcoming appointments and necessary screenings.
- Follow up on lab test results and document on your chart.
- Draw labs in your office if accessible or refer persons to a local lab for screenings.
- Educate your persons and their families, caregivers, and guardians on diabetes care, including:
 - Taking all prescribed medications as directed.
 - Adding regular exercise to daily activities.
 - Regularly monitoring blood sugar and blood pressure at home.
 - Maintaining healthy weight and ideal body mass index.
 - Eating heart-healthy, low-calorie, and low-fat foods.
 - Stopping smoking and avoiding second-hand smoke.
 - Fasting prior to having blood sugar and lipid panels drawn to ensure accurate results.
 - Keeping all medical appointments; getting help with scheduling necessary appointments, screenings, and tests to improve compliance.
- Remember to include the applicable Category II reporting code above on the claim form to help reduce the burden of HEDIS medical record review.
- If using an electronic medical record (EMR) system, consider electronic data sharing with your health plan to capture all coded elements. Contact your provider relationship management representative for additional details and questions.

How can we help?

We can help you with comprehensive diabetes care by:

- Providing online Clinical Practice Guidelines on our provider self-service website.
- Providing programs that may be available to our diabetic persons.
- Supplying copies of educational resources on diabetes that may be available for your office.
- Scheduling Clinic Days or providing education at your office, if available in your area.
- Persons may be eligible for transportation assistance at no cost. Contact Member Services for arrangements.

Initiation and Engagement of Substance Use Disorder Treatment (IET)

This measure looks at the 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 visits, 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.

Exclusions:

- Persons who use hospice services or elect to use a hospice benefit any time during the measurement period
- Persons who died during the measurement period

Initiation and engagement of alcohol and other drug dependence treatment (IET) codes:

Description	CPT/HCPCS/ICD-10-CM/ICD10PCS/POS
BH Outpatient	<p>CPT 98960, 98961, 98962, 99078, 99202, 99203, 99204, 99205, 99211, 99212, 99213, 99214, 99215, 99242, 99243, 99244, 99245, 99341, 99342, 99344, 99345, 99347, 99348, 99349, 99350, 99381, 99382, 99383, 99384, 99385, 99386, 99387, 99391, 99392, 99393, 99394, 99395, 99396, 99397, 99401, 99402, 99403, 99404, 99411, 99412, 99483, 99492, 99493, 99494, 99510</p> <p>HCPCS G0155: Services of clinical social worker in home health or hospice settings, each 15 minutes G0176: Activity therapy, such as music, dance, art or play therapies not for recreation, related to the care and treatment of patient's disabling mental health problems, per session (45 minutes or more) G0177: Training and educational services related to the care and treatment of patient's disabling mental health problems per session (45 minutes or more) G0409: Social work and psychological services, directly relating to and/or furthering the patient's rehabilitation goals, each 15 minutes, face-to-face; individual (services provided by a CORF-qualified social worker or psychologist in a CORF) G0463: Hospital outpatient clinic visit for assessment and management of a patient</p>

Description	CPT/HCPCS/ICD-10-CM/ICD10PCS/POS
	<p>G0512: Rural health clinic or federally qualified health center (RHC/FQHC) only, psychiatric collaborative care model (psychiatric COCM), 60 minutes or more of clinical staff time for psychiatric COCM services directed by an RHC or FQHC practitioner (physician, NP, PA, or CNM and including services furnished by a behavioral healthcare manager and consultation with a psychiatric consultant, per calendar month</p> <p>G0560: Safety planning interventions, each 20 minutes personally performed by the billing practitioner, including assisting the patient in the identification of the following personalized elements of a safety plan: recognizing warning signs of an impending suicidal or substance use-related crisis; employing internal coping strategies; utilizing social contacts and social settings as a means of distraction from suicidal thoughts or risky substance use; utilizing family members, significant others, caregivers, and/or friends to help resolve the crisis; contacting mental health or substance use disorder professionals or agencies; and making the environment safe</p> <p>H0002: Behavioral health screening to determine eligibility for admission to treatment program</p> <p>H0004: Behavioral health counseling and therapy, per 15 minutes</p> <p>H0031: Mental health assessment, by non-physician</p> <p>H0034: Medication training and support, per 15 minutes</p> <p>H0036: Community psychiatric supportive treatment, face-to-face, per 15 minutes</p> <p>H0037: Community psychiatric supportive treatment program, per diem</p> <p>H0039: Assertive community treatment, face-to-face, per 15 minutes</p> <p>H0040: Assertive community treatment program, per diem</p> <p>H2000: Comprehensive multidisciplinary evaluation</p> <p>H2010: Comprehensive medication services, per 15 minutes</p> <p>H2011: Crisis intervention service, per 15 minutes</p> <p>H2013: Psychiatric health facility service, per diem</p> <p>H2014: Skills training and development, per 15 minutes</p> <p>H2015: Comprehensive community support services, per 15 minutes</p> <p>H2016: Comprehensive community support services, per diem</p> <p>H2017: Psychosocial rehabilitation services, per 15 minutes</p> <p>H2018: Psychosocial rehabilitation services, per diem</p> <p>H2019: Therapeutic behavioral services, per 15 minutes</p> <p>H2020: Therapeutic behavioral services, per diem</p> <p>T1015: Clinic visit/encounter, all-inclusive</p>
Buprenorphine Implant	<p>HCPCS J0570: Buprenorphine implant, 74.2 mg</p>
Buprenorphine Injection	<p>HCPCS</p>

Description	CPT/HCPCS/ICD-10-CM/ICD10PCS/POS
	<p>G0533: Medication assisted treatment, buprenorphine (injectable) administered on a weekly basis; weekly bundle including dispensing and/or administration, substance use counseling, individual and group therapy, and toxicology testing if performed (provision of the services by a Medicare-enrolled opioid treatment program)</p> <p>G2069: Medication assisted treatment, buprenorphine (injectable); weekly bundle including dispensing and/or administration, substance use counseling, individual and group therapy, and toxicology testing if performed (provision of the services by a Medicare-enrolled opioid treatment program)</p> <p>Q9991: Injection, buprenorphine extended-release (sublocade), less than or equal to 100 mg</p> <p>Q9992: Injection, buprenorphine extended-release (sublocade), greater than 100 mg</p>
Buprenorphine Naloxone	<p>HCPCS</p> <p>J0572: Buprenorphine/naloxone, oral, less than or equal to 3 mg buprenorphine</p> <p>J0573: Buprenorphine/naloxone, oral, greater than 3 mg, but less than or equal to 6 mg buprenorphine</p> <p>J0574: Buprenorphine/naloxone, oral, greater than 6 mg, but less than or equal to 10 mg buprenorphine</p> <p>J0575: Buprenorphine/naloxone, oral, greater than 10 mg buprenorphine</p>
Buprenorphine Oral	<p>HCPCS</p> <p>H0033: Oral medication administration, direct observation</p> <p>J0571: Buprenorphine, oral, 1 mg</p>
Buprenorphine Oral Weekly	<p>HCPCS</p> <p>G2068: Medication assisted treatment, buprenorphine (oral); weekly bundle including dispensing and/or administration, substance use counseling, individual and group therapy, and toxicology testing if performed (provision of the services by a Medicare-enrolled opioid treatment program)</p> <p>G2079: Take-home supply of buprenorphine (oral); up to 7 additional day supply (provision of the services by a Medicare-enrolled opioid treatment program); list separately in addition to code for primary procedure</p>
Detoxification	<p>HCPCS</p> <p>H0008: Alcohol and/or drug services; sub-acute detoxification (hospital inpatient)</p> <p>H0009: Alcohol and/or drug services; acute detoxification (hospital inpatient)</p> <p>H0010: Alcohol and/or drug services; sub-acute detoxification (residential addiction program inpatient)</p>

Description	CPT/HCPCS/ICD-10-CM/ICD10PCS/POS
	<p>H0011: Alcohol and/or drug services; acute detoxification (residential addiction program inpatient)</p> <p>H0012: Alcohol and/or drug services; sub-acute detoxification (residential addiction program outpatient)</p> <p>H0013: Alcohol and/or drug services; acute detoxification (residential addiction program outpatient)</p> <p>H0014: Alcohol and/or drug services; ambulatory detoxification</p> <p>ICD10PCS</p> <p>HZ2ZZZZ: Detoxification Services for Substance Abuse Treatment</p> <p>SNOMED CT</p> <p>20093000, 23915005, 56876005, 61480009, 64297001, 67516001, 87106005, 182969009, 414054004, 414056002, 827094004</p>
Methadone Oral	<p>HCPCS</p> <p>H0020: Alcohol and/or drug services; methadone administration and/or service (provision of the drug by a licensed program)</p> <p>S0109: Methadone, oral, 5 mg</p> <p>SNOMED CT</p> <p>3106530: Drug addiction therapy using methadone (regime/therapy)</p>
Methadone Oral Weekly	<p>HCPCS</p> <p>G2067: Medication assisted treatment, methadone; weekly bundle including dispensing and/or administration, substance use counseling, individual and group therapy, and toxicology testing, if performed (provision of the services by a Medicare-enrolled opioid treatment program)</p> <p>G2078: Take-home supply of methadone; up to 7 additional day supply (provision of the services by a Medicare-enrolled opioid treatment program); list separately in addition to code for primary procedure</p>
Naltrexone Injection	<p>HCPCS</p> <p>G2073: Medication assisted treatment, naltrexone; weekly bundle including dispensing and/or administration, substance use counseling, individual and group therapy, and toxicology testing if performed (provision of the services by a Medicare-enrolled opioid treatment program)</p> <p>J2315: Injection, naltrexone, depot form, 1 mg</p>
Online Assessments	<p>CPT</p> <p>98016, 98970, 98971, 98972, 98980, 98981, 99421, 99422, 99423, 99457, 99458</p> <p>HCPCS</p> <p>G0071: Payment for communication technology-based services for 5 minutes or more of a virtual (non-face-to-face) communication between a rural health clinic (RHC) or federally qualified health center (FQHC) practitioner and RHC or FQHC patient, or 5 minutes or more of remote evaluation of recorded video and/or images by an</p>

Description	CPT/HCPCS/ICD-10-CM/ICD10PCS/POS
	<p>RHC or FQHC practitioner, occurring in lieu of an office visit; RHC or FQHC only</p> <p>G2010: Remote evaluation of recorded video and/or images submitted by an established patient (for example, store and forward), including interpretation with follow-up with the patient within 24 business hours, not originating from a related E/M service provided within the previous 7 days nor leading to an E/M service or procedure within the next 24 hours or soonest available appointment</p> <p>G2250: Remote assessment of recorded video and/or images submitted by an established patient (for example, store and forward), including interpretation with follow-up with the patient within 24 business hours, not originating from a related service provided within the previous 7 days nor leading to a service or procedure within the next 24 hours or soonest available appointment</p> <p>G2251: Brief communication technology-based service, for example, virtual check-in, by a qualified healthcare professional who cannot report evaluation and management services, provided to an established patient, not originating from a related service provided within the previous 7 days nor leading to a service or procedure within the next 24 hours or soonest available appointment; 5-10 minutes of clinical discussion</p> <p>G2252: Brief communication technology-based service, for example, virtual check-in, by a physician or other qualified healthcare professional who can report evaluation and management services, provided to an established patient, not originating from a related E/M service provided within the previous 7 days nor leading to an E/M service or procedure within the next 24 hours or soonest available appointment; 11-20 minutes of medical discussion</p>
<p>OUD Monthly Office-based Treatment</p>	<p>HCPCS</p> <p>G2069: Medication assisted treatment, buprenorphine (injectable) administered on a monthly basis; bundle including dispensing and/or administration, substance use counseling, individual and group therapy, and toxicology testing if performed (provision of the services by a Medicare-enrolled opioid treatment program)</p> <p>G2086: Office-based treatment for opioid use disorder, including development of the treatment plan, care coordination, individual therapy and group therapy and counseling; at least 70 minutes in the first calendar month</p> <p>G2087: Office-based treatment for opioid use disorder, including care coordination, individual therapy and group therapy and counseling; at least 60 minutes in a subsequent calendar month</p>
<p>OUD Weekly Drug Treatment Service</p>	<p>HCPCS</p> <p>G0533: Medication assisted treatment, buprenorphine (injectable) administered on a weekly basis; weekly bundle including dispensing</p>

Description	CPT/HCPCS/ICD-10-CM/ICD10PCS/POS
	<p>and/or administration, substance use counseling, individual and group therapy, and toxicology testing if performed (provision of the services by a Medicare-enrolled opioid treatment program)</p> <p>G2067: Medication assisted treatment, methadone; weekly bundle including dispensing and/or administration, substance use counseling, individual and group therapy, and toxicology testing, if performed (provision of the services by a Medicare-enrolled opioid treatment program)</p> <p>G2068: Medication assisted treatment, buprenorphine (oral); weekly bundle including dispensing and/or administration, substance use counseling, individual and group therapy, and toxicology testing if performed (provision of the services by a Medicare-enrolled opioid treatment program)</p> <p>G2073: Medication assisted treatment, naltrexone; weekly bundle including dispensing and/or administration, substance use counseling, individual and group therapy, and toxicology testing if performed (provision of the services by a Medicare-enrolled opioid treatment program)</p>
<p>OUD Weekly Nondrug Service</p>	<p>HCPCS</p> <p>G2074: medication-assisted treatment, weekly bundle not including the drug, including substance use counseling, individual and group therapy, and toxicology testing if performed (provision of the services by a Medicare-enrolled opioid treatment program)</p> <p>G2075: medication-assisted treatment, medication not otherwise specified; weekly bundle including dispensing and/or administration, substance use counseling, individual and group therapy, and toxicology testing, if performed (provision of the services by a Medicare-enrolled opioid treatment program)</p> <p>G2076: Intake activities, including initial medical examination that is a complete, fully documented physical evaluation and initial assessment by a program physician or a primary care physician, or an authorized healthcare professional under the supervision of a program physician qualified personnel that includes preparation of a treatment plan that includes the patient's short-term goals and the tasks the patient must perform to complete the short-term goals; the patient's requirements for education, vocational rehabilitation, and employment; and the medical, psycho- social, economic, legal, or other supportive services that a patient needs, conducted by qualified personnel (provision of the services by a Medicare-enrolled opioid</p> <p>G2077: Periodic assessment; assessing periodically by qualified personnel to determine the most appropriate combination of services and treatment (provision of the services by a Medicare-</p>

Description	CPT/HCPCS/ICD-10-CM/ICD10PCS/POS
	<p>enrolled opioid treatment program); list separately in addition to code for primary procedure</p> <p>G2080: Each additional 30 minutes of counseling in a week of medication-assisted treatment (provision of the services by a Medicare-enrolled opioid treatment program); list separately in addition to code for primary procedure</p>
Substance Abuse Counseling and Surveillance	<p>ICD-10-CM</p> <p>Z71.41: Alcohol abuse counseling and surveillance of alcoholic</p> <p>Z71.51: Drug abuse counseling and surveillance of drug abuser</p>
Substance Use Disorder Services	<p>CPT</p> <p>99408, 99409</p> <p>HCPCS</p> <p>G0396: Alcohol and/or substance (other than tobacco) misuse structured assessment (for example, audit, DAST), and brief intervention 15 to 30 minutes</p> <p>G0397: Alcohol and/or substance (other than tobacco) misuse structured assessment (for example, audit, DAST), and intervention, greater than 30 minutes</p> <p>G0443: Brief face-to-face behavioral counseling for alcohol misuse, 15 minutes</p> <p>H0001: Alcohol and/or drug assessment</p> <p>H0005: Alcohol and/or drug services; group counseling by a clinician</p> <p>H0007: Alcohol and/or drug services; crisis intervention (outpatient)</p> <p>H0015: Alcohol and/or drug services; intensive outpatient (treatment program that operates at least 3 hours/day and at least 3 days/week and is based on an individualized treatment plan), including assessment, counseling; crisis intervention, and activity therapies or education</p> <p>H0016: Alcohol and/or drug services; medical/somatic (medical intervention in ambulatory setting)</p> <p>H0022: Alcohol and/or drug intervention service (planned facilitation)</p> <p>H0047: Alcohol and/or other drug abuse services, not otherwise specified</p> <p>H0050: Alcohol and/or drug services, brief intervention, per 15 minutes</p> <p>H2035: Alcohol and/or other drug treatment program, per hour</p> <p>H2036: Alcohol and/or other drug treatment program, per diem</p> <p>T1006: Alcohol and/or substance abuse services, family/couple counseling</p> <p>T1012: Alcohol and/or substance abuse services, skills development</p>
Telehealth POS	<p>POS</p> <p>02: Telehealth Provided Other than in Patient's Home</p> <p>10: Telehealth Provided in Patient's Home</p>

Description	CPT/HCPCS/ICD-10-CM/ICD10PCS/POS
Telephone Visits	CPT 98008, 98009, 98010, 98011, 98012, 98013, 98014, 98015, 98966, 98967, 98968
Visit Setting Unspecified	CPT 90791, 90792, 90832, 90833, 90834, 90836, 90837, 90838, 90839, 90840, 90845, 90847, 90849, 90853, 90875, 90876, 99221, 99222, 99223, 99231, 99232, 99233, 99238, 99239, 99252, 99253, 99254, 99255
CDC Race and Ethnicity	1002-5: American Indian or Alaska Native 2028-9: Asian 2054-5: Black or African American 2076-8: Native Hawaiian or Other Pacific Islander 2106-3: White 2135-2: Hispanic or Latino 2186-5: Not Hispanic or Latino 2118-8: Middle Eastern or North African

Note: The codes listed are informational only; this information does not guarantee benefit coverage or reimbursement.

How can we help?

We can help you with monitoring the initiation and engagement of alcohol and other drug dependence treatment by:

- Reaching out to providers to be advocates and providing the resources to educate our persons.
- Calling our behavioral health Provider Service for additional information.
- Guiding with the above-noted services to drive patient success in completing alcohol and other drug dependence treatment.
- Persons may be eligible for transportation assistance at no cost. Contact Member Services for arrangements.

Helpful tip:

- If using an electronic medical record (EMR) system, consider electronic data sharing with your health plan to capture all coded elements. Contact your provider relationship management representative for additional details and questions.

Kidney Health Evaluation for Patients with Diabetes (KED)

This measure evaluates the percentage of persons 18 to 85 years of age with diabetes (type 1 or type 2) who received a kidney health evaluation, defined by an estimated glomerular filtration rate (eGFR) and a urine albumin-creatinine ratio (uACR), during the measurement period.

Exclusions:

- Persons who use hospice services or elect to use a hospice benefit any time during the measurement period
- Persons who die at any time during the measurement period
- Persons receiving palliative care any time during the measurement period
- Persons who had an encounter for palliative care anytime during the measurement period. Do not include laboratory claims (claims with POS code 81)
- Persons with a diagnosis of end-stage renal disease (ESRD) any time during the patient’s history on or prior to December 31 of the measurement period. Do not include laboratory claims (claims with POS code 81)
- Persons who had dialysis any time during the patient’s history on or prior to December 31 of the measurement period
- Persons 66 to 80 years of age as of December 31 of the measurement period (all product lines) with frailty and advanced illness. Persons must meet BOTH frailty and advanced illness criteria to be excluded. Do not include laboratory claims (claims with POS code 81)
- Persons 81 years of age and older as of December 31 of the measurement period (all product lines) with at least two indications of frailty with different dates of service during the measurement period. Do not include laboratory claims (claims with POS code 81)

Description	CPT/LOINC
Estimated Glomerular Filtration Rate Lab Test	<p>CPT 80047, 80048, 80050, 80053, 80069, 82565</p> <p>LOINC 50044-7: Glomerular filtration rate/1.73 sq M.predicted among females [Volume Rate/Area] in Serum, Plasma or Blood by Creatinine-based formula (MDRD) 50210-4: Glomerular filtration rate/1.73 sq M.predicted [Volume Rate/Area] in Serum, Plasma or Blood by Cystatin C-based formula 50384-7: Glomerular filtration rate/1.73 sq M.predicted [Volume Rate/Area] in Serum, Plasma, or Blood by Creatinine-based formula (Schwartz)</p>

	<p>62238-1: Glomerular filtration rate/1.73 sq M.predicted [Volume Rate/Area] in Serum, Plasma or Blood by Creatinine-based formula (CKD-EPI)</p> <p>69405-9: Glomerular filtration rate/1.73 sq M.predicted [Volume Rate/Area] in Serum, Plasma or Blood</p> <p>70969-1: Glomerular filtration rate/1.73 sq M.predicted among males [Volume Rate/Area] in Serum, Plasma or Blood by Creatinine-based formula (MDRD)</p> <p>77147-7: Glomerular filtration rate/1.73 sq M.predicted [Volume Rate/Area] in Serum, Plasma or Blood by Creatinine-based formula (MDRD)</p> <p>94677-2: Glomerular filtration rate/1.73 sq M.predicted [Volume Rate/Area] in Serum, Plasma or Blood by Creatinine and Cystatin C-based formula (CKD-EPI)</p> <p>98979-8: Glomerular filtration rate/1.73 sq M.predicted [Volume Rate/Area] in Serum, Plasma or Blood by Creatinine-based formula (CKD-EPI 2021)</p> <p>98980-6: Glomerular filtration rate/1.73 sq M.predicted [Volume Rate/Area] in Serum, Plasma or Blood by Creatinine and Cystatin C-based formula (CKD-EPI 2021)</p>
<p>Quantitative Urine Albumin Lab Test</p>	<p>CPT 82043</p> <p>LOINC 100158-5: Microalbumin [Mass/volume] in Urine collected for unspecified duration 14957-5: Microalbumin [Mass/volume] in Urine 1754-1: Albumin [Mass/volume] in Urine 21059-1: Albumin [Mass/volume] in 24 hour Urine 30003-8: Microalbumin [Mass/volume] in 24 hour Urine 43605-5: Microalbumin [Mass/volume] in 4 hour Urine 53530-2: Microalbumin [Mass/volume] in 24 hour Urine by Detection limit <= 1.0 mg/L 53531-0: Microalbumin [Mass/volume] in Urine by Detection limit <= 1.0 mg/L 57369-1: Microalbumin [Mass/volume] in 12 hour Urine 89999-7: Microalbumin [Mass/volume] in Urine by Detection limit <= 3.0 mg/L</p>
<p>Urine Albumin Creatinine Ratio Lab Test</p>	<p>LOINC 13705-9: Albumin/Creatinine [Mass Ratio] in 24 hour Urine 14958-3: Microalbumin/Creatinine [Mass Ratio] in 24 hour Urine 14959-1: Microalbumin/Creatinine [Mass Ratio] in Urine 30000-4: Microalbumin/Creatinine [Ratio] in Urine 44292-1: Microalbumin/Creatinine [Mass Ratio] in 12 hour Urine 59159-4: Microalbumin/Creatinine [Ratio] in 24 hour Urine 76401-9: Albumin/Creatinine [Ratio] in 24 hour Urine</p>

	<p>77253-3: Microalbumin/Creatinine [Ratio] in Urine by Detection limit <= 1.0 mg/L 77254-1: Microalbumin/Creatinine [Ratio] in 24 hour Urine by Detection limit <= 1.0 mg/L 89998-9: Microalbumin/Creatinine [Ratio] in Urine by Detection limit <= 3.0 mg/L 9318-7: Albumin/Creatinine [Mass Ratio] in Urine</p>
Urine Creatinine Lab Test	<p>CPT 82570 LOINC 20624-3: Creatinine [Mass/volume] in 24 hour Urine 2161-8: Creatinine [Mass/volume] in Urine 35674-1: Creatinine [Mass/volume] in Urine collected for an unspecified duration 39982-4: Creatinine [Mass/volume] in Urine --baseline 57344-4: Creatinine [Mass/volume] in 2 hour Urine 57346-9: Creatinine [Mass/volume] in 12 hour Urine 58951-5: Creatinine [Mass/volume] in Urine --2nd specimen</p>
CDC Race and Ethnicity	<p>1002-5: American Indian or Alaska Native 2028-9: Asian 2054-5: Black or African American 2076-8: Native Hawaiian or Other Pacific Islander 2106-3: White 2135-2: Hispanic or Latino 2186-5: Not Hispanic or Latino 2118-8: Middle Eastern or North African</p>

Note: The Logical Observation Identifiers Names and Codes (LOINC) are for reporting clinical observations and laboratory testing. The codes listed are informational only; this information does not guarantee benefit coverage or reimbursement.

Helpful tip:

- If using an EMR system, consider electronic data sharing with your health plan to capture all coded elements. Contact your provider relationship management representative for additional details and questions.

How can we help?

We help you meet this benchmark by:

- Offering current Clinical Practice Guidelines on our provider self-service website.
- Helping to identify community resources, such as health education classes that may be available in your area.
- Persons may be eligible for transportation assistance at no cost. Contact Member Services for arrangements.

Use of Imaging Studies for Low Back Pain (LBP)

This HEDIS measure looks at the percentage of persons 18 to 75 years of age with a principal diagnosis of low back pain who did not have an imaging study (plain X-ray, MRI, CT scan) within 28 days of the diagnosis from January 1 to December 31 of the measurement period.

The measure is reported as an inverted rate $[1 - (\text{numerator}/\text{initial population})]$. A higher score indicates appropriate treatment of low back pain (for example, the proportion for whom imaging studies did not occur).

Exclusions:

- Persons who use hospice services or elect to use a hospice benefit at any time during the measurement period
- Persons who die at any time during the measurement period
- Persons receiving palliative care any time during the measurement period
- Persons who had an encounter for palliative care any time during the measurement period. Do not include laboratory claims (claims with POS code 81)
- Persons 66 years of age or older as of December 31 of the measurement period (all product lines) with frailty and advanced illness. Persons must meet BOTH frailty and advanced illness criteria to be excluded. Do not include laboratory claims (claims with POS code 81)
- Cancer, HIV, history of organ transplant, osteoporosis, or spondylopathy any time during the member's history through 28 days after the IESD. Do not include laboratory claims (claims with POS code 81)
- Organ transplant, lumbar surgery, or medication treatment for osteoporosis any time during the member's history through 28 days after the IESD
- IV drug abuse, neurologic impairment, or spinal infection any time during the 365 days prior to the IESD through 28 days after the IESD. Do not include laboratory claims (claims with POS code 81)
- Trauma or a fragility fracture any time during the 90 days prior to the IESD through 28 days after the IESD. Do not include laboratory claims (claims with POS code 81)
- Prolonged use of corticosteroids. 90 consecutive days of corticosteroid treatment any time during the 366-day period that begins 365 days prior to the IESD and ends on the IESD

Services	CPT/ICD-10-CM
Uncomplicated Low Back Pain	ICD-10-CM M47.26: Other spondylosis with radiculopathy, lumbar region M47.27: Other spondylosis with radiculopathy, lumbosacral region M47.28: Other spondylosis with radiculopathy, sacral and sacrococcygeal region

Services	CPT/ICD-10-CM
	M47.816: Spondylosis without myelopathy or radiculopathy, lumbar region
	M47.817: Spondylosis without myelopathy or radiculopathy, lumbosacral region
	M47.818: Spondylosis without myelopathy or radiculopathy, sacral and sacrococcygeal region
	M47.896: Other spondylosis, lumbar region
	M47.897: Other spondylosis, lumbosacral region
	M47.898: Other spondylosis, sacral and sacrococcygeal region
	M48.061: Spinal stenosis, lumbar region without neurogenic claudication
	M48.07: Spinal stenosis, lumbosacral region
	M48.08: Spinal stenosis, sacral and sacrococcygeal region
	M51.16: Intervertebral disc disorders with radiculopathy, lumbar region
	M51.17: Intervertebral disc disorders with radiculopathy, lumbosacral region
	M51.26: Other intervertebral disc displacement, lumbar region
	M51.27: Other intervertebral disc displacement, lumbosacral region
	M51.36x: Other intervertebral disc degeneration, lumbar region
	M51.37x: Other intervertebral disc degeneration, lumbosacral region
	M51.86: Other intervertebral disc disorders, lumbar region
	M51.87: Other intervertebral disc disorders, lumbosacral region
	M53.2X6: Spinal instabilities, lumbar region
	M53.2X7: Spinal instabilities, lumbosacral region
	M53.2X8: Spinal instabilities, sacral and sacrococcygeal region
	M53.3: Sacrococcygeal disorders, not elsewhere classified
	M53.86: Other specified dorsopathies, lumbar region
	M53.87: Other specified dorsopathies, lumbosacral region
	M53.88: Other specified dorsopathies, sacral and sacrococcygeal region
	M54.16: Radiculopathy, lumbar region
	M54.17: Radiculopathy, lumbosacral region
	M54.18: Radiculopathy, sacral and sacrococcygeal region
	M54.30: Sciatica, unspecified side
	M54.31: Sciatica, right side
	M54.32: Sciatica, left side
	M54.40: Lumbago with sciatica, unspecified side
	M54.41: Lumbago with sciatica, right side
	M54.42: Lumbago with sciatica, left side
	M54.50: Low back pain, unspecified
	M54.51: Vertebrogenic low back pain
	M54.59: Other low back pain
	M54.89: Other dorsalgia

Services	CPT/ICD-10-CM
	<p>M54.9: Dorsalgia, unspecified</p> <p>M99.03: Segmental and somatic dysfunction of lumbar region</p> <p>M99.04: Segmental and somatic dysfunction of sacral region</p> <p>M99.23: Subluxation stenosis of neural canal of lumbar region</p> <p>M99.33: Osseous stenosis of neural canal of lumbar region</p> <p>M99.43: Connective tissue stenosis of neural canal of lumbar region</p> <p>M99.53: Intervertebral disc stenosis of neural canal of lumbar region</p> <p>M99.63: Osseous and subluxation stenosis of intervertebral foramina of lumbar region</p> <p>M99.73: Connective tissue and disc stenosis of intervertebral foramina of lumbar region</p> <p>M99.83: Other biomechanical lesions of lumbar region</p> <p>M99.84: Other biomechanical lesions of sacral region</p> <p>S33.100A: Subluxation of unspecified lumbar vertebra, initial encounter</p> <p>S33.100D: Subluxation of unspecified lumbar vertebra, subsequent encounter</p> <p>S33.100S: Subluxation of unspecified lumbar vertebra, sequela</p> <p>S33.110A: Subluxation of L1/L2 lumbar vertebra, initial encounter</p> <p>S33.110D: Subluxation of L1/L2 lumbar vertebra, subsequent encounter</p> <p>S33.110S: Subluxation of L1/L2 lumbar vertebra, sequela</p> <p>S33.120A: Subluxation of L2/L3 lumbar vertebra, initial encounter</p> <p>S33.120D: Subluxation of L2/L3 lumbar vertebra, subsequent encounter</p> <p>S33.120S: Subluxation of L2/L3 lumbar vertebra, sequela</p> <p>S33.130A: Subluxation of L3/L4 lumbar vertebra, initial encounter</p> <p>S33.130D: Subluxation of L3/L4 lumbar vertebra, subsequent encounter</p> <p>S33.130S: Subluxation of L3/L4 lumbar vertebra, sequela</p> <p>S33.140A: Subluxation of L4/L5 lumbar vertebra, initial encounter</p> <p>S33.140D: Subluxation of L4/L5 lumbar vertebra, subsequent encounter</p> <p>S33.140S: Subluxation of L4/L5 lumbar vertebra, sequela</p> <p>S33.5XXA: Sprain of ligaments of lumbar spine, initial encounter</p> <p>S33.6XXA: Sprain of sacroiliac joint, initial encounter</p> <p>S33.8XXA: Sprain of other parts of lumbar spine and pelvis, initial encounter</p> <p>S33.9XXA: Sprain of unspecified parts of lumbar spine and pelvis, initial encounter</p> <p>S39.002A: Unspecified injury of muscle, fascia and tendon of lower back, initial encounter</p> <p>S39.002D: Unspecified injury of muscle, fascia and tendon of lower back, subsequent encounter</p>

Services	CPT/ICD-10-CM
	<p>S39.002S: Unspecified injury of muscle, fascia and tendon of lower back, sequela</p> <p>S39.012A: Strain of muscle, fascia and tendon of lower back, initial encounter</p> <p>S39.012D: Strain of muscle, fascia and tendon of lower back, subsequent encounter</p> <p>S39.012S: Strain of muscle, fascia and tendon of lower back, sequela</p> <p>S39.092A: Other injury of muscle, fascia and tendon of lower back, initial encounter</p> <p>S39.092D: Other injury of muscle, fascia and tendon of lower back, subsequent encounter</p> <p>S39.092S: Other injury of muscle, fascia and tendon of lower back, sequela</p> <p>S39.82XA: Other specified injuries of lower back, initial encounter</p> <p>S39.82XD: Other specified injuries of lower back, subsequent encounter</p> <p>S39.82XS: Other specified injuries of lower back, sequela</p> <p>S39.92XA: Unspecified injury of lower back, initial encounter</p> <p>S39.92XD: Unspecified injury of lower back, subsequent encounter</p> <p>S39.92XS: Unspecified injury of lower back, sequela</p>
Imaging Study	<p>CPT</p> <p>72020, 72040, 72050, 72052, 72070, 72072, 72074, 72080, 72081, 72082, 72083, 72084, 72100, 72110, 72114, 72120, 72125, 72126, 72127, 72128, 72129, 72130, 72131, 72132, 72133, 72141, 72142, 72146, 72147, 72148, 72149, 72156, 72157, 72158, 72200, 72202, 72220</p>

Note: The codes listed are informational only; this information does not guarantee benefit coverage or reimbursement.

How can we help?

We help you meet this benchmark by:

- Offering current Clinical Practice Guidelines on our provider self-service website
- Helping to identify community resources, such as health education classes that may be available in your area
- Persons may be eligible for transportation assistance at no cost. Contact Member Services for arrangements.

Helpful tip:

- If using an EMR system, consider electronic data sharing with your health plan to capture all coded elements. Contact your provider relationship management representative for additional details and questions.

Oral Evaluation, Dental Services (OED)

This HEDIS measure looks at the percentage of persons under 21 years of age who received a comprehensive or periodic oral evaluation with a dental provider during the measurement period.

Record your efforts:

- Date of evaluation

Exclusions:

- Persons who use hospice services or elect to use a hospice benefit any time during the measurement period
- Persons who die at any time during the measurement period

Services	CDT
Oral Evaluation	CDT D0120: Periodic oral evaluation - established patient D0145: Oral evaluation for a patient under three years of age and counseling with primary caregiver D0150: Comprehensive oral evaluation - new or established patient

Note: The codes listed are informational only; this information does not guarantee benefit coverage or reimbursement.

Helpful tips:

- If using an EMR system, consider electronic data sharing with your health plan to capture all coded elements. Contact your provider relationship management representative for additional details and questions.

How can we help?

- Offering current Clinical Practice Guidelines on our provider self-service website
- Persons may be eligible for transportation assistance at no cost. Contact Member Services for arrangements.

Pharmacotherapy for Opioid Use Disorder (POD)

This HEDIS measure looks at the percentage of opioid use disorder (OUD) pharmacotherapy events that lasted at least 180 days among persons 16 years of age and older with a diagnosis of OUD and a new OUD pharmacotherapy event.

Record your efforts:

- Date of evaluation

Exclusions:

- Persons who use hospice services or elect to use a hospice benefit any time during the measurement period
- Persons who die at any time during the measurement period

Services	ICD-10-CM/HCPCS/SNOMED
Opioid Abuse and Dependence	ICD-10-CM F11.10: Opioid abuse, uncomplicated F11.120: Opioid abuse with intoxication, uncomplicated F11.121: Opioid abuse with intoxication delirium F11.122: Opioid abuse with intoxication with perceptual disturbance F11.129: Opioid abuse with intoxication, unspecified F11.13: Opioid abuse with withdrawal F11.14: Opioid abuse with opioid-induced mood disorder F11.150: Opioid abuse with opioid-induced psychotic disorder with delusions F11.151: Opioid abuse with opioid-induced psychotic disorder with hallucinations F11.159: Opioid abuse with opioid-induced psychotic disorder, unspecified F11.181: Opioid abuse with opioid-induced sexual dysfunction F11.182: Opioid abuse with opioid-induced sleep disorder F11.188: Opioid abuse with other opioid-induced disorder F11.19: Opioid abuse with unspecified opioid-induced disorder F11.20: Opioid dependence, uncomplicated F11.220: Opioid dependence with intoxication, uncomplicated F11.221: Opioid dependence with intoxication delirium F11.222: Opioid dependence with intoxication with perceptual disturbance F11.229: Opioid dependence with intoxication, unspecified F11.23: Opioid dependence with withdrawal

Services	ICD-10-CM/HCPCS/SNOMED
	<p>F11.24: Opioid dependence with opioid-induced mood disorder F11.250: Opioid dependence with opioid-induced psychotic disorder with delusions F11.251: Opioid dependence with opioid-induced psychotic disorder with hallucinations F11.259: Opioid dependence with opioid-induced psychotic disorder, unspecified F11.281: Opioid dependence with opioid-induced sexual dysfunction F11.282: Opioid dependence with opioid-induced sleep disorder F11.288: Opioid dependence with other opioid-induced disorder F11.29: Opioid dependence with unspecified opioid-induced disorder SNOMED: 5602001, 14784000, 19445006, 20385005, 29733004, 52866005, 71328000, 75544000, 87132004, 88926005, 191819002, 191820008, 191909007, 191912005, 191913000, 230443000, 231477003, 231478008, 231479000, 231480002, 426001001, 703845008, 703846009, 724655005, 762320004, 762321000, 762322007, 1255013006, 1255015004, 1255018002, 1304039005, 1304040007, 1081000119105, 145121000119106, 288851000119106, 288861000119108</p>
<p>Buprenorphine Oral, Buprenorphine Oral Weekly</p>	<p>HCPCS H0033: Oral medication administration, direct observation J0571: Buprenorphine, oral, 1 mg G2068: Medication assisted treatment, buprenorphine (oral); weekly bundle including dispensing and/or administration, substance use counseling, individual and group therapy, and toxicology testing if performed (provision of the services by a Medicare-enrolled opioid treatment program) G2079: Take-home supply of buprenorphine (oral); up to 7 additional day supply (provision of the services by a Medicare-enrolled opioid treatment program); list separately in addition to code for primary procedure</p>
<p>Methadone Oral, Methadone Oral Weekly</p>	<p>HCPCS H0020: Alcohol and/or drug services; methadone administration and/or service (provision of the drug by a licensed program) S0109: Methadone, oral, 5 mg G2067: Medication assisted treatment, methadone; weekly bundle including dispensing and/or administration, substance use counseling, individual and group therapy, and toxicology testing, if performed (provision of the services by a Medicare-enrolled opioid treatment program) G2078: Take-home supply of methadone; up to 7 additional day supply (provision of the services by a Medicare-enrolled opioid</p>

Services	ICD-10-CM/HCPCS/SNOMED
	treatment program); list separately in addition to code for primary procedure SNOMED 310653000
CDC Race and Ethnicity	1002-5: American Indian or Alaska Native 2028-9: Asian 2054-5: Black or African American 2076-8: Native Hawaiian or Other Pacific Islander 2106-3: White 2135-2: Hispanic or Latino 2186-5: Not Hispanic or Latino 2118-8: Middle Eastern or North African

Note: The codes listed are informational only; this information does not guarantee benefit coverage or reimbursement.

Helpful tips:

- If using an EMR system, consider electronic data sharing with your health plan to capture all coded elements. Contact your provider relationship management representative for additional details and questions.

How can we help?

- Offering current Clinical Practice Guidelines on our provider self-service website
- Persons may be eligible for transportation assistance at no cost. Contact Member Services for arrangements.

Prenatal and Postpartum Care (PPC)

This HEDIS measure looks at the percentage deliveries of live births on or between October 8 of the year prior to the measurement period and October 7 of the measurement period. For these persons, the measure assesses the following facets of prenatal and postpartum care:

- Timeliness of prenatal care: the percentage of deliveries that received a prenatal care visit in the first trimester on or before the enrollment start date or within 42 days of enrollment in the organization
- Postpartum Care: the percentage of deliveries that had a postpartum visit on or between 7 and 84 days after delivery

Record your efforts

Prenatal care visit must include one of the following:

- Diagnosis of pregnancy
- A physical examination that includes one of the following:
 - Auscultation for fetal heart tone
 - Pelvic exam with obstetric observations
 - Measurement of fundus height
- Evidence that a prenatal care procedure was performed, such as one of the following:
 - Obstetric panel including hematocrit, differential WBC count, platelet count, hepatitis B surface antigen, rubella antibody, syphilis test, RBC antibody screen, Rh and ABO blood typing)
 - TORCH antibody panel alone
 - A rubella antibody test/titer with an Rh incompatibility (ABO/Rh) blood typing
 - Ultrasound of a pregnant uterus
- Documentation of LMP, EDD or gestational age in conjunction with either of the following:
 - A positive pregnancy test result, or
 - Documentation of gravity and parity, or
 - Prenatal risk assessment and counseling/education, or
 - Complete obstetrical history

Postpartum care visit on or between 7 and 84 days after delivery

Documentation in the medical record must include a note indicating the date when a postpartum visit occurred and any of the following:

- Pelvic exam
- Evaluation of weight, BP, breasts, and abdomen
- Notation of breastfeeding is acceptable for the evaluation of breasts component
- Notation of postpartum care, including, but not limited to:
 - Notation of postpartum care, PP care, PP check, 6-week check
 - A preprinted Postpartum Care form in which information was documented during the visit
- Perineal or cesarean incision/wound check

- Screening for depression, anxiety, tobacco use, substance use disorder or preexisting mental health disorders
- Glucose screening for women with gestational diabetes
- Documentation of any of the following topics:
 - Infant care or breastfeeding
 - Resumption of intercourse, birth spacing or family planning
 - Sleep/fatigue
 - Resumption of physical activity and attainment of healthy weight

Exclusions:

- Non-live births
- Persons who use hospice services or elect to use a hospice benefit any time during the measurement period
- Persons who die at any time during the measurement period

Services	CPT/ CPT-CAT II/HCPCS/ ICD10PCS
Deliveries	<p>CPT 59400, 59409, 59410, 59510, 59514, 59515, 59610, 59612, 59614, 59618, 59620, 59622</p> <p>ICD10PCS 10D00Z0: Extraction of Products of Conception, High, Open Approach 10D00Z1: Extraction of Products of Conception, Low, Open Approach 10D00Z2: Extraction of Products of Conception, Extraperitoneal, Open Approach 10D07Z3: Extraction of Products of Conception, Low Forceps, Via Natural or Artificial Opening 10D07Z4: Extraction of Products of Conception, Mid Forceps, Via Natural or Artificial Opening 10D07Z5: Extraction of Products of Conception, High Forceps, Via Natural or Artificial Opening 10D07Z6: Extraction of Products of Conception, Vacuum, Via Natural or Artificial Opening 10D07Z7: Extraction of Products of Conception, Internal Version, Via Natural or Artificial Opening 10D07Z8: Extraction of Products of Conception, Other, Via Natural or Artificial Opening 10E0XZZ: Delivery of Products of Conception, External Approach</p>
Prenatal Visits	<p>CPT 98000, 98001, 98002, 98003, 98004, 98005, 98006, 98007, 98008, 98009, 98010, 98011, 98012, 98013, 98014, 98015, 98016, 98966, 98967, 98968, 98970, 98971, 98972, 98980, 98981, 99202,</p>

Services	CPT/ CPT-CAT II/HCPCS/ ICD10PCS
	<p>99203, 99204, 99205, 99211, 99212, 99213, 99214, 99215, 99242, 99243, 99244, 99245, 99421, 99422, 99423, 99457, 99458, 99483</p> <p>HCPCS</p> <p>G0071: Payment for communication technology-based services for 5 minutes or more of a virtual (non-face-to-face) communication between a rural health clinic (RHC) or federally qualified health center (FQHC) practitioner and RHC or FQHC patient, or 5 minutes or more of remote evaluation of recorded video and/or images by an RHC or FQHC practitioner, occurring in lieu of an office visit; RHC or FQHC only</p> <p>G0463: Hospital outpatient clinic visit for assessment and management of a patient</p> <p>G2010: Remote evaluation of recorded video and/or images submitted by an established patient (for example, store and forward), including interpretation with follow-up with the patient within 24 business hours, not originating from a related E/M service provided within the previous 7 days nor leading to an E/M service or procedure within the next 24 hours or soonest available appointment</p> <p>G2250: Remote assessment of recorded video and/or images submitted by an established patient (for example, store and forward), including interpretation with follow-up with the patient within 24 business hours, not originating from a related service provided within the previous 7 days nor leading to a service or procedure within the next 24 hours or soonest available appointment</p> <p>G2251: Brief communication technology-based service, for example, virtual check-in, by a qualified healthcare professional who cannot report evaluation and management services, provided to an established patient, not originating from a related service provided within the previous 7 days nor leading to a service or procedure within the next 24 hours or soonest available appointment; 5-10 minutes of clinical discussion</p> <p>G2252: Brief communication technology-based service, for example, virtual check-in, by a physician or other qualified healthcare professional who can report evaluation and management services, provided to an established patient, not originating from a related E/M service provided within the previous 7 days nor leading to an E/M service or procedure within the next 24 hours or soonest available appointment; 11-20 minutes of medical discussion</p> <p>T1015: Clinic visit/encounter, all-inclusive</p>
Stand Alone Prenatal Visits	<p>CPT</p> <p>99500</p> <p>CPT-CAT II</p> <p>0500F: Initial prenatal care visit (report at first prenatal encounter with healthcare professional providing obstetrical care. Report also</p>

Services	CPT/ CPT-CAT II/HCPCS/ ICD10PCS
	<p>date of visit and, in a separate field, the date of the last menstrual period [LMP]) (Prenatal)</p> <p>0501F: Prenatal flow sheet documented in medical record by first prenatal visit (documentation includes at minimum blood pressure, weight, urine protein, uterine size, fetal heart tones, and estimated date of delivery). Report also: date of visit and, in a separate field, the date of the last menstrual period [LMP] (Note: If reporting 0501F Prenatal flow sheet, it is not necessary to report 0500F Initial prenatal care visit) (Prenatal)</p> <p>0502F: Subsequent prenatal care visit (Prenatal) [Excludes: patients who are seen for a condition unrelated to pregnancy or prenatal care (for example, an upper respiratory infection; patients seen for consultation only, not for continuing care)]</p> <p>HCPCS</p> <p>H1000: Prenatal care, at-risk assessment</p> <p>H1001: Prenatal care, at-risk enhanced service; antepartum management</p> <p>H1002: Prenatal care, at risk enhanced service; care coordination</p> <p>H1003: Prenatal care, at-risk enhanced service; education</p> <p>H1004: Prenatal care, at-risk enhanced service; follow-up home visit</p>
Postpartum Care	<p>CPT</p> <p>57170, 58300, 59430, 99501</p> <p>CPT-CAT II</p> <p>0503F: Postpartum care visit (Prenatal)</p> <p>HCPCS</p> <p>G0101: Cervical or vaginal cancer screening; pelvic and clinical breast examination</p>
CDC Race and Ethnicity	<p>1002-5: American Indian or Alaska Native</p> <p>2028-9: Asian</p> <p>2054-5: Black or African American</p> <p>2076-8: Native Hawaiian or Other Pacific Islander</p> <p>2106-3: White</p> <p>2135-2: Hispanic or Latino</p> <p>2186-5: Not Hispanic or Latino</p> <p>2118-8: Middle Eastern or North African</p>

Note: These codes are used to capture encounter data for individual prenatal and postpartum visits. Category II codes do not generate payment but help with more accurate reporting. The designated CPT Category II codes should be used in conjunction with the date of the prenatal or postpartum visit.

How can we help?

We help you meet this benchmark by:

- Offering current Clinical Practice Guidelines on our provider self-service website.

- Helping to identify community resources, such as health education classes that may be available in your area.
- Persons may be eligible for transportation assistance at no cost. Contact Member Services for arrangements.

Helpful tip:

- If using an EMR system, consider electronic data sharing with your health plan to capture all coded elements. Contact your provider relationship management Provider Relationship Management Representative for additional details and questions.

Adherence to Antipsychotic Medications for Individuals with Schizophrenia (SAA)

This HEDIS measure looks at the percentage of persons 18 years of age and older during the measurement period with schizophrenia or schizoaffective disorder, who were dispensed and remained on an antipsychotic medication for at least 80% of their treatment period.

Record your efforts:

- Document review of continued use of prescribed medications during patient visits
- Document evidence of exclusion criteria

An antipsychotic medication dispensed event during the measurement period identified by claim/encounter data or pharmacy data as identified by claim/encounter or automated laboratory data.

Oral Antipsychotic Medications:

- Aripiprazole Oral Medications List
- Asenapine Oral Medications List
- Brexpiprazole Oral Medications List
- Cariprazine Oral Medications List
- Clozapine Oral Medications List
- Haloperidol Oral Medications List
- Iloperidone Oral Medications List
- Loxapine Oral Medications List
- Lumateperone Oral Medications List
- Lurasidone Oral Medications List
- Molindone Oral Medications List
- Olanzapine Oral Medications List
- Paliperidone Oral Medications List
- Quetiapine Oral Medications List
- Risperidone Oral Medications List
- Ziprasidone Oral Medications List
- Chlorpromazine Oral Medications List
- Fluphenazine Oral Medications List
- Perphenazine Oral Medications List
- Prochlorperazine Oral Medications List
- Thioridazine Oral Medications List
- Trifluoperazine Oral Medications List
- Amitriptyline Perphenazine Oral Medications List
- Thiothixene Oral Medications List

Long-Acting Injections:

- Long Acting Injections 14 Days Supply Medications List
- Long Acting Injections 28 Days Supply Medications List
- Long Acting Injections 30 Days Supply Medications List
- Long Acting Injections 35 Days Supply Medications List
- Long Acting Injections 104 Days Supply Medications List
- Long Acting Injections 201 Days Supply Medications List

Exclusions:

- Persons who use hospice services or elect to use a hospice benefit any time during the measurement period
- Persons who die any time during the measurement period
- Persons who had a diagnosis of dementia. Do not include laboratory claims (claims with POS code 81).
- Persons who did not have at least two antipsychotic medication dispensing events
- Persons 66 to 80 years of age as of December 31 of the measurement period with frailty and advanced illness. Persons must meet both frailty and advanced illness criteria to be excluded. Do not include laboratory claims (claims with POS code 81).
- Persons 81 years of age and older as of December 31 of the measurement period with at least two indications of frailty with different dates of service during the measurement period. Do not include laboratory claims (claims with POS code 81).

Services	CPT/CPT-CATII/HCPCS/LOINC
Adherence to Antipsychotic Medications for Individuals With Schizophrenia	J2798: Injection, risperidone, (perseris), 0.5 mg
Long Acting Injections 14 Days Supply	HCPCS J2794: Injection, risperidone, 0.5 mg J2801: Injection, risperidone, 0.5 mg
Long Acting Injections 28 Days Supply	J0401: Injection, aripiprazole (abilify maintena), 1 mg J1631: Injection, haloperidol decanoate, per 50 mg J1943: Injection, aripiprazole lauroxil, (aristada initio), 1 mg J1944: Injection, aripiprazole lauroxil, (aristada), 1 mg J2358: Injection, olanzapine, long-acting, 1 mg J2426: Injection, paliperidone palmitate extended release (invega sustenna), 1 mg J2680: Injection, fluphenazine decanoate, up to 25 mg

Note: These codes are used to capture encounter data for individual prenatal and postpartum visits. Category II codes do not generate payment but help with more accurate reporting. The designated CPT Category II codes should be used in conjunction with the date of the prenatal or postpartum visit.

Diabetes Screening for People With Schizophrenia or Bipolar Disorder Who Are Using Antipsychotic Medications (SSD)

This HEDIS measure looks at the percentage of persons 18 to 64 with schizophrenia, schizoaffective disorder, or bipolar disorder and who were dispensed an antipsychotic medication and had a diabetes screening test during the measurement period.

Record your efforts:

- Document review of continued use of prescribed medications during patient visits
- Document evidence of exclusion criteria

An antipsychotic medication dispensed event during the measurement period identified by claim/encounter data or pharmacy data and a glucose test or an HbA1c test performed during the measurement period, as identified by claim/encounter or automated laboratory data.

Exclusions:

- Persons who use hospice services or elect to use a hospice benefit any time during the measurement period
- Persons who die at any time during the measurement period
- Persons with diabetes
- Persons who had no antipsychotic medications dispensed during the measurement period

Services	CPT/CPT-CATII/HCPCS/LOINC
Glucose Lab Test	<p>CPT 80047, 80048, 80050, 80053, 80069, 82947, 82950, 82951</p> <p>LOINC 10450-5: Glucose [Mass/volume] in Serum or Plasma --10 hours fasting 1492-8: Glucose [Mass/volume] in Serum or Plasma --1.5 hours post 0.5 g/kg glucose IV 1494-4: Glucose [Mass/volume] in Serum or Plasma --1.5 hours post 100 g glucose PO 1496-9: Glucose [Mass/volume] in Serum or Plasma --1.5 hours post 75 g glucose PO 1499-3: Glucose [Mass/volume] in Serum or Plasma --1 hour post 0.5 g/kg glucose IV 1501-6: Glucose [Mass/volume] in Serum or Plasma --1 hour post 100 g glucose PO</p>

Services	CPT/CPT-CATII/HCPCS/LOINC
	<p>1504-0: Glucose [Mass/volume] in Serum or Plasma --1 hour post 50 g glucose PO 1507-3: Glucose [Mass/volume] in Serum or Plasma --1 hour post 75 g glucose PO 1514-9: Glucose [Mass/volume] in Serum or Plasma --2 hours post 100 g glucose PO 1518-0: Glucose [Mass/volume] in Serum or Plasma --2 hours post 75 g glucose PO 1530-5: Glucose [Mass/volume] in Serum or Plasma --3 hours post 100 g glucose PO 1533-9: Glucose [Mass/volume] in Serum or Plasma --3 hours post 75 g glucose PO 1554-5: Glucose [Mass/volume] in Serum or Plasma --12 hours fasting 1557-8: Fasting glucose [Mass/volume] in Venous blood 1558-6: Fasting glucose [Mass/volume] in Serum or Plasma 17865-7: Glucose [Mass/volume] in Serum or Plasma --8 hours fasting 20436-2: Glucose [Mass/volume] in Serum or Plasma --2 hours post dose glucose 20437-0: Glucose [Mass/volume] in Serum or Plasma --3 hours post dose glucose 20438-8: Glucose [Mass/volume] in Serum or Plasma --1 hour post dose glucose 20440-4: Glucose [Mass/volume] in Serum or Plasma --1.5 hours post dose glucose 2345-7: Glucose [Mass/volume] in Serum or Plasma 26554-6: Glucose [Mass/volume] in Serum or Plasma --2.5 hours post dose glucose 41024-1: Glucose [Mass/volume] in Serum or Plasma --2 hours post 50 g glucose PO 49134-0: Glucose [Mass/volume] in Blood --2 hours post dose glucose 6749-6: Glucose [Mass/volume] in Serum or Plasma --2.5 hours post 75 g glucose PO 9375-7: Glucose [Mass/volume] in Serum or Plasma --2.5 hours post 100 g glucose PO</p>
Glucose Test Result or Finding	<p>SNOMED CT 166890005: Random blood glucose within reference range (finding) 166891009: Random blood sugar below reference range (finding) 166892002: Random blood sugar above reference range (finding) 166921001: Blood glucose within reference range (finding) 166922008: Blood glucose outside reference range (finding)</p>

Services	CPT/CPT-CATII/HCPCS/LOINC
	<p>442545002: Random blood glucose outside reference range (finding) 444780001: Glucose in blood specimen above reference range (finding) 1179458001: Blood glucose below reference range (finding) 1259140002: Blood glucose level unstable (finding)</p>
HbA1c Tests Results or Findings	<p>CPT-CAT II 3044F: Most recent hemoglobin A1c (HbA1c) level less than 7.0% (DM) 3046F: Most recent hemoglobin A1c level greater than 9.0% (DM) 3051F: Most recent hemoglobin A1c (HbA1c) level greater than or equal to 7.0% and less than 8.0% (DM) 3052F: Most recent hemoglobin A1c (HbA1c) level greater than or equal to 8.0% and less than or equal to 9.0% (DM) 165679005: Hemoglobin A1c less than 7 percent indicating good diabetic control (finding) 451061000124104: Hemoglobin A1c greater than nine percent indicating poor diabetic control (finding)</p>
HbA1c Lab Test	<p>CPT 83036, 83037 LOINC 17855-8: Hemoglobin A1c/Hemoglobin.total in Blood by calculation 17856-6: Hemoglobin A1c/Hemoglobin.total in Blood by HPLC 4548-4: Hemoglobin A1c/Hemoglobin.total in Blood 4549-2: Hemoglobin A1c/Hemoglobin.total in Blood by Electrophoresis 96595-4: Hemoglobin A1c/Hemoglobin.total in DBS</p>
Online Assessments	<p>CPT 98016, 98970, 98971, 98972, 98980, 98981, 99421, 99422, 99423, 99457, 99458 HCPCS G0071: Payment for communication technology-based services for 5 minutes or more of a virtual (non-face-to-face) communication between a rural health clinic (RHC) or federally qualified health center (FQHC) practitioner and RHC or FQHC patient, or 5 minutes or more of remote evaluation of recorded video and/or images by an RHC or FQHC practitioner, occurring in lieu of an office visit; RHC or FQHC only G2010: Remote evaluation of recorded video and/or images submitted by an established patient (for example, store and forward), including interpretation with follow-up with the patient within 24 business hours, not originating from a related E/M service provided within the previous 7 days nor leading to an E/M service or procedure within the next 24 hours or soonest available appointment</p>

Services	CPT/CPT-CATII/HCPCS/LOINC
	<p>G2250: Remote assessment of recorded video and/or images submitted by an established patient (for example, store and forward), including interpretation with follow-up with the patient within 24 business hours, not originating from a related service provided within the previous 7 days nor leading to a service or procedure within the next 24 hours or soonest available appointment</p> <p>G2251: Brief communication technology-based service, for example, virtual check-in, by a qualified healthcare professional who cannot report evaluation and management services, provided to an established patient, not originating from a related service provided within the previous 7 days nor leading to a service or procedure within the next 24 hours or soonest available appointment; 5-10 minutes of clinical discussion</p> <p>G2252: Brief communication technology-based service, for example, virtual check-in, by a physician or other qualified healthcare professional who can report evaluation and management services provided to an established patient, not originating from a related E/M service provided within the previous 7 days nor leading to an E/M service or procedure within the next 24 hours or soonest available appointment; 11-20 minutes of medical discussion</p>
Telephone Visits	<p>CPT 98008, 98009, 98010, 98011, 98012, 98013, 98014, 98015, 98966, 98967, 98968</p>
Visit Setting Unspecified	<p>CPT 90791, 90792, 90832, 90833, 90834, 90836, 90837, 90838, 90839, 90840, 90845, 90847, 90849, 90853, 90875, 90876, 99221, 99222, 99223, 99231, 99232, 99233, 99238, 99239, 99252, 99253, 99254, 99255</p>

Note: The Logical Observation Identifiers Names and Codes (LOINC) are for reporting clinical observations and laboratory testing. The codes listed are informational only; this information does not guarantee benefit coverage or reimbursement.

How can we help?

We help you meet this benchmark by:

- Offering current Clinical Practice Guidelines on our provider self-service website.
- Helping to identify community resources, such as health education classes that may be available in your area.
- Persons may be eligible for transportation assistance at no cost. Contact Member Services for arrangements.

Helpful tip:

- If using an EMR system, consider electronic data sharing with your health plan to capture all coded elements. Contact your provider relationship management representative for additional details and questions.

Topical Fluoride for Children (TFC)

This HEDIS measure looks at the percentage of persons 1 to 4 years of age who received at least two fluoride varnish applications during the measurement period.

Record your efforts:

- Two or more fluoride varnish applications on different dates of services

Exclusions:

- Persons who use hospice services or elect to use a hospice benefit at any time during the measurement period
- Persons who died during the measurement period

Services	CPT/CDT/SNOMED CT
Application of Fluoride Varnish	CPT 99188 CDT D1206: Topical application of fluoride varnish SNOMED CT 313042009: Application of dental fluoride varnish (procedure)

Note: The codes listed are informational only; this information does not guarantee benefit coverage or reimbursement.

Helpful tips:

- If using an EMR system, consider electronic data sharing with your health plan to capture all coded elements. Contact your provider relationship management representative for additional details and questions.

How can we help?

- Offering current Clinical Practice Guidelines on our provider self-service website
- Persons may be eligible for transportation assistance at no cost. Contact Member Services for arrangements.

Appropriate Treatment for Upper Respiratory Infection (URI)

This HEDIS measure looks at the percentage of episodes for persons 3 months of age and older with a diagnosis of upper respiratory infection (URI) that did not result in a dispensed antibiotic dispensing event.

A higher rate indicates appropriate URI treatment (in other words, the proportion of episodes that did not result in an antibiotic dispensing event from July 1 of the year prior to the measurement period to June 30 of the measurement period).

Record your efforts:

- Document results of all strep tests or refusal for testing in medical records
- If antibiotics are prescribed for another condition, ensure accurate coding and documentation will associate the antibiotic with the appropriate diagnosis

Exclusions:

- Persons who use hospice services or elect to use a hospice benefit at any time during the measurement period
- Persons who die at any time during the measurement period

Description	CPT/HCPCS/ICD-10-CM
Pharyngitis	ICD-10-CM J02.0: Streptococcal pharyngitis J02.8: Acute pharyngitis due to other specified organisms J02.9: Acute pharyngitis, unspecified J03.00: Acute streptococcal tonsillitis, unspecified J03.01: Acute recurrent streptococcal tonsillitis J03.80: Acute tonsillitis due to other specified organisms J03.81: Acute recurrent tonsillitis due to other specified organisms J03.90: Acute tonsillitis, unspecified J03.91: Acute recurrent tonsillitis, unspecified
URI	ICD-10-CM J00: Acute nasopharyngitis [common cold] J06.0: Acute laryngopharyngitis J06.9: Acute upper respiratory infection, unspecified
Outpatient, ED, and Telehealth	CPT 98000, 98001, 98002, 98003, 98004, 98005, 98006, 98007, 98008, 98009, 98010, 98011, 98012, 98013, 98014, 98015, 98016, 98966, 98967, 98968, 98970, 98971, 98972, 98980, 98981, 99202, 99203, 99204, 99205, 99211, 99212, 99213, 99214, 99215, 99242,

Description	CPT/HCPCS/ICD-10-CM
	<p>99243, 99244, 99245, 99281, 99282, 99283, 99284, 99285, 99341, 99342, 99344, 99345, 99347, 99348, 99349, 99350, 99381, 99382, 99383, 99384, 99385, 99386, 99387, 99391, 99392, 99393, 99394, 99395, 99396, 99397, 99401, 99402, 99403, 99404, 99411, 99412, 99421, 99422, 99423, 99429, 99455, 99456, 99457, 99458, 99483</p> <p>HCPCS</p> <p>G0071: Payment for communication technology-based services for 5 minutes or more of a virtual (non-face-to-face) communication between a rural health clinic (RHC) or federally qualified health center (FQHC) practitioner and RHC or FQHC patient or 5 minutes or more of remote evaluation of recorded video and/or images by an RHC or FQHC practitioner, occurring in lieu of an office visit; RHC or FQHC only</p> <p>G0402: Initial preventive physical examination; face-to-face visit, services limited to new beneficiary during the first 12 months of Medicare enrollment</p> <p>G0438: Annual wellness visit; includes a personalized prevention plan of service (PPS), initial visit</p> <p>G0439: Annual wellness visit, includes a personalized prevention plan of service (PPS), subsequent visit</p> <p>G0463: Hospital outpatient clinic visit for assessment and management of a patient</p> <p>G2010: Remote evaluation of recorded video and/or images submitted by an established patient (for example, store and forward), including interpretation with follow-up with the patient within 24 business hours, not originating from a related E/M service provided within the previous 7 days nor leading to an E/M service or procedure within the next 24 hours or soonest available appointment</p> <p>G2250: Remote assessment of recorded video and/or images submitted by an established patient (for example, store and forward), including interpretation with follow-up with the patient within 24 business hours, not originating from a related service provided within the previous 7 days nor leading to a service or procedure within the next 24 hours or soonest available appointment</p> <p>G2251: Brief communication technology-based service, for example, virtual check-in, by a qualified healthcare professional who cannot report evaluation and management services, provided to an established patient, not originating from a related service provided within the previous 7 days nor leading to a service or procedure within the next 24 hours or soonest available appointment; 5-10 minutes of clinical discussion</p> <p>G2252: Brief communication technology-based service, for example, virtual check-in, by a physician or other qualified healthcare professional who can report evaluation and management services</p>

Description	CPT/HCPCS/ICD-10-CM
	provided to an established patient, not originating from a related E/M service provided within the previous 7 days nor leading to an E/M service or procedure within the next 24 hours or soonest available appointment; 11-20 minutes of medical discussion T1015: Clinic visit/encounter, all-inclusive

Helpful tips:

- If a patient tests negative for group A strep but insists on an antibiotic:
 - Refer to the illness as a sore throat due to a cold virus. Antibiotics do not work on viruses. Persons tend to associate the label with a less frequent need for antibiotics.
 - Write a prescription for symptom relief, like over-the-counter medications.
 - Educate persons on the difference between bacterial and viral infections. This is the key point in the success of this measure.
- Discuss with persons ways to treat symptoms:
 - Get extra rest.
 - Drink plenty of fluids.
 - Use over-the-counter medications.
 - Use the cool-mist vaporizer and nasal spray for congestion.
 - Eat ice chips or use throat spray/lozenges for sore throats.
- Educate persons and their parents or caregivers that they can prevent infection by:
 - Washing hands frequently.
 - Disinfecting toys.
 - Keeping the child out of school or daycare for at least 24 hours until antibiotics have been taken and symptoms have improved.

If using an EMR system, consider electronic data sharing with your health plan to capture all coded elements. Contact your provider relationship management representative for additional details and questions.

How can we help?

- Persons may be eligible for transportation assistance at no cost. Contact Member Services for arrangements.

Helpful resources:

- [CDC.gov/antibiotic-use](https://www.cdc.gov/antibiotic-use)

Well Child Visits in the First 30 Months of Life (W30)

This HEDIS measure looks at the percentage of persons who had the following number of well child visits with a PCP during the last 15 months. The following rates are reported:

- Well Child Visits in the First 15 Months: persons who turned 15 months old during the measurement period: Six or more well child visits
- Well Child Visits for Age 15 Months to 30 Months: persons who turned 30 months old during the measurement period: Two or more well child visits

Record your efforts

Documentation from the medical record must include a note indicating a visit with a PCP, the date when the well-child visit occurred, and evidence of all of the following:

- A health history: Health history is an assessment of the patient’s history of disease or illness. Health history can include, but is not limited to, past illness (or lack of illness), surgery or hospitalization (or lack of surgery or hospitalization), and family health history.
- A physical developmental history: Physical developmental history assesses specific age-appropriate physical developmental milestones, which are physical skills seen in persons as they grow and develop.
- A mental developmental history: Mental developmental history assesses specific age-appropriate mental developmental milestones, which are behaviors seen in persons as they grow and develop.
- A physical exam (for example, height, weight, BMI, heart, lungs, abdomen, more than one system assessed)
- Health education/anticipatory guidance: Health education/anticipatory guidance is given by the healthcare provider to parents or guardians in anticipation of emerging issues that a child and family may face.

Exclusions:

- Persons who use hospice services or elect to use a hospice benefit at any time during the measurement period
- Persons who die at any time during the measurement period

Description	CPT/HCPCS
Well Care Visit	CPT 99381, 99382, 99383, 99384, 99385, 99391, 99392, 99393, 99394, 99395, 99461 HCPCS G0438: Annual wellness visit; includes a personalized prevention plan of service (PPS), initial visit

Description	CPT/HCPCS
	<p>G0439: Annual wellness visit, includes a personalized prevention plan of service (PPS), subsequent visit</p> <p>S0302: Completed early periodic screening diagnosis and treatment (EPSDT) service (list in addition to code for appropriate evaluation and management service)</p>
Encounter for Well Care	<p>Z00.00: Encounter for general adult medical examination without abnormal findings</p> <p>Z00.01: Encounter for general adult medical examination with abnormal findings</p> <p>Z00.110: Health examination for newborn under 8 days old</p> <p>Z00.111: Health examination for newborn 8 to 28 days old</p> <p>Z00.121: Encounter for routine child health examination with abnormal findings</p> <p>Z00.129: Encounter for routine child health examination without abnormal findings</p> <p>Z00.2: Encounter for examination for period of rapid growth in childhood</p> <p>Z00.3: Encounter for examination for adolescent development state</p> <p>Z01.411: Encounter for gynecological examination (general) (routine) with abnormal findings</p> <p>Z01.419: Encounter for gynecological examination (general) (routine) without abnormal findings</p> <p>Z02.5: Encounter for examination for participation in sport</p> <p>Z02.84: Encounter for child welfare exam</p> <p>Z76.1: Encounter for health supervision and care of foundling</p> <p>Z76.2: Encounter for health supervision and care of other healthy infant and child</p>
CDC Race and Ethnicity	<p>1002-5: American Indian or Alaska Native</p> <p>2028-9: Asian</p> <p>2054-5: Black or African American</p> <p>2076-8: Native Hawaiian or Other Pacific Islander</p> <p>2106-3: White</p> <p>2135-2: Hispanic or Latino</p> <p>2186-5: Not Hispanic or Latino</p> <p>2118-8: Middle Eastern or North African</p>

Note: The codes listed are informational only; this information does not guarantee benefit coverage or reimbursement.

Helpful tips:

- Use your patient roster to contact persons who are due for an exam or are new to your practice
- Schedule the next visit at the end of the appointment
- If you use EMRs, consider creating a flag to track persons due or past due for a visit. If you do not use EMRs, consider creating a manual tracking method. Sick visits may be a missed opportunity for your patient to get a wellness exam

- Consider extending your office hours into the evening, early morning, or weekend to accommodate working parents
- If using an EMR system, consider electronic data sharing with your health plan to capture all coded elements. Contact your provider relationship management representative for additional details and questions

How can we help?

We help you meet this benchmark by:

- Offering current Clinical Practice Guidelines on our provider self-service website
- Providing individualized reports of your persons overdue for services
- Encouraging persons to get preventive care through our programs. Contact your provider relationship management representative for more information
- Persons may be eligible for transportation assistance at no cost. Contact Member Services for arrangements.

Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents (WCC)

This HEDIS measure looks at the percentage of persons ages 3 to 17 years who had an outpatient visit with a PCP or OB/GYN and who had evidence of the following during the measurement period:

- *BMI Percentile documentation
- Counseling for Nutrition
- Counseling for Physical Activity

*Because BMI norms for youth vary with age and gender, this measure evaluates whether BMI percentile is assessed rather than an absolute BMI value.

Record your efforts

Three separate rates are reported:

- Height, weight, and BMI percentile (not BMI value):
 - May be a BMI growth chart if used
- Counseling for nutrition (diet):
 - Services rendered during a telephone visit or virtual visit meet criteria
- Counseling for physical activity (sports participation/exercise):
 - Services rendered for obesity or eating disorders may be used to meet criteria

Exclusions:

- Persons with a diagnosis of pregnancy
- Persons who use hospice services or elect to use a hospice benefit at any time during the measurement period
- Persons who die at any time during the measurement period

Description	CPT/HCPCS/ICD-10-CM/LOINC
BMI Percentile	ICD-10-CM Z68.51: Body mass index [BMI] pediatric, less than 5th percentile for age Z68.52: Body mass index [BMI] pediatric, 5th percentile to less than 85th percentile for age Z68.53: Body mass index [BMI] pediatric, 85th percentile to less than 95th percentile for age Z68.54: Body mass index [BMI] pediatric, greater than or equal to 95th percentile for age

Description	CPT/HCPCS/ICD-10-CM/LOINC
	<p>Z68.55: Body mass index [BMI] pediatric, 120% of the 95th percentile for age to less than 140% of the 95th percentile for age Z68.56: Body mass index [BMI] pediatric, greater than or equal to 140% of the 95th percentile for age LOINC 59574-4: Body mass index (BMI) [Percentile] 59575-1: Body mass index (BMI) [Percentile] Per age 59576-9: Body mass index (BMI) [Percentile] Per age and sex</p>
Nutrition Counseling	<p>CPT 97802, 97803, 97804 HCPCS G0270: Medical nutrition therapy; reassessment and subsequent intervention(s) following second referral in the same year for change in diagnosis, medical condition, or treatment regimen (including additional hours needed for renal disease), individual, face to face with the patient, each 15 minutes G0271: Medical nutrition therapy, reassessment, and subsequent intervention(s) following second referral in the same year for change in diagnosis, medical condition, or treatment regimen (including additional hours needed for renal disease), group (2 or more individuals), each 30 minutes G0447: Face-to-face behavioral counseling for obesity, 15 minutes S9449: Weight management classes, non-physician provider, per session S9452: Nutrition classes, non-physician provider, per session S9470: Nutritional counseling, dietitian visit ICD-10-CM Z71.3: Dietary counseling and surveillance</p>
Physical Activity Counseling	<p>HCPCS G0447: Face-to-face behavioral counseling for obesity, 15 minutes S9451: Exercise classes, non-physician provider, per session</p>
Encounter for Physical Activity Counseling	<p>ICD-10-CM Z02.5: Encounter for examination for participation in sport Z71.82: Exercise counseling</p>

Note: The Logical Observation Identifiers Names and Codes (LOINC) are for reporting clinical observations and laboratory testing. The codes listed are informational only; this information does not guarantee benefit coverage or reimbursement.

Helpful tips:

- Measure height and weight at least annually and document the BMI percentile for age in the medical record.
- Consider incorporating appropriate nutritional and weight management questioning and counseling into your routine clinical practice.
- Document any advice you give the patient.

- Document face-to-face discussion of current nutritional behavior, like appetite or meal patterns, eating and dieting habits, any counseling or referral to nutrition education, any nutritional educational materials that were provided during the visit, anticipatory guidance for nutrition, eating disorders, nutritional deficiencies, underweight, and obesity or overweight discussion.
- Document face-to-face discussion of current physical activity behaviors, like exercise routines, participation in sports activities or bike riding, referrals to physical activity, educational material that was provided, anticipatory guidance on physical activity, and obesity or overweight discussion.
- If using an EMR system, consider electronic data sharing with your health plan to capture all coded elements. Contact your provider relationship management representative for additional details and questions.

How can we help?

We help you meet this benchmark by:

- Offering current Clinical Practice Guidelines on our provider self-service website.
- Helping to identify community resources, such as health education classes that may be available in your area.
- Persons may be eligible for transportation assistance at no cost. Contact Member Services for arrangements.

Child and Adolescent Well Care Visits (WCV)

This HEDIS measure looks at the percentage of persons ages 3 to 21 years who had at least one comprehensive well care visit with a PCP or an OB/GYN practitioner during the measurement period.

Record your efforts

- Documentation must include a note indicating a visit to a PCP, the date when the well-child visit occurred, and evidence of all of the following:
- A health history: Health history is an assessment of the Patient’s history of disease or illness. Health history can include, but is not limited to, past illness (or lack of illness), surgery or hospitalization (or lack of surgery or hospitalization), and family health history.
- A physical developmental history: Physical developmental history assesses specific age-appropriate physical developmental milestones, which are physical skills seen in persons as they grow and develop.
- A mental developmental history: Mental developmental history assesses specific age-appropriate mental developmental milestones, which are behaviors seen in persons as they grow and develop.
- A physical exam (for example, height, weight, BMI, heart, lungs, abdomen, more than one system assessed)
- Health education/anticipatory guidance: Health education/anticipatory guidance is given by the healthcare provider to parents or guardians in anticipation of emerging issues that a child and family may face.

Exclusions:

- Persons who use hospice services or elect to use a hospice benefit at any time during the measurement period
- Persons who die at any time during the measurement period

Description	CPT/ ICD-10-CM/HCPCS
Well Care Visit	CPT 99381, 99382, 99383, 99384, 99385, 99391, 99392, 99393, 99394, 99395, 99461 ICD-10-CM Z00.00: Encounter for general adult medical examination without abnormal findings

Description	CPT/ ICD-10-CM/HCPCS
	<p>Z00.01: Encounter for general adult medical examination with abnormal findings Z00.110: Health examination for newborn under 8 days old Z00.111: Health examination for newborn 8 to 28 days old Z00.121: Encounter for routine child health examination with abnormal findings Z00.129: Encounter for routine child health examination without abnormal findings Z00.2: Encounter for examination for period of rapid growth in childhood Z00.3: Encounter for examination for adolescent development state Z01.411: Encounter for gynecological examination (general) (routine) with abnormal findings Z01.419: Encounter for gynecological examination (general) (routine) without abnormal findings Z02.5: Encounter for examination for participation in sport Z02.84: Encounter for child welfare exam Z76.1: Encounter for health supervision and care of foundling Z76.2: Encounter for health supervision and care of other healthy infant and child</p> <p>HCPCS G0438: Annual wellness visit; includes a personalized prevention plan of service (PPS), initial visit G0439: Annual wellness visit, includes a personalized prevention plan of service (PPS), subsequent visit S0302: Completed early periodic screening diagnosis and treatment (epsdt) service (list in addition to code for appropriate evaluation and management service)</p>
CDC Race and Ethnicity	<p>1002-5: American Indian or Alaska Native 2028-9: Asian 2054-5: Black or African American 2076-8: Native Hawaiian or Other Pacific Islander 2106-3: White 2135-2: Hispanic or Latino 2186-5: Not Hispanic or Latino 2118-8: Middle Eastern or North African</p>

Note: The codes listed are informational only; this information does not guarantee benefit coverage or reimbursement.

Helpful tips:

- Use your patient roster to contact persons who are due for an annual exam.
- Schedule the next visit at the end of the appointment.

- If you use EMRs, consider creating a flag to track persons due or past due for preventive services. If you do not use EMRs, consider creating a manual tracking method for well checks. Sick visits may be missed opportunities for your Patient to get health checks.
- Consider extending your office hours into the evening, early morning, or weekend to accommodate working parents.
- If using an EMR system, consider electronic data sharing with your health plan to capture all coded elements. Contact your provider relationship management representative for additional details and questions.

How can we help?

- We help you meet this benchmark by:
- Offering current Clinical Practice Guidelines on our provider self-service website.
- Providing individualized reports of your persons overdue for services.
- Encouraging persons to get preventive care through our programs.
- Persons may be eligible for transportation assistance at no cost. Contact Member Services for arrangements.

Electronic Clinical Data Systems

HEDIS is a widely used set of performance measures developed and maintained by NCQA. These are used to drive improvement efforts surrounding best practices.

The HEDIS quality measures reported using the Electronic Clinical Data Systems (ECDS) inspire innovative use of electronic clinical data to document high-quality patient care that demonstrates commitment to evidence-based practices. Organizations that report HEDIS using ECDS encourage the electronic exchange of the information needed to provide high-quality services, ensuring that the information reaches the right people at the right time:

- ECDS reporting is part of the National Committee for Quality Assurance’s (NCQA) larger strategy to enable a digital quality system and is aligned with the industry’s move to digital measures.
- The ECDS reporting standard provides a method to collect and report structured electronic clinical data for HEDIS quality measurement and improvement.
- According to the NCQA, the HEDIS hybrid data collection (medical record collection) will be phased out in the coming years.
- Health plans and healthcare providers will need to take advantage of electronic data streams to ensure accurate reporting of measures that require data not typically found in claims.
- CPT Category II codes can be used for performance measurement. The use of the CPT II decreases the need for record abstraction and chart review.
- CVX codes (vaccine administered code set) represent the type of product used in an immunization. Every immunization that used a given type of product will have the same CVX, regardless of who received it.
- Logical Observation Identifiers Names and Codes (LOINC) and SNOMED CT codes (support the development of comprehensive -high-quality clinical content in electronic health records) do not appear on claims and are quickly becoming vital to HEDIS reporting, especially for ECDS measures:
 - LOINC codes — while typically associated with lab data, there are several behavioral health screenings that can only be represented by LOINC codes for the purposes of HEDIS reporting and can be extracted from electronic medical record (EMR) systems.
 - SNOMED CT codes represent both diagnoses and procedures as well as clinical findings. SNOMED CT codes are the industry standard for classifying clinical data in EMR systems and can be extracted from EMR systems.
 - Because LOINC codes and SNOMED CT codes can only be obtained through supplemental data feeds, it is important that health plans and the provider community embrace the sharing of these EMR data to ensure the quality of care our persons are receiving.

Helpful tips:

- Use this booklet as a reference to understand the ECDS measures and the coding associated with electronic data transmission.
- Contact your health plan representative to establish an electronic data transfer with the plan if your organization does not already have one.
- Make full use of CPT II codes to submit care quality findings, many HEDIS gaps could be closed via claims if CPT II codes were fully utilized.
- Ensure the EMR systems are set up to link the clinical and behavior health entries to LOINC codes and SNOMED CT codes:
 - Ensure that the extracts are inclusive of LOINC codes for BH screenings among other things and SNOMED CT codes.



Our Supplemental Data team is here to help.

For additional support in submitting supplemental data for ECDS measures, send inquiries to supplementaldata@Blue Cross NC.

Coding for ECDS measures

There are many approved NCQA codes used to identify the services included in the measures listed below. The following are just a few of the approved codes. Please see the NCQA website for a complete list <https://www.ncqa.org>.

Follow-Up After Acute and Urgent Care Visits for Asthma (AAF-E)

The percentage of persons 564 years of age with an urgent care visit, acute inpatient discharge, observation stay discharge or ED visit with a diagnosis of asthma that had a corresponding outpatient follow-up visit with a diagnosis of asthma within 30 days.

Record your efforts:

- Schedule and document an outpatient visit, telephone visit, e-visit or virtual check-in with a diagnosis of asthma within 30 days after the asthma episode (31 days total).
- Do not include visits that occur on the same day as the asthma episode.
- Do not include services provided in an urgent care setting (POS code 20).

Exclusions:

- Persons who use hospice services or elect to use a hospice benefit any time during the measurement period
- Persons who die any time during the measurement period
- Persons with cystic fibrosis diagnosis
- Do not include laboratory claims (claims with POS code 81).

Description	CPT/HCPCS/ICD-10-CM/POS
Asthma	ICD-10-CM J45.20: Mild intermittent asthma, uncomplicated J45.21: Mild intermittent asthma with (acute) exacerbation J45.22: Mild intermittent asthma with status asthmaticus J45.30: Mild persistent asthma, uncomplicated J45.31: Mild persistent asthma with (acute) exacerbation J45.32: Mild persistent asthma with status asthmaticus J45.40: Moderate persistent asthma, uncomplicated J45.41: Moderate persistent asthma with (acute) exacerbation J45.42: Moderate persistent asthma with status asthmaticus J45.50: Severe persistent asthma, uncomplicated J45.51: Severe persistent asthma with (acute) exacerbation J45.52: Severe persistent asthma with status asthmaticus J45.901: Unspecified asthma with (acute) exacerbation J45.902: Unspecified asthma with status asthmaticus J45.909: Unspecified asthma, uncomplicated J45.990: Exercise induced bronchospasm J45.991: Cough variant asthma J45.998: Other asthma
Outpatient and Telehealth	CPT

Description	CPT/HCPCS/ICD-10-CM/POS
	<p>98000, 98001, 98002, 98003, 98004, 98005, 98006, 98007, 98008, 98009, 98010, 98011, 98012, 98013, 98014, 98015, 98016, 98966, 98967, 98968, 98970, 98971, 98972, 98980, 98981, 99202, 99203, 99204, 99205, 99211, 99212, 99213, 99214, 99215, 99242, 99243, 99244, 99245, 99341, 99342, 99344, 99345, 99347, 99348, 99349, 99350, 99381, 99382, 99383, 99384, 99385, 99386, 99387, 99391, 99392, 99393, 99394, 99395, 99396, 99397, 99401, 99402, 99403, 99404, 99411, 99412, 99421, 99422, 99423, 99429, 99455, 99456, 99457, 99458, 99483</p> <p>HCPCS</p> <p>G0071: Payment for communication technology-based services for 5 minutes or more of a virtual (non-face-to-face) communication between a rural health clinic (RHC) or federally qualified health center (FQHC) practitioner and RHC or FQHC patient, or 5 minutes or more of remote evaluation of recorded video and/or images by an RHC or FQHC practitioner, occurring in lieu of an office visit; RHC or FQHC only</p> <p>G0402: Initial preventive physical examination; face-to-face visit, services limited to new beneficiary during the first 12 months of Medicare enrollment</p> <p>G0438: Annual wellness visit; includes a personalized prevention plan of service (PPS), initial visit</p> <p>G0439: Annual wellness visit, includes a personalized prevention plan of service (PPS), subsequent visit</p> <p>G0463: Hospital outpatient clinic visit for assessment and management of a patient</p> <p>G2010: Remote evaluation of recorded video and/or images submitted by an established patient (e.g., store and forward), including interpretation with follow-up with the patient within 24 business hours, not originating from a related E/M service provided within the previous 7 days nor leading to an E/M service or procedure within the next 24 hours or soonest available appointment</p> <p>G2250: Remote assessment of recorded video and/or images submitted by an established patient (e.g., store and forward), including interpretation with follow-up with the patient within 24 business hours, not originating from a related service provided within the previous 7 days nor leading to a service or procedure within the next 24 hours or soonest available appointment</p> <p>G2251: Brief communication technology-based service, e.g. virtual check-in, by a qualified health care professional who cannot report evaluation and management services, provided to an established patient, not originating from a related service provided within the previous 7 days nor leading to a service or procedure within the next</p>

Description	CPT/HCPCS/ICD-10-CM/POS
	<p>24 hours or soonest available appointment; 5-10 minutes of clinical discussion</p> <p>G2252: Brief communication technology-based service, e.g. virtual check-in, by a physician or other qualified health care professional who can report evaluation and management services, provided to an established patient, not originating from a related E/M service provided within the previous 7 days nor leading to an E/M service or procedure within the next 24 hours or soonest available appointment; 11-20 minutes of medical discussion</p> <p>T1015: Clinic visit/encounter, all-inclusive</p>
<p>Follow-Up After Acute and Urgent Care Visits for Asthma</p>	<p>POS</p> <p>20: Urgent Care Facility</p> <p>81: Independent Laboratory</p>

Note: The codes listed are informational only; this information does not guarantee reimbursement.

Follow-Up Care for Persons Prescribed ADHD Medication (ADD-E)

This measure looks at the percentage of persons ages 6 to 12 newly prescribed attention deficit/hyperactivity disorder (ADHD) medication who had at least three follow-up care visits within a 300-day (10-month) period, one of which was within 30 days of when the first ADHD medication was dispensed during the measurement period.

Two rates are reported:

- Initiation phase: the percentage of persons 6 to 12 years of age with a prescription dispensed for ADHD medication, who had one follow-up visit with a practitioner with prescribing authority during the 30-day initiation phase.
- Continuation and maintenance (C&M) phase: the percentage of persons 6 to 12 years of age with a prescription dispensed for ADHD medication, who remained on the medication for at least 210 days and who, in addition to the visit in the Initiation Phase, had at least two follow-up visits with a practitioner within 270 days (9 months) after the initiation phase ended.

Record your efforts:

When prescribing a new ADHD medication:

- Be sure to schedule a follow-up visit right away – within 30 days of ADHD medication initially prescribed or restarted after a 120-day break.
- Schedule follow-up visits while people are still in the office.
- Have your office staff call persons at least three days before appointments.
- After the initial follow-up visits, schedule at least two more office visits in the next nine months to monitor the person’s progress.
- Be sure that follow-up visits include the diagnosis of ADHD.

Exclusions:

- Persons who use hospice services or elect to use a hospice benefit any time during the measurement period.
- Persons who die any time during the measurement period.
- Persons with a diagnosis of narcolepsy any time during the member’s history through the end of the measurement period. Do not include laboratory claims (claims with POS code 81).

Description	CPT/HCPCS/POS
Outpatient POS	POS 03: School 05: Indian Health Service Free-standing Facility 07: Tribal 638 Free-standing Facility 09: Prison / Correctional Facility

Description	CPT/HCPCS/POS
	<p>11: Office 12: Home 13: Assisted Living Facility 14: Group Home 15: Mobile Unit 16: Temporary Lodging 17: Walk-in Retail Clinic 18: Place of Employment-Worksite 19: Off Campus-Outpatient Hospital 20: Urgent Care Facility 22: On-Campus Outpatient Hospital 33: Custodial Care Facility 49: Independent Clinic 50: Federally Qualified Health Center 71: Public Health Clinic 72: Rural Health Clinic</p>
Health and Behavioral Assessment or Intervention	<p>CPT 96156, 96158, 96159, 96164, 96165, 96167, 96168, 96170, 96171</p>
BH Outpatient	<p>CPT 98000, 98001, 98002, 98003, 98004, 98005, 98006, 98007, 98960, 98961, 98962, 99078, 99202, 99203, 99204, 99205, 99211, 99212, 99213, 99214, 99215, 99242, 99243, 99244, 99245, 99341, 99342, 99344, 99345, 99347, 99348, 99349, 99350, 99381, 99382, 99383, 99384, 99385, 99386, 99387, 99391, 99392, 99393, 99394, 99395, 99396, 99397, 99401, 99402, 99403, 99404, 99411, 99412, 99483, 99492, 99493, 99494, 99510</p> <p>HCPCS G0155: Services of clinical social worker in home health or hospice settings, each 15 minutes G0176: Activity therapy, such as music, dance, art or play therapies not for recreation, related to the care and treatment of patient's disabling mental health problems, per session (45 minutes or more) G0177: Training and educational services related to the care and treatment of patient's disabling mental health problems per session (45 minutes or more) G0409: Social work and psychological services, directly relating to and/or furthering the patient's rehabilitation goals, each 15 minutes, face-to-face; individual (services provided by a CORF-qualified social worker or psychologist in a CORF) G0463: Hospital outpatient clinic visit for assessment and management of a patient G0512: Rural health clinic or federally qualified health center (RHC/FQHC) only, psychiatric collaborative care model (psychiatric COCM), 60 minutes or more of clinical staff time for psychiatric</p>

Description	CPT/HCPCS/POS
	<p>COCM services directed by an RHC or FQHC practitioner (physician, NP, PA, or CNM) and including services furnished by a behavioral healthcare manager and consultation with a psychiatric consultant, per calendar month</p> <p>G0560: Safety planning interventions, each 20 minutes personally performed by the billing practitioner, including assisting the patient in the identification of the following personalized elements of a safety plan: recognizing warning signs of an impending suicidal or substance use-related crisis; employing internal coping strategies; utilizing social contacts and social settings as a means of distraction from suicidal thoughts or risky substance use; utilizing family members, significant others, caregivers, and/or friends to help resolve the crisis; contacting mental health or substance use disorder professionals or agencies; and making the environment safe</p> <p>H0002: Behavioral health screening to determine eligibility for admission to treatment program</p> <p>H0004: Behavioral health counseling and therapy, per 15 minutes</p> <p>H0031: Mental health assessment, by non-physician</p> <p>H0034: Medication training and support, per 15 minutes</p> <p>H0036: Community psychiatric supportive treatment, face-to-face, per 15 minutes</p> <p>H0037: Community psychiatric supportive treatment program, per diem</p> <p>H0039: Assertive community treatment, face-to-face, per 15 minutes</p> <p>H0040: Assertive community treatment program, per diem</p> <p>H2000: Comprehensive multidisciplinary evaluation</p> <p>H2010: Comprehensive medication services, per 15 minutes</p> <p>H2011: Crisis intervention service, per 15 minutes</p> <p>H2013: Psychiatric health facility service, per diem</p> <p>H2014: Skills training and development, per 15 minutes</p> <p>H2015: Comprehensive community support services, per 15 minutes</p> <p>H2016: Comprehensive community support services, per diem</p> <p>H2017: Psychosocial rehabilitation services, per 15 minutes</p> <p>H2018: Psychosocial rehabilitation services, per diem</p> <p>H2019: Therapeutic behavioral services, per 15 minutes</p> <p>H2020: Therapeutic behavioral services, per diem</p> <p>T1015: Clinic visit/encounter, all-inclusive</p>
Online Assessments	<p>CPT 98016, 98970, 98971, 98972, 98980, 98981, 99421, 99422, 99423, 99457, 99458</p> <p>HCPCS G0071: Payment for communication technology-based services for 5 minutes or more of a virtual (non-face-to-face) communication between a rural health clinic (RHC) or federally qualified health</p>

Description	CPT/HCPCS/POS
	<p>center (FQHC) practitioner and RHC or FQHC patient, or 5 minutes or more of remote evaluation of recorded video and/or images by an RHC or FQHC practitioner, occurring in lieu of an office visit; RHC or FQHC only</p> <p>G2010: Remote evaluation of recorded video and/or images submitted by an established patient (e.g., store and forward), including interpretation with follow-up with the patient within 24 business hours, not originating from a related E/M service provided within the previous 7 days nor leading to an E/M service or procedure within the next 24 hours or soonest available appointment</p> <p>G2250: Remote assessment of recorded video and/or images submitted by an established patient (e.g., store and forward), including interpretation with follow-up with the patient within 24 business hours, not originating from a related service provided within the previous 7 days nor leading to a service or procedure within the next 24 hours or soonest available appointment</p> <p>G2251: Brief communication technology-based service, for example, virtual check-in, by a qualified health care professional who cannot report evaluation and management services provided to an established patient, not originating from a related service provided within the previous 7 days nor leading to a service or procedure within the next 24 hours or soonest available appointment; 5-10 minutes of clinical discussion</p> <p>G2252: Brief communication technology-based service, for example virtual check-in, by a physician or other qualified health care professional who can report evaluation and management services, provided to an established patient, not originating from a related E/M service provided within the previous 7 days nor leading to an E/M service or procedure within the next 24 hours or soonest available appointment; 11-20 minutes of medical discussion</p>
Telehealth POS	<p>POS</p> <p>02: Telehealth Provided Other than in Patient’s Home</p> <p>10: Telehealth Provided in Patient’s Home</p>
Visit Setting Unspecified	<p>CPT</p> <p>90791, 90792, 90832, 90833, 90834, 90836, 90837, 90838, 90839, 90840, 90845, 90847, 90849, 90853, 90875, 90876, 99221, 99222, 99223, 99231, 99232, 99233, 99238, 99239, 99252, 99253, 99254, 99255</p>

Note: The codes listed are informational only; this information does not guarantee reimbursement.

Adult Immunization Status (AIS-E)

This measure looks at the percentage of persons 19 years of age and older who are up to date on recommended routine vaccines for influenza, tetanus, and diphtheria (Td) or tetanus, diphtheria, and acellular pertussis (Tdap), zoster and pneumococcal, and hepatitis B during the measurement period.

Record your efforts:

- Document the required age vaccines were received according to the time interval specified in the measure.

Influenza

- Persons who received an influenza vaccine on or between July 1 of the year prior to the measurement period and June 30 of the measurement period
- or**
- Persons with anaphylaxis due to the influenza vaccine any time before or during the measurement period (SNOMED CT code 471361000124100)

Td/Tdap

- Persons who received at least one Td vaccine or one Tdap vaccine between 9 years prior to the start of the measurement period and the end of the measurement period
- or**
- Persons with a history of at least one of the following contraindications any time before or during the measurement period:
 - Anaphylaxis due to the diphtheria, tetanus, or pertussis vaccine
 - Encephalitis due to the diphtheria, tetanus, or pertussis vaccine

Zoster

- Persons who received 2 doses of the herpes zoster recombinant vaccine at least 28 days apart, on October 20, 2017, through the end of the measurement period
- or**
- Persons with anaphylaxis due to the herpes zoster vaccine any time before or during the measurement period

Pneumococcal

- Persons who received at least one dose of an adult pneumococcal vaccine) on or after their 19th birthday and before or during the measurement period or persons with anaphylaxis due to the pneumococcal vaccine any time before or during the measurement period
- or**
- Persons with anaphylaxis due to the pneumococcal vaccine any time before or during the measurement period (SNOMED CT code 471141000124102)

Hepatitis B

- Persons who received at least three doses of the childhood hepatitis B vaccine with different dates of service on or before their 19th birthday:
 - One of the three vaccinations can be a newborn hepatitis B vaccination (ICD-10-PCS code 3E0234Z) during the 8-day period that begins on the date of birth and ends 7 days after the date of birth.
- Persons who received a hepatitis B vaccine series on or after their 19th birthday, before or during the measurement period, including either of the following:
 - At least two doses of the recommended two dose adult hepatitis B vaccine administered at least 28 days apart
 - or**
 - At least three doses of any other recommended adult hepatitis B vaccine administered on different days of service
- Persons who had a hepatitis B surface antigen, hepatitis B surface antibody or total antibody to hepatitis B core antigen test, with a positive result any time before or during the measurement period. Any of the following meet criteria:
 - A test result greater than 10 mIU/mL
 - A test with a finding of immunity
- Persons with a history of hepatitis B illness any time before or during the measurement period. Do not include laboratory claims (POS 81).
- Persons with anaphylaxis due to hepatitis B any time before or during the measurement period (SNOMED CT code 428321000124101).

COVID-19

- Received at least one dose of a COVID19 vaccine that occurred on or between July 1 of the year prior to the measurement period through June 30 of the measurement period **and** on or after their 65th birthday
- or**
- Had anaphylaxis due to the COVID-19 vaccine (SNOMED CT code 914587451000119107) any time before or during the measurement period.

Exclusions:

- Persons who use hospice services or elect to use a hospice benefit any time during the measurement period
- Persons who die any time during the measurement period

Immunization	CPT/HCPCS/CVX
Adult Influenza Vaccine procedure	CPT 90653, 90655, 90656, 90658, 90661, 90662, 90673, 90674, 90682, 90686, 90688, 90689, 90694, 90756
Adult Influenza Immunization	CVX 88: influenza virus vaccine, unspecified formulation

Immunization	CPT/HCPCS/CVX
	<p>135: influenza, high dose seasonal, preservative-free 140: Influenza, seasonal, injectable, preservative free 141: Influenza, seasonal, injectable 144: seasonal influenza, intradermal, preservative free 150: Influenza, injectable, quadrivalent, preservative free 153: Influenza, injectable, Madin Darby Canine Kidney, preservative free 155: Seasonal, trivalent, recombinant, injectable influenza vaccine, preservative free 158: influenza, injectable, quadrivalent, contains preservative 166: influenza, intradermal, quadrivalent, preservative free, injectable 168: Seasonal trivalent influenza vaccine, adjuvanted, preservative free 171: Influenza, injectable, Madin Darby Canine Kidney, preservative free, quadrivalent 185: Seasonal, quadrivalent, recombinant, injectable influenza vaccine, preservative free 186: Influenza, injectable, Madin Darby Canine Kidney, quadrivalent with preservative 197: influenza, high-dose seasonal, quadrivalent, 0.7mL dose, preservative free 205: influenza, seasonal vaccine, quadrivalent, adjuvanted, 0.5mL dose, preservative free 320: Influenza, Madin Darby Canine Kidney, subunit, trivalent, injectable, contains preservative</p>
Influenza Virus LAIV Vaccine Procedure	<p>CPT 90660, 90672</p>
Influenza Virus LAIV Immunization	<p>CVX 111: influenza virus vaccine, live, attenuated, for intranasal use 149: influenza, live, intranasal, quadrivalent</p>
Adult Pneumococcal Immunization	<p>CVX 33: pneumococcal polysaccharide vaccine, 23 valent 109: pneumococcal vaccine, unspecified formulation 133: pneumococcal conjugate vaccine, 13 valent 152: Pneumococcal Conjugate, unspecified formulation 215: Pneumococcal conjugate vaccine 15-valent (PCV15), polysaccharide CRM197 conjugate, adjuvant, preservative free 216: Pneumococcal conjugate vaccine 20-valent (PCV20), polysaccharide CRM197 conjugate, adjuvant, preservative free 327: Pneumococcal conjugate vaccine, 21 valent (PCV21), polysaccharide CRM197 conjugate, preservative free</p>
Adult Pneumococcal Vaccine Procedure	<p>CPT 90670, 90671, 90677, 90684, 90732</p>

Immunization	CPT/HCPCS/CVX
	HCPCS G0009: Administration of pneumococcal vaccine
Td or Tdap Immunization	CVX 09: tetanus and diphtheria toxoids, adsorbed, preservative free, for adult use (2 Lf of tetanus toxoid and 2 Lf of diphtheria toxoid) 113: tetanus and diphtheria toxoids, adsorbed, preservative free, for adult use (5 Lf of tetanus toxoid and 2 Lf of diphtheria toxoid) 115: tetanus toxoid, reduced diphtheria toxoid, and acellular pertussis vaccine, adsorbed 138: tetanus and diphtheria toxoids, not adsorbed, for adult use 139: Td(adult) unspecified formulation
Td or Tdap Vaccine Procedure	CPT 90714, 90715
Herpes Zoster Recombinant Vaccine Procedure	CPT 90750 CVX 187: zoster vaccine recombinant
Hepatitis B Immunization	CVX 08: hepatitis B vaccine, pediatric or pediatric/adolescent dosage 44: hepatitis B vaccine, dialysis patient dosage 45: hepatitis B vaccine, unspecified formulation 51: Haemophilus influenzae type b conjugate and Hepatitis B vaccine 110: DTaP-hepatitis B and poliovirus vaccine 146: Diphtheria and Tetanus Toxoids and Acellular Pertussis Adsorbed, Inactivated Poliovirus, Haemophilus b Conjugate (Meningococcal Protein Conjugate), and Hepatitis B (Recombinant) Vaccine. 198: Diphtheria, pertussis, tetanus, hepatitis B, Haemophilus Influenza Type b, (Pentavalent) One of the three vaccinations may be a newborn hepatitis B vaccination (ICD-10-PCS code 3E0234Z) during the 8-day period that begins on the date of birth and ends 7 days after the date of birth.
Hepatitis B Vaccine Procedure	CPT 90697, 90723, 90740, 90744, 90747, 90748, 90759 HCPCS G0010: Administration of hepatitis b vaccine
Adult Hepatitis B Vaccine Immunization (2 dose)	CVX 189: Hepatitis B vaccine (recombinant), CpG adjuvanted
Adult Hepatitis B Vaccine Procedure (2 dose)	CPT 90739,90743

Immunization	CPT/HCPCS/CVX
Adult Hepatitis B Immunization (3 dose)	CVX 43: Hepatitis B vaccine, adult dosage 44: Hepatitis B vaccine (Hep B), high-dosage, dialysis or immunocompromised patient 45: Hepatitis B vaccine, unspecified formulation 104: Hepatitis A and hepatitis B vaccine 220: Hepatitis B vaccine (recombinant), 3-antigen, Al(OH) ₃ adjuvanted
Hepatitis B Vaccine Procedure (3 dose)	CPT 90740, 90744, 90746, 90759
Adult COVID19 Vaccine Procedure	CPT 91304, 91320, 91322
Adult COVID19 Immunization	CVX 309: SARS-COV-2 (COVID-19) vaccine, mRNA, spike protein, LNP, preservative free, tris-sucrose, 30 mcg/0.3 mL dose 312: SARS-COV-2 (COVID-19) vaccine, mRNA, spike protein, LNP, preservative free, 50 mcg/0.5 mL dose [312] 313: SARS-COV-2 (COVID-19) vaccine, subunit, recombinant spike protein-nanoparticle+Matrix-M1 Adjuvant, preservative free, 5 mcg/0.5 mL dose
CDC Race and Ethnicity	1002-5: American Indian or Alaska Native 2028-9: Asian 2054-5: Black or African American 2076-8: Native Hawaiian or Other Pacific Islander 2106-3: White 2135-2: Hispanic or Latino 2186-5: Not Hispanic or Latino 2118-8: Middle Eastern or North African

Note: The codes listed are informational only; this information does not guarantee reimbursement.

Metabolic Monitoring for Persons and Adolescents on Antipsychotics (APM-E)

This measure looks at the percentage of persons and adolescents 1 to 17 years of age who had two or more antipsychotic prescriptions and had metabolic testing during the measurement period. Three rates are reported:

- The percentage of persons and adolescents on antipsychotics who received blood glucose testing (blood glucose or HbA1c)
- The percentage of persons and adolescents on antipsychotics who received cholesterol testing (LDL-C or cholesterol)
- The percentage of persons and adolescents on antipsychotics who received both blood glucose and cholesterol testing.

Record your efforts:

- Persons who received at least one test for blood glucose or HbA1c during the measurement period
- Persons who received at least one test for LDL-C or cholesterol during the measurement period
- Persons who were compliant for both the blood glucose and cholesterol indicators:
- At least one test for blood glucose or HbA1c
- At least one test for LDL-C or cholesterol

Exclusions:

- Persons who use hospice services or elect to use a hospice benefit any time during the measurement period.
- Persons who die any time during the measurement period.
- **Note:** The codes listed are informational only; this information does not guarantee reimbursement.

Description	CPT/CAT II/LOINC/SNOMED CT
Cholesterol Lab Test	CPT 82465, 83718, 83721, 83722, 84478 LOINC 2085-9: Cholesterol in HDL [Mass/volume] in Serum or Plasma 2093-3: Cholesterol [Mass/volume] in Serum or Plasma 2571-8: Triglyceride [Mass/volume] in Serum or Plasma 3043-7: Triglyceride [Mass/volume] in Blood 9830-1: Cholesterol. Total/Cholesterol in HDL [Mass Ratio] in Serum or Plasma
Cholesterol Test Result or Finding	SNOMED CT 166830008: Serum cholesterol above reference range (finding)

Description	CPT/CAT II/LOINC/SNOMED CT
	<p>166848004: Serum triglycerides above reference range (finding) 259557002: High density lipoprotein triglyceride (substance) 365793008: Finding of cholesterol level (finding) 365794002: Finding of serum cholesterol level (finding) 365795001: Finding of triglyceride level (finding) 365796000: Finding of serum triglyceride levels (finding) 439953004: Cholesterol/high density lipoprotein ratio above reference range (finding) 707122004: Triglyceride in high density lipoprotein subfraction 2 (substance) 707123009: Triglyceride in high density lipoprotein subfraction 3 (substance) 1162800007: Cholesterol esters within reference range (finding) 1172655006: Low density lipoprotein cholesterol below reference range (finding) 1172656007: Low density lipoprotein cholesterol within reference range (finding) 67991000119104: Serum cholesterol outside reference range (finding)</p> <p>CPT 80047, 80048, 80050, 80053, 80069, 82947, 82950, 82951</p> <p>LOINC 10450-5: Glucose [Mass/volume] in Serum or Plasma --10 hours fasting 1492-8: Glucose [Mass/volume] in Serum or Plasma --1.5 hours post 0.5 g/kg glucose IV 1494-4: Glucose [Mass/volume] in Serum or Plasma --1.5 hours post 100 g glucose PO 1496-9: Glucose [Mass/volume] in Serum or Plasma --1.5 hours post 75 g glucose PO 1499-3: Glucose [Mass/volume] in Serum or Plasma --1 hour post 0.5 g/kg glucose IV 1501-6: Glucose [Mass/volume] in Serum or Plasma --1 hour post 100 g glucose PO 1504-0: Glucose [Mass/volume] in Serum or Plasma --1 hour post 50 g glucose PO 1507-3: Glucose [Mass/volume] in Serum or Plasma --1 hour post 75 g glucose PO 1514-9: Glucose [Mass/volume] in Serum or Plasma --2 hours post 100 g glucose PO 1518-0: Glucose [Mass/volume] in Serum or Plasma --2 hours post 75 g glucose PO 1530-5: Glucose [Mass/volume] in Serum or Plasma --3 hours post 100 g glucose PO</p>

Description	CPT/CAT II/LOINC/SNOMED CT
	<p>1533-9: Glucose [Mass/volume] in Serum or Plasma --3 hours post 75 g glucose PO 1554-5: Glucose [Mass/volume] in Serum or Plasma --12 hours fasting 1557-8: Fasting glucose [Mass/volume] in Venous blood 1558-6: Fasting glucose [Mass/volume] in Serum or Plasma 17865-7: Glucose [Mass/volume] in Serum or Plasma --8 hours fasting 20436-2: Glucose [Mass/volume] in Serum or Plasma --2 hours post dose glucose 20437-0: Glucose [Mass/volume] in Serum or Plasma --3 hours post dose glucose 20438-8: Glucose [Mass/volume] in Serum or Plasma --1 hour post dose glucose 20440-4: Glucose [Mass/volume] in Serum or Plasma --1.5 hours post dose glucose 2345-7: Glucose [Mass/volume] in Serum or Plasma 26554-6: Glucose [Mass/volume] in Serum or Plasma --2.5 hours post dose glucose 41024-1: Glucose [Mass/volume] in Serum or Plasma --2 hours post 50 g glucose PO 49134-0: Glucose [Mass/volume] in Blood --2 hours post dose glucose 6749-6: Glucose [Mass/volume] in Serum or Plasma --2.5 hours post 75 g glucose PO 9375-7: Glucose [Mass/volume] in Serum or Plasma --2.5 hours post 100 g glucose PO</p>
Glucose Test Result or Finding	<p>SNOMED CT 166890005: Random blood glucose within reference range (finding) 166891009: Random blood sugar below reference range (finding) 166892002: Random blood sugar above reference range (finding) 166921001: Blood glucose within reference range (finding) 166922008: Blood glucose outside reference range (finding) 442545002: Random blood glucose outside reference range (finding) 444780001: Glucose in blood specimen above reference range (finding) 1179458001: Blood glucose below reference range (finding) 1259140002: Blood glucose level unstable (finding)</p>
HbA1c Lab Test	<p>CPT 83036, 83037 LOINC 17855-8: Hemoglobin A1c/Hemoglobin. Total in Blood by calculation 17856-6: Hemoglobin A1c/Hemoglobin. Total in Blood by HPLC</p>

Description	CPT/CAT II/LOINC/SNOMED CT
	<p>4548-4: Hemoglobin A1c/Hemoglobin. Total in Blood 4549-2: Hemoglobin A1c/Hemoglobin. Total in Blood by Electrophoresis 96595-4: Hemoglobin A1c/Hemoglobin. Total in DBS</p>
HbA1c Test Result or Finding	<p>CAT II 3044F: Most recent hemoglobin A1c (HbA1c) level less than 7.0% (DM) 3046F: Most recent hemoglobin A1c level greater than 9.0% (DM) 3051F: Most recent hemoglobin A1c (HbA1c) level greater than or equal to 7.0% and less than 8.0% (DM) 3052F: Most recent hemoglobin A1c (HbA1c) level greater than or equal to 8.0% and less than or equal to 9.0% (DM) SNOMED CT 165679005: Hemoglobin A1c less than 77 percent % indicating good diabetic control (finding) 451061000124104: Hemoglobin A1c greater than nine percent indicating poor diabetic control (finding)</p>
LDL-C Lab Test	<p>CPT 80061, 83700, 83701, 83704, 83721 LOINC 12773-8: Cholesterol in LDL [Units/volume] in Serum or Plasma by Electrophoresis 13457-7: Cholesterol in LDL [Mass/volume] in Serum or Plasma by calculation 18261-8: Cholesterol in LDL [Mass/volume] in Serum or Plasma ultracentrifugate 18262-6: Cholesterol in LDL [Mass/volume] in Serum or Plasma by Direct assay 2089-1: Cholesterol in LDL [Mass/volume] in Serum or Plasma 49132-4: Cholesterol in LDL [Mass/volume] in Serum or Plasma by Electrophoresis 55440-2: Cholesterol.in LDL (real) [Mass/volume] in Serum or Plasma by VAP 96259-7: Cholesterol in LDL [Mass/volume] in Serum or Plasma by Calculated by Martin-Hopkins</p>
LDL-C Test Result or Finding	<p>CAT II 3048F, 3049F, 3050F</p>

Note: The codes listed are informational only; this information does not guarantee reimbursement.

Unhealthy Alcohol Use Screening and Follow-Up (ASF-E)

This measure looks at the percentage of persons 18 years of age and older who were screened for unhealthy alcohol use using a standardized instrument and, if screened positive, received appropriate follow-up care during the measurement period:

- Unhealthy Alcohol Use Screening. The percentage of persons who had a systematic screening for unhealthy alcohol use.
- Follow-up Care on Positive Screen. The percentage of persons receiving brief counseling or other follow-up care within 60 days (2 months) of screening positive for unhealthy alcohol use.

Record your efforts:

- A standard assessment instrument that has been normalized and validated for the adult patient population to include AUDIT, AUDITC, and a Single Question Screen. Screening requires completion of one or more instruments. The threshold for a positive finding is indicated below for each instrument.

Screening instrument	Total score LOINC codes	Positive finding
Alcohol Use Disorders Identification Test (AUDIT) Screening Instrument	75624-7	Total score ≥ 8
Alcohol Use Disorders Identification Test Consumption (AUDIT-C) Screening Instrument	75626-2	Total score ≥ 4 for men Total score ≥ 3 for women
Single-question screen (for men): “How many times in the past year have you had 5 or more drinks in a day?”	88037-7	Response ≥ 1
Single-question screen (for women and all adults older than 65 years): “How many times in the past year have you had 4 or more drinks in a day?”	75889-6	Response ≥ 1

Any of the following on or up to 60 days after the first positive screen:

- Feedback on alcohol use and harms
- Identification of high-risk situations for drinking and coping strategies
- Increase the motivation to reduce drinking
- Development of a personal plan to reduce drinking
- Documentation of receiving alcohol misuse treatment

Exclusions:

- Persons who use hospice services or elect to use a hospice benefit any time during the measurement period.
- Persons who die any time during the measurement period.
- Persons with alcohol use disorder that starts during the year prior to the measurement period. Do not include laboratory claims (claims with POS code 81).
- Persons with history of dementia any time during the member’s history through the end of the measurement period. Do not include laboratory claims (claims with POS code 81).

Unhealthy Alcohol Use Screening and Follow-Up (ASF-E)

Description	CPT/HCPCS/ICD-10-CM/ SNOMED CT
Alcohol Counseling or Other Follow-Up Care	<p>CPT 99408, 99409</p> <p>HCPCS G0396: Alcohol and/or substance (other than tobacco) misuse structured assessment (e.g., audit, DAST), and brief intervention 15 to 30 minutes. G0397: Alcohol and/or substance (other than tobacco) misuse structured assessment (e.g., audit, DAST), and intervention, greater than 30 minutes. G0443: Brief face-to-face behavioral counseling for alcohol misuse, 15 minutes. G2011: Alcohol and/or substance (other than tobacco) misuse structured assessment (e.g., audit, DAST), and brief intervention, 5-14 minutes. H0005: Alcohol and/or drug services; group counseling by a clinician. H0007: Alcohol and/or drug services; crisis intervention (outpatient). H0015: Alcohol and/or drug services; intensive outpatient (treatment program that operates at least 3 hours/day and at least 3 days/week and is based on an individualized treatment plan), including assessment, counseling; crisis intervention, and activity therapies or education. H0016: Alcohol and/or drug services; medical/somatic (medical intervention in ambulatory setting). H0022: Alcohol and/or drug intervention service (planned facilitation). H0050: Alcohol and/or drug services, brief intervention, per 15 minutes. H2035: Alcohol and/or other drug treatment program, per hour. H2036: Alcohol and/or other drug treatment program, per diem. T1006: Alcohol and/or substance abuse services, family/couple counseling. T1012: Alcohol and/or substance abuse services, skills development.</p>

Description	CPT/HCPCS/ICD-10-CM/ SNOMED CT
	<p>SNOMED CT 20093000: Alcohol rehabilitation and detoxification (regime/therapy) 23915005: Combined alcohol and drug rehabilitation and detoxification (regime/therapy) 24165007: Alcoholism counseling (procedure) 64297001: Detoxication psychiatric therapy for alcoholism (regime/therapy) 386449006: Substance use treatment: alcohol withdrawal (regime/therapy) 408945004: Alcohol abuse prevention (procedure) 408947007: Alcohol abuse prevention education (procedure) 408948002: Alcohol abuse prevention management (procedure) 413473000: Counseling about alcohol consumption (procedure) 707166002: Alcohol reduction program (regime/therapy) 429291000124102: Alcohol brief intervention (procedure)</p>
<p>Alcohol Use Disorder</p>	<p>ICD-10-CM F10.10: Alcohol abuse, uncomplicated F10.19: Alcohol abuse with unspecified alcohol-induced disorder F10.120: Alcohol abuse with intoxication, uncomplicated F10.121: Alcohol abuse with intoxication delirium F10.129: Alcohol abuse with intoxication, unspecified F10.130: Alcohol abuse with withdrawal, uncomplicated F10.131: Alcohol abuse with withdrawal delirium F10.132: Alcohol abuse with withdrawal with perceptual disturbance F10.139: Alcohol abuse with withdrawal, unspecified F10.14: Alcohol abuse with alcohol-induced mood disorder F10.150: Alcohol abuse with alcohol-induced psychotic disorder with delusions F10.151: Alcohol abuse with alcohol-induced psychotic disorder with hallucinations F10.159: Alcohol abuse with alcohol-induced psychotic disorder, unspecified F10.180: Alcohol abuse with alcohol-induced anxiety disorder F10.181: Alcohol abuse with alcohol-induced sexual dysfunction F10.182: Alcohol abuse with alcohol-induced sleep disorder F10.188: Alcohol abuse with other alcohol-induced disorder F10.20: Alcohol dependence, uncomplicated F10.220: Alcohol dependence with intoxication, uncomplicated F10.221: Alcohol dependence with intoxication delirium F10.229: Alcohol dependence with intoxication, unspecified F10.230: Alcohol dependence with withdrawal, uncomplicated F10.231: Alcohol dependence with withdrawal delirium</p>

Description	CPT/HCPCS/ICD-10-CM/ SNOMED CT
	<p>F10.232: Alcohol dependence with withdrawal with perceptual disturbance</p> <p>F10.239: Alcohol dependence with withdrawal, unspecified</p> <p>F10.24: Alcohol dependence with alcohol-induced mood disorder</p> <p>F10.250: Alcohol dependence with alcohol-induced psychotic disorder with delusions</p> <p>F10.251: Alcohol dependence with alcohol-induced psychotic disorder with hallucinations</p> <p>F10.259: Alcohol dependence with alcohol-induced psychotic disorder, unspecified</p> <p>F10.26: Alcohol dependence with alcohol-induced persisting amnesic disorder</p> <p>F10.27: Alcohol dependence with alcohol-induced persisting dementia</p> <p>F10.280: Alcohol dependence with alcohol-induced anxiety disorder</p> <p>F10.281: Alcohol dependence with alcohol-induced sexual dysfunction</p> <p>F10.282: Alcohol dependence with alcohol-induced sleep disorder</p> <p>F10.288: Alcohol dependence with other alcohol-induced disorder</p> <p>F10.29: Alcohol dependence with unspecified alcohol-induced disorder</p> <p>F10.90: Alcohol use, unspecified, uncomplicated</p> <p>F10.920: Alcohol use, unspecified with intoxication, uncomplicated</p> <p>F10.921: Alcohol use, unspecified with intoxication delirium</p> <p>F10.929: Alcohol use, unspecified with intoxication, unspecified</p> <p>F10.930: Alcohol use, unspecified with withdrawal, uncomplicated</p> <p>F10.931: Alcohol use, unspecified with withdrawal delirium</p> <p>F10.932: Alcohol use, unspecified with withdrawal with perceptual disturbance</p> <p>F10.939: Alcohol use, unspecified with withdrawal, unspecified</p> <p>F10.94: Alcohol use, unspecified with alcohol-induced mood disorder</p> <p>F10.950: Alcohol use, unspecified with alcohol-induced psychotic disorder with delusions</p> <p>F10.951: Alcohol use, unspecified with alcohol-induced psychotic disorder with hallucinations</p> <p>F10.959: Alcohol use, unspecified with alcohol-induced psychotic disorder, unspecified</p> <p>F10.96: Alcohol use, unspecified with alcohol-induced persisting amnesic disorder</p> <p>F10.97: Alcohol use, unspecified with alcohol-induced persisting dementia</p> <p>F10.980: Alcohol use, unspecified with alcohol-induced anxiety disorder</p>

Description	CPT/HCPCS/ICD-10-CM/ SNOMED CT
	<p>F10.981: Alcohol use, unspecified with alcohol-induced sexual dysfunction</p> <p>F10.982: Alcohol use, unspecified with alcohol-induced sleep disorder</p> <p>F10.988: Alcohol use, unspecified with other alcohol-induced disorder</p> <p>F10.99: Alcohol use, unspecified with unspecified alcohol-induced disorder</p> <p>K29.20: Alcoholic gastritis without bleeding</p> <p>K29.21: Alcoholic gastritis with bleeding</p> <p>K70.10: Alcoholic hepatitis without ascites</p> <p>K70.11: Alcoholic hepatitis with ascites</p> <p>SNOMED CT</p> <p>281004: Dementia associated with alcoholism (disorder)</p> <p>7052005: Alcohol hallucinosis (disorder)</p> <p>7200002: Alcoholism (disorder)</p> <p>8635005: Alcohol withdrawal delirium (disorder)</p> <p>15167005: Alcohol abuse (disorder)</p> <p>18653004: Alcohol intoxication delirium (disorder)</p> <p>29212009: Organic mental disorder caused by ingestible alcohol (disorder)</p> <p>34938008: Anxiety disorder caused by alcohol (disorder)</p> <p>41083005: Sleep disorder caused by ingestible alcohol (disorder)</p> <p>42344001: Psychosis caused by ingestible alcohol (disorder)</p> <p>53936005: Mood disorder caused by ingestible alcohol (disorder)</p> <p>61144001: Alcohol-induced psychotic disorder with delusions (disorder)</p> <p>66590003: Alcohol dependence (disorder)</p> <p>69482004: Korsakoff's psychosis (disorder)</p> <p>73097000: Alcohol amnestic disorder (disorder)</p> <p>78524005: Alcohol-induced sexual dysfunction (finding)</p> <p>87810006: Megaloblastic anemia due to alcoholism (disorder)</p> <p>191471000: Korsakov's alcoholic psychosis with peripheral neuritis (disorder)</p> <p>191475009: Chronic alcoholic brain syndrome (disorder)</p> <p>191476005: Alcohol withdrawal hallucinosis (disorder)</p> <p>191478006: Alcoholic paranoia (disorder)</p> <p>191480000: Alcohol withdrawal syndrome (disorder)</p> <p>191811004: Continuous chronic alcoholism (disorder)</p> <p>191812006: Episodic chronic alcoholism (disorder)</p> <p>191813001: Chronic alcoholism in remission (disorder)</p> <p>191882002: Nondependent alcohol abuse, continuous (disorder)</p> <p>191883007: Nondependent alcohol abuse, episodic (disorder)</p> <p>191884001: Nondependent alcohol abuse in remission (disorder)</p>

Description	CPT/HCPCS/ICD-10-CM/ SNOMED CT
	231467000: Absinthe addiction (disorder)
	268645007: Nondependent alcohol abuse (disorder)
	284591009: Persistent alcohol abuse (disorder)
	713583005: Mild alcohol dependence (disorder)
	713862009: Severe alcohol dependence (disorder)
	714829008: Moderate alcohol dependence (disorder)
	723926008: Perceptual disturbances and seizures co-occurrent and due to alcohol withdrawal (disorder)
	723927004: Psychotic disorder caused by alcohol with schizophreniform symptoms (disorder)
	723928009: Mood disorder with depressive symptoms caused by alcohol (disorder)
	723929001: Mood disorder with manic symptoms caused by alcohol (disorder)
	723930006: Mood disorder with mixed manic and depressive symptoms caused by alcohol (disorder)
	97571000119109: Thrombocytopenia co-occurrent and due to alcoholism (disorder)
	135311000119100: Insomnia caused by alcohol (disorder)
	288031000119105: Alcohol induced disorder co-occurrent and due to alcohol dependence (disorder)
	10741871000119101: Alcohol dependence in pregnancy (disorder)
	10755041000119100: Alcohol dependence in childbirth (disorder)

Note: The codes listed are informational only; this information does not guarantee reimbursement.

Breast Cancer Screening (BCS-E)

This HEDIS measure looks at the percentage of persons 40–74 years of age who were recommended for routine breast cancer screening and had a mammogram to screen for breast cancer.

Record your efforts:

Include documentation of all types and methods of mammograms, including:

- Screening
- Diagnostic
- Film
- Digital
- Digital breast tomosynthesis

In establishing health history with new persons, please make sure you ask about when person's last mammogram was performed, document at a minimum, year performed in your health history.

Gaps in care are not closed by the following, as they are performed as an adjunct to mammography:

- Breast ultrasounds
- MRIs
- Biopsies

Exclusions:

- Persons who use hospice services or elect to use a hospice benefit any time during the measurement period.
- Persons who die any time during the measurement period.
- Persons who had a bilateral mastectomy or both right and left unilateral mastectomies any time during the member's history through the end of the measurement period. Any of the following meet the criteria for bilateral mastectomy:
 - Bilateral mastectomy
 - Unilateral mastectomy with a bilateral modifier
 - Unilateral mastectomy found in clinical data with a bilateral qualifier value
 - History of bilateral mastectomy
- Persons who had gender-affirming chest surgery with a diagnosis of gender dysphoria any time during the member's history through the end of the measurement period.
- Persons 66 years of age and older as of December 31 of the measurement period (all product lines) with frailty and advanced illness. Persons must meet both frailty and advanced illness criteria to be excluded.
- Persons receiving palliative care any time during the measurement period.
- Persons who had an encounter for palliative anytime during the measurement period. Do not include laboratory claims (claims with POS code 81).

Description	CPT/LOINC/SNOMED CT
Mammography	<p>CPT 77061, 77062, 77063, 77065, 77066, 77067</p> <p>LOINC 24604-1: MG Breast Diagnostic Limited Views 24605-8: MG Breast Diagnostic 24606-6: MG Breast Screening 24610-8: MG Breast Limited Views 26175-0: MG Breast - bilateral Screening 26176-8: MG Breast - left Screening 26177-6: MG Breast - right Screening 26287-3: MG Breast - bilateral Limited Views 26289-9: MG Breast - left Limited Views 26291-5: MG Breast - right Limited Views 26346-7: MG Breast - bilateral Diagnostic 26347-5: MG Breast - left Diagnostic 26348-3: MG Breast - right Diagnostic 26349-1: MG Breast - bilateral Diagnostic Limited Views 26350-9: MG Breast - left Diagnostic Limited Views 26351-7: MG Breast - right Diagnostic Limited Views 36319-2: MG Breast 4 Views 36625-2: MG Breast Views 36626-0: MG Breast - bilateral Views 36627-8: MG Breast - left Views 36642-7: MG Breast - left 2 Views 36962-9: MG Breast Axillary 37005-6: MG Breast - left Magnification 37006-4: MG Breast - bilateral MLO 37016-3: MG Breast - bilateral Rolled Views 37017-1: MG Breast - left Rolled Views 37028-8: MG Breast Tangential 37029-6: MG Breast - bilateral Tangential 37030-4: MG Breast - left Tangential 37037-9: MG Breast True lateral 37038-7: MG Breast - bilateral True lateral 37052-8: MG Breast - bilateral XCCL 37053-6: MG Breast - left XCCL 37539-4: MG Breast Grid Views 37542-8: MG Breast Magnification Views 37543-6: MG Breast - bilateral Magnification Views 37551-9: MG Breast Spot Views 37552-7: MG Breast - bilateral Spot Views 37553-5: MG Breast - left Spot Views compression 37554-3: MG Breast - bilateral Magnification and Spot 37768-9: MG Breast - right 2 Views</p>

Description	CPT/LOINC/SNOMED CT
	37769-7: MG Breast - right Magnification and Spot
	37770-5: MG Breast - right Tangential
	37771-3: MG Breast - right True lateral
	37772-1: MG Breast - right XCCL
	37773-9: MG Breast - right Magnification
	37774-7: MG Breast - right Views
	37775-4: MG Breast - right Rolled Views
	38070-9: MG Breast Views for implant
	38071-7: MG Breast - bilateral Views for implant
	38072-5: MG Breast - left Views for implant
	38090-7: MG Breast - bilateral Air gap Views
	38091-5: MG Breast - left Air gap Views
	38807-4: MG Breast - right Spot Views
	38820-7: MG Breast - right Views for implant
	38854-6: MG Breast - left Magnification and Spot
	38855-3: MG Breast - left True lateral
	39150-8: FFD mammogram Breast Views Post Localization
	39152-4: FFD mammogram Breast Diagnostic
	39153-2: FFD mammogram Breast Screening
	39154-0: FFD mammogram Breast - bilateral Diagnostic
	42168-5: FFD mammogram Breast - right Diagnostic
	42169-3: FFD mammogram Breast - left Diagnostic
	42174-3: FFD mammogram Breast - bilateral Screening
	42415-0: MG Breast - bilateral Views Post Wire Placement
	42416-8: MG Breast - left Views Post Wire Placement
	46335-6: MG Breast - bilateral Single view
	46336-4: MG Breast - left Single view
	46337-2: MG Breast - right Single view
	46338-0: MG Breast - unilateral Single view
	46339-8: MG Breast - unilateral Views
	46342-2: FFD mammogram Breast Views
	46350-5: MG Breast - unilateral Diagnostic
	46351-3: MG Breast - bilateral Displacement Views for Implant
	46354-7: FFD mammogram Breast - right Screening
	46355-4: FFD mammogram Breast - left Screening
	46356-2: MG Breast - unilateral Screening
	46380-2: MG Breast - unilateral Views for implant
	48475-8: MG Breast - bilateral Diagnostic for implant
	48492-3: MG Breast - bilateral Screening for implant
	69150-1: MG Breast - left Diagnostic for implant
	69251-7: MG Breast Views Post Wire Placement
	69259-0: MG Breast - right Diagnostic for implant
	72137-3: DBT Breast - right diagnostic
	72138-1: DBT Breast - left diagnostic

Description	CPT/LOINC/SNOMED CT
	<p>72139-9: DBT Breast - bilateral diagnostic 72140-7: DBT Breast - right screening 72141-5: DBT Breast - left screening 72142-3: DBT Breast - bilateral screening 86462-9: DBT Breast - unilateral 86463-7: DBT Breast - bilateral 91517-3: DBT Breast - right diagnostic for implant 91518-1: DBT Breast - left diagnostic for implant 91519-9: DBT Breast - bilateral diagnostic for implant 91520-7: DBT Breast - right screen for implant 91521-5: DBT Breast - left screen for implant 91522-3: DBT Breast - bilateral screen for implant 103885-0: MG Breast - left Screening for implant 103886-8: MG Breast - right Screening for implant 103892-6: DBT Breast screening 103893-4: MG Breast Screening for implant 103894-2: MG Breast Diagnostic for implant</p>
CDC Race and Ethnicity	<p>1002-5: American Indian or Alaska Native 2028-9: Asian 2054-5: Black or African American 2076-8: Native Hawaiian or Other Pacific Islander 2106-3: White 2135-2: Hispanic or Latino 2186-5: Not Hispanic or Latino 2118-8: Middle Eastern or North African</p>

Note: The codes listed are informational only; this information does not guarantee reimbursement.

Blood Pressure Control for Patients with Hypertension (BPC-E)

This measure looks at the percentage of persons 18 to 85 years of age who had a diagnosis of hypertension (HTN) and whose most recent blood pressure (BP) was <140/90 mm Hg during the measurement period.

Record your efforts:

Persons who are 18-85 years old as of the last day of the measurement period who meet either of the following criteria:

- At least two outpatient visits, telephone visits, e-visits or virtual check-ins on different dates of service with a diagnosis of hypertension on or between January 1 of the year prior to the measurement period and June 30 of the measurement period.
- At least one outpatient visit, telephone visit, e-visit or virtual check-in with a diagnosis of hypertension and at least one dispensed antihypertensive medication on or between January 1 of the year prior to the measurement period and June 30 of the measurement period.

Exclusions:

- Persons who use hospice services or elect to use a hospice benefit any time during the measurement period.
- Persons who die any time during the measurement period.
- Persons receiving palliative care any time during the measurement period.
- Persons who had an encounter for palliative care (ICD-10-CM code Z51.5) any time during the measurement period. Do not include laboratory claims (claims with POS code 81).
- Persons with a nonacute inpatient admission during the measurement period. To identify nonacute inpatient admissions:
 - Identify all acute and nonacute inpatient stays (Inpatient Stay Value Set).
 - Confirm the stay was for nonacute care based on the presence of a nonacute code in the claim.
 - Identify the admission date for the stay.
- Persons with a diagnosis that indicates end stage renal disease (ESRD) at any time during the member's history on or prior to the last day of the measurement period. Do not include laboratory claims (claims with POS code 81).
- Persons with a procedure that indicates ESRD: dialysis or kidney transplant at any time during the member's history on or prior to the last day of the measurement period.
- Persons with a diagnosis of pregnancy (Pregnancy Value Set) at any time during the measurement period. Do not include laboratory claims (claims with POS code 81).
- Persons 66 to 80 years of age as of the last day of the measurement period (all product lines) with frailty and advanced illness. Persons must meet both frailty and advanced illness criteria to be excluded:

- Frailty – at least two indications of frailty, with different dates of service during the measurement period. Do not include laboratory claims (claims with POS code 81).
- Advanced Illness - either of the following during the measurement period or the year prior to the measurement period:
 - Advanced illness on at least two different dates of service. Do not include laboratory claims (claims with POS code 81).
 - Dispensed dementia medication.
- Persons 81 years of age and older as of the last day of the measurement period (all product lines) with at least two indications of frailty with different dates of service during the measurement period. Do not include laboratory claims (claims with POS code 81).

Description	CPT/CVX/SNOMED CT
Diastolic Blood Pressure	CAT II 3079F: Most recent diastolic blood pressure 80-89 mm Hg 3080F: Most recent diastolic blood pressure greater than or equal to 90 mm Hg 3078F: Most recent diastolic blood pressure less than 80 mm Hg LOINC 8514-2: Brachial artery - left Diastolic blood pressure 8515-9: Brachial artery - right Diastolic blood pressure 8496-2: Brachial artery Diastolic blood pressure 8462-4 : Diastolic blood pressure 75995-1: Diastolic blood pressure by Continuous non-invasive monitoring 8453-3: Diastolic blood pressure--sitting
Diastolic Less Than 90	CAT II 3079F: Most recent diastolic blood pressure 80-89 mm Hg 3078F: Most recent diastolic blood pressure less than 80 mm Hg
Systolic and Diastolic Result	CAT II 3079F: Most recent diastolic blood pressure 80-89 mm Hg 3080F: Most recent diastolic blood pressure greater than or equal to 90 mm Hg 3078F: Most recent diastolic blood pressure less than 80 mm Hg 3075F: Most recent systolic blood pressure 130-139 mm Hg 3077F: Most recent systolic blood pressure greater than or equal to 140 mm Hg 3074F: Most recent systolic blood pressure less than 130 mm Hg
Systolic Blood Pressure	CAT II 3075F: Most recent systolic blood pressure 130-139 mm Hg 3077F: Most recent systolic blood pressure greater than or equal to 140 mm 3074F: Most recent systolic blood pressure less than 130 mm Hg LOINC 8546-4: Brachial artery - left Systolic blood pressure

Description	CPT/CVX/SNOMED CT
	<p>8547-2: Brachial artery - right Systolic blood pressure 8508-4: Brachial artery Systolic blood pressure 8480-6: Systolic blood pressure 75997-7: Systolic blood pressure by Continuous non-invasive monitoring 8459-0: Systolic blood pressure--sitting</p>
Systolic Less Than 140	<p>CAT II 3075F: Most recent systolic blood pressure 130-139 mm Hg 3074F: Most recent systolic blood pressure less than 130 mm Hg</p>
Essential Hypertension	<p>ICD-10-CM I10: Essential (primary) hypertension SNOMED CT 1201005: Benign essential hypertension (disorder) 9901000: Essential hypertension complicating AND/OR reason for care during puerperium (disorder) 18416000: Essential hypertension complicating AND/OR reason for care during childbirth (disorder) 19769006: High-renin essential hypertension (disorder) 23717007: Benign essential hypertension complicating AND/OR reason for care during pregnancy (disorder) 35303009: Benign essential hypertension complicating AND/OR reason for care during puerperium (disorder) 46481004: Low-renin essential hypertension (disorder) 59621000: Essential hypertension (disorder) 63287004: Benign essential hypertension in obstetric context (disorder) 71874008: Benign essential hypertension complicating AND/OR reason for care during childbirth (disorder) 72022006: Essential hypertension in obstetric context (disorder) 78808002: Essential hypertension complicating AND/OR reason for care during pregnancy (disorder) 78975002: Malignant essential hypertension (disorder) 371125006: Labile essential hypertension (disorder) 429457004: Systolic essential hypertension (disorder) 40511000119107: Postpartum pre-existing essential hypertension (disorder)</p>
CDC Race and Ethnicity	<p>1002-5: American Indian or Alaska Native 2028-9: Asian 2054-5: Black or African American 2076-8: Native Hawaiian or Other Pacific Islander 2106-3: White 2135-2: Hispanic or Latino 2186-5: Not Hispanic or Latino 2118-8: Middle Eastern or North African</p>

Note: The codes listed are informational only; this information does not guarantee reimbursement.

Blood Pressure Control for Patients with Diabetes (BPD-E)

This measure looks at the percentage of persons 18-75 with diabetes and most recent blood pressure (BP) < 140/90 mm Hg during the measurement period.

Record your efforts:

- Persons who are 18-85 years old as of the last day of the measurement period who meet either of the following criteria:
 - At least two outpatient visits, telephone visits, e-visits, or virtual check-ins on different dates of service with a diagnosis of diabetes on or between January 1 of the year prior to the measurement period and June 30 of the measurement period.
 - At least one outpatient visit, telephone visit, e-visit, or virtual check-in with a diagnosis of hypertension and at least one dispensed antihypertensive medication on or between January 1 of the year prior to the measurement period and June 30 of the measurement period.

Exclusions:

- Persons who use hospice services or elect to use a hospice benefit any time during the measurement period
- Persons who die any time during the measurement period
- Persons receiving palliative care any time during the measurement period
- Persons 66 years of age and older as of December 31 of the measurement period with frailty and advanced illness. Persons must meet both frailty and advanced illness criteria to be excluded. Do not include laboratory claims (claims with POS code 81).

Description	CPT-CAT II/LOINC
Diastolic Blood Pressure	<p>CPT-CAT II</p> <p>3078F: Most recent diastolic blood pressure less than 80 mm Hg (HTN, CKD, CAD) (DM)</p> <p>3079F: Most recent diastolic blood pressure 80-89 mm Hg (HTN, CKD, CAD) (DM)</p> <p>3080F: Most recent diastolic blood pressure greater than or equal to 90 mm Hg (HTN, CKD, CAD) (DM)</p> <p>LOINC</p> <p>75995-1: Diastolic blood pressure by Continuous non-invasive monitoring</p> <p>8453-3: Diastolic blood pressure--sitting</p> <p>8462-4: Diastolic blood pressure</p> <p>8496-2: Brachial artery Diastolic blood pressure</p> <p>8514-2: Brachial artery - left Diastolic blood pressure</p>

Description	CPT-CAT II/LOINC
	8515-9: Brachial artery - right Diastolic blood pressure
Diastolic Less Than 90	CPT-CAT II 3078F: Most recent diastolic blood pressure less than 80 mm Hg (HTN, CKD, CAD) (DM) 3079F: Most recent diastolic blood pressure 80-89 mm Hg (HTN, CKD, CAD) (DM)
Systolic and Diastolic Result	CPT-CAT II 3074F: Most recent systolic blood pressure less than 130 mm Hg (DM) (HTN, CKD, CAD) 3075F: Most recent systolic blood pressure 130-139 mm Hg (DM) (HTN, CKD, CAD) 3077F: Most recent systolic blood pressure greater than or equal to 140 mm Hg (HTN, CKD, CAD) (DM) 3078F: Most recent diastolic blood pressure less than 80 mm Hg (HTN, CKD, CAD) (DM) 3079F: Most recent diastolic blood pressure 80-89 mm Hg (HTN, CKD, CAD) (DM) 3080F: Most recent diastolic blood pressure greater than or equal to 90 mm Hg (HTN, CKD, CAD) (DM)
Systolic Blood Pressure	CPT-CAT II 3074F: Most recent systolic blood pressure less than 130 mm Hg (DM) (HTN, CKD, CAD) 3075F: Most recent systolic blood pressure 130-139 mm Hg (DM) (HTN, CKD, CAD) 3077F: Most recent systolic blood pressure greater than or equal to 140 mm Hg (HTN, CKD, CAD) (DM) LOINC 75997-7: Systolic blood pressure by Continuous non-invasive monitoring 8459-0: Systolic blood pressure—sitting 8480-6: Systolic blood pressure 8508-4: Brachial artery Systolic blood pressure 8546-4: Brachial artery - left Systolic blood pressure 8547-2: Brachial artery - right Systolic blood pressure
Systolic Less Than 140	CPT-CAT II 3074F: Most recent systolic blood pressure less than 130 mm Hg (DM) (HTN, CKD, CAD) 3075F: Most recent systolic blood pressure 130-139 mm Hg (DM) (HTN, CKD, CAD)

Note: The Logical Observation Identifiers Names and Codes (LOINC) are for reporting clinical observations and laboratory testing. The codes listed are informational only; this information does not guarantee benefit coverage or reimbursement.

Helpful tips:

- Improve the accuracy of BP measurements performed by your clinical staff by:
 - Providing training materials from the American Heart Association.
 - Conducting BP competency tests to validate the education of each clinical staff member.
 - Making a variety of cuff sizes available.
- Instruct your office staff to recheck BPs for all persons with initial recorded readings greater than systolic 140 mm Hg and diastolic of 90 mm Hg during outpatient office visits; have your staff record the recheck in patient's medical records.
- Refer high-risk persons to our hypertension programs for additional education and support.
- Educate persons and their spouses, caregivers, or guardians about the elements of a healthy lifestyle such as:
 - Heart-healthy eating and a low salt diet.
 - Smoking cessation and avoiding secondhand smoke.
 - Adding regular exercise to daily activities.
 - Home BP monitoring.
 - Ideal body mass index (BMI).
 - The importance of taking all prescribed medications as directed.
- Remember to include the applicable Category II reporting code above on the claim form to help reduce the burden of HEDIS medical record review!
- If using an EMR system, consider electronic data sharing with your health plan to capture all coded elements. Contact your provider relationship management representative for additional details and questions.

How can we help?

- We support you in helping persons control high blood pressure by:
- Providing online Clinical Practice Guidelines on our provider self-service website.
- Reaching out to our hypertensive persons through our programs.
- Helping you identify your hypertensive persons.
- Helping you schedule, plan, implement, and evaluate a health screening Clinic Day; call your provider relationship management representative to find out more.
- Educating persons on high blood pressure through health education materials if available.
- Supplying copies of healthy tips for your office.
- Persons may be eligible for transportation assistance at no cost. Contact Member Services for arrangements.

Other available resources

You can find more information and tools online at:

- <http://www.nhlbi.nih.gov>
- <https://www.cdc.gov/bloodpressure/index.htm>

Cervical Cancer Screening (CCS-E)

This measure looks at the percentage of persons 21-64 years of age who were recommended for routine cervical cancer screening and were screened for cervical cancer using any of the following criteria:

- Persons 21 to 64 years of age who were recommended for routine cervical cancer screening and had cervical cytology performed within the last 3 years.
- Persons 30 to 64 years of age who were recommended for routine cervical cancer screening and had cervical high-risk human papillomavirus (hrHPV) testing performed within the last 5 years.
- Persons 30 to 64 years of age who were recommended for routine cervical cancer screening and had cervical cytology/high-risk human papillomavirus (hrHPV) co-testing within the last 5 years.

Record your efforts:

Make sure your medical records reflect:

- The date when the cervical cytology was performed.
- The results or findings
- Notes in patient's chart if patient has a history of hysterectomy:
- Complete details if it was a complete, total, or radical abdominal, vaginal, or unspecified hysterectomy with no residual cervix; also, document history of cervical agenesis or acquired absence of cervix. Include, at a minimum, the year the surgical procedure was performed.

Exclusions:

- Persons who use hospice services or elect to use a hospice benefit any time during the measurement period.
- Persons who die any time during the measurement period.
- Hysterectomy with no residual cervix any time during the member's history through December 31 of the measurement period
- Cervical agenesis or acquired absence of cervix any time during the member's history through the end of the measurement period. Do not include laboratory claims (claims with POS code 81).
- Persons receiving palliative care any time during the measurement period.
- Persons who had an encounter for palliative care any time during the measurement period. Do not include laboratory claims (claims with POS code 81).
- Persons with Sex Assigned at Birth of Male at any time during the patient's history.

Description	CPT/HCPCS/LOINC/SNOMED CT
Cervical Cytology Lab Test	<p>CPT 88141, 88142, 88143, 88147, 88148, 88150, 88152, 88153, 88164, 88165, 88166, 88167, 88174, 88175</p> <p>HCPCS G0123: Screening cytopathology, cervical or vaginal (any reporting system), collected in preservative fluid, automated thin layer preparation, screening by cytotechnologist under physician supervision G0124: Screening cytopathology, cervical or vaginal (any reporting system), collected in preservative fluid, automated thin layer preparation, requiring interpretation by physician G0141: Screening cytopathology smears, cervical or vaginal, performed by automated system, with manual rescreening, requiring interpretation by physician G0143: Screening cytopathology, cervical or vaginal (any reporting system), collected in preservative fluid, automated thin layer preparation, with manual screening and rescreening by cytotechnologist under physician supervision G0144: Screening cytopathology, cervical or vaginal (any reporting system), collected in preservative fluid, automated thin layer preparation, with screening by automated system, under physician supervision G0145: Screening cytopathology, cervical or vaginal (any reporting system), collected in preservative fluid, automated thin layer preparation, with screening by automated system and manual rescreening under physician supervision G0147: Screening cytopathology smears, cervical or vaginal, performed by automated system under physician supervision G0148: Screening cytopathology smears, cervical or vaginal, performed by automated system with manual rescreening P3000: Screening papanicolaou smear, cervical or vaginal, up to three smears, by technician under physician supervision P3001: Screening papanicolaou smear, cervical or vaginal, up to three smears, requiring interpretation by physician</p> <p>LOINC 104866-9: Microscopic observation [Identifier] in Cervix by Cyto stain.thin prep.computer assisted 10524-7: Microscopic observation [Identifier] in Cervix by Cyto stain 18500-9: Microscopic observation [Identifier] in Cervix by Cyto stain.thin prep 19762-4: General categories [Interpretation] of Cervical or vaginal smear or scraping by Cyto stain</p>

Description	CPT/HCPCS/LOINC/SNOMED CT
	<p>19765-7: Microscopic observation [Identifier] in Cervical or vaginal smear or scraping by Cyto stain</p> <p>19766-5: Microscopic observation [Identifier] in Cervical or vaginal smear or scraping by Cyto stain Narrative</p> <p>19774-9: Cytology study comment Cervical or vaginal smear or scraping Cyto stain</p> <p>33717-0: Cervical And/Or vaginal cytology study</p> <p>47527-7: Cytology report of Cervical or vaginal smear or scraping Cyto stain.thin prep</p> <p>47528-5: Cytology report of Cervical or vaginal smear or scraping Cyto stain</p>
Cervical Cytology Result or Finding	<p>SNOMED CT</p> <p>168406009: Severe dyskaryosis on cervical smear cannot exclude invasive carcinoma (finding)</p> <p>168407000: Cannot exclude glandular neoplasia on cervical smear (finding)</p> <p>168408005: Cervical smear - atrophic changes (finding)</p> <p>168410007: Cervical smear - borderline changes (finding)</p> <p>168414003: Cervical smear - inflammatory change (finding)</p> <p>168415002: Cervical smear - no inflammation (finding)</p> <p>168416001: Cervical smear - severe inflammation (finding)</p> <p>168424006: Cervical smear - koilocytosis (finding)</p> <p>250538001: Dyskaryosis on cervical smear (finding)</p> <p>269957009: Cervical smear result (finding)</p> <p>269958004: Not detected by smear of cervix (finding)</p> <p>269959007: Cervical smear - mild dyskaryosis (finding)</p> <p>269960002: Cervical smear - severe dyskaryosis (finding)</p> <p>269961003: Cervical smear - moderate dyskaryosis (finding)</p> <p>269963000: Cervical smear - viral inflammation unspecified (finding)</p> <p>275805003: Viral changes on cervical smear (finding)</p> <p>281101005: Smear: no abnormality detected - no endocervical cells (finding)</p> <p>309081009: Abnormal cervical smear (finding)</p> <p>310841002: Cervical smear - mild inflammation (finding)</p> <p>310842009: Cervical smear - moderate inflammation (finding)</p> <p>416030007: Cervicovaginal cytology: Low grade squamous intraepithelial lesion (finding)</p> <p>416032004: Cervicovaginal cytology normal or benign (finding)</p> <p>416033009: Cervicovaginal cytology: High grade squamous intraepithelial lesion or carcinoma (finding)</p> <p>439074000: Dysplasia on cervical smear (finding)</p> <p>439776006: Malignant neoplasm detected by Papanicolaou smear of cervix (finding)</p>

Description	CPT/HCPCS/LOINC/SNOMED CT
	<p>439888000: Abnormal cervical Papanicolaou smear (finding) 441087007: Atypical squamous cells of undetermined significance on cervical Papanicolaou smear (finding) 441088002: Atypical squamous cells on cervical Papanicolaou smear cannot exclude high grade squamous intraepithelial lesion (finding) 441094005: Atypical endocervical cells on cervical Papanicolaou smear (finding) 441219009: Atypical glandular cells on cervical Papanicolaou smear (finding) 441667007: Abnormal cervical Papanicolaou smear with human papillomavirus deoxyribonucleic acid detected (finding) 700399008: Cervical smear - borderline change in squamous cells (finding) 700400001: Cervical smear - borderline change in endocervical cells (finding) 1155766001: Nuclear abnormality in cervical smear (finding) 62051000119105: Low grade squamous intraepithelial lesion on cervical Papanicolaou smear (finding) 62061000119107: High grade squamous intraepithelial lesion on cervical Papanicolaou smear (finding) 98791000119102: Cytological evidence of malignancy on cervical Papanicolaou smear (finding)</p>
High Risk HPV Lab Test	<p>CPT 87624, 87625, 87626 HCPCS G0476: Infectious agent detection by nucleic acid (dna or rna); human papillomavirus (hpv), high-risk types (e.g., 16, 18, 31, 33, 35, 39, 45, 51, 52, 56, 58, 59, 68) for cervical cancer screening, must be performed in addition to pap test LOINC 21440-3: Human papilloma virus 16+18+31+33+35+45+51+52+56 DNA [Presence] in Cervix by Probe 30167-1: Human papilloma virus 16+18+31+33+35+39+45+51+52+56+58+59+68 DNA [Presence] in Cervix by Probe with signal amplification 38372-9: Human papilloma virus 6+11+16+18+31+33+35+39+42+43+44+45+51+52+56+58+59+68 DNA [Presence] in Cervix by Probe with signal amplification 59263-4: Human papilloma virus 16 DNA [Presence] in Cervix by Probe with signal amplification 59264-2: Human papilloma virus 18 DNA [Presence] in Cervix by Probe with signal amplification</p>

Description	CPT/HCPCS/LOINC/SNOMED CT
	<p>59420-0: Human papilloma virus 16+18+31+33+35+39+45+51+52+56+58+59+66+68 DNA [Presence] in Cervix by Probe with signal amplification</p> <p>69002-4: Human papilloma virus E6+E7 mRNA [Presence] in Cervix by NAA with probe detection</p> <p>71431-1: Human papilloma virus 31+33+35+39+45+51+52+56+58+59+66+68 DNA [Presence] in Cervix by NAA with probe detection</p> <p>75694-0: Human papilloma virus 18+45 E6+E7 mRNA [Presence] in Cervix by NAA with probe detection</p> <p>77379-6: Human papilloma virus 16 and 18 and 31+33+35+39+45+51+52+56+58+59+66+68 DNA [Interpretation] in Cervix</p> <p>77399-4: Human papilloma virus 16 DNA [Presence] in Cervix by NAA with probe detection</p> <p>77400-0: Human papilloma virus 18 DNA [Presence] in Cervix by NAA with probe detection</p> <p>82354-2: Human papilloma virus 16 and 18+45 E6+E7 mRNA [Identifier] in Cervix by NAA with probe detection</p> <p>82456-5: Human papilloma virus 16 E6+E7 mRNA [Presence] in Cervix by NAA with probe detection</p> <p>82675-0: Human papilloma virus 16+18+31+33+35+39+45+51+52+56+58+59+66+68 DNA [Presence] in Cervix by NAA with probe detection</p> <p>95539-3: Human papilloma virus 31 DNA [Presence] in Cervix by NAA with probe detection</p>
<p>CDC Race and Ethnicity</p>	<p>1002-5: American Indian or Alaska Native</p> <p>2028-9: Asian</p> <p>2054-5: Black or African American</p> <p>2076-8: Native Hawaiian or Other Pacific Islander</p> <p>2106-3: White</p> <p>2135-2: Hispanic or Latino</p> <p>2186-5: Not Hispanic or Latino</p> <p>2118-8: Middle Eastern or North African</p>

Note: The codes listed are informational only; this information does not guarantee reimbursement.

Childhood Immunization Status (CIS-E)

The percentage of persons turning 2 years of age who had who had appropriate doses of the following vaccines on or before their second birthday:

DTaP:

At least 4 diphtheria, tetanus, and acellular pertussis, DTaP vaccine with different dates of service. Do not count a vaccination administered prior to 42 days after birth.

or

- Anaphylaxis due to the diphtheria, tetanus or pertussis vaccine
- or**
- Encephalitis due to the diphtheria, tetanus or pertussis vaccine

IPV:

At least 3 polio, IPV vaccine with different dates of service. Do not count a vaccination administered prior to 42 days after birth.

or

- Anaphylaxis due to the IPV vaccine

MMR:

At least 1 measles, mumps and rubella, MMR vaccine (can only be given on or between first and second birthday to close the gap)

or

- All of the following any time on or before the child's second birthday (on the same or different date of service). Do not include laboratory claims (claims with POS code 81):
 - History of measles illness
 - History of mumps illness
 - History of rubella illness
- or**
- Anaphylaxis due to the MMR vaccine on or before the child's second birthday.

Hib:

At least 3 haemophilus influenza type B, Hib vaccine with different dates of service. Do not count a vaccination administered prior to 42 days after birth.

or

- Anaphylaxis due to the HiB vaccine

HepB:

At least 3 hepatitis B, HepB vaccine (One of the three vaccinations can be a newborn hepatitis B vaccination during the eight-day period that begins on the date of birth and ends 7 days after the date of birth.)

or

- History of hepatitis B illness Do not include laboratory claims (claims with POS code 81).

or

- Anaphylaxis due to hepatitis B vaccine

VZV:

- At least 1 chicken pox, VZV vaccine with a date of service on or between first and second birthdays

or

- History of varicella zoster (for example, chicken pox) illness on or before the child's second birthday. Do not include laboratory claims (claims with POS code 81).

or

- Anaphylaxis due to the VZV vaccine (SNOMED CT code 471341000124104) on or before the child's second birthday

PCV:

- At least 4 pneumococcal conjugate, PCV vaccine with different dates of service. Do not count a vaccination administered prior to 42 days after birth.

or

- Anaphylaxis due to the pneumococcal vaccine

HepA:

- At least 1 hepatitis A, HepA vaccine with a date of service on or between first and second birthday:

or

- History of hepatitis A illness on or before the child's second birthday. Do not include laboratory claims (claims with POS code 81).

or

- Anaphylaxis due to the hepatitis A vaccine (SNOMED CT code 471311000124103) on or before the child's second birthday.

RV:

- At least 2 two-dose rotavirus, RV vaccine, on different dates of service on or before the child's second birthday. Do not count a vaccination administered prior to 42 days after birth.

or

- At least three doses of the three-dose rotavirus, RV vaccine on different dates of service on or before the child's second birthday. Do not count a vaccination administered prior to 42 days after birth.

or

- At least one dose of the two-dose rotavirus, RV vaccine and at least two doses of the three-dose rotavirus, RV vaccine all on different dates of service, on or before the child's second birthday. Do not count a vaccination administered prior to 42 days after birth.

or

- Anaphylaxis due to the rotavirus vaccine (SNOMED CT code 428331000124103) on or before the child's second birthday.

Flu:

- At least 2 influenza, Flu vaccine with different dates of service. Do not count a vaccination administered prior to 180 days after birth.
 - An influenza vaccination recommended for persons 2 years and older (for example, LAIV) administered on the child’s second birthday meets criteria for one of the two required vaccinations.
- or**
- Anaphylaxis due to the influenza vaccine

Record your efforts:

Once you give our persons their needed immunizations, let us and the state know by:

- Recording the immunizations in your state registry.
- Documenting the immunizations (historic and current) within medical records to include:
 - A note indicating the name of the specific antigen and the date of the immunization.
 - The certificate of immunization prepared by an authorized health care provider or agency.
 - Parent refusal, documented history of anaphylactic reaction to serum/vaccinations, illnesses, or seropositive test result.
 - The date of the first hepatitis B vaccine given at the hospital and name of the hospital if available.
 - A note that the member is up to date with all immunizations, but does not list the dates of all immunizations, and the names of the immunization agents do not constitute sufficient evidence of immunization for HEDIS reporting.

Exclusions:

- Persons who use hospice services or elect to use a hospice benefit any time during the measurement period.
- Persons who die any time during the measurement period.
- Persons who had a contraindication to a childhood vaccine on or before their second birthday.

Description	CPT/ICD-10/HCPCS/CVX/SNOMED CT
DTaP Immunization	CVX 20: diphtheria, tetanus toxoids and acellular pertussis vaccine 50: DTaP-Haemophilus influenzae type b conjugate vaccine 106: diphtheria, tetanus toxoids and acellular pertussis vaccine, 5 pertussis antigens 107: diphtheria, tetanus toxoids and acellular pertussis vaccine, unspecified formulation 110: DTaP-hepatitis B and poliovirus vaccine 120: diphtheria, tetanus toxoids and acellular pertussis vaccine, Haemophilus influenzae type b conjugate, and poliovirus vaccine, inactivated (DTaP-Hib-IPV) 146: Diphtheria and Tetanus Toxoids and Acellular Pertussis Adsorbed, Inactivated Poliovirus, Haemophilus b Conjugate

Description	CPT/ICD-10/HCPCS/CVX/SNOMED CT
	<p>(Meningococcal Protein Conjugate), and Hepatitis B (Recombinant) Vaccine. 198: Diphtheria, pertussis, tetanus, hepatitis B, Haemophilus Influenza Type b, (Pentavalent)</p>
DTaP Vaccine Procedure	<p>CPT 90697, 90698, 90700, 90723</p>
Haemophilus Influenzae Type B (HiB) Immunization	<p>CVX 17: Haemophilus influenzae type b vaccine, conjugate unspecified formulation 46: Haemophilus influenzae type b vaccine, PRP-D conjugate 47: Haemophilus influenzae type b vaccine, HbOC conjugate 48: Haemophilus influenzae type b vaccine, PRP-T conjugate 49: Haemophilus influenzae type b vaccine, PRP-OMP conjugate 50: DTaP-Haemophilus influenzae type b conjugate vaccine 51: Haemophilus influenzae type b conjugate and Hepatitis B vaccine 120: diphtheria, tetanus toxoids and acellular pertussis vaccine, Haemophilus influenzae type b conjugate, and poliovirus vaccine, inactivated (DTaP-Hib-IPV) 146: Diphtheria and Tetanus Toxoids and Acellular Pertussis Adsorbed, Inactivated Poliovirus, Haemophilus b Conjugate (Meningococcal Protein Conjugate), and Hepatitis B (Recombinant) Vaccine. 148: Meningococcal Groups C and Y and Haemophilus b Tetanus Toxoid Conjugate Vaccine 198: Diphtheria, pertussis, tetanus, hepatitis B, Haemophilus Influenza Type b, (Pentavalent)</p>
Haemophilus Influenzae Type B (HiB) Vaccine Procedure	<p>CPT 90644, 90647, 90648, 90697, 90698, 90748</p>
Hepatitis A Immunization	<p>CPT 90633, 90634 CVX 31: hepatitis A vaccine, pediatric dosage, unspecified formulation 83: hepatitis A vaccine, pediatric/adolescent dosage, 2 dose schedule 85: hepatitis A vaccine, unspecified formulation</p>
Hepatitis B Immunization	<p>CVX 08: hepatitis B vaccine, pediatric or pediatric/adolescent dosage 44: hepatitis B vaccine, dialysis patient dosage 45: hepatitis B vaccine, unspecified formulation 51: Haemophilus influenzae type b conjugate and Hepatitis B vaccine 110: DTaP-hepatitis B and poliovirus vaccine 146: Diphtheria and Tetanus Toxoids and Acellular Pertussis Adsorbed, Inactivated Poliovirus, Haemophilus b Conjugate (Meningococcal Protein Conjugate), and Hepatitis B (Recombinant) Vaccine.</p>

Description	CPT/ICD-10/HCPCS/CVX/SNOMED CT
	<p>198: Diphtheria, pertussis, tetanus, hepatitis B, Haemophilus Influenza Type b, (Pentavalent)</p> <p>One of the three vaccinations may be a newborn hepatitis B vaccination (ICD-10-PCS code 3E0234Z) during the 8-day period that begins on the date of birth and ends 7 days after the date of birth.</p>
Hepatitis B Vaccine Procedure	<p>CPT 90697, 90723, 90740, 90744, 90747, 90748</p> <p>HCPCS G0010: Administration of hepatitis b vaccine</p>
Inactivated polio vaccine (IPV) immunization	<p>CVX 10: poliovirus vaccine, inactivated 89: poliovirus vaccine, unspecified formulation 110: DTaP-hepatitis B and poliovirus vaccine 120: diphtheria, tetanus toxoids and acellular pertussis vaccine, Haemophilus influenzae type b conjugate, and poliovirus vaccine, inactivated (DTaP-Hib-IPV) 146: Diphtheria and Tetanus Toxoids and Acellular Pertussis Adsorbed, Inactivated Poliovirus, Haemophilus b Conjugate (Meningococcal Protein Conjugate), and Hepatitis B (Recombinant) Vaccine.</p>
Inactivated polio vaccine (IPV) procedure	<p>CPT 90697, 90698, 90713, 90723</p>
Influenza Immunization	<p>CVX 88: influenza virus vaccine, unspecified formulation 140: Influenza, seasonal, injectable, preservative free 141: Influenza, seasonal, injectable 150: Influenza, injectable, quadrivalent, preservative free 153: Influenza, injectable, Madin Darby Canine Kidney, preservative free 155: Seasonal, trivalent, recombinant, injectable influenza vaccine, preservative free 158: influenza, injectable, quadrivalent, contains preservative 161: Influenza, injectable, quadrivalent, preservative free, pediatric 171: Influenza, injectable, Madin Darby Canine Kidney, preservative free, quadrivalent 186: Influenza, injectable, Madin Darby Canine Kidney, quadrivalent with preservative 320: Influenza, Madin Darby Canine Kidney, subunit, trivalent, injectable, contains preservative</p>
Influenza Vaccine Procedure	<p>CPT 90655, 90656, 90657, 90658, 90661, 90674, 90685, 90686, 90687, 90688, 90689, 90756</p>

Description	CPT/ICD-10/HCPCS/CVX/SNOMED CT
Influenza Virus LAIV Immunization	CVX 111: influenza virus vaccine, live, attenuated, for intranasal use 149: influenza, live, intranasal, quadrivalent
Influenza Virus LAIV Vaccine Procedure	CPT 90660, 90672
Measles, Mumps and Rubella (MMR) Immunization	CVX 03: measles, mumps and rubella virus vaccine 94: measles, mumps, rubella, and varicella virus vaccine
Measles, Mumps and Rubella (MMR) Vaccine Procedure	CPT 90707, 90710
Pneumococcal Conjugate Immunization	CVX 109: pneumococcal vaccine, unspecified formulation 133: pneumococcal conjugate vaccine, 13 valent 152: Pneumococcal Conjugate, unspecified formulation 215: Pneumococcal conjugate vaccine 15-valent (PCV15), polysaccharide CRM197 conjugate, adjuvant, preservative free 216: Pneumococcal conjugate vaccine 20-valent (PCV20), polysaccharide CRM197 conjugate, adjuvant, preservative free
Pneumococcal Conjugate Vaccine Procedure	CPT 90670, 90671, 90677, 90684 HCPCS G009: Administration of pneumococcal vaccine
Rotavirus (3 Dose Schedule) Immunization	CPT 90680 CVX 116: rotavirus, live, pentavalent vaccine 122: rotavirus vaccine, unspecified formulation
Rotavirus Vaccine (2 Dose Schedule) Procedure	CPT 90681 CVX 119: rotavirus, live, monovalent vaccine
Varicella zoster (VZV) immunization	CVX 21: varicella virus vaccine 94: measles, mumps, rubella, and varicella virus vaccine
Varicella zoster (VZV) vaccine procedure	CPT 90710, 90716
CDC Race and Ethnicity	1002-5: American Indian or Alaska Native 2028-9: Asian 2054-5: Black or African American 2076-8: Native Hawaiian or Other Pacific Islander 2106-3: White 2135-2: Hispanic or Latino 2186-5: Not Hispanic or Latino 2118-8: Middle Eastern or North African

Note: The codes listed are informational only; this information does not guarantee reimbursement

Colorectal Cancer Screening (COL-E)

This measure looks at the percentage of persons 45 to 75 years of age who had appropriate screening for colorectal cancer.

Record your efforts:

- Persons with one or more screenings for colorectal cancer. Any of the following meet criteria:
- Fecal occult blood test (FOBT) during the measurement period
- Flexible sigmoidoscopy during the measurement period or the 4 years prior to the measurement period
- Colonoscopy during the measurement period or the 9 years prior to the measurement period
- CT colonography during the measurement period or the 4 years prior to the measurement period
- Stool DNA (sDNA) with fecal immunochemical test (FIT) test during the measurement period or the 2 years prior to the measurement period

Exclusions:

- Persons who use hospice services or elect to use a hospice benefit any time during the measurement period.
- Persons who die any time during the measurement period.
- Persons 66 years of age and older as of December 31 of the measurement period (all product lines) with frailty and advanced illness. Persons must meet BOTH frailty and advanced illness criteria to be excluded.
- Persons receiving palliative care any time during the measurement period.
- Persons who had an encounter for palliative care any time during the measurement period. Do not include laboratory claims (claims with POS code 81).
- Persons who had colorectal cancer any time during the member's history through December 31 of the measurement period. Do not include laboratory claims (claims with POS code 81).
- Persons who had a total colectomy any time during the member's history through December 31 of the measurement period.

Description	CPT/HCPCS/LOINC/SNOMED CT
Colonoscopy	<p>CPT 44388, 44389, 44390, 44391, 44392, 44394, 44401, 44402, 44403, 44404, 44405, 44406, 44407, 44408, 45378, 45379, 45380, 45381, 45382, 45384, 45385, 45386, 45388, 45389, 45390, 45391, 45392, 45393, 45398</p> <p>HCPCS G0105: Colorectal cancer screening; colonoscopy on individual at high risk</p>

Description	CPT/HCPCS/LOINC/SNOMED CT
	<p>G0121: Colorectal cancer screening; colonoscopy on individual not meeting criteria for high risk</p> <p>SNOMED CT</p> <p>8180007: Fiberoptic colonoscopy through colostomy (procedure)</p> <p>12350003: Colonoscopy with rigid sigmoidoscope through colotomy (procedure)</p> <p>25732003: Fiberoptic colonoscopy with biopsy (procedure)</p> <p>73761001: Colonoscopy (procedure)</p> <p>174158000: Open colonoscopy (procedure)</p> <p>174171002: Fiberoptic endoscopic snare resection of lesion of colon (procedure)</p> <p>174173004: Fiberoptic endoscopic laser destruction of lesion of colon (procedure)</p> <p>174179000: Fiberoptic endoscopic dilation of colon (procedure)</p> <p>174185007: Diagnostic fiberoptic endoscopic examination of colon and biopsy of lesion of colon (procedure)</p> <p>235150006: Total colonoscopy (procedure)</p> <p>302052009: Endoscopic biopsy of lesion of colon (procedure)</p> <p>311774002: Colonoscopic polypectomy (procedure)</p> <p>367535003: Fiberoptic colonoscopy (procedure) [367535003]</p> <p>426699005: Endoscopic submucosal resection of lesion of sigmoid colon using rigid sigmoidoscope (procedure)</p> <p>443998000: Colonoscopy through colostomy with endoscopic biopsy of colon (procedure)</p> <p>444783004: Screening colonoscopy (procedure)</p> <p>446521004: Colonoscopy and excision of mucosa of colon (procedure)</p> <p>446745002: Colonoscopy and biopsy of colon (procedure)</p> <p>447021001: Colonoscopy and tattooing (procedure)</p> <p>609197007: Endoscopic surgical procedure on colon using laser (procedure)</p> <p>709421007: Colonoscopy and dilation of stricture of colon (procedure)</p> <p>710293001: Colonoscopy using fluoroscopic guidance (procedure)</p> <p>711307001: Colonoscopy using plain X-ray guidance (procedure)</p> <p>771568007: Fiberoptic endoscopic excision of lesion of colonic mucous membrane (procedure)</p> <p>773128008: Endoscopic snare resection of lesion of colon using full thickness resection device (procedure)</p> <p>773129000: Combined endoscopic and laparoscopic excision of polyp of colon (procedure)</p> <p>789778002: Colonoscopy and fecal microbiota transplantation (procedure)</p>

Description	CPT/HCPCS/LOINC/SNOMED CT
	<p>1209098000: Fiberoptic colonoscopy with biopsy of lesion of colon (procedure) 1217313001: Biopsy of colon using endoscopic ultrasonography guidance (procedure) 1304042004: Colonoscopy and suturing of rectum (procedure) 1304043009: Colonoscopy and suturing of colon (procedure) 1304044003: Colonoscopy and suturing of small intestine (procedure) 1304045002: Colonoscopy and full thickness resection of rectum (procedure) 1304049008: Colonoscopy and full thickness resection of colon (procedure) 1304050008: Colonoscopy and full thickness resection of small intestine (procedure) 1351202006: Ileocolonoscopy (procedure) 10371000132109: Colonoscopic snare polypectomy of colon (procedure) 48021000087103: Colonoscopy using cecal retroflexion technique (procedure) 48031000087101: Colonoscopy using rectal retroflexion technique (procedure)</p>
CT Colonography	<p>CPT 74261, 74262, 74263 LOINC 60515-4: CT Colon and Rectum W air contrast PR 72531-7: CT Colon and Rectum W contrast IV and W air contrast PR 79069-1: CT Colon and Rectum for screening WO contrast IV and W air contrast PR 79071-7: CT Colon and Rectum WO contrast IV and W air contrast PR 79101-2: CT Colon and Rectum for screening W air contrast PR 82688-3: CT Colon and Rectum WO and W contrast IV and W air contrast PR</p>
Flexible sigmoidoscopy	<p>CPT 45330, 45331, 45332, 45333, 45334, 45335, 45337, 45338, 45340, 45341, 45342, 45346, 45347, 45349, 45350 HCPCS G0104: Colorectal cancer screening; flexible sigmoidoscopy SNOMED CT 841000119107, 44441009, 396226005, 425634007</p>
FOBT Lab Test	<p>CPT 82270, 82274 HCPCS</p>

Description	CPT/HCPCS/LOINC/SNOMED CT
	<p>G0328: Colorectal cancer screening; fecal occult blood test, immunoassay, 1-3 simultaneous</p> <p>LOINC</p> <p>104738-0: Hemoglobin.gastrointestinal.lower [Presence] in Stool</p> <p>107189-3: Hemoglobin.gastrointestinal [Mass/volume] in Stool --3rd specimen</p> <p>107190-1: Hemoglobin.gastrointestinal [Mass/volume] in Stool --2nd specimen</p> <p>107191-9: Hemoglobin.gastrointestinal [Mass/volume] in Stool --1st specimen</p> <p>12503-9: Hemoglobin.gastrointestinal [Presence] in Stool --4th specimen</p> <p>12504-7: Hemoglobin.gastrointestinal [Presence] in Stool --5th specimen</p> <p>14563-1: Hemoglobin.gastrointestinal [Presence] in Stool --1st specimen</p> <p>14564-9: Hemoglobin.gastrointestinal [Presence] in Stool --2nd specimen</p> <p>14565-6: Hemoglobin.gastrointestinal [Presence] in Stool --3rd specimen</p> <p>2335-8: Hemoglobin.gastrointestinal [Presence] in Stool</p> <p>27396-1: Hemoglobin.gastrointestinal [Mass/mass] in Stool</p> <p>27401-9: Hemoglobin.gastrointestinal [Presence] in Stool --6th specimen</p> <p>27925-7: Hemoglobin.gastrointestinal [Presence] in Stool --7th specimen</p> <p>27926-5: Hemoglobin.gastrointestinal [Presence] in Stool --8th specimen</p> <p>29771-3: Hemoglobin.gastrointestinal.lower [Presence] in Stool by Immunoassay</p> <p>56490-6: Hemoglobin.gastrointestinal.lower [Presence] in Stool by Immunoassay --2nd specimen</p> <p>56491-4: Hemoglobin.gastrointestinal.lower [Presence] in Stool by Immunoassay --3rd specimen</p> <p>57905-2: Hemoglobin.gastrointestinal.lower [Presence] in Stool by Immunoassay --1st specimen</p> <p>58453-2: Hemoglobin.gastrointestinal.lower [Mass/volume] in Stool by Immunoassay</p> <p>80372-6: Hemoglobin.gastrointestinal [Presence] in Stool by Rapid immunoassay</p>
FOBT Test Result or Finding	<p>SNOMED CT</p> <p>59614000, 167667006, 389076003, 71711000112103</p>
sDNA FIT Lab Test	<p>CPT</p> <p>81528, 0464U</p>

Description	CPT/HCPCS/LOINC/SNOMED CT
	LOINC 77353-1: Noninvasive colorectal cancer DNA and occult blood screening [Interpretation] in Stool Narrative 77354-9: Noninvasive colorectal cancer DNA and occult blood screening [Presence] in Stool SNOMED CT 708699002
CDC Race and Ethnicity	1002-5: American Indian or Alaska Native 2028-9: Asian 2054-5: Black or African American 2076-8: Native Hawaiian or Other Pacific Islander 2106-3: White 2135-2: Hispanic or Latino 2186-5: Not Hispanic or Latino 2118-8: Middle Eastern or North African

Note: The codes listed are informational only; this information does not guarantee reimbursement.

Documented Assessment After Mammogram (DBM-E)

This measure looks at the percentage of episodes of mammograms documented in the form of a BI-RADS assessment within 14 days of the mammogram for persons 40–74 years of age.

Record your efforts:

The National Comprehensive Cancer Network (NCCN) provides breast cancer screening follow-up and diagnostic guidelines based on the ACR’s BIRADS assessment categories:

- BI-RADS 0: Incomplete- Need Additional Imaging Evaluation and/or Prior Mammograms for Comparison, as needing additional imaging.
- Persons with BI-RADS Category 1: Negative, and Category 2: Benign, are recommended for continued routine screening.
- Persons with BI-RADS Category 3: Probably Benign, are recommended for mammography surveillance.
- Persons with BI-RADS Categories 4: Suspicious, and Category 5: Highly Suggestive of Malignancy, should be managed using core needle biopsy, also called percutaneous core breast biopsy, as the preferred method for tissue diagnosis.
- Persons with Category 6: Known Biopsy – Proven

<https://www.nccn.org>

Exclusions:

- Persons who die any time during the measurement period.
- Persons who use hospice services or elect to use a hospice benefit any time during the measurement period.

Description	SNOMED CT
BIRADS Assessment	<p>397138000: Mammography assessment (Category 0) - Need additional imaging evaluation (finding)</p> <p>397140005: Mammography assessment (Category 1) - Negative (finding)</p> <p>397141009: Mammography assessment (Category 2) - Benign finding (finding)</p> <p>397143007: Mammography assessment (Category 3) - Probably benign finding, short interval follow-up (finding)</p> <p>397144001: Mammography assessment (Category 4) - Suspicious abnormality, biopsy should be considered (finding)</p>

Description	SNOMED CT
	<p>6121000179106: Mammography assessment (Category 4A) - Suspicious abnormality, biopsy should be considered, low suspicion of malignancy (finding)</p> <p>6131000179108: Mammography assessment (Category 4B) - Suspicious abnormality, biopsy should be considered, moderate suspicion of malignancy (finding)</p> <p>6141000179100: Mammography assessment (Category 4C) - Suspicious abnormality, biopsy should be considered, high suspicion of malignancy (finding)</p> <p>397145000: Mammography assessment (Category 5) - Highly suggestive of malignancy (finding)</p> <p>6111000179101: Mammography assessment (Category 6) - known biopsy, proven malignancy (finding)</p>

Note: The codes listed are informational only; this information does not guarantee reimbursement.

Utilization of the PHQ-9 to Monitor Depression Symptoms for Adolescents and Adults (DMS-E)

This measure looks at the percentage of persons 12 years of age and older with a diagnosis of major depression or dysthymia who had an outpatient encounter with a Patient Health Questionnaire-9 (PHQ-9) score present in their record in the same assessment period as the encounter.

Record your efforts:

- The identifiers and descriptors for each organization's coverage used to define persons' eligibility for measure reporting. Allocation for reporting is based on eligibility during the participation period.
- The measurement period is divided into three assessment periods with specific dates of service:
 - Assessment Period 1: January 1 to April 30
 - Assessment Period 2: May 1 to August 31
 - Assessment Period 3: September 1 to December 31
- The measure allows the use of two PHQ-9 assessments. Selection of the appropriate assessment should be based on the member's age:
 - PHQ-9: 12 years of age and older
 - PHQ-9 Modified for Teens: 12 to 17 years of age
- The PHQ-9 assessment does not need to occur during a face-to-face encounter; it may be completed over the telephone or through a web-based portal.

Exclusions:

- Persons with any of the following at any time during member's history through the end measurement period. Do not include laboratory claims (claims with POS code 81):
 - Bipolar disorder
 - Personality disorder
 - Psychotic disorder
 - Pervasive developmental disorder
- Persons who use hospice services or elect to use a hospice benefit any time during the measurement period.
- Persons who die any time during the measurement period.

Description	LOINC/ICD-10-CM/SNOMED CT
Utilization of the PHQ-9 to Monitor Depression Symptoms for Adolescents and Adults	LOINC 44261-6: Patient Health Questionnaire 9 item (PHQ-9) total score [Reported] 89204-2: Patient Health Questionnaire-9: Modified for Teens total score [Reported.PHQ.Teen]
Major Depression or Dysthymia	ICD-10-CM F32.0: Major depressive disorder, single episode, mild F32.1: Major depressive disorder, single episode, moderate F32.2: Major depressive disorder, single episode, severe without psychotic features F32.3: Major depressive disorder, single episode, severe with psychotic features F32.4: Major depressive disorder, single episode, in partial remission F32.5: Major depressive disorder, single episode, in full remission F32.9: Major depressive disorder, single episode, unspecified F33.0: Major depressive disorder, recurrent, mild F33.1: Major depressive disorder, recurrent, moderate F33.2: Major depressive disorder, recurrent severe without psychotic features F33.3: Major depressive disorder, recurrent, severe with psychotic symptoms F33.40: Major depressive disorder, recurrent, in remission, unspecified F33.41: Major depressive disorder, recurrent, in partial remission F33.42: Major depressive disorder, recurrent, in full remission F33.9: Major depressive disorder, recurrent, unspecified F34.1: Dysthymic disorder SNOMED CT 832007: Moderate major depression (disorder) 2506003: Early onset dysthymia (disorder) 2618002: Chronic recurrent major depressive disorder (disorder) 3109008: Secondary dysthymia early onset (disorder) 14183003: Chronic major depressive disorder, single episode (disorder) 15193003: Severe recurrent major depression with psychotic features, mood-incongruent (disorder) 15639000: Moderate major depression, single episode (disorder) 18818009: Moderate recurrent major depression (disorder) 19527009: Single episode of major depression in full remission (disorder) 19694002: Late onset dysthymia (disorder) 20250007: Severe major depression, single episode, with psychotic features, mood-incongruent (disorder)

Description	LOINC/ICD-10-CM/SNOMED CT
	<p>25922000: Major depressive disorder, single episode with postpartum onset (disorder)</p> <p>28475009: Severe recurrent major depression with psychotic features (disorder)</p> <p>30605009: Major depression in partial remission (disorder)</p> <p>33078009: Severe recurrent major depression with psychotic features, mood-congruent (disorder)</p> <p>33135002: Recurrent major depression in partial remission (disorder)</p> <p>33736005: Severe major depression with psychotic features, mood-congruent (disorder)</p> <p>36170009: Secondary dysthymia late onset (disorder)</p> <p>36474008: Severe recurrent major depression without psychotic features (disorder)</p> <p>36923009: Major depression, single episode (disorder)</p> <p>38451003: Primary dysthymia early onset (disorder)</p> <p>38694004: Recurrent major depressive disorder with atypical features (disorder)</p> <p>39809009: Recurrent major depressive disorder with catatonic features (disorder)</p> <p>40379007: Mild recurrent major depression (disorder)</p> <p>42810003: Major depression in remission (disorder)</p> <p>42925002: Major depressive disorder, single episode with atypical features (disorder)</p> <p>46244001: Recurrent major depression in full remission (disorder)</p> <p>60099002: Severe major depression with psychotic features, mood-incongruent (disorder)</p> <p>63412003: Major depression in full remission (disorder)</p> <p>63778009: Major depressive disorder, single episode with melancholic features (disorder)</p> <p>66344007: Recurrent major depression (disorder)</p> <p>67711008: Primary dysthymia late onset (disorder)</p> <p>69392006: Major depressive disorder, single episode with catatonic features (disorder)</p> <p>70747007: Major depression single episode, in partial remission (disorder)</p> <p>71336009: Recurrent major depressive disorder with postpartum onset (disorder)</p> <p>73867007: Severe major depression with psychotic features (disorder)</p> <p>75084000: Severe major depression without psychotic features (disorder)</p> <p>76441001: Severe major depression, single episode, without psychotic features (disorder)</p>

Description	LOINC/ICD-10-CM/SNOMED CT
	77911002: Severe major depression, single episode, with psychotic features, mood-congruent (disorder)
	78667006: Dysthymia (disorder)
	79298009: Mild major depression, single episode (disorder)
	83176005: Primary dysthymia (disorder)
	85080004: Secondary dysthymia (disorder)
	87512008: Mild major depression (disorder)
	191604000: Single major depressive episode, severe, with psychosis (disorder)
	191610000: Recurrent major depressive episodes, mild (disorder)
	191611001: Recurrent major depressive episodes, moderate (disorder)
	191613003: Recurrent major depressive episodes, severe, with psychosis (disorder)
	231499006: Endogenous depression first episode (disorder)
	268621008: Recurrent major depressive episodes (disorder)
	274948002: Endogenous depression - recurrent (disorder)
	300706003: Endogenous depression (disorder)
	319768000: Recurrent major depressive disorder with melancholic features (disorder)
	320751009: Major depression, melancholic type (disorder)
	370143000: Major depressive disorder (disorder)
	430852001: Severe major depression, single episode, with psychotic features (disorder)

Depression Remission or Response for Adolescents and Adults (DRR-E)

This measure looks at the percentage of persons 12 years of age and older with a diagnosis of depression and an elevated PHQ-9 score, who had evidence of response or remission within 120 to 240 days (4 to 8 months) of the elevated score during the measurement period:

- **Follow-Up PHQ9** – The percentage of persons who have a follow-up PHQ9 score documented within 120 to 240 days (4 to 8 months) after the initial elevated PHQ9 score.
- **Depression Remission** – The percentage of persons who achieved remission within 120 to 240 days (4 to 8 months) after the initial elevated PHQ-9 score (PHQ-9 <5).
- **Depression Response** – The percentage of persons who showed response within 120 to 240 days (4 to 8 months) after the initial elevated PHQ-9 score (PHQ-9 50% lower than PHQ-9 associated with IESD documented during the depression follow up period).

Record your efforts:

The identifiers and descriptors for each organization's coverage used to define persons' eligibility for measure reporting. Allocation for reporting is based on eligibility during the participation period:

- May 1 of the year prior to the measurement period through December 31 of the measurement period
- May 1 of the year prior to the measurement period through April 30 of the measurement period
- The 120- to 240-day period after the index episode start date.
- Index episode start date: The earliest date during the intake period when a member has a diagnosis of major depression or dysthymia and a PHQ-9 total score > 9 documented within a 31 day period, including and around (15 days before and 15 days after) an interactive outpatient encounter with a diagnosis of major depression or dysthymia.

The measure allows the use of two PHQ-9 assessments. Selection of the appropriate assessment should be based on the member's age:

- PHQ-9: 12 years of age and older
- PHQ-9 Modified for Teens: 12 to 17 years of age

The PHQ9 assessment does not need to occur during a face-to-face encounter; it may be completed over the telephone or through a web based portal.

Exclusions:

- Persons who use hospice services or elect to use a hospice benefit any time during the measurement period.
- Persons who die any time during the measurement period.

- Persons with any of the following any time during the member's history through the end of the measurement period. Do not include laboratory claims (claims with POS code 81):
 - Bipolar disorder
 - Personality disorder
 - Psychotic disorder
 - Pervasive developmental disorder

Description	LOINC/ICD-10-CM/SNOMED CT
Depression follow-up PHQ-9	LOINC 44261-6: Patient Health Questionnaire 9 item (PHQ-9) total score [Reported] 89204-2: Patient Health Questionnaire-9: Modified for Teens total score [Reported.PHQ.Teen]
Depression remission PHQ-9	LOINC 44261-6: Patient Health Questionnaire 9 item (PHQ-9) total score [Reported] 89204-2: Patient Health Questionnaire-9: Modified for Teens total score [Reported.PHQ.Teen]
Depression response PHQ-9	LOINC 44261-6: Patient Health Questionnaire 9 item (PHQ-9) total score [Reported] 89204-2: Patient Health Questionnaire-9: Modified for Teens total score [Reported.PHQ.Teen]
Major Depression or Dysthymia	ICD-10-CM F32.0: Major depressive disorder, single episode, mild F32.1: Major depressive disorder, single episode, moderate F32.2: Major depressive disorder, single episode, severe without psychotic features F32.3: Major depressive disorder, single episode, severe with psychotic features F32.4: Major depressive disorder, single episode, in partial remission F32.5: Major depressive disorder, single episode, in full remission F32.9: Major depressive disorder, single episode, unspecified F33.0: Major depressive disorder, recurrent, mild F33.1: Major depressive disorder, recurrent, moderate F33.2: Major depressive disorder, recurrent severe without psychotic features F33.3: Major depressive disorder, recurrent, severe with psychotic symptoms F33.40: Major depressive disorder, recurrent, in remission, unspecified F33.41: Major depressive disorder, recurrent, in partial remission F33.42: Major depressive disorder, recurrent, in full remission F33.9: Major depressive disorder, recurrent, unspecified F34.1: Dysthymic disorder

Description	LOINC/ICD-10-CM/SNOMED CT
	<p>SNOMED CT</p> <p>832007: Moderate major depression (disorder)</p> <p>2506003: Early onset dysthymia (disorder)</p> <p>2618002: Chronic recurrent major depressive disorder (disorder)</p> <p>3109008: Secondary dysthymia early onset (disorder)</p> <p>14183003: Chronic major depressive disorder, single episode (disorder)</p> <p>15193003: Severe recurrent major depression with psychotic features, mood-incongruent (disorder)</p> <p>15639000: Moderate major depression, single episode (disorder)</p> <p>18818009: Moderate recurrent major depression (disorder)</p> <p>19527009: Single episode of major depression in full remission (disorder)</p> <p>19694002: Late onset dysthymia (disorder)</p> <p>20250007: Severe major depression, single episode, with psychotic features, mood-incongruent (disorder)</p> <p>25922000: Major depressive disorder, single episode with postpartum onset (disorder)</p> <p>28475009: Severe recurrent major depression with psychotic features (disorder)</p> <p>30605009: Major depression in partial remission (disorder)</p> <p>33078009: Severe recurrent major depression with psychotic features, mood-congruent (disorder)</p> <p>33135002: Recurrent major depression in partial remission (disorder)</p> <p>33736005: Severe major depression with psychotic features, mood-congruent (disorder)</p> <p>36170009: Secondary dysthymia late onset (disorder)</p> <p>36474008: Severe recurrent major depression without psychotic features (disorder)</p> <p>36923009: Major depression, single episode (disorder)</p> <p>38451003: Primary dysthymia early onset (disorder)</p> <p>38694004: Recurrent major depressive disorder with atypical features (disorder)</p> <p>39809009: Recurrent major depressive disorder with catatonic features (disorder)</p> <p>40379007: Mild recurrent major depression (disorder)</p> <p>42810003: Major depression in remission (disorder)</p> <p>42925002: Major depressive disorder, single episode with atypical features (disorder)</p> <p>46244001: Recurrent major depression in full remission (disorder)</p> <p>60099002: Severe major depression with psychotic features, mood-incongruent (disorder)</p> <p>63412003: Major depression in full remission (disorder)</p> <p>63778009: Major depressive disorder, single episode with melancholic features (disorder)</p>

Description	LOINC/ICD-10-CM/SNOMED CT
	66344007: Recurrent major depression (disorder)
	67711008: Primary dysthymia late onset (disorder)
	69392006: Major depressive disorder, single episode with catatonic features (disorder)
	70747007: Major depression single episode, in partial remission (disorder)
	71336009: Recurrent major depressive disorder with postpartum onset (disorder)
	73867007: Severe major depression with psychotic features (disorder)
	75084000: Severe major depression without psychotic features (disorder)
	76441001: Severe major depression, single episode, without psychotic features (disorder)
	77911002: Severe major depression, single episode, with psychotic features, mood-congruent (disorder)
	78667006: Dysthymia (disorder)
	79298009: Mild major depression, single episode (disorder)
	83176005: Primary dysthymia (disorder)
	85080004: Secondary dysthymia (disorder)
	87512008: Mild major depression (disorder)
	191604000: Single major depressive episode, severe, with psychosis (disorder)
	191610000: Recurrent major depressive episodes, mild (disorder)
	191611001: Recurrent major depressive episodes, moderate (disorder)
	191613003: Recurrent major depressive episodes, severe, with psychosis (disorder)
	231499006: Endogenous depression first episode (disorder)
	268621008: Recurrent major depressive episodes (disorder)
	274948002: Endogenous depression - recurrent (disorder)
	300706003: Endogenous depression (disorder)
	319768000: Recurrent major depressive disorder with melancholic features (disorder)
	320751009: Major depression, melancholic type (disorder)
	370143000: Major depressive disorder (disorder)
	430852001: Severe major depression, single episode, with psychotic features (disorder)

Note: The codes listed are informational only; this information does not guarantee reimbursement.

Follow-Up After Abnormal Mammogram Assessment (FMA-E)

This measure looks at the percentage of episodes for persons 40–74 years of age with inconclusive or high-risk BI-RADS assessments who received appropriate follow-up within 90 days of the assessment.

Record your efforts:

High-risk and inconclusive BIRADS assessment during the Intake Period that received appropriate follow-up. Appropriate follow-up is defined as either of the following:

- A high-risk BI-RADS assessment result, which received a breast biopsy on or within 90 days after the episode date (91 days total).
- An inconclusive BI-RADS assessment (BI-RADS 0: Incomplete – Need Additional Imaging Evaluation and/or Prior Mammograms for Comparison), that received a mammogram or ultrasound on or within 90 days after the episode date (91 days total).

The National Comprehensive Cancer Network (NCCN) provides breast cancer screening follow-up and diagnostic guidelines based on the ACR's BI-RADS assessment categories.

- BI-RADS 0: Incomplete – Need Additional Imaging Evaluation and/or Prior Mammograms for Comparison, as needing additional imaging.
- Persons with BI-RADS Category 1: Negative, and Category 2: Benign, are recommended for continued routine screening.
- Persons with BI-RADS Category 3: Probably Benign, are recommended for mammography surveillance.
- Persons with BI-RADS Categories 4: Suspicious, and Category 5: Highly Suggestive of Malignancy, should be managed using core needle biopsy, also called percutaneous core breast biopsy, as the preferred method for tissue diagnosis.
- Persons with Category 6: Known Biopsy- Proven

<https://www.nccn.org>

Exclusions:

- Persons who use hospice services or elect to use a hospice benefit any time during the measurement period.
- Persons who die any time during the measurement period.

Description	CPT/SNOMED CT
High Risk BIRADS	<p>SNOMED CT</p> <p>397144001: Mammography assessment (Category 4) - Suspicious abnormality, biopsy should be considered (finding)</p> <p>6121000179106: Mammography assessment (Category 4A) - Suspicious abnormality, biopsy should be considered, low suspicion of malignancy (finding)</p> <p>6131000179108: Mammography assessment (Category 4B) - Suspicious abnormality, biopsy should be considered, moderate suspicion of malignancy (finding)</p> <p>6141000179100: Mammography assessment (Category 4C) - Suspicious abnormality, biopsy should be considered, high suspicion of malignancy (finding)</p> <p>397145000: Mammography assessment (Category 5) - Highly suggestive of malignancy (finding)</p>
Breast Biopsy	<p>CPT</p> <p>19081, 19082, 19083, 19084, 19085, 19086, 19100, 19101</p> <p>SNOMED CT</p> <p>10940003: Excisional biopsy of breast with preoperative localization (procedure)</p> <p>28768007: Incisional biopsy of breast mass (procedure)</p> <p>42125001: Excisional biopsy of breast mass (procedure)</p> <p>44578009: Core needle biopsy of breast (procedure)</p> <p>116219004: Excisional biopsy of breast mass with axillary contents (procedure)</p> <p>116220005: Excisional biopsy of breast mass without axillary contents (procedure)</p> <p>116334007: Percutaneous core needle biopsy of breast using stereotactic guidance (procedure)</p> <p>172086006: Breast cavity shavings (procedure)</p> <p>237372000: Excisional biopsy of breast (procedure)</p> <p>237375003: Breast biopsy and related procedures (procedure)</p> <p>237376002: Percutaneous needle biopsy of breast (procedure)</p> <p>237377006: Percutaneous drill biopsy of breast (procedure)</p> <p>237378001: Incisional biopsy of breast (procedure)</p> <p>237379009: Marker biopsy of breast lesion (procedure)</p> <p>265253005: Percutaneous biopsy of breast lesion (procedure)</p> <p>274331003: Surgical biopsy of breast (procedure)</p> <p>287553003: Non-surgical breast biopsy (procedure)</p> <p>303689004: Tru-cut biopsy of breast (procedure)</p> <p>307298009: Percutaneous fine needle aspiration of breast lesion (procedure)</p> <p>387736007: Fine needle aspiration of breast (procedure)</p>

Description	CPT/SNOMED CT
	<p>432109009: Fine needle aspiration biopsy of breast using magnetic resonance imaging guidance (procedure)</p> <p>432157003: Vacuum assisted biopsy of breast using ultrasound guidance (procedure)</p> <p>432337008: Fine needle aspiration biopsy of breast using ultrasound guidance (procedure)</p> <p>432550005: Core needle biopsy of breast using ultrasound guidance (procedure)</p> <p>433008009: Core needle biopsy of breast using magnetic resonance imaging guidance (procedure)</p> <p>433685008: Fine needle aspiration and core needle biopsy of breast using magnetic resonance imaging guidance (procedure)</p> <p>433805008: Fine needle aspiration biopsy and core needle biopsy of breast using ultrasonographic guidance (procedure)</p> <p>442963006: Percutaneous needle biopsy of breast using ultrasound guidance (procedure)</p> <p>445171002: Core needle biopsy of breast using mammography guidance (procedure)</p> <p>445437001: Core needle biopsy of breast using palpation guidance (procedure)</p> <p>448336005: Radiofrequency biopsy of breast using plain X-ray guidance (procedure)</p> <p>448689003: Radiofrequency biopsy of breast using ultrasound guidance (procedure)</p> <p>709628007: Biopsy of breast using fluoroscopic guidance (procedure)</p> <p>711508007: Percutaneous fine needle aspiration biopsy of breast using imaging guidance (procedure)</p> <p>723990008: Biopsy of breast using ultrasonographic guidance (procedure)</p> <p>725936002: Radiofrequency biopsy of breast using stereotactic plain X-ray guidance (procedure)</p> <p>736615002: Open biopsy of breast (procedure)</p> <p>770568001: Biopsy of right breast using digital tomosynthesis guidance (procedure)</p> <p>770569009: Biopsy of left breast using digital tomosynthesis guidance (procedure)</p> <p>770570005: Biopsy of bilateral breasts using digital tomosynthesis guidance (procedure)</p> <p>771086002: Biopsy of breast using digital tomosynthesis guidance (procedure)</p> <p>771625002: Vacuum assisted biopsy of lesion of breast (procedure)</p> <p>785800009: Biopsy of bilateral breasts using mammography guidance (procedure)</p>

Description	CPT/SNOMED CT
	<p>786883001: Vacuum assisted biopsy (procedure)</p> <p>866232001: Core needle biopsy of multiple lesions of breast using mammography guidance (procedure)</p> <p>1179705005: Excisional biopsy of lesion of breast using magnetic seed marker (procedure)</p> <p>1179707002: Excisional biopsy of lesion of breast using radioactive seed marker (procedure)</p> <p>1179708007: Excisional biopsy of lesion of breast using radiofrequency identifier tag (procedure)</p> <p>1220570007: Biopsy of left breast using mammography guidance (procedure)</p> <p>1220571006: Biopsy of right breast using mammography guidance (procedure)</p> <p>1220572004: Biopsy of breast using mammography guidance (procedure)</p> <p>1264555004: Core needle biopsy of breast using imaging guidance (procedure)</p> <p>1264556003: Vacuum assisted biopsy of breast using imaging guidance (procedure)</p> <p>1268323005: Fine needle aspiration biopsy of breast using stereotactic guidance (procedure)</p> <p>1268996004: Excisional biopsy of lesion of breast using infrared reflector localization marker (procedure)</p> <p>1332066007: Fine needle aspiration biopsy of right breast using plain X-ray guidance (procedure)</p> <p>1332067003: Fine needle aspiration biopsy and core needle biopsy of right breast using plain X-ray guidance (procedure)</p> <p>1333891002: Fine needle aspiration biopsy of left breast using plain X-ray guidance (procedure)</p> <p>1333892009: Fine needle aspiration biopsy of bilateral breasts using plain X-ray guidance (procedure)</p> <p>1333893004: Prone fine needle aspiration biopsy of left breast using stereotactic plain X-ray guidance (procedure)</p> <p>1333894005: Prone fine needle aspiration biopsy of right breast using stereotactic plain X-ray guidance (procedure)</p> <p>1333895006: Prone fine needle aspiration biopsy of bilateral breasts using stereotactic plain X-ray guidance (procedure)</p> <p>1333896007: Prone fine needle aspiration biopsy and core needle biopsy of left breast using stereotactic plain X-ray guidance (procedure)</p> <p>1333897003: Prone fine needle aspiration biopsy and core needle biopsy of right breast using stereotactic plain X-ray guidance (procedure)</p>

Description	CPT/SNOMED CT
	1333898008: Prone fine needle aspiration biopsy and core needle biopsy of bilateral breasts using stereotactic plain X-ray guidance (procedure)
	1333899000: Upright fine needle aspiration biopsy and core needle biopsy of left breast using stereotactic plain X-ray guidance (procedure)
	1333900005: Upright fine needle aspiration biopsy and core needle biopsy of right breast using stereotactic plain X-ray guidance (procedure)
	1333901009: Upright fine needle aspiration biopsy and core needle biopsy of bilateral breasts using stereotactic plain X-ray guidance (procedure)
	1333902002: Fine needle aspiration biopsy and core needle biopsy of left breast using plain X-ray guidance (procedure)
	1333903007: Fine needle aspiration biopsy and core needle biopsy of bilateral breasts using plain X-ray guidance (procedure)
	1333904001: Upright fine needle aspiration biopsy of left breast using stereotactic plain X-ray guidance (procedure)
	1333905000: Upright fine needle aspiration biopsy of right breast using stereotactic plain X-ray guidance (procedure)
	1333906004: Upright fine needle aspiration biopsy of bilateral breasts using stereotactic plain X-ray guidance (procedure)
	1334078005: Vacuum assisted core needle biopsy of left breast using magnetic resonance imaging guidance (procedure)
	1334079002: Vacuum assisted core needle biopsy of right breast using magnetic resonance imaging guidance (procedure)
	1334080004: Vacuum assisted core needle biopsy of bilateral breasts using magnetic resonance imaging guidance (procedure)
	1356791009: Vacuum assisted biopsy of breast using stereotactic plain X-ray guidance (procedure)
	2131000087106: Biopsy of left breast using magnetic resonance imaging guidance (procedure)
	2141000087100: Biopsy of right breast using magnetic resonance imaging guidance (procedure)
	2841000087108: Biopsy of bilateral breasts using magnetic resonance imaging guidance (procedure)
	4541000087104: Biopsy of left breast using ultrasonographic guidance (procedure)
	4551000087101: Biopsy of right breast using ultrasonographic guidance (procedure)
	5181000087103: Biopsy of bilateral breasts using ultrasonographic guidance (procedure)
	12131000087109: Biopsy of breast and axilla using ultrasonographic guidance (procedure)

Description	CPT/SNOMED CT
	<p>305011000000108: Core needle biopsy of breast using plain X-ray guidance (procedure) 305051000000107: Fine needle aspiration biopsy of breast using plain X-ray guidance (procedure) 305071000000103: Fine needle aspiration biopsy and core needle biopsy of breast using plain X-ray guidance (procedure) 306371000000109: Prone fine needle aspiration biopsy and core needle biopsy of breast using stereotactic plain X-ray guidance (procedure) 306381000000106: Prone core needle biopsy of breast using stereotactic plain X-ray guidance (procedure) 306641000000107: Upright core needle biopsy of breast using stereotactic plain X-ray guidance (procedure) 306651000000105: Upright fine needle aspiration biopsy and core needle biopsy of breast using stereotactic plain X-ray guidance (procedure) 306671000000101: Upright fine needle aspiration biopsy of breast using stereotactic plain X-ray guidance (procedure) 307971000000105: Prone vacuum assisted biopsy of breast using stereotactic plain X-ray guidance (procedure) 307981000000107: Upright vacuum assisted biopsy of breast using stereotactic plain X-ray guidance (procedure) 308041000000102: Prone fine needle aspiration biopsy of breast using stereotactic plain X-ray guidance (procedure) 872731000000104: Vacuum assisted core needle biopsy of breast using magnetic resonance imaging guidance (procedure)</p>
Inconclusive BIRADS	<p>SNOMED CT 397138000: Mammography assessment (Category 0) - Need additional imaging evaluation (finding)</p>
Mammography	<p>CPT 77061, 77062, 77063, 77065, 77066, 77067 LOINC 103885-0: MG Breast - left Screening for implant 103886-8: MG Breast - right Screening for implant 103892-6: DBT Breast screening 103893-4: MG Breast Screening for implant 103894-2: MG Breast Diagnostic for implant 24604-1: MG Breast Diagnostic Limited Views 24605-8: MG Breast Diagnostic 24606-6: MG Breast Screening 24610-8: MG Breast Limited Views 26175-0: MG Breast - bilateral Screening 26176-8: MG Breast - left Screening 26177-6: MG Breast - right Screening</p>

Description	CPT/SNOMED CT
	26287-3: MG Breast - bilateral Limited Views
	26289-9: MG Breast - left Limited Views
	26291-5: MG Breast - right Limited Views
	26346-7: MG Breast - bilateral Diagnostic
	26347-5: MG Breast - left Diagnostic
	26348-3: MG Breast - right Diagnostic
	26349-1: MG Breast - bilateral Diagnostic Limited Views
	26350-9: MG Breast - left Diagnostic Limited Views
	26351-7: MG Breast - right Diagnostic Limited Views
	36319-2: MG Breast 4 Views
	36625-2: MG Breast Views
	36626-0: MG Breast - bilateral Views
	36627-8: MG Breast - left Views
	36642-7: MG Breast - left 2 Views
	36962-9: MG Breast Axillary
	37005-6: MG Breast - left Magnification
	37006-4: MG Breast - bilateral MLO
	37016-3: MG Breast - bilateral Rolled Views
	37017-1: MG Breast - left Rolled Views
	37028-8: MG Breast Tangential
	37029-6: MG Breast - bilateral Tangential
	37030-4: MG Breast - left Tangential
	37037-9: MG Breast True lateral
	37038-7: MG Breast - bilateral True lateral
	37052-8: MG Breast - bilateral XCCL
	37053-6: MG Breast - left XCCL
	37539-4: MG Breast Grid Views
	37542-8: MG Breast Magnification Views
	37543-6: MG Breast - bilateral Magnification Views
	37551-9: MG Breast Spot Views
	37552-7: MG Breast - bilateral Spot Views
	37553-5: MG Breast - left Spot Views compression
	37554-3: MG Breast - bilateral Magnification and Spot
	37768-9: MG Breast - right 2 Views
	37769-7: MG Breast - right Magnification and Spot
	37770-5: MG Breast - right Tangential
	37771-3: MG Breast - right True lateral
	37772-1: MG Breast - right XCCL
	37773-9 : MG Breast - right Magnification
	37774-7:MG Breast - right Views
	37775-4: MG Breast - right Rolled Views
	38070-9: MG Breast Views for implant
	38071-7: MG Breast - bilateral Views for implant
	38072-5: MG Breast - left Views for implant

Description	CPT/SNOMED CT
	<p> 38090-7: MG Breast - bilateral Air gap Views 38091-5: MG Breast - left Air gap Views 38807-4: MG Breast - right Spot Views 38820-7: MG Breast - right Views for implant 38854-6: MG Breast - left Magnification and Spot 38855-3: MG Breast - left True lateral 42415-0: MG Breast - bilateral Views Post Wire Placement 42416-8: MG Breast - left Views Post Wire Placement 46335-6: MG Breast - bilateral Single view 46336-4: MG Breast - left Single view 46337-2: MG Breast - right Single view 46338-0: MG Breast - unilateral Single view 46339-8: MG Breast - unilateral Views 46350-5: MG Breast - unilateral Diagnostic 46351-3: MG Breast - bilateral Displacement Views for Implant 46356-2: MG Breast - unilateral Screening 46380-2: MG Breast - unilateral Views for implant 48475-8: MG Breast - bilateral Diagnostic for implant 48492-3: MG Breast - bilateral Screening for implant 69150-1: MG Breast - left Diagnostic for implant 69251-7: MG Breast Views Post Wire Placement 69259-0: MG Breast - right Diagnostic for implant 72137-3: DBT Breast - right diagnostic 72138-1: DBT Breast - left diagnostic 72139-9: DBT Breast - bilateral diagnostic 72140-7: DBT Breast - right screening 72141-5: DBT Breast - left screening 72142-3: DBT Breast - bilateral screening 86462-9: DBT Breast - unilateral 86463-7: DBT Breast - bilateral 91517-3: DBT Breast - right diagnostic for implant 91518-1: DBT Breast - left diagnostic for implant 91519-9: DBT Breast - bilateral diagnostic for implant 91520-7: DBT Breast - right screen for implant 91521-5: DBT Breast - left screen for implant 91522-3: DBT Breast - bilateral screen for implant </p>
Breast Ultrasound	<p> CPT 76641,76642 LOINC 105420-4: US Breast - left screening 105421-2: US Breast - right screening 24599-3: US Breast limited 24601-7: US Breast 26215-4: US Breast - left </p>

Description	CPT/SNOMED CT
	26216-2: US Breast - right 26288-1: US Breast - left limited 26290-7: US Breast - right limited 42132-1: US Breast screening

Note: The codes listed are informational only; this information does not guarantee reimbursement.

Depression Screening and Follow-Up for Adolescents and Adults (DSF-E)

This measure looks at the percentage of persons 12 years of age and older who were screened for clinical depression using a standardized instrument and, if screened positive, received follow-up care during the measurement period:

- Depression Screening. The percentage of persons who were screened for clinical depression using a standardized instrument.
- Follow-Up on Positive Screen. The percentage of persons who received follow-up care within 30 days of a positive depression screen finding.

Record your efforts:

- The identifiers and descriptors for each organization’s coverage used to define persons’ eligibility for measure reporting. Allocation for HEDIS reporting is based on eligibility during the participation period.
- This measure requires the use of an age-appropriate screening instrument. The member’s age is used to select the appropriate depression screening instrument.
- Depression screening instrument:
 - A standard assessment instrument that has been normalized and validated for the appropriate patient population. Eligible screening instruments with thresholds for positive findings include:

Instruments for adolescents (≤ 17 years)	Total score LOINC codes	Positive finding
Patient Health Questionnaire (PHQ-9) [®]	44261-6	Total score ≥ 10
Patient Health Questionnaire Modified for Teens (PHQ- 9M) [®]	89204-2	Total score ≥ 10
Patient Health Questionnaire-2 (PHQ-2) ^{®1}	55758-7	Total score ≥ 3
Beck Depression Inventory-Fast Screen (BDI-FS) ^{®1,2}	89208-3	Total score ≥ 8
Center for Epidemiologic Studies Depression Scale – Revised (CESD-R)	89205-9	Total score ≥ 17
Edinburgh Postnatal Depression Scale (EPDS)	99046-5	Total score ≥ 10
PROMIS Depression	71965-8	Total score (T score) ≥ 60

1 Brief screening instrument. All other instruments are full-length.

2 Proprietary; may be cost or licensing requirement associated with use.

Instruments for adults (18+ years)	Total score LOINC codes	Positive finding
Patient Health Questionnaire (PHQ-9) [®]	44261-6	Total score ≥ 10
Patient Health Questionnaire-2 (PHQ-2) ^{®1}	55758-7	Total score ≥ 3
Beck Depression Inventory-Fast Screen (BDI-FS) ^{®1,2}	89208-3	Total score ≥ 8
Beck Depression Inventory (BDI-II)	89209-1	Total score ≥ 20
Center for Epidemiologic Studies Depression Scale- Revised (CESD-R)	89205-9	Total score ≥ 17
Duke Anxiety-Depression Scale (DUKE-AD) ^{®2}	90853-3	Total score ≥ 30
Geriatric Depression Scale Short Form (GDS) ¹	48545-8	Total score ≥ 5
Geriatric Depression Scale Long Form (GDS)	48544-1	Total score ≥ 10
Edinburgh Postnatal Depression Scale (EPDS)	99046-5	Total score ≥ 10
My Mood Monitor (M-3) [®]	71777-7	Total score ≥ 5
PROMIS Depression	71965-8	Total score (T score) ≥ 60
PROMIS Emotional Distress—Depression—Short Form	77861-3	Total score (T Score) ≥ 60
Clinically Useful Depression Outcome Scale (CUDOS)	90221-3	Total score ≥ 31

1 Brief screening instrument. All other instruments are full-length.

2 Proprietary; may be cost or licensing requirement associated with use.

Exclusions:

- Persons who use hospice services or elect to use a hospice benefit any time during the measurement period.
- Persons who die any time during the measurement period.
- Persons with a history of bipolar disorder any time during the member's history through the end of the year prior to the measurement period. Do not include laboratory claims (claims with POS code 81).
- Persons with depression that starts during the year prior to the measurement period. Do not include laboratory claims (claims with POS code 81).

Description	CPT/HCPCS/SNOMED CT
Depression Case Management Encounter	<p>CPT 99366, 99492, 99493, 99494 CPT 99366, 99492, 99493, 99494</p> <p>HCPCS G0512: Rural health clinic or federally qualified health center (RHC/FQHC) only, psychiatric collaborative care model (psychiatric COCM), 60 minutes or more of clinical staff time for psychiatric COCM services directed by an RHC or FQHC practitioner (physician, NP, PA, or CNM) and including services furnished by a behavioral health care manager and consultation with a psychiatric consultant, per calendar month T1016: Case Management, each 15 minutes T1017: Targeted Case Management, each 15 minutes T2022: Case Management, per month T2023: Targeted Case Management; per month</p> <p>SNOMED CT 182832007: Procedure related to management of drug administration (procedure) 225333008: Behavior management (regime/therapy) 385828006: Health promotion management (procedure) 386230005: Case Management (procedure) 409022004: Dispensing medication management (procedure) 410216003: Communication care management (procedure) 410219005: Personal care management (procedure) 410328009: Coping skills Case Management (procedure) 410335001: Exercises Case Management (procedure) 410346003: Medication action/side effects Case Management (procedure) 410347007: Medication set-up Case Management (procedure) 410351009: Relaxation/breathing techniques Case Management (procedure) 410352002: Rest/sleep Case Management (procedure) 410353007: Safety Case Management (procedure) 410354001: Screening Case Management (procedure) 410356004: Signs/symptoms-mental/emotional Case Management (procedure) 410360001: Spiritual care Case Management (procedure) 410363004: Support group Case Management (procedure) 410364005: Support system Case Management (procedure) 410366007: Wellness Case Management (procedure) 416341003: Case Management started (situation) 416584001: Case Management ended (situation)</p>

Description	CPT/HCPCS/SNOMED CT SNOMED CT
	<p>424490002: Medication prescription Case Management (procedure) 425604002: Case Management follow up (procedure) 737850002: Day care Case Management (procedure) 1344983001: Medication interaction case management (procedure) 1344984007: Medication side effect case management (procedure) 1344994002: Case management of signs and symptoms of emotional problem (procedure) 1345003009: Case management of signs and symptoms of mental health problem (procedure) 1345013001: Caretaking skills case management (procedure) 1345014007: Parenting skills case management (procedure) 621561000124106: Psychiatric Case Management (procedure) 661051000124109: Education about Department of Veterans Affairs Military2VA Case Management Program (procedure) 662081000124106: Assistance with application for Department of Veterans Affairs Military2VA Case Management Program (procedure) 662541000124107: Evaluation of eligibility for Department of Veterans Affairs Military2VA Case Management Program (procedure) 842901000000108: Multidisciplinary Case Management (procedure)</p>
Symptoms of Depression	<p>SNOMED CT 394924000: Symptoms of depression (finding) 788976000: Lead encephalopathy (finding)</p>

Note: The codes listed are informational only; this information does not guarantee reimbursement.

Immunizations for Adolescents (IMA-E)

This measure reviews persons 13 years of age who had one dose of meningococcal vaccine, one tetanus, diphtheria toxoids and acellular pertussis (Tdap) vaccine, and have completed the human papillomavirus (HPV) vaccine series by their 13th birthday. The measure calculates a rate for each vaccine and two combination rates.

Vaccines administered on or before their 13th birthday:

Meningococcal:

- At least one meningococcal vaccine with the date of service on or between 11th and 13th birthdays.
or
- Anaphylaxis due to the meningococcal vaccine (SNOMED CT code 428301000124106) any time on or before the member's 13th birthday.

Tdap:

- At least one tetanus, diphtheria toxoids and acellular pertussis (Tdap) vaccine with a date of service on or between the member's 10th and 13th birthdays
or
- Anaphylaxis due to the tetanus, diphtheria or pertussis vaccine any time on or before the member's 13th birthday.
or
- Encephalitis due to the tetanus, diphtheria or pertussis vaccine any time on or before the member's 13th birthday.

HPV:

- At least two doses of HPV vaccine with on or between the member's 9th and 13th birthdays and with dates of service at least 146 days apart.
or
- At least three HPV vaccines with different dates of service on or between the member's 9th and 13th birthdays.
or
- Anaphylaxis due to the HPV vaccine (SNOMED CT code 428241000124101) any time on or before the member's 13th birthday.

Record your efforts:

Immunization information obtained from the medical record:

- A note indicating the name of the specific antigen and the date of the immunization
- A certificate of immunization prepared by an authorized health care provider or agency, including the specific dates and types of immunizations administered
- Document in the medical record parent or guardian refusal

Exclusions:

- Persons who use hospice services or elect to use a hospice benefit any time during the measurement period.
- Persons who die any time during the measurement period.

Description	CPT/CVX/SNOMED CT
Meningococcal Immunization	CVX 32: Meningococcal polysaccharide vaccine (MPSV4) 108: Meningococcal ACWY vaccine, unspecified formulation 114: Meningococcal polysaccharide (groups A, C, Y and W-135) diphtheria toxoid conjugate vaccine (MCV4P) 136: Meningococcal oligosaccharide (groups A, C, Y and W-135) diphtheria toxoid conjugate vaccine (MCV4O) 147: Meningococcal, MCV4, unspecified conjugate formulation(groups A, C, Y and W-135) 167: Meningococcal vaccine of unknown formulation and unknown serogroups 203: Meningococcal polysaccharide (groups A, C, Y, W-135) tetanus toxoid conjugate vaccine 0.5mL dose, preservative free 316: Meningococcal polysaccharide (groups A, C, Y, W) tetanus toxoid conjugate, meningococcal B recombinant vaccine, 0.5mL, preservative free 328: Meningococcal oligosaccharide conjugated (groups A, C, W, Y) and group B, 0.5 mL, preservative free
Meningococcal Vaccine Procedure	CPT 90619, 90623, 90624, 90733, 90734
Tdap Immunization	CVX 115: tetanus toxoid, reduced diphtheria toxoid, and acellular pertussis vaccine, adsorbed
Tdap Vaccine Procedure	CPT 90715: Tetanus, diphtheria toxoids and acellular pertussis vaccine (Tdap), when administered to individuals 7 years or older, for intramuscular use
HPV Immunization	CVX 62: Human papilloma virus vaccine, quadrivalent 118: Human papilloma virus vaccine, bivalent 137: HPV, unspecified formulation 165: Human Papillomavirus 9-valent vaccine
HPV Vaccine Procedure	CPT 90649, 90650, 90651
CDC Race and Ethnicity	1002-5: American Indian or Alaska Native 2028-9: Asian 2054-5: Black or African American 2076-8: Native Hawaiian or Other Pacific Islander

Description	CPT/CVX/SNOMED CT
	2106-3: White 2135-2: Hispanic or Latino 2186-5: Not Hispanic or Latino 2118-8: Middle Eastern or North African

Note: The codes listed are informational only; this information does not guarantee reimbursement

Lead Screening in Persons (LSC-E)

This HEDIS measure looks at the percentage of persons 2 years of age who had one or more capillary or venous lead blood tests for lead poisoning by their 2nd birthday.

Record your efforts

When documenting lead screening, include:

- Date the test was reported
- Results or findings

Note: *Unknown* is not considered a result/finding for medical record reporting.

Exclusions:

- Persons who use hospice services or elect to use a hospice benefit any time during the measurement period
- Persons who die at any time during the measurement period

Services	CPT/LOINC
Lead Tests	CPT 83655 LOINC 10368-9: Lead [Mass/volume] in Capillary blood 10912-4: Lead [Mass/volume] in Serum or Plasma 14807-2: Lead [Moles/volume] in Blood 17052-2: Lead [Presence] in Blood 25459-9: Lead [Moles/volume] in Serum or Plasma 27129-6: Lead [Mass/mass] in Red Blood Cells 32325-3: Lead [Moles/volume] in Red Blood Cells 5674-7: Lead [Mass/volume] in Red Blood Cells 77307-7: Lead [Mass/volume] in Venous blood

Note: The Logical Observation Identifiers Names and Codes (LOINC) are for reporting clinical observations and laboratory testing. The codes listed are informational only; this information does not guarantee benefit coverage or reimbursement.

Helpful tips:

- Draw patient's blood while they are in your office instead of sending them to the lab
- Consider performing finger stick screenings in your practice
- Assign one staff to follow up on results when persons are sent to a lab for screening
- Develop a process to check medical records for lab results to ensure previously ordered lead screenings have been completed and documented.
- Use sick and well child visits as opportunities to encourage parents to have their child tested.
- Include a lead test reminder with lab name and address on your appointment confirmation/reminder cards.

- If using an EMR system, consider electronic data sharing with your health plan to capture all coded elements. Contact your provider relationship management representative for additional details and questions.

How can we help?

We help you with lead screening in persons by:

- Offering current Clinical Practice Guidelines on our provider self-service website
- Persons may be eligible for transportation assistance at no cost. Contact Member Services for arrangements.

Other available resources

<https://www.cdc.gov/lead-prevention/about/index.html>

Postpartum Depression Screening and Follow-Up (PDS-E)

This measure assesses the percentage of deliveries in which persons were screened for clinical depression during the postpartum period, and if screened positive, received follow-up care during the measurement period:

- Depression Screening. The percentage of deliveries in which persons were screened for clinical depression using a standardized instrument during the postpartum period (7 to 84 days following the delivery date).
- FollowUp on Positive Screen. The percentage of deliveries in which persons received follow-up care within 30 days of a positive depression screen finding (31 total days).
 - Any of the following on or up to 30 days after the first positive screen:
 - An outpatient, telephone, evisit, or virtual check-in follow-up visit with a diagnosis of depression or other behavioral health condition.
 - A depression care management encounter that documents assessment for symptoms of depression or a diagnosis of depression or other behavioral health condition.
 - A behavioral health encounter, including assessment, therapy, collaborative care or medication management.
 - A diagnosis or encounter for exercise counseling (ICD10CM code Z71.82). Do not include laboratory claims (claims with POS code 81).
 - A dispensed antidepressant medication

or

- Documentation of additional depression screening on a full-length instrument indicating either no depression or no symptoms that require follow-up (in other words, a negative screen) on the same day as a positive screen on a brief screening instrument

Record your efforts:

- The identifiers and descriptors for each organization's coverage used to define persons' eligibility for measure reporting. Allocation for reporting is based on eligibility during the participation period:
- The delivery date through 60 days following the date of delivery
- Include deliveries that occur in any setting
- Determine the delivery date using the date as of the end of the delivery
- If a member has more than one delivery in a 180 day period, include only the first eligible delivery. Then, if applicable include the next delivery that occurs after the 180day period. Identify deliveries chronologically, including only one per 180day period.

Note: Removal of multiple deliveries in a 180 day period is based on eligible deliveries. Assess each delivery for exclusions and participation before removing multiple deliveries in a 180day period.

A standard assessment instrument that has been normalized and validated for the appropriate patient population. Eligible screening instruments with thresholds for positive findings include:

Instruments for adolescents (≤ 17 years)	Total score LOINC codes	Positive finding
Patient Health Questionnaire (PHQ-9) [®]	44261-6	Total score ≥ 10
Patient Health Questionnaire Modified for Teens (PHQ- 9M) [®]	89204-2	Total score ≥ 10
Patient Health Questionnaire-2 (PHQ-2) ^{®1}	55758-7	Total score ≥ 3
Beck Depression Inventory-Fast Screen (BDI-FS) ^{®1,2}	89208-3	Total score ≥ 8
Center for Epidemiologic Studies Depression Scale – Revised (CESD-R)	89205-9	Total score ≥ 17
Edinburgh Postnatal Depression Scale (EPDS)	99046-5	Total score ≥ 10
PROMIS Depression	71965-8	Total score (T score) ≥ 60

1 Brief screening instrument. All other instruments are full-length.

2 Proprietary; may be cost or licensing requirement associated with use.

Instruments for adults (18+ years)	Total score LOINC codes	Positive finding
Patient Health Questionnaire (PHQ-9) [®]	44261-6	Total score ≥ 10
Patient Health Questionnaire-2 (PHQ-2) ^{®1}	55758-7	Total score ≥ 3
Beck Depression Inventory-Fast Screen (BDI-FS) ^{®1,2}	89208-3	Total score ≥ 8
Beck Depression Inventory (BDI-II)	89209-1	Total score ≥ 20
Center for Epidemiologic Studies Depression Scale- Revised (CESD-R)	89205-9	Total score ≥ 17
Duke Anxiety-Depression Scale (DUKE-AD) ^{®2}	90853-3	Total score ≥ 30
Geriatric Depression Scale Short Form (GDS) ¹	48545-8	Total score ≥ 5
Geriatric Depression Scale Long Form (GDS)	48544-1	Total score ≥ 10
Edinburgh Postnatal Depression Scale (EPDS)	99046-5	Total score ≥ 10
My Mood Monitor (M-3) [®]	71777-7	Total score ≥ 5
PROMIS Depression	71965-8	Total score (T score) ≥ 60
PROMIS Emotional Distress—Depression—Short Form	77861-3	Total score (T Score) ≥60
Clinically Useful Depression Outcome Scale (CUDOS)	90221-3	Total score ≥ 31

1 Brief screening instrument. All other instruments are full-length.

2 Proprietary; may be cost or licensing requirement associated with use.

Exclusions:

- Persons who use hospice services or elect to use a hospice benefit any time during the measurement period.
- Persons who die any time during the measurement period.

Description	CPT/ HCPCS/SNOMED CT
Deliveries	<p>CPT 59400, 59409, 59410, 59510, 59514, 59515, 59610, 59612, 59614, 59618, 59620, 59622</p> <p>SNOMED CT 2321005: Delivery by Ritgen maneuver (procedure) 199771001: Piper forceps delivery by application to aftercoming head (procedure)</p>
Depression Case Management Encounter	<p>CPT 99366, 99492, 99493, 99494</p> <p>HCPCS G0512: Rural health clinic or federally qualified health center (RHC/FQHC) only, psychiatric collaborative care model (psychiatric COCM), 60 minutes or more of clinical staff time for psychiatric COCM services directed by an RHC or FQHC practitioner (physician, NP, PA, or CNM) and including services furnished by a behavioral health care manager and consultation with a psychiatric consultant, per calendar month T1016: Case Management, each 15 minutes T1017: Targeted Case Management, each 15 minutes T2022: Case Management, per month T2023: Targeted Case Management; per month</p> <p>SNOMED CT 182832007: Procedure related to management of drug administration (procedure) 225333008: Behavior management (regime/therapy) 385828006: Health promotion management (procedure) 386230005: Case Management (procedure) 409022004: Dispensing medication management (procedure) 410216003: Communication care management (procedure) 410219005: Personal care management (procedure) 410328009: Coping skills Case Management (procedure) 410335001: Exercises Case Management (procedure) 410346003: Medication action/side effects Case Management (procedure) 410347007: Medication set-up Case Management (procedure)</p>

Description	CPT/ HCPCS/SNOMED CT
	<p>410351009: Relaxation/breathing techniques Case Management (procedure) 410352002: Rest/sleep Case Management (procedure) 410353007: Safety Case Management (procedure) 410354001: Screening Case Management (procedure) 410356004: Signs/symptoms-mental/emotional Case Management (procedure) 410360001: Spiritual care Case Management (procedure) 410363004: Support group Case Management (procedure) 410364005: Support system Case Management (procedure) 410366007: Wellness Case Management (procedure) 416341003: Case Management started (situation) 416584001: Case Management ended (situation) 424490002: Medication prescription Case Management (procedure) 425604002: Case Management follow-up (procedure) 737850002: Day care Case Management (procedure) 1344983001: Medication interaction case management (procedure) 1344984007: Medication side effect case management (procedure) 1344994002: Case management of signs and symptoms of emotional problem (procedure) 1345003009: Case management of signs and symptoms of mental health problem (procedure) 1345013001: Caretaking skills case management (procedure) 1345014007: Parenting skills case management (procedure) 621561000124106: Psychiatric Case Management (procedure) 661051000124109: Education about Department of Veterans Affairs Military2VA Case Management Program (procedure) 662081000124106: Assistance with application for Department of Veterans Affairs Military2VA Case Management Program (procedure) 662541000124107: Evaluation of eligibility for Department of Veterans Affairs Military2VA Case Management Program (procedure) 842901000000108: Multidisciplinary Case Management (procedure)</p>
Symptoms of Depression	<p>SNOMED CT 394924000: Symptoms of depression (finding) 788976000: Lead encephalopathy (finding)</p>
CDC Race and Ethnicity	<p>1002-5: American Indian or Alaska Native 2028-9: Asian 2054-5: Black or African American 2076-8: Native Hawaiian or Other Pacific Islander 2106-3: White 2135-2: Hispanic or Latino</p>

Description	CPT/ HCPCS/SNOMED CT
	2186-5: Not Hispanic or Latino 2118-8: Middle Eastern or North African

Note: The codes listed are informational only; this information does not guarantee reimbursement.

Prenatal Depression Screening and Follow-Up (PND-E)

This measure assesses the percentage of deliveries in which persons were screened for clinical depression while pregnant and, if screened positive, received follow-up care during the measurement period:

- **Depression Screening.** The percentage of deliveries in which persons were screened for clinical depression during pregnancy using a standardized instrument.
- **Follow-up on Positive Screen.** The percentage of deliveries in which persons received follow-up care within 30 days of a positive depression screen finding.

Record your efforts:

The identifiers and descriptors for each organization’s coverage used to define persons’ eligibility for measure reporting. Allocation for reporting is based on eligibility during the participation period:

- 28 days prior to the delivery date through the delivery date
- A pregnancy episode in which the delivery date occurs during the measurement period
- Include deliveries that occur in any setting.
- Determine the delivery date using the date as of the end of the delivery.
- If a member has more than one delivery in a 180-day period, include only the first eligible delivery. Then, if applicable include the next delivery that occurs after the 180-day period. Identify deliveries chronologically, including only one per 180-day period.

- **Note:** Removal of multiple deliveries in a 180-day period is based on eligible deliveries. Assess each delivery for exclusions and participation before removing multiple deliveries in a 180-day period.

A standard assessment instrument that has been normalized and validated for the appropriate patient population. Eligible screening instruments with thresholds for positive findings include:

Instruments for adolescents (≤ 17 years)	Total score LOINC codes	Positive finding
Patient Health Questionnaire (PHQ-9) [®]	44261-6	Total score ≥ 10
Patient Health Questionnaire Modified for Teens (PHQ- 9M) [®]	89204-2	Total score ≥ 10
Patient Health Questionnaire-2 (PHQ-2) ^{®1}	55758-7	Total score ≥ 3
Beck Depression Inventory-Fast Screen (BDI-FS) ^{®1,2}	89208-3	Total score ≥ 8
Center for Epidemiologic Studies Depression Scale – Revised (CESD-R)	89205-9	Total score ≥ 17
Edinburgh Postnatal Depression Scale (EPDS)	99046-5	Total score ≥ 10
PROMIS Depression	71965-8	Total score (T score) ≥ 60

1 Brief screening instrument. All other instruments are full-length.

2 Proprietary; may be cost or licensing requirement associated with use.

Instruments for adults (18+ years)	Total score LOINC codes	Positive finding
Patient Health Questionnaire (PHQ-9) [®]	44261-6	Total score ≥ 10
Patient Health Questionnaire-2 (PHQ-2) ^{®1}	55758-7	Total score ≥ 3
Beck Depression Inventory-Fast Screen (BDI-FS) ^{®1,2}	89208-3	Total score ≥ 8
Beck Depression Inventory (BDI-II)	89209-1	Total score ≥ 20
Center for Epidemiologic Studies Depression Scale- Revised (CESD-R)	89205-9	Total score ≥ 17
Duke Anxiety-Depression Scale (DUKE-AD) ^{®2}	90853-3	Total score ≥ 30
Geriatric Depression Scale Short Form (GDS) ¹	48545-8	Total score ≥ 5
Geriatric Depression Scale Long Form (GDS)	48544-1	Total score ≥ 10
Edinburgh Postnatal Depression Scale (EPDS)	99046-5	Total score ≥ 10
My Mood Monitor (M-3) [®]	71777-7	Total score ≥ 5
PROMIS Depression	71965-8	Total score (T score) ≥ 60
PROMIS Emotional Distress—Depression—Short Form	77861-3	Total score (T Score) ≥ 60
Clinically Useful Depression Outcome Scale (CUDOS)	90221-3	Total score ≥ 31

1 Brief screening instrument. All other instruments are full-length.

2 Proprietary; may be cost or licensing requirement associated with use.

Exclusions:

- Persons who use hospice services or elect to use a hospice benefit any time during the measurement period.
- Persons who die any time during the measurement period.
- Deliveries that occurred at less than 37 weeks gestation. Length of gestation in weeks is identified by one of two methods:
 - Gestational age assessment (SNOMED CT code 412726003; value <37 weeks), or
 - Gestational age diagnosis

Description	CPT/ICD-10/HCPCS/SNOMED CT
Deliveries	CPT 59400, 59409, 59410, 59510, 59514, 59515, 59610, 59612, 59614, 59618, 59620, 59622 SNOMED CT 2321005: Delivery by Ritgen maneuver (procedure) 199771001: Piper forceps delivery by application to aftercoming head (procedure)
37 weeks gestation	ICD-10 Z3A.37: 37 weeks gestation of pregnancy SNOMED CT 43697006: Gestation period, 37 weeks (finding)
38 weeks gestation	ICD-10 Z3A.38: 38 weeks gestation of pregnancy SNOMED CT 13798002: Gestation period, 38 weeks (finding)
39 weeks gestation	ICD-10 Z3A.39: 39 weeks gestation of pregnancy SNOMED CT 80487005: Gestation period, 39 weeks (finding)
40 weeks gestation	ICD-10 Z3A.40: 40 weeks gestation of pregnancy SNOMED CT 46230007: Gestation period, 40 weeks (finding)
41 weeks gestation	ICD-10 Z3A.41: 41 weeks gestation of pregnancy SNOMED CT 63503002: Gestation period, 41 weeks (finding)
42 weeks gestation	ICD-10 Z3A.42: 42 weeks gestation of pregnancy SNOMED CT 36428009: Gestation period, 42 weeks (finding)
43 weeks gestation	ICD-10 Z3A.49: Greater than 42 weeks gestation of pregnancy
Weeks of Gestation Less Than 37	SNOMED CT 87178007: Gestation period, 1 week (finding) 82118009: Gestation period, 2 weeks (finding) 74952004: Gestation period, 3 weeks (finding) 44398003: Gestation period, 4 weeks (finding) 37005007: Gestation period, 5 weeks (finding) 86801005: Gestation period, 6 weeks (finding) 63110000: Gestation period, 7 weeks (finding) 26690008: Gestation period, 8 weeks (finding)

Description	CPT/ICD-10/HCPCS/SNOMED CT
	<p>931004: Gestation period, 9 weeks (finding) 38039008: Gestation period, 10 weeks (finding) 50367001: Gestation period, 11 weeks (finding) 79992004: Gestation period, 12 weeks (finding) 62333002: Gestation period, 13 weeks (finding) 72846000: Gestation period, 14 weeks (finding) 6678005: Gestation period, 15 weeks (finding) 15633004: Gestation period, 16 weeks (finding) 65683006: Gestation period, 17 weeks (finding) 25026004: Gestation period, 18 weeks (finding) 54318006: Gestation period, 19 weeks (finding) 23464008: Gestation period, 20 weeks (finding) 41438001: Gestation period, 21 weeks (finding) 65035007: Gestation period, 22 weeks (finding) 86883006: Gestation period, 23 weeks (finding) 313179009: Gestation period, 24 weeks (finding) 72544005: Gestation period, 25 weeks (finding) 48688005: Gestation period, 26 weeks (finding) 46906003: Gestation period, 27 weeks (finding) 57907009: Gestation period, 36 weeks (finding) 8058009: Gestation less than 9 weeks (finding) 428930004: Gestation 9- 13 weeks (finding) 428567001: Gestation 14 - 20 weeks (finding) 428566005: Gestation less than 20 weeks (finding) 313178001: Gestation less than 24 weeks (finding)</p>
<p>Depression Case Management Encounter</p>	<p>CPT 99366, 99492, 99493, 99494 HCPCS G0512: Rural health clinic or federally qualified health center (RHC/FQHC) only, psychiatric collaborative care model (psychiatric COCM), 60 minutes or more of clinical staff time for psychiatric COCM services directed by an RHC or FQHC practitioner (physician, NP, PA, or CNM) and including services furnished by a behavioral health care manager and consultation with a psychiatric consultant, per calendar month T1016: Case Management, each 15 minutes T1017: Targeted Case Management, each 15 minutes T2022: Case Management, per month T2023: Targeted Case Management; per month SNOMED CT 182832007: Procedure related to management of drug administration (procedure) 225333008: Behavior management (regime/therapy) 385828006: Health promotion management (procedure)</p>

Description	CPT/ICD-10/HCPCS/SNOMED CT
	386230005: Case Management (procedure)
	409022004: Dispensing medication management (procedure)
	410216003: Communication care management (procedure)
	410219005: Personal care management (procedure)
	410328009: Coping skills Case Management (procedure)
	410335001: Exercises Case Management (procedure)
	410346003: Medication action/side effects Case Management (procedure)
	410347007: Medication set-up Case Management (procedure)
	410351009: Relaxation/breathing techniques Case Management (procedure)
	410352002: Rest/sleep Case Management (procedure)
	410353007: Safety Case Management (procedure)
	410354001: Screening Case Management (procedure)
	410356004: Signs/symptoms-mental/emotional Case Management (procedure)
	410360001: Spiritual care Case Management (procedure)
	410363004: Support group Case Management (procedure)
	410364005: Support system Case Management (procedure)
	410366007: Wellness Case Management (procedure)
	416341003: Case Management started (situation)
	416584001: Case Management ended (situation)
	424490002: Medication prescription Case Management (procedure)
	425604002: Case Management follow up (procedure)
	737850002: Day care Case Management (procedure)
	1344983001: Medication interaction case management (procedure)
	1344984007: Medication side effect case management (procedure)
	1344994002: Case management of signs and symptoms of emotional problem (procedure)
	1345003009: Case management of signs and symptoms of mental health problem (procedure)
	1345013001: Caretaking skills case management (procedure)
	1345014007: Parenting skills case management (procedure)
	621561000124106: Psychiatric Case Management (procedure)
	661051000124109: Education about Department of Veterans Affairs Military2VA Case Management Program (procedure)
	662081000124106: Assistance with application for Department of Veterans Affairs Military2VA Case Management Program (procedure)
	662541000124107: Evaluation of eligibility for Department of Veterans Affairs Military2VA Case Management Program (procedure)
	842901000000108: Multidisciplinary Case Management (procedure)

Description	CPT/ICD-10/HCPCS/SNOMED CT
Symptoms of Depression	SNOMED CT 394924000: Symptoms of depression (finding) 788976000: Leaden paralysis (finding)
CDC Race and Ethnicity	1002-5: American Indian or Alaska Native 2028-9: Asian 2054-5: Black or African American 2076-8: Native Hawaiian or Other Pacific Islander 2106-3: White 2135-2: Hispanic or Latino 2186-5: Not Hispanic or Latino 2118-8: Middle Eastern or North African

Note: The codes listed are informational only; this information does not guarantee reimbursement.

Prenatal Immunization Status (PRS-E)

This measure assesses the percentage of deliveries in the measurement period (January 1 to December 31) in which women had received influenza and tetanus, diphtheria toxoids, and acellular pertussis (Tdap) vaccinations:

or

- Deliveries where persons had anaphylaxis due to the influenza vaccine (SNOMED CT code 471361000124100) on or before the delivery date,

or

- Anaphylaxis due to the diphtheria, tetanus, or pertussis vaccine on or before the delivery date,

or

- Encephalitis due to the diphtheria, tetanus, or pertussis vaccine.

Record your efforts:

The identifiers and descriptors for each organization's coverage used to define persons' eligibility for measure reporting. Allocation for reporting is based on eligibility during the participation period:

- 28 days prior to the delivery date through the delivery date
- A pregnancy episode in which the delivery date occurs during the measurement period
- Include deliveries that occur in any setting.
- Determine the delivery date using the date as of the end of the delivery.
- If a member has more than one delivery in a 180-day period, include only the first eligible delivery. Then, if applicable, include the next delivery that occurs after the 180-day period.

Identify deliveries chronologically, including only one per 180-day period.

- **Note:** Removal of multiple deliveries in a 180-day period is based on eligible deliveries. Assess each delivery for exclusions and participation before removing multiple deliveries in a 180-day period.

Exclusions:

- Persons who use hospice services or elect to use a hospice benefit any time during the measurement period.
- Persons who die any time during the measurement period.
- Deliveries that occurred at less than 37 weeks gestation. Length of gestation in weeks is identified by one of two methods:
 - Gestational age assessment (Weeks of Gestation Value Set; value <37 weeks), or
 - Gestational age diagnosis (Weeks of Gestation Less Than 37 Value Set).

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Description	CPT/CVX/SNOMED CT/ICD-10-CM
Deliveries	CPT 59400, 59409, 59410, 59510, 59514, 59515, 59610, 59612, 59614, 59618, 59620, 59622 SNOMED CT 2321005: Delivery by Ritgen maneuver (procedure) 199771001: Piper forceps delivery by application to aftercoming head (procedure)
37 weeks gestation	ICD-10 Z3A.37: 37 weeks gestation of pregnancy SNOMED CT 43697006: Gestation period, 37 weeks (finding)
38 weeks gestation	ICD-10 Z3A.38: 38 weeks gestation of pregnancy SNOMED CT 13798002: Gestation period, 38 weeks (finding)
39 weeks gestation	ICD-10 Z3A.39: 39 weeks gestation of pregnancy SNOMED CT 80487005: Gestation period, 39 weeks (finding)
40 weeks gestation	ICD-10 Z3A.40: 40 weeks gestation of pregnancy SNOMED CT 46230007: Gestation period, 40 weeks (finding)
41 weeks gestation	ICD-10 Z3A.41: 41 weeks gestation of pregnancy SNOMED CT 63503002: Gestation period, 41 weeks (finding)
42 weeks gestation	ICD-10 Z3A.42: 42 weeks gestation of pregnancy SNOMED CT 36428009: Gestation period, 42 weeks (finding)
43 weeks gestation	ICD-10 Z3A.49: Greater than 42 weeks gestation of pregnancy
Adult Influenza Immunization	CVX 88: influenza virus vaccine, unspecified formulation 135: Influenza, high-dose, split virus, trivalent, injectable, preservative free 140: Influenza, split virus, trivalent, injectable, preservative free 141: Influenza, split virus, trivalent, injectable, contains preservative 144: seasonal influenza, intradermal, preservative free 150: Influenza, split virus, quadrivalent, injectable, preservative free

Description	CPT/CVX/SNOMED CT/ICD-10-CM
	<p>153: Influenza, Madin Darby Canine Kidney, subunit, trivalent, injectable, preservative free</p> <p>155: Influenza, recombinant, trivalent, injectable, preservative free</p> <p>158: Influenza, split virus, quadrivalent, injectable, contains preservative</p> <p>166: influenza, intradermal, quadrivalent, preservative free, injectable</p> <p>168: Influenza, adjuvanted, inactivated, trivalent, injectable, preservative free</p> <p>171: Influenza, Madin Darby Canine Kidney, subunit, quadrivalent, injectable, preservative free</p> <p>185: Influenza, recombinant, quadrivalent, injectable, preservative free</p> <p>186: Influenza, Madin Darby Canine Kidney, subunit, quadrivalent, injectable, contains preservative</p> <p>197: Influenza, high-dose, split virus, quadrivalent, injectable, preservative free</p> <p>205: Influenza, adjuvanted, inactivated, quadrivalent, injectable, preservative free</p> <p>320: Influenza, Madin Darby Canine Kidney, subunit, trivalent, injectable, contains preservative</p>
Adult Influenza Vaccine Procedure	<p>CPT 90653, 90656, 90658, 90661, 90662, 90673, 90674, 90682, 90686, 90688, 90689, 90694, 90756</p>
Tdap Immunization	<p>CVX 115: tetanus toxoid, reduced diphtheria toxoid, and acellular pertussis vaccine, adsorbed</p>
Tdap Vaccine Procedure	<p>CPT 90715: Tetanus, diphtheria toxoids and acellular pertussis vaccine (Tdap), when administered to individuals 7 years or older, for intramuscular use</p>
CDC Race and Ethnicity	<p>1002-5: American Indian or Alaska Native</p> <p>2028-9: Asian</p> <p>2054-5: Black or African American</p> <p>2076-8: Native Hawaiian or Other Pacific Islander</p> <p>2106-3: White</p> <p>2135-2: Hispanic or Latino</p> <p>2186-5: Not Hispanic or Latino</p> <p>2118-8: Middle Eastern or North African</p>

Note: The codes listed are informational only; this information does not guarantee reimbursement.

Social Need Screening and Intervention (SNS-E)

This measure assesses the percentage of persons who were screened, using prespecified instruments, at least once during the measurement period (January 1-December 31) for unmet food, housing and transportation needs, and received a corresponding intervention if they screened positive:

- **Food Screening:** the percentage of persons who were screened for food insecurity.
- **Food Intervention** The percentage of persons who received a corresponding intervention within 30 days (1 month) of screening positive for food insecurity.
- **Housing Screening.** The percentage of persons who were screened for housing instability, homelessness or housing inadequacy.
- **Housing Intervention.** The percentage of persons who received a corresponding intervention within 30 days (1 month) of screening positive for housing instability, homelessness or housing inadequacy.
- **Transportation Screening.** The percentage of persons who were screened for transportation insecurity.
- **Transportation Intervention.** The percentage of persons who received a corresponding intervention within 30 days (1 month) of screening positive for transportation insecurity.

Record your efforts:

- **Food insecurity:** Uncertain, limited, or unstable access to food that is: adequate in quantity and in nutritional quality; culturally acceptable; safe and acquired in socially acceptable ways.
- **Housing instability:** Currently consistently housed but experiencing any of the following circumstances in the past 12 months: being behind on rent or mortgage, multiple moves, cost burden or risk of eviction.
- **Homelessness:** Currently living in an environment that is not meant for permanent human habitation (for example, cars, parks, sidewalks, abandoned buildings, on the street), not having a consistent place to sleep at night, or because of economic difficulties, currently living in a shelter, motel, temporary or transitional living situation.
- **Housing inadequacy:** Housing does not meet habitability standards.
- **Transportation insecurity:** Uncertain, limited or no access to safe, reliable, accessible, affordable, and socially acceptable transportation infrastructure and modalities necessary for maintaining one's health, well-being, or livelihood.

Eligible screening instruments with thresholds for positive findings include:

Food insecurity instruments	Screening item LOINC codes	Positive finding LOINC codes
Accountable Health Communities (AHC) Health-Related Social Needs (HRSN) Screening Tool	88122-7	LA28397-0 LA6729-3
	88123-5	LA28397-0 LA6729-3
American Academy of Family Physicians (AAFP) Social Needs Screening Tool	88122-7	LA28397-0 LA6729-3
	88123-5	LA28397-0 LA6729-3
American Academy of Family Physicians (AAFP) Social Needs Screening Tool—short form	88122-7	LA28397-0 LA6729-3
	88123-5	LA28397-0 LA6729-3
Health Leads Screening Panel®1	95251-5	LA33-6
Hunger Vital Sign™1 (HVS)	88124-3	LA19952-3
Protocol for Responding to and Assessing Patients' Assets, Risks and Experiences [PRAPARE]®1	93031-3	LA30125-1
Safe Environment for Every Kid (SEEK)®1	95400-8	LA33-6
	95399-2	LA33-6
U.S. Household Food Security Survey (U.S. FSS)	95264-8	LA30985-8 LA30986-6
U.S. Adult Food Security Survey (U.S. FSS)	95264-8	LA30985-8 LA30986-6
We Care Survey	96434-6	LA32-8
WellRx Questionnaire	93668-2	LA33-6

Housing instability and homelessness instruments	Screening item LOINC codes	Positive finding LOINC codes
Accountable Health Communities (AHC) Health-Related Social Needs (HRSN) Screening Tool	71802-3	LA31994-9 LA31995-6
American Academy of Family Physicians (AAFP) Social Needs Screening Tool	99550-6	LA33-6
American Academy of Family Physicians (AAFP) Social Needs Screening Tool—short form	71802-3	LA31994-9 LA31995-6

Housing instability and homelessness instruments	Screening item LOINC codes	Positive finding LOINC codes
Persons’s Health Watch Housing Stability Vital Signs™ ¹	98976-4	LA33-6
	98977-2	≥2
	98978-0	LA33-6
Health Leads Screening Panel® ¹	99550-6	LA33-6
Protocol for Responding to and Assessing Patients’ Assets, Risks and Experiences (PRAPARE)® ¹	93033-9	LA33-6
We Care Survey	96441-1	LA33-6
WellRx Questionnaire	93669-0	LA33-6

Housing inadequacy instruments	Screening item LOINC codes	Positive finding LOINC codes
Accountable Health Communities (AHC) Health-Related Social Needs (HRSN) Screening Tool	96778-6	LA31996-4 LA28580-1 LA31997-2 LA31998-0 LA31999-8 LA32000-4 LA32001-2
American Academy of Family Physicians (AAFP) Social Needs Screening Tool	96778-6	LA32691-0 LA28580-1 LA32693-6 LA32694-4 LA32695-1 LA32696-9 LA32001-2
American Academy of Family Physicians (AAFP) Social Needs Screening Tool—short form	96778-6	LA31996-4 LA28580-1 LA31997-2 LA31998-0 LA31999-8 LA32000-4 LA32001-2
Norwalk Community Health Center Screening Tool [NCHC]	99134-9	LA33-6
	99135-6	LA31996-4 LA28580-1 LA31997-2 LA31998-0 LA31999-8

Housing inadequacy instruments	Screening item LOINC codes	Positive finding LOINC codes
		LA32000-4 LA32001-2
Accountable Health Communities (AHC) Health-Related Social Needs (HRSN) Screening Tool	96778-6	LA31996-4 LA28580-1 LA31997-2 LA31998-0 LA31999-8 LA32000-4 LA32001-2
American Academy of Family Physicians (AAFP) Social Needs Screening Tool	96778-6	LA32691-0 LA28580-1 LA32693-6 LA32694-4 LA32695-1 LA32696-9 LA32001-2
American Academy of Family Physicians (AAFP) Social Needs Screening Tool—short form	96778-6	LA31996-4 LA28580-1 LA31997-2 LA31998-0 LA31999-8 LA32000-4 LA32001-2
Norwalk Community Health Center Screening Tool [NCHC]	99134-9 99135-6	LA33-6 LA31996-4 LA28580-1 LA31997-2 LA31998-0 LA31999-8 LA32000-4 LA32001-2

Transportation insecurity instruments	Screening item LOINC codes	Positive finding LOINC codes
Accountable Health Communities (AHC) Health-Related Social Needs (HRSN) Screening Tool	93030-5	LA33-6
American Academy of Family Physicians (AAFP) Social Needs Screening Tool	99594-4	LA33-6
American Academy of Family Physicians (AAFP) Social Needs Screening Tool—short form	99594-4	LA33093-8 LA30134-3

Transportation insecurity instruments	Screening item LOINC codes	Positive finding LOINC codes
Comprehensive Universal Behavior Screen (CUBS)	89569-8	LA29232-8 LA29233-6 LA29234-4
Health Leads Screening Panel ^{®1}	99553-0	LA33-6
Inpatient Rehabilitation Facility - Patient Assessment Instrument (IRF-PAI)—version 4.0 [CMS Assessment]	101351-5	LA30133-5 LA30134-3
Outcome and assessment information set (OASIS) form—version E—Discharge from Agency [CMS Assessment]	101351-5	LA30133-5 LA30134-3
Outcome and assessment information set (OASIS) form—version E—Resumption of Care [CMS Assessment]	101351-5	LA30133-5 LA30134-3
Outcome and assessment information set (OASIS) form—version E—Start of Care [CMS Assessment]	101351-5	LA30133-5 LA30134-3
Protocol for Responding to and Assessing Patients' Assets, Risks and Experiences (PRAPARE) ^{®1}	93030-5	LA30133-5 LA30134-3
PROMIS ^{®1}	92358-1	LA30024-6 LA30026-1 LA30027-9
WellRx Questionnaire	93671-6	LA33-6

¹ Proprietary: may be cost or licensing requirement associated with use.

Note: The SNS-E screening numerator counts only screenings that use instruments in the measure specification as identified by the associated LOINC code(s). Allowed screening instruments and LOINC codes for each social need domain are listed above.

Exclusions:

- Persons who use hospice services or elect to use a hospice benefit any time during the measurement period
- Persons who die any time during the measurement period

Description	CPT/HCPCS/SNOMED CT
Food Screening	CPT 97802, 97803, 97804 HCPCS S5170: Home delivered meals, including preparation; per meal S9470: Nutritional counseling, dietitian visit
Food Intervention	CPT 97802, 97803, 97804 HCPCS

Description	CPT/HCPCS/SNOMED CT
	<p>S5170: Home delivered meals, including preparation; per meal</p> <p>S9470: Nutritional counseling, dietitian visit</p> <p>SNOMED</p> <p>1759002: Assessment of nutritional status (procedure)</p> <p>61310001: Nutrition education (procedure)</p> <p>103699006: Referral to dietitian (procedure)</p> <p>308440001: Referral to social worker (procedure)</p> <p>385767005: Meals on wheels provision education (procedure)</p> <p>710824005: Assessment of health and social care needs (procedure)</p> <p>710925007: Provision of food (procedure)</p> <p>711069006: Coordination of care plan (procedure)</p> <p>713109004: Referral to community meals service (procedure)</p> <p>1002223009: Assessment of progress toward goals to achieve food security (procedure)</p> <p>1002224003: Assessment for food insecurity (procedure)</p> <p>1002225002: Assessment of barriers in food insecurity care plan (procedure)</p> <p>1004109000: Assessment of goals to achieve food security (procedure)</p> <p>1004110005: Coordination of resources to address food insecurity (procedure)</p> <p>1148446004: Education about legal aid (procedure)</p> <p>1162436000: Referral to legal aid (procedure)</p> <p>1230338004: Referral to charitable organization (procedure)</p> <p>1268662008: Coordination of resources to address social needs (procedure)</p> <p>1268726004: Education about peer support program (procedure)</p> <p>1268727008: Education about charitable organization (procedure)</p> <p>1269404007: Adjustment of clinical plan to accommodate social risk (procedure)</p> <p>441041000124100: Counseling about nutrition (regime/therapy)</p> <p>441201000124108: Counseling about nutrition using cognitive behavioral theoretical approach (regime/therapy)</p> <p>441231000124100: Counseling about nutrition using health belief model (regime/therapy)</p> <p>441241000124105: Counseling about nutrition using social learning theory approach (regime/therapy)</p> <p>441251000124107: Counseling about nutrition using transtheoretical model and stages of change approach (regime/therapy)</p> <p>441261000124109: Counseling about nutrition using motivational interviewing technique (regime/therapy)</p> <p>441271000124102: Counseling about nutrition using goal setting strategy (regime/therapy)</p>

Description	CPT/HCPCS/SNOMED CT
	<p>441281000124104: Counseling about nutrition using self-monitoring strategy (regime/therapy)</p> <p>441291000124101: Counseling about nutrition using problem solving strategy (regime/therapy)</p> <p>441301000124100: Counseling about nutrition using social support strategy (regime/therapy)</p> <p>441311000124102: Counseling about nutrition using stress management strategy (regime/therapy)</p> <p>441321000124105: Counseling about nutrition using stimulus control strategy (regime/therapy)</p> <p>441331000124108: Counseling about nutrition using cognitive restructuring strategy (regime/therapy)</p> <p>441341000124103: Counseling about nutrition using relapse prevention strategy (regime/therapy)</p> <p>441351000124101: Counseling about nutrition using rewards and contingency management strategy (regime/therapy)</p> <p>445291000124103: Nutrition-related skill education (procedure)</p> <p>445301000124102: Content-related nutrition education (procedure)</p> <p>445641000124105: Technical nutrition education (procedure)</p> <p>461481000124109: Referral to peer support (procedure)</p> <p>462481000124102: Referral to Community Action Agency program (procedure)</p> <p>462491000124104: Referral to benefits enrollment assistance program (procedure)</p> <p>464001000124109: Referral to case manager (procedure)</p> <p>464011000124107: Referral to care manager (procedure)</p> <p>464021000124104: Referral to care navigator (procedure)</p> <p>464031000124101: Referral to food pantry program (procedure)</p> <p>464041000124106: Referral to Child and Adult Care Food Program (procedure)</p> <p>464051000124108: Referral to Gus Schumacher Nutrition Incentive-funded Program (procedure)</p> <p>464061000124105: Referral to food prescription program (procedure)</p> <p>464071000124103: Referral to garden program (procedure)</p> <p>464081000124100: Referral to home-delivered meals program (procedure)</p> <p>464091000124102: Referral to medically tailored meal program (procedure)</p> <p>464101000124108: Referral to Supplemental Nutrition Assistance Program (procedure)</p> <p>464111000124106: Referral to Special Supplemental Nutrition Program for Women, Infants and Persons (procedure)</p>

Description	CPT/HCPCS/SNOMED CT
	464121000124103: Referral to Summer Food Service Program (procedure)
	464131000124100: Referral to community health worker (procedure)
	464141000124105: Referral to Meals on Wheels Program (procedure)
	464151000124107: Referral to congregate meal program (procedure)
	464161000124109: Referral to community resource network program (procedure)
	464171000124102: Referral to Senior Farmers' Market Nutrition Program (procedure)
	464181000124104: Referral to Farmers' Market Nutrition Program for Women, Infants and Persons (procedure)
	464191000124101: Referral to Food Distribution Program on Indian Reservations (procedure)
	464201000124103: Education about Child and Adult Care Food Program (procedure)
	464211000124100: Education about Community Meals Program (procedure)
	464221000124108: Education about Gus Schumacher Nutrition Incentive-funded Program (procedure)
	464231000124106: Education about food pantry program (procedure)
	464241000124101: Education about food prescription program (procedure)
	464251000124104: Education about garden program (procedure)
	464261000124102: Education about home-delivered meals program (procedure)
	464271000124109: Education about medically tailored meals program (procedure)
	464281000124107: Education about Special Supplement Nutrition Program for Women, Infants and Persons (procedure)
	464291000124105: Education about community resource network program (procedure)
	464301000124106: Education about benefits enrollment assistance program (procedure)
	464311000124109: Education about Community Action Agency Program (procedure)
	464321000124101: Education about Food Distribution Program on Indian Reservations (procedure)
	464331000124103: Education about Farmers' Market Nutrition Program for Women, Infants and Persons (procedure)
	464341000124108: Education about Senior Farmers' Market Nutrition Program (procedure)

Description	CPT/HCPCS/SNOMED CT
	<p>464351000124105: Education about congregate meal program (procedure)</p> <p>464361000124107: Education about Supplemental Nutrition Assistance Program (procedure)</p> <p>464371000124100: Education about Summer Food Service Program (procedure)</p> <p>464381000124102: Provision of prescription for infant formula (procedure)</p> <p>464401000124102: Provision of fresh fruit and vegetable voucher (procedure)</p> <p>464411000124104: Provision of food voucher (procedure)</p> <p>464421000124107: Provision of home-delivered meals (procedure)</p> <p>464431000124105: Provision of medically tailored meals (procedure)</p> <p>464611000124102: Coordination of care team (procedure)</p> <p>464621000124105: Evaluation of eligibility for home-delivered meals program (procedure)</p> <p>464631000124108: Evaluation of eligibility for Meals on Wheels Program (procedure)</p> <p>464641000124103: Evaluation of eligibility for medically tailored meals program (procedure)</p> <p>464651000124101: Evaluation of eligibility for Senior Farmers' Market Nutrition Program (procedure)</p> <p>464661000124104: Evaluation of eligibility for Special Supplemental Nutrition Program for Women, Infants and Persons (procedure)</p> <p>464671000124106: Counseling for readiness to implement food insecurity care plan (procedure)</p> <p>464681000124109: Counseling for food insecurity care plan participation barriers (procedure)</p> <p>464691000124107: Counseling for barriers to achieving food security (procedure)</p> <p>464701000124107: Counseling for readiness to achieve food security goals (procedure)</p> <p>464721000124102: Provision of food prescription (procedure)</p> <p>467591000124102: Evaluation of eligibility for food pantry program (procedure)</p> <p>467601000124105: Evaluation of eligibility for Food Distribution Program on Indian Reservations (procedure)</p> <p>467611000124108: Evaluation of eligibility for Farmers' Market Nutrition Program for Women, Infants and Persons (procedure)</p> <p>467621000124100: Evaluation of eligibility for Supplemental Nutrition Assistance Program (procedure)</p>

Description	CPT/HCPCS/SNOMED CT
	<p>467631000124102: Evaluation of eligibility for Summer Food Service Program (procedure)</p> <p>467641000124107: Evaluation of eligibility for Gus Schumacher Nutrition Incentive-funded Program (procedure)</p> <p>467651000124109: Evaluation of eligibility for garden program (procedure)</p> <p>467661000124106: Evaluation of eligibility for Community Meal Program (procedure)</p> <p>467671000124104: Evaluation of eligibility for Child and Adult Care Food Program (procedure)</p> <p>467681000124101: Assistance with application for Summer Food Service Program (procedure)</p> <p>467691000124103: Assistance with application for Special Supplemental Nutrition Program for Women, Infants and Persons (procedure)</p> <p>467711000124100: Assistance with application for Senior Farmers' Market Nutrition Program (procedure)</p> <p>467721000124108: Assistance with application for medically tailored meals program (procedure)</p> <p>467731000124106: Assistance with application for home-delivered meals program (procedure)</p> <p>467741000124101: Assistance with application for Gus Schumacher Nutrition Incentive-funded Program (procedure)</p> <p>467751000124104: Assistance with application for garden program (procedure)</p> <p>467761000124102: Assistance with application for food prescription program (procedure)</p> <p>467771000124109: Assistance with application for food pantry program (procedure)</p> <p>467781000124107: Assistance with application for Child and Adult Care Food Program (procedure)</p> <p>467791000124105: Assistance with application for Food Distribution Program on Indian Reservations (procedure)</p> <p>467801000124106: Assistance with application for Community Meal Program (procedure)</p> <p>467811000124109: Assistance with application for Farmers' Market Nutrition Program for Women, Infants and Persons (procedure)</p> <p>467821000124101: Assistance with application for Supplemental Nutrition Assistance Program (procedure)</p> <p>468401000124109: Evaluation of eligibility for food prescription program (procedure)</p> <p>470231000124107: Counseling for social determinant of health risk (procedure)</p>

Description	CPT/HCPCS/SNOMED CT
	<p>470241000124102: Assistance with application for national school lunch program (procedure)</p> <p>470261000124103: Assistance with application for school breakfast program (procedure)</p> <p>470281000124108: Evaluation of eligibility for school breakfast program (procedure)</p> <p>470291000124106: Referral to national school lunch program (procedure)</p> <p>470301000124107: Referral to school breakfast program (procedure)</p> <p>470311000124105: Education about national school lunch program (procedure)</p> <p>470321000124102: Education about school breakfast program (procedure)</p> <p>470591000124109: Education about community development financial institution (procedure)</p> <p>470601000124101: Education about community development corporation (procedure)</p> <p>470611000124103: Education about area agency on aging program (procedure)</p> <p>471111000124101: Referral to community development financial institution (procedure)</p> <p>471121000124109: Referral to community development corporation (procedure)</p> <p>471131000124107: Referral to area agency on aging (procedure)</p> <p>472151000124109: Referral to medical legal partnership program (procedure)</p> <p>472331000124100: Education about medical legal partnership program (procedure)</p> <p>551101000124107: Referral to lawyer (procedure)</p> <p>661101000124109: Education about State Funded Food Assistance Program (procedure)</p> <p>661181000124100: Education about peer support specialist service (procedure)</p> <p>662151000124104: Assistance with application for State Funded Food Assistance Program (procedure)</p> <p>662651000124105: Evaluation of eligibility for State Funded Food Assistance Program (procedure)</p> <p>663081000124100: Referral to State Funded Food Assistance Program (procedure)</p> <p>663211000124100: Referral to peer support specialist (procedure)</p>
Housing Screening	<p>HCPCS</p> <p>G0136: Administration of a standardized, evidence-based social determinants of health risk assessment tool, 5-15 minutes</p>

Description	CPT/HCPCS/SNOMED CT
Homelessness Procedures	<p>SNOMED CT</p> <p>308440001: Referral to social worker (procedure)</p> <p>710824005: Assessment of health and social care needs (procedure)</p> <p>711069006: Coordination of care plan (procedure)</p> <p>1148446004: Education about legal aid (procedure)</p> <p>1148447008: Assessment for housing insecurity (procedure)</p> <p>1148812007: Assessment of progress toward goals to achieve housing security (procedure)</p> <p>1148814008: Assessment of goals to achieve housing security (procedure)</p> <p>1148817001: Assessment of barriers in housing insecurity care plan (procedure)</p> <p>1148818006: Coordination of services to assist with maintaining housing security (procedure)</p> <p>1162436000: Referral to legal aid (procedure)</p> <p>1162437009: Coordination of resources to address housing instability (procedure)</p> <p>1230338004: Referral to charitable organization (procedure)</p> <p>1268662008: Coordination of resources to address social needs (procedure)</p> <p>1268726004: Education about peer support program (procedure)</p> <p>1268727008: Education about charitable organization (procedure)</p> <p>1269404007: Adjustment of clinical plan to accommodate social risk (procedure)</p> <p>461481000124109: Referral to peer support (procedure)</p> <p>462481000124102: Referral to Community Action Agency program (procedure)</p> <p>462491000124104: Referral to benefits enrollment assistance program (procedure)</p> <p>464001000124109: Referral to case manager (procedure)</p> <p>464011000124107: Referral to care manager (procedure)</p> <p>464021000124104: Referral to care navigator (procedure)</p> <p>464131000124100: Referral to community health worker (procedure)</p> <p>464161000124109: Referral to community resource network program (procedure)</p> <p>464291000124105: Education about community resource network program (procedure)</p> <p>464301000124106: Education about benefits enrollment assistance program (procedure)</p> <p>464311000124109: Education about Community Action Agency Program (procedure)</p> <p>464611000124102: Coordination of care team (procedure)</p>

Description	CPT/HCPCS/SNOMED CT
	470231000124107: Counseling for social determinant of health risk (procedure)
	470471000124109: Assistance with application for rental assistance program (procedure)
	470481000124107: Assistance with application for subsidized housing program (procedure)
	470491000124105: Evaluation of eligibility for subsidized housing program (procedure)
	470501000124102: Education about subsidized housing program (procedure)
	470581000124106: Education about healthcare for the homeless program (procedure)
	470591000124109: Education about community development financial institution (procedure)
	470601000124101: Education about community development corporation (procedure)
	470611000124103: Education about area agency on aging program (procedure)
	470781000124104: Evaluation of eligibility for permanent supportive housing program (procedure)
	470791000124101: Assistance with application for permanent supportive housing program (procedure)
	470801000124100: Education about permanent supportive housing program (procedure)
	470811000124102: Evaluation of eligibility for transitional housing program (procedure)
	470821000124105: Education about transitional housing program (procedure)
	470831000124108: Assistance with application for transitional housing program (procedure)
	470841000124103: Referral to healthcare for the homeless program (procedure)
	471021000124108: Referral to street outreach program (procedure)
	471031000124106: Education about street outreach program (procedure)
	471041000124101: Referral to rental assistance program (procedure)
	471071000124109: Referral to fair housing assistance program (procedure)
	471081000124107: Referral to Day Shelter Program (procedure)
	471091000124105: Referral to Emergency Shelter Program (procedure)
	471101000124104: Referral to Coordinated Entry Program (procedure)

Description	CPT/HCPCS/SNOMED CT
	471111000124101: Referral to community development financial institution (procedure)
	471121000124109: Referral to community development corporation (procedure)
	471131000124107: Referral to area agency on aging (procedure)
	472031000124103: Evaluation of eligibility for Safe Haven Program (procedure)
	472041000124108: Referral to subsidized housing service (procedure)
	472051000124105: Education about Safe Haven Program (procedure)
	472081000124102: Education about rental assistance program (procedure)
	472091000124104: Evaluation of eligibility for rental assistance program (procedure)
	472101000124105: Evaluation of eligibility for Rapid Re-housing Program (procedure)
	472111000124108: Education about Rapid Re-housing Program (procedure)
	472121000124100: Assistance with application for Rapid Re-housing Program (procedure)
	472131000124102: Provision of rental assistance voucher (procedure)
	472141000124107: Referral to medical respite for homeless program (procedure)
	472151000124109: Referral to medical legal partnership program (procedure)
	472161000124106: Referral to housing support program (procedure)
	472191000124103: Counseling for readiness to achieve housing security goals (procedure)
	472221000124105: Counseling for readiness to implement housing insecurity care plan (procedure)
	472241000124103: Counseling for barriers to achieve housing security (procedure)
	472261000124104: Counseling for housing insecurity care plan participation barriers (procedure)
	472301000124108: Evaluation of eligibility for medical respite for homeless program (procedure)
	472311000124106: Education about medical respite for homeless program (procedure)
	472321000124103: Assistance with application for medical respite for homeless program (procedure)
	472331000124100: Education about medical legal partnership program (procedure)

Description	CPT/HCPCS/SNOMED CT
	<p>472341000124105: Evaluation of eligibility for Housing with Services Program (procedure)</p> <p>472351000124107: Assistance with application for Housing with Services Program (procedure)</p> <p>472361000124109: Education about Housing with Services Program (procedure)</p> <p>480791000124106: Evaluation of eligibility for Street Outreach Program (procedure)</p> <p>480801000124107: Assistance with application for Safe Haven Program (procedure)</p> <p>480811000124105: Evaluation of eligibility for Housing Only Program (procedure)</p> <p>480821000124102: Education about Housing Only Program (procedure)</p> <p>480831000124104: Assistance with application for Housing Only Program (procedure)</p> <p>480871000124101: Evaluation of eligibility for healthcare for homeless program (procedure)</p> <p>480901000124101: Education about fair housing assistance program (procedure)</p> <p>480921000124106: Assistance with application to Emergency Shelter Program (procedure)</p> <p>480931000124109: Evaluation of eligibility for Emergency Shelter Program (procedure)</p> <p>480941000124104: Education about Emergency Shelter Program (procedure)</p> <p>480961000124100: Education about Day Shelter Program (procedure)</p> <p>480971000124107: Education about Coordinated Entry Program (procedure)</p> <p>480981000124105: Assistance with application for Day Shelter Program (procedure)</p> <p>551101000124107: Referral to lawyer (procedure)</p> <p>661181000124100: Education about peer support specialist service (procedure)</p> <p>663211000124100: Referral to peer support specialist (procedure)</p>
Housing Instability Procedures	<p>SNOMED CT</p> <p>308440001: Referral to social worker (procedure)</p> <p>710824005: Assessment of health and social care needs (procedure)</p> <p>711069006: Coordination of care plan (procedure)</p> <p>1148446004: Education about legal aid (procedure)</p> <p>1148447008: Assessment for housing insecurity (procedure)</p> <p>1148812007: Assessment of progress toward goals to achieve housing security (procedure)</p>

Description	CPT/HCPCS/SNOMED CT
	<p>1148814008: Assessment of goals to achieve housing security (procedure)</p> <p>1148817001: Assessment of barriers in housing insecurity care plan (procedure)</p> <p>1148818006: Coordination of services to assist with maintaining housing security (procedure)</p> <p>1156869006: Education about tenant rights organization (procedure)</p> <p>1162436000: Referral to legal aid (procedure)</p> <p>1162437009: Coordination of resources to address housing instability (procedure)</p> <p>1230338004: Referral to charitable organization (procedure)</p> <p>1268662008: Coordination of resources to address social needs (procedure)</p> <p>1268726004: Education about peer support program (procedure)</p> <p>1268727008: Education about charitable organization (procedure)</p> <p>1269404007: Adjustment of clinical plan to accommodate social risk (procedure)</p> <p>461481000124109: Referral to peer support (procedure)</p> <p>462481000124102: Referral to Community Action Agency program (procedure)</p> <p>462491000124104: Referral to benefits enrollment assistance program (procedure)</p> <p>464001000124109: Referral to case manager (procedure)</p> <p>464011000124107: Referral to care manager (procedure)</p> <p>464021000124104: Referral to care navigator (procedure)</p> <p>464131000124100: Referral to community health worker (procedure)</p> <p>464161000124109: Referral to community resource network program (procedure)</p> <p>464291000124105: Education about community resource network program (procedure)</p> <p>464301000124106: Education about benefits enrollment assistance program (procedure)</p> <p>464311000124109: Education about Community Action Agency Program (procedure)</p> <p>464611000124102: Coordination of care team (procedure)</p> <p>470231000124107: Counseling for social determinant of health risk (procedure)</p> <p>470471000124109: Assistance with application for rental assistance program (procedure)</p> <p>470481000124107: Assistance with application for subsidized housing program (procedure)</p>

Description	CPT/HCPCS/SNOMED CT
	470491000124105: Evaluation of eligibility for subsidized housing program (procedure)
	470501000124102: Education about subsidized housing program (procedure)
	470591000124109: Education about community development financial institution (procedure)
	470601000124101: Education about community development corporation (procedure)
	470611000124103: Education about area agency on aging program (procedure)
	471041000124101: Referral to rental assistance program (procedure)
	471051000124104: Referral to Homelessness Prevention Program (procedure)
	471061000124102: Referral to mortgage assistance program (procedure)
	471071000124109: Referral to fair housing assistance program (procedure)
	471111000124101: Referral to community development financial institution (procedure)
	471121000124109: Referral to community development corporation (procedure)
	471131000124107: Referral to area agency on aging (procedure)
	472021000124101: Referral to tenants rights organization program (procedure)
	472041000124108: Referral to subsidized housing service (procedure)
	472081000124102: Education about rental assistance program (procedure)
	472091000124104: Evaluation of eligibility for rental assistance program (procedure)
	472131000124102: Provision of rental assistance voucher (procedure)
	472151000124109: Referral to medical legal partnership program (procedure)
	472161000124106: Referral to housing support program (procedure)
	472191000124103: Counseling for readiness to achieve housing security goals (procedure)
	472221000124105: Counseling for readiness to implement housing insecurity care plan (procedure)
	472241000124103: Counseling for barriers to achieve housing security (procedure)
	472261000124104: Counseling for housing insecurity care plan participation barriers (procedure)

Description	CPT/HCPCS/SNOMED CT
	<p>472271000124106: Provision of mortgage assistance voucher (procedure)</p> <p>472281000124109: Evaluation of eligibility for mortgage assistance program (procedure)</p> <p>472291000124107: Education about mortgage assistance program (procedure)</p> <p>472331000124100: Education about medical legal partnership program (procedure)</p> <p>472381000124104: Provision of emergency housing fund voucher (procedure)</p> <p>480841000124109: Education about Homelessness Prevention Program (procedure)</p> <p>480851000124106: Evaluation of eligibility for Homelessness Prevention Program (procedure)</p> <p>480861000124108: Assistance with application to Homelessness Prevention Program (procedure)</p> <p>480901000124101: Education about fair housing assistance program (procedure)</p> <p>551091000124101: Referral to emergency housing fund program (procedure)</p> <p>551101000124107: Referral to lawyer (procedure)</p> <p>581041000124102: Assistance with application for renewal of benefits enrollment (procedure)</p> <p>661181000124100: Education about peer support specialist service (procedure)</p> <p>663211000124100: Referral to peer support specialist (procedure)</p>
<p>Inadequate Housing Procedures</p>	<p>SNOMED CT</p> <p>49919000: Home safety education (procedure)</p> <p>308440001: Referral to social worker (procedure)</p> <p>710824005: Assessment of health and social care needs (procedure)</p> <p>711069006: Coordination of care plan (procedure)</p> <p>1148446004: Education about legal aid (procedure)</p> <p>1148813002: Assessment of barriers in inadequate housing care plan (procedure)</p> <p>1148815009: Assessment of goals to achieve adequate housing (procedure)</p> <p>1148823006: Assessment of progress toward goals to achieve adequate housing (procedure)</p> <p>1162436000: Referral to legal aid (procedure)</p> <p>1230338004: Referral to charitable organization (procedure)</p> <p>1268662008: Coordination of resources to address social needs (procedure)</p> <p>1268686005: Coordination of resources to address inadequate housing (procedure)</p>

Description	CPT/HCPCS/SNOMED CT
	1268726004: Education about peer support program (procedure)
	1268727008: Education about charitable organization (procedure)
	1269404007: Adjustment of clinical plan to accommodate social risk (procedure)
	461481000124109: Referral to peer support (procedure)
	462481000124102: Referral to Community Action Agency program (procedure)
	462491000124104: Referral to benefits enrollment assistance program (procedure)
	464001000124109: Referral to case manager (procedure)
	464011000124107: Referral to care manager (procedure)
	464021000124104: Referral to care navigator (procedure)
	464131000124100: Referral to community health worker (procedure)
	464161000124109: Referral to community resource network program (procedure)
	464291000124105: Education about community resource network program (procedure)
	464301000124106: Education about benefits enrollment assistance program (procedure)
	464311000124109: Education about Community Action Agency Program (procedure)
	464611000124102: Coordination of care team (procedure)
	470231000124107: Counseling for social determinant of health risk (procedure)
	470431000124106: Referral to weatherization assistance program (procedure)
	470441000124101: Evaluation of eligibility for weatherization assistance program (procedure)
	470451000124104: Education about weatherization assistance program (procedure)
	470461000124102: Assistance with application for weatherization assistance program (procedure)
	470591000124109: Education about community development financial institution (procedure)
	470601000124101: Education about community development corporation (procedure)
	470611000124103: Education about area agency on aging program (procedure)
	471111000124101: Referral to community development financial institution (procedure)
	471121000124109: Referral to community development corporation (procedure)
	471131000124107: Referral to area agency on aging (procedure)

Description	CPT/HCPCS/SNOMED CT
	<p>472151000124109: Referral to medical legal partnership program (procedure)</p> <p>472201000124100: Counseling for readiness to achieve adequate housing goals (procedure)</p> <p>472211000124102: Counseling for readiness to implement inadequate housing care plan (procedure)</p> <p>472231000124108: Counseling for barriers to achieve adequate housing (procedure)</p> <p>472251000124101: Counseling for inadequate housing care plan participation barriers (procedure)</p> <p>472331000124100: Education about medical legal partnership program (procedure)</p> <p>472371000124102: Provision of voucher for repair of place of residence (procedure)</p> <p>480881000124103: Referral to environmental hazard testing of residence program (procedure)</p> <p>480891000124100: Evaluation of eligibility for environmental hazard testing of residence program (procedure)</p> <p>480911000124103: Education about environmental hazard testing of residence program (procedure)</p> <p>480951000124102: Assistance with application for environmental hazard testing of residence program (procedure)</p> <p>551041000124105: Referral to housing repair program (procedure)</p> <p>551051000124107: Referral for housing repair assessment program (procedure)</p> <p>551061000124109: Evaluation of eligibility for housing repair program (procedure)</p> <p>551071000124102: Education about housing repair program (procedure)</p> <p>551081000124104: Assistance with application for housing repair program (procedure)</p> <p>551101000124107: Referral to lawyer (procedure)</p> <p>661181000124100: Education about peer support specialist service (procedure)</p> <p>663211000124100: Referral to peer support specialist (procedure)</p>
Transportation Screening	<p>HCPCS</p> <p>G0136: Administration of a standardized, evidence-based social determinants of health risk assessment tool, 5-15 minutes</p>
Transportation Insecurity Procedures	<p>SNOMED CT</p> <p>228615008: Provision of transport (procedure)</p> <p>308440001: Referral to social worker (procedure)</p> <p>710824005: Assessment of health and social care needs (procedure)</p> <p>711069006: Coordination of care plan (procedure)</p>

Description	CPT/HCPCS/SNOMED CT
	716730006: Provision of taxi (procedure)
	716732003: Provision of emergency ambulance (procedure)
	716733008: Provision of ambulance with stretcher facility (procedure)
	1148446004: Education about legal aid (procedure)
	1162436000: Referral to legal aid (procedure)
	1230338004: Referral to charitable organization (procedure)
	1268662008: Coordination of resources to address social needs (procedure)
	1268726004: Education about peer support program (procedure)
	1268727008: Education about charitable organization (procedure)
	1269404007: Adjustment of clinical plan to accommodate social risk (procedure)
	461481000124109: Referral to peer support (procedure)
	462481000124102: Referral to Community Action Agency program (procedure)
	462491000124104: Referral to benefits enrollment assistance program (procedure)
	464001000124109: Referral to case manager (procedure)
	464011000124107: Referral to care manager (procedure)
	464021000124104: Referral to care navigator (procedure)
	464131000124100: Referral to community health worker (procedure)
	464161000124109: Referral to community resource network program (procedure)
	464291000124105: Education about community resource network program (procedure)
	464301000124106: Education about benefits enrollment assistance program (procedure)
	464311000124109: Education about Community Action Agency Program (procedure)
	464611000124102: Coordination of care team (procedure)
	470231000124107: Counseling for social determinant of health risk (procedure)
	470591000124109: Education about community development financial institution (procedure)
	470601000124101: Education about community development corporation (procedure)
	470611000124103: Education about area agency on aging program (procedure)
	471111000124101: Referral to community development financial institution (procedure)
	471121000124109: Referral to community development corporation (procedure)

Description	CPT/HCPCS/SNOMED CT
	471131000124107: Referral to area agency on aging (procedure)
	472151000124109: Referral to medical legal partnership program (procedure)
	472331000124100: Education about medical legal partnership program (procedure)
	551101000124107: Referral to lawyer (procedure)
	551111000124105: Provision of taxi voucher (procedure)
	551121000124102: Referral to taxi voucher program (procedure)
	551141000124109: Evaluation of eligibility for taxi voucher program (procedure)
	551161000124108: Education about taxi voucher program (procedure)
	551191000124100: Assistance with application for taxi voucher program (procedure)
	551231000124105: Referral to vehicle donation program (procedure)
	551251000124103: Evaluation of eligibility for vehicle donation program (procedure)
	551261000124101: Education about vehicle donation program (procedure)
	551271000124108: Assistance with application for vehicle donation program (procedure)
	551281000124106: Referral to transportation network company program (procedure)
	551291000124109: Assistance with application for transportation network company program (procedure)
	551301000124105: Education about transportation network company program (procedure)
	551311000124108: Evaluation of eligibility for transportation network company program (procedure)
	551321000124100: Referral to volunteer driver program (procedure)
	551331000124102: Referral to rideshare program (procedure)
	551341000124107: Referral to public transportation voucher program (procedure)
	551351000124109: Referral to paratransit program (procedure)
	551361000124106: Referral to microtransit program (procedure)
	551371000124104: Referral to non-emergency medical transportation program (procedure)
	551381000124101: Referral to automobile share program (procedure)
	551391000124103: Referral to vehicle share program (procedure)
	551401000124101: Referral to vehicle repair program (procedure)
	551411000124103: Assistance with application for vehicle share program (procedure)
	551421000124106: Assistance with application for bicycle share program (procedure)

Description	CPT/HCPCS/SNOMED CT
	<p>551431000124109: Referral to bicycle share program (procedure)</p> <p>610961000124100: Assistance with application for volunteer driver program (procedure)</p> <p>610971000124107: Assistance with application for rideshare program (procedure)</p> <p>610981000124105: Assistance with application for public transportation voucher program (procedure)</p> <p>610991000124108: Assistance with application for paratransit program (procedure)</p> <p>611001000124109: Assistance with application for microtransit program (procedure)</p> <p>611011000124107: Assistance with application for non-emergency medical transportation program (procedure)</p> <p>611021000124104: Assistance with application for automobile share program (procedure)</p> <p>611031000124101: Education about rideshare program (procedure)</p> <p>611041000124106: Education about volunteer driver program (procedure)</p> <p>611051000124108: Education about microtransit program (procedure)</p> <p>611061000124105: Education about public transportation voucher program (procedure)</p> <p>611071000124103: Education about paratransit program (procedure)</p> <p>611081000124100: Education about non-emergency medical transportation program (procedure)</p> <p>611091000124102: Education about bicycle share program (procedure)</p> <p>611101000124108: Education about vehicle repair program (procedure)</p> <p>611111000124106: Education about vehicle share program (procedure)</p> <p>611121000124103: Education about automobile share program (procedure)</p> <p>611281000124107: Counseling for readiness to achieve transportation security (procedure)</p> <p>611291000124105: Counseling for barriers to achieve transportation security (procedure)</p> <p>611301000124106: Counseling for readiness for engagement in transportation insecurity care plan (procedure)</p> <p>611311000124109: Counseling for barriers to engagement in transportation insecurity care plan (procedure)</p> <p>611321000124101: Assessment of progress toward goals to achieve transportation security (procedure)</p>

Description	CPT/HCPCS/SNOMED CT
	<p>611331000124103: Assessment of goals to achieve transportation security (procedure)</p> <p>611341000124108: Assessment of barriers in transportation insecurity care plan (procedure)</p> <p>611351000124105: Assessment for transportation insecurity (procedure)</p> <p>611361000124107: Evaluation of eligibility for rideshare program (procedure)</p> <p>611371000124100: Evaluation of eligibility for volunteer driver program (procedure)</p> <p>611381000124102: Provision of public transportation voucher (procedure)</p> <p>611391000124104: Evaluation of eligibility for public transportation voucher program (procedure)</p> <p>611401000124102: Evaluation of eligibility for paratransit program (procedure)</p> <p>611411000124104: Evaluation of eligibility for microtransit program (procedure)</p> <p>611421000124107: Evaluation of eligibility for automobile share program (procedure)</p> <p>611431000124105: Evaluation of eligibility for vehicle repair program (procedure)</p> <p>611441000124100: Evaluation of eligibility for non-emergency medical transportation program (procedure)</p> <p>611451000124103: Evaluation of eligibility for bicycle share program (procedure)</p> <p>651011000124100: Assistance with application for vehicle repair program (procedure)</p> <p>651031000124106: Coordination of resources to address transportation insecurity (procedure)</p> <p>661181000124100: Education about peer support specialist service (procedure)</p> <p>662351000124101: Evaluation of eligibility for vehicle share program (procedure)</p> <p>663211000124100: Referral to peer support specialist (procedure)</p>

Note: The codes listed are informational only; this information does not guarantee reimbursement.

Statin Therapy for Patients with Cardiovascular Disease (SPC-E)

This HEDIS measure looks at the percentage of persons 21 to 75 years of age during the measurement period, who were identified as having clinical atherosclerotic cardiovascular disease (ASCVD) and met the following criteria. The following rates are reported:

- Received statin therapy: Persons who were dispensed at least one high intensity or moderate intensity statin medication during the measurement period.
- Statin adherence 80%: Persons who remained on a high intensity or moderate intensity statin medication for at least 80% of the treatment period (treatment period begins with the earliest dispensing event for any high intensity or moderate intensity statin medication during the measurement period)

Exclusions:

- Persons who use hospice services or elect to use a hospice benefit any time during the measurement period
- Persons who die at any time during the measurement period
- Persons with a diagnosis of pregnancy during the measurement period or the year prior to the measurement period.
- In vitro fertilization in the measurement period or the year prior to the measurement period
- Dispensed at least one prescription for clomiphene during the measurement period or the year prior to the measurement period
- End stage renal disease (ESRD) during the measurement period or the year prior to the measurement period.
- Dialysis during the measurement period or the year prior to the measurement period.
- Cirrhosis during the measurement period or the year prior to the measurement period.
- Myalgia, myositis, myopathy, or rhabdomyolysis during the measurement period.
- Myalgia or rhabdomyolysis caused by a statin any time during the member's history through December 31 of the measurement period
- Persons receiving palliative care any time during the measurement period
- Persons who had an encounter for palliative anytime during the measurement period.
- Persons 66 years of age and older as of December 31 of the measurement period (all product lines) with frailty and advanced illness. Persons must meet both frailty and advanced illness criteria to be excluded.
- Do not include laboratory claims (claims with POS code 81)

Suggested Exclusion Codes

Exclusion	ICPT/ICD-10/HCPCS/SNOMED
Myositis, myopathy or rhabdomyolysis	ICD-10 G72.0, G72.2, G72.9, M60.80, M60.811, M60.812, M60.819, M60.821, M60.822, M60.829, M60.831, M60.832, M60.839, M60.841, M60.842, M60.849, M60.851, M60.852, M60.859, M60.861, M60.862, M60.869, M60.871, M60.872, M60.879, M60.88, M60.89, M60.9, M62.82, M79.10, M79.11, M79.12, M79.18
Cirrhosis	ICD10 K70.30, K70.31, K71.7, K74.3, K74.4, K74.5, K74.60, K74.69, P78.81
End stage renal disease (ESRD)	ICD-10 N18.5, N18.6
Dialysis	CPT 90935, 90937, 90945, 90947, 90997, 90999, 99512 HCPCS G0257, S9339
Myalgia or rhabdomyolysis caused by a statin	SNOMED 787206005, 16462851000119106, 16524291000119105, 16524331000119104

Description	Prescription
High-intensity statin therapy	Atorvastatin 40-80 mg
High-intensity statin therapy	Amlodipine-atorvastatin 40-80 mg
High-intensity statin therapy	Rosuvastatin 20-40 mg
High-intensity statin therapy	Simvastatin 80 mg
High-intensity statin therapy	Ezetimibe-simvastatin 80 mg
Moderate-intensity statin therapy	Atorvastatin 10-20 mg
Moderate-intensity statin therapy	Amlodipine-atorvastatin 10-20 mg
Moderate-intensity statin therapy	Rosuvastatin 5-10 mg
Moderate-intensity statin therapy	Simvastatin 20-40 mg
Moderate-intensity statin therapy	Ezetimibe-simvastatin 20-40 mg
Moderate-intensity statin therapy	Pravastatin 40-80 mg
Moderate-intensity statin therapy	Lovastatin 40 mg
Moderate-intensity statin therapy	Fluvastatin 40-80 mg
Moderate-intensity statin therapy	Pitavastatin 1-4 mg

Note: The codes listed are informational only; this information does not guarantee reimbursement.

How can we help?

- We help you meet this benchmark by:
- Offering current Clinical Practice Guidelines on our provider self-service website.
- Helping to identify community resources, such as health education classes that may be available in your area.
- Persons may be eligible for transportation assistance at no cost. Contact Member Services for arrangements.

Helpful tip:

- If using an EMR system, consider electronic data sharing with your health plan to capture all coded elements. Contact your provider relationship management representative for additional details and questions.

Statin Therapy for Patients With Diabetes (SPD-E)

This HEDIS measure looks at the percentage of persons 40 to 75 years of age during the measurement period with diabetes who do not have clinical atherosclerotic cardiovascular disease (ASCVD) who met the following criteria.

Two rates are reported:

- Received statin therapy: persons who were dispensed at least one statin medication of any intensity during the measurement period
- Statin Adherence 80%: persons who remained on a statin medication of any intensity for at least 80% of the treatment period (treatment period begins with the earliest dispensing event for any statin medication during the measurement period).

Record your efforts:

- Document review of continued use of prescribed medications during patient visits
- Document evidence of exclusion criteria

Exclusions:

- Persons with at least one of the following during the year prior to the measurement period:
 - Myocardial Infarction (MI) discharged from an inpatient setting with an MI
 - Coronary artery bypass graft (CABG) in any setting
 - Percutaneous Coronary Intervention (PCI) in any setting
 - Other revascularization procedure in any setting
- Persons who had at least one encounter with a diagnosis of IVD during both the measurement period and the year prior to the measurement period
- Persons with a diagnosis of pregnancy during the measurement period or year prior to the measurement period.
- In vitro fertilization in the measurement period or year prior to the measurement period
- Dispensed at least one prescription for clomiphene during the measurement period or the year prior to the measurement period
- End stage renal disease (ESRD) during the measurement period or the year prior to the measurement period.
- Dialysis during the measurement period or the year prior to the measurement period
- Cirrhosis during the measurement period or the year prior to the measurement period.
- Myalgia, myositis, myopathy, or rhabdomyolysis during the measurement period.
- Myalgia or rhabdomyolysis caused by a statin any time during the member's history through December 31 of the measurement period
- Persons who use hospice services or elect to use a hospice benefit any time during the measurement period

- Persons who die at any time during the measurement period
- Persons receiving palliative care any time during the measurement period
- Persons who had an encounter for palliative care any time during the measurement period.
- Persons 66 years of age and older as of December 31 of the measurement period (all product lines) with frailty and advanced illness. Persons must meet both frailty and advanced illness criteria to be excluded.
- Do not include laboratory claims (claims with POS code 81)

Suggested Exclusion Codes

Exclusion	CPT/ICD-10/HCPCS/SNOMED
Myositis, myopathy or rhabdomyolysis	ICD-10 G72.0, G72.2, G72.9, M60.80, M60.811, M60.812, M60.819, M60.821, M60.822, M60.829, M60.831, M60.832, M60.839, M60.841, M60.842, M60.849, M60.851, M60.852, M60.859, M60.861, M60.862, M60.869, M60.871, M60.872, M60.879, M60.88, M60.89, M60.9, M62.82, M79.10, M79.11, M79.12, M79.18
Cirrhosis	ICD10 K70.30, K70.31, K71.7, K74.3, K74.4, K74.5, K74.60, K74.69, P78.81
End stage renal disease (ESRD)	ICD-10 N18.5, N18.6
Dialysis	CPT 90935, 90937, 90945, 90947, 90997, 90999, 99512 HCPCS G0257, S9339
Myalgia or rhabdomyolysis caused by a statin	SNOMED 787206005, 16462851000119106, 16524291000119105, 16524331000119104

Description	Prescription
Alpha-glucosidase inhibitors	Acarbose Miglitol
Amylin analogs	Pramlintide
Antidiabetic combinations	Alogliptin-metformin Alogliptin-pioglitazone Canagliflozin-metformin Dapagliflozin-metformin Dapagliflozin-saxagliptin Empagliflozin-linagliptin Empagliflozin-linagliptin-metformin Empagliflozin-metformin Ertugliflozin-metformin

Description	Prescription
	Ertugliflozin-sitagliptin Glimepiride-pioglitazone Glipizide-metformin Glyburide-metformin Linagliptin-metformin Metformin-pioglitazone Metformin-repaglinide Metformin-rosiglitazone Metformin-saxagliptin Metformin-sitagliptin
Insulin	Insulin aspart Insulin aspart-insulin aspart protamine Insulin degludec Insulin degludec-liraglutide Insulin detemir Insulin glargine Insulin glargine-lixisenatide Insulin glulisine Insulin isophane human Insulin isophane-insulin regular Insulin lispro Insulin lispro-insulin lispro protamine Insulin regular human Insulin human inhaled
Meglitinides	Nateglinide Repaglinide
Biguanides	Metformin
Glucagon-like peptide-1 (GLP1) agonists	Albiglutide Dulaglutide Exenatide Liraglutide Lixisenatide Semaglutide
Sodium glucose cotransporter 2 (SGLT2) inhibitor	Canagliflozin Dapagliflozin Empagliflozin Ertugliflozin
Sulfonylureas	Chlorpropamide Glimepiride Glipizide Glyburide Tolazamide Tolbutamide
Thiazolidinediones	Pioglitazone Rosiglitazone
Dipeptidyl peptidase-4 (DDP-4) inhibitors	Alogliptin Linagliptin Saxagliptin Sitagliptin

Note: The codes listed are informational only; this information does not guarantee reimbursement.

How can we help?

We help you meet this benchmark by:

- Offering current Clinical Practice Guidelines on our provider self-service website.
- Helping to identify community resources, such as health education classes that may be available in your area.
- Persons may be eligible for transportation assistance at no cost. Contact Member Services for arrangements.

Helpful tip:

- If using an EMR system, consider electronic data sharing with your health plan to capture all coded elements. Contact your provider relationship management representative for additional details and questions.

Tobacco Use Screening and Cessation Intervention (TSC-E)

This HEDIS measure looks at the percentage of persons 12 years of age and older who were screened for commercial tobacco product use at least once during the measurement period, and who received tobacco cessation intervention if identified as a tobacco user.

Two rates are reported:

- Tobacco Use Screening: the percentage of persons who were screened for tobacco use.
- Cessation Intervention: the percentage of persons who were identified as a tobacco user and who received tobacco cessation intervention

Record your efforts:

- Document screening for tobacco use and documentation of person as positive or negative for tobacco use during the measurement period or 180 days prior to the measurement period.
- For persons screening positive for use, document tobacco cessation counseling and/or intervention during the measurement period or 180 days prior to the measurement period.
- Document evidence of exclusion criteria

Exclusions:

- Persons receiving palliative services or had a palliative encounter during the measurement period.
- Persons who use hospice services or elect to use a hospice benefit any time during the measurement period
- Persons who die any time during the measurement period

Description	CPT/HCPCS/ICD-10-CM/LOINC/SNOMED CT
Tobacco Use Screening	LOINC: 39240-7: Tobacco use status CPHS 68535-4: Have you used tobacco in the last 30 days 68536-2: Have you used smokeless tobacco product in the last 30 days With Yes LOINC: LA33-6 SNOMED CT: 373066001 Or No LOINC: LA32-8 SNOMED CT: 373067005
Positive tobacco use status	LOINC 72166-2: Tobacco Smoking status

Description	CPT/HCPCS/ICD-10-CM/LOINC/SNOMED CT
	<p>With</p> <p>LOINC: LA18976-3: Current every day smoker LA18977-1: Current some day smoker LA18981-3: Heavy tobacco smoker LA18982-1: Light tobacco smoker</p> <p>SNOMED CT: 56578002: Moderate smoker (20 or less per day) (finding) 56771006: Heavy smoker (over 20 per day) (finding) 59978006: Cigar smoker (finding) 65568007: Cigarette smoker (finding) 77176002: Smoker (finding) 81703003: Chews tobacco (finding) 82302008: Pipe smoker (finding) 110483000: Tobacco user (finding) 160603005: Light cigarette smoker (1-9 cigs/day) (finding) 160604004: Moderate cigarette smoker (10-19 cigs/day) (finding) 160605003: Heavy cigarette smoker (20-39 cigs/day) (finding) 160606002: Very heavy cigarette smoker (40+ cigs/day) (finding) 160619003: Rolls own cigarettes (finding) 228494002: Snuff user (finding) 228499007: Finding relating to moist tobacco use (finding) 228504007: User of moist powdered tobacco (finding) 228514003: Chews plug tobacco (finding) 228515002: Chews twist tobacco (finding) 228516001: Chews loose leaf tobacco (finding) 228517005: Chews fine cut tobacco (finding) 228518000: Chews products containing tobacco (finding) 230059006: Occasional cigarette smoker (finding) 230060001: Light cigarette smoker (finding) 230062009: Moderate cigarette smoker (finding) 230063004: Heavy cigarette smoker (finding) 230064005: Very heavy cigarette smoker (finding) 230065006: Chain smoker (finding) 266920004: Trivial cigarette smoker (less than one cigarette/day) (finding) 449867007: Uses moist tobacco occasionally (finding) 449868002: Smokes tobacco daily (finding) 449869005: Uses moist tobacco daily (finding) 698289004: Hookah pipe smoker (finding) 713914004: User of smokeless tobacco (finding) 722499006: Electronic cigarette user (finding) 785889008: Nicotine-filled electronic cigarette user (finding)</p>

Description	CPT/HCPCS/ICD-10-CM/LOINC/SNOMED CT
	<p>1137691001: Trying to give up using electronic cigarette (finding) 35341000087101: Uses electronic cigarette daily (finding) 35371000087109: Uses electronic cigarette occasionally (finding) 428041000124106: Occasional tobacco smoker (finding) 428061000124105: Light tobacco smoker (finding) 428071000124103: Heavy tobacco smoker (finding) 450811000124104: Cigarette smoker (5-9 cigarettes/day) (finding) 450821000124107: Cigarette smoker (1-4 cigarettes/day) (finding) 881661000124108: Smokes cigarette daily (finding) 881721000124105: Uses smokeless tobacco daily (finding) 881731000124108: Uses smokeless tobacco occasionally (finding)</p>
Negative Tobacco Use Status	<p>LOINC 72166-2: Tobacco Smoking status With</p> <p>LOINC: LA15920-4: Former smoker LA18978-9: Never smoker</p> <p>SNOMED CT: 8392000: Non-smoker (finding) 8517006: Ex-smoker (finding) 53896009: Tolerant ex-smoker (finding) 87739003: Tolerant non-smoker (finding) 105539002: Non-smoker for personal reasons (finding) 105540000: Non-smoker for religious reasons (finding) 105541001: Non-smoker for medical reasons (finding) 160620009: Ex-pipe smoker (finding) 160621008: Ex-cigar smoker (finding) 228491005: Does not use snuff (finding) 228492003: Never used snuff (finding) 228493008: Ex-snuff user (finding) 228501004: Does not use moist powdered tobacco (finding) 228502006: Never used moist powdered tobacco (finding) 228503001: Ex-user of moist powdered tobacco (finding) 228511006: Does not chew tobacco (finding) 228512004: Never chewed tobacco (finding) 228513009: Ex-tobacco chewer (finding) 266919005: Never smoked tobacco (finding) 266921000: Ex-trivial cigarette smoker (<1/day) (finding) 266922007: Ex-light cigarette smoker (1-9/day) (finding) 266923002: Ex-moderate cigarette smoker (10-19/day) (finding) 266924008: Ex-heavy cigarette smoker (20-39/day) (finding) 266925009: Ex-very heavy cigarette smoker (40+/day) (finding) 266928006: Ex-cigarette smoker amount unknown (finding)</p>

Description	CPT/HCPCS/ICD-10-CM/LOINC/SNOMED CT
	<p> 281018007: Ex-cigarette smoker (finding) 360890004: Intolerant ex-smoker (finding) 360900008: Aggressive ex-smoker (finding) 360918006: Aggressive non-smoker (finding) 360929005: Intolerant non-smoker (finding) 405746006: Current non smoker but past smoking history unknown (finding) 702975009: Ex-tobacco user (finding) 702979003: Never used tobacco (finding) 735128000: Ex-smoker for less than 1 year (finding) 1137688001: Ex-electronic cigarette user for less than one year (finding) 1137690000: Never used electronic cigarette (finding) 1137692008: Ex-electronic cigarette user for more than one year (finding) 221000119102: Never smoked any substance (finding) 48031000119106: Ex-smoker for more than 1 year (finding) 428081000124100: Former heavy tobacco smoker (finding) 428091000124102: Former light tobacco smoker (finding) 451371000124109: Tobacco non-user (finding) 451381000124107: Smokeless tobacco non-user (finding) 456711000124105: Former smokeless tobacco user (finding) 881671000124101: Never smoked cigarettes (finding) 881681000124103: Never used smokeless tobacco (finding) </p>
Tobacco Use Cessation Counseling	<p> CPT: 99406, 99407 SNOMED CT: 171055003: Pregnancy smoking education (procedure) 185795007: Stop smoking monitoring verbal invite (procedure) 185796008: Stop smoking monitoring telephone invite (procedure) 225323000: Smoking cessation education (procedure) 225324006: Smoking effects education (procedure) 310429001: Smoking monitoring invitation (procedure) 315232003: Referral to stop-smoking clinic (procedure) 384742004: Smoking cessation assistance (regime/therapy) 395700008: Referral to smoking cessation advisor (procedure) 702388001: Tobacco use cessation education (procedure) 710081004: Smoking cessation therapy (regime/therapy) 711028002: Counseling about tobacco use (procedure) 713700008: Smoking cessation drug therapy (regime/therapy) 1148687006: Education about cessation of electronic cigarette use (procedure) 449841000124108: Referral to tobacco use cessation clinic (procedure) </p>

Description	CPT/HCPCS/ICD-10-CM/LOINC/SNOMED CT
	449851000124105: Referral to tobacco use cessation counselor (procedure) 449861000124107: Referral to tobacco use cessation counseling program (procedure)

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