meridian   ambetter.   wellcare   YouthCare

Quick Reference Guide
HEDIS® MY 2025
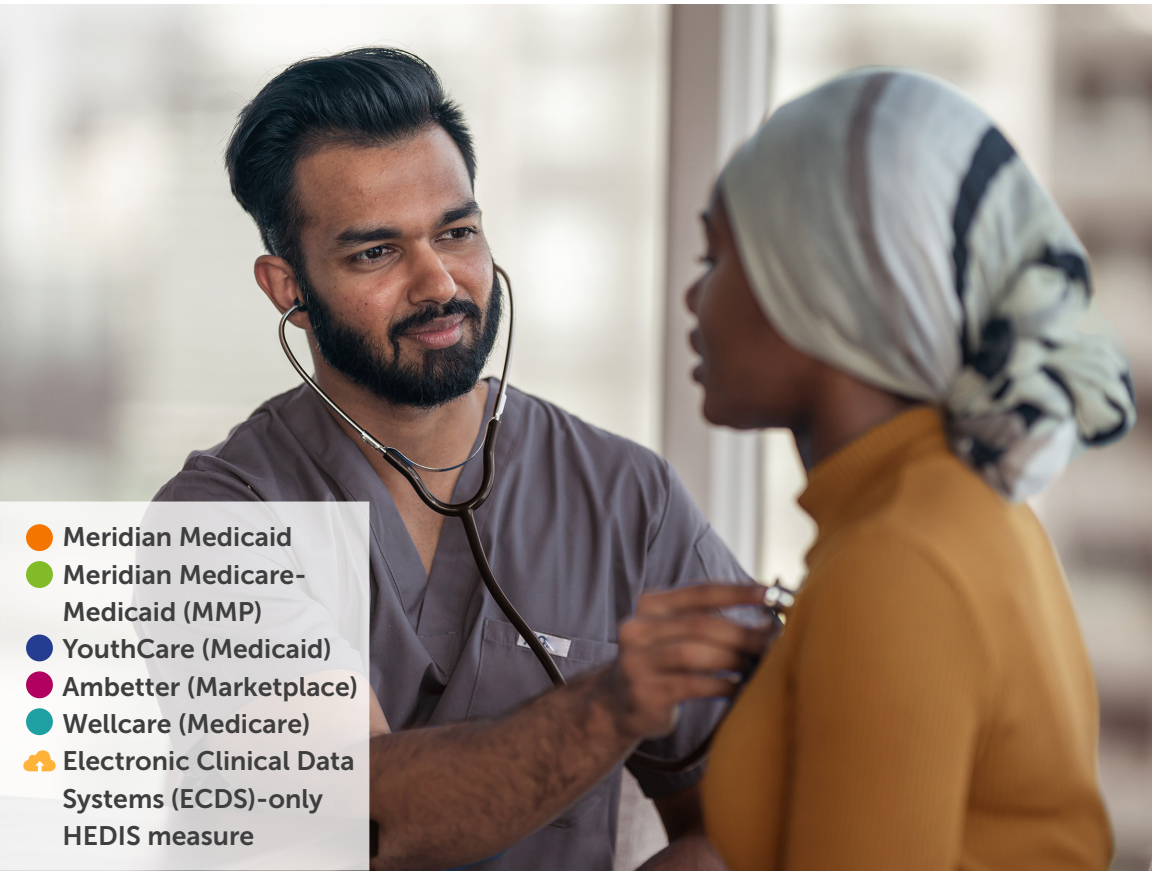
- 🟠 Meridian Medicaid
- 🟢 Meridian Medicare-Medicaid (MMP)
- 🔵 YouthCare (Medicaid)
- 🔴 Ambetter (Marketplace)
- 🟢 Wellcare (Medicare)
- ☁ Electronic Clinical Data Systems (ECDS)-only HEDIS measure

For more information, visit **www.ncqa.org**

HEDIS® MY 2025 Quick Reference Guide

Updated to reflect NCQA HEDIS® MY 2025 Technical Specifications

We strive to provide quality healthcare to our membership as measured through HEDIS® quality metrics. We created the HEDIS® MY 2025 Quick Reference Guide to help you increase your practice's HEDIS® rates and to use to address care opportunities for your patients. Please always follow the state and/or CMS billing guidance and ensure the HEDIS® codes are covered prior to submission.

What is HEDIS®?

HEDIS® (Healthcare Effectiveness Data and Information Set) is a set of standardized performance measures developed by the National Committee for Quality Assurance (NCQA) to objectively measure, report, and compare quality across health plans. NCQA develops HEDIS® measures through a committee represented by purchasers, consumers, health plans, health care providers, and policy makers.

What Are the Scores Used For?

As state and federal governments move toward a quality-driven healthcare industry, HEDIS® rates are becoming more important for both health plans and individual providers. State purchasers of healthcare use aggregated HEDIS® rates to evaluate health insurance companies' efforts to improve preventive health outreach for patients.

Physician-specific scores are also used to measure your practice's preventive care efforts. Your practice's HEDIS® score determines your rates for physician incentive programs that pay you an increased premium — for example Pay for Performance or Quality Bonus Funds.

How Are Rates Calculated?

HEDIS® rates can be calculated in two ways: administrative data or hybrid data. Administrative data consists of claim or encounter data submitted to the health plan. Hybrid data consists of both administrative data and a sample of medical record data. Hybrid data requires review of a random sample of member medical records to abstract data for services rendered but that were not reported to the health plan through claims/encounter data. Accurate and timely claim/encounter data can reduce the need for medical record review. If services are not billed, not billed accurately, or not shared through electronic data feeds, they are not included in the calculation.

How Can I Improve My HEDIS® Scores?

- Submit claim/encounter data for each and every service rendered
- Make sure that chart documentation reflects all services billed
- Bill (or report by encounter submission) for all delivered services, regardless of contract status
- Ensure that all claim/encounter data is submitted in an accurate and timely manner
- Include CPT II codes to provide additional details and reduce medical record requests
- Implement an electronic data feed to capture relevant HEDIS data, such as test results not obtained via claims or services rendered before the member's enrollment, for more accurate reporting

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This guide has been updated with information from the release of the HEDIS® MY 2025 Volume 2 Technical Specifications by NCQA and is subject to change.

Contact Information For Provider Services:
- ILmeridian.com 866-606-3700
- mmp.ILmeridian.com 855-580-1689
- ILYouthCare.com 844-289-2264
- ambetterofillinois.com 1-855-745-5507
- wellcare.com/en/Illinois 1-855-538-0454 (TTY 711)

For more information, visit **www.ncqa.org**

Contents

Partnering with the Health Plan

Introduction

This guide contains information about the quality measures for the following Meridian lines of business:

- **Meridian Medicaid Plan (Medicaid)**
  The Meridian Medicaid Plan in Illinois provides government-sponsored managed care services to families, children, seniors and individuals with complex medical needs through Medicaid across the state.

- **Meridian Medicare-Medicaid Plan**
  The Meridian Medicare-Medicaid Plan (MMP) is a Medicare-Medicaid Alignment Initiative (MMAI) plan for beneficiaries eligible for both Medicaid and Medicare in Illinois.

- **YouthCare (Medicaid)**
  The YouthCare Health*Choice* Illinois program is a specialized healthcare program built cooperatively with parents and other stakeholders to improve access, continuity of care, and healthcare outcomes for Department of Children and Family Services (DCFS) youth in care and former youth in care.

- **Ambetter of Illinois (Marketplace)**
  Ambetter offers quality and affordable health insurance in Illinois that fits various needs and budgets.

- **Wellcare (Medicare)**
  Medicare Advantage (MA) plans that offer Medicare Part A, Part B, and Part D benefits.

Provider Incentive Programs ●●●

Partnership for Quality (P4Q) measures are on the provider portal. Visit our **Provider Portal** to view the recent P4Q measures available to our Meridian provider partners.

For additional information about provider incentive programs, please contact your organization's assigned Provider Engagement Administrator or representative. If your practice doesn't have an assigned representative, please complete the **Provider Relations intake form** or consult our **Provider Relations page** for additional contact options.

When contacting Provider Relations, please be ready to share the region where your practice is located so you can be directed to the appropriate support teams.

- Region 1
- Region 2
- Region 3
- Region 4
- Region 5
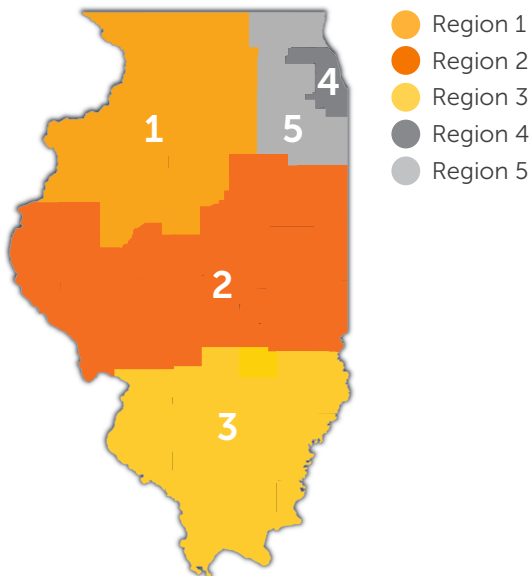
Provider incentive programs apply to non-risk contractual providers only.

HEDIS MY 2025 Summary of Changes ●●●●●

The following changes are effective for Measurement Year (MY) 2025.

This guide has been updated with information from the release of the HEDIS 2025 Volume 2 Technical Specifications by NCQA and is subject to change.

Retired Measures:

- Antidepressant Medication Management (AMM)
- Childhood Immunization Status (CIS)*
- Immunizations for Adolescents (IMA)*
- Cervical Cancer Screening (CCS)*

Note: The traditional HEDIS measure is being retired, and the measure is transitioning to Electronic Clinical Data Systems (ECDS) reporting only (CIS-E, IMA-E, and CCS-E will still be reported). There will no longer be a hybrid sample for CIS, IMA, or CCS beginning in MY 2025.

Revised Measures:

Please refer to each measure's listing within the guide for the latest measure description.

- Acute Hospitalization Utilization (AHU)
- Adult Immunization Status (AIS-E)
- Care for Older Adults (COA)
- Potentially Harmful Drug-Disease Interactions with Older Adults (DDE)
- Eye Exam for Patients with Diabetes (EED)
- Follow-Up After Hospitalization for Mental Illness (FUH)
- Follow-Up After Emergency Department Visit for Mental Illness (FUM)

In addition, NCQA has removed the telehealth option for the following measures:

- Well-Care Visits in the First 30 months of Life (W30)
- Child and Adolescent Well-Care Visits (WCV)

New Measures:

All new measures for MY 2025 are reported using the ECDS-only method (see more on page **9**).

- Blood Pressure Control for Patients with Hypertension (BPC-E)
  Note: This measure is NOT replacing Controlling High Blood Pressure (CBP) in MY 2025
- Documented Assessment After Mammogram (DBM-E)
- Follow-Up After Abnormal Mammogram Assessment (FMA-E)

Electronic Clinical Data Systems (ECDS) ●●●●● ☁

Tip: Look for the ☁ icon to quickly identify HEDIS measures that are only reported using the ECDS method.

ECDS (Electronic Clinical Data Systems) are the network of data containing a patient's personal health information and records of their experiences within the healthcare system. They may also support other care-related activities directly or indirectly, including evidence-based decision support, quality management, and outcome reporting. Data in these systems are structured such that automated quality measurement queries can be consistently and reliably executed, providing results quickly and efficiently to the team responsible for patient care.

Establishing an enterprise network of interoperable electronic data systems will foster a patient-centered, team-based approach to improving healthcare quality and communication across healthcare service providers.

ECDS reporting is part of NCQA's larger strategy to enable a Digital Quality System and is aligned with the industry's move towards greater interoperability of health information. Visit **www.ncqa.org/ecds** for more information and frequently asked questions about ECDS reporting.

The goal is to promote the integration of clinical information by automatically transferring data for gap closure. ECDS measures allow for plans to view quality care prospectively as opposed to reviewing quality care retrospectively.

ECDS data sources include:
- Enrollment
- Claims
- Encounters
- EHRs
- HIEs
- Registries
- Case Management

Tips for successful gap closure for all measures include:
- Establish electronic data transfers, such as supplemental data files
  – Refer to **Supplemental Data source section**
- Include CPT II codes on claims
- Ensure CPT II, LOINC, and SNOMED codes are all linked in your provider EMR system
  – LOINC and SNOMED value sets are transferred electronically, not on claims
- Develop and execute a data strategy prior to HEDIS transitioning to ECDS only

ECDS reporting highlights:

The following measures have transitioned to ECDS-only reporting for **MY 2025**:

- Cervical Cancer Screening (CCS-E)
- Childhood Immunization Status (CIS-E)
- Immunizations for Adolescents (IMA-E)

Other ECDS measures developed that are currently being measured and reported include:

- Follow-Up Care for Children Prescribed ADHD Medication (ADD-E)
- Adult Immunization Status (AIS-E)
- Metabolic Monitoring for Children and Adolescents on Antipsychotics (APM-E)
- Unhealthy Alcohol Use Screening and Follow-Up (ASF-E)
- Blood Pressure Control for Patients With Hypertension (BPC-E)
- Colorectal Cancer Screening (COL-E)
- Utilization of the PHQ-9 to Monitor Depression Symptoms for Adolescents and Adults (DMS-E)
- Depression Remission or Response for Adolescents and Adults (DRR-E)
- Depression Screening and Follow-Up for Adolescents and Adults (DSF-E)
- Postpartum Depression Screening and Follow-Up (PDS-E)
- Prenatal Depression Screening and Follow-up (PND-E)
- Prenatal Immunization Status (PRS-E)
- Social Need Screening and Intervention (SNS-E)

Visit **www.ncqa.org/ecds** for more information and FAQs about ECDS reporting.

Consumer Assessment of Healthcare Providers and Systems (CAHPS®) ●●●●●

Every year, a random sample of patients are surveyed about their experience with their providers, services, and health plan. It is an important component of ensuring that patients are satisfied, not only with their health outcomes but also with their healthcare experience.

The CAHPS survey is applicable to **Meridian**, **Wellcare**, and **YouthCare**. For **Ambetter**, the CAHPS survey is referred to as the Qualified Health Plan (QHP) Enrollee Survey. The CAHPS and the QHP surveys allow patients to evaluate the aspects of care delivery that matter the most to them. At Meridian, we are committed to partnering with our providers to deliver outstanding patient experience.

As a provider, you are the most critical component of that experience. We want to ensure that you know exactly how your patients are evaluating your care. Please take a moment to review and to familiarize yourself with some of the key topics included in the survey.

Survey Measure	Description	Daily Practice Tips
Getting Needed Care	This measure assesses the ease with which patients received the care, tests, or treatment they needed. It also assesses how often they were able to get a specialist appointment scheduled when needed.	• Office staff should help coordinate specialty appointments for urgent cases • Encourage patients and caregivers to view results on the patient portal when available • Inform patients of what to do if care is needed after hours • Offer appointments or refills via text and/or email • Offer alternative appointment types to expand access to care (e.g., telephone, telehealth, telemedicine, and patient portals)

Survey Measure	Description	Daily Practice Tips
Getting Care Quickly	This measure assesses how often patients got the care they needed as soon as they needed it and how often appointment wait times exceeded 15 minutes.	• Ensure a few appointments each day are available to accommodate urgent visits • Offer appointments with a nurse practitioner or physician assistant for short notice appointments • Maintain an effective triage system to ensure that frail and/or very sick patients are seen right away or provided alternate care via phone and urgent care • Keep patients informed if there is a longer wait time than expected and give them an option to reschedule
Care Coordination	This measure assesses providers' assistance with managing the disparate and confusing health care system, including access to medical records, timely follow-up on test results, and education on prescription medications.	• Ensure there are open appointments for patients recently discharged from a facility • Integrate PCP and specialty practices through EMR or fax to get reports promptly • Ask patients if they have seen any other providers; discuss visits to specialty care as needed • Encourage patients to bring in their medications to each visit • Share test results and explain what they mean • Provide instructions for follow-up questions or concerns

Survey Measure	Description	Daily Practice Tips
How Well Doctors Communicate	This measure assesses patients' perception of the quality of communication with their doctor. Consider using the Teach-Back Method to ensure patients understand their health information.	• Use body language to show you are engaged and listening to the patient (sit down and face the patient; maintain eye contact) • Don't rush; explain things in a way the patient can understand • Be empathetic with bad news. Be sensitive and acknowledge family members or caregivers in the room with the patient • Summarize the visit and next steps in a way the patient can understand • Let the patient know when you will see them next What is Teach-back? • Asking a patient (or family member) to explain in their own words what they need to know or do, in a caring way • A way to check for understanding and, if needed, re-explain and check again
Rating of Health Care Quality	The CAHPS® survey asks patients to rate the overall quality of their health care on a 0-10 scale.	• Encourage patients to make their routine appointments for checkups or follow up visits as soon as they can – weeks or even months in advance • Ensure that open care gaps are addressed during each patient visit • Make use of the provider portal when requesting prior authorizations

On the following page are examples of **satisfaction categories and survey questions** for which your patients are asked to respond; provider discussion questions; and Provider Tips. We hope this tool will provide reinforcement opportunities for your relationship with the patients you serve.

Sample Questions	Provider Tips
Health Promotion Discussion Questions Any problems with your work or daily activities due to physical problems? Any problems with your work or daily activities due to stress? Anything bothering you or stressful? Are you sad or depressed? Do you use tobacco? (Always/Sometimes/Never) Do you drink alcohol? (Always/Sometimes/Never) Do you exercise? (Always/Sometimes/Never) Do you take aspirin? (Always/Sometimes/Never) Do you or anyone in your family have high blood pressure, high cholesterol or had a heart attack? Have you had a flu shot in the past calendar year? If not, Why?	• Complete and document any health assessment on patient • Discuss with patient the benefits of exercise and encourage them to start, increase or maintain physical activity and document discussion • Discuss the risks of tobacco use and recommend medication to assist in stopping • Discuss issues associated with drinking too much alcohol, if necessary • Discuss the risks and benefits of aspirin to prevent heart attack or stroke • Screen patient for high blood pressure and cholesterol • Recommend and/or administer the flu shot during flu season
Medication Discussion Questions Are you currently on any prescription medications from another doctor? If so, what? How long have you been on the medication?	• Document all prescription medication patient is taking • Discuss options and reasons to take alternate medications if patient is not getting positive results for symptoms • Discuss reasons with patient why they may need to stop taking a particular medication • Discuss the benefits and risks of taking a medicine • Discuss patient's preference on what medication they feel would be best for them • Review medications prescribed by PCP and specialists and verify results

Sample Questions	Provider Tips
Access to Care Discussion Questions	
Are you satisfied with the timeframe it took to schedule your appointment?	• Evaluate office procedures to improve getting patients scheduled as quickly as possible for their symptoms
Were you able to get your appointment as soon as you needed?	• Determine why patient perceives difficulty in getting timely care, if necessary
Are you satisfied with the coordination of care you receive, coordinating visits with specialists, non-emergency transportation (if needed) and providing lab or test results?	• Educate patient on timeframes for getting appointments according to their symptoms • Assist in coordination of non-emergency transportation, if necessary • Use patient experience surveys or post-visit survey results to identify opportunities for improvement

Critical Incidents (CI) ●●●

A critical incident (CI) is any alleged or actual event that poses a risk of serious harm, injury, or death of the member.

Critical incidents include, but are not limited to:

- Abuse
- Fraud
- Neglect
- Exploitation
- Behavioral Health Issues
- Unanticipated Death
- Legal/Criminal Activity
- Medication Management
- Restraint/Seclusion/or Other Restrictive Intervention
- Medical Emergency/Injury/Illness
- Missing Person/Elopement
- Environmental/Unsafe Housing/Displacement

Types of abuse can include physical abuse, verbal abuse, sexual abuse, or harassment, and mental or emotional abuse.

Reporting Critical Incidents
1. Identify the appropriate CI type
2. Complete a Critical Incident Reporting Form if incident occurred within the past year
   - Submit within 48 hours of discovering the incident
3. Email Critical Incident Reporting Form to criticalincidents@mhplan.com

The Critical Incident Reporting Form can be found here:
https://www.ilmeridian.com/providers/resources/forms-resources.html.

Cultural Competence ●●

Cultural Competence is a set of attitudes, behaviors, and policies that enable people to work effectively in cross-cultural situations. We serve a diverse patient population. The ability to understand and relate to different cultures can help you communicate effectively with your patients. All Meridian network providers are contractually required to complete the online Cultural Competency training annually.

Medicaid and MMP: ILmeridian.com/providers/resources/provider-training/annual-training.html

Tips for Providing Culturally Competent Care

Consider population-specific conditions: Low-income/low-literacy, race, disability, spirituality, age, sexuality, and gender identity.

Ask about cultural practices: Spiritual traditions, dietary restrictions, and more may impact a patient's clinical experience.

Practice transcultural techniques: Approach a new patient slowly, be respectful, sit in a quiet setting, and sit a comfortable distance away.

Ensure patient's understanding of care: Lack of accessible medication instructions in a patient's language can impact quality of care. Ensure a patient's comprehension by utilizing translated handouts and/or make use of a translator.

Things to Remember

- 1 in 4 Americans live with a disability and are twice as likely to find his or her provider's skills or facilities inadequate.
- 1 in 5 Americans speak a language other than English at home. Language barriers can prevent patients from effectively conveying their ailments and understanding their care plans.
- 3.6 million Americans miss or delay medical care because they lack reliable transportation.
- Invest in Americans with Disabilities Act (ADA)-approved renovations and train staff on disabilities, challenges, and rights.
- Speak slowly, summarize, demonstrate, and use appropriate terminology when providing instructions. Ensure that patients understand the instructions at the end of the visit.
- Call Meridian transportation at **866-796-1165** at least three business days prior to a patient's appointment.

Sources: CDC.gov, census.gov, ncbi.nlm.nih.gov

Quality Education Webinar (QEW) ●●●●●

To support our providers in their quality improvement efforts, Meridian's Quality Improvement team hosts a series of webinars on topics related to improving patients' quality of care.

We hope these sessions will assist provider teams to improve HEDIS® scores and drive better incentive payments to your practice.

All office staff can attend including providers, administrative staff, and quality teams. Participants can watch the webinars remotely using the Zoom call-in number sent each month via email. If you are interested in receiving a copy of the webinar schedule or to be added to the invite distribution list, please email ILHEDISOps@mhplan.com.

Sample webinar topics include:
- HEDIS® Pay for Quality (P4Q) Program
- HEDIS® Measure & Exclusion Criteria
- Best Practices for Closing Care Gaps
- CAHPS® Survey and Patient Satisfaction
- Overview of the Illinois Lines of Business: Meridian Medicaid Plan, Meridian Medicare-Medicaid Plan, Wellcare, YouthCare, and Ambetter
- Risk Adjustment
- Centene Institute for Advanced Health Education
- Member Outreach with Care Coordination
- Vendor Updates and Outreach

meridian ambetter. wellcare YouthCare

Access & Availability ●●●●●

To ensure medical services are available to our members on a timely basis, Primary Care Provider (PCP), behavioral health, and specialist appointment availability standards for Meridian and its family of plans are established and noted in the following section. Information is included for all plans, including the Meridian Medicaid Plan, YouthCare, Meridian Medicare-Medicaid Plan (MMP), Ambetter, and Wellcare.

Each year, our Quality Improvement team conducts a telephone audit using the standards below set forth by NCQA, CMS, and/or State regulations. These audits are conducted to monitor provider compliance with Illinois Medicaid contract requirements. The process of conducting the annual audits is outlined below.

IDENTIFY: Meridian audits a sample of its contracted PCPs, behavioral health practitioners, and specialists.

OUTREACH: Conducted by a third-party vendor via phone, up to three attempts are made to reach a live person.

ANALYZE: Analysis is performed based on all data collected.

REPORT: Letters are mailed to offices indicating the results of the audit. Any offices that did not meet the standards are placed on a corrective action plan and are asked to identify ways to improve their appointment availability.

1. Medicaid Appointment and Timely Access to Care Standards

Primary Care Appointments	
Type of Care/Appointment	Length of Wait Time
Preventative/Routine Care (Child < 6 months)	Within two (2) weeks of request
Preventative/Routine Care (Child ≥ 6 months)	Within five (5) weeks of request
Preventative/Routine Care (Adult)	Within five (5) weeks of request
Urgent/Non-Emergent (Medically Necessary) Care	Within twenty-four (24) hours of request
Non-Urgent/Non-Emergent Conditions	Within three (3) weeks of request
Initial Prenatal w/o Problems (First Trimester)	Within two (2) weeks of request
Prenatal (Second Trimester)	Within one (1) week of request
Prenatal (Third Trimester)	Within three (3) days of request
Office Wait Time	Within thirty (30) minutes
Different Hours for Member Plans?	No, hours must be the same for all members and patients

Medicaid Appointment and Timely Access to Care Standards (continued)

Behavioral Health Appointments	
Type of Care/Appointment	Length of Wait Time
Life-Threatening Emergency	Immediate admittance or referred to the Emergency Room
Non-Life-Threatening Emergency	Within six (6) hours of request
Urgent Care Visit	Within forty-eight (48) hours of request
Initial Visit for Routine Care	Within ten (10) business days of request
Follow-Up Visit for Routine Care	Within twenty (20) business days of request
Office Wait Time	Within thirty (30) minutes
Different Hours for Member Plans?	No, hours must be the same for all members and patients

Specialty Care Appointments	
Type of Care/Appointment	Length of Wait Time
Routine Care (Adult)	Within forty-five (45) calendar days of request
Routine Care (Child)	Within twenty-one (21) calendar days of request
Urgent Care Visit	Within seventy-two (72) hours of request
Office Wait Time	Within thirty (30) minutes
Different Hours for Member Plans?	No, hours must be the same for all members and patients

Medical coverage 24 hours a day, 7 days a week

Medicaid Primary Care After-Hours Requirements

Acceptable after-hours access mechanisms include:

- Answering service
- On-call pager/cellular connection
- Call forwarding to practitioner's home/other location
- Published after-hours telephone number and recorded voice message directing patients to a practitioner for urgent and non-life-threatening conditions.

The message **should not instruct patients to obtain treatment at the Emergency Room for Non-Life-Threatening Emergencies** but MUST direct patients in a medical emergency to call 911 or go to the nearest Emergency Room/Urgent Care.

Voice Message MUST contain ONE of the following:

- Message forwards to on-call practitioner
- Message forwards to an answering service
- Message gives the on-call practitioner's number
- Message gives the on-call practitioner's pager number
- Message refers patient to another office, practitioner, or on-call service

Message may not only direct patients to the Emergency Room. **The patient must be able to leave a message for an on-call doctor, speak with an on-call doctor, or be forwarded to an on-call doctor.**

2. YouthCare Appointment and Timely Access to Care Standards

Primary Care Appointments	
Type of Care/Appointment	**Length of Wait Time**
Preventative/Routine Care (Child < 6 months)	Within two (2) weeks of request
Preventative/Routine Care (Child ≥ 6 months)	Within five (5) weeks of request
Preventative/Routine Care (Adult)	Within five (5) weeks of request
Urgent/Non-Emergent (Medically Necessary) Care	Within twenty-four (24) hours of request
Non-Urgent/Non-Emergent Conditions	Within three (3) weeks of request
Initial Prenatal w/o Problems (First Trimester)	Within two (2) weeks of request
Prenatal (Second Trimester)	Within one (1) week of request
Prenatal (Third Trimester)	Within three (3) days of request
Office Wait Time	Within sixty (60) minutes
Different Hours for Member Plans?	No, hours must be the same for all members and patients

Behavioral Health Appointments	
Type of Care/Appointment	**Length of Wait Time**
Life-Threatening Emergency	Immediate admittance or referred to the Emergency Room
Non-Life-Threatening Emergency	Within six (6) hours of request
Urgent Care Visit	Within forty-eight (48) hours of request
Initial Visit for Routine Care	Within ten (10) business days of request
Follow-Up Visit for Routine Care	Within twenty (20) business days of request

YouthCare Appointment and Timely Access to Care Standards (continued)

Behavioral Health Appointments	
Office Wait Time	Within sixty (60) minutes
Different Hours for Member Plans?	No, hours must be the same for all members and patients

Specialty Care Appointments	
Type of Care/Appointment	Length of Wait Time
Routine Care (Adult)	Within forty-five (45) calendar days of request
Routine Care (Child)	Within twenty-one (21) calendar days of request
Urgent Care Visit	Within seventy-two (72) hours of request
Office Wait Time	Within sixty (60) minutes
Different Hours for Member Plans?	No, hours must be the same for all members and patients

Medical coverage 24 hours a day, 7 days a week

YouthCare Primary Care After-Hours Requirements

Acceptable after-hours access mechanisms include:
- Answering service
- On-call pager/cellular connection
- Call forwarding to practitioner's home/other location
- Published after-hours telephone number and recorded voice message directing patients to a practitioner for urgent and non-life-threatening conditions.

The message **should not instruct patients to obtain treatment at the Emergency Room for Non-Life-Threatening Emergencies** but MUST direct patients in a medical emergency to call 911 or go to the nearest Emergency Room/Urgent Care.

Voice Message MUST contain ONE of the following:
- Message forwards to on-call practitioner
- Message forwards to an answering service
- Message gives the on-call practitioner's number
- Message gives the on-call practitioner's pager number
- Message refers patient to another office, practitioner, or on-call service

Message may not only direct patients to the Emergency Room. **The patient must be able to leave a message for an on-call doctor, speak with an on-call doctor, or be forwarded to an on-call doctor.**

3. **Medicare-Medicaid Plan (MMP)** Appointment and Timely Access to Care Standards

Primary Care Appointments	
Type of Care/Appointment	Length of Wait Time
Preventative/Routine Care	Within five (5) weeks of request
Urgent/Non-Emergent (Medically Necessary) Care	Within one (1) business day of request
Non-Urgent/ Non-Emergent Conditions	Within three (3) weeks of request
Initial Prenatal w/o Problems (First Trimester)	Within two (2) weeks of request
Prenatal (Second Trimester)	Within one (1) week of request
Prenatal (Third Trimester)	Within three (3) days of request
Office Wait Time	Within thirty (30) minutes
Different Hours for Member Plans?	No, hours must be the same for all members and patients

Behavioral Health Appointments	
Type of Care/Appointment	Length of Wait Time
Life-Threatening Emergency	Within one (1) business day of request
Non-Life-Threatening Emergency	Within six (6) hours of request
Urgent Care Visit	Within forty-eight (48) hours of request
Initial Visit for Routine Care	Within ten (10) business days of request
Follow-Up Visit for Routine Care	Within twenty (20) business days of request

Specialty Care Appointments	
Type of Care/Appointment	Length of Wait Time
Routine Care (Adult)	Within five (5) weeks of request
Urgent Care Visit	Within seventy-two (72) hours of request
Office Wait Time	Within thirty (30) minutes
Different Hours for Member Plans?	No, hours must be the same for all members and patients

MMP Primary Care After-Hours Requirements

Acceptable After-Hours access mechanisms include:

- Answering service
- On-call pager/cellular connection
- Call forwarding to practitioner's home/other location
- Published after-hours telephone number and recorded voice message directing patients to a practitioner for urgent and non-life-threatening conditions.

The message **should not instruct patients to obtain treatment at the Emergency Room for Non-Life-Threatening Emergencies** but MUST direct patients in a medical emergency to call 911 or go to the nearest Emergency Room/Urgent Care.

Voice Message MUST contain ONE of the following:

- Message forwards to on-call practitioner
- Message forwards to an answering service
- Message gives the on-call practitioner's number
- Message gives the on-call practitioner's pager number
- Message refers patient to another office, practitioner, or on-call service

Message may not only direct patients to the Emergency Room. The patient **must be able to leave a message for an on-call doctor, speak with an on-call doctor, or be forwarded to an on-call doctor**.

4. Ambetter Appointment and Timely Access to Care Standards

Primary Care Appointments	
Type of Care/Appointment	Length of Wait Time
Preventative/Routine Care	Within fifteen (15) calendar days of request
Urgent/Non-Emergent (Medically Necessary) Care	Within twenty-four (24) hours of request
Sick Care	Within twenty-four (24) hours of request
Office Wait Time	Within thirty (30) minutes
Different Hours for Member Plans?	No, hours must be the same for all members and patients

Behavioral Health Appointments	
Type of Care/Appointment	Length of Wait Time
Life-Threatening Emergency	Immediate admittance or referred to the Emergency Room
Non-Life-Threatening Emergency	Within six (6) hours of request
Urgent Care Visit	Within forty-eight (48) hours of request

Ambetter Appointment and Timely Access to Care Standards (continued)

Behavioral Health Appointments	
Initial Visit for Routine Care	Within ten (10) business days of request
Follow-Up Visit for Routine Care	Within ten (10) business days of request
Office Wait Time	Within thirty (30) minutes
Different Hours for Member Plans?	No, hours must be the same for all members and patients

Specialty Care Appointments	
Type of Care/Appointment	Length of Wait Time
Routine Care	Within thirty (30) calendar days of request
Urgent Care Visit	Within forty-eight (48) hours of request
Office Wait Time	Within thirty (30) minutes
Different Hours for Member Plans?	No, hours must be the same for all members and patients

Medical coverage 24 hours a day, 7 days a week

Ambetter Primary Care After-Hours Requirements

Acceptable After-Hours access mechanisms include:

- Answering service
- On-call pager/cellular connection
- Call forwarding to practitioner's home/other location
- Published after-hours telephone number and recorded voice message directing patients to a practitioner for urgent and non-life-threatening conditions.

The message **should not instruct patients to obtain treatment at the Emergency Room for Non-Life-Threatening Emergencies** but MUST direct patients in a medical emergency to call 911 or go to the nearest Emergency Room/Urgent Care.

Voice Message MUST contain ONE of the following:

- Message forwards to on-call practitioner
- Message forwards to an answering service
- Message gives the on-call practitioner's number
- Message gives the on-call practitioner's pager number
- Message refers patient to another office, practitioner, or on-call service

Message may not only direct patients to the Emergency Room. **The patient must be able to leave a message for an on-call doctor, speak with an on-call doctor, or be forwarded to an on-call doctor.**

5. **Wellcare** Appointment and Timely Access to Care Standards

Primary Care Appointments	
Type of Care/Appointment	**Length of Wait Time**
Preventative/Routine Care	Within one (1) month of request
Urgent/Non-Emergent (Medically Necessary) Care	Within twenty-four (24) hours of request
Sick Care	Within one (1) week of request
Non-Urgent/ Non-Emergent Conditions	Within three (3) weeks of request
Office Wait Time	Within fifteen (15) minutes
Different Hours for Member Plans?	No, hours must be the same for all members and patients

Behavioral Health Appointments	
Type of Care/Appointment	**Length of Wait Time**
Life-Threatening Emergency	Immediate admittance or referred to the Emergency Room
Non-Life-Threatening Emergency	Within six (6) hours of request
Urgent Care Visit	Within forty-eight (48) hours of request
Initial Visit for Routine Care	Within ten (10) business days of request
Follow-Up Visit for Routine Care	Within thirty (30) business days of request
Office Wait Time	Within fifteen (15) minutes
Different Hours for Member Plans?	No, hours must be the same for all members and patients

Specialty Care Appointments	
Type of Care/Appointment	**Length of Wait Time**
Routine Care	Within thirty (30) calendar days of request
Urgent Care Visit	Within twenty-four (24) hours of request
Office Wait Time	Within fifteen (15) minutes
Different Hours for Member Plans?	No, hours must be the same for all members and patients

Medical coverage 24 hours a day, 7 days a week

Wellcare Primary Care After-Hours Requirements

Acceptable After-Hours access mechanisms include:

- Answering service
- On-call pager/cellular connection
- Call forwarding to practitioner's home/other location
- Published after-hours telephone number and recorded voice message directing patients to a practitioner for urgent and non-life-threatening conditions.

The message **should not instruct patients to obtain treatment at the Emergency Room for Non-Life-Threatening Emergencies** but MUST direct patients in a medical emergency to call 911 or go to the nearest Emergency Room/Urgent Care.

Voice Message MUST contain ONE of the following:

- Message forwards to on-call practitioner
- Message forwards to an answering service
- Message gives the on-call practitioner's number
- Message gives the on-call practitioner's pager number
- Message refers patient to another office, practitioner, or on-call service

Message may not only direct patients to the Emergency Room. **The patient must be able to leave a message for an on-call doctor, speak with an on-call doctor, or be forwarded to an on-call doctor.**

Caring for and Communicating with Individuals with Intellectual and Developmental Disabilities (IDD) ●●●●●

As a provider, it is important to be aware of the following health disparities individuals with intellectual and developmental disabilities may experience:

- Fewer preventive screenings than the general population
- Financial and transportation limitations
- Lack of access to providers with specialized training or experience with caring for individuals in these populations

Complete an Annual Functional Status Assessment

This assessment measures the patient's ability to perform daily tasks and helps to identify any functional decline. For Meridian patients, please indicate one of the following in the medical record:

- Notation and date that Activities of Daily Living (ADL) were assessed: Bathing, dressing, eating, transferring, using toilet, walking
- Notation and date that Instrumental Activities of Daily Living (IADL) were assessed: Shopping, driving or using public transportation, meal preparation, housework, taking medications, using the telephone

- Result of a standardized functional status assessment and the date it was performed: Assessment of Living Skills and Resources (ALSAR), Barthel ADL Index Physical Self-Maintenance (ADLS) Scale, Bayer Activities of Daily Living (B-ADL) Scale, Extended Activities of Daily Living (EADL) Scale
- Chronic conditions at a younger age
- A higher risk of obesity
- A greater incidence of mental illness
- An accelerated aging process

It is important that providers and health plans adapt and coordinate care for this population by communicating appropriately and respectfully about individuals with disabilities.

Individuals with intellectual and developmental disabilities often go through cognitive and behavioral changes. These include anxiety, depression, dementia, self-injurious behavior, and other factors. These changes may result from pain and discomfort related to other medical issues.

As a provider, it is important to be aware of the following ways to communicate and to emphasize the person first, not the disability:
- Emphasize abilities, not limitations
- Do not use language that suggests the lack of something
- Emphasize the need for accessibility, not the disability
- Do not use offensive language
- Avoid language that implies negative stereotypes
- Do not portray people with disabilities as inspirational only because of their disability

Tips on Using People-First Language

This chart provides tips on what language to use when communicating with an individual with a disability.

Tips	Use	Do Not Use
Emphasize abilities, not limitations	Person who uses a wheelchair	Confined or restricted to a wheelchair, wheelchair bound
	Person who uses a device to speak	Can't talk, mute
Do not use language that suggests the lack of something	Person with a disability	Disabled, handicapped
	Person of short stature	Midget
	Person with cerebral palsy	Cerebral palsy victim
	Person with epilepsy or seizure disorder	Epileptic
	Person with multiple sclerosis	Afflicted by multiple sclerosis

Tips	Use	Do Not Use
Emphasize the need for accessibility, not the disability	Accessible parking or bathroom	Handicapped parking or bathroom
Do not use offensive language	Person with a physical disability	Crippled, lame, deformed, invalid, spastic
	Person with an intellectual, cognitive, developmental disability	Slow, simple, moronic, defective, afflicted, special person
	Person with an emotional or behavioral disability, a mental health impairment, or a psychiatric disability	Insane, crazy, psycho, maniac, nuts
Avoid language that implies negative stereotypes	Person without a disability	Normal person, healthy person
Do not portray people with disabilities as inspirational only because of their disability	Person who is successful, productive	Has overcome his/her disability, is courageous

Source: https://www.cdc.gov/ncbddd/disabilityandhealth/pdf/communicating-with-people.pdf

Medicare-Medicaid Plan Codes

Description	CPT Category*	CPT II Category*	HCPCS*
Functional Status Assessment	99483	1170F	G0438, G0439

*Codes subject to change

Resources for Patients and Providers

Illinois Department of Healthcare and Family Services (HFS):
www.illinois.gov/hfs/MedicalClients/HCBS/Pages/support_cyadd.aspx

Illinois Department of Human Services (IDHS): 217-782-3075

For a copy of current clinical practice guidelines, visit our website at
www.ilmeridian.com and https://mmp.ilmeridian.com/.

Provider Resources: https://www.ilmeridian.com/providers/resources.html

Early Periodic Screening, Diagnosis, and Treatment (EPSDT) ●●

The Early Periodic Screening, Diagnosis, and Treatment (EPSDT) program promotes the physical, mental, social, emotional, and behavioral health of children under the age of 21 through recommended well-child screenings.

These services give children early access to preventative and comprehensive healthcare to help prevent disease and identify medical, developmental, and social-emotional concerns in their early stages — when they are more effectively treated.

Mandatory Screening Components

An EPSDT screening for Medicaid members must include:

- **Initial and interval history**, including a comprehensive health and developmental history of physical and mental development
- **An unclothed physical exam**, documented in the member's medical chart
- **Measurements**: Weight, length, head circumference, body mass index (BMI) percentile*, and blood pressure
- **Nutrition/obesity prevention**: Assess and educate, with specific documentation on nutrition and physical activity*
- **Oral health assessment*** and age-appropriate fluoride varnish application

Specific Screenings

- Caregiver and/or adolescent depression screening
- Developmental surveillance/screening
- Autism screening
- Psychosocial/behavioral assessment
- Alcohol and drug use assessment
- Sensory screenings for vision and hearing*

Immunizations and Age-Appropriate Screenings

- Review immunization history and administer immunizations at recommended ages or as needed
- Offer anticipatory guidance and health education at every visit
- Conduct age-appropriate laboratory tests, including:
  - Lipid screening
  - Hemoglobin/hematocrit
  - Lead blood testing (2)/risk screening
  - Newborn screening: blood, hearing, critical congenital heart disease
  - Sexually transmitted infections and HIV screening
  - Cervical dysplasia screening
  - TB testing
- Provide other medically necessary health care, diagnostic services, and treatment measures

* These areas are frequently non-compliant or not properly documented to show compliance during medical record reviews.

meridian *ambetter* *wellcare* *YouthCare*

Billing Codes for New or Established Patients

Ages	New	Established
<1	99381	99391
1–4	99382	99392
5–11	99383	99393
12–17	99384	99394
18–21	99385	99395
Fluoride Varnish: 99188		

Online Resources

- American Academy of Pediatrics Recommendations for Preventive Pediatric Care (Periodicity Schedule): https://downloads.aap.org/AAP/PDF/periodicity_schedule.pdf?_ga=2.267893575.817482867.1686682266-4679424.1686682266
- Bright Futures, a national health promotion and preventive initiative led by the American Academy of Pediatrics: **https://www.aap.org/en/**
- Centers for Disease Control and Prevention (CDC) vaccination schedules: https://www.cdc.gov/vaccines/index.html

		Infancy								Early Childhood					Mid. Childhood							Adolescence										
		New born	2-5 days	by 1 mo	2 mo	4 mo	6 mo	9 mo	12 mo	15 mo	18 mo	24 mo	30 mo	3 yr	4 yr	5 yr	6 yr	7 yr	8 yr	9 yr	10 yr	11 yr	12 yr	13 yr	14 yr	15 yr	16 yr	17 yr	18 yr	19 yr	20 yr	21 yr
History Initial/Interval		●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●
Physical Exam Well Visit		●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●
Measurements	Length/Height and Weight	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●
	Weight for Length	●	●	●	●	●	●	●	●	●	●																					
	Body Mass Index											●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●
	Head Circumference	●	●	●	●	●	●	●	●	●	●	●																				
	Blood Pressure	○	○	○	○	○	○	○	○	○	○	○	○	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●
Sensory Screening	Vision	○	○	○	○	○	○	○	○	○	○	○	○	●	●	●	●	○	●	○	●	○	●	○	○	●	○	○	○	○	○	○
	Hearing	●	●	●	○	○	○	○	○	○	○	●	○	●	●	●	●	○	●	○	●	○	○	○	○	○	○	○	○	○	○	○
Developmental and Behavioral Health	Developmental Screening						●				●	●																				
	Developmental Surveillance	●	●	●	●	●		●	●	●			●	●	●	●	●	●	●	●	●											
	Caregiver Depression Screening	○	○	○	○	●																										
	Autism Screening										●	●																				
	Psychosocial/Behavioral Assessment	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●
	Tobacco, Alcohol and Drug Use Assessment																					○	○	○	○	○	○	○	○	○	○	○
	Depression Screening																					●	●	●	●	●	●	●	●	●	●	●
Oral Health	Fluoride Varnish Applications						●	●	●	●	●	●	●	●	●	●																
	Screening and Risk Assessment						○	○	●	○	○	●	○	○			○															
Procedures	Newborn Screening - blood, bilirubin, hearing, critical congenital heart disease	●	↕	↕	↕																											
	Immunization	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●
	Hemoglobin/Anemia					○			●	○	○	○	○	○	○	○	○	○	○	○	○	○	○	○	○	○	○	○	○	○	○	○
	Lead Testing						○	○	●	○	○	●	○	○	○																	
	Lipid Screening											○		○		○	○			○	●	○	○	○	○	○	○	○	○	○	○	○
	STI Screening																					○	○	○	○	○	○	○	○	○	○	○
	HIV Screening		○																			○	○	○	○	●	○	●	○	●	○	○
	Tuberculosis																					○	○	○	○	○	○	○	○	○	○	○
	Cervical Dysplasia Screening																															●
Anticipatory Guidance		●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●
Nutrition/Obesity Prevention Assess/Educate		●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●

KEY:
● To be performed   ○ Assess risk   ◄●► Screen at least once during time period indicated

Supplemental Data ●●●●●

Supplemental data is data that is captured for HEDIS care gap closure, and used in rate calculation, but is not submitted through claims processing. It allows for services rendered to be captured for gap closure.

Supplemental Data Benefits

- Improve accuracy by minimizing human intervention and error that can occur through chart reviews and data entry
- Increase efficiency of data retrieval to support real-time intervention with patients for care gap closure
- Cost efficient
- Eliminate the burden on provider staff submitting high volumes of medical records
- Increase provider incentive earnings and improve provider performance
- Captures lab results and blood pressure readings, if CPT II codes are not captured on claims

Supplemental Data Implementation

If you are interested in setting up a supplemental data file, please contact our HEDIS Operations team at ILHEDISOps@mhplan.com

Please include the following information:

- Main point of contact regarding the data feed
- Tax ID Number(s)
- Product lines you plan to submit data for (Ambetter, Meridian, Wellcare, and/or YouthCare)
- List of individuals to be involved in the implementation communication
  - Please include the person responsible for generating the file and submitting the data

Adult Health

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

The AAP measure evaluates the percentage of patients 20 years and older who had an ambulatory or preventive care visit. Services that count include outpatient evaluation and management (E&M) visits, consultations, assisted living/home care oversight, preventive medicine, and counseling.

AAP Measure Codes

Description	CPT*	HCPCS*	ICD-10CM*
Ambulatory Visits	92002, 92004, 92012, 92014, 98968, 98970-98972, 98980-98981, 99202-99205, 99211-99215, 99242-99245, 99304-99310, 99315-99316, 99421, 99341, 99347-99350, 99381-99387, 99391-99397, 99401-99404, 99411, 99412, 99421-99423, 99441-99443, 99457, 99458, 99483, 99429, 98966-98968	G0402, G0438, G0439, G0463, G0071, G2010, G2012, G2250-G2252, S0620-S0621, T1015	
Reason for Ambulatory Visit			Z00.00, Z00.01, Z00.121, Z00.129, Z00.3, Z00.5, Z00.8, Z02.0-Z02.6, Z02.71, Z02.79, Z02.81, Z02.84, Z02.89, Z02.9, Z76.1, Z76.2

Codes subject to change

Advanced Care Planning (ACP) ●

The ACP measure evaluates percentage of adults 66 to 80 years of age with advanced illness, an indication of frailty, or who are receiving palliative care and had advanced care planning and adults 81 years of age or older who had advanced care planning during the measurement year.

A discussion or documentation about preferences for resuscitation, life-sustaining treatment, and end-of-life care.

ACP Measure Codes

Description	Codes*
Advanced Care Planning	**CPT:** 99483, 99497 **CPT-CAT-II:** 1123F, 1124F, 1157F, 1158F **HCPCS:** S0257 **ICD-10:** Z66

Codes subject to change

Adult Immunization Status (AIS-E) ●●●● ☁

AIS-E is an Electronic Clinical Data Systems (ECDS) measure.

AIS-E evaluates the percentage of patients 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, pneumococcal, and hepatitis B.

Influenza:
- Patients 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

Td/Tdap:
- Patients 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

Zoster:
- Patients who received two doses of the herpes zoster recombinant vaccine at least 28 days apart, any time on or after the patient's 50th birthday and before or during the measurement period

Pneumococcal:
- Patients who were administered at least one dose of an adult pneumococcal vaccine on or after their 19th birthday and before or during the measurement period

Hepatitis B:
- Patients who received at least two dose adult hepatitis B vaccine on or after their 19th birthday administered at least 28 days apart

AIS-E Measure Codes

Description	Codes*
Adult Influenza Immunization	CVX: 88, 135, 140, 141, 144, 150, 153, 155, 158, 166, 168, 171, 185, 186, 197, 205
Adult Influenza Vaccine Procedure	CPT: 90630, 90653, 90654, 90656, 90658, 90661, 90662, 90673, 90674, 90682, 90686, 90688, 90689, 90694, 90756 SNOMED CT: 86198006
Influenza Virus LAIV Immunization	CVX: 111, 149
Influenza Virus LAIV Vaccine Procedure	CPT: 90660, 90672 SNOMED CT: 787016008
Members with Anaphylaxis due to Influenza Vaccine	SNOMED CT: 471361000124100
Td Immunization	CVX: 09, 113, 115, 138, 139
Td Vaccine Procedure	CPT: 90714 SNOMED CT: 73152006, 312869001, 395178008, 395179000, 395180002, 395181003, 414619005, 416144004, 416591003, 417211006, 417384007, 417615007, 866161006, 866184004, 866185003, 866186002, 866227002, 868266002, 868267006, 868268001, 870668008, 870669000, 870670004, 871828004, 632481000119106
Tdap Vaccine Procedure	CVX: 115 CPT: 90715 SNOMED CT: 390846000, 412755006, 412756007, 412757003, 428251000124104, 571571000119105
Anaphylaxis due to Diphtheria, Tetanus or Pertussis Vaccine	SNOMED CT: 428281000124107, 428291000124105
Encephalitis due to Diphtheria, Tetanus or Pertussis Vaccine	SNOMED CT: 192710009, 192711008, 192712001
Herpes Zoster Live Vaccine Procedure (at least 1 dose)	CVX: 121 CPT: 90736 SNOMED CT: 871898007, 871899004
Herpes Zoster Recombinant Vaccine Procedure (2 doses)	CVX: 187 CPT: 90750 SNOMED CT: 722215002
Anaphylaxis due to Herpes Zoster Vaccine	SNOMED CT: 471371000124107, 471381000124105

AIS-E Measure Codes (continued)

Description	Codes*
Adult Hepatitis B Vaccine Procedure	**CPT:** 90739, 90740, 90743, 90744 90746, 90747, 90759
Adult Pneumococcal Immunization	**CVX:** 33, 109, 133, 152, 215, 216
Adult Pneumococcal Vaccine Procedure	**CPT:** 90670, 90671, 90677, 90732 **HCPCS:** G0009 **SNOMED CT:** 12866006, 394678003, 871833000, 1119366009, 1119367000, 1119368005, 434751000124102
Members with Anaphylaxis due to the Pneumococcal Vaccine	**SNOMED CT:** 471141000124102

Codes subject to change

Appropriate Treatment for Upper Respiratory Infection (URI) ●●●●

The URI measure evaluates the percentage of episodes for patients 3 months of age and older with a diagnosis of upper respiratory infection (URI) that did not result in an antibiotic-dispensing event.

Antibiotic Medications

Description	Prescription	
Aminoglycosides	• Amikacin • Gentamicin	• Streptomycin • Tobramycin
Aminopenicillins	• Amoxicillin	• Ampicillin
Beta-lactamase inhibitors	• Amoxicillin-clavulanate • Ampicillin-sulbactam • Piperacillin-tazobactam	
First-generation cephalosporins	• Cefadroxil • Cefazolin	• Cephalexin
Fourth-generation cephalosporins	• Cefepime	
Lincomycin derivatives	• Clindamycin	• Lincomycin
Macrolides	• Azithromycin • Clarithromycin	• Erythromycin
Miscellaneous antibiotics	• Aztreonam • Chloramphenicol • Dalfopristin-quinupristin • Daptomycin	• Linezolid • Metronidazole • Vancomycin
Natural penicillins	• Penicillin G benzathine-procaine • Penicillin G potassium • Penicillin G procaine • Penicillin G sodium • Penicillin V potassium • Penicillin G benzathine	
Penicillinase resistant penicillins	• Dicloxacillin • Nafcillin	• Oxacillin
Quinolones	• Ciprofloxacin • Gemifloxacin • Levofloxacin	• Moxifloxacin • Ofloxacin
Rifamycin derivatives	• Rifampin	
Second-generation cephalosporin	• Cefaclor • Cefotetan • Cefoxitin	• Cefprozil • Cefuroxime
Sulfonamides	• Sulfadiazine • Sulfamethoxazole-trimethoprim	

Antibiotic Medications (continued)

Description	Prescription	
Tetracyclines	• Doxycycline • Minocycline	• Tetracycline
Third-generation cephalosporins	• Cefdinir • Cefixime • Cefotaxime	• Cefpodoxime • Ceftazidime • Ceftriaxone
Urinary anti-infectives	• Fosfomycin • Nitrofurantoin • Nitrofurantoin macrocrystals-monohydrate • Trimethoprim	

Note: Comprehensive Diabetes Care (CDC) was replaced by the following three measures: Glycemic Status Assessment for Patients with Diabetes (GSD), Blood Pressure Control for Patients with Diabetes (BPD), and Eye Exam for Patients with Diabetes (EED).

Glycemic Status Assessment for Patients with Diabetes (GSD) ●●●●

The GSD measure evaluates patients 18-75 years of age with diabetes (Type 1 and 2) whose most recent glycemic status (hemoglobin A1C [HbA1c] or glucose management indicator [GMI]) was at the following levels during the measurement year.

Two rates are reported:
- Glycemic Status <8.0%
- Glycemic Status >9.0% (lower rate indicates better performance)

GSD Measure Codes

Description	Codes*
HbA1c Lab Test (used to identify the last assessment of the measurement year, but does not close the care gap without a result)	**CPT:** 83036, 83037 **LOINC:** 4548-4, 17855-8, 17856-6, 4549-2, 96595-48
HbA1c Level Greater Than 9.0	**CPT-CAT-II:** 3046F
HbA1c Level Greater Than or Equal to 7.0 and Less Than 8.0	**CPT-CAT-II:** 3051F
HbA1c Level Greater Than or Equal to 8.0 and Less Than or Equal to 9.0	**CPT-CAT-II:** 3052F
HbA1c Level Less Than 7.0	**CPT-CAT-II:** 3044F
Glucose management indicator (GMI)	**LOINC:** 97506-0

Codes subject to change

Blood Pressure Control for Patients with Diabetes (BPD) ●●●

The BPD measure evaluates the percentage of patients 18 to 75 years of age with diabetes (Types 1 and 2) whose **last** blood pressure (BP) reading of the measurement year was adequately controlled (<140/90 mm Hg).

- Consider taking two readings at each office visit. Sometimes a second blood pressure reading is lower.
- Do not round blood pressure; always use exact numbers
- Include CPT-CAT-II codes on claims to ensure the blood pressure reading is received by the health plan

BPD Measure Codes

Description	Codes*
Diastolic 80-89	**CPT-CAT-II:** 3079F
Diastolic Greater Than or Equal to 90	**CPT-CAT-II:** 3080F
Diastolic Less Than 80	**CPT-CAT-II:** 3078F
Systolic Greater Than or Equal to 140	**CPT-CAT-II:** 3077F
Systolic Less Than 130	**CPT-CAT-II:** 3074F
Systolic 130-139	**CPT-CAT-II:** 3075F

Codes subject to change

Eye Exam for Patients with Diabetes (EED) ●●●●

The EED measure evaluates percentage of patients 18 to 75 years of age with diabetes (Types 1 and 2) who had a retinal eye exam.

- Include CPT-CAT-II codes on claims to ensure the eye exam result is received by the health plan

Note: The hybrid data collection method was removed for 2025.

EED Measure Codes

Description	Codes*
Unilateral Eye Enucleation with a Bilateral Modifier 50 or two Unilateral Eye enucleations 14 days or more apart	**CPT:** 65091, 65093, 65101, 65103, 65105, 65110, 65112, 65114 **ICD10PCS:** 08T1XZZ, 08T0XZZ
Automated Eye Exam	**CPT:** 92229
Eye Exam with Retinopathy	**CPT-CAT-II:** 2022F, 2024F, 2026F
Eye Exam Without Retinopathy	**CPT-CAT-II:** 2023F, 2025F, 2033F
Diabetes Mellitus without Complications (Also requires Diabetic Retinal Screening code to close care gap)	**ICD-10:** E10.9, E11.9, E13.9
Retinal Eye Exams	**CPT:** 92002, 92004, 92012, 92014, 92018, 92019, 82134, 92201, 92202, 92230, 92235, 92250, 99203, 99204, 99205, 99213-99215, 99242-99245 **HCPCS:** S3000, S0621, S0620
Retinal imaging	**CPT:** 92227-92228
Diabetic Retinal Screening negative in the prior year	**CPT-CAT-II:** 3072F

Codes subject to change

Kidney Health Evaluation for Patients with Diabetes (KED) ●●●●

The KED measure evaluates the percentage of patients 18 to 85 years of age with diabetes (Type 1 and 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 year.

KED Measure Codes

Description	Codes*
Estimated Glomerular Filtration Rate (eGFR)	**CPT:** 80047, 80048, 80050, 80053, 80069, 82565
Urine Albumin-Creatinine Ratio (uACR)	**CPT:** 82043, 82570

Codes subject to change

Diabetes Monitoring for People with Diabetes and Schizophrenia (SMD) ●

The SMD measure evaluates the percentage of patients 18 to 64 years of age with schizophrenia or schizoaffective disorder and diabetes who had both an LDL-C test and an HbA1c test.

SMD Measure Codes

Description	Codes*
HbA1C Lab Tests	**CPT:** 83036, 83037
Most recent hemoglobin A1c (HbA1c) level less than 7.0% (DM)	**CPT-CAT-II:** 3044F
Most recent hemoglobin A1c level greater than 9.0% (DM)	**CPT-CAT-II:** 3046F
Most recent hemoglobin A1c (HbA1c) level greater than or equal to 7.0% and less than 8.0% (DM)	**CPT-CAT-II:** 3051F
Most recent hemoglobin A1c (HbA1c) level greater than or equal to 8.0% and less than or equal to 9.0% (DM)	**CPT-CAT-II:** 3052F

Description	Codes*
LDL-C Lab Tests	**CPT:** 80061, 83700, 83701, 83704, 83721
Most recent LDL-C less than 100 mg/dL (CAD) (DM)	**CPT-CAT-II:** 3048F
Most recent LDL-C 100-129 mg/dL (CAD) (DM)	**CPT-CAT-II:** 3049F
Most recent LDL-C greater than or equal to 130 mg/dL (CAD) (DM)	**CPT-CAT-II:** 3050F

Codes subject to change

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

The SSD measure evaluates the percentage of patients 18 to 64 years of age with schizophrenia, schizoaffective disorder, or bipolar disorder who were dispensed an antipsychotic medication and had a diabetes screening test.

SSD Measure Codes

Description	Codes*
HbA1C Lab Tests	**CPT:** 83036, 83037
Most recent hemoglobin A1c (HbA1c) level less than 7.0% (DM)	**CPT-CAT-II:** 3044F
Most recent hemoglobin A1c level greater than 9.0% (DM)	**CPT-CAT-II:** 3046F
Most recent hemoglobin A1c (HbA1c) level greater than or equal to 7.0% and less than 8.0% (DM)	**CPT-CAT-II:** 3051F
Most recent hemoglobin A1c (HbA1c) level greater than or equal to 8.0% and less than or equal to 9.0% (DM)	**CPT-CAT-II:** 3052F
Glucose Lab Tests	**CPT:** 80047, 80048, 80050, 80053, 80069, 82947, 82950, 82951

Codes subject to change

Cardiac Rehabilitation (CRE) ●●●

The CRE measure evaluates the percentage of patients 18 years of age and older who attended cardiac rehabilitation following a qualifying cardiac event, such as:

- Coronary artery bypass grafting
- Heart or heart/lung transplantation
- Heart valve repair/replacement
- Myocardial infarction
- Percutaneous coronary intervention

It is important patients have the following schedule of cardiac rehabilitation:

- **Initiation:** At least 2 sessions within 30 days after the event
- **Engagement:**
  - At least 12 sessions within 90 days after the event
  - At least 24 sessions within 180 days after the event
- **Achievement:**
  - At least 36 sessions within 180 days after the event
  - Encourage patients to have annual testing

CRE Measure Codes

Description	CPT Category*	HCPCS*
Cardiac Rehabilitation	93797, 93798	G0422, G0423, S9472

Codes subject to change

Cardiovascular Monitoring for People with Cardiovascular Disease and Schizophrenia (SMC) ●

The SMC measure evaluates the percentage of patients 18-64 years of age with schizophrenia or schizoaffective disorder and cardiovascular disease, who had a LDL-C test during the measurement year.

SMC Measure Codes

Description	Codes*
LDL-C Lab Test	**CPT:** 80061, 83700, 83701, 83704, 83721
LDL-C Test Result or Finding	**CPT-CAT-II:** 3048F, 3049F, 3050F

Codes subject to change

Colorectal Cancer Screening (COL-E) ●●●●☁

COL-E is an Electronic Clinical Data Systems (ECDS) measure.

COL-E evaluates the percentage of patients 45 to 75 years of age who had one or more appropriate screenings for colorectal cancer.

Appropriate screenings are defined by one of the following:
- Colonoscopy during the measurement year or the nine years prior to the measurement year
- CT colonography during the measurement year or the four years prior to the measurement year
- Flexible sigmoidoscopy during the measurement year or the four years prior to the measurement year
- FIT-DNA during the measurement year or the two years prior to the measurement year
- FOBT during the measurement year

COL-E Measure Codes

Description	Codes*
Colonoscopy	**CPT:** 44388-44392, 44394, 44401-44408, 45378-45382, 45384-45386, 45388-45393, 45398 **HCPCS:** G0105, G0121 **SNOMED CT:** 8180007, 12350003, 25732003, 73761001, 174158000, 174185007, 235150006, 275251008, 302052009, 367535003, 443998000, 444783004, 446521004, 446745002, 447021001, 709421007, 710293001, 711307001, 789778002, 1209098000, 851000119109, 48021000087103, 4803100087101
CT Colonography	**CPT:** 74261-74263 **LOINC:** 60515-4, 72531-7, 79069-1, 79071-7, 79101-2, 82688-3 **SNOMED CT:** 418714002
sDNA FIT Lab Test	**CPT:** 81528 **LOINC:** 77353-1, 77354-9 **SNOMED CT:** 708699002
Flexible Sigmoidoscopy	**CPT:** 45330-45335, 45337-45338, 45340-45342, 45346-45347, 45349-45350 **HCPCS:** G0104 **SNOMED CT:** 44441009, 396226005, 425634007, 841000119107

COL-E Measure Codes (continued)

Description	Codes*
FOBT Lab Test	**CPT:** 82270, 82274 **HCPCS:** G0328 **LOINC:** 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 CT:** 104435004, 441579003, 442067009, 442516004, 442554004, 442563002
FOBT Test Results or Finding	**SNOMED CT:** 59614000, 167667006, 389076003, 71711000112103

Codes subject to change

Care for Older Adults (COA) ●

The COA measure evaluates the percentage of adults 66 years of age and older who had each of the following in the measurement year:

- Medication review
  - Perform an annual medication review of the patient's medications, including prescription medications, over-the-counter medications, and herbal or supplemental therapies.
- Functional status assessment
  - This assessment measures the patient's ability to perform daily tasks and helps to identify any functional decline. For Medicare-Medicaid Plan patients, please indicate in the medical record:
  - Activities of Daily Living (ADL) — Note and date when activities like bathing, dressing, eating, transferring, using toilet, and walking were assessed.
  - Instrumental Activities of Daily Living (IADL) — Note and date when activities like shopping, driving or using public transportation, meal preparation, housework, taking medications, and using the telephone were assessed.
  - Standardized functional status assessments — Note results and dates of assessments like the Assessment of Living Skills and Resources (ALSAR), the Barthel Index and the Physical Self-Maintenance Scale, Bayer Activities of Daily Living (B-ADL) Scale, or Extended Activities of Daily Living (EADL) Scale.

COA Measure Codes

Description	Codes*
Medication Review with Medication List *(Requires a code from both value sets)*	**Medication List:** **CPT-CAT-II:** 1159F **HCPCS:** G8427 **Medication Review:** **CPT:** 90863, 99483, 99605, 99606 **CPT-CAT-II:** 1160F

COA Measure Codes (continued)

Description	Codes*
Medication Review: Transitional Care Management Services	CPT: 99495, 99496
Functional Status Assessment	CPT: 99483 CPT-CAT-II: 1170F HCPCS: G0438, G0439

Codes subject to change

Controlling High Blood Pressure (CBP) ●●●●

The CBP measure evaluates the percentage of patients 18 to 85 years of age who had a diagnosis of hypertension (HTN) and whose **last** blood pressure (BP) reading of the measurement year was adequately controlled (<140/90 mm Hg).

- Consider taking two readings at each office visit. Sometimes a second blood pressure reading is lower.
- Do not round blood pressure; always use exact numbers
- Include CPT-CAT-II codes on claims to ensure the blood pressure reading is received by the health plan

CBP Measure Codes

Description	Codes*
Systolic Greater Than/Equal to 140	CPT-CAT-II: 3077F
Systolic 130-139	CPT-CAT-II: 3075F
Systolic Less Than 130	CPT-CAT-II: 3074F
Diastolic Greater Than/Equal to 90	CPT-CAT-II: 3080F
Diastolic 80-89	CPT-CAT-II: 3079F
Diastolic Less Than 80	CPT-CAT-II: 3078F

Codes subject to change

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

This is a first-year measure. BPC-E is an Electronic Clinical Data Systems (ECDS) measure.

BPC-E evaluates percentage of patients 18–85 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.

Note: This measure does not replace the CBP measure in MY 2025.

BPC-E Measure Codes

Description	Codes*
Systolic Greater Than/Equal to 140	**CPT-CAT-II**: 3077F
Systolic 130-139	**CPT-CAT-II**: 3075F
Systolic Less Than 130	**CPT-CAT-II**: 3074F
Diastolic Greater Than/Equal to 90	**CPT-CAT-II**: 3080F
Diastolic 80-89	**CPT-CAT-II**: 3079F
Diastolic Less Than 80	**CPT-CAT-II**: 3078F

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

The FMC measure evaluates Emergency Department (ED) visits for patients 18 years of age and older who have multiple high-risk chronic conditions who had a follow-up service within 7 days of the ED visit on or between January 1 and December 24 of the measurement year where the patient was 18 years or older on the date of the visit.

FMC Measure Codes

Description	Codes
BH Outpatient	**CPT:** 98960-98962, 99078, 99202-99205, 99211-99215, 99242-99245, 99341-99345, 99347-99350, 99381-99387, 99391-99397, 99401-99404, 99411, 99412, 99483, 99492-99494, 99510 **HCPCS:** G0155, G0176, G0177, G0409, G0463, G0512, H0002, H0004, H0031, H0034, H0036, H0037, H0039, H0040, H2000, H2010, H2011, H2013-H2020, T1015
Case Management Encounter	**CPT:** 99366 **HCPCS:** T1016, T1017, T2022, T2023
Complex Care Management Services	**CPT:** 99439, 99487, 99489-99491 **HCPCS:** G0506
Electroconvulsive Therapy *(Requires POS code)*	**CPT:** 90870 **ICD10 PCS:** GZB0ZZZ-GZB4ZZZ
Substance Use Disorder Services	**CPT:** 99408, 99409 **HCPCS:** G0396, G0397, G0443, H0001, H0005, H0007, H0015, H0016, H0022, H0047, H0050, H2035, H2036, T1006, T1012
Transitional Care Management Services	**CPT:** 99495, 99496
Visit Setting Unspecified *(Requires POS code)*	**CPT:** 90791, 90792, 90832-90834, 90836-90840, 90845, 90847, 90849, 90853, 90875, 90876, 99221-99223, 99231-99233, 99238, 99239, 99252-99255
Outpatient and Telehealth	**CPT:** 98966-98968, 98970-98972, 98980-98981, 99202-99205, 99211-99215, 99241-99245, 99341-99345, 99347-99350, 99381-99387, 99391-99397, 99401-99404, 99411-99412, 99421-99423, 99429, 99441-99443, 99455-99458, 99483 **HCPCS:** G0071, G0402, G0438-G0439, G0463, G2010, G2012, G2250-G2252, T1015

FMC Measure Codes (continued)

Description	Codes
Substance Use Counseling and Surveillance	ICD10CM: Z71.41, Z71.51
Partial Hospitalization or Intensive Outpatient	HCPCS: G0410, G0411, H0035, H2001, H2012, S0201, S9480, S9484, S9485

Codes subject to change. Refer to the Appendix for POS codes.

Persistence of Beta-Blocker Treatment After a Heart Attack (PBH) ●●●

The PBH measure evaluates the percentage of patients 18 years of age and older during the measurement year who were hospitalized and discharged from July 1 of the year prior to June 30 of the measurement year with a diagnosis of AMI and who received persistent beta-blocker treatment for six months after discharge.

Beta-Blocker Medications

Description	Prescription		
Noncardioselective beta-blockers	• Carvedilol • Pindolol • Sotalol	• Labetalol • Propranolol	• Nadolol • Timolol
Cardioselective beta-blockers	• Acebutolol • Atenolol	• Betaxolol • Bisoprolol	• Metoprolol • Nebivolol
Antihypertensive combinations	• Atenolol-chlorthalidone • Bendroflumethiazide-nadolol • Bisoprolol-hydrochlorothiazide • Hydrochlorothiazide-metoprolol • Hydrochlorothiazide-propranolol		

Pharmacotherapy Management of COPD Exacerbation (PCE) ●●●

The PCE measure evaluates the percentage of COPD exacerbations for patients 40 years of age and older who had an acute inpatient discharge or ED visit on or between January 1–November 30 and were dispensed appropriate medications.

Two rates are reported:

- Dispensed a systemic **corticosteroid** (or there was evidence of an active prescription) **within 14 days of the event**
- Dispensed a **bronchodilator** (or there was evidence of an active prescription) within **30 days of the event**

Systemic Corticosteroid Medications

Description	Prescription	
Glucocorticoids	• Cortisone • Dexamethasone • Prednisolone	• Hydrocortisone • Methylprednisolone • Prednisone

Bronchodilator Medications

Description	Prescription	
Anticholinergic agents	• Aclidinium-bromide • Ipratropium	• Tiotropium • Umeclidinium
Beta 2-agonists	• Albuterol • Arformoterol • Formoterol • Indacaterol	• Levalbuterol • Metaproterenol • Olodaterol • Salmeterol
Bronchodilator combinations	• Albuterol-ipratropium • Formoterol-aclidinium • Budesonide-formoterol • Formoterol-glycopyrrolate • Formoterol-mometasone • Fluticasone furoate - umeclidinium-vilarterol • Fluticasone-salmeterol • Fluticasone-vilanterol • Indacaterol-glycopyrrolate • Olodaterol hydrochloride • Olodaterol-tiotropium • Umeclidinium-Vilanterol	

Plan All Cause Readmissions (PCR) ●●●●

The PCR measure evaluates patients 18 years of age and older who had an acute inpatient and observation stay that was followed by an unplanned acute readmission for any diagnosis within 30 days and the predicted probability of an acute readmission.

What Providers Can Do
- See the patient within seven days of discharge
- Educate the patient and family about the diagnosis and care plan
- Review medication list
- Establish care goals with the patient
- Identify barriers to health for the patient that may have contributed to the hospitalization and discuss strategies for addressing them

How Meridian Can Help
- Meridian will notify PCPs during the Transition of Care (TOC) process
- A TOC letter is faxed to the PCP within 24 hours of discharge
- Meridian's Interdisciplinary Care Team (ICT) reviews individual care plans
- Educate patients on appropriate Emergency Department utilization

Transitions of Care (TRC) ●●

The TRC measure evaluates the percentage of discharges for patients 18 years of age and older who had each of the following:

- Notification of Inpatient Admission (NIA)
- Receipt of Discharge Information (RDI)
- Patient Engagement After Inpatient Discharge (PE)
- Medication Reconciliation Post-Discharge (MRPD)

Remember to:

- Document receipt of notification of inpatient admission on the day of admission through two days after admission (for a total of 3 days)
- Record receipt of notification of discharge on the day of discharge through two days after discharge (for a total of 3 days)
- Document patient engagement within 30 days after discharge (e.g., office visits, visits to the home, telehealth)
- Document medication reconciliation on the date of discharge through 30 days after discharge (for a total of 31 days)

Patient engagement provided within 30 days after discharge. Do not include patient engagement that occurs on the date of discharge. The following meet criteria for patient engagement:

- An outpatient visit
- A telephone visit
- Transitional care management services
- An e-visit or virtual check-in

Medication reconciliation must be conducted by a prescribing practitioner, clinical pharmacist, physician assistant, or registered nurse on the date of discharge through 30 days after discharge (31 total days).

TRC Measure Codes

Description	Codes*
Patient Engagement: Transitional Care Management Services	**CPT:** 99495-99496
MRPD: Medication Reconciliation Encounter	**CPT:** 99483, 99495-99496
MRPD: Medication Reconciliation Intervention	**CPT-CAT-II:** 1111F **SNOMED CT:** 430193006, 428701000124107

TRC Measure Codes (continued)

Description	Codes*
Outpatient and Telehealth	**CPT:** 98966, 98967, 98968, 98970-98972, 98980-98981, 99202-99205, 99211-99215, 99241-99245, 99341-99345, 99347-99350, 99381-99387, 99391-99397, 99401-99404, 99411, 99412, 99421-99423, 99429, 99441-99443, 99455-99458, 99483 **HCPCS:** G0071, G0402, G0438, G0439, G0463, G2010, G2012, G2250, G2251, G2252, T1015

Codes subject to change

Use of Imaging Studies for Low Back Pain (LBP) ●●●●

The LBP measure evaluates patients 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. *A lower rate indicates better performance.*

Numerator: An imaging study with a diagnosis of uncomplicated low back pain on the IESD or in the 28 days following the IESD

LBP Measure Codes

Description	Codes*
Imaging Study	**CPT:** 72020, 72052, 72080-72084, 72100, 72110, 72040, 72050, 72070, 72072, 72074, 72100, 72110, 72114, 72120, 72125-72133, 72141, 72142, 72146-72149, 72156-72158, 72200, 72202, 72220
Uncomplicated Low Back Pain	**ICD-10:** M47.26-M47.28, M47.816-M47.818, M47.896-M47.898, M48.061, M48.07, M48.08, M51.16-M51-17, M51.26-M51.27, M51.36-M51.37, M51.86-M51.87, M53.2X6-M53.2X8, M53.3, M53.86-M53.88, M54.16-M54.18, M54.30-M54.32, M54.40-M54.42, M54.5, M54.50, M54.51, M54.59, M54.89, M54.9, M99.03-M99.04, M99.23, M99.33, M99.43, M99.53, M99.63, M99.73, M99.83, M99.84, S33.100A, S33.100D, S33.100S, S33.110A, S33.110D, S33.110S, S33.120A, S33.120D, S33.120S, S33.130A, S33.130D, S33.130S, S33.140A, S33.140D, S33.140S, S33.5XXA, S33.6XXA, S33.8XXA, S33.9XXA, S39.002A, S39.002D, S39.002S, S39.012A, S39.012D, S39.012S, S39.82XA, S3 S39.092A, S39.092D, S39.092S, S39.82XA, S39.82XD, S39.82XS, S39.92XA, S39.92XD, S39.92XS

Codes subject to change

According to the National Committee for Quality Assurance (NCQA), 75 percent of American adults will experience low back pain at some time in their lives, making it one of the most common reasons patients seek healthcare services.

Please consider imaging studies for lower back pain only if red flags are present or if there is no improvement after four weeks.

Alternative Recommendations

Meridian encourages its providers to refer to the Agency for Healthcare Research and Quality website (**www.ahrq.gov**) or the Meridian website (**www.ILmeridian.com**) for standards and guidelines in managing your patients' acute lower back pain.

Source: **www.ncqa.org**

Behavioral Health

Adherence to Antipsychotic Medications for People with Schizophrenia (SAA) ●●●

The SAA measure evaluates patients 18 years of age and older in the measurement year with schizophrenia or schizoaffective disorder who were dispensed and remained on an antipsychotic medication for at least 80% of their treatment period.

Antipsychotic Medications

Description	
Antipsychotic agents – Oral	• Aripiprazole • Asenapine • Brexpiprazole • Cariprazine • Clozapine • Haloperidol • Iloperidfone • Loxapine • Lumateperone • Lurasidone • Molindone • Molindone • Olanzapine • Paliperidone • Quetiapine • Risperidone • Ziperidone
Phenthiazine Antipsychotic – Oral	• Chlorpromazine • Fluphenazine • Perphenazine • Prochlorperazine • Thioridazine • Trifluoperazine
Psychotherapeutic combinations – Oral	• Amitriptyline-perphenenazine
Thioxanthenes – Oral	• Thiothixene
Long-Acting Injections	• Risperidone • Aripiprazole • Anripiprazole lauroxil • Fluphenazine decanoate • Haloperidol decanoate • Olanzapine • Paliperidone palmitate • Risperidone

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

The FUM measure evaluates patients 6 years of age and older with a principal diagnosis of mental illness or self-harm who had a follow-up visit for mental illness after an Emergency Department (ED) visit.

Two rates are reported:

- The percentage of ED visits where patients received follow-up within 7 days of the visit (8 total days)
- The percentage of ED visits where patients received follow-up within 30 days of the visit (31 total days)

FUM 7 & 30 Day Follow-up Measure Codes

Description	Codes
BH Outpatient	**CPT:** 98960-98962, 99078, 99202-99205, 99211-99215, 99242-99245, 99341-99345, 99347-99350, 99381-99387, 99391-99397, 99401-99404, 99411, 99412, 99483, 99492-99494, 99510 **HCPCS:** G0155, G0176, G0177, G0409, G0463, G0512, H0002, H0004, H0031, H0034, H0036, H0037, H0039, H0040, H2000, H2010, H2011, H2013-2020, T1015
Electroconvulsive Therapy *(Requires POS code)*	**CPT:** 90870 **ICD-10:** GZB0ZZZ-ZB4ZZZ
Online Assessment (e-visit or virtual check-in)	**CPT:** 98970-98972, 98980, 98981, 99421-99423, 99457, 99458 **HCPCS:** G0071, G2010, G2012, G2250-G2252
Partial Hospitalization or Intensive Outpatient	**HCPCS:** G0410, G0411, H0035, H2001, H2012, S0201, S9480, S9484, S9485
Telephone Visits	**CPT:** 98966-98968, 99441-99443
Visit Setting Unspecified *(Requires POS code)*	**CPT:** 90791, 90792, 90832-90834, 90836-90840, 90845, 90847, 90849, 90853, 90875, 90876, 99221-99223, 99231-99233, 99238, 99239, 99252-99255
Peer Support Services	**HCPCS:** G0140, G0177, H0024, H0025, H0038, H0039, H0040, H0046, H2014, H2023, S9445, T1012, T1016
Psychiatric Collaborative Care Management	**CPT:** 99492-99494
Residential Behavioral Health Treatment	**HCPCS:** H0017-H0019, T2048

FUM 7 & 30 Day Follow-up Measure Codes (continued)

Description	Codes
Mental Health Diagnosis	**ICD-10-CM:** F03.90, F03.911, F03.918, F03.92, F03.93, F03.94, F03.A0, F03.A11, F03.A18, F03.A2, F03.A3, F03.A4, F03.B0, F03.B11, F03.B18, F03.B2, F03.B3, F03.B4, F03.C0, F03.C11, F03.C18, F03.C2, F03.C3, F03.C4, F20.0, F20.1, F20.2, F20.3, F20.5 F20.81, F20.89, F20.9, F21, F22, F23, F24, F25.0, F25.1, F25.8, F25.9, F28, F29, F30.10, F30.11, F30.12, F30.13, F30.2, F30.3, F30.4, F30.8, F30.9, F31.0, F31.10, F31.11, F31.12, F31.13, F31.2, F31.30, F31.31, F31.32, F31.4, F31.5, F31.60, F31.61, F31.62, F31.63, F31.64, F31.70, F31.71, F31.72, F31.73, F31.74, F31.75, F31.76, F31.77, F31.78, F31.81, F31.89, F31.9, F32.0, F32.1, F32.2, F32.3, F32.4, F32.5, F32.81, F32.89, F32.9, F32.A, F33.0, F33.1, F33.2, F33.3, F33.40, F33.41, F33.42, F33.8, F33.9, F34.0, F34.1, F34.81, F34.89, F34.9, F39, F40.00, F40.01, F40.02, F40.10, F40.11, F40.210, F40.218, F40.220, F40.228, F40.230, F40.231, F40.232, F40.233, F40.240, F40.241, F40.242, F40.243, F40.248, F40.290, F40.291, F40.298, F40.8, F40.9, F41.0, F41.1, F41.3, F41.8, F41.9, F42.2, F42.3, F42.4, F42.8, F42.9, F43.0, F43.10, F43.11, F43.12, F43.20, F43.21, F43.22, F43.23, F43.24, F43.25, F43.29, F43.81, F43.89, F43.9, F44.0, F44.1, F44.2, F44.4, F44.5, F44.6, F44.7, F44.81, F44.89, F44.9, F45.0, F45.1, F45.20, F45.21, F45.22, F45.29, F45.41, F45.42, F45.8, F45.9, F48.1, F48.2, F48.8, F48.9, F50.00, F50.01, F50.02, F50.2, F50.81, F50.82, F50.89, F50.9, F51.01, F51.02, F51.03, F51.04, F51.05, F51.09, F51.11, F51.12, F51.13, F51.19, F51.3, F51.4, F51.5, F51.8, F51.9, F52.0, F52.1, F52.21, F52.22, F52.31, F52.32, F52.4, F52.5, F52.6, F52.8, F52.9, F53.0, F53.1, F59, F60.0, F60.1, F60.2, F60.3, F60.4, F60.5, F60.6, F60.7, F60.81, F60.89, F60.9, F63.0, F63.1, F63.2, F63.3, F63.81, F63.89, F63.9, F64.0, F64.1, F64.2, F64.8, F64.9, F65.0, F65.1, F65.2, F65.3, F65.4, F65.50, F65.51, F65.52, F65.81, F65.89, F65.9, F66, F68.10, F68.11, F68.12, F68.13, F68.8, F68.A, F69, F80.0,

FUM 7 & 30 Day Follow-up Measure Codes (continued)

Description	Codes
Mental Health Diagnosis (continued)	F80.1, F80.2, F80.4, F80.81, F80.82, F80.89, F80.9, F81.0, F81.2, F81.81, F81.89, F81.9, F82, F84.0, F84.2, F84.3, F84.5, F84.8, F84.9, F88, F89, F90.0, F90.1, F90.2, F90.8, F90.9, F91.0, F91.1, F91.2, F91.3, F91.8, F91.9, F93.0, F93.8, F93.9, F94.0, F94.1, F94.2, F94.8, F94.9, F95.0, F95.1, F95.2, F95.8, F95.9, F98.0, F98.1, F98.21, F98.29, F98.3, F98.4, F98.5, F98.8, F98.9, F99

Codes subject to change. Refer to the Appendix for POS codes.

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

The percentage of Emergency Department (ED) visits among patients aged 13 years and older with a principal diagnosis of substance use disorder (SUD), or any diagnosis of drug overdose, for which there was follow-up.

Two rates are reported:
- The percentage of ED visits where patients received follow-up within 30 days of the visit (31 total days)
- The percentage of ED visits where patients received follow-up within 7 days of the visit (8 total days)

FUA 7 & 30 Day Follow-up Measure Codes

Description	Codes
Behavioral Health Assessment	**CPT:** 99408, 99409 **HCPCS:** G0211, G0396, G0397, G0442, G2011, H0001, H0002, H0031, H0049
Online Assessments	**CPT:** 98970-98972, 98980-98981, 99421-99423, 99457, 99458 **HCPCS:** G0071, G2010, G2012, G2250-G2252
OUD Weekly Drug Treatment Service	**HCPCS:** G2067-G2070, G2072, G2073
OUD Weekly Non-Drug Service	**HCPCS:** G2071, G2074-G2077, G2080
Partial Hospitalization or Intensive Outpatient	**HCPCS:** G0410, G0411, H0035, H2001, H2012, S0201, S9480, S9484, S9485
Peer Support Services	**HCPCS:** G0177, H0024, H0025, H0038-H0040, H0046, H2014, H2023, S9445, T1012, T1016

FUA 7 & 30 Day Follow-up Measure Codes (continued)

Description	Codes
Substance Use Disorder Services	**CPT:** 99408, 99409 **HCPCS:** G0396, G0397, G0443, H0001, H0005, H0007, H0015, H0016, H0022, H0047, H0050, H2035, H2036, T1006, T1012
Substance Use Services	**HCPCS:** H0006, H0028
Visit Setting Unspecified *(Requires POS code)*	**CPT:** 90791, 90792, 90832-90834, 90836-90840, 90845, 90847, 90849, 90853, 90875, 90876, 99221-99223, 99231-99233, 99238, 99239, 99252-99255 **POS:** 03, 05, 07, 09, 11, 12, 13, 14, 15, 16, 17, 18, 19, 20, 22, 33, 49, 50, 52, 53, 57, 71, 72
OUD Monthly Office Based Treatment	**HCPCS:** G2086-G2087
Substance Abuse Counseling and Surveillance	**ICD10CM:** Z71.41, Z71.51
BH Outpatient	**CPT:** 98960-98962, 99078, 99202-99205, 99211-99215, 99242-99245, 99347-99350, 99381-99387, 99391-99397, 99401-99404, 99411-99412, 99483, 99492-99494, 99510 **HCPCS:** G0176, G0177, G0409, G0463, G0512, H0002, H0004, H0034, H0036, H0037, H0039, H0040, H2000, H2011, H2013-H2020, T1015
Telephone Visits	**CPT:** 98966, 98967, 98968, 99441, 99442, 99443
AOD Medication Treatment	**HCPCS:** G2069, G2070, G2072, G2073, H0020, H0033, J0570, J0571, J0572, J0573, J0574, J0575, J2315, Q9991, Q9992, S0109

FUA 7 & 30 Day Follow-up Measure Codes (continued)

Description	Codes
AOD Abuse and Dependence	**ICD 10 CM:** F10.10, F10.120, F10.121, F10.129, F10.130, F10.131, F10.132, F10.139, F10.14, F10.150, F10.151, F10.159, F10.180, F10.181, F10.182, F10.188, F10.19, F10.20, F10.220, F10.221, F10.229, F10.230, F10.231, F10.232, F10.239, F10.24, F10.250, F10.251, F10.259, F10.26, F10.27, F10.280, F10.281, F10.282, F10.288, F10.29, F11.10, F11.120, F11.121, F11.122, F11.129, F11.13, F11.14, F11.150, F11.151, F11.159, F11.181, F11.182, F11.188, F11.19, F11.20, F11.220, F11.221, F11.222, F11.229, F11.23, F11.24, F11.250, F11.251, F11.259, F11.281, F11.282, F11.288, F11.29, F12.10, F12.120, F12.121, F12.122, F12.129, F12.13, F12.150, F12.151, F12.159, F12.180, F12.188, F12.19, F12.20, F12.220, F12.221, F12.222, F12.229, F12.23, F12.250, F12.251, F12.259., F12.280, F12.288, F12.29, F13.10, F13.120, F13.121, F13.129, F13.130, F13.131, F13.132, F13.139, F13.14, F13.150, F13.151, F13.159, F13.180, F13.181, F13.182, F13.188, F13.19, F13.20, F13.220, F13.221, F13.229, F13.230, F13.231, F13.232, F13.239, F13.24, F13.250, F13.251, F13.259, F13.26, F13.27, F13.280, F13.281, F13.282, F13.288, F13.29, F14.10, F14.120, F14.121, F14.122, F14.129, F14.13, F14.14, F14.150, F14.151, F14.159, F14.180, F14.181, F14.182, F14.188, F14.19, F14.20, F14.220, F14.221, F14.222, F14.229, F14.23, F14.24, F14.250, F14.251, F14.259, F14.280, F14.281, F14.282, F14.288, F14.29, F15.10, F15.120, F15.121, F15.122, F15.129, F15.13, F15.14, F15.150, F15.151, F15.159, F15.180, F15.181, F15.182, F15.188, F15.19, F15.20, F15.220, F15.221, F15.222, F15.229, F15.23, F15.24, F15.250, F15.251, F15.259, F15.280, F15.281, F15.282, F15.288, F15.29, F16.10, F16.120, F16.121, F16.122, F16.129, F16.14, F16.150, F16.151, F16.159, F16.180, F16.183, F16.188, F16.19, F16.20, F16.220, F16.221, F16.229, F18.20, F18.220, F18.221, F18.229, F18.24, F18.250, F18.251, F18.259, F18.27, F18.280, F18.288, F18.29, F19.10, F19.120, F19.121,

FUA 7 & 30 Day Follow-up Measure Codes (continued)

Description	Codes
AOD Abuse and Dependence (continued)	F19.122, F19.129, F19.130, F19.131, F19.132, F19.139, F19.14, F19.150, F19.151, F19.159, F19.16, F19.17, F19.180, F19.181, F19.182, F19.188, F19.19, F19.20, F19.220, F19.221, F19.222, F19.229, F19.230, F19.231, F19.232, F19.239, F19.24, F19.250, F19.251, F19.259, F19.26, F19.27, F19.280, F19.281, F19.282, F19.288, F19.29
Substance Induced Disorders	ICD 10 CM: F10.90, F10.920, F10.921, F10.929, F10.930, F10.931, F10.932, F10.939, F10.94, F10.950, F10.951, F10.959, F10.96, F10.97, F10.980, F10.981, F10.982, F10.988, F10.99, F11.90, F11.920, F11.921, F11.922, F11.929, F11.93, F11.94, F11.950, F11.951, F11.959, F11.981, F11.982, F11.988, F11.99, F12.90, F12.920, F12.921, F12.922, F12.929, F12.93, F12.950, F12.951, F12.959, F12.980, F12.988, F12.99, F13.90, F13.920, F13.921, F13.929, F13.930, F13.931, F13.932, F13.939, F13.94, F13.950, F13.951, F13.959, F13.96, F13.97, F13.980, F13.981, F13.982, F13.988, F13.99, F14.90, F14.920, F14.921, F14.922, F14.929, F14.93, F14.94, F14.950, F14.951, F14.959, F14.980, F14.981, F14.982, F14.988, F14.99, F15.90, F15.920, F15.921, F15.922, F15.929, F15.93, F15.94, F15.950, F15.951, F15.959, F15.980, F15.981, F15.982, F15.988, F15.99, F16.90, F16.920, F16.921, F16.929, F16.94, F16.950, F16.951, F16.959, F16.980, F16.983, F16.988, F16.99, F18.90, F18.920, F18.921, F18.929, F18.94, F18.950, F18.951, F18.959, F18.97, F18.980, F18.988, F18.99, F19.90, F19.920, F19.921, F19.922, F19.929, F19.930, F19.931, F19.932, F19.939, F19.94, F19.950, F19.951, F19.959, F19.96, F19.97, F19.980, F19.981, F19.982, F19.988, F19.99

FUA 7 & 30 Day Follow-up Measure Codes (continued)

Description	Codes
Unintentional Drug Overdose	**ICD 10 CM:** T40.0X1A, T40.0X1D, T40.0X1S, T40.0X4A, T40.0X4D, T40.0X4S, T40.1X1A, T40.1X1D, T40.1X1S, T40.1X4A, T40.1X4D, T40.1X4S, T40.2X1A, T40.2X1D, T40.2X1S, T40.2X4A, T40.2X4D, T40.2X4S, T40.3X1A, T40.3X1D, T40.3X1S, T40.3X4A, T40.3X4D, T40.3X4S, T40.411A, T40.411D, T40.411S, T40.414A, T40.414D, T40.414S, T40.421A, T40.421D, T40.421S, T40.424A, T40.424D, T40.424S, T40.491A, T40.491D, T40.491S, T40.494A, T40.494D, T40.494S, T40.5X1A, T40.5X1D, T40.5X1S, T40.5X4A, T40.5X4D, T40.5X4S, T40.601A, T40.601D, T40.601S, T40.604A, T40.604D, T40.604S, T40.691A, T40.691D, T40.691S, T40.694A, T40.694D, T40.694S, T40.711A, T40.711D, T40.711S, T40.714A, T40.714D, T40.714S, T40.721A, T40.721D, T40.721S, T40.724A, T40.724D, T40.724S, T40.8X1A, T40.8X1D, T40.8X1S, T40.8X4A, T40.8X4D, T40.8X4S, T40.901A, T40.901D, T40.901S, T40.904A, T40.904D, T40.904S, T40.991A, T40.991D, T40.991S, T40.994A, T40.994D, T40.994S, T41.0X1A, T41.0X1D, T41.0X1S, T41.0X4A, T41.0X4D, T41.0X4S, T41.1X1A, T41.1X1D, T41.1X1S, T41.1X4A, T41.1X4D, T41.1X4S, T41.201A, T41.201D, T41.201S, T41.204A, T41.204D, T41.204S, T41.291A, T41.291D, T41.291S, T41.294A, T41.294D, T41.294S, T41.3X1A, T41.3X1D, T41.3X1S, T41.3X4A, T41.3X4D, T41.3X4S, T41.41XA, T41.41XD, T41.41XS, T41.44XA, T41.44XD, T41.44XS, T41.5X1A, T41.5X1D, T41.5X1S, T41.5X4A, T41.5X4D, T41.5X4S, T42.3X1A, T42.3X1D, T42.3X1S, T42.3X4A, T42.3X4D, T42.3X4S, T42.4X1A, T42.4X1D, T42.4X1S, T42.4X4A, T42.4X4D, T42.4X4S, T43.601A, T43.601D, T43.601S, T43.604A, T43.604D, T43.604S, T43.621A, T43.621D, T43.621S, T43.624A, T43.624D, T43.624S, T43.631A, T43.631D, T43.631S, T43.634A, T43.634D, T43.634S, T43.641A, T43.641D, T43.641S, T43.644A, T43.644D, T43.644S, T43.651A, T43.651D, T43.651S, T43.654A, T43.654D, T43.654S,

FUA 7 & 30 Day Follow-up Measure Codes (continued)

Description	Codes
Unintentional Drug Overdose (continued)	T43.691A, T43.691D, T43.691S, T43.694A, T43.694D, T43.694S, T51.0X1A, T51.0X1D, T51.0X1S, T51.0X4A, T51.0X4D, T51.0X4S
AOD Medication Treatment	**HCPCS:** G2069, G2070, G2072, G2073, H0020, H0033, J0570, J0571, J0572, J0573, J0574, J0575, J2315, Q9991, Q9992, S0109
AOD Abuse and Dependence	**ICD-10-CM:** F10.10, F10.120, F10.121, F10.129, F10.130, F10.131, F10.132, F10.139, F10.14, F10.150, F10.151, F10.159, F10.180, F10.181, F10.182, F10.188, F10.19, F10.20, F10.220, F10.221, F10.229, F10.230, F10.231, F10.232, F10.239, F10.24, F10.250, F10.251, F10.259, F10.26, F10.27, F10.280, F10.281, F10.282, F10.288, F10.29, F11.10, F11.120, F11.121, F11.122, F11.129, F11.13, F11.14, F11.150, F11.151, F11.159, F11.181, F11.182, F11.188, F11.19, F11.20, F11.220, F11.221, F11.222, F11.229, F11.23, F11.24, F11.250, F11.251, F11.259, F11.281, F11.282, F11.288, F11.29, F12.10, F12.120, F12.121, F12.122, F12.129, F12.13, F12.150, F12.151, F12.159, F12.180, F12.188, F12.19, F12.20, F12.220, F12.221, F12.222, F12.229, F12.23, F12.250, F12.251, F12.259, F12.280, F12.288, F12.29, F13.10, F13.120, F13.121, F13.129, F13.130, F13.131, F13.132, F13.139, F13.14, F13.150, F13.151, F13.159, F13.180, F13.181, F13.182, F13.188, F13.19, F13.20, F13.220, F13.221, F13.229, F13.230, F13.231, F13.232, F13.239, F13.24, F13.250, F13.251, F13.259, F13.26, F13.27, F13.280, F13.281, F13.282, F13.288, F13.29, F14.10, F14.120, F14.121, F14.122, F14.129, F14.13, F14.14, F14.150, F14.151, F14.159, F14.180, F14.181, F14.182, F14.188, F14.19, F14.20, F14.220, F14.221, F14.222, F14.229, F14.23, F14.24, F14.250, F14.251, F14.259, F14.280, F14.281, F14.282, F14.288, F14.29, F15.10, F15.120, F15.121, F15.122, F15.129, F15.13, F15.14, F15.150, F15.151, F15.159, F15.180, F15.181, F15.182, F15.188, F15.19, F15.20, F15.220, F15.221, F15.222, F15.229, F15.23, F15.24, F15.250, F15.251, F15.259, F15.280, F15.281,

FUA 7 & 30 Day Follow-up Measure Codes (continued)

Description	Codes
AOD Abuse and Dependence (continued)	F15.282, F15.288, F15.29, F16.10, F16.120, F16.121, F16.122, F16.129, F16.14, F16.150, F16.151, F16.159, F16.180, F16.183, F16.188, F16.19, F16.20, F16.220, F16.221, F16.229, F16.24, F16.250, F16.251, F16.259, F16.280, F16.283, F16.288, F16.29, F18.10, F18.120, F18.121, F18.129, F18.14, F18.150, F18.151, F18.159, F18.17, F18.180, F18.188, F18.19, F18.20, F18.220, F18.221, F18.229, F18.24, F18.250, F18.251, F18.259, F18.27, F18.280, F18.288, F18.29, F19.10, F19.120, F19.121, F19.122, F19.129, F19.130, F19.131, F19.132, F19.139, F19.14, F19.150, F19.151, F19.159, F19.16, F19.17, F19.180, F19.181, F19.182, F19.188, F19.19, F19.20, F19.220, F19.221, F19.222, F19.229, F19.230, F19.231, F19.232, F19.239, F19.24, F19.250, F19.251, F19.259, F19.26, F19.27, F19.280, F19.281, F19.282, F19.288, F19.29

Codes subject to change. Refer to the Appendix for POS codes.

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

The FUI measure evaluates the percentage of acute inpatient hospitalizations, residential treatment, or detoxification visits for a diagnosis of substance use disorder among patients 13 years of age and older that result in a follow-up visit or service for substance use disorder.

FUI measure reports two rates:

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

FUI Measure Codes

Description	Codes
BH Outpatient	**CPT:** 98960-98962, 99078, 99202-99205, 99211-99215, 99242-99245, 99341-99345, 99347-99350, 99381-99387, 99391-99397, 99401-99404, 99411, 99412, 99510, 99483, 99492-99494, 99510 **HCPCS:** G0155, G0176, G0177, G0409, G0463, G0512, H0002, H0004, H0031, H0034, H0036, H0037, H0039, H0040, H2000, H2010, H2011, H2013-H2020, T1015
Online Assessment	**CPT:** 98970-98972, 98980-98981, 99421-99423, 99457, 99458 **HCPCS:** G0071, G2010, G2012, G2250-G2252
Visit Setting Unspecified *(Requires POS code)*	**CPT:** 90791, 90792, 90832, 90833, 90834, 90836-90840, 90845, 90847, 90849, 90853, 90875, 90876, 99221-99223, 99231-99233, 99238, 99239, 99252-99255
Partial Hospitalization or Intensive Outpatient	**HCPCS:** G0410, G0411, H0035, H2001, H2012, S0201, S9480, S9484, S9485
Residential Behavioral Health Treatment	**HCPCS:** H0017-H0019, T2048
Substance Use Disorder Services	**CPT:** 99408, 99409 **HCPCS:** G0396, G0397, G0443, H0001, H0005, H0007, H0015, H0016, H0022, H0047, H0050, H2035, H2036, T1006, T1012
Telephone Visits	**CPT:** 98966-98968, 99441-99443
OUD Monthly Office Based Treatment	**HCPCS:** G2086-G2087

FUI Measure Codes (continued)

Description	Codes
OUD Weekly Drug Treatment Service	**HCPCS:** G2067-G2070, G2072-G2073
OUD Weekly Non-Drug Service	**HCPCS:** G2071, G2074-G2077, G2080
Substance Use Counseling and Surveillance	**ICD-10-CM:** Z71.41, Z71.51
AOD Abuse and Dependence	**ICD-10:** F10.10, F10.120, F10.121, F10.129, F10.130, F10.131, F10.132, F10.139, F10.14, F10.150, F10.151, F10.159, F10.180, F10.181, F10.182, F10.188. F10.19, F10.20, F10.220, F10.221, F10.229, F10.230, F10.231, F10.232, F10.239, F10.24, F10.250, F10.251, F10.259, F10.26, F10.27, F10.280, F10.281, F10.282, F10.288, F10.29, F11.10, F11.120, F11.121, F11.122, F11.129, F11.13, F11.14, F11.150, F11.151, F11.159, F11.181, F11.182, F11.188, F11.19, F11.20, F11.220, F11.221, F11.222, F11.229, F11.23, F11.24, F11.250, F11.251, F11.259, F11.281, F11.282, F11.288, F11.29, F12.10, F12.120, F12.121, F12.122, F12.129, F12.13, F12.150, F12.151, F12.159, F12.180, F12.188, F12.19, F12.20, F12.220, F12.221, F12.222, F12.229, F12.23, F12.250, F12.251, F12.259, F12.280, F12.288, F12.29, F13.10, F13.120, F13.121, F13.129, F13.130, F13.131, F13.132, F13.139, F13.14, F13.150, F13.151, F13.159, F13.180, F13.181, F13.182, F13.188, F13.19, F13.20, F13.220, F13.221, F13.229, F13.230, F13.231, F13.232, F13.239, F13.24, F13.250, F13.251, F13.259, F13.26, F13.27, F13.280, F13.281, F13.282, F13.288, F13.29, F14.10, F14.120, F14.121, F14.122, F14.129, F14.13, F14.14, F14.150, F14.151, F14.159, F14.180, F14.181, F14.182, F14.188, F14.19, F14.20, F14.220, F14.221, F14.222, F14.229, F14.23, F14.24, F14.250, F14.251, F14.259, F14.280, F14.281, F14.282, F14.288, F14.29, F15.10, F15.120, F15.121, F15.122, F15.129, F15.13, F15.14, F15.150, F15.151, F15.159, F15.180, F15.181, F15.182, F15.188, F15.19, F15.20, F15.220, F15.221, F15.222, F15.229, F15.23, F15.24, F15.250, F15.251, F15.259, F15.280, F15.281, F15.282, F15.288, F15.29,F16.10, F16.120, F16.121, F16.122, F16.129, F16.14, F16.150, F16.151, F16.159, F16.180, F16.183, F16.188, F16.19, F16.20, F16.220, F16.221,

FUI Measure Codes (continued)

Description	Codes
AOD Abuse and Dependence (continued)	F16.229, F16.24, F16.250, F16.251, F16.259, F16.280, F16.283, F16.288, F16.29, F18.10, F18.120, F18.121, F18.129, F18.14, F18.150, F18.151, F18.159, F18.17, F18.180, F18.188, F18.19, F18.20, F18.220, F18.221, F18.229, F18.24, F18.250, F18.251, F18.259, F18.27, F18.280, F18.288, F18.29, F19.10, F19.120, F19.121, F19.122, F19.129, F19.130, F19.131, F19.132, F19.139, F19.14, F19.150, F19.151, F19.159, F19.16, F19.17, F19.180, F19.181, F19.182, F19.188, F19.19, F19.20, F19.220, F19.221, F19.222, F19.229, F19.230, F19.231, F19.232, F19.239, F19.24, F19.250, F19.251, F19.259, F19.26, F19.27, F19.280, F19.281, F19.282, F19.288, F19.29

Codes subject to change. Refer to the Appendix for POS codes.

Follow-Up After Hospitalization for Mental Illness (FUH) ●●●●●

The FUH measure evaluates the percentage of discharges for patients 6 years of age and older who were hospitalized for treatment of selected mental illness or intentional self-harm diagnoses and who had a follow-up visit **with a mental health provider**.

Two rates are reported:
- Discharges for which the member received **follow-up within 7 days after discharge**
- Discharges for which the member received **follow-up within 30 days after discharge**

The following providers can perform the FUH: psychologist, psychiatrist, clinical social worker, mental health occupational therapist, psychiatric/mental health nurse practitioner/clinical nurse specialist, neuropsychologist, psychoanalyst, professional counselor, marriage and family therapist.

FUH Measure Codes

Description	Codes*
Visit Setting Unspecified *(Requires POS code)*	**CPT:** 90791, 90792, 90832-90834, 90836-90840, 90845, 90847, 90849, 90853, 90875, 90876, 99221-99223, 99231-99233, 99238, 99239, 99252-99255

FUH Measure Codes (continued)

Description	Codes*
BH Outpatient Visit	**CPT:** 98960-98962, 99202-99205, 99078, 99211-99215, 99242-99245, 99341-99345, 99347-99350, 99381-99387, 99391-99397, 99401-99404, 99411, 99412, 99483, 99492-99494, 99510 **HCPCS:** G0155, G0176, G0177, G0409, G0463, G0512, H0002, H0004, H0031, H0034, H0036, H0037, H0039, H0040, H2000, H2010, H2011, H2013-H2020, T1015
Partial Hospitalization/ Intensive Outpatient	**HCPCS:** G0410, G0411, H0035, H2001, H2012, S0201, S9480, S9484, S9485
Residential Behavioral Health Treatment	**HCPCS:** H0017-H0019, T2048
Electroconvulsive Therapy with Ambulatory Surgical Center POS/Community Mental Health Center POS	**CPT:** 90870 **ICD-10:** GZB0ZZZ-GZB4ZZZ
Transitional Care	**CPT:** 99495, 99496
Telephone Visit with Telehealth POS	**CPT:** 98966-98968, 99441-99443
Psychiatric Collaborative Care Management	**CPT:** 99492-99494 **HCPCS:** G0512
Peer Support Services	**CPT:** G0140, G0177, H0024, H0025, H0038, H0039, H0040, H0046, H2014, H2023, S9445, T1012, T1016
Mental Health Diagnosis	**ICD-10-CM:** F03.90, F03.911, F03.918, F03.92, F03.93, F03.94, F03.A0, F03.A11, F03.A18, F03.A2, F03.A3, F03.A4, F03.B0, F03.B11, F03.B18, F03.B2, F03.B3, F03.B4, F03.C0, F03.C11, F03.C18, F03.C2, F03.C3,F03.C4, F20.0, F20.1, F20.2, F20.3, F20.5, F20.81, F20.89, F20.9, F21, F22, F23, F24, F25.0, F25.1, F25.8, F25.9, F28, F29, F30.10, F30.11, F30.12, F30.13, F30.2, F30.3, F30.4,F30.8, F30.9, F31.0, F31.10, F31.11, F31.12, F31.13, F31.2, F31.30, F31.31, F31.32, F31.4,F31.5, F31.60, F31.61, F31.62, F31.63, F31.64,F31.70, F31.71, F31.72, F31.73, F31.74, F31.75,F31.76, F31.77, F31.78,

FUH Measure Codes (continued)

Description	Codes*
Mental Health Diagnosis (continued)	F31.81, F31.89, F31.9, F32.0, F32.1, F32.2, F32.3, F32.4, F32.5, F32.81, F32.89, F32.9, F32.A, F33.0, F33.1, F33.2, F33.3, F33.40, F33.41, F33.42, F33.8, F33.9, F34.0, F34.1, F34.81, F34.89, F34.9, F39, F40.00, F40.01, F40.02, F40.10, F40.11, F40.210, F40.218, F40.220, F40.228, F40.230, F40.231, F40.232, F40.233, F40.240, F40.241, F40.242, F40.243, F40.248, F40.290, F40.291, F40.298, F40.8, F40.9, F41.0, F41.1, F41.3,F41.8, F41.9, F42.2, F42.3, F42.4, F42.8, F42.9, F43.0, F43.10, F43.11, F43.12, F43.20, F43.21, F43.22, F43.23, F43.24, F43.25, F43.29, F43.81, F43.89, F43.9, F44.0, F44.1, F44.2, F44.4, F44.5, F44.6, F44.7, F44.81, F44.89, F44.9, F45.0, F45.1, F45.20, F45.21, F45.22, F45.29, F45.41, F45.42, F45.8, F45.9, F48.1, F48.2, F48.8, F48.9, F50.00, F50.01, F50.02, F50.2, F50.81, F50.82, F50.89, F50.9, F51.01, F51.02, F51.03, F51.04, F51.05, F51.09, F51.11, F51.12, F51.13, F51.19, F51.3, F51.4, F51.5, F51.8, F51.9, F52.0, F52.1, F52.21, F52.22, F52.31, F52.32, F52.4, F52.5, F52.6, F52.8, F52.9, F53.0, F53.1, F59, F60.0, F60.1, F60.2, F60.3, F60.4, F60.5, F60.6, F60.7, F60.81, F60.89, F60.9, F63.0, F63.1, F63.2, F63.3, F63.81, F63.89, F63.9, F64.0, F64.1, F64.2, F64.8, F64.9, F65.0, F65.1, F65.2, F65.3, F65.4, F65.50, F65.51, F65.52, F65.81, F65.89, F65.9, F66, F68.10, F68.11, F68.12, F68.13, F68.8, F68.A, F69, F80.0, F80.1, F80.2, F80.4, F80.81, F80.82, F80.89, F80.9, F81.0, F81.2, F81.81, F81.89, F81.9, F82, F84.0, F84.2, F84.3, F84.5, F84.8, F84.9, F88, F89, F90.0, F90.1, F90.2, F90.8, F90.9, F91.0, F91.1, F91.2, F91.3, F91.8, F91.9, F93.0, F93.8, F93.9, F94.0, F94.1, F94.2, F94.8, F94.9, F95.0, F95.1, F95.2, F95.8, F95.9,F98.0, F98.1, F98.21, F98.29, F98.3, F98.4,, F98.5, F98.8, F98.9, F99

Codes subject to change. Refer to the Appendix for POS codes.

Initiation and Engagement of Substance Use Disorder (IET) ●●●●●

The IET measure evaluates the percentage of patients 13 years of age and older with a new episode of substance use disorder that resulted in treatment initiation and engagement who received the following:

- Initiation of substance use disorder treatment: Percentage of patients who initiate treatment through an inpatient new SUD episodes that result in treatment initiation through an inpatient SUD admission, outpatient visit, intensive outpatient encounter or partial hospitalization, telehealth, or medication treatment within 14 days
- Engagement of substance use disorder treatment: Percentage of patients who had new SUD episodes that have evidence of treatment engagement within 34 days of the initiation

Alcohol Use Disorder Treatment Medications

Description	Prescription
Aldehyde dehydrogenase inhibitor	Disulfiram (oral)
Antagonist	Naltrexone (oral and injectable)
Other	Acamprosafe (oral; delayed-release tablet)

Opioid Use Disorder Treatment Medications

Description	Prescription	Medication Lists
Antagonist	Naltrexone (oral)	Naltrexone Oral Medication List
Antagonist	Naltrexone (injectable)	Naltrexone Injection Medication List
Partial Agonist	Buprenorphine (sublingual tablet)	Buprenorphine Oral Medication List
Partial Agonist	Buprenorphine (injection)	Buprenorphine Injection Medication List
Partial Agonist	Buprenorphine (implant)	Buprenorphine Implant Medication List
Partial Agonist	Buprenorphine/naloxone (sublingual tablet, buccal film, sublingual film)	Buprenorphine Naxolone Medication List

IET Medications

Description	Codes*
Buprenorphine Implant	HCPCS: G2070, G2072, J0570
Buprenorphine Injection	HCPCS: G2069, Q9991, Q9992
Buprenorphine Naloxone	HCPCS: J0572–J0575
Buprenorphine Oral	HCPCS: H0033, J0571

IET Medications (continued)

Description	Codes*
Buprenorphine Oral Weekly	HCPCS: G2068, F2079
Detoxification	HCPCS: H0008, H0009, H0010-H0014
Methadone Oral	HCPCS: H0020, S0109
Methadone Oral Weekly	HCPCS: G2067, G2078
Naltrexone Injection	HCPCS: G2073, J2315

*Codes subject to change

IET OP Measure Codes

Description	Codes*
BH Outpatient	CPT: 98960-98962, 99078, 99202-99205, 99211-99215, 99242-99245, 99341-99345, 99347-99349, 99350, 99381-99383, 99384-99387, 99391-99397, 99401-99404, 99411, 99412, 99483, 99492-99494, 99510 HCPCS: G0155, G0176, G0177, G0409, G0463, G0512, H0002, H0004, H0031, H0034, H0036, H0037, H0039, H0040, H2000, H2010, H2011, H2013-H2020, T1015 Note: Include ICD-10 code for Alcohol abuse and other drug dependence diagnosis
Online Assessments	CPT: 98970-98972, 98980, 98981, 99421-99523, 99444, 99457, 99458 HCPCS: G0071, G2010, G2012, G2250-G2251
Visit Setting Unspecified (Requires POS code)	CPT: 90791, 90792, 90832-90840, 90845, 90847, 90849, 90853, 90875, 90876, 99221-99223, 99231-99233, 99238, 99239, 99252-99255
Partial Hospitalization or Intensive Outpatient	HCPCS: H0035, H2001, H2012, G0410, G0411
Substance Use Disorder Services	CPT: 99408, 99409 HCPCS: G0396, G0397, G0443, H0001, H0005, H0007, H0015, H0016, H0022, H0047, H0050, H2035, H2036, T1006, T1012
OUD Monthly Office Based Treatment	HCPCS: G2086, G2087
Telephone Visits	CPT: 98966-98968, 99441-99443
OUD Weekly Drug Treatment Services	HCPCS: G2067, G2070, G2072, G2073
OUD Weekly Non-Drug Service	HCPCS: G2071, G2074-G2077, G2080

IET OP Measure Codes (continued)

Description	Codes*
Substance Abuse Counseling & Surveillance	ICD 10 CM: Z71.41, Z71.51
Alcohol Abuse and Dependence	ICD 10 CM: F10.10, F10.120, F10.121, F10.129, F10.130, F10.131, F10.132, F10.139, F10.14, F10.150, F10.151, F10.159, F10.180, F10.181, F10.182, F10.188, F10.19, F10.20, F10.220, F10.221, F10.229, F10.230, F10.231, F10.232, F10.239, F10.24, F10.250, F10.251, F10.259, F10.26, F10.27, F10.280, F10.281, F10.282, F10.288, F10.29
Opioid Abuse and Dependence	ICD 10 CM: F11.10, F11.120, F11.121, F11.122, F11.129, F11.13, F11.14, F11.150, F11.151, F11.159, F11.181, F11.182, F11.188, F11.19, F11.20, F11.220, F11.221, F11.222, F11.229, F11.23, F11.24, F11.250, F11.251, F11.259, F11.281, F11.282, F11.288, F11.29
Other Drug Abuse and Dependence	ICD 10 CM: F12.10, F12.120, F12.121, F12.122, F12.129, F12.13, F12.150, F12.151, F12.159, F12.180, F12.188, F12.19, F12.20, F12.220, F12.221, F12.222, F12.229, F12.23, F12.250, F12.251, F12.259, F12.280, F12.288, F12.29, F13.10, F13.120, F13.121, F13.129, F13.130, F13.131, F13.132, F13.139, F13.14, F13.150, F13.151. F13.159, F13.180, F13.181, F13.182, F13.188, F13.19, F13.20, F13.220, F13.221, F13.229, F13.230, F13.231, F13.232, F13.239, F13.24, F13.250, F13.251, F13.259, F13.26, F13.27, F13.280, F13.281, F13.282, F13.288, F13.29, F14.10, F14.120, F14.121, F14.122, F14.129, F14.13, F14.14, F14.150, F14.151, F14.159, F14.180, F14.181, F14.182, F14.188, F14.19, F14.20, F14.220, F14.221, F14.222, F14.229, F14.23, F14.24, F14.250, F14.251, F14.259, F14.280, F14.281, F14.282, F14.288, F14.29, F15.10, F15.120, F15.121, F15.122, F15.129, F15.13, F15.14, F15.150, F15.151, F15.159, F15.180, F15.181, F15.182, F15.188, F15.19, F15.20, F15.220, F15.221, F15.222, F15.229, F15.23, F15.24, F15.250, F15.251, F15.259, F15.280, F15.281, F15.282, F15.288, F15.29, F16.10, F16.120, F16.121, F16.122, F16.129, F16.14, F16.150, F16.151, F16.159, F16.180, F16.183, F16.188, F16.19, F16.20, F16.220, F16.221, F16.229, F16.24, F16.250, F16.251, F16.259, F16.280, F16.283, F16.288, F16.29, F18.10, F18.120, F18.121, F18.129, F18.14, F18.150, F18.151, F18.159, F18.17, F18.180, F18.188, F18.19, F18.20, F18.220 F18.221, F18.229, F18.24, F18.250, F18.251,

IET OP Measure Codes (continued)

Description	Codes*
Other Drug Abuse and Dependence (continued)	F18.259, F18.27, F18.280, F18.288, F18.29, F19.10, F19.120, F19.121, F19.122, F19.129, F19.130, F19.131, F19.132, F19.139, F19.14, F19.150, F19.151, F19.159, F19.16, F19.17, F19.180, F19.181, F19.182, F19.188, F19.19, F19.20, F19.220, F19.221, F19.222, F19.229, F19.230, F19.231, F19.232, F19.239, F19.24, F19.250, F19.251, F19.259, F19.26, F19.27, F19.280, F19.281, F19.282, F19.288, F19.29

For the follow-up treatments, include an ICD-10 diagnosis for Alcohol or Other Drug Dependence from the Mental, Behavioral and Neurodevelopmental Disorder Section of ICD-10 along with a procedure code for the preventive service, evaluation, and management consultation or counseling service.

* Codes listed are subject to change. Meridian recognizes that the circumstances around the services provided may not always directly support/match the codes. It is crucial that the medical record documentation describes the services rendered in order to support the medical necessity and use of these codes. Refer to the Appendix for POS codes.

Pharmacotherapy for Opioid Use Disorder (POD) ●●●●

The POD measure evaluates patients 16 years of age and older with a diagnosis of Opioid Use Disorder (OUD) and a new OUD pharmacotherapy that lasted at least 180 days.

The treatment period of 180+ days begins on the new OUD pharmacotherapy event date through 179 days without a gap in treatment of 8 or more consecutive days.

Opioid Use Disorder Treatment Medications

Description	Prescription	Medication Lists
Antagonist	• Naltrexone (oral)	• Naltrexone Oral Medications List
Antagonist	• Naltrexone (injectable)	• Naltrexone Injection Medications List
Partial agonist	• Buprenorphine (sublingual tablet)	• Buprenorphine Oral Medications List
Partial agonist	• Buprenorphine (injection)	• Buprenorphine Injection Medications List
Partial agonist	• Buprenorphine (implant)	• Buprenorphine Implant Medications List
Partial agonist	• Buprenorphine/ naloxone (sublingual tablet, buccal film, sublingual film)	• Buprenorphine Naloxone Medications List
Agonist	• Methadone (oral)	• NA (refer to Note below)

Methadone is not included on the medication lists for this measure. Methadone for OUD administered or dispensed by federally certified opioid treatment programs (OTP) is billed on a medical claim. A pharmacy claim for methadone would be indicative of treatment for pain rather than OUD.

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

ASF-E is an Electronic Clinical Data Systems (ECDS) measure.

ASF-E evaluates the percentage of patients 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 within 2 months (61 days total).

Eligible standard assessment instruments that have been normalized and validated for the adult patient population with thresholds for positive findings include:

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

*Codes subject to change

Description	Codes*
Alcohol Counseling or Other Follow-Up Care	**ICD-10-CM:** Z71.41 **CPT:** 99408, 99409 **HCPCS:** G0396, G0397, G0443, G2011, H0005, H0007, H0015, H0016, H0022, H0050, H2035, H2036, T1006, T1012 **SNOMED CT:** 20093000, 23915005, 24165007, 64297001, 386449006, 408945004, 408947007, 408948002, 413473000, 707166002, 429291000124102

*Codes subject to change

Screening for Depression and Follow-Up Plan (CDF-AD) ●

This is a CMS core set measure. For more information, visit **cms.gov**.

The CDF-AD measure evaluates patients aged 18 and older screened for depression who have never had a diagnosis of depression or bipolar disorder on the date of the encounter or 14 days prior to the date of the encounter using an age-appropriate standardized depression screening tool. If positive, a follow-up plan is documented on the date of the eligible encounter.

CDF-B Codes to Document Depression Screen

Code	Description
G8431	Screening for depression is documented as being positive and a follow-up plan is documented
G8510	Screening for depression is documented as negative; a follow-up plan is not required

Codes subject to change

Screening for Depression and Follow-Up Plan (CDF-CH) ●

This is a CMS core set measure. For more information, visit **cms.gov**.

The CDF-CH Measure evaluates members aged 12 to 17 years screened for depression who have never had a diagnosis of depression or bipolar disorder on the date of the encounter or 14 days prior to the date of the encounter using an age-appropriate standardized depression screening tool. If positive, a follow-up plan is documented on the date of the eligible encounter.

CDF-B Codes to Document Depression Screen

Code	Description
G8431	Screening for depression is documented as being positive and a follow-up plan is documented
G8510	Screening for depression is documented as negative; a follow-up plan is not required

Codes subject to change

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

DSF-E is an Electronic Clinical Data Systems (ECDS) measure.

DSF-E evaluates the percentage of patients 12 years of age and older who were screened for clinical depression between January 1 and December 1 of the measurement year, using a standardized instrument and, if screened positive, received follow-up care within 30 days.

* Refer to the Appendix for a list of Approved Depression Screening Instruments, Codes, and Positive Findings

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

DRR-E is an Electronic Clinical Data Systems (ECDS) measure.

DRR-E evaluates the percentage of patients 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 120–240 days (4 to 8 months) of the elevated score.

- **Follow-Up PHQ-9:** The percentage of members who have a follow-up PHQ-9 score documented within 120–240 days (4 to 8 months) after the initial elevated PHQ-9 score.
- **Depression Remission:** The percentage of patients who achieved remission of depression symptoms, as demonstrated by the most recent PHQ-9 total score of <5 during the depression follow-up period (within 120–240 days [4–8 months] after the initial elevated PHQ-9 score).
- **Depression Response:** The percentage of patients who showed response to treatment for depression, as demonstrated by the most recent PHQ-9 total score of at least 50% lower than the PHQ-9 score associated with the diagnosis, documented during the depression follow-up period (within 120–240 days [4–8 months] after the initial elevated PHQ-9 score).

DRR-E Codes

Depression / PHQ-9 Follow-Up, Remission, and Response	LOINC Codes*
Members 12 years of age and older	44261-6, 89204-2**

*Codes subject to change

**For adolescents ages 12–17 assessed with Patient Health Questionnaire Modified for Teens (PHQ-9M)®

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

●●●☁

DMS-E is an Electronic Clinical Data Systems (ECDS) measure.

DMS-E evaluates the percentage of patients 12 years of age and older with a diagnosis of major depression or dysthymia who had an outpatient encounter with a PHQ-9 score present in their record in the same assessment period as the encounter.

The measurement period is divided into three assessment periods with specific dates of service:
- Assessment period 1: January 1–April 30
- Assessment period 2: May 1–August 31
- Assessment period 3: September 1–December 31

DMS-E Codes

Utilization of PHQ-9	LOINC Codes*
Members 12 years of age and older	44261-6, 89204-2**

Codes subject to change

**For adolescents ages 12-17 assessed with Patient Health Questionnaire Modified for Teens (PHQ-9M)®*

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

The APP measure evaluates patients 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.

Antipsychotic Medications

Miscellaneous Antipsychotic Agents		
• Aripiprazone	• Iloperidone	• Pimozide
• Asenapine	• Loxapine	• Quetiapine
• Brexpiprazole	• Lurisadone	• Risperidone
• Cariprazine	• Molindone	• Ziprasidone
• Clozapine	• Olanzapine	
• Haloperidol	• Paliperidon	
Phenothiazine Antipsychotics		
• Chlorpromazine	• Perphenazine	• Trifluoperazine
• Fluphenazine	• Thioridazine	
Thioxanthenes		
• Thiothixene		
Long-Acting Injections		
• Arirprazole	• Haloperidol decanoate	• Risperidone
• Arirprazole lauroxil	• Olanzapine	
• Fluphenazine decanotate	• Paliperidone palmitate	

Antipsychotic Combination Medications

Psychotherapeutic Combinations
• Fluoxetine-olanzapine
• Perphenazine-amitriptyline

APP Measure Codes

Description	CPT*	HCPCS*
Psychosocial Care	90832-90834, 90836-90840, 90845-90847, 90849, 90853, 90875, 90876, 90880	G0176, G0177, G0409, G0410, G0411, H0004, H0035-H0040, H2000, H2001, H2011-H2014, H2017-H2020, S0201, S9480, S9484, S9485
Residential Behavioral Health Treatment		H0017, H0018, H0019, T2048

Codes subject to change

General Health

Appropriate Testing for Pharyngitis (CWP) ●●●●

The CWP measure evaluates the percentage of episodes for patients aged 3 years and older where the patient was diagnosed with pharyngitis, dispensed an antibiotic, and received a group A streptococcus (strep) test for the episode.

CWP Measure Codes

Description	ICD-10-CM Diagnosis*
Acute pharyngitis	J02.9
Acute tonsillitis	J03.90
Streptococcal sore throat	J02.0

Codes subject to change

Group A Strep Test Codes

CPT*
87070, 87071, 87081, 87430, 87650-87652, 87880

Codes subject to change

Asthma Medication Ratio (AMR) ●●

The AMR measure evaluates the percentage of patients 5 to 64 years of age who were identified as having persistent asthma and had a ratio of controller medications to total asthma medication of 0.50 or greater.

Oral medication dispensing event: One prescription of an amount lasting 30 days or less. Multiple prescriptions for different medications dispensed on the same day are counted as separate dispensing events.

Inhaler dispensing event: All inhalers of the same medication dispensed on the same day count as one dispensing event. Different inhaler medications dispensed on the same day are counted as different dispensing events.

Injection dispensing event: Each injection counts as one dispensing event. Multiple dispensed injections of the same or different medications count as separate dispensing events.

Step 1: For each member, count the units of asthma controller medications (Asthma Controller Medications List) dispensed during the measurement year.

Step 2: For each member, count the units of asthma reliever medications (Asthma Reliever Medications List) dispensed during the measurement year.
- For each member, sum the units calculated in Step 1 and Step 2 to determine units of total asthma medications.
- For each member, calculate ratio using the below:
  - Units of Controller Medications/Units of Total Asthma Medications

Asthma Controller Medications

Description	Prescriptions	Medication Lists	Route
Antibody inhibitors	• Omalizumab	Omalizumab Medications List	Injection
Anti-interleukin-4	• Dupilumab	Dupilumab Medications List	Injection
Anti-interleukin-5	• Benralizumab	Benralizumab Medications List	Injection
Anti-interleukin-5	• Mepolizumab	Mepolizumab Medications List	Injection
Anti-interleukin-5	• Reslizumab	Reslizumab Medications List	Injection
Inhaled steroid combinations	• Budesonide-formoterol	Budesonide Formoterol Medications List	Inhalation
Inhaled steroid combinations	• Fluticasone-salmeterol	Fluticasone Salmeterol Medications List	Inhalation
Inhaled steroid combinations	• Fluticasone-vilanterol	Fluticasone Vilanterol Medications List	Inhalation
Inhaled steroid combinations	• Formoterol-mometasone	Formoterol Mometasone Medications List	Inhalation
Inhaled corticosteroids	• Beclomethasone	Beclomethasone Medications List	Inhalation
Inhaled corticosteroids	• Budesonide	Budesonide Medications List	Inhalation

Asthma Controller Medications (continued)

Description	Prescriptions	Medication Lists	Route
Inhaled corticosteroids	• Ciclesonide	Ciclesonide Medications List	Inhalation
Inhaled corticosteroids	• Flunisolide	Flunisolide Medications List	Inhalation
Inhaled corticosteroids	• Fluticasone	Fluticasone Medications List	Inhalation
Inhaled corticosteroids	• Mometasone	Mometasone Medications List	Inhalation
Leukotriene modifiers	• Montelukast	Montelukast Medications List	Oral
Leukotriene modifiers	• Zafirlukast	Zafirlukast Medications List	Oral
Leukotriene modifiers	• Zileuton	Zileuton Medications List	Oral
Methylxanthines	• Theophylline	Theophylline Medications List	Oral

Asthma Reliever Medications

Description	Prescriptions	Medication Lists	Route
Short-acting, inhaled beta-2 agonists	Albuterol	Albuterol Medications List	Inhalation
Short-acting, inhaled beta-2 agonists	Levalbuterol	Levalbuterol Medications List	Inhalation
Beta-2 adrenergic agonist-corticosteroid combination	Albuterol-Budesonide	Albuterol-Budesonide Medications List	Inhalation

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

The AAB measure evaluates patients 3 months of age and older who had a diagnosis of acute bronchitis/bronchiolitis that did not result in an antibiotic dispensing event. *A lower rate indicates better performance.*

Treating Uncomplicated Acute Bronchitis
- Avoid prescribing antibiotics
- Treat presented symptoms only
- Prescribe antitussive agents for short-term relief of coughing

AAB Antibiotic Medications Table

Description	Prescriptions
Aminoglycosides	• Amikacin • Gentamicin • Streptomycin • Tobramycin
Aminopenicillins	• Amoxicillin Ampicillin
Beta-lactamase inhibitors	• Amoxicillin-clavulanate • Ampicillin-sulbactam • Piperacillin-tazobactam
First-generation cephalosporins	• Cefadroxil • Cefazolin • Cephalexin
Fourth-generation cephalosporins	• Cefepime
Lincomycin derivatives	• Clindamycin • Lincomycin
Macrolides	• Azithromycin • Clarithromycin • Erythromycin
Miscellaneous antibiotics	• Aztreonam • Chloramphenicol • Dalfopristin-quinupristin • Daptomycin • Linezolid • Metronidazole • Vancomycin

AAB Antibiotic Medications Table (continued)

Description	Prescriptions
Natural penicillins	• Penicillin G benzathine-procaine • Penicillin G potassium • Penicillin G procaine • Penicillin G sodium • Penicillin V potassium • Penicillin G benzathine
Penicillinase resistant penicillins	• Dicloxacillin • Nafcillin • Oxacillin
Quinolones	• Ciprofloxacin • Gemifloxacin • Levofloxacin • Moxifloxacin • Ofloxacin
Rifamycin derivatives	• Rifampin
Second-generation cephalosporin	• Cefaclor • Cefotetan • Cefoxitin • Cefprozil • Cefuroxime
Sulfonamides	• Sulfadiazine • Sulfamethoxazole-trimethoprim
Tetracyclines	• Doxycycline • Minocycline • Tetracycline
Third-generation cephalosporins	• Cefdinir • Cefixime • Cefotaxime • Cefpodoxime • Ceftazidime • Ceftriaxone
Urinary anti-infectives	• Fosfomycin • Nitrofurantoin • Nitrofurantoin macrocrystals-monohydrate • Trimethoprim

Social Need Screening and Intervention (SNS-E) ●●●●☁

SNS-E is an Electronic Clinical Data Systems (ECDS) measure.

SNS-E evaluates the percentage of patients who were screened, using prespecified instruments, at least once during the measurement period for unmet food, housing, and transportation needs, and received a corresponding intervention within one month if they screened positive.

Food Screening: Patients with a documented result for food insecurity screening performed between January 1 and December 1 of the measurement period

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
U.S. Child Food Security Survey [U.S. FSS]	95264-8	LA30985-8 LA30986-6
U.S. Household Food Security Survey– Six-Item Short Form [U.S. FSS]	95264-8	LA30985-8 LA30986-6

Food Insecurity Instruments	Screening Item LOINC Codes	Positive Finding LOINC Codes
We Care Survey	96434-6	LA32-8
WellRx Questionnaire	93668-2	LA33-6

[1] Proprietary; may be cost or licensing requirement associated with use.

*Codes subject to change

Food Intervention: Patients who received a food insecurity intervention on or up to 30 days after the date of the first positive food insecurity screen (31 days total)

Food Insecurity Procedures Codes*

CPT: 96156, 96160, 96161, 97802, 97803, 97804
HCPCS: S5170, S9470
SNOMED CT: 1759002, 61310001, 103699006, 308440001, 385767005, 710824005, 710925007, 711069006, 713109004, 1002223009, 1002224003, 1002225002, 1004109000, 1004110005, 1148446004, 1162436000, 1230338004, 441041000124100, 441201000124108, 441231000124100, 441241000124105, 441251000124107, 441261000124109, 441271000124102, 441281000124104, 441291000124101, 441301000124100, 441311000124102, 441321000124105, 441331000124108, 441341000124103, 441351000124101, 445291000124103, 445301000124102, 445641000124105, 461481000124109, 462481000124102, 462491000124104, 464001000124109, 464011000124107, 464021000124104, 464031000124101, 464041000124106, 464051000124108, 464061000124105, 464071000124103, 464081000124100, 464091000124102, 464101000124108, 464111000124106, 464121000124103, 464131000124100, 464141000124105, 464151000124107, 464161000124109, 464171000124102, 464181000124104, 464191000124101, 464201000124103, 464211000124100, 464221000124108, 464231000124106, 464241000124101, 464251000124104, 464261000124102, 464271000124109, 464281000124107, 464291000124105, 464301000124106, 464311000124109, 464321000124101, 464331000124103, 464341000124108, 464351000124105, 464361000124107, 464371000124100, 464381000124102, 464401000124102, 464411000124104, 464421000124107, 464431000124105, 464611000124102, 464621000124105, 464631000124108, 464641000124103, 464651000124101, 464661000124104, 464671000124106, 464681000124109, 464691000124107, 464701000124107, 464721000124102, 467591000124102, 467601000124105, 467611000124108, 467621000124100, 467631000124102, 467641000124107, 467651000124109, 467661000124106, 467671000124104, 467681000124101, 467691000124103, 467711000124100, 467721000124108, 467731000124106, 467741000124101, 467751000124104, 467761000124102, 467771000124109, 467781000124107, 467791000124105, 467801000124106, 467811000124109, 467821000124101, 468401000124109, 470231000124107, 470241000124102, 470261000124103, 470281000124108,

Food Insecurity Procedures Codes*
470291000124106, 470301000124107, 470311000124105, 470321000124102, 470591000124109, 470601000124101, 470611000124103, 471111000124101, 471121000124109, 471131000124107, 472151000124109, 472331000124100, 551101000124107

Codes subject to change

Housing Screening: Patients with a documented result for housing instability, homelessness or housing inadequacy screening performed between January 1 and December 1 of the measurement period

Eligible screening instruments with thresholds for positive findings include:

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
	98976-4	LA33-6
Children's Health Watch Housing Stability Vital Signs™[1]	98977-2	≥ 3
	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
	71802-3	LA30190-5
We Care Survey	96441-1	LA33-6
WellRx Questionnaire	93669-0	LA33-6

Codes subject to change

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

[1] Proprietary; may be cost or licensing requirement associated with use.

Codes subject to change

Housing Intervention: Patients who received an intervention corresponding to the type of housing need identified on or up to 30 days after the date of the first positive housing screen (31 days total)

Inadequate Housing Procedures Codes*
CPT: 96156, 96160, 96161
SNOMED CT: 49919000, 308440001, 710824005, 711069006, 1148446004, 1148813002, 1148815009, 1148823006, 1162436000, 1230338004, 461481000124109, 462481000124102, 462491000124104, 464001000124109, 464011000124107, 464021000124104, 464131000124100, 464161000124109, 464291000124105, 464301000124106, 464311000124109, 464611000124102, 470231000124107, 470431000124106, 470441000124101, 470451000124104, 470461000124102, 470591000124109, 470601000124101, 470611000124103, 471111000124101, 471121000124109, 471131000124107, 472151000124109, 472201000124100, 472211000124102, 472231000124108, 472251000124101, 472331000124100, 472371000124102, 480881000124103, 480891000124100, 480911000124103, 480951000124102, 551041000124105, 551051000124107, 551061000124109, 551071000124102, 551081000124104, 551101000124107

Codes subject to change

Transportation Screening: Patients with a documented result for transportation insecurity screening performed between January 1 and December 1 of the measurement period.

Eligible screening instruments with thresholds for positive findings include:

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
	99594-4	LA33-6
American Academy of Family Physicians (AAFP) Social Needs Screening Tool—short form	99594-4	LA30134-3 LA33093-8
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]	93030-5	LA30133-5 LA30134-3
Outcome and assessment information set (OASIS) form—version E—Discharge from Agency [CMS Assessment]	93030-5	LA30133-5 LA30134-3
Outcome and assessment information set (OASIS) form—version E—Resumption of Care [CMS Assessment]	93030-5	LA30133-5 LA30134-3

Transportation Insecurity Instruments	Screening Item LOINC Codes	Positive Finding LOINC Codes
Outcome and assessment information set (OASIS) form—version E—Start of Care [CMS Assessment]	93030-5	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.*

*Codes subject to change

Transportation Intervention: Patients who received a transportation insecurity intervention on or up to 30 days after the date of the first positive transportation screen (31 days total)

Transportation Insecurity Procedures Codes*
CPT: 96156, 96160, 96161   **SNOMED CT:** 308440001, 710824005, 711069006, 1148446004, 1162436000, 1230338004, 461481000124109, 462481000124102, 462491000124104, 464001000124109, 464011000124107, 464021000124104, 464131000124100, 464161000124109, 464291000124105, 464301000124106, 464311000124109, 464611000124102, 470231000124107, 470591000124109, 470601000124101, 470611000124103, 471111000124101, 471121000124109, 471131000124107, 472151000124109, 472331000124100, 551101000124107, 551111000124105, 551121000124102, 551141000124109, 551161000124108, 551191000124100, 551201000124102, 551211000124104, 551221000124107, 551231000124105, 551241000124100, 551251000124103, 551261000124101, 551271000124108, 551281000124106, 551291000124109, 551301000124105, 551311000124108, 551321000124100, 551331000124102, 551341000124107, 551351000124109, 551361000124106, 551371000124104, 551381000124101, 551401000124101, 551421000124106, 551431000124109, 610961000124100, 610971000124107, 610981000124105, 610991000124108, 611001000124109, 611011000124107, 611021000124104, 611031000124101, 611041000124106, 611051000124108, 611061000124105, 611071000124103, 611081000124100, 611101000124108, 611121000124103, 611281000124107, 611291000124105, 611301000124106, 611311000124109, 611321000124101, 611331000124103, 611341000124108, 611351000124105, 611361000124107, 611371000124100, 611381000124102, 611391000124104, 611401000124102, 611411000124104, 611421000124107, 611431000124105, 611441000124100

*Codes subject to change

Pediatric Health

Childhood Immunization Status (CIS-E) ●●● ☁

Beginning in MY 2025, this measure transitioned to the Electronic Clinical Data Systems (ECDS) reporting method only.

CIS-E evaluates the percentage of children 2 years of age during the measurement year who completed the following immunizations on or before child's second birthday.

Immunization	Required Doses
DTaP (Diphtheria, Tetanus, Acellular Pertussis)	4 doses
PCV (Pneumococcal Conjugate)	4 doses
HiB (Haemophiles Influenza Type B)	3 doses
Hep B (Hepatitis B)	3 doses
IPV (Polio; Inactivated Polio Virus)	3 doses
Flu (Influenza)	2 doses
RV (Rotavirus)	2 or 3 dose series
Hep A (Hepatitis A)	1 dose on or between the 1st and 2nd birthday
MMR (Measles, Mumps, Rubella)	1 dose on or between the 1st and 2nd birthday
VZV (Chicken Pox; Varicella zoster)	1 dose on or between the 1st and 2nd birthday

CIS-E Measure Codes

Description	Codes*
DTaP Immunization	CVX: 20, 50, 106, 107, 110, 120, 146
DTaP Vaccine Procedure	CPT: 90697, 90698, 90700, 90723 SNOMED CT: 310306005, 310307001, 310308006, 312870000, 313383003, 390846000, 390865008, 399014008, 412755006, 412756007, 412757003, 412762002, 412763007, 412764001, 414001002, 414259000, 414620004, 415507003, 415712004, 770608009, 770616000, 770617009, 770618004, 787436003, 866158005, 866159002, 866226006, 868273007, 868274001, 868276004, 868277008, 1162640003, 428251000124104, 571571000119105, 572561000119108, 16290681000119103
Anaphylaxis due to Diphtheria, Tetanus or Pertussis Vaccine	SNOMED CT: 428281000124107, 428291000124105
Encephalitis due to Diphtheria, Tetanus or Pertussis Vaccine	SNOMED CT: 192710009, 192711008, 192712001
HiB Immunization	CVX: 17, 46, 47, 48, 49, 50, 51, 120, 146, 148
HiB Vaccine Procedure	CPT: 90644, 90647, 90648, 90697, 90698, 90748 SNOMED CT: 127787002, 170343007, 170344001, 170345000, 170346004, 310306005, 310307001, 310308006, 312869001, 312870000, 313383003, 414001002, 414259000, 415507003, 415712004, 428975001, 712833000, 712834006, 770608009, 770616000, 770617009, 770618004, 786846001, 787436003, 1119364007, 1162640003, 16292241000119109
Anaphylaxis due to the HiB Vaccine	SNOMED CT: 433621000124101
Hepatitis B Immunization	CVX: 08, 44, 45, 51, 110, 146
Hepatitis B Vaccine Procedure	CPT: 90697, 90723, 90740, 90744, 90747, 90748 HCPCS: G0010 SNOMED CT: 16584000, 170370000, 170371001, 170372008, 170373003, 170374009, 170375005, 170434002, 170435001, 170436000, 170437009, 312868009, 396456003, 416923003, 770608009, 770616000, 770617009, 770618004, 786846001, 1162640003, 572561000119108

CIS-E Measure Codes (continued)

Description	Codes*
History of Hepatitis B Illness	**ICD10CM:** B16.0, B16.1, B16.2, B16.9, B17.0, B18.0, B18.1, B19.10, B19.11 **SNOMED CT:** 1116000, 13265006, 26206000, 38662009, 50167007, 53425008, 60498001, 61977001, 66071002, 76795007, 111891008, 165806002, 186624004, 186626002, 186639003, 235864009, 235865005, 235869004, 235871004, 271511000, 313234004, 406117000, 424099008, 424340000, 442134007, 442374005, 446698005, 838380002, 1230342001, 153091000119109, 551621000124109
Anaphylaxis due to the Hepatitis B Vaccine	**SNOMED CT:** 428321000124101
IPV Immunization	**CVX:** 10, 89, 110, 120, 146
IPV Procedure	**CPT:** 90697, 90698, 90713, 90723 **SNOMED CT:** 310306005, 310307001, 310308006, 312869001, 312870000, 313383003, 390865008, 396456003, 412762002, 412763007, 412764001, 414001002, 414259000, 414619005, 414620004, 415507003, 415712004, 416144004, 416591003, 417211006, 417384007, 417615007, 866186002, 866227002, 868266002, 868267006, 868268001, 868273007, 868274001, 868276004, 868277008, 870670004, 572561000119108, 16290681000119103
Anaphylaxis due to IPV Vaccine	**SNOMED CT:** 471321000124106
MMR Immunization	**CVX:** 03, 94
MMR Vaccine Procedure	**CPT:** 90707, 90710 **SNOMED CT:** 38598009, 170431005, 170432003, 170433008, 432636005, 433733003, 871909005, 571591000119106, 572511000119105
History of Measles Illness	**ICD10CM:** B05.0, B05.1, B05.2, B05.3, B05.4, B05.81, B05.89, B05.9 **SNOMED CT:** 14189004, 28463004, 38921001, 60013002, 74918002, 111873003, 161419000, 186561002, 186562009, 195900001, 240483006, 240484000, 359686005, 371111005, 406592004, 417145006, 424306000, 105841000119101

CIS-E Measure Codes (continued)

Description	Codes*
History of Mumps Illness	ICD10CM: B26.0, B26.1, B26.2, B26.3, B26.81, B26.82, B26.83, B26.84, B26.85, B26.89, B26.9 SNOMED CT: 10665004, 17121006, 31524007, 31646008, 36989005, 40099009, 44201003, 63462008, 72071001, 74717002, 75548002, 78580004, 89231008, 89764009, 111870000, 161420006, 235123001, 236771002, 237443002, 240526004, 240527008, 240529006, 371112003, 1163539003, 105821000119107
History of Rubella Illness	ICD10CM: B06.00, B06.01, B06.02, B06.09, B06.81, B06.82, B06.89, B06.9 SNOMED CT: 10082001, 13225007, 19431000, 36653000, 51490003, 64190005, 79303006, 128191000, 161421005, 165792000, 186567003, 186570004, 192689006, 231985001, 232312000, 240485004, 253227001, 406112006, 406113001, 1092361000119109, 10759761000119100
Anaphylaxis due to the MMR Vaccine	SNOMED CT: 471331000124109
Pneumococcal Conjugate Immunization	CVX: 109, 133, 152, 215
Pneumococcal Conjugate Vaccine Procedure	CPT: 90670, 90671 HCPCS: G0009 SNOMED CT: 1119368005, 434751000124102
Anaphylaxis due to Pneumococcal Vaccine	SNOMED CT: 471141000124102
Varicella Zoster (VZV) Immunization	CVX: 21, 94
Varicella Zoster (VZV) Vaccine Procedure	CPT: 90710, 90716 SNOMED CT: 425897001, 428502009, 432636005, 433733003, 737081007, 871898007, 871899004, 871909005, 572511000119105

CIS-E Measure Codes (continued)

Description	Codes*
History of Varicella Zoster (Chicken Pox) Illness	**ICD10CM:** B01.0, B01.11, B01.12, B01.2, B01.81, B01.89, B01.9, B02.0, B02.1, B02.21, B02.22, B02.23, B02.24, B02.29, B02.30, B02.31, B02.32, B02.33, B02.34, B02.39, B02.7, B02.8, B02.9 **SNOMED CT:** 4740000, 10698009, 21954000, 23737006, 24059009, 36292003, 38907003, 42448002, 49183009, 55560002, 87513003, 111859007, 111861003, 161423008, 186524006, 195911009, 230176008, 230198004, 230262004, 230536009, 232400003, 235059009, 240468001, 240470005, 240471009, 240472002, 240473007, 240474001, 309465005, 371113008, 397573005, 400020001, 402897003, 402898008, 402899000, 410500004, 410509003, 421029004, 422127002, 422446008, 422471006, 422666006, 423333008, 423628002, 424353002, 424435009, 424801004, 424941009, 425356002, 426570007, 428633000, 713250002, 713733003, 713964006, 715223009, 723109003, 838357005, 1163465001, 1163483009, 1179456002, 12551000132107, 12561000132105, 12571000132104, 98541000119101, 331071000119101, 681221000119108, 1087131000119102, 15678761000119105, 15678801000119102, 15678841000119100, 15680201000119106, 15680241000119108, 15680281000119103, 15681321000119100, 15681401000119101, 15685081000119102, 15685121000119100, 15685201000119100, 15685281000119108, 15936581000119108, 15936621000119108, 15989271000119107, 15989311000119107, 15989351000119108, 15991711000119108, 15991751000119109, 15991791000119104, 15992351000119104, 16000751000119105, 16000791000119100, 16000831000119106
Anaphylaxis due to the VZV Vaccine	**SNOMED CT:** 471341000124104
Hep A Immunization	**CVX:** 31, 83, 85

CIS-E Measure Codes (continued)

Description	Codes*
Hepatitis A Vaccine Procedure	CPT: 90633 SNOMED CT: 170378007, 170379004, 170380001, 170381002, 170434002, 170435001, 170436000, 170437009, 243789007, 312868009, 314177003, 314178008, 314179000, 394691002, 871752004, 871753009, 871754003, 571511000119102
History of Hepatitis A illness	ICD10CM: B15.0, B15.9 SNOMED CT: 16060001, 18917003, 25102003, 40468003, 43634002, 79031007, 111879004, 165997004, 206373002, 278971009, 310875001, 424758008, 428030001, 105801000119103
Anaphylaxis due to hepatitis A vaccine	SNOMED CT: 471311000124103
Influenza Immunization	CVX: 88, 140, 141, 150, 153, 155, 158, 161, 171, 186
Influenza Vaccine Procedure	CPT: 90655, 90657, 90661, 90673, 90674, 90685, 90686, 90687, 90688, 90689, 90756 HCPCS: G0080 SNOMED CT: 86198006
Influenza Virus LAIV Immunization (Recommended for children 2 years of age and older. When administered on the child's second birthday, meets the criteria for one of two required doses for Flu immunization.)	CVX: 111, 149
Influenza Virus LAIV Vaccine Procedure	CPT: 90660, 90672 SNOMED CT: 787016008
Anaphylaxis due to the Influenza Vaccine	SNOMED CT: 471361000124100
Combination 3	DTaP, IPV, MMR, HiB, hepatitis B, VZV, and pneumococcal indicators
Combination 7	DTaP, IPV, MMR, HiB, hepatitis B, VZV, pneumococcal, hepatitis A, and rotavirus indicators
Combination 10	DTaP, IPV, MMR, HiB, hepatitis B, VZV, pneumococcal, hepatitis A, rotavirus and influenza indicators

CIS-E Measure Codes (continued)

Description	Codes*
Rotavirus Immunization (2 dose schedule)	CPT: 90681 CVX: 119 SNOMED CT: 434741000124104
Rotavirus Immunization (3 dose schedule)	CVX: 116, 122
Rotavirus Procedure (3 dose schedule)	CPT: 90680 SNOMED CT: 434731000124109
Anaphylaxis due to the Rotavirus Vaccine	SNOMED CT: 428331000124103

Codes subject to change
NOTE: Rotavirus is either 2 dose OR 3 dose for compliancy

Follow-Up Care for Children Prescribed ADHD Medication (ADD-E) ●● ☁

ADD-E is an Electronic Clinical Data Systems (ECDS) measure.

The ADD-E measure evaluates the percentage of children newly prescribed attention deficit hyperactivity disorder (ADHD) medication who had at least three follow-up care visits within a 10-month period, one of which was within 30 days of when the first ADHD medication was dispensed.

Two rates are reported:
- **Initiation Phase:** Percentage of patients 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:** Percentage of patients 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.

ADD-E Measure Codes

Description	Codes*
Outpatient POS	**POS:** 03, 05, 07, 09, 11, 12, 13, 14, 15, 16, 17, 18, 19, 20, 22, 33, 49, 50, 71, 72
BH Outpatient Visit	**CPT:** 98960-98962, 99078, 99202-99205, 99211-99215, 99242-99245, 99341-99345, 99347-99350, 99381-99387, 99391-99397, 99401-99404, 99411, 99412, 99510, 99483, 99492-99494 **HCPCS:** G0155, G0176, G0177, G0409, G0463, G0512, H0002, H0004, H0031, H0034, H0036, H0037, H0039, H0040, H2000, H2010, H2011, H2013, H2014, H2015, H2016, H2017, H2018, H2019, H2020, T1015
Health and Behavior Assessment/Intervention	**CPT:** 96156, 96158, 96159, 96164, 96165, 96167, 96168, 96170, 96171
Online Assessments	**CPT:** 98970-98972, 98980, 98981, 99421-99423, 99457, 99458 **HCPC:** G0071, G2010, G2012, G2250-G2252
Partial Hospitalization/ Intensive Outpatient	**HCPCS:** G0410, G0411, H0035, H2001, H2012, S0201, S9480, S9484, S9485 **SNOMED CT:** 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
Telehealth POS	**POS:** 02, 10
Telephone Visits	**CPT:** 98966-98968, 99441-99443 **SNOMED CT:** 185317003, 314849005, 386472008, 386473003, 401267002
Visit Setting Unspecified Value Set	**CPT:** 90791, 90792, 90832-90834, 90836-90840, 90845, 90847, 90849, 90853, 90875, 90876, 99221-99223, 99231-99233, 99238, 99239, 99252-99255 **POS:** 52, 53

Codes subject to change

CNS Stimulants

• Dexmethylphenidate • Dextroamphetamine • Lisdexamfetamine	• Methamphetamine • Methylphenidate • Serdexmethylphenidate • Viloxazine

Immunizations for Adolescents (IMA-E) ●●● ☁

Beginning in MY 2025, this measure transitioned to the Electronic Clinical Data Systems (ECDS) reporting method only.

IMA-E evaluates the percentage of adolescents 13 years of age in the measurement year who completed the following immunizations on or before the member's 13th birthday.

Immunization	Required Doses
Meningococcal	1 dose between the 11th and 13th birthdays
Tdap (Tetanus, Diphtheria Toxoids and Acellular Pertussis)	1 dose between the 10th and 13th birthdays
HPV (Human Papillomavirus)	2 or 3 doses between the 9th and 13th birthdays

Note: HPV is either two doses with 146 days between the first and second dose OR *three doses on different dates of service for compliancy*

IMA-E Measure Codes

Description	Codes*
Meningococcal-serogroup A,C,W, and Y Immunization	CVX: 32, 108, 114, 136, 147, 167, 203
Meningococcal Vaccine Procedure	CPT: 90619, 90733, 90734 SNOMED CT: 871874000, 428271000124109, 16298691000119102
Anaphylaxis due to the Meningococcal Vaccine	SNOMED CT: 428301000124106
Tdap Immunization	CVX: 115
Tdap Vaccine Procedure	CPT: 90715 SNOMED CT: 390846000, 412755006, 412756007, 412757003, 428251000124104, 571571000119105
Anaphylaxis due to the Tetanus, Diphtheria, or Pertussis Vaccine	SNOMED CT: 428281000124107, 428291000124105
Encephalitis due to the Tetanus, Diphtheria, or Pertussis Vaccine	SNOMED CT: 192710009, 192711008, 192712001

IMA-E Measure Codes (continued)

Description	Codes*
HPV Immunization	**CVX:** 62, 118, 137, 165
HPV Vaccine Procedure	**CPT:** 90649, 90650, 90651 **SNOMED CT:** 428741008, 428931000, 429396009, 717953009, 724332002, 734152003, 761841000, 1209198003
Anaphylaxis due to the HPV Vaccine	**SNOMED CT:** 428241000124101

Codes subject to change

Lead Screening in Children (LSC) ●

The LSC measure evaluates the percentage of children 2 years of age in the measurement year who had one or more capillary or venous lead blood test for lead poisoning on or before patient's second birthday.

Lead Test

CPT: 83655
SNOMED: 8655006, 3583309
LOINC: 10368-9, 10912-4, 14807-2, 17052-2, 25459-9, 27129-6, 32325-3, 5674-7, 77307-7

Codes subject to change

In order to ensure that children receive appropriate public health follow-up services, physicians and other health providers have an obligation to report blood lead results greater than or equal to 10mg/dL within 48 hours to the Illinois Department of Public Health (IDPH) Childhood Lead Poisoning Reporting System. Providers using the IDPH laboratory are not required to report blood lead results.

Illinois Department of Public Health
Illinois Lead Program
535 W. Jefferson Street
Springfield, IL 62761
P: 217-782-3517
www.idph.state.il.us

The Illinois Department of Healthcare and Family Services (HFS) encourages providers to send all blood lead specimens to the IDPH laboratory for analysis. Providers who utilize the state laboratory for blood lead analysis can order supplies for blood lead specimen collection free of charge by calling the IDPH Laboratory Shipping Section at 217-524-6222, or by downloading the Clinical Supplies Requisition Form from the HFS website: https://www.dph.illinois.gov/.

Metabolic Monitoring for Children and Adolescents on Antipsychotics (APM-E) ●●☁

APM-E is an Electronic Clinical Data Systems (ECDS) measure.

The APM-E measure evaluates the percentage of children and adolescents one to 17 years of age who had two or more antipsychotic prescriptions and had metabolic testing.

Three rates are reported:

- Percentage of children and adolescents on antipsychotics who received blood glucose testing
- Percentage of children and adolescents on antipsychotics who received cholesterol testing
- Percentage of children and adolescents on antipsychotics who received blood glucose and cholesterol testing

APM-E Measure Codes

Description	Codes*
HbA1c Lab Tests	**CPT**: 83036, 83037 **LOINC:** 17855-8, 17856-6, 4548-4, 4549-2, 96595-4 **SNOMED CT:** 43396009, 313835008
HbA1c Level Greater Than 9.0	**CPT-CAT-II:** 3046F
HbA1c Level Greater Than or Equal To 7.0 and Less Than 8.0	**CPT-CAT-II:** 3051F
HbA1c Level Greater Than or Equal To 8.0 and Less Than or Equal To 9.0	**CPT-CAT-II:** 3052F
HbA1c Level Less Than 7.0	**CPT-CAT-II:** 3044F
HbA1c Test Result or Finding	**CPT-CAT-II:** 3044F, 3046F, 3051F, 3052F **SNOMED CT:** 165679005, 451061000124104

APM-E Measure Codes (continued)

Description	Codes*
Glucose Lab Tests	**CPT:** 80047, 80048, 80050, 80053, 80069, 82947, 82950, 82951 **LOINC:** 10450-5, 1492-8, 1494-4, 1496-9, 1499-3, 1501-6, 1504-0, 1507-3, 1514-9, 1518-0, 1530-5, 1533-9, 1554-5, 1557-8, 1558-6, 17865-7, 20436-2, 20437-0, 20438-8, 20440-4, 2345-7, 26554-6, 41024-1, 49134-0, 6749-6, 9375-7 **SNOMED CT:** 22569008, 33747003, 52302001, 72191006, 73128004, 88856000, 104686004, 167086002, 167087006, 167088001, 167095005, 167096006, 167097002, 250417005, 271061004, 271062006, 271063001, 271064007, 271065008, 275810004, 302788006, 302789003, 308113006, 313474007, 313545000, 313546004, 313624000, 313626003, 313627007, 313628002, 313630000, 313631001, 313697000, 313698005, 313810002, 412928005, 440576000, 443780009, 444008003, 444127006
Glucose Test Results or Finding	**SNOMED CT:** 166890005, 166891009, 166892002, 166914001, 166915000, 166916004, 166917008, 166918003, 166919006, 166921001, 166922008, 166923003, 442545002, 444780001, 1179458001
LDL-C Lab Tests	**CPT:** 80061, 83700, 83701, 83704, 83721 **LOINC:** 12773-8, 13457-7, 18261-8, 18262-6, 2089-1, 49132-4, 55440-2, 96259-7 **SNOMED CT:** 113079009, 166833005, 166840006, 166841005, 167074000, 167075004, 314036004
LDL-C Test Result or Finding	**CPT-CAT-II:** 3048F, 3049F, 3050F
Most recent LDL-C less than 100 mg/dL (CAD) (DM)	**CPT-CAT-II:** 3048F
Most recent LDL-C 100-129 mg/dL (CAD) (DM)	**CPT-CAT-II:** 3049F

APM-E Measure Codes (continued)

Description	Codes*
Most recent LDL-C greater than or equal to 130 mg/dL (CAD) (DM)	CPT-CAT-II: 3050F
Cholesterol Lab Tests	CPT: 82465, 83718, 83722, 84478 LOINC: 2085-9, 2093-3, 2571-8, 3043-7, 9830-1 SNOMED CT: 14740000, 28036006, 77068002, 104583003, 104584009, 104586006, 104784006, 104990004, 104991000, 121868005, 166832000, 166838001, 166839009, 166849007, 166850007, 167072001, 167073006, 167082000, 167083005, 167084004, 271245006, 275972003, 314035000, 315017003, 390956002, 412808005, 412827004, 443915001
Cholesterol Test Result or Finding	SNOMED CT: 166830008, 166848004, 259557002, 365793008, 365794002, 365795001, 365796000, 439953004, 707122004, 707123009, 1162800007, 1172655006, 1172656007, 67991000119104

Codes subject to change

Oral Evaluation, Dental Services (OED) ●●●

The OED measure evaluates the percentage of patients under 21 years of age who received a comprehensive or periodic oral evaluation with a dental provider during the measurement year.

OED Measure Codes

Description	Codes*
Oral Evaluation	CDT: D0120, D0145, D0150

Codes subject to change

Topical Fluoride for Children (TFC) ●●

The TFC measure evaluates the percentage of patients 1 to 4 years of age who received at least two fluoride varnish applications during the measurement year.

TFC Measure Codes

Description	Codes*
Application of Fluoride Varnish	**CPT:** 99188 **CDT:** D1206 **SNOMED:** 313042009

*Codes subject to change

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

The WCC measure evaluates the percentage of patients 3 to 17 years of age who had an outpatient visit with a PCP or OB/GYN and who had evidence of each of the following during the measurement year:

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

WCC Measure Codes

Description	Codes*
BMI Percentile	**ICD-10:** Z68.51, Z68.52, Z68.53, Z68.54 **LOINC:** 59574-4, 59575-1, 59576-9
Nutrition Counseling	**CPT:** 97802-97804 **ICD-10:** Z71.3 **HCPCS:** G0270, G0271, G0447, S9449, S9452, S9470
Physical Activity Counseling	**HCPCS:** G0447, S9451, G0447 **ICD-10:** Z02.5, Z71.82

*Codes subject to change

Well-Child and Adolescent Well-Care Visits (W30 ●●/WCV ●●●)

The W30/WCV measure evaluates the percentage of patients within designated ages who had comprehensive well-care visit(s) as defined in each measure, with a PCP or an OB/GYN practitioner during the measurement year.

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

Months of Life: The percentage of patients who had the following number of well-child visits with a PCP during the last 15 months

Two rates are reported:

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

W30 Measure Codes

CPT*	HCPCS*	ICD-10*
99381-99385, 99391-99395, 99461	G0438, G0439, S0302, S0610, S0612, S0613	Z00.00, Z00.01, Z00.110, Z00.111, Z00.121, Z00.129, Z00.2, Z00.3, Z01.411, Z01.419, Z02.5, Z76.1, Z76.2

Codes subject to change

(WCV) Child and Adolescent Well-Care Visits: Patients 3 to 21 years of age who had a least one comprehensive well-care visit with a PCP or an OB/GYN

WCV Measure Codes

CPT*	HCPCS*	ICD-10*
99381-99385, 99391-99395, 99461	G0438, G0439, S0302, S0610, S0612, S0613	Z00.00, Z00.01, Z00.110, Z00.111, Z00.121, Z00.129, Z00.2, Z00.3, Z01.411, Z01.419, Z02.5, Z76.1, Z76.2

Codes subject to change

Pharmacy Measures

Adherence to Cholesterol Medications (STAT) ●

The STAT measure evaluates the percentage of members 18 years of age and older with the CHOL medication with a Proportion of Days Covered (PDC) > 80%.

PDC is calculated utilizing total days supplied of CHOL pharmacy claims/date of first RASA fill to the end of the reporting period.

Each medication claim must be submitted to the health plan (cash payment/samples/filled at out-of-network pharmacy do not count).

CHOL Medications

• Atorvastatin (Lipitor®)	• Pravastatin (Pravachol®)
• Fluvastatin (Lescol®)	• Rosuvastatin (Crestor®)
• Lovastatin (Mevacor®)	• Simvastatin (Zocor®)

Adherence to Diabetes Medications (DIAB) ●

The DIAB measure evaluates the percentage of members 18 years of age and older with a diabetes medication with a Proportion of Days Covered (PDC) $\geq$ 80%.

PDC is calculated utilizing total days supplied of diabetes pharmacy claims/ date of first diabetes fill to the end of the reporting period.

Each medication claim must be submitted to the health plan (cash payment/ samples/filled at out-of-network pharmacy do not count).

Diabetes Medications:

Category	Medication
Sulfonylureas	Glipizide and glyburide
Biguanides	Metaform
Thiazolidinediones	Actos (pioglitazone)
Alpha-glucosidase inhibitors	Precose (acarbose)
Glucagon-like peptide 1 (GLP-1) agonists	Adlyxin (lixisenatide), Byetta, Bydureon (exenatide), Ozempic (semaglutide), Tanzeum (albiglutide), Trulicity (dulaglutide) and Victoza (liraglutide)
Sodium-glucose cotransporter 2 (SGLT2) inhibitors	Farxiga (dapagliflozin), Invokana (canagliflozin) and Jardiance (empagliflozin)

Adherence to Hypertensive Medications (RASA) ●

The RASA measure evaluates the percentage of members 18 years of age and older with a RASA medication with a Proportion of Days Covered (PDC) ≥ 80%.

PDC calculated utilizing total days supplied of hypertensive pharmacy claims/date of first RASA fill to the end of the reporting period.

Each medication claim must be submitted to the health plan (cash payment/samples/filled at out-of-network pharmacy do not count).

RASA Medications

Description	Prescription
Direct Renin Inhibitor	• aliskiren (+/- hydrochlorothiazide)
ARB Medications and Combinations	• Azilsartan (+/- chlorthalidone) • candesartan (+/- hydrochlorothiazide) • eprosartan (+/- hydrochlorothiazide) • Irbesartan (+/- hydrochlorothiazide) • losartan (+/- hydrochlorothiazide) • olmesartan (+/- amlodipine, hydrochlorothiazide) • Telmisartan (+/- amiodipine hydrochlorothiazide) • valsartan (+/- amlodipine, hydrochlorothiazide nebivolol)
ACE Inhibitor Medications	• benazepril (+/- amlodipine, hydrochlorothiazide) • captopril (+/- hydrochlorothiazide) • enalapril (+/- hydrochlorothiazide) • fosinopril (+/- hydrochlorothiazide) • lisinopril (+/- hydrochlorothiazide) • moexipril (+/- hydrochlorothiazide) • perindopril (+/- amlodipine) • quinapril (+/- hydrochlorothiazide) • ramipril • trandolapril (+/- verapamil)

Statin Therapy for Patients with Cardiovascular Disease (SPC) ●●●●

The SPC measure evaluates males 21 to 75 years of age and females 40 to 75 years of age who were identified as having Clinical Atherosclerotic Cardiovascular Disease (ASCVD).

Two rates are reported:

- **Received Statin Therapy:** Members who were dispensed at least one high-intensity or moderate-intensity statin medication during the measurement year
- **Statin Adherence:** Members who remained on a high-intensity or moderate-intensity statin medication for at least 80% of the treatment period

SPC Medications

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

Statin Therapy for Patients with Diabetes (SPD) ●●●●

The SPD measure evaluates patients 40 to 75 years of age with diabetes (Types 1 and 2) who do not have clinical atherosclerotic cardiovascular disease (ASCVD).

Two rates are reported:

- **Received Statin Therapy:** Members who were dispensed at least one statin medication of any intensity during the measurement year
- **Statin Adherence 80%:** Members who remained on a statin medication of any intensity for at least 80% of the treatment period

SPD Medications

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 • Ertugliflozin-sitagliptin • Glimepiride-pioglitazone • Glipizide-metformin • Glyburide-metformin • Linagliptin-metformin • Metformin-pioglitazone • Metformin-repaglinide • Metformin-rosiglitazone • Metformin-saxagliptin • Metformin-sitagliptin

SPD Medications (continued)

Description	Prescription
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 • Sitaglipin

Women's Health

Breast Cancer Screening (BCS-E) ●●●●☁

BCS-E is an Electronic Clinical Data Systems (ECDS) measure.

The BCS-E measure evaluates the percentage of patients 50 to 74 years of age who were recommended for routine breast cancer screening and had a mammogram any time on or between October 1 two years prior to the measurement period and the end of the measurement period.

Patients recommended for routine breast cancer screening include:
- Administrative Gender of Female at any time in the patient's history
- Sex Assigned at Birth of Female at any time in the patient's history
- Sex Parameter for Clinical Use of Female during the measurement period

BCS-E Measure Codes

Description	Codes*
Mammogram	**LOINC:** 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, 39150-8, 39152-4, 39153-2, 39154-0, 42168-5, 42169-3, 42174-3, 42415-0, 42416-8, 46335-6, 46336-4, 46337-2, 46338-0, 46339-8, 46342-2, 46350-5, 46351-3, 46354-7, 46355-4, 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

BCS-E Measure Codes (continued)

Description	Codes*
Mammogram (continued)	**CPT:** 77061-77063, 77065-77067 **SNOMED CT:** 12389009, 24623002, 43204002, 71651007, 241055006, 241057003, 241058008, 258172002, 439324009, 450566007, 709657006, 723778004, 723779007, 723780005, 726551006, 833310007, 866234000, 866235004, 866236003, 866237007, 384151000119104, 392521000119107, 392531000119105, 566571000119105, 572701000119102

Codes subject to change

Documented Assessment After Mammogram (DBM-E) ●●●●●☁

This is a first-year measure in MY 2025. DBM-E is an Electronic Clinical Data Systems (ECDS) measure.

DBM-E evaluates the percentage of episodes of mammograms in the form of a BI-RADS assessment withing 14 days of the mammogram for patients 40-74 years of age.

DBM-E Measure Codes

Description	Codes*
BI-RADS Assesment	**SNOMED CT:** 397138000, 397140005, 397141009, 397143007, 397144001, 397145000, 6111000179101, 6121000179106, 6131000179108, 6141000179100

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

This is a first-year measure in MY 2025. FMA-E is an Electronic Clinical Data Systems (ECDS) measure.

FMA-E evaluates the percentage of episodes for patients age 40-74 years of age with inconclusive or high-risk BI-RADS assessments that received appropriate follow-up within 90 days of the assessment.

FMA-E Measure Codes

Description	Codes*
Breast Biopsy	**CPT:** 19081, 19083, 19085, 19100, 19101 **SNOMED CT:** 10940003, 116219004,116220005, 116334007, 1179705005, 1179707002, 1179705005, 117970700, 1179708007, 12131000087109, 1220570007, 1220571006, 1220572004, 122601001, 122737001, 122738006, 122739003, 1264555004, 1264556003, 1264555004, 1264556003, 1268323005, 1268996004, 16214691000119105, 16214971000119103, 172086006, 2131000087106, 2141000087100, 237372000, 237375003, 237376002, 237377006, 237378001, 237379009, 265253005, 274331003, 2841000087108, 287553003, 28768007, 303689004, 305011000000108, 306381000000106, 306641000000107, 307298009, 307971000000105, 307981000000107, 309058007, 309061008, 373101006, 373102004, 373103009, 387736007, 42125001, 432109009, 432157003, 432337008, 432550005, 433008009, 433685008, 433805008, 442963006, 445171002, 445437001, 44578009, 448336005, 448689003, 4541000087104, 4551000087101, 5181000087103, 709628007, 711508007, 723990008, 725936002, 736615002, 770568001, 770569009, 770570005, 771086002, 771625002, 785800009, 786883001, 866232001

Cervical Cancer Screening (CCS-E) ●● ☁

Beginning in MY 2025, this measure transitioned to the Electronic Clinical Data Systems (ECDS) reporting method only.

The CCS-E measure evaluates the percentage of patients 21 to 64 years of age who were recommended for routine cervical cancer screening and screened for cervical cancer using either of the following criteria:

- Patients 21 to 64 years of age who had cervical cytology performed within the last 3 years
- Patients 30 to 64 years of age who had cervical high-risk human papillomavirus (hrHPV) testing performed within the last 5 years
- Patients 30 to 64 years of age who had cervical cytology/high risk human papillomavirus (hrHPV) co-testing within the last 5 years

CCS Measure Codes

Description	Codes*
Cervical Cytology Lab Test (20-64)	**CPT:** 88141-88143, 88147, 88148, 88150, 88152-88153, 88164-88167, 88174, 88175 **HCPCS:** G0123, G0124, G0141, G0143, G0144, G0145, G0147, G0148, P3000, P3001, Q0091 **LOINC:** 10524-7, 18500-9, 19762-4, 19764-0, 19765-7, 19766-5, 19774-9, 33717-0, 47527-7, 47528-5 **SNOMED CT:** 171149006, 416107004, 417036008, 440623000, 448651000124104
Cervical Cytology Result or Finding	**SNOMED CT:** 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

CCS-E Measure Codes (continued)

Description	Codes*
High-Risk HPV Lab Tests (30-64)	**CPT:** 87624, 87625 **HCPCS:** G0476 **LOINC:** 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 **SNOMED CT:** 35904009, 448651000124104, 718591004

Codes subject to change

Chlamydia Screening in Women (CHL) ●●

The CHL measure evaluates the percentage of women 16 to 24 years of age who were identified as sexually active and who had at least one test for chlamydia.

Meridian covers all types of chlamydia screenings. This includes traditional methods, as well as urine screening (bill with CPT code 87110) for men and women. The advantage to urine screening is that it is simple, quick to administer, and has a higher accuracy rate than other methods.

CHL Measure Codes

CPT*
87110, 87270, 87320, 87490-87492, 87810

Codes subject to change

Osteoporosis Management in Women Who Had a Fracture (OMW) ●●

The OMW measure evaluates the percentage of women 67 to 85 years of age who suffered a fracture and had either a bone mineral density (BMD) test or prescription for a drug to treat osteoporosis in the six months after the fracture.

OMW Measure Codes

Description	Codes*
Bone Mineral Density Tests	**CPT:** 76977, 77078, 77080, 77081, 77085, 77086 **ICD10PSC:** BP48ZZ1, BP49ZZ1, BP4GZZ1, BP4HZZ1, BP4LZZ1, BP4MZZ1, BP4NZZ1, BP4PZZ1, BQ00ZZ1, BQ01ZZ1, BQ03ZZ1, BQ04ZZ1, BR00ZZ1, BR07ZZ1, BR09ZZ1, BR0GZZ1
Osteoporosis Medications Therapy	**HCPCS:** J0897, J1740, J3110, J3111, J3489
Long-Acting Osteoporosis Medications during Inpatient Stay	**HCPCS:** J0897, J1740, J3489

Codes subject to change

Osteoporosis Medications

Description	Prescription	
Bisphosphonates	• Alendronate • Alendronate-cholecalciferol • Ibandronate • Risedronate • Zoledronic acid	
Other agents	• Abaloparatide • Denosumab • Raloxifene	• Romosozumab • Teriparatide

Osteoporosis Screening in Older Women (OSW) ●●

The OSW measure evaluates the percentage of women 65 to 75 years of age who received osteoporosis screening.

OSW Measure Codes

Description	Codes*
Osteoporosis Screening Tests	**CPT:** 76977, 77078, 77080, 77081, 77085

Codes subject to change

Prenatal and Postpartum Care (PPC) ●●

The PPC measure evaluates the percentage of deliveries of live births on or between October 8 of the year prior to the measurement year and October 7 of the measurement year. For these patients, the measure assesses the following facets of prenatal and postpartum care.

Timeliness of Prenatal Care: 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: Percentage of deliveries that had a postpartum visit on or between 7 and 84 days after delivery

PPC Measure Codes

Prenatal:

Description	Codes*
Prenatal Visits *with Pregnancy diagnosis* (Visit must be performed in the first trimester [13 weeks], on or before the enrollment start date, or within 42 days of enrollment if already pregnant at the time of enrollment with Meridian)	**CPT:** 98966-98968, 98970-98972, 98980-98981, 99202, 99203, 99204, 99205, 99211, 99212, 99213, 99214, 99215, 99241, 99242, 99243, 99244, 99245, 99421-99423, 99441-99443, 99457, 99458, 99483 **HCPCS:** G0463, T1015, G0071, G2010, G2012, G2250, G2251, G2252
Stand-Alone Prenatal Visits	**CPT:** 99500 **CPT-CAT-II:** 0500F, 0501F, 0502F **HCPCS:** H1000, H1001, H1002, H1003, H1004
Prenatal Bundled Services	**CPT:** 59400, 59425, 59426, 59510, 59610, 59618 **HCPCS:** H1005

PPC Postpartum Measure Codes (continued)

Postpartum:

Description	Codes*
Cervical Cytology Lab Test	**CPT:** 88141-88143, 88147, 88148, 88150, 88152-88153, 88164-88167, 88174, 88175 **HCPCS:** G0123, G0124, G0141, G0143, G0144, G0145, G0147, G0148, P3000, P3001, Q0091
Encounter for Postpartum Care (must be on or between 7 days and 84 days after delivery)	**ICD-10:** Z01.411, Z01.419, Z01.42, Z30.430, Z39.1, Z39.2
Postpartum Bundled Services	**CPT:** 59400, 59410, 59510, 59515, 59610, 59614, 59618, 59622
Postpartum Care	**CPT:** 57170, 58300, 59430, 99501 **CPT-CAT II:** 0503F **HCPCS:** G0101

Codes subject to change

NOTE: When using the Prenatal Visit codes, remember to also include a Pregnancy Diagnosis code.

For information about Global Maternity Billing, please refer to the HFS website (http://www.hfs.illinois.gov) for more information.

Prenatal Immunization Status (PRS-E) ●☁

PRS-E is an Electronic Clinical Data Systems (ECDS) measure.

PRS-E evaluates the percentage of deliveries in the measurement period in which members had received influenza and tetanus, diphtheria toxoids and acellular pertussis (Tdap) vaccinations.

Influenza:
- Patients who received an adult influenza vaccine on or between July 1 of the year prior to the measurement period and the delivery date

Tdap:
- Patients who received at least one Tdap vaccine during the pregnancy (including on the delivery date)

PRS-E Codes

Description	Codes*
Adult Influenza Immunization	**CVX:** 88, 135, 140, 141, 144, 150, 153, 155, 158, 166, 168, 171, 185, 186, 197, 205
Adult Influenza Vaccine Procedure	**CPT:** 90630, 90653, 90654, 90656, 90658, 90661, 90662, 90673, 90674, 90682, 90686, 90688, 90689, 90694, 90756 **SNOMED CT:** 86198006
Deliveries where members had anaphylaxis due to the influenza vaccine on or before the delivery date	**SNOMED CT:** 471361000124100
Tdap Vaccine Procedure	**CVX:** 115 **CPT:** 90715 **SNOMED CT:** 390846000, 412755006, 412756007, 412757003, 428251000124104, 571571000119105
Anaphylaxis due to Diphtheria, Tetanus, or Pertussis Vaccine	**SNOMED CT:** 428281000124107, 428291000124105
Encephalitis due to Diphtheria, Tetanus or Pertussis Vaccine	**SNOMED CT:** 192710009, 192711008, 192712001

Codes subject to change

Advisory Committee on Immunization Practices (ACIP) clinical guidelines recommend that all women who are pregnant or who might be pregnant in the upcoming influenza season receive inactivated influenza vaccines. ACIP also recommends that pregnant women receive one dose of Tdap during each pregnancy, preferably during the early part of gestational weeks 27–36, regardless of prior history of receiving Tdap.

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

PND-E is an Electronic Clinical Data Systems (ECDS) measure.

PND-E evaluates the percentage of deliveries in which patients were screened for clinical depression while pregnant using a standardized instrument and, if screened positive, received follow-up care within 30 days.

- **Deliveries between January 1 and December 1 of the measurement period:** Screening should be performed between the pregnancy start date and the delivery date (including on the delivery date).
- **Deliveries between December 2 and December 31 of the measurement period:** Screening should be performed between the pregnancy start date and December 1 of the measurement period.

* Refer to the Appendix for a list of Approved Depression Screening Instruments, Codes, and Positive Findings

**Refer to the Appendix for a list of follow-up visit codes

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

PDS-E is an Electronic Clinical Data Systems (ECDS) measure.

PDS-E evaluates the percentage of deliveries in which patients were screened for clinical depression during the postpartum period (7 to 84 days following delivery), using a standardized instrument and, if screened positive, received follow-up care within 30 days.

* Refer to the Appendix for a list of Approved Depression Screening Instruments, Codes, and Positive Findings

**Refer to the Appendix for a list of follow-up visit codes

Appendix

Antidepressant Medication List ●●●●

Description	Prescription	
Miscellaneous antidepressants	• Bupropion • Vortioxetine	• Vilazodone
Monoamine oxidase inhibitors	• Isocarboxazid • Phenelzine	• Selegiline • Tranylcypromine
Phenylpiperazine antidepressants	• Nefazodone	• Trazodone
Psychotherapeutic combinations	• Amitriptyline-chlordiazepoxide • Amitriptyline-perphenazine • Fluoxetine-olanzapine	
SNRI antidepressants	• Desvenlafaxine • Duloxetine	• Levomilnacipran • Venlafaxine
SSRI antidepressants	• Citalopram • Escitalopram • Fluoxetine	• Fluvoxamine • Paroxetine • Sertraline
Tetracyclic antidepressants	• Maprotiline	• Mirtazapine
Tricyclic antidepressants	• Amitriptyline • Amoxapine • Clomipramine • Desipramine • Doxepin (>6 mg)	• Imipramine • Nortriptyline • Protriptyline • Trimipramine

Approved Depression Screening Instruments, Codes, and Positive Findings ●●●●

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)	71354-5	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.

*Codes subject to change

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
Edinburgh Postnatal Depression Scale (EPDS)	71354-5	Total score >10
My Mood Monitor (M-3)®	71777-7	Total score >5

Instruments for Adults (18+ years)	Total Score LOINC Codes*	Positive Finding
PROMIS Depression	71965-8	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.*
*Codes subject to change

Follow-Up Visit ●●●●

Description	Codes*
An outpatient, telephone, e-visit, or virtual check-in follow-up visit with a diagnosis of depression or other behavioral health condition.	**CPT:** 98960-98962, 98966-98968, 98970-98972, 98980, 98981, 99078, 99202-99205, 99211-99215, 99242-99245, 99341, 99342, 99344, 99345 99347-99350, 99381-99387, 99391-99397, 99401-99404, 99411, 99412, 99421-99423, 99441-99443, 99457, 99458, 99483 **HCPCS:** G0071, G0463, G2010, G2012, G2250-G2252 T1015 **SNOMED CT:** 42137004, 50357006, 86013001, 90526000, 108220007, 108221006, 185317003, 185389009, 281036007, 314849005, 386472008, 386473003, 390906007, 401267002, 406547006, 870191006
Depression Case Management Encounter	**CPT:** 99366, 99492-99494 **HCPCS:** T1016, T1017, T2022, T2023 **SNOMED CT:** 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, 621561000124106, 661051000124109, 662081000124106, 662541000124107

Description	Codes*
Behavioral Health Encounter	**CPT:** 90791, 90792, 90832-90834, 90836-90839, 90845-90847, 90849, 90853, 90865, 90867-90870, 90875, 90876, 90880, 90887, 99484, 99492, 99493 **HCPCS:** G0155, G0176, G0177, G0409-G0411, G0511, G0512, H0002, H0004, H0031, H0034-H0037, H0039, H0040, H2000, H2001, H2010-H2020, S0201, S9480, S9484, S9485 **SNOMED CT:** 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 **ICD10-CM:** Z71.82
A dispensed antidepressant medication Antidepressant Medications List	See <u>Antidepressant Medications List</u>.
Documentation of additional depression screening on a full-length instrument indicating either no depression or no symptoms that require follow-up (i.e., a negative screen) on the same day as a positive screen on a brief screening instrument. ***	

Codes subject to change

Depression or Other Behavioral Health Condition ●●●●

Depression or Other Behavioral Health Condition Codes*
ICD10CM: F01.51, F01.511, F01.518, F06.4, F10.180, F10.280, F10.980, F11.188, F11.288, F11.988, F12.180, F12.280, F12.980, F13.180, F13.280, F13.980, F14.180, F14.280, F14.980, F15.180, F15.280, F15.980, F16.180, F16.280, F16.980, F18.180, F18.280, F18.980, F19.180, F19.280, F19.980, F20.0, F20.1, F20.2, F20.3, F20.5, F20.81, F20.89, F20.9, F21, F22, F23, F24, F25.0, F25.1, F25.8, F25.9, F28, F29, F30.10, F30.11, F30.12, F30.13, F30.2, F30.3, F30.4, F30.8, F30.9, F31.0, F31.10, F31.11, F31.12, F31.13, F31.2, F31.30, F31.31, F31.32, F31.4, F31.5, F31.60, F31.61, F31.62, F31.63, F31.64, F31.70, F31.71, F31.72, F31.73, F31.74, F31.75, F31.76, F31.77, F31.78, F31.81, F31.89, F31.9, F32.0, F32.1, F32.2, F32.3, F32.4, F32.5, F32.8, F32.81, F32.89, F32.9, F32.A, F33.0, F33.1, F33.2, F33.3, F33.40, F33.41, F33.42, F33.8, F33.9, F34.0, F34.1, F34.8, F34.81, F34.89, F34.9, F39, F40.00, F40.01, F40.02, F40.10, F40.11, F40.210, F40.218, F40.220, F40.228, F40.230, F40.231, F40.232, F40.233, F40.240, F40.241, F40.242, F40.243, F40.248, F40.290, F40.291, F40.298, F40.8, F40.9, F41.0, F41.1, F41.3, F41.8, F41.9, F42, F42.2, F42.3, F42.4, F42.8, F42.9, F43.0, F43.10, F43.11, F43.12, F43.20, F43.21, F43.22, F43.23, F43.24, F43.25, F43.29, F43.8, F43.81, F43.89, F43.9, F44.89, F45.21, F51.5, F53, F53.0, F53.1, F60.0, F60.1, F60.2, F60.3, F60.4, F60.5, F60.6, F60.7, F60.81, F60.89, F60.9, F63.0, F63.1, F63.2, F63.3, F63.81, F63.89, F63.9, F68.10, F68.11, F68.12, F68.13, F68.8, F68.A, F84.0, F84.2, F84.3, F84.5, F84.8, F84.9, F90.0, F90.1, F90.2, F90.8, F90.9, F91.0, F91.1, F91.2, F91.3, F91.8, F91.9, F93.0, F93.8, F93.9, F94.0, F94.1, F94.2, F94.8, F94.9, O90.6, O99.340, O99.341, O99.342, O99.343, O99.344, O99.345

Depression or Other Behavioral Health Condition Codes*

SNOMED CT: 109006, 162004, 281004, 600009, 832007, 899001, 1145003, 1196001, 1376001, 1380006, 1383008, 1499003, 1686006, 1816003, 1855002, 1973000, 2312009, 2403008, 2506003, 2618002, 2815001, 3109008, 3158007, 3530005, 3914008, 4306003, 4441000, 4926007, 4932002, 4997005, 5095008, 5158005, 5444000, 5464005, 5507002, 5509004, 5510009, 5703000, 6348008, 7025000, 7052005, 7200002, 7291006, 7397008, 7461003, 7794004, 8185002, 8635005, 8837000, 9167000, 9340000, 9674006, 9760005, 10278007, 10327003, 10586006, 10875004, 10981006, 11806006, 11941006, 12939007, 12969000, 13127006, 13313007, 13438001, 13581000, 13601005, 13670005, 13746004, 14070001, 14077003, 14144000, 14183003, 14291003, 14495005, 14784000, 15193003, 15277004, 15639000, 15945005, 15977008, 16295005, 16506000, 16805009, 16966009, 16990005, 17155009, 17226007, 17262008, 17496003, 17782008, 17961008, 18003009, 18085000, 18260003, 18478005, 18573003, 18653004, 18689007, 18818009, 18941000, 19300006, 19445006, 19527009, 19694002, 19766004, 20010003, 20250007, 20385005, 20876004, 20960007, 21586000, 21634003, 21897009, 21900002, 22121000, 22230001, 22407005, 22419002, 23148009, 23560001, 23645006, 24121004, 24125008, 24315006, 24781009, 25501002, 25766007, 25922000, 26025008, 26203008, 26453000, 26472000, 26516009, 26530004, 26665006, 26714005, 27387000, 27544004, 27956007, 28357009, 28368009, 28475009, 28663008, 28676002, 28864000, 28884001, 29212009, 29599000, 29733004, 29929003, 30059008, 30310000, 30336007, 30491001, 30509009, 30520009, 30605009, 30687003, 30935000, 31027006, 31177006, 31358003, 31373002, 31446002, 31611000, 31648009, 31658008, 31715000, 31781004, 32009006, 32174002, 32358001, 32388005, 32552001, 32721004, 32875003, 32880007, 33078009, 33135002, 33323008, 33380008, 33449004, 33736005, 33871004, 34116005, 34315001, 34938008, 35218008, 35252006, 35253001, 35481005, 35489007, 35607004, 35722002, 35827000, 35846004, 35919005, 36170009, 36217008, 36474008, 36583000, 36622002, 36923009, 37331004, 37739004, 37746008, 37868008, 37872007, 37941009, 38295006, 38328002, 38368003, 38451003, 38547003, 38694004, 39003006, 39465007, 39610001, 39807006, 39809009, 39951001, 40379007, 40568001, 40571009, 40673001, 40926005, 40987004, 41021005, 41083005, 41526007, 41552001, 41832009, 41836007, 42344001, 42594001, 42810003, 42868002, 42925002, 43150009, 43497001, 43568002, 43614003, 43769008, 44031002, 44124003, 44376007, 44966003, 45479006, 45677003, 45912004, 46206005, 46229002, 46244001, 46721000, 46975003, 47372000, 47447001, 47505003, 47664006, 47916000, 48500005, 48589009, 48826008, 48937005, 49271002, 49468007, 49481000, 49512000, 49564006, 50026000, 50320000, 50705009, 50722006, 50933003, 50983008, 51133006, 51443000, 51493001, 51637008, 51771007, 52702003, 52824009,

Depression or Other Behavioral Health Condition Codes*

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*Codes subject to change

Depression or Other Behavioral Health Condition Codes*

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Depression or Other Behavioral Health Condition Codes*

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*Codes subject to change

Exclusions ●●●●●

Exclusions	Applicable Measures	Codes*
Hospice	All Measures	**CPT:** 99377, 99378 **HCPCS:** G9473, G9474, G9475, G9476, G9477, G9478, G9479, Q5003, Q5004, Q5005, Q5006, Q5007, Q5008, Q5010, S9126, T2042, T2043, T2044, T2045, T2046, G0182
Palliative Care	BCS-E, BPD, CBP, CCS, COL-E, CRE, EED, GSD, KED, LBP, OMW, OSW SPC, SPD	**HCPCS:** G9054, M1017 **ICD-10:** Z51.5
Colorectal Cancer	COL-E	**ICD-10:** C18.0-C18.9, C19, C20, C21.2, C21.8, C78.5, Z85.038, Z85.048
Total Colectomy	COL-E	**CPT:** 44150-44153, 44155-44158, 44210-44212
Bilateral Mastectomy	BCS-E	**ICD-10:** 0HTV0ZZ
Unilateral Mastectomy with Bilateral Modifier	BCS-E	**CPT:** 19180, 19200, 19220, 19240, 19303-19307
Bilateral Procedure/ Bilateral Modifier	BCS-E	**Modifier:** 50 – Used for bilateral procedure
History of Bilateral Mastectomy	BCS-E	**ICD-10:** Z90.13
Complete Hysterectomy with No Residual Cervix and Absence of Cervix Diagnosis	CCS	**CPT:** 57530, 57531, 57540, 57545, 57550, 57555, 57556, 58150, 58152, 58200, 58210, 58240, 58260, 58262, 58263, 58267, 58270, 58275, 58280, 58285, 58290-58294, 58548, 58550, 58552-58554, 58570-58573, 58575, 58951, 58953, 58954, 58956, 59135 **ICD-10:** Q51.5, Z90.710, Z90.712
ESRD Diagnosis	CBP, KED, SPC, SPD	**ICD-10:** N18.5-N18.6, Z99.2

Exclusions	Applicable Measures	Codes*
Kidney Transplant	CBP	**CPT:** 50360, 50365, 50380 **HCPCS:** S2065 **ICD-10:** OTY00Z0, OTY00Z1, OTY00Z2, OTY10Z0, OTY10Z1, OTY10Z2
Partial Nephrectomy	CBP	**CPT:** 50240 **ICD-10:** OTB00ZZ, OTB04ZZ, OTB07ZZ, OTB08ZZ, OTB10ZZ, OTB13ZZ, OTB14ZZ, OTB17ZZ, OTB18ZZ
Total Nephrectomy	CBP	**CPT:** 50220, 50225, 50230, 50234, 50236, 50340, 50370, 50543, 50545, 50546, 50548 **ICD-10:** OTT00ZZ, OTT04ZZ, OTT10ZZ, OTT14ZZ, OTT20ZZ, OTT24ZZ
Non-Live Births	PPC	**ICD-10:** Z37.1, Z37.4, Z37.7

Exclusions	Applicable Measures	Codes*
Pregnancy Diagnosis	WCC, CHL* *With a prescription of isotretinoin or an X-Ray within 6 days after pregnancy test, CBP, SPC, & SPD*	**ICD-10:** O09.00-O09.03, O09.10-O09.13, O09.211-O09.213, O09.219, O09.291-O09.293, O09.299, O09.30-O09.33, O09.40-O09.43, O09.511-O09.513, O09.519, O09.521-O09.523, O09.529, O09.611-O09.613, O09.621-O09.623, O09.629, O09.70-O09.73, O09.811-O09.813, O09.819, O09.21-O09.823, O09.829, O09.891-O09.893, O09.899, O09.90-O09.93, O09.A0-O09.A3, O10.011-O10.013, O10.019, O10.111-O10.113, O10.119, O10.211-O10.213, O10.219, O10.311-O10.313, O10.319, O10.411-O10.413, O10.419, O10.911-O10.913, O10.919, O11.1, O11.2, O11.3, O11.9, O12.00-O12.03, O12.10-O12.13, O12.20-O12.23, O13.1-O13.3, O13.9, O14.00, O14.02-O14.03, O14.10, O14.12-O14.13, O14.20, O14.22-O14.23, O14.90, O14.92-O14.93, O15.00, O15.02-O15.03, O15.1, O15.9, O16.1-O16.3, O16.9, O20.0, O20.8, O20.9, O21.0-O21.2, O21.8-O21.9, O22.00-O22.03, O22.20-O22.23, O22.30-O22.33, O22.40-O22.43, O22.50-O22.53, O22.8X1-O22.8X3. O22.8X9, O22.90-O22.93, O23.00-O23.03, O23.10-O23.13, O23.20-O23.23, O23.30-O23.33, O23.40-O23.43, O23.511-O23513, O23.519, O23.521-O23.523, O23.529, O23.591-O23.593. O23.599, O23.90-O23.93, O24.011-O24.013, O24.019, O24.111-O24.113, O24.119, O24.311-O24.313, O24.319, O24.410, O24.414-O24.415, O24.419, O24.811-O24.813, O24.819, O24.911-O24.913, O24.919, O25.10-O25.13, O26.00-O26.03,

Exclusions	Applicable Measures	Codes*
Pregnancy Diagnosis (continued)		O26.11-O26.13, O26.20-O26.23, O26.30-O26.33, O26.40-O26.43, O26.50-O26.53, O26.611-O26613, O26.619, O26.711-O26.713, O26.719, O26.811-O26.813, O26.819, O26.821-O26.823, O26.829, O26.831-O26.833, O26.839, O26.841-O26.843, O26.849, O26.851-O26.853, O26.859, O26.86, O26.872-O26.873, O26.879, O26.891-O26.893, O26.899, O26.90-O26.93, O28.0-O285, O28.8-O28.9, O29.011-O29.013, O29.019, O29.021-O29.23, O29.029, O29.091-O29.093, O29.099, O229.111-O29.113, O29.119, O29.121-O29.123, O29.129, O29.191-O29.193, O29.199, O29.211-O29.213, O29.219, O29.291-O29.293, O29.299, O29.3X1-O29.3X3, O29.3X9, O29.40-O29.43, O29.5X1-O29.5X3, O29.5X9, O29.60-O29.63, O29.8X1-O29.8X3, O29.8X9, O29.90-O29.93, O30.001-O30.003, O30.009, O30.011-O30.013, O30.019, O30.021-O30.023, O30.029, O30.031-O30.033, O30.039, O30.041-O30.043, O30.049, O30.091-O30-093, O30.099, O30.101-O30.103, O30.109, O30.111-O30.113, O30.119, O30.121-O30.123, O30.129, O30.131-O30.133, O30.139, O30.191-O30.193, O30.199, O30.201-O30.203, O30.209, O30.211-O30.213, O30.219, O30.221-O30.223, O30.229, O30.231-O30.233, O30.239, O30.291-O30.293, O30.299, O30.801-O30.803, O30.809, O30.811-O30.813, O30.819, O30.821-O30.823, O30.829, O30.831-O30.833, O30.839,

Exclusions	Applicable Measures	Codes*
Pregnancy Diagnosis (continued)		O30.891-O30.893, O30.899, O30.90-O30.93, O31.00X0-O30.00X5, O31.00X9, O31.01X0-O31.01X5, O31.01X9, O31.02X0-O31.02X5, O31.02X9, O31.03X0-O31.03X5, O31.03X9, O31.10X0-O31.10X5, O31.10X9, O31.11X0-O3111X5, O31.11X9, O31.12X0-O31.12X5, O31.12X9, O31.13X0-O31.13X5, O31.13X9, O31.20X0-O31.20X5, O31.20X9, O31.21X0-O31.21X5, O31.21X9, O31.22X0-O31.22X5, O31.22X9, O31.23X0-O31.23X5, O31.23X9, O31.30X0-O31.30X5, O31.30X9, O31.31X0-O31.31X5, O31.31X9, O31X0-O31.32X5, O31.32X9, O33X0-O31.33X5, O31.33X9, O31.8X10-O32.8X15, O31.8X19, O31.8X20-O31.8X25, O31.8X29, O31.8X30-O31.8X35, O31.8X39, O31.8X90-O31.8X95, O31.8X99, O32.0XX0-O32.0XX5, O32.0XX9, O32.1XX0-O32.1XX5, O32.1XX9, O32.2XX0-O32.2XX5, O32.2XX9, O32.3XX0-O32.3XX5. O32.3XX9, O32.4XX0-O32.4XX5, O32.4XX9, O32.6XX0-O32.6XX5, O32.6XX9, O32.8XX0-O32.8XX5, O32.8XX9, O32.9XX0-O32.9XX5, O32.9XX9, O33.0-O33.2, O33.3XX0-O33.3XX5, O33.3XX9, O33.4XX0-O33.4XX5, O33.4XX9, O33.5XX0-O33.5XX5, O33.5XX9, O33.6XX0-O33.6XX5, O33.6XX9, O33.7, O33.7XX0-O33.7XX5, O33.7XX9, O33.8, O33.9, 34.00-O34.030, O34.10-O34.13, O34.21, O34.211-O34.212, O34.218-O34.219, O34.22, O34.29-O34.33, O34.40-O34.43, O34.511-O34.513, O34.519, O34.521-O34.523, O34.529, O34.531-O34.-533, O34.539, O34.591-O34.593, O34.599, O34.60-O34.63, O34.70-O34.73,

Exclusions	Applicable Measures	Codes*
Pregnancy Diagnosis (continued)		O34.80-O34.83, O34.90-O34.93, O35.0XX0-O35.0XX5, O35.0XX9, O35.1XX0-O35.1XX5, O35.1XX9, O35.2XX0-O35.2XX5, O35.2XX9, O35.3XX0-O35.3XX5, O35.3XX9, O35.4XX0-O35.4XX5, O35.4XX9, O35.5XX0-O35.5XX5, O35.5XX9, O35.6XX0-O35.6XX5, O35.6XX9, O35.7XX0-O35.7XX5, O35.7XX9, O35.8XX0-O35.8XX5, O35.8XX9, O35.9XX0-O35.9XX5, O35.9XX9, O36.0110-O36.0115, O36.0119, O36.0120-O36.0125, O36.0129, O36.0130-O36.0135, O36.0139, O36.0190-O36.0195, O36.0199, O36.0910-O36.0915, O36.0919, O36.0920-O36.0925, O36.0929, O36.0930-O36.0935, O36.0939, O36.0990-O36.0995, O36.0999, O36.1110-O36.1115, O36.1119, O36.1120-O36.1125, O36.1129, O36.1130-O36.1135, O36.1139, O36.1190-O36.1195, O36.1199, O36.1910-O36.1915, O36.1919, O36.1920-O36.1925, O36.1929, O36.1930-O36.1935, O36.1939, O36.1990-O36.1995, O36.1999, O36.20X0-O36.20X5, O36.20X9, O36.21X0-O36.21X5, O36.21X9, O36.22X0-O36.22X5, O36.22X9, O36.23X0-O36.23X5, O36.23X9, O36.4XX0-O36.4XX5, O36.4XX9, O36.5110-O36.5115, O36.5119-O36.5125, O36.5129-O36.5135, O36.5139, O36.5190-O36.5195, O36.5199, O36.5910-O36.5915, O36.5919-O36.5925, O36.5929-O36.5935, O36.5939, O36.5990-O36.5995, O36.5999, O36.60X0-O36.60X5, O36.60X9, O36.61X0-O36.61X5, O36.61X9, O36.62X0-O36.621X5, O36.62X9, O36.63X0-O36.63X5, O36.63X9,

Exclusions	Applicable Measures	Codes*
Pregnancy Diagnosis (continued)		O36.70X0-O36.70X5,O36.70X9, O36.71X0-O36.71X5, O36.71X9, O36.72X0-O36.72X5, O36.72X9, O36.73X0-O36.73X5, O36.73X9, O36.80X0-O36.80X5, O36.80X9, O36.8120-O36.8125, O36.8129, O36.8130-O36.8135, O36.8139, O36.8190-O36.8195, O36.8199, O36.8210-O36.8215, O36.8219, O36.8220-O36.8225, O36.8229, O36.8230-O36.8235, O36.8239, O36.8290-O36.8295, O36.8299, O36.8310-O36.8315, O36.8319, O36.8320-O36.8325, O36.8329-O36.8335, O36.8339, O36.8390-O36.8395, O36.8399, O36.8910-O36.8915, O36.8919, O36.8920-O36.8925, O36.8929, O36.8930-O36.8935, O36.8939, O36.8990-O36.8995, O36.8999, O36.90X0-O36.90X5, O36.90X9, O36.91X0-O36.91X5, O36.91X9, O36.92X0-O36.92X5, O36.92X9, O36.93X0-O36.93X5, O36.93X9, O40.1XX0-O40.1XX5, O40.1XX9, O40.2XX0-O40.2XX5, O40.2XX9, O4.31XX0-O40.3XX5, O40.3XX9, O40.9XX0-O40.9XX5, O40.9XX9, O41.00X0-O41.00X5, O41.00X9, O41.01X0-O41.01X5, O41.01X9, O41.02X0-O41.02X5, O41.02X9, O41.03X0-O41.03X5, O41.03X9, O41.1010-O41.1015, O41.1019-O41.1025, O41.1029-O41.1035, O41.1039, O41.1090-O41.1095, O41.1099, O41.1210-O41.1215, O41.1219-O41.1225, O41.1229-O41.1235, O41.1239, O41.1290-O41.1295, O41.1299, O41.1410-O41.1415, O41.1419-O41.1425, O41.1429-O41.1435, O41.1439, O41.1490-O41.1495, O41.1499,

Exclusions	Applicable Measures	Codes*
Pregnancy Diagnosis (continued)		O41.8X10-O41.8X15, O41.8X19-O41.8X25, O41.8X29-O41.8X35, O41.8X39, O41.8X91-O41.8X95, O41.8X99, O41.90X0-O41.90X5, O41.90X9, O41.91X0-O41.91X5, O41.91X9, O41.92X0-O41.92X5, O41.92X9, O41.93X0-O41.93X5, O41.93X9, O42.00, O42.011-O42.013, O42.019, O42.02, O42.10, O42.111-O42.113, O42.119, O42.12, O42.011-O42.013, O42.90, O42.911-O42.913, O42.919, O42.92, O43.011-O43.013, O43.019, O43.021-O43.023, O43.029, O43.101-O43.103, O43.109, O43.111-O43.113, O43.119, O43.121-O43.123. O43.129, O43.191-O43.193, O43.199, O43.211-O43.213, O43.219, O43.221-O43.223, O43.229, O43.231-O43.233, O43.239, O43.811-O43.813, O43.819, O43.891-O43.893, O43.899, O43.90-O43.93, O44.00-O44.03, O44.10-O44.13, O44.20-O44.23, O44.30-O44.33, O44.40-O44.43, O44.50-O44.53, O45.001-O45.003, O45.009, O45.011-O45.013, O45.019, O45.021-O45.023, O45.029, O45.091-O45.093, O45.099, O45.8X1-O45.8X3, O45.8X9, O45.90-O45.93, O46.001-O46.003, O46.009, O46.011-O46.013, O46.019, O46.021-O46.023, O46.029, O46.091-O46.093, O46.099, O46.8X1-O46.8X3, O46.8X9, O46.90-O46.93, O47.00-O47.03, O47.1, O47.9, O48.0-O48.1, O60.00, O60.02-O60.03, O71.00-O71.02-O71.03, O71.1-O71.7, O71.81-O71.82, O71.89, O71.9, O88.011-O88.013, O88.019, O88.111-O88.113, O88.119, O88.211-O88.213, O88.219,

Exclusions	Applicable Measures	Codes*
Pregnancy Diagnosis (continued)		O88.311-O88.313, O88.319, O88.811-O88.813, O88.819, O91.011-O91.013, O91.019, O91.13, O91.211-O91.213, O91.219, O91.23, O92.011-O92.013, O92.019, O92.03, O92.111-O92.113, O92.119, O92.3-O92.6, O92.70, O92.79, O98.011-O98.013, O98.019, O98.111-O98.113, O98.119, O98.211-O98.213, O98.219, O98.311-O98.313, O98.319, O98.411-O98.413, O98.419, O98.511-O98.513, O98.519, O98.611-O98.613, O98.619, O98.711-O98.713, O98.719, O98.811-O98.813, O98.819, O98.911-O98.913, O98.919, O99.011-O99.013, O99.019, O99.111-O99.113, O99.119, O99.210-O99.213, O99.280-O99.283, O99.310-O99.313, O99.320-O99.323, O99.330-O99.333, O99.340-O99.343, O99.350-O99.353, O99.411-O99.413, O99.419, O99.511-O99.513, O99.519, O99.611-O99.613, O99.619, O99.711-O99.713, O99.719, O99.810, O99.820, O99.830, O99.840-O99.843, O99.891, O9A.111-O9A.113, O9A.119, O9A.211-O9A.213, O9A.219, O9A.311-O9A.313, O9A.319, O9A.411-O9A.413, O9A.419, O9A.511-O9A.513, O9A.519, Z03.71-Z03.75, Z03.79, Z32.01, Z34.00-Z34.03, Z34.80-Z34.83, Z34.90-Z34.93, Z36, Z36.0-Z36.5, Z36.81-Z36.89, Z36.8A, Z36.9
Dialysis Procedure	KED, SPC, SPD	**CPT:** 90935, 90937, 90945, 90947, 90997, 091999 **HCPCS:** G0257, S9339 **ICD-10:** 3E1M39Z, 5A1D00Z, 5A1D50Z, 5A1D70Z, 5A1D80Z, 5A1D90Z
Narcolepsy	ADD	**ICD-10:** G47.411, G47.419, G47.421, G47.429

Exclusions	Applicable Measures	Codes*
Contraindications to Childhood Vaccines		ICD10CM: B20, B97.35, C81.00, C81.01-C81.49, C81.70-C81.79, C81.90-C81.99, C82.00-C82.69, C82.80-C82.99, C83.00-C83.19, C83.30-C83.39, C83.50-C83.59, C83.70-C83.99, C84.00-C84.19, C84.40-C84.49, C84.60-C84.79, C84.7A, C84.90-C84.99, C84.A0-C84.A9, C84.Z0-C84.Z9, C85.10-C85.29, C85.80-C85.99, C86.0-C88.9, C90.00-C90.02, C90.10-C90.12, C90.20-C90.22, C90.30-C90.32, C91.00-C91.02, C91.10-C91.12, C91.30-C91.32, C91.40-C91.42, C91.50-C91.52, C91.60-C91.62, C91.90-C91.92, C91.A0-C91.A2, C91.Z0-C91.Z2, C92.00-C92.02, C92.10-C92.12, C92.20-C92.22, C92.30-C92.32, C92.40-C92.42, C92.50-C92.52, C92.60-C92.62, C92.90-C92.92, C92.A0-C92.A2, C92.Z0-C92.Z2, C93.00-C93.02, C93.10-C93.12, C93.30-C93.32, C93.90-C93.92, C93.Z0-C93.Z2, C94.00-C94.02, C94.20-C94.22, C94.30-C94.32, C94.80-C94.82, C95.00-C95.02, C95.10-C95.12, C95.90-C95.92, C96.0, C96.20-C96.22, C96.29, C96.4, C96.9, C96.A, C96.Z, D80.0-D80.9, D81.0, D81.1, D81.2, D81.4, D81.6, D81.7, D81.82, D81.89, D81.9, D82.0-D82.4, D82.8-D82.9, D83.0-D83.2, D83.8-D83.9, D84.0-D84.1, D84.8, D84.81, D84.821, D84.822, D84.89, D84.9, D89.3, D89.810, D89.811, D89.812, D89.813, D89.82, D89.831, D89.832, D89.833, D89.834, D89.835, D89.839, D89.89, D89.9, K56.1, Z21

*Codes listed are subject to change. Meridian recognizes that the circumstances around the services provided may not always directly support/match the codes. It is crucial that the medical record documentation describes the services rendered in order to support the medical necessity and use of these codes.

Point of Service Code Definitions ●●●●●

Code	Description
02	Telehealth Provided Other than in Patient's Home
03	School
05	Indian Health Service Free-standing Facility
07	Tribal 638 Free-standing Facility
09	Prison/Correctional Facility
10	Telehealth Provided in Patient's Home
11	Office
12	Home
13	Assisted Living Facility
14	Group Home
15	Mobile Unit
16	Temporary Lodging
17	Walk-in Retail Health Clinic
18	Place of Employment-Worksite
19	Off Campus-Outpatient Hospital
20	Urgent Care Facility
21	Inpatient Hospital
22	On Campus-Outpatient Hospital
31	Skilled Nursing Facility
32	Nursing Facility
33	Custodial Care Facility
49	Independent Clinic
50	Federally Qualified Health Center
51	Inpatient Psychiatric Facility
56	Psychiatric Residential Treatment Center
57	Non-residential Substance Abuse Treatment Facility
58	Non-residential Opioid Treatment Facility
71	Public Health Clinic
72	Rural Health Clinic
81	Independent Laboratory