HEDIS Hints & Care Gap Quick Reference

Quality & Clinical Review Department
Measurement Year 2026

Jefferson Health Plans

PROVIDER REMINDER:
Accurate coding and timely claim/encounter submission are the best ways to capture services*. When claims do not capture a service, complete medical record documentation may support care gap closure.

*See page **19** for coding details.

Adult Preventive Screenings

Breast Cancer Screening (BCS)

Who?
Qualifying individuals ages 40-74

When?
Mammogram completed 10/1/2024-12/31/2026

Documentation
- Mammogram report with date and result
- Documentation in progress note clearly indicating mammogram was completed with date of screening
- **If applicable:** documentation of bilateral mastectomy

Provider Tip
Ensure the mammogram report and result are available in the medical record, even if performed by an outside imaging facility.

Cervical Cancer Screening (CCS)

Who?
Qualifying individuals ages 21-64 with a cervix

When?
- 21-64 years: Cervical cytology (Pap test): 2024-2026
- 30-64 years: hrHPV test: 2022-2026

Documentation
- Cervical cancer screening report with date and result
- Progress note indicating Pap/cytology and/or hrHPV was completed with result and date
- **If applicable:** documentation of total hysterectomy with no residual cervix

Provider Tip
- Be sure the medical record includes the date, type of screening performed, and result.
- Documentation of a cervical biopsy alone does not satisfy this measure.

Adult Preventive Screenings

Colorectal Cancer Screening (COL-E)

Who?

Qualifying individuals ages 45-75

When?

- Colonoscopy: 2017-2026
- FIT/FOBT: 2026
- FIT-DNA (Cologuard): 2024-2026
- Flexible sigmoidoscopy: 2022-2026
- CT colonography: 2022-2026

Documentation

- Screening (surgical or procedure) report with date and result
- Lab report with date and result
- Progress note with documentation of date completed, type of screening, and result
- If completed by an outside provider, obtain the report in the medical record
- **If applicable:** documentation supporting exclusion status: history of colorectal cancer, total colectomy, or hospice

Provider Tip

- Positive stool tests (FIT, FOBT, or FIT-DNA) do not replace the need for appropriate follow-up evaluation.
- A referral for screening alone does not satisfy the measure.
- Be sure the colonoscopy report or screening result is available in the chart, even when performed by an outside specialist or facility.

Osteoporosis Management in Women Who Had a Fracture (OMW)

Who?

- Qualifying individuals ages 67-85
- Individuals who experienced a fracture in 2026 who had either a bone mineral density (BMD) test or medication to treat osteoporosis post fracture

When?

Within 6 months (180 days) following the fracture

Documentation

- Documentation of fracture and date within the progress note, history, or discharge summary
- Appropriate testing or treatment within 180 days of fracture evidenced by either:
  - Bone density testing (DEXA report)
  - Osteoporosis medication order/ prescription within 180 days (6 months) of fracture counts toward compliance

Provider Tip

After a qualifying fracture, order a DEXA scan or initiate osteoporosis treatment within 180 days. Document the fracture date and evidence of testing or treatment in the medical record.

Blood Pressure & Diabetes

Controlling Blood Pressure (CBP)

Who?

Individuals ages 18-85 diagnosed with hypertension

When?

Most recent qualifying outpatient blood pressure reading from 2026

Documentation

- Signed and dated progress note with BP documentation
- Vitals record (cannot be from an inpatient or ER admission)
- Blood pressure readings obtained from a qualifying remote monitoring device and documented in the medical record

Provider Tip

- Compliant value is Systolic ≤139 and Diastolic ≤89.
- Recheck blood pressure when the initial reading is ≥ 140/90.
- The most recent blood pressure reading in 2026 will be used, whether compliant or not.
- If multiple BP measurements occur on the same date, the lowest systolic and lowest diastolic will be used as a representative BP.

Glycemic Status Assessment for Patients With Diabetes (GSD)

Who?

Individuals ages 18-75 with diabetes

When?

Most recent HbA1c or GMI result from 2026

Documentation

- Lab report with HbA1c result and collection date
- GMI result report with documentation of value and terminal date
- Progress note indicating the date when the glycemic status assessment, HbA1c, or GMI was performed and the result

Provider Tip

- Point-of-care testing is acceptable with the date testing took place and a result.
- Member-collected GMI results documented in the medical record are acceptable.
- Please send the most recent HbA1c or GMI result in 2026.
- A compliant result is HbA1c <8.0%; however, the member's most recent result will be used, regardless of whether it is controlled or uncontrolled.
- The measure is based on the actual numeric result value, not just completion of testing.

Blood Pressure & Diabetes

Eye Exam for Patients With Diabetes (EED)

Who?

Individuals ages 18-75 with diabetes

When?

- Diabetic eye exam completed in 2026
- Negative retinal exam may allow a lookback to 2025-2026

Documentation

- A dated **retinal** or **dilated** eye exam report from an optometrist, ophthalmologist, or approved retinal imaging program
- When the exam is negative, document "no diabetic retinopathy"

Provider Tip

- Documentation must demonstrate that the retina was visualized and assessed for diabetic retinopathy.
- Retinal imaging reports should include the interpretation based on either a retinal or dilated exam.
- If no diabetic retinopathy is present, clearly document "No diabetic retinopathy" based on examination of the retina and retinal vessels.
- Documenting "diabetes without complications" will **NOT** be accepted.

Kidney Health Evaluation for Patients With Diabetes (KED)

Who?

Individuals ages 18-85 with diabetes

When?

Kidney health testing completed during 2026

Documentation

- eGFR result **AND** Urine Albumin-Creatinine Ratio (uACR) result with collection date for both tests

Provider Tip

- **Both tests are required to close the gap: *eGFR* and *uACR*.**
- A urine microalbumin result alone does not satisfy the measure unless the urine creatinine is also reported and a uACR can be determined.
- The most common reason this measure is missed is that only one of the two required tests is completed or documented.
- If testing is completed by an outside laboratory, ensure the results are available in the medical record.

Care for Older Adults

Functional Status Assessment (COA-FSA)

Who?

Adults 66 years and older

When?

Assessment completed during 2026

Documentation

- Documentation in progress note that ADLs were assessed or that at least five of the following were assessed:
  - Bathing
  - Dressing
  - Eating
  - Transferring
  - Using toilet
  - Walking
- Notation that IADLs were assessed or at least four of the following:
  - Grocery shopping
  - Driving/public transportation
  - Telephone use
  - Meal preparation
  - Housework
  - Home repair
  - Laundry
  - Taking medications
  - Handling finances
- Dated standardized functional status assessment tool

Does NOT Count:

- FSA performed in an acute setting
- Assessment limited to a single condition, event, injury, or body system
- Documentation stating only:
  - "Functional status done/assessed"
  - "Lives independently"
  - "Independent with ADLs"
  - "No functional limitations"

Provider Tip

- Components of the assessment may be completed during separate visits throughout 2026.
- The easiest way to ensure compliance is to document the individual ADLs and IADLs reviewed during the encounter.

Care for Older Adults

Medication Review (COA-MR)

Who?

Adults 66 years and older

When?

Medication review completed during 2026

Documentation

- Current medication list
- Documentation that medications were reviewed by a provider, prescribing practitioner, or pharmacist
- Date medication review was performed

Does NOT Count

- A review of side effects only
- Medications reviewed in an acute setting
- Medication orders alone
- Stand-alone medication list
- Documentation of medication reviewed without a current medication list

Provider Tip

- The easiest way to meet this measure is to document a current medication list and include a dated statement such as:
  - *"Medication list reviewed and reconciled with patient."*
  - *"Current medications reviewed with patient/caregiver."*
- A medication list by itself does not demonstrate that a review occurred.
- If the patient is not taking medications, clearly document **"No current medications"** or **"Medication review completed; patient is not taking medications."**
- Medication review may be documented in the progress note, annual wellness visit, care management note, or medication management encounter.

Maternal Health

Prenatal Care (PPC-PNV)

Who?

Pregnant individuals who delivered a live birth between Oct. 8, 2025 and Oct. 7, 2026.

When?

First trimester **OR** within 42 days of enrollment

Documentation

- Dated prenatal visit notes and/or standardized prenatal flow sheet with evidence visit occurred with an OB-GYN or other prenatal care practitioner or PCP with documentation of pregnancy
- Obstetrical examination that includes auscultation for fetal heart tone, pelvic exam, or measurement of fundus height
- Evidence of prenatal labs such as: obstetrical panel, TORCH antibody panel, rubella antibody test
- Pregnancy dating information such as LMP, EDD, gestational age, gravidity, and parity

Provider Tip

- Document the **first prenatal visit as clearly as possible**, including pregnancy dating information (LMP, EDD, gestational age, gravidity/parity) and who provided prenatal care.
- A completed prenatal visit must include evidence of prenatal care, not just a positive pregnancy test or pregnancy diagnosis.
- Prenatal flow sheets are acceptable as long as they are dated and support that prenatal care was provided.

Maternal Health

Postpartum Care (PPC-PPV)

Who?

Individuals who delivered a live birth between Oct. 8, 2025 and Oct. 7, 2026

When?

7-84 days after delivery of live birth

Documentation

- Delivery date
- Dated postpartum visit note with an OB-GYN or other prenatal care practitioner or PCP **AND** any of the following:
  - Notation of postpartum care
  - Perineal or cesarean incision/wound check
  - Pelvic exam
  - Evaluation of all four: weight, blood pressure, breasts, and abdomen
  - Screening for depression, anxiety, tobacco use, substance use disorder, or preexisting mental health disorders
  - Documentation of counseling or assessment related to:
    - Family planning/resumption of intercourse
    - Resumption of physical activity
    - Sleep/fatigue
    - Attainment of healthy weight
    - Infant care or breastfeeding

Does NOT Count

- Postpartum care provided in an acute inpatient setting

Provider Tip

- Postpartum care does **not** need to occur at a dedicated postpartum visit if the required postpartum components are documented during a qualifying visit with a qualifying provider within **7-84 days after delivery**.

Example: *A well visit with a PCP during which the required postpartum care components are completed and documented.*

Maternal Health

Perinatal Depression Screening (PDS) (PA Performance Measure)

Who?

- Pregnant individuals with at least one prenatal visit
- Postpartum individuals with a postpartum visit between 7-84 days after delivery

When?

Prenatal Depression Screening

- During prenatal care visit
- Screening during first two prenatal visits

Postpartum Depression Screening

- 7-84 days after delivery
- Screening must occur after discharge from the delivery hospitalization. Screening performed before discharge does not count.

Documentation

- Date of screening and result or score
  - If positive, document: evaluation, active treatment, and/or referral
- Validated screening tool used (EPDS, PHQ-2, PHQ-9, PDSS, or other approved tool)
- ONAF may be used only when supporting progress notes are included
- Screening tool alone is not sufficient; it must be accompanied by medical record documentation

Does NOT Count

- Postpartum depression screening performed before discharge from the delivery hospitalization
- Documentation that states depression was discussed without evidence that a validated screening tool was used

Provider Tip

- Postpartum depression screening performed before hospital discharge does not count.
- Active treatment for depression may satisfy screening, positive screen, and treatment/referral requirements when appropriately documented.
- Ensure the visit documentation includes the screening date, screening tool used, and result, including EMR app questionnaires or worksheets completed by the member.
- If the screen is positive, clearly document the action taken (referral, treatment, follow-up plan, or active management).

Maternal Health

Prenatal Screening for Smoking and Treatment Discussion During a Prenatal Visit (PSS) (PA Performance Measure)

Who?

Pregnant individuals with at least one prenatal visit

When?

Smoking Screening

- **During the first two prenatal visits**
- For members enrolling during pregnancy, during the first two prenatal visits after enrollment

Counseling/Referral

- **During pregnancy** after a positive smoking or environmental tobacco smoke (ETS) screening

Documentation

- Dated ONAF with completed tobacco and environmental tobacco exposure screening
- Completed perinatal flow sheet with date and result of tobacco screening
- Progress note with current smoking status and date of screening. Documentation may include:
  - Current smoker
  - Quit after becoming pregnant
  - Smoked within 6 months prior to pregnancy
  - Vaping/e-cigarette use
- Progress note with environmental tobacco smoke (ETS) exposure status
- Counseling related to smoking
- Referral to or participation in a smoking cessation program

Does NOT Count

- After Visit Summaries (AVS) alone
- Copied-forward smoking history that does not reflect the patient's current smoking status
- Smoking status documented without a screening date

Provider Tip

- A smoker is defined as someone who smoked within 6 months prior to pregnancy or anytime through the first 2 prenatal visits of the current pregnancy.
- Vaping/e-cigarette use counts as tobacco use for this measure.
- Medical or social history documenting current smoking status (must reflect current status and not carried-forward information)
- Exposure to tobacco is often missed and should be included in all screenings for smoking.

Pediatric & Adolescent Care

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

Who?

Children birth through 30 months of age

When?

- 6 or more visits during the first 15 months of life (2025-2026)
- 2 or more visits between 15 and 30 months of age (2024-2026)

Documentation

- Well-child visit note with date of service must include:
  - Health history
  - Physical exam involving at least three body systems (vital signs alone do not count)
  - Development and cognitive assessment
  - Physical development assessment
  - Health education or anticipatory guidance documentation

Provider Tip

- If multiple providers see the child, make sure all completed well-child visits are available in the medical record so every qualifying visit can be counted.
- **Components can be captured during a sick visit.**
- **Telehealth visits are not eligible.**

Child and Adolescent Well-Care Visits (WCV)

Who?

Children and young adults ages 3-21

When?

At least one well-care visit during 2026

Documentation

- Dated well-care visit notes. Must include:
  - Health history
  - Physical exam involving at least 3 body systems (vital signs alone do not count)
  - Mental development assessment
  - Physical development assessment
  - Health education or anticipatory guidance

Does NOT Count

- Acute-care visits
- Sports physicals completed without well-care components
- Visits documenting only immunizations
- Visits that lack preventive care components

Provider Tip

- Ensure the note includes preventive services, developmental assessment, physical examination, and anticipatory guidance.
- Annual well-care visits may be completed by a **PCP** or **OB-GYN**, when appropriate.
- If the patient is seen multiple times during the year, clearly identify the preventive/well-care visit in the medical record to support gap closure.

Pediatric & Adolescent Care

Weight Assessment & Counseling for Nutrition and Physical Activity (WCC)

Who?

Children and adolescents ages 3-17

When?

Assessment completed during 2026

Documentation

- BMI percentile – a value is not accepted
  - Age appropriate growth chart or dated percentile noted within a progress note
- Nutrition counseling
- Physical activity counseling

Does NOT Count

- BMI value without a documented BMI percentile
- Documentation of height and weight alone
- Services specific to the treatment of an acute or chronic condition **do not count** toward counseling for anticipatory guidance
- Guidance alone without assessment of current nutrition or activity such as:
  - "Discussed diet"
  - "Exercise encouraged"
  - "Healthy lifestyle discussed"
  - "Appetite is good"

Provider Tip

- All three components are required: BMI percentile, nutrition counseling, and physical activity counseling.
- Nutrition counseling and physical activity counseling do not need extensive documentation, but the medical record should clearly indicate that counseling was provided.
- One missing component means the visit will not meet the measure.

Pediatric & Adolescent Care

Lead Screening in Children (LSC-E)

Who?

Children turning 2 years old during the measurement year

When?

Lead screening completed by the child's 2nd birthday in 2026

Documentation

- Date performed
- Date resulted
- Actual lead value/result

Provider Tip

- Lead screening must be completed by the child's 2nd birthday.
- Document the date performed, date resulted, and the actual lead test value/result in the medical record.
- Documentation of an order, referral, or screening recommendation alone does not meet measure requirements.

Childhood Immunization Status (CIS-E)

Who?

Children turning 2 years old

When?

Required immunizations completed by the child's 2nd birthday in 2026

Documentation

- Immunization history or registry report
- Vaccine names and administration dates
- Supporting documentation for vaccinations received outside the practice

Required Immunizations

- DTaP: 4 doses
- IPV (Polio): 3 doses
- MMR: 1 dose
- HiB: Complete series – 3 doses
- Hepatitis B: 3 doses
- Varicella (Chickenpox): 1 dose
- Pneumococcal Conjugate (PCV): Complete series – 4 doses
- Hepatitis A: 2 doses
- Rotavirus: Complete series
- Influenza: 2 doses

Does NOT Count

- Verbal report of immunizations without supporting documentation
- Immunizations administered after the child's 2nd birthday
- Incomplete vaccine series when the complete series is required

Provider Tip

- Review immunization status at every well-child visit to identify gaps before the child's 2nd birthday.
- Obtain vaccine records from outside providers, pharmacies, and state immunization registries when available.
- The most common reason children miss this measure is incomplete documentation rather than missing vaccinations. Ensure all administered vaccines and historical vaccines are entered into the medical record and immunization registry.

Pediatric & Adolescent Care

Immunizations for Adolescents (IMA-E)

Who?

Adolescents turning 13 years old

When?

Required immunizations completed by the 13th birthday

Documentation

- Immunization history or registry report
- Vaccine names and administration dates
- Supporting documentation for immunizations received outside the practice

Required Immunizations

- Tdap: 1 vaccine
- Meningococcal: 1 vaccine
- HPV: Complete series
  - 2 doses between ages 9 and 12, or
  - 3-dose series when clinically indicated and administered according to ACIP schedule
  - HPV vaccination may begin as early as age 9 and still counts toward the measure

Does NOT Count

- Immunizations administered after the 13th birthday
- Verbal report of vaccination without supporting documentation
- Incomplete HPV series when additional doses are required

Provider Tip

- Review immunization status at every well-care visit beginning at ages 11-12.
- The most commonly missed immunization is the HPV series.
- Obtain records from outside providers, pharmacies, schools, and state immunization registries when available.
- Ensure all historical vaccines are entered into the medical record and immunization registry with the correct administration dates.

Care Coordination/Transitions

Transitions of Care - Patient Engagement After Inpatient Discharge (TRC-PE)

Who?

Individuals discharged from an inpatient admission

When?

Patient engagement completed within 30 days following an inpatient **discharge between 1/1/2026-12/1/2026**

Documentation

- Dated encounter documentation clearly noting follow-up after inpatient discharge. Qualifying encounters include:
  - Office visit
  - Telehealth visit
  - Telephone encounter
  - Care management outreach
  - Home visit

Does NOT Count

- Outreach attempts without successful engagement
- Appointment scheduling or reminders only
- Administrative calls without clinical follow-up
- Encounters occurring more than **30 days after discharge**

Provider Tip

- Follow-up may be completed through an office visit, telehealth visit, telephone encounter, care management outreach, or home visit.
- Clearly document that the encounter was related to the recent hospitalization and include the date of engagement.
- Scheduling a follow-up visit alone does not satisfy the measure; the engagement must actually occur.

Care Coordination/Transitions

Transitions of Care - Notification of Inpatient Admission (TRC-NOIA)

Who?

Individuals admitted to an inpatient facility

When?

Admission notification received **on the admission date or within 2 days after admission** for participants discharged from an inpatient admission between **1/1/2026-12/1/2026**

Documentation

- Admission notification with documented and dated proof that the PCP/ongoing provider received or had access to the admission notice on the day of admission through 2 days after admission (3 days total)
- Admission alert, ADT notice, hospital communication, shared EMR evidence, or health plan communication acknowledged, received, or viewable by the outpatient provider
- Shared EMR documentation showing the date the notification was received or made available
- Documentation should clearly identify the inpatient admission associated with the notification
- Documentation should clearly show the date the notification became available to the PCP/ongoing provider

Does NOT Count

- Notifications received more than 2 days after admission
- Undated admission notifications
- Admission notifications that cannot be linked to the inpatient admission
- Documentation that an admission occurred without evidence that the PCP/ongoing provider received or had access to the notification

Provider Tip

- Admission notifications may be received through an ADT alert, shared EMR, hospital communication, health plan notification, or other electronic notification system.
- Ensure the medical record includes the date the admission notification became available to the outpatient provider.
- The measure evaluates timely notification of admission, not awareness of the hospitalization after discharge.
- Notification to the provider by the member or the member's family does not count.

Care Coordination/Transitions

Transitions of Care - Receipt of Discharge Information (TRC-ROD)

Who?

Individuals discharged from an inpatient facility

When?

Discharge information received **on the discharge date or within 2 days after discharge for patients discharged from an inpatient admission between 1/1/2026-12/1/2026.**

Documentation

- Discharge notification with documented and dated proof that the PCP/ongoing provider received or had access to the discharge information on the discharge date or within 2 days after discharge
- Documentation should clearly show the date the discharge information was received or made available to the outpatient provider
- Documentation should include **ALL** of the following:
  - Practitioner responsible for the member's care during the inpatient stay
  - Discharge diagnosis
  - Procedures and treatments provided during the hospitalization
  - Medication list at discharge
  - Test results or documentation of pending tests
  - Patient instructions for post-discharge
- Shared EMR documentation, hospital communication, discharge notification, or health plan communication showing receipt date may be used.

Does NOT Count

- Discharge information received more than 2 days after discharge
- Undated discharge documentation
- Partial discharge information that is missing required components
- Documentation that a discharge occurred without evidence that the PCP/ongoing provider received or had access to the discharge information

Provider Tip

- The most common reason this measure is missed is that the complete discharge packet is not available in the outpatient record.
- Documentation must include dates of when the discharge information became available to the PCP/ongoing provider, not simply that the patient was discharged.

Care Coordination/Transitions

Transitions of Care - Medication Reconciliation (TRC-MR)

Who?

Individuals discharged from an inpatient facility

When?

Medication reconciliation completed within **30 days of discharge** for participants discharged from an inpatient admission between **1/1/2026-12/1/2026**.

Documentation

- Documentation that discharge medications were reviewed and reconciled with current medications and date of reconciliation.
- Documentation should clearly indicate that the medication reconciliation was performed by a provider, prescribing practitioner, clinical pharmacist, or registered nurse acting within their scope of practice.
- Acceptable documentation may include wording such as:
  - "Discharge medications reconciled with current medication list"
  - "Medication reconciliation completed following hospital discharge"
  - "Hospital discharge medications reviewed and reconciled"

Does NOT Count

- Medication list alone without evidence of reconciliation
- Medication orders alone
- Review of medication side effects only
- Documentation that medications were reviewed without evidence that discharge medications were reconciled with the current medication list
- Medication reconciliation completed more than 30 days after discharge

Provider Tip

- The easiest way to satisfy this measure is to document that the hospital discharge medications were reviewed and reconciled with the patient's current medication list with a date.
- A medication list by itself does not meet the measure.
- Be sure the note includes the date of reconciliation and clearly references the recent hospitalization.
- If no medication changes were needed, document that the discharge medications were reviewed and reconciled with the current medication list.

Care Coordination/Transitions

Follow-Up After Emergency Department Visit for People With Multiple High-Risk Chronic Conditions (FMC)

Who?

Individuals with multiple high-risk chronic conditions who had an **emergency department visit between 1/1/2026-12/24/2026**

When?

Follow-up completed within 7 days of ED discharge

Documentation

- Office visit, telehealth visit, telephone follow-up, care management visit, Transitional Care Management, and case management visits all meet criteria. A note should include:
  - Date of follow-up encounter
  - Documentation referencing the ED visit and date

PROVIDER REMINDER:

Accurate coding and timely claim/encounter submission are the best ways to capture services. When claims do not capture a service, complete medical record documentation may support care gap closure.

Codes for Compliance

Adult Preventive Screenings

Breast Cancer Screening (BCS)

Codes

- CPT: 77061, 77062, 77063, 77065, 77066, 77067
- LOINC: 103885-0, 103886-8, 103892-6, 103893-4, 103894-2, 24604-1, 24605-8, 24606-6, 24610-8, 26175-0, 26176-8, 26177-6, 26287-3, 26289-9, 26291-5, 26346-7, 26347-5, 26348-3, 26349-1, 26350-9, 26351-7, 36319-2, 36625-2, 36626-0, 36627-8, 36642-7, 36962-9, 37005-6, 37006-4, 37016-3, 37017-1, 37028-8, 37029-6, 37030-4, 37037-9, 37038-7, 37052-8, 37053-6, 37539-4, 37542-8, 37543-6, 37551-9, 37552-7, 37553-5, 37554-3, 37768-9, 37769-7, 37770-5, 37771-3, 37772-1, 37773-9, 37774-7, 37775-4, 38070-9, 38071-7, 38072-5, 38090-7, 38091-5, 38807-4, 38820-7, 38854-6, 38855-3, 42415-0, 42416-8, 46335-6, 46336-4, 46337-2, 46338-0, 46339-8, 46350-5, 46351-3, 46356-2, 46380-2, 48475-8, 48492-3, 69150-1, 69251-7, 69259-0, 72137-3, 72138-1, 72139-9, 72140-7, 72141-5, 72142-3, 86462-9, 86463-7, 91517-3, 91518-1, 91519-9, 91520-7, 91521-5, 91522-3

Cervical Cancer Screening (CCS)

Codes

- Pap Test
  - CPT: 88141, 88142, 88143, 88147, 88148, 88150, 88152, 88153, 88164, 88165, 88166, 88167, 88174, 88175
  - HCPCS: G0123, G0124, G0141, G0143, G0144, G0145, G0147, G0148, P3000, P3001
  - LOINC: 104866-9, 10524-7, 18500-9, 19762-4, 19765-7, 19766-5, 19774-9, 33717-0, 47527-7, 47528-5
  - SNOMED: 168406009, 168407000, 168408005, 168410007, 168414003, 168415002, 168416001, 168424006, 250538001, 269957009, 269958004, 269959007, 269960002, 269961003, 269963000, 275805003, 281101005, 309081009, 310841002, 310842009, 416030007, 416032004, 416033009, 439074000, 439776006, 439888000, 441087007, 441088002, 441094005, 441219009, 441667007, 700399008, 700400001, 1155766001, 62051000119105, 62061000119107, 98791000119102
- hrHPV Test
  - CPT: 87624, 87625, 87626, 0502U
  - HCPCS: G0476
  - LOINC: 104132-6, 104170-6, 104752-1, 104766-1, 104783-6, 106508-5, 106509-3, 21440-3, 30167-1, 38372-9, 59263-4, 59264-2, 59420-0, 69002-4, 71431-1, 75694-0, 77379-6, 77399-4, 77400-0, 82354-2, 82456-5, 82675-0, 95539-3

Colorectal Cancer Screening (COL-E)

Codes

- Colonoscopy
  - 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
  - HCPCS: G0105, G0121
  - SNOMED: 8180007, 12350003, 25732003, 73761001, 174158000, 174171002, 174173004, 174179000, 174185007, 235150006, 302052009, 311774002, 367535003, 426699005, 443998000, 444783004, 446521004, 446745002, 447021001, 609197007, 709421007, 710293001, 711307001, 771568007, 773128008, 773129000, 789778002, 1209098000, 1217313001, 1304042004, 1304043009, 1304044003, 1304045002, 1304049008, 1304050008, 1351202006, 10371000132109, 48021000087103, 48031000087101
- FOBT
  - CPT: 82270, 82274
  - HCPCS: G0328
  - LOINC: 104738-0, 107189-3, 107190-1, 107191-9, 12503-9, 12504-7, 14563-1, 14564-9, 14565-6, 2335-8, 27396-1, 27401-9, 27925-7, 27926-5, 29771-3, 56490-6, 56491-4, 57905-2, 58453-2, 80372-6
  - SNOMED: 59614000, 167667006, 389076003, 71711000112103

Colorectal Cancer Screening (COL-E)

Codes

- FIT-DNA (Cologuard)
  - CPT: 81528, 0464U
  - LOINC: 77353-1, 77354-9
- Flexible sigmoidoscopy
  - CPT: 45330, 45331, 45332, 45333, 45334, 45335, 45337, 45338, 45340, 45341, 45342, 45346, 45347, 45349, 45350
  - HCPCS: G0104
  - SNOMED: 44441009, 396226005, 425634007
- CT colonography
  - CPT: 74261, 74262, 74263
  - LOINC: 60515-4, 72531-7, 79069-1, 79071-7, 79101-2, 82688-3

Osteoporosis Management in Women Who Had a Fracture (OMW)

Codes

- Bone Density Test
  - CPT: 77080, 77081, 77085, 77086
  - CD-10: BQ00ZZ1, BQ01ZZ1, BQ03ZZ1, BQ04ZZ1, BR00ZZ1, BR07ZZ1, BR09ZZ1, BR0GZZ1
  - LOINC: 38268-9, 38269-7, 83012-5, 83013-3, 83014-1, 83051-3, 101804-3, 101805-0, 104938-6, 24701-5, 24890-6, 24966-4, 38261-4, 38262-2, 38263-0, 38264-8, 38265-5, 38266-3, 38267-1, 46278-8, 46279-6, 46383-6, 80932-7, 80933-5, 80934-3, 80935-0, 80936-8, 80937-6, 80938-4, 80939-2, 80940-0, 80941-8, 80942-6, 80943-4, 80944-2, 80945-9, 80946-7, 80947-5, 80948-3, 80949-1, 80950-9, 80951-7, 80952-5, 80953-3, 80954-1, 80955-8, 80956-6, 85385-3, 85386-1, 85387-9, 85388-7, 85389-5, 85390-3, 85391-1, 85392-9, 85393-7, 85394-5

Blood Pressure & Diabetes

Controlling Blood Pressure (CBP)

Codes

- Systolic
  - CPT: 3074F, 3075F, 3077F
  - LOINC: 75997-7, 8459-0, 8480-6, 8508-4, 8546-4, 8547-2
- Diastolic
  - CPT: 3078F, 3079F, 3080F
  - LOINC: 75995-1, 8453-3, 8462-4, 8496-2, 8514-2, 8515-9

Glycemic Status Assessment for Patients With Diabetes (GSD)

Codes

- HbA1c Test
  - CPT: 83036, 83037
  - LOINC: 17855-8, 17856-6, 4548-4, 4549-2, 96595-4
  - CPT II: 3044F, 3046F, 3051F, 3052F
  - SNOMED: 165679005, 451061000124104
- Result (< 8.0 %)
  - CPT II: 3044F, 3051F
- Result (>= 8.0 %)
  - CPT II: 3046F, 3052F

Eye Exam for Patients With Diabetes (EED)

Codes

- Codes that can only be billed by an optometrist or ophthalmologist
  - Retinal Eye Exams
    - CPT: 92002, 92004, 92012, 92014, 92018, 92019, 92134, 92227, 92228, 92137, 92201, 92202, 92230, 92235, 92250, 99203, 99204, 99205, 99213, 99214, 99215, 99242, 99243, 99244, 99245
    - HCPCS: S0621, S0620, S3000
    - SNOMED: 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, 252785002, 252786001, 252787005, 1145354004, 1148602002
  - Diabetes Mellitus Without Complications
    - ICD-10-CM: E10.9, E11.9, E13.9
    - SNOMED: 111552007, 190412005, 290002008, 313436004, 443694000, 444073006, 444074000, 444110003, 445353002, 870528001, 1217044000, 1217068008, 1290118005, 1481000119100, 31321000119102, 164971000119101, 721111000124107, 721121000124104, 721201000124104
- Codes that can be billed by ANY provider type
  - Eye Exam With Evidence of Retinopathy CPT-II: 2022F, 2024F, 2026F
  - Eye Exam Without Evidence of Retinopathy during current year or prior year CPT-II: 2023F, 2025F, 2033F
  - Diabetic retinal screening negative in prior year CPT-II: 3072F
  - Autonomous Eye Exam:
    - CPT: 92229

Eye Exam for Patients With Diabetes (EED)

Codes

– LOINC code 105914-6 with a result:

• LA34398-0 ETDRS Level 20 or lower, without macular edema

• LA34399-8 ETDRS Level 35 or higher, with or without macular edema

o Retinal Imaging CPT: 92227, 92228, 92137

o Retinal exam finding:

– Left Eye LOINC: 71490-7

– Right Eye LOINC: 71490-7

– With Diabetic Retinopathy Severity Level LOINC:

• LA18643-9 No apparent retinopathy

• LA18644-7 Mild non-proliferative retinopathy

• LA18645-4 Moderate non-proliferative retinopathy

• LA18646-2 Severe non-proliferative retinopathy

• LA18648-8 Proliferative retinopathy

– Or a combination that indicates one eye is enucleated and the other was examined:

• Enucleation ICD-10-PCS: 08T1XZZ (Resection of Left Eye, External Approach)

• Enucleation ICD-10-PCS: 08T0XZZ (Resection of Right Eye, External Approach)

Kidney Health Evaluation for Patients With Diabetes (KED)

Codes

- eGFR
  - CPT: 80047, 80048, 80050, 80053, 80069, 82565
  - LOINC: 102097-3, 50044-7, 50210-4, 50384-7, 62238-1, 69405-9, 70969-1, 77147-7, 94677-2, 98979-8, 98980-6
- uACR
  - Both a quantitative urine albumin test and a urine creatinine test within 4 days of each other:
    - Urine albumin CPT: 81043
    - Urine albumin LOINC: 100158-5, 14957-5, 1754-1, 21059-1, 30003-8, 43605-5, 53530-2, 53531-0, 57369-1, 89999-7
    - Urine creatinine CPT: 82570
    - Urine creatinine LOINC: 20624-3, 2161-8, 35674-1, 39982-4, 57344-4, 57346-9, 58951-5
  - Or a uACR test:
    - LOINC: 13705-9, 14958-3, 14959-1, 30000-4, 44292-1, 59159-4, 76401-9, 77253-3, 77254-1, 89998-9, 9318-7

Care for Older Adults

Functional Status Assessment (COA-FSA)

Codes

- CPT: 99483
- CPT II: 1170F
- HCPCS: G0438, G0439
- SNOMED: 304492001, 385880002

Medication Review (COA-MR)

Codes

- CPT: 90863, 99483, 99605, 99606, 99495, 99496
- CPT II: 1159F, 1160F
- HCPCS: G8427
- SNOMED: 428191000124101, 432311000124109, 719327002, 719328007, 719329004

Maternal Health

Prenatal Care (PPC-PNV)

Codes

- Bundled service or visit for prenatal care:
  - CPT: 59400, 59425, 59426, 59510, 59610, 59618, 99500
  - CPT-II: 0500F, 0501F, 0502F
  - HCPCS: H1005, H1000, H1001, H1002, H1003, H1004
  - SNOMED: 17629007, 18114009, 58932009, 66961001, 134435003, 135892000, 169600002, 169602005, 169603000, 169712008, 169713003, 169714009, 169715005, 169716006, 169717002, 169718007, 169719004, 169720005, 169721009, 169722002, 169723007, 169724001, 169725000, 169726004, 169727008, 171054004, 171055003, 171056002, 171057006, 171058001, 171059009, 171060004, 171061000, 171062007, 171063002, 171064008, 386235000, 386322007, 397931005, 406145006, 409010002, 422808006, 424441002, 424525001, 424619006, 439165004, 439733009, 439816006, 439908001, 440047008, 440227005, 440309009, 440536005, 440638004, 440669000, 440670004, 440671000, 441839001, 700256000, 702396006, 702736005, 702737001, 702738006, 702739003, 702740001, 702741002, 702742009, 702743004, 702744005, 710970004, 713076009, 713233004, 713234005, 713235006, 713237003, 713238008, 713239000, 713240003, 713241004, 713242006, 713386003, 713387007, 717794008, 717795009

Prenatal Care (PPC-PNV)

Codes

- Prenatal visit with a pregnancy-related diagnosis code:
  - CPT: 98000, 98001, 98002, 98003, 98004, 98005, 98006, 98007, 98008, 98009, 98010, 98011, 98012, 98013, 98014, 98015, 98016, 98966, 98967, 98968, 98970, 98971, 98972, 98979, 98980, 98981, 99202, 99203, 99204, 99205, 99211, 99212, 99213, 99214, 99215, 99242, 99243, 99244, 99245, 99421, 99422, 99423, 99441, 99442, 99443, 99457, 99458, 99470, 99483
  - HCPCS: G0071, G0463, G0544, G2010, G2012, G2250, G2251, G2252, T1015
  - SNOMED: 77406008, 185317003, 281036007, 314849005, 386472008, 386473003, 401267002

Postpartum Care (PPC-PPV)

Codes

- CPT: 88141, 88142, 88143, 88147, 88148, 88150, 88152, 88153, 88164, 88165, 88166, 88167, 88174, 88175, 59400, 59410, 59510, 59515, 59610, 59614, 59618, 59622, 57170, 58300, 59430, 99501
- CPT-II: 0503F
- HCPCS: G0123, G0124, G0141, G0143, G0144, G0145, G0147, G0148, P3000, P3001, G0101
- ICD-10: Z01.411, Z01.419, Z01.42, Z30.430, Z39.1, Z39.2
- LOINC: 104866-9, 10524-7, 18500-9, 19762-4, 19765-7, 19766-5, 19774-9, 33717-0, 47527-7, 47528-5
- SNOMED: 168406009, 168407000, 168408005, 168410007, 168414003, 168415002, 168416001, 168424006, 250538001, 269957009, 269958004, 269959007, 269960002, 269961003, 269963000, 275805003, 281101005, 309081009, 310841002, 310842009, 416030007, 416032004, 416033009, 439074000, 439776006, 439888000, 441087007, 441088002, 441094005, 441219009, 441667007, 700399008, 700400001, 1155766001, 62051000119105, 62061000119107, 98791000119102, 133906008, 133907004, 169762003, 169770008, 169771007, 169772000, 384634009, 384635005, 384636006, 408883002, 408884008, 408886005, 409018009, 409019001, 431868002, 440085006, 717810008

Perinatal Depression Screening (PDS) (PA Performance Measure)

Codes

- Follow up Visit code along with a diagnosis of depression or other behavioral health condition:
  - CPT: 98000, 98001, 98002, 98003, 98004, 98005, 98006, 98007, 98008, 98009, 98010, 98011, 98012, 98013, 98014, 98015, 98016, 98960, 98961, 98962, 98966, 98967, 98968, 98970, 98971, 98972, 98979, 98980, 98981, 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, 99421, 99422, 99423, 99441, 99442, 99443, 99457, 99458, 99470, 99483

Perinatal Depression Screening (PDS) (PA Performance Measure)

Codes

- HCPCS: G0071, G0463, G0544, G2010, G2012, G2250, G2251, G2252, T1015
- SNOMED: 42137004, 50357006, 86013001, 90526000, 108220007, 108221006, 185317003, 185389009, 281036007, 314849005, 386472008, 386473003, 390906007, 401267002, 406547006, 870191006
- UBREV: 0510, 0513, 0516, 0517, 0519, 0520, 0521, 0522, 0523, 0526, 0527, 0528, 0529, 0982, 0983

- A depression case management visit that documents symptoms of depression or other behavioral health condition:
  - Case Management:
    - CPT: 99366, 99492, 99493
    - HCPCS: G0512, T1016, T1017, T2022, T2023
    - SNOMED: 182832007, 225333008, 385828006, 386230005, 409022004, 410216003, 410219005, 410328009, 410335001, 410346003, 410347007, 410351009, 410352002, 410353007, 410354001, 410356004, 410360001, 410363004, 410364005, 410366007, 416341003, 416584001, 424490002, 425604002, 737850002, 1344983001, 1344984007, 1344994002, 1345003009, 1345013001, 1345014007, 621561000124106, 661051000124109, 662081000124106, 662541000124107, 842901000000108
  - Symptoms of Depression:
    - SNOMED: 394924000, 788976000
- A behavioral health encounter:
  - CPT: 90791, 90792, 90832, 90833, 90834, 90836, 90837, 90838, 90839, 90845, 90846, 90847, 90849, 90853, 90865, 90867, 90868, 90869, 90870, 90875, 90876, 90880, 90887, 99484, 99492, 99493
  - HCPCS: G0155, G0176, G0177, G0409, G0410, G0411, G0511, G0512, H0002, H0004, H0031, H0034, H0035, H0036, H0037, H0039, H0040, H2000, H2001, H2010, H2011, H2012, H2013, H2014, H2015, H2016, H2017, H2018, H2019, H2020, S0201, S9480, S9484, S9485
  - SNOMED: 5694008, 10197000, 10997001, 38756009, 45392008, 79094001, 88848003, 90407005, 91310009, 165171009, 165190001, 225337009, 370803007, 372067001, 385721005, 385724002, 385725001, 385726000, 385727009, 385887004, 385889001, 385890005, 401277000, 410223002, 410224008, 410225009, 410226005, 410227001, 410228006, 410229003, 410230008, 410231007, 410232000, 410233005, 410234004, 439141002
  - UBREV: 0900, 0901, 0902, 0903, 0904, 0905, 0907, 0911, 0912, 0913, 0914, 0915, 0916, 0917, 0919
- Diagnosis: Encounter for exercise counseling: Z71.82*

Pediatric & Adolescent Care

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

Codes

- CPT: 99381, 99382, 99383, 99384, 99385, 99391, 99392, 99393, 99394, 99395, 99461
- HCPCS: G0438, G0439, S0302, S0610, S0612, S0613
- ICD-10: Z00.00, Z00.01, Z00.110, Z00.111, Z00.121, Z00.129, Z00.2, Z00.3, Z01.411, Z01.419, Z02.5, Z02.84, Z76.1, Z76.2
- SNOMED: 103740001, 170099002, 170107008, 170114005, 170123008, 170132005, 170141000, 170150003, 170159002, 170168000, 170250008, 170254004, 170263002, 170272005, 170281004, 170290006, 170300004, 170309003, 171387006, 171394009, 171395005, 171409007, 171410002, 171416008, 171417004, 243788004, 268563000, 270356004, 401140000, 410620009, 410621008, 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, 410648009, 410649001, 410650001, 442162000, 783260003, 1269517007, 1269518002, 444971000124105, 446301000124108, 446381000124104, 669251000168104, 669261000168102, 669271000168108, 669281000168106

Child and Adolescent Well-Care Visits (WCV)

Codes

- CPT: 99381, 99382, 99383, 99384, 99385, 99391, 99392, 99393, 99394, 99395, 99461
- HCPCS: G0438, G0439, S0302, S0610, S0612, S0613
- ICD-10: Z00.00, Z00.01, Z00.110, Z00.111, Z00.121, Z00.129, Z00.2, Z00.3, Z01.411, Z01.419, Z02.5, Z02.84, Z76.1, Z76.2
- SNOMED: 103740001, 170099002, 170107008, 170114005, 170123008, 170132005, 170141000, 170150003, 170159002, 170168000, 170250008, 170254004, 170263002, 170272005, 170281004, 170290006, 170300004, 170309003, 171387006, 171394009, 171395005, 171409007, 171410002, 171416008, 171417004, 243788004, 268563000, 270356004, 401140000, 410620009, 410621008, 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, 410648009, 410649001, 410650001, 442162000, 783260003, 1269517007, 1269518002, 444971000124105, 446301000124108, 446381000124104, 669251000168104, 669261000168102, 669271000168108, 669281000168106

Weight Assessment & Counseling for Nutrition and Physical Activity (WCC)

Codes

- BMI Percentile:
  - ICD-10: Z68.51, Z68.52, Z68.53, Z68.54, Z68.55, Z68.56
  - LOINC: 59574-4, 59575-1, 59576-9
- Counseling for Nutrition:
  - CPT: 97802, 97803, 97804
  - HCPCS: G0270, G0271, G0447, S9449, S9452, S9470
  - SNOMED: 11816003, 61310001, 183059007, 183060002, 183061003, 183062005, 183063000, 183065007, 183066008, 183067004, 183070000, 183071001, 226067002, 266724001, 275919002, 281085002, 284352003, 305849009, 305850009, 305851008, 306163007, 306164001, 306165000, 306626002, 306627006, 306628001, 313210009, 370847001, 386464006, 404923009, 408910007, 410171007, 410177006, 410200000, 429095004, 431482008, 443288003, 609104008, 698471002, 699827002, 699829004, 699830009, 699849008, 700154005, 700258004, 705060005, 710881000, 1230141004, 14051000175103, 428461000124101, 428691000124107, 441041000124100, 441201000124108, 441231000124100, 441241000124105, 441251000124107, 441261000124109, 441271000124102, 441281000124104, 441291000124101, 441301000124100, 441311000124102, 441321000124105, 441331000124108, 441341000124103, 441351000124101, 445291000124103, 445301000124102, 445331000124105, 445641000124105
- Counseling for Physical Activity:
  - ICD: Z02.5, Z71.82
  - HCPCS: G0447, S9451
  - SNOMED: 103736005, 183073003, 281090004, 304507003, 304549008, 304558001, 310882002, 386291006, 386292004, 386463000, 390864007, 390893007, 398636004, 398752005, 408289007, 410200000, 410289001, 410335001, 429778002, 710849009, 435551000124105

Lead Screening in Children (LSC-E)

Codes

- CPT: 83655
- LOINC: 10368-9, 10912-4, 14807-2, 17052-2, 25459-9, 27129-6, 32325-3, 5674-7, 77307-7

Childhood Immunization Status (CIS-E)

Codes

- DTaP:
  - CVX: 20, 50, 106, 107, 110, 120, 146, 198
  - CPT: 90697, 90698, 90700, 90723
  - Anaphylaxis/encephalitis (SNOMED): 428281000124107, 428291000124105, 192710009, 192711008, 192712001
- IPV (Polio):
  - CVX: 10, 89, 110, 120, 146
  - CPT: 90697, 90698, 90713, 90723
  - Anaphylaxis (SNOMED): 471321000124106
- MMR:
  - CVX: 03, 94
  - CPT: 90707, 90710
  - History of Measles:
    - ICD-10: B05.0, B05.1, B05.2, B05.3, B05.4, B05.81, B05.89, B05.9
    - SNOMED: 14189004, 28463004, 60013002, 74918002, 161419000, 186561002, 186562009, 195900001, 240483006, 240484000, 359686005, 371111005, 406592004, 417145006, 424306000, 105841000119101, 293721000119101
  - History of Mumps:
    - ICD-10: B26.0, B26.1, B26.2, B26.3, B26.81, B26.82, B26.83, B26.84, B26.85, B26.89, B26.9
    - SNOMED: 10665004, 17121006, 31524007, 31646008, 36989005, 40099009, 44201003, 63462008, 72071001, 75548002, 78580004, 89231008, 89764009, 161420006, 235123001, 236771002, 237443002, 240526004, 240527008, 240529006, 371112003, 1163539003, 105821000119107, 293721000119101
  - History of Rubella:
    - ICD-10: B06.00, B06.01, B06.02, B06.09, B06.81, B06.82, B06.89, B06.9
    - SNOMED: 1857005, 10082001, 13225007, 19431000, 36653000, 47082005, 51490003, 64190005, 79303006, 111868009, 128191000, 161421005, 186567003, 186570004, 192689006, 231985001, 232312000, 240485004, 253227001, 278968001, 302811004, 1285608004, 105791000119104, 293721000119101, 1092351000119107, 1092361000119109
    - Anaphylaxis (SNOMED): 471331000124109
- HiB:
  - CVX: 17, 46, 47, 48, 49, 50, 51, 120, 146, 148, 198
  - CPT: 90644, 90647, 90648, 90697, 90698, 90748
  - Anaphylaxis (SNOMED): 433621000124101
- Hepatitis B:
  - CVX: 08, 44, 45, 51, 110, 146, 198

Childhood Immunization Status (CIS-E)

Codes

- History of Hepatitis B:
  - ICD-10: B16.0, B16.1, B16.2, B16.9, B18.0, B18.1, B19.10, B19.11
  - SNOMED: 1116000, 13265006, 26206000, 38662009, 50167007, 53425008, 61977001, 66071002, 76795007, 111891008, 186624004, 186626002, 186639003, 235864009, 235865005, 235869004, 235871004, 424099008, 424340000, 429721005, 442134007, 442374005, 446698005, 713966008, 838380002, 1230342001, 59851000119103, 103611000119102, 153091000119109, 551621000124109, 16859701000119109
  - Anaphylaxis (SNOMED): 428321000124101
- Varicella (Chickenpox):
  - CVX: 21, 94
  - CPT: 90710, 90716
- Pneumococcal Conjugate (PCV):
  - CVX: 109, 133, 152, 215, 216
  - CPT: 90670, 90671, 90677
  - HCPCS: G0009
  - Anaphylaxis (SNOMED): 471141000124102
- Hepatitis A:
  - CVX: 31, 83, 85

  CPT: 90633
  - History of Hepatitis A:
    - ICD-10: B15.0, B15.9
    - SNOMED: 16060001, 18917003, 25102003, 40468003, 43634002, 79031007, 111879004, 424758008, 428030001
    - Anaphylaxis (SNOMED): 471311000124103
- Rotavirus:
  - 2 Dose: CVX 119; CPT 90681
  - 3 Dose: CVX 116, 122; CPT 90680
  - Anaphylaxis (SNOMED): 428331000124103
- Influenza:
  - CVX: 88, 140, 141, 150, 153, 158, 161, 171, 186, 320, 111, 149, 333
  - CPT: 90655, 90656, 90657, 90658, 90661, 90674, 90685, 90686, 90687, 90688, 90689, 90756, 90660, 90672

Immunizations for Adolescents (IMA-E)

Codes

- Tdap vaccine:
  - CVX: 115
  - CPT: 90715
  - Anaphylaxis/encephalitis (SNOMED): 428281000124107, 428291000124105, 192710009, 192711008, 192712001
- Meningococcal vaccine:
  - CVX: 32, 108, 114, 136, 147, 167, 203, 316, 328
  - CPT: 90619, 90623, 90624, 90733, 90734
  - Anaphylaxis (SNOMED): 428301000124106
- HPV vaccine series:
  - CVX: 62, 118, 137, 165
  - CPT: 90649, 90650, 90651

Care Coordination/Transitions

Transitions of Care - Patient Engagement After Inpatient Discharge (TRC-PE)

Codes

- CPT: 99495, 99496, 98000, 98001, 98002, 98003, 98004, 98005, 98006, 98007, 98008, 98009, 98010, 98011, 98012, 98013, 98014, 98015, 98016, 98966, 98967, 98968, 98970, 98971, 98972, 98979, 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, 99441, 99442, 99443, 99455, 99456, 99457, 99458, 99470, 99483
- HCPCS: G0071, G0402, G0438, G0439, G0463, G0544, G2010, G2012, G2250, G2251, G2252, T1015
- SNOMED: 50357006, 77406008, 84251009, 86013001, 90526000, 185317003, 185463005, 185464004, 185465003, 209099002, 281036007, 314849005, 386472008, 386473003, 401267002, 439740005, 866149003, 3391000175108, 444971000124105, 456201000124103
- UBREV: 0510, 0511, 0513, 0514, 0515, 0516, 0517, 0519, 0520, 0521, 0522, 0523, 0526, 0527, 0528, 0529, 0982, 0983

Transitions of Care - Medication Reconciliation (TRC-MR)

Codes

- CPT: 99483, 99495, 99496, 99605, 99606
- CPT-II: 1111F
- SNOMED: 430193006, 428701000124107

Follow-Up After Emergency Department Visit for People with Multiple High-Risk Chronic Conditions (FMC)

Codes

- 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, 99510, 99366, 99439, 99487, 99489, 99490, 99491, 99495, 99496, 98000, 98001, 98002, 98003, 98004, 98005, 98006, 98007, 98008, 98009, 98010, 98011, 98012, 98013, 98014, 98015, 98016, 98966, 98967, 98968, 98970, 98971, 98972, 98979, 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, 99441, 99442, 99443, 99455, 99456, 99457, 99458, 99470, 99483
- HCPCS: G0155, G0176, G0177, G0409, G0463, G0512, G0560, H0002, H0004, H0031, H0034, H0036, H0037, H0039, H0040, H2000, H2010, H2011, H2013, H2014, H2015, H2016, H2017, H2018, H2019, H2020, T1015, T1016, T1017, T2022, T2023, G0506, G0071, G0402, G0438, G0439, G0463, G0544, G2010, G2012, G2250, G2251, G2252, T1015, G0410, G0411, H0035, H2001, H2012, S0201, S9480, S9484, S9485
- ICD-10: Z71.41, Z71.51
- SNOMED: 50357006, 77406008, 84251009, 86013001, 90526000, 185463005, 185464004, 185465003, 209099002, 281036007, 391223001, 391224007, 391225008, 391233009, 391237005, 391239008, 391242002, 391257009, 391260002, 391261003, 439740005, 866149003, 3391000175108, 444971000124105, 456201000124103, 386230005, 416341003, 425604002, 50357006, 77406008, 84251009, 86013001, 90526000, 185317003, 185463005, 185464004, 185465003, 209099002, 281036007, 314849005, 386472008, 386473003, 401267002, 439740005, 866149003, 3391000175108, 444971000124105, 456201000124103, 7133001, 305345009, 305346005, 305347001, 391038005, 391042008, 391043003, 391046006, 391047002, 391048007, 391054008, 391055009, 391056005, 391133003, 391150001, 391151002, 391152009, 391153004, 391170007, 391185001, 391186000, 391187009, 391188004, 391191004, 391192006, 391194007, 391195008, 391207001, 391208006, 391209003, 391210008, 391211007, 391228005, 391229002, 391232004, 391252003, 391254002, 391255001, 391256000

Follow-Up After Emergency Department Visit for People with Multiple High-Risk Chronic Conditions (FMC)

Codes

- UBREV: 0510, 0513, 0515, 0516, 0517, 0519, 0520, 0521, 0522, 0523, 0526, 0527, 0528, 0529, 0900, 0902, 0903, 0904, 0911, 0914, 0915, 0916, 0917, 0919, 0982, 0983, 0510, 0511, 0513, 0514, 0515, 0516, 0517, 0519, 0520, 0521, 0522, 0523, 0526, 0527, 0528, 0529, 0982, 0983, 0905, 0907, 0912, 0913
- Outpatient or Telehealth BH Visit Codes with Modifier:
  - 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
  - Modifier: 03, 05, 07, 09, 11, 12, 13, 14, 15, 16, 17, 18, 19, 20, 22, 27, 33, 49, 50, 71, 72
- Intensive Outpatient Visit or Partial Hospitalization:
  - 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
  - Modifier: 52
- Community Mental Health Center Visit:
  - 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
  - Modifier: 53
- Electroconvulsive Therapy with Modifier:
  - CPT: 90870
  - ICD-10: GZB0ZZZ, GZB2ZZZ, GZB4ZZZ
  - SNOMED: 10470002, 11075005, 23835007, 231079005, 231080008, 284468008, 313019002, 313020008, 1010696002, 1010697006
  - Modifier: 24, 52, 53
- Telehealth Visit with Telehealth Modifier:
  - 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
  - Modifier: 02, 10