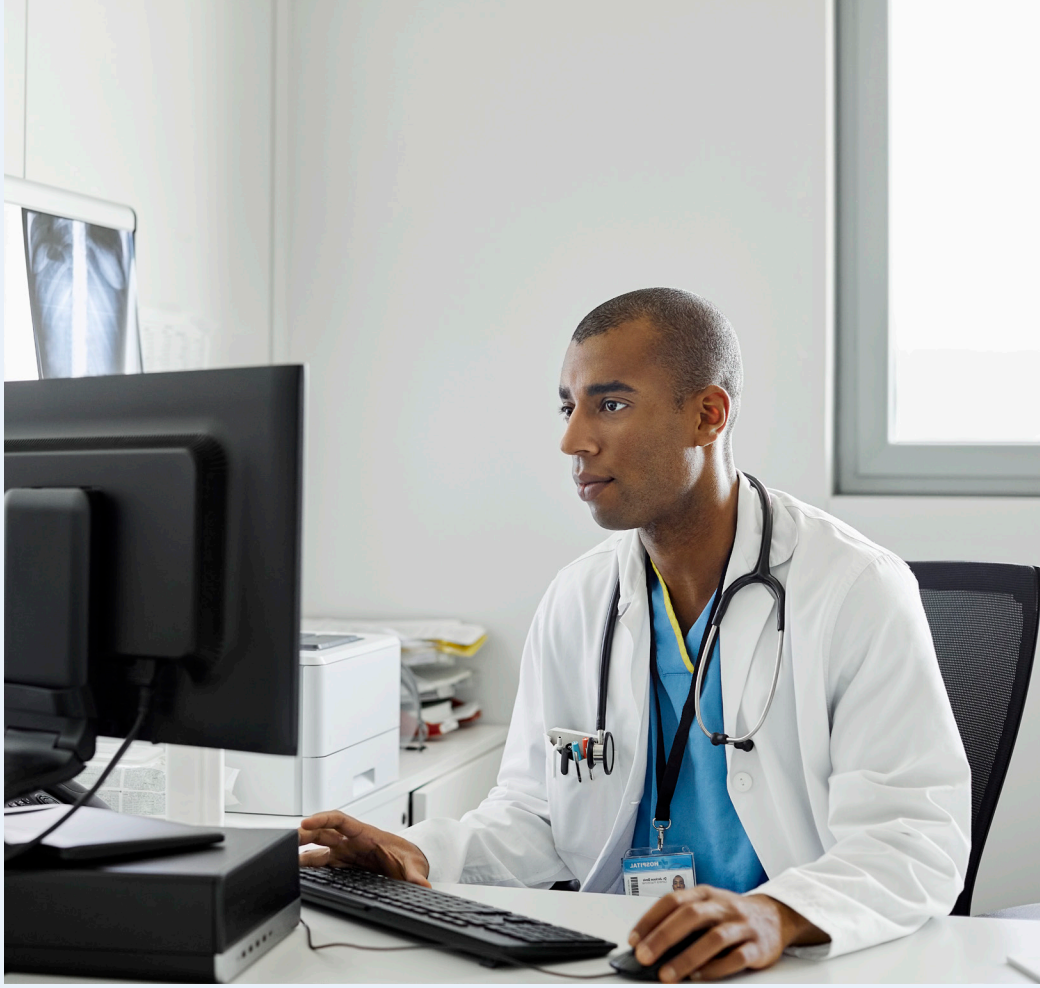

HEDIS Benchmarks and Coding Guidelines for Quality Care

Electronic Clinical Data Systems

Anthem

Anthem Blue Cross and Blue Shield | Serving Hoosier Healthwise, Healthy Indiana Plan, and Hoosier Care Connect

Table of contents

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Electronic Clinical Data Systems

HEDIS® is a widely used set of performance measures developed and maintained by NCQA. HEDIS measures the performance of key healthcare and service domains and provides the information needed to drive improvement efforts.

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

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

Because LOINC codes and SNOMED CT codes can only be obtained through supplemental data feeds, it is important that health plans and the provider community embrace the sharing of these EMR data to ensure the quality of care our members are receiving.

Helpful tips:

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

Our Supplemental Data team is here to help.
For additional support in submitting supplemental data for ECDS measures, send inquiries to supplementaldata@anthem.com.

Patient care opportunities

You can find patient care opportunities within the **Patient360** application located on Availity Essentials **Payer Spaces**. To access the **Patient360** application, you must have the *Patient360* role assignment. From the Availity home page, select **Payer Spaces**, then choose the health plan from the menu. Choose the **Patient360** tile from the **Payer Space Applications** menu and complete the required information on the screen. Gaps in care are located in the *Active Alerts* section of the *Member Summary*.

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

This measure looks at the percentage of children ages 6 to 12 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 during the measurement year. Two rates are reported:

- **Initiation phase:** the percentage of members 6 to 12 years of age with a prescription dispensed for ADHD medication, who had one follow-up visit with a practitioner with prescribing authority during the 30-day initiation phase.
- **Continuation and maintenance (C&M) phase**: the percentage of members 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 (nine months) after the initiation phase ended.

Record your efforts
When prescribing a new ADHD medication:

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

Exclusions:

- Members who use hospice services or elect to use a hospice benefit at any time during the measurement year
- Members who die at any time during the measurement year
- Members with a diagnosis of narcolepsy at any time during the member's history through the end of the measurement period

Adult Immunization Status (AIS-E)

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

Record your efforts
Document that the required age vaccines were received according to the time interval specified in the measure:

- Members 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
- Members who received at least one Td vaccine or one Tdap vaccine between nine years prior to the start of the measurement period and the end of the measurement period

or

- Members with a history of at least one of the following contraindications at any time before or during the measurement period:
  - Anaphylaxis due to the diphtheria, tetanus, or pertussis vaccine.
  - Encephalitis due to the diphtheria, tetanus, or pertussis vaccine.
- Members who received at least one dose of the herpes zoster live vaccine or two doses of the herpes zoster recombinant vaccine at least 28 days apart, at any time on or after the member's 50th birthday and before or during the measurement period
- Members who were administered the 23-valent pneumococcal polysaccharide vaccine on or after the member's 60th birthday and before or during the measurement period

Exclusions:

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

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

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

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

Record your efforts:

- Members who received at least one test for blood glucose or HbA1c
- Members who received at least one test for LDL-C or cholesterol
- Members who received both of the following on the same or different dates:
  - At least one test for blood glucose or HbA1c
  - At least one test for LDL-C or cholesterol

Exclusions:

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

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

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

- **Unhealthy alcohol use screening**: The percentage of members who had a systematic screening for unhealthy alcohol use.
- **Follow-up care on positive screen:** The percentage of members receiving brief counseling or other follow-up care within 60 days (2 months) of screening positive for unhealthy alcohol use.

Record your efforts

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

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

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

- Feedback on alcohol use and harms
- Identification of high-risk situations for drinking and coping strategies

- Increase the motivation to reduce drinking
- Development of a personal plan to reduce drinking
- Documentation of receiving alcohol misuse treatment

Exclusions:

- Members who use hospice services or elect to use a hospice benefit at any time during the measurement year
- Members who die at any time during the measurement year
- Members with alcohol use disorder that starts during the year prior to the measurement period
- Members with a history of dementia at any time during the member's history through the end of the measurement period

Breast Cancer Screening (BCS-E)

This HEDIS measure looks at members 50 to 74 years of age who were recommended for routine breast cancer screening and had a mammogram to screen for breast cancer from October 1, two years prior to the measurement period through the end of the measurement period.

Record your efforts
Include documentation of all types and methods of mammograms including:

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

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

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

- Breast ultrasounds
- MRIs
- Biopsies

Exclusions:

- Members who use hospice services or elect to use a hospice benefit at any time during the measurement year
- Members who die at any time during the measurement year
- Members who had a bilateral mastectomy or both right and left unilateral mastectomies at any time during the member's history through the end of the measurement period
- Members who had gender-affirming chest surgery with a diagnosis of gender dysphoria at any time during the member's history through the end of the measurement period
- Members 66 years of age and older as of December 31 of the measurement year (all product lines) with frailty and advanced illness; members must meet **both** frailty and advanced illness criteria to be excluded
- Members who die at any time during the measurement year
- Members receiving palliative care at any time during the measurement year
- Members who had an encounter with palliative anytime during the measurement year

Cervical Cancer Screening (CCS-E)

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

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

Record your efforts
Make sure your medical records reflect:

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

Exclusions:

- Members who use hospice services or elect to use a hospice benefit at any time during the measurement year
- Members who die at any time during the measurement year
- Hysterectomy with no residual cervix at any time during the member's history through December 31 of the measurement year
- Cervical agenesis or acquired absence of cervix at any time during the member's history through the end of the measurement period
- Members receiving palliative care at any time during the measurement period
- Members who had an encounter with palliative care at any time during the measurement period
- Members with sex assigned at birth of *male* at any time during the patient's history

Childhood Immunization Status (CIS-E)

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

- 4 diphtheria, tetanus, and acellular pertussis, ***DTaP*** vaccine
- 3 polio, ***IPV*** vaccine
- 1 measles, mumps, and rubella, ***MMR*** vaccine (can only be given on or between first and second birthday to close the gap)
- 3 Haemophilus influenza type B, ***Hib*** vaccine
- 3 hepatitis B, ***HepB*** vaccine (one of the three vaccinations can be a newborn hepatitis B vaccination during the eight-day period that begins on the date of birth and ends seven days after the date of birth)
- 1 chicken pox, ***VZV*** vaccine (can only be given on or between first and second birthday to close the gap)
- 4 pneumococcal conjugate, ***PCV*** vaccine
- 1 hepatitis A**,** ***HepA*** vaccine (can only be given on or between first and second birthday to close the gap)
- 2 two-dose rotavirus, ***RV*** vaccine, or 3 three-dose rotavirus (RV) (or one two-dose and two three-dose RV combination)
- 2 influenza, ***Flu*** vaccine (influenza cannot be given until the infant is 6 months of age — One of the two vaccinations for influenza can be an LAIV administered on the child's second birthday).

Record your efforts

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

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

Exclusions:

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

Colorectal Cancer Screening (COL-E)

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

Record your efforts:

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

Exclusions:

- Members who use hospice services or elect to use a hospice benefit at any time during the measurement year
- Members who die at any time during the measurement year
- Members 66 years of age and older as of December 31 of the measurement year (all product lines) with frailty and advanced illness; members must meet BOTH frailty and advanced illness criteria to be excluded
- Members receiving palliative care at any time during the measurement year
- Members who had an encounter with palliative care at any time during the measurement year
- Members who had colorectal cancer at any time during the member's history through December 31 of the measurement year
- Members who had a total colectomy at any time during the member's history through December 31 of the measurement period

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

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

Record your efforts
The identifiers and descriptors for each organization's coverage are used to define members' eligibility for measure reporting. Allocation for reporting is based on eligibility during the participation period.

The measurement period is divided into three assessment periods with specific dates of service:

- *Assessment Period 1*: January 1 to April 30
- *Assessment Period 2*: May 1 to August 31
- *Assessment Period 3*: September 1 to December 31

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

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

The *PHQ-9* assessment does not need to occur during a face-to-face encounter; it may be completed over the telephone or through a web-based portal.

Exclusions:

- Members with any of the following at any time during the member's history through the end measurement period:
  - Bipolar disorder
  - Personality disorder
  - Psychotic disorder
  - Pervasive developmental disorder
- Members who use hospice services or elect to use a hospice benefit at any time during the measurement period
- Members who die at any time during the measurement year

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

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

- **Follow-Up PHQ-9:** The percentage of members who have a follow-up *PHQ-9* score documented within 120 to 240 days (4 to 8 months) after the initial elevated *PHQ-9* score.
- **Depression remission:** The percentage of members who achieved remission within 120 to 240 days (4 to 8 months) after the initial elevated *PHQ-9* score.
- **Depression response**: The percentage of members who showed response within 120 to 240 days (4 to 8 months) after the initial elevated *PHQ-9* score.

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

- May 1 of the year prior to the measurement period through December 31 of the measurement period
- May 1 of the year prior to the measurement period through April 30 of the measurement period
- The 120- to 240-day period after the index episode start date.
- Index episode start date: The earliest date during the intake period when a member has a diagnosis of major depression or dysthymia ***and*** a *PHQ-9* total score > 9 documented.

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

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

The *PHQ-9* assessment does not need to occur during a face-to-face encounter; it may be completed over the telephone or through a web-based portal.

Exclusions:

- Members who use hospice services or elect to use a hospice benefit at any time during the measurement year
- Members who die at any time during the measurement year
- Members with any of the following at any time during the member's history through the end of the measurement period:
  — Bipolar disorder

- Personality disorder
- Psychotic disorder
- Pervasive developmental disorder

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

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

- **Depression screening:** The percentage of members who were screened for clinical depression using a standardized instrument.
- **Follow-up on positive screen:** The percentage of members who received follow-up care within 30 days of a positive depression screen finding.

Record your efforts
The identifiers and descriptors for each organization's coverage are used to define members' eligibility for measure reporting. Allocation for HEDIS reporting is based on eligibility during the participation period.

This measure requires the use of an age-appropriate screening instrument. The member's age is used to select the appropriate depression screening instrument.

Depression screening instrument:

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

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

Instruments for adults (18+ years)	Total score LOINC codes	Positive finding
Patient Health Questionnaire (PHQ-9)®	44261-6	Total score ≥ 10
Patient Health Questionnaire-2 (PHQ-2)®[1]	55758-7	Total score ≥ 3
Beck Depression Inventory-Fast Screen (BDI-FS)®[1,2]	89208-3	Total score ≥ 8
Beck Depression Inventory (BDI-II)	89209-1	Total score ≥ 20
Center for Epidemiologic Studies Depression Scale – Revised (CESD-R)	89205-9	Total score ≥ 17
Duke Anxiety-Depression Scale (DUKE-AD)®[2]	90853-3	Total score ≥ 30
Geriatric Depression Scale Short Form (GDS)[1]	48545-8	Total score ≥ 5
Geriatric Depression Scale Long Form (GDS)	48544-1	Total score ≥ 10
Edinburgh Postnatal Depression Scale (EPDS)	48544-1	Total score ≥ 10
My Mood Monitor (M-3)®	71777-7	Total score ≥ 5
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.

Exclusions:

- Members who use hospice services or elect to use a hospice benefit at any time during the measurement year
- Members who die at any time during the measurement year
- Members with a history of bipolar at any time during the member's history through the end of the year prior to the measurement period
- Members with depression that starts during the year prior to the measurement period

Immunizations for Adolescents (IMA-E)

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

Vaccines administered on or before their 13th birthday:

- One MCV/meningococcal vaccine on or between the 11th and 13th birthdays, and one Tdap or one Td vaccine on or between their 10th and 13th birthdays
- At least two doses of HPV vaccine with DOS at 146 days apart on or between the 9th and 13th birthdays:
  - Or at least three HPV vaccines with different dates of service on or between the 9th and 13th birthdays

Record your efforts

Immunization information obtained from the medical record:

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

Two-dose HPV vaccination series:

- There must be at least 146 days between the first and second doses of the HPV vaccine.

Meningococcal:

- ***Do not count*** meningococcal recombinant (serogroup B) (MenB) vaccines.

Exclusions:

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

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

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

- **Depression screening:** The percentage of deliveries in which members were screened for clinical depression using a standardized instrument during the postpartum period (7 to 84 days following the delivery date).
- **Follow-up on positive screen:** The percentage of deliveries in which members received follow-up care within 30 days of a positive depression screen finding (31 total days).

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

- The delivery date through 60 days following the date of delivery

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

Instruments for adults (18+ years)	Total score LOINC codes	Positive finding
Patient Health Questionnaire (PHQ-9)®	44261-6	Total score ≥ 10

Instruments for adults (18+ years)	Total score LOINC codes	Positive finding
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
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.

Exclusions:

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

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

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

- **Depression screening:** The percentage of deliveries in which members were screened for clinical depression using a standardized instrument during the postpartum period (7 to 84 days following the delivery date).
- **Follow-up on positive screen:** The percentage of deliveries in which members received follow-up care within 30 days of a positive depression screen finding (31 total days).

Record your efforts

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

- 28 days prior to the delivery date through the delivery date
- A pregnancy episode in which the delivery date occurs during the measurement period

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
Instruments for adults (18+ years)	**Total score LOINC codes**	**Positive finding**
Patient Health Questionnaire (PHQ-9)®	44261-6	Total score ≥ 10

Instruments for adults (18+ years)	Total score LOINC codes	Positive finding
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
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.

Exclusions:

- Members who use hospice services or elect to use a hospice benefit at any time during the measurement year
- Members who die at any time during the measurement year
- Deliveries that occurred at less than 37 weeks gestation

Prenatal Immunization Status (PRS-E)

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

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

- 28 days prior to the delivery date through the delivery date
- A pregnancy episode in which the delivery date occurs during the measurement period

Exclusions:

- Members who use hospice services or elect to use a hospice benefit at any time during the measurement year
- Members who die at any time during the measurement year
- Deliveries that occurred at less than 37 weeks gestation

Social Need Screening and Intervention (SNS-E)

This measure assesses the percentage of members 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 if they screened positive:

- **Food screening:** The percentage of members who were screened for food insecurity.
- **Food intervention:** The percentage of members who received a corresponding intervention within one month of screening positive for food insecurity.
- **Housing screening:** The percentage of members who were screened for housing instability, homelessness, or housing inadequacy.
- **Housing intervention:** The percentage of members who received a corresponding intervention within one month of screening positive for housing instability, homelessness, or housing inadequacy.
- **Transportation screening:** The percentage of members who were screened for transportation insecurity.
- **Transportation intervention:** The percentage of members who received a corresponding intervention within one month of screening positive for transportation insecurity.

Record your efforts:

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

Eligible screening instruments with thresholds for positive findings include:

Food insecurity instruments	Screening item LOINC codes	Positive finding LOINC codes
Accountable Health Communities (AHC) Health-Related Social Needs (HRSN) Screening Tool	88122-7	LA28397-0 LA6729-3
	88123-5	LA28397-0 LA6729-3

Food insecurity instruments	Screening item LOINC codes	Positive finding LOINC codes
American Academy of Family Physicians (AAFP) Social Needs Screening Tool	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
We Care Survey	96434-6	LA32-8
WellRx Questionnaire	93668-2	LA33-6

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

Housing instability and homelessness instruments	Screening item LOINC codes	Positive finding LOINC codes
Children's Health Watch Housing Stability Vital Signs™[1]	98976-4	LA33-6
	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

Housing inadequacy instruments	Screening item LOINC codes	Positive finding LOINC codes
Accountable Health Communities (AHC) Health-Related Social Needs (HRSN) Screening Tool	96778-6	LA31996-4 LA28580-1 LA31997-2 LA31998-0 LA31999-8 LA32000-4 LA32001-2
American Academy of Family Physicians (AAFP) Social Needs Screening Tool	96778-6	LA32691-0 LA28580-1 LA32693-6 LA32694-4 LA32695-1 LA32696-9 LA32001-2

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

Transportation insecurity instruments	Screening item LOINC codes	Positive finding LOINC codes
American Academy of Family Physicians (AAFP) Social Needs Screening Tool—short form	99594-4	LA33093-8 LA30134-3
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
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.

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

Exclusions:

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

Appendix

Coding for ECDS measures

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

Not all NCQA-approved codes are IHCP-covered codes. Be sure to check the IHCP Provider Portal for approved codes.

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

Description	CPT/HCPCS/POS/SNOMED CT
Outpatient POS	**POS** **03:** School **05:** Indian Health Service Free-standing Facility **07:** Facility **09:** Tribal 638 Free-standing Facility **11:** Office **12:** Home **13:** Assisted Living Facility **14:** Group Home **15:** Mobile Unit **16:** Temporary Lodging **17:** Walk-in Retail Clinic **18:** Place of Employment-Worksite **19:** Off Campus-Outpatient Hospital **20:** Urgent Care Facility **22:** On-Campus Outpatient Hospital **33:** Custodial Care Facility **49:** Independent Clinic **50:** Federally Qualified Health Center **71:** Public Health Clinic **72:** Rural Health Clinic
Health and Behavioral Assessment or Intervention	**CPT** 96156, 96158, 96159, 96164, 96165, 96167, 96168, 96170, 96171
Online Assessments	**CPT** 98970, 98971, 98972, 98980, 98981, 99421, 99422, 99423, 99457, 99458 **HCPCS** **G0071**: Payment for communication technology-based services for 5 minutes or more of a virtual (non-face-to-face) communication between a rural health clinic (RHC) or federally qualified health center (FQHC) practitioner and RHC or FQHC patient, or 5 minutes or more of remote evaluation of recorded video and/or images by an RHC or FQHC practitioner, occurring in lieu of an office visit; RHC or FQHC only

Description	CPT/HCPCS/POS/SNOMED CT
	G2010: Remote evaluation of recorded video and/or images submitted by an established patient (for example, store and forward), including interpretation with follow-up with the patient within 24 business hours, not originating from a related E/M service provided within the previous 7 days nor leading to an E/M service or procedure within the next 24 hours or soonest available appointment **G2012:** Brief communication technology-based service, for example, virtual check-in, by a physician or other qualified healthcare professional who can report evaluation and management services, provided to an established patient, not originating from a related E/M service provided within the previous 7 days nor leading to an E/M service or procedure within the next 24 hours or soonest available appointment; 5-10 minutes of medical discussion **G2250**: Remote assessment of recorded video and/or images submitted by an established patient (for example, store and forward), including interpretation with follow-up with the patient within 24 business hours, not originating from a related service provided within the previous 7 days nor leading to a service or procedure within the next 24 hours or soonest available appointment **G2251**: Brief communication technology-based service, for example, virtual check-in, by a qualified healthcare professional who cannot report evaluation and management services, provided to an established patient, not originating from a related service provided within the previous 7 days nor leading to a service or procedure within the next 24 hours or soonest available appointment; 5-10 minutes of clinical discussion **G2252:** Brief communication technology-based service, for example, virtual check-in, by a physician or other qualified healthcare professional who can report evaluation and management services, provided to an established patient, not originating from a related E/M service provided within the previous 7 days nor leading to an E/M service or procedure within the next 24 hours or soonest available appointment; 11-20 minutes of medical discussion
Telephone Visits	**CPT** 98966, 98967, 98968, 99441, 99442, 99443
Telehealth POS	**POS** **02:** Telehealth Provided Other than in Patient's Home **10:** Telehealth Provided in Patient's Home
Visit Setting Unspecified	**CPT** 90791, 90792, 90832, 90833, 90834, 90836, 90837, 90838, 90839, 90840, 90845, 90847, 90849, 90853, 90875, 90876, 99221, 99222, 99223, 99231, 99232, 99233, 99238, 99239, 99252, 99253, 99254, 99255

Note: The codes listed are informational only; this information does not guarantee benefit coverage or reimbursement. Refer to the IHCP provider website for approved codes.

Adult Immunization Status (AIS-E)

Immunization	CPT/HCPCS/CVX/SNOMED CT
Adult Influenza Vaccine procedure	**CPT** 90630, 90653, 90654, 90656, 90658, 90661, 90662, 90673, 90674, 90882, 90686, 90688, 90689, 90694, 90756 **SNOMED CT** **86198006:** Administration of vaccine product containing only Influenza virus antigen (procedure)
Adult Influenza Immunization	**CVX** **88:** Influenza virus vaccine, unspecified formulation **135:** Influenza, high dose seasonal, preservative free **140:** Influenza, seasonal, injectable, preservative free **141:** Influenza, seasonal, injectable **144:** Seasonal influenza, intradermal, preservative free **150:** Influenza, injectable, quadrivalent, preservative free **153:** Influenza, injectable, Madin Darby Canine Kidney, preservative free **155:** Seasonal, trivalent, recombinant, injectable influenza vaccine, preservative free **158:** Influenza, injectable, quadrivalent, contains preservative **166:** Influenza, intradermal, quadrivalent, preservative free, injectable **168:** Seasonal trivalent influenza vaccine, adjuvanted, preservative free **171:** Influenza, injectable, Madin Darby Canine Kidney, preservative free, quadrivalent **185:** Seasonal, quadrivalent, recombinant, injectable influenza vaccine, preservative free **186:** Influenza, injectable, Madin Darby Canine Kidney, quadrivalent with preservative **197:** Influenza, high-dose seasonal, quadrivalent, 0.7mL dose, preservative free **205: I**nfluenza, seasonal vaccine, quadrivalent, adjuvanted, 0.5mL dose, preservative free
Adult Pneumococcal Immunization	**CVX** **33:** Pneumococcal polysaccharide vaccine, 23 valent **109:** Pneumococcal vaccine, unspecified formulation **133:** Pneumococcal conjugate vaccine, 13 valent **152:** Pneumococcal Conjugate, unspecified formulation **215:** Pneumococcal conjugate vaccine 15-valent (PCV15), polysaccharide CRM197 conjugate, adjuvant, preservative free **216:** Pneumococcal conjugate vaccine 20-valent (PCV20), polysaccharide CRM197 conjugate, adjuvant, preservative free
Adult Pneumococcal Vaccine Procedure	**CPT** 90670, 90671, 90677, 90732 **HCPCS** **G0009:** Administration of pneumococcal vaccine **SNOMED CT** **12866006:** Administration of vaccine product containing only Streptococcus pneumoniae antigen (procedure)

Immunization	CPT/HCPCS/CVX/SNOMED CT
	394678003: Administration of booster dose of vaccine product containing only Streptococcus pneumoniae antigen (procedure) **871833000:** Subcutaneous injection of pneumococcal vaccine (procedure) **1119366009:** Administration of vaccine product containing only Streptococcus pneumoniae Danish serotype 1, 3, 4, 5, 6A, 6B, 7F, 9V, 14, 18C, 19A, 19F, and 23F capsular polysaccharide antigens (procedure) **1119367000:** Administration of vaccine product containing only Streptococcus pneumoniae Danish serotype 1, 2, 3, 4, 5, 6B, 7F, 8, 9N, 9V, 10A, 11A, 12F, 14, 15B, 17F, 18C, 19A, 19F, 20, 22F, 23F, and 33F capsular polysaccharide antigens (procedure) **1119368005:** Administration of vaccine product containing only Streptococcus pneumoniae Danish serotype 4, 6B, 9V, 14, 18C, 19F, and 23F capsular polysaccharide antigens conjugated (procedure) **434751000124102:** Pneumococcal conjugate vaccination (procedure)
Influenza Virus LAIV Vaccine Procedure	**CPT** 90660, 90672 **SNOMED CT** **787016008:** Administration of vaccine product containing only Influenza virus antigen in nasal dose form (procedure)
Influenza Virus LAIV Immunization	**CVX** **111:** Influenza virus vaccine, live, attenuated, for intranasal use **149:** Influenza, live, intranasal, quadrivalent
Td Vaccine Procedure	**CPT** 90714 **SNOMED CT** **73152006:** Administration of vaccine product containing only Clostridium tetani and Corynebacterium diphtheriae antigens (procedure) **312869001:** Administration of vaccine product containing only Clostridium tetani and Corynebacterium diphtheriae, Haemophilus influenzae type b, and Human poliovirus antigens (procedure) **395178008:** Administration of first dose of vaccine product containing only Clostridium tetani and low dose Corynebacterium diphtheriae antigens (procedure) **395179000:** Administration of second dose of vaccine product containing only Clostridium tetani and low dose Corynebacterium diphtheriae antigens (procedure) **395180002:** Administration of third dose of vaccine product containing only Clostridium tetani and low dose Corynebacterium diphtheriae antigens (procedure) **395181003:** Administration of booster dose of vaccine product containing only Clostridium tetani and low dose Corynebacterium diphtheriae antigens (procedure) **414619005:** Administration of vaccine product containing only Clostridium tetani and low dose Corynebacterium diphtheriae and inactivated Human poliovirus antigens (procedure)

Immunization	CPT/HCPCS/CVX/SNOMED CT
	416144004: Administration of third dose of vaccine product containing only Clostridium tetani and low dose Corynebacterium diphtheriae and inactivated Human poliovirus antigens (procedure) **416591003:** Administration of first dose of vaccine product containing only Clostridium tetani and low dose Corynebacterium diphtheriae and inactivated Human poliovirus antigens (procedure) **417211006:** Administration of first booster of vaccine product containing only Clostridium tetani and low dose Corynebacterium diphtheriae and inactivated Human poliovirus antigens (procedure) **417384007:** Administration of second booster of vaccine product containing only Clostridium tetani and low dose Corynebacterium diphtheriae and inactivated Human poliovirus antigens (procedure) **417615007:** Administration of second dose of vaccine product containing only Clostridium tetani and low dose Corynebacterium diphtheriae and inactivated Human poliovirus antigens (procedure) **866161006:** Administration of booster dose of vaccine product containing only Clostridium tetani and Corynebacterium diphtheriae antigens (procedure) **866184004:** Administration of second dose of vaccine product containing only Clostridium tetani and Corynebacterium diphtheriae antigens (procedure) **866185003:** Administration of first dose of vaccine product containing only Clostridium tetani and Corynebacterium diphtheriae antigens (procedure) **866186002**: Administration of vaccine product containing only Clostridium tetani and Corynebacterium diphtheriae and Human poliovirus antigens (procedure) **866227002:** Administration of booster dose of vaccine product containing only Clostridium tetani and Corynebacterium diphtheriae and Human poliovirus antigens (procedure) **868266002:** Administration of second dose of vaccine product containing only Clostridium tetani and Corynebacterium diphtheriae and Human poliovirus antigens (procedure) **868267006:** Administration of first dose of vaccine product containing only Clostridium tetani and Corynebacterium diphtheriae and Human poliovirus antigens (procedure) **868268001:** Administration of third dose of vaccine product containing only Clostridium tetani and Corynebacterium diphtheriae and Human poliovirus antigens (procedure) **870668008:** Administration of third dose of vaccine product containing only Clostridium tetani and Corynebacterium diphtheriae antigens (procedure) **870669000:** Preschool administration of vaccine product containing only Clostridium tetani and Corynebacterium diphtheriae antigens (procedure) **870670004:** Preschool administration of vaccine product containing only Clostridium tetani and Corynebacterium diphtheriae and Human poliovirus antigens (procedure) **871828004:** Administration of vaccine product containing only Clostridium tetani and low dose Corynebacterium diphtheriae antigens (procedure)

Immunization	CPT/HCPCS/CVX/SNOMED CT
	632481000119106: Administration of vaccine product containing only Clostridium tetani and Corynebacterium diphtheriae antigens, less than 7 years of age (procedure)
Td Immunization	**CVX** **09:** Tetanus and diphtheria toxoids, adsorbed, preservative free, for adult use (2 Lf of tetanus toxoid and 2 Lf of diphtheria toxoid) **113:** Tetanus and diphtheria toxoids, adsorbed, preservative free, for adult use (5 Lf of tetanus toxoid and 2 Lf of diphtheria toxoid) **115:** Tetanus toxoid, reduced diphtheria toxoid, and acellular pertussis vaccine, adsorbed **138:** Tetanus and diphtheria toxoids, not adsorbed, for adult use **139:** Td (adult) unspecified formulation
Tdap Vaccine Procedure	**CPT** 90715 **SNOMED CT** **390846000:** Administration of booster dose of vaccine product containing only acellular Bordetella pertussis and Clostridium tetani and Corynebacterium diphtheriae antigens (procedure) **412755006:** Administration of first dose of vaccine product containing only acellular Bordetella pertussis and Clostridium tetani and Corynebacterium diphtheriae antigens (procedure) **412756007:** Administration of second dose of vaccine product containing only acellular Bordetella pertussis and Clostridium tetani and Corynebacterium diphtheriae antigens (procedure) **412757003:** Administration of third dose of vaccine product containing only acellular Bordetella pertussis and Clostridium tetani and Corynebacterium diphtheriae antigens (procedure) **428251000124104:** Tetanus, diphtheria, and acellular pertussis vaccination (procedure) **571571000119105:** Administration of vaccine product containing only acellular Bordetella pertussis and Clostridium tetani and Corynebacterium diphtheriae antigens (procedure)
Herpes Zoster Live Vaccine Procedure	**CPT** 90736 **SNOMED CT** **871898007:** Administration of vaccine product containing only live attenuated Human alphaherpesvirus 3 antigens (procedure) **871899004:** Administration of vaccine product containing only live attenuated Human alphaherpesvirus 3 antigens via subcutaneous route (procedure)
Herpes Zoster Recombinant Vaccine Procedure	**CPT** 90750 **SNOMED CT** **722215002:** Administration of vaccine product containing only Human alphaherpesvirus 3 antigens for shingles (procedure)

Immunization	CPT/HCPCS/CVX/SNOMED CT
CDC Race and Ethnicity	**1002-5:** American Indian or Alaska Native **2028-9:** Asian **2054-5**: Black or African American **2076-8:** Native Hawaiian or Other Pacific Islander **2106-3:** White **2135-2:** Hispanic or Latino **2186-5:** Not Hispanic or Latino

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

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

Description	CPT/CAT II/LOINC/SNOMED CT
Cholesterol Lab Test	**CPT** 82465, 83718, 83722, 84478 **LOINC** **2085-9:** Cholesterol in HDL [Mass/volume] in Serum or Plasma **2093-3:** Cholesterol [Mass/volume] in Serum or Plasma **2571-8:** Triglyceride [Mass/volume] in Serum or Plasma **3043-7:** Triglyceride [Mass/volume] in Blood **9830-1:** Cholesterol. Total/Cholesterol in HDL [Mass Ratio] in Serum or Plasma **SNOMED CT** **14740000:** Triglycerides measurement (procedure) **28036006:** High density lipoprotein cholesterol measurement (procedure) **77068002:** Cholesterol measurement (procedure) **104583003:** High density lipoprotein/total cholesterol ratio measurement (procedure) **104584009:** Intermediate density lipoprotein cholesterol measurement (procedure) **104586006:** Cholesterol/triglyceride ratio measurement (procedure) **104784006:** Lipids, triglycerides measurement (procedure) **104990004:** Triglyceride and ester in high density lipoprotein measurement (procedure) **104991000:** Triglyceride and ester in intermediate density lipoprotein measurement (procedure) **121868005:** Total cholesterol measurement (procedure) **166832000:** Serum high density lipoprotein cholesterol measurement (procedure) **166838001:** Serum fasting high density lipoprotein cholesterol measurement (procedure) **166839009:** Serum random high density lipoprotein cholesterol measurement (procedure) **166849007:** Serum fasting triglyceride measurement (procedure) **166850007:** Serum random triglyceride measurement (procedure)

Description	CPT/CAT II/LOINC/SNOMED CT
	167072001: Plasma random high density lipoprotein cholesterol measurement (procedure) **167073006:** Plasma fasting high density lipoprotein cholesterol measurement (procedure) **167082000:** Plasma triglyceride measurement (procedure) **167083005:** Plasma random triglyceride measurement (procedure) **167084004:** Plasma fasting triglyceride measurement (procedure) **271245006:** Measurement of serum triglyceride level (procedure) **275972003:** Cholesterol screening (procedure) **314035000:** Plasma high density lipoprotein cholesterol measurement (procedure) **315017003:** Fasting cholesterol level (procedure) **390956002:** Plasma total cholesterol level (procedure) **412808005:** Serum total cholesterol measurement (procedure) **412827004:** Fluid sample triglyceride measurement (procedure) **443915001:** Measurement of total cholesterol and triglycerides (procedure)
Cholesterol Test Result or Finding	**SNOMED CT** **166830008:** Serum cholesterol above reference range (finding) **166848004:** Serum triglycerides above reference range (finding) **259557002:** High density lipoprotein triglyceride (substance) **365793008:** Finding of cholesterol level (finding) **365794002:** Finding of serum cholesterol level (finding) **365795001:** Finding of triglyceride level (finding) **365796000:** Finding of serum triglyceride levels (finding) **439953004:** Cholesterol/high density lipoprotein ratio above reference range (finding) **707122004:** Triglyceride in high density lipoprotein subfraction 2 (substance) **707123009:** Triglyceride in high density lipoprotein subfraction 3 (substance) **1162800007:** Cholesterol esters within reference range (finding) **1172655006**: Low density lipoprotein cholesterol below reference range (finding) **1172656007:** Low density lipoprotein cholesterol within reference range (finding) **67991000119104:** Serum cholesterol outside reference range (finding)
Glucose Lab Test	**CPT** 80047, 80048, 80050, 80053, 80069, 82947, 82950, 82951 **LOINC** **10450-5:** Glucose [Mass/volume] in Serum or Plasma – 10 hours fasting **1492-8:** Glucose [Mass/volume] in Serum or Plasma – 1.5 hours post 0.5 g/kg glucose IV **1494-4:** Glucose [Mass/volume] in Serum or Plasma – 1.5 hours post 100 g glucose PO **1496-9:** Glucose [Mass/volume] in Serum or Plasma – 1.5 hours post 75 g glucose PO **1499-3:** Glucose [Mass/volume] in Serum or Plasma – 1 hour post 0.5 g/kg glucose IV

Description	CPT/CAT II/LOINC/SNOMED CT
	1501-6: Glucose [Mass/volume] in Serum or Plasma – 1 hour post 100 g glucose PO **1504-0:** Glucose [Mass/volume] in Serum or Plasma – 1 hour post 50 g glucose PO **1507-3:** Glucose [Mass/volume] in Serum or Plasma – 1 hour post 75 g glucose PO **1514-9:** Glucose [Mass/volume] in Serum or Plasma – 2 hours post 100 g glucose PO **1518-0:** Glucose [Mass/volume] in Serum or Plasma – 2 hours post 75 g glucose PO **1530-5:** Glucose [Mass/volume] in Serum or Plasma – 3 hours post 100 g glucose PO **1533-9:** Glucose [Mass/volume] in Serum or Plasma – 3 hours post 75 g glucose PO **1554-5**: Glucose [Mass/volume] in Serum or Plasma – 12 hours fasting **1557-8:** Fasting glucose [Mass/volume] in Venous blood **1558-6:** Fasting glucose [Mass/volume] in Serum or Plasma **17865-7**: Glucose [Mass/volume] in Serum or Plasma – 8 hours fasting **20436-2**: Glucose [Mass/volume] in Serum or Plasma – 2 hours post dose glucose **20437-0:** Glucose [Mass/volume] in Serum or Plasma – 3 hours post dose glucose **20438-8:** Glucose [Mass/volume] in Serum or Plasma – 1 hour post dose glucose **20440-4:** Glucose [Mass/volume] in Serum or Plasma – 1.5 hours post dose glucose **2345-7:** Glucose [Mass/volume] in Serum or Plasma **26554-6:** Glucose [Mass/volume] in Serum or Plasma – 2.5 hours post dose glucose **41024-1:** Glucose [Mass/volume] in Serum or Plasma – 2 hours post 50 g glucose PO **49134-0:** Glucose [Mass/volume] in Blood – 2 hours post dose glucose **6749-6:** Glucose [Mass/volume] in Serum or Plasma – 2.5 hours post 75 g glucose PO **9375-7:** Glucose [Mass/volume] in Serum or Plasma – 2.5 hours post 100 g glucose PO **SNOMED CT** **22569008**: Glucose measurement, serum (procedure) **33747003:** Glucose measurement, blood (procedure) **52302001:** Glucose measurement, fasting (procedure) 7**2191006**: Glucose measurement, plasma (procedure) **73128004**: Glucose measurement, random (procedure) **88856000:** Glucose measurement, 2 hours post prandial (procedure) **104686004:** Glucose measurement, blood, test strip (procedure) **167086002:** Serum random glucose measurement (procedure) **167087006:** Serum fasting glucose measurement (procedure) **167088001:** Serum 2-hr post-prandial glucose measurement (procedure)

Description	CPT/CAT II/LOINC/SNOMED CT
	167095005: Plasma random glucose measurement (procedure) **167096006:** Plasma fasting glucose measurement (procedure) **167097002:** Plasma 2-hr post-prandial glucose measurement (procedure) **250417005:** Glucose concentration, test strip measurement (procedure) **271061004:** Random blood glucose measurement (procedure) **271062006:** Fasting blood glucose measurement (procedure) **271063001:** Lunchtime blood sugar measurement (procedure) **271064007:** Supper time blood sugar measurement (procedure) **271065008:** Bedtime blood sugar measurement (procedure) **275810004:** BM stix glucose measurement (procedure) **302788006:** Post-prandial blood glucose measurement (procedure) **302789003:** Capillary blood glucose measurement (procedure) **308113006:** Self-monitoring of blood glucose (procedure) **313474007:** 60-minute blood glucose measurement (procedure) **313545000:** 120-minute blood glucose measurement (procedure) **313546004:** 90-minute blood glucose measurement (procedure) **313624000:** 150-minute blood glucose measurement (procedure) **313626003:** 60-minute plasma glucose measurement (procedure) **313627007:** 120-minute plasma glucose measurement (procedure) **313628002:** 150-minute plasma glucose measurement (procedure) **313630000:** 60-minute serum glucose measurement (procedure) **313631001:** 120-minute serum glucose measurement (procedure) **313697000:** 90-minute plasma glucose measurement (procedure) **313698005:** 90-minute serum glucose measurement (procedure) **313810002:** 150-minute serum glucose measurement (procedure) **412928005:** Blood glucose series (procedure) **440576000:** 240-minute plasma glucose measurement (procedure) **443780009:** Quantitative measurement of mass concentration of glucose in serum or plasma specimen 120 minutes after 75-gram oral glucose challenge (procedure) **444008003:** Quantitative measurement of mass concentration of glucose in serum or plasma specimen 6 hours after glucose challenge (procedure) **444127006:** Quantitative measurement of mass concentration of glucose in post-calorie fasting serum or plasma specimen (procedure)
Glucose Test Result or Finding	**SNOMED CT** **166890005:** Random blood glucose within reference range (finding) **166891009:** Random blood sugar below reference range (finding) **166892002:** Random blood sugar above reference range (finding) **166914001:** Blood glucose 0-1.4 mmol/L (finding) **166915000:** Blood glucose 1.5-2.4 mmol/L (finding) **166916004:** Blood glucose 2.5-4.9 mmol/L (finding) **166917008:** Blood glucose 5-6.9 mmol/L (finding) **166918003:** Blood glucose 7-9.9 mmol/L (finding) **166919006:** Blood glucose 10-13.9 mmol/L (finding) **166921001:** Blood glucose within reference range (finding) **166922008:** Blood glucose outside reference range (finding) **166923003:** Blood glucose 14+ mmol/L (finding)

Description	CPT/CAT II/LOINC/SNOMED CT
	442545002: Random blood glucose outside reference range (finding) **444780001:** Glucose in blood specimen above reference range (finding) **1179458001:** Blood glucose below reference range (finding)
HbA1c Lab Test	**CPT** 83036, 83037 **LOINC** **17855-8:** Hemoglobin A1c/Hemoglobin; total in Blood by calculation **17856-6:** Hemoglobin A1c/Hemoglobin; total in Blood by HPLC **4548-4:** Hemoglobin A1c/Hemoglobin; total in Blood **4549-2:** Hemoglobin A1c/Hemoglobin; total in Blood by Electrophoresis **96595-4:** Hemoglobin A1c/Hemoglobin; total in DBS **SNOMED CT** **43396009:** Hemoglobin A1c measurement (procedure) **313835008:** Hemoglobin A1c measurement aligned to the Diabetes Control and Complications Trial (procedure)
HbA1c Test Result or Finding	**CPT** 83036, 83037 **CAT II** **3044F**: Most recent hemoglobin A1c (HbA1c) level less than 7.0% (DM) **3046F**: Most recent hemoglobin A1c level greater than 9.0% (DM) **3051F:** Most recent hemoglobin A1c (HbA1c) level greater than or equal to 7.0% and less than 8.0% (DM) **3052F**: Most recent hemoglobin A1c (HbA1c) level greater than or equal to 8.0% and less than or equal to 9.0% (DM) **SNOMED CT** **451051000124101:** Hemoglobin A1c less than 7 percent indicating good diabetic control (finding) **451061000124104:** Hemoglobin A1c greater than nine percent indicating poor diabetic control (finding)
LDL-C Lab Test	**CPT** 80061, 83700, 83701, 83704, 83721 **LOINC** **12773-8:** Cholesterol in LDL [Units/volume] in Serum or Plasma by Electrophoresis **13457-7:** Cholesterol in LDL [Mass/volume] in Serum or Plasma by calculation **18261-8:** Cholesterol in LDL [Mass/volume] in Serum or Plasma ultracentrifugate **18262-6:** Cholesterol in LDL [Mass/volume] in Serum or Plasma by Direct assay **2089-1:** Cholesterol in LDL [Mass/volume] in Serum or Plasma **49132-4:** Cholesterol in LDL [Mass/volume] in Serum or Plasma by Electrophoresis **55440-2:** Cholesterol.in LDL (real) [Mass/volume] in Serum or Plasma by VAP **96259-7:** Cholesterol in LDL [Mass/volume] in Serum or Plasma by Calculated by Martin-Hopkins

Description	CPT/CAT II/LOINC/SNOMED CT
	SNOMED CT **113079009:** Low density lipoprotein cholesterol measurement (procedure) **166833005:** Serum low density lipoprotein cholesterol measurement (procedure) **166840006:** Serum fasting low density lipoprotein cholesterol measurement (procedure) **166841005:** Serum random low density lipoprotein cholesterol measurement (procedure) **167074000:** Plasma random low density lipoprotein cholesterol measurement (procedure) **167075004:** Plasma fasting low density lipoprotein cholesterol measurement (procedure) **314036004:** Plasma low density lipoprotein cholesterol measurement (procedure)
LDL-C Test Result or Finding	**CAT II** 3048F, 3049F, 3050F

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

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

Description	CPT/HCPCS/ICD10CM
Alcohol Counseling or Other Follow Up Care	**CPT** 99408, 99409 **HCPCS** **G0396:** Alcohol and/or substance (other than tobacco) misuse structured assessment (for example, audit, DAST), and brief intervention 15 to 30 minutes **G0397:** Alcohol and/or substance (other than tobacco) misuse structured assessment (for example, audit, DAST), and intervention, greater than 30 minutes **G0443:** Brief face-to-face behavioral counseling for alcohol misuse, 15 minutes **G2011:** Alcohol and/or substance (other than tobacco) misuse structured assessment (for example, audit, DAST), and brief intervention, 5-14 minutes **H0005:** Alcohol and/or drug services; group counseling by a clinician **H0007:** Alcohol and/or drug services; crisis intervention (outpatient) **H0015:** Alcohol and/or drug services; intensive outpatient (treatment program that operates at least 3 hours/day and at least 3 days/week and is based on an individualized treatment plan), including assessment, counseling; crisis intervention, and activity therapies or education **H0016:** Alcohol and/or drug services; medical/somatic (medical intervention in ambulatory setting) **H0022:** Alcohol and/or drug intervention service (planned facilitation)

Description	CPT/HCPCS/ICD10CM
	H0050: Alcohol and/or drug services, brief intervention, per 15 minutes **H2035:** Alcohol and/or other drug treatment program, per hour **H2036:** Alcohol and/or other drug treatment program, per diem **T1006:** Alcohol and/or substance abuse services, family/couple counseling **T1012:** Alcohol and/or substance abuse services, skills development **SNOMED CT** **20093000:** Alcohol rehabilitation and detoxification (regime/therapy) **23915005:** Combined alcohol and drug rehabilitation and detoxification (regime/therapy) **24165007:** Alcoholism counseling (procedure) **64297001:** Detoxication psychiatric therapy for alcoholism (regime/therapy) **386449006:** Substance use treatment: alcohol withdrawal (regime/therapy) **408945004:** Alcohol abuse prevention (procedure) **408947007:** Alcohol abuse prevention education (procedure) **408948002:** Alcohol abuse prevention management (procedure) **413473000:** Counseling about alcohol consumption (procedure) **707166002:** Alcohol reduction program (regime/therapy) **429291000124102:** Alcohol brief intervention (procedure)
Alcohol Use Disorder	**ICD10CM** **F10.10:** Alcohol abuse, uncomplicated **F10.120:** Alcohol abuse with intoxication, uncomplicated **F10.121:** Alcohol abuse with intoxication delirium **F10.129:** Alcohol abuse with intoxication, unspecified **F10.130:** Alcohol abuse with withdrawal, uncomplicated **F10.131:** Alcohol abuse with withdrawal delirium **F10.132:** Alcohol abuse with withdrawal with perceptual disturbance **F10.139:** Alcohol abuse with withdrawal, unspecified **F10.14:** Alcohol abuse with alcohol-induced mood disorder **F10.150:** Alcohol abuse with alcohol-induced psychotic disorder with delusions **F10.151:** Alcohol abuse with alcohol-induced psychotic disorder with hallucinations **F10.159:** Alcohol abuse with alcohol-induced psychotic disorder, unspecified **F10.180:** Alcohol abuse with alcohol-induced anxiety disorder **F10.181:** Alcohol abuse with alcohol-induced sexual dysfunction **F10.182:** Alcohol abuse with alcohol-induced sleep disorder **F10.188:** Alcohol abuse with other alcohol-induced disorder **F10.20:** Alcohol dependence, uncomplicated **F10.220:** Alcohol dependence with intoxication, uncomplicated **F10.221:** Alcohol dependence with intoxication delirium **F10.229:** Alcohol dependence with intoxication, unspecified

Description	CPT/HCPCS/ICD10CM
	F10.230: Alcohol dependence with withdrawal, uncomplicated **F10.231:** Alcohol dependence with withdrawal delirium **F10.232:** Alcohol dependence with withdrawal with perceptual disturbance **F10.239:** Alcohol dependence with withdrawal, unspecified **F10.24:** Alcohol dependence with alcohol-induced mood disorder **F10.250:** Alcohol dependence with alcohol-induced psychotic disorder with delusions **F10.251:** Alcohol dependence with alcohol-induced psychotic disorder with hallucinations **F10.259:** Alcohol dependence with alcohol-induced psychotic disorder, unspecified **F10.26:** Alcohol dependence with alcohol-induced persisting amnestic disorder **F10.27:** Alcohol dependence with alcohol-induced persisting dementia **F10.280:** Alcohol dependence with alcohol-induced anxiety disorder **F10.281:** Alcohol dependence with alcohol-induced sexual dysfunction **F10.282:** Alcohol dependence with alcohol-induced sleep disorder **F10.288:** Alcohol dependence with other alcohol-induced disorder **F10.29:** Alcohol dependence with unspecified alcohol-induced disorder **F10.90:** Alcohol use, unspecified, uncomplicated **F10.920:** Alcohol use, unspecified with intoxication, uncomplicated **F10.921:** Alcohol use, unspecified with intoxication delirium **F10.929:** Alcohol use, unspecified with intoxication, unspecified **F10.930:** Alcohol use, unspecified with withdrawal, uncomplicated **F10.931:** Alcohol use, unspecified with withdrawal delirium **F10.932:** Alcohol use, unspecified with withdrawal with perceptual disturbance **F10.939:** Alcohol use, unspecified with withdrawal, unspecified **F10.94:** Alcohol use, unspecified with alcohol-induced mood disorder **F10.950:** Alcohol use, unspecified with alcohol-induced psychotic disorder with delusions **F10.951:** Alcohol use, unspecified with alcohol-induced psychotic disorder with hallucinations **F10.959:** Alcohol use, unspecified with alcohol-induced psychotic disorder, unspecified **F10.96:** Alcohol use, unspecified with alcohol-induced persisting amnestic disorder **F10.97:** Alcohol use, unspecified with alcohol-induced persisting dementia **F10.980:** Alcohol use, unspecified with alcohol-induced anxiety disorder **F10.981:** Alcohol use, unspecified with alcohol-induced sexual dysfunction

Description	CPT/HCPCS/ICD10CM
	F10.982: Alcohol use, unspecified with alcohol-induced sleep disorder **F10.988:** Alcohol use, unspecified with other alcohol-induced disorder **F10.99:** Alcohol use, unspecified with unspecified alcohol-induced disorder **K29.20:** Alcoholic gastritis without bleeding **K29.21:** Alcoholic gastritis with bleeding **K70.10:** Alcoholic hepatitis without ascites **K70.11:** Alcoholic hepatitis with ascites **SNOMED CT** **281004:** Dementia associated with alcoholism (disorder) **7052005:** Alcohol hallucinosis (disorder) **7200002:** Alcoholism (disorder) **8635005:** Alcohol withdrawal delirium (disorder) **15167005:** Alcohol abuse (disorder) **18653004:** Alcohol intoxication delirium (disorder) **29212009:** Organic mental disorder caused by ingestible alcohol (disorder) **34938008:** Anxiety disorder caused by alcohol (disorder) **41083005:** Sleep disorder caused by ingestible alcohol (disorder) **42344001:** Psychosis caused by ingestible alcohol (disorder) **53936005:** Mood disorder caused by ingestible alcohol (disorder) **61144001:** Alcohol-induced psychotic disorder with delusions (disorder) **66590003:** Alcohol dependence (disorder) **69482004:** Korsakoff's psychosis (disorder) **73097000:** Alcohol amnestic disorder (disorder) **78524005:** Alcohol-induced sexual dysfunction (finding) **85561006:** Alcohol withdrawal syndrome without complication (disorder) **87810006:** Megaloblastic anemia due to alcoholism (disorder) **191471000:** Korsakov's alcoholic psychosis with peripheral neuritis (disorder) **191475009:** Chronic alcoholic brain syndrome (disorder) **191476005:** Alcohol withdrawal hallucinosis (disorder) **191478006:** Alcoholic paranoia (disorder) **191480000:** Alcohol withdrawal syndrome (disorder) **191811004:** Continuous chronic alcoholism (disorder) **191812006:** Episodic chronic alcoholism (disorder) **191813001:** Chronic alcoholism in remission (disorder) **191882002:** Nondependent alcohol abuse, continuous (disorder) **191883007:** Nondependent alcohol abuse, episodic (disorder) **191884001:** Nondependent alcohol abuse in remission (disorder) **231467000:** Absinthe addiction (disorder) **268645007:** Nondependent alcohol abuse (disorder) **284591009:** Persistent alcohol abuse (disorder) **713583005:** Mild alcohol dependence (disorder) **713862009:** Severe alcohol dependence (disorder)

Description	CPT/HCPCS/ICD10CM
	714829008: Moderate alcohol dependence (disorder) **723926008:** Perceptual disturbances and seizures co-occurrent and due to alcohol withdrawal (disorder) **723927004:** Psychotic disorder caused by alcohol with schizophreniform symptoms (disorder) **723928009:** Mood disorder with depressive symptoms caused by alcohol (disorder) **723929001:** Mood disorder with manic symptoms caused by alcohol (disorder) **723930006:** Mood disorder with mixed manic and depressive symptoms caused by alcohol (disorder) **97571000119109:** Thrombocytopenia co-occurrent and due to alcoholism (disorder) **135311000119100:** Insomnia caused by alcohol (disorder) **288031000119105:** Alcohol-induced disorder co-occurrent and due to alcohol dependence (disorder) **10741871000119101:** Alcohol dependence in pregnancy (disorder) **10755041000119100:** Alcohol dependence in childbirth (disorder)

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

Breast Cancer Screening (BCS-E)

Description	CPT/LOINC/SNOMED CT
Mammography	**CPT** 77061, 77062, 77063, 77065, 77066, 77067 **LOINC** **24604-1:** MG Breast Diagnostic Limited Views **24605-8:** MG Breast Diagnostic **24606-6:** MG Breast Screening **24610-8:** MG Breast Limited Views **26175-0:** MG Breast - bilateral Screening **26176-8:** MG Breast - left Screening **26177-6:** MG Breast - right Screening **26287-3:** MG Breast - bilateral Limited Views **26289-9:** MG Breast - left Limited Views **26291-5:** MG Breast - right Limited Views **26346-7:** MG Breast - bilateral Diagnostic **26347-5:** MG Breast - left Diagnostic **26348-3:** MG Breast - right Diagnostic **26349-1:** MG Breast - bilateral Diagnostic Limited Views **26350-9:** MG Breast - left Diagnostic Limited Views **26351-7:** MG Breast - right Diagnostic Limited Views **36319-2:** MG Breast 4 Views **36625-2:** MG Breast Views **36626-0:** MG Breast - bilateral Views **36627-8:** MG Breast - left Views

Description	CPT/LOINC/SNOMED CT
	36642-7: MG Breast - left 2 Views **36962-9:** MG Breast Axillary **37005-6:** MG Breast - left Magnification **37006-4:** MG Breast - bilateral MLO **37016-3:** MG Breast - bilateral Rolled Views **37017-1:** MG Breast - left Rolled Views **37028-8:** MG Breast Tangential **37029-6:** MG Breast - bilateral Tangential **37030-4:** MG Breast - left Tangential **37037-9:** MG Breast True lateral **37038-7:** MG Breast - bilateral True lateral **37052-8:** MG Breast - bilateral XCCL **37053-6:** MG Breast - left XCCL **37539-4:** MG Breast Grid Views **37542-8:** MG Breast Magnification Views **37543-6:** MG Breast - bilateral Magnification Views **37551-9:** MG Breast Spot Views **37552-7:** MG Breast - bilateral Spot Views **37553-5:** MG Breast - left Spot Views compression **37554-3:** MG Breast - bilateral Magnification and Spot **37768-9:** MG Breast - right 2 Views **37769-7:** MG Breast - right Magnification and Spot **37770-5:** MG Breast - right Tangential **37771-3:** MG Breast - right True lateral **37772-1:** MG Breast - right XCCL **37773-9:** MG Breast - right Magnification **37774-7:** MG Breast - right Views **37775-4:** MG Breast - right Rolled Views **38070-9:** MG Breast Views for implant **38071-7:** MG Breast - bilateral Views for implant **38072-5:** MG Breast - left Views for implant **38090-7:** MG Breast - bilateral Air gap Views **38091-5:** MG Breast - left Air gap Views **38807-4:** MG Breast - right Spot Views **38820-7:** MG Breast - right Views for implant **38854-6:** MG Breast - left Magnification and Spot **38855-3:** MG Breast - left True lateral **39150-8:** FFD mammogram Breast Views Post Localization **39152-4:** FFD mammogram Breast Diagnostic **39153-2:** FFD mammogram Breast Screening **39154-0:** FFD mammogram Breast - bilateral Diagnostic **42168-5:** FFD mammogram Breast - right Diagnostic **42169-3:** FFD mammogram Breast - left Diagnostic **42174-3:** FFD mammogram Breast - bilateral Screening **42415-0:** MG Breast - bilateral Views Post Wire Placement **42416-8:** MG Breast - left Views Post Wire Placement **46335-6:** MG Breast - bilateral Single view

Description	CPT/LOINC/SNOMED CT
	46336-4: MG Breast - left Single view **46337-2:** MG Breast - right Single view **46338-0:** MG Breast - unilateral Single view **46339-8:** MG Breast - unilateral Views **46342-2:** FFD mammogram Breast Views **46350-5:** MG Breast - unilateral Diagnostic **46351-3:** MG Breast - bilateral Displacement Views for Implant **46354-7:** FFD mammogram Breast - right Screening **46355-4:** FFD mammogram Breast - left Screening **46356-2:** MG Breast - unilateral Screening **46380-2:** MG Breast - unilateral Views for implant **48475-8:** MG Breast - bilateral Diagnostic for implant **48492-3:** MG Breast - bilateral Screening for implant **69150-1:** MG Breast - left Diagnostic for implant **69251-7:** MG Breast Views Post Wire Placement **69259-0:** MG Breast - right Diagnostic for implant **72137-3:** DBT Breast - right diagnostic **72138-1:** DBT Breast - left diagnostic **72139-9:** DBT Breast - bilateral diagnostic **72140-7:** DBT Breast - right screening **72141-5:** DBT Breast - left screening **72142-3:** DBT Breast - bilateral screening **86462-9:** DBT Breast - unilateral **86463-7:** DBT Breast - bilateral **91517-3:** DBT Breast - right diagnostic for implant **91518-1:** DBT Breast - left diagnostic for implant **91519-9:** DBT Breast - bilateral diagnostic for implant **91520-7:** DBT Breast - right screen for implant **91521-5:** DBT Breast - left screen for implant **91522-3:** DBT Breast - bilateral screen for implant **SNOMED CT** **12389009**: Xeromammography (procedure) **24623002:** Screening mammography (procedure) **43204002:** Mammography of bilateral breasts (procedure) **71651007:** Mammography (procedure) **241055006:** Mammogram - symptomatic (procedure) **241057003**: Mammogram coned (procedure) **241058008**: Mammogram magnification (procedure) **258172002**: Stereotactic mammography (procedure) **439324009:** Mammogram in compression view (procedure) 4**50566007**: Digital breast tomosynthesis (procedure) **709657006:** Fluoroscopy of breast (procedure) **723778004:** Digital tomosynthesis of right breast (procedure) **723779007:** Digital tomosynthesis of left breast (procedure) **723780005:** Digital tomosynthesis of bilateral breasts (procedure) **726551006:** Contrast-enhanced spectral mammography (procedure)

Description	CPT/LOINC/SNOMED CT
	833310007: Contrast-enhanced dual-energy spectral mammography (procedure) **866234000:** Mammography of breast implant (procedure) **866235004:** Mammography of bilateral breast implants (procedure) **866236003:** Mammography of left breast implant (procedure) **866237007:** Mammography of right breast implant (procedure) **384151000119104:** Screening mammography of bilateral breasts (procedure) **392521000119107:** Screening mammography of right breast (procedure) **392531000119105:** Screening mammography of left breast (procedure) **566571000119105:** Mammography of right breast (procedure) **572701000119102:** Mammography of left breast (procedure)
CDC race and ethnicity	**1002-5:** American Indian or Alaska Native **2028-9:** Asian **2054-5:** Black or African American **2076-8:** Native Hawaiian or Other Pacific Islander **2106-3:** White **2135-2:** Hispanic or Latino **2186-5:** Not Hispanic or Latino

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Cervical Cancer Screening (CCS-E)

Description	CPT/HCPCS/LOINC/SNOWMED CT
Cervical Cytology Lab Test	**CPT** 88141, 88142, 88143, 88147, 88148, 88150, 88152, 88153, 88164, 88165, 88166, 88167, 88174, 88175 **HCPCS** **G0123:** Screening cytopathology, cervical or vaginal (any reporting system), collected in preservative fluid, automated thin layer preparation, screening by cytotechnologist under physician supervision **G0124:** Screening cytopathology, cervical or vaginal (any reporting system), collected in preservative fluid, automated thin layer preparation, requiring interpretation by physician **G0141:** Screening cytopathology smears, cervical or vaginal, performed by automated system, with manual rescreening, requiring interpretation by physician **G0143**: Screening cytopathology, cervical or vaginal (any reporting system), collected in preservative fluid, automated thin layer preparation, with manual screening and rescreening by cytotechnologist under physician supervision **G0144**: Screening cytopathology, cervical or vaginal (any reporting system), collected in preservative fluid, automated thin layer preparation, with screening by automated system, under physician supervision

Description	CPT/HCPCS/LOINC/SNOWMED CT
	G0145: Screening cytopathology, cervical or vaginal (any reporting system), collected in preservative fluid, automated thin layer preparation, with screening by automated system and manual rescreening under physician supervision **G0147**: Screening cytopathology smears, cervical or vaginal, performed by automated system under physician supervision **G0148**: Screening cytopathology smears, cervical or vaginal, performed by automated system with manual rescreening **P3000:** Screening papanicolaou smear, cervical or vaginal, up to three smears, by technician under physician supervision **P3001**: Screening papanicolaou smear, cervical or vaginal, up to three smears, requiring interpretation by physician **Q0091:** Screening papanicolaou smear; obtaining, preparing, and conveyance of cervical or vaginal smear to laboratory **LOINC** **10524-7:** Microscopic observation [Identifier] in Cervix by Cyto stain **18500-9:** Microscopic observation [Identifier] in Cervix by Cyto stain; thin prep **19762-4:** General categories [Interpretation] of Cervical or vaginal smear or scraping by Cyto stain **19764-0:** Statement of adequacy [Interpretation] of Cervical or vaginal smear or scraping by Cyto stain **19765-7:** Microscopic observation [Identifier] in Cervical or vaginal smear or scraping by Cyto stain **19766-5:** Microscopic observation [Identifier] in Cervical or vaginal smear or scraping by Cyto stain Narrative **19774-9:** Cytology study comment Cervical or vaginal smear or scraping Cyto stain **33717-0** Cervical And/Or vaginal cytology study **47527-7:** Cytology report of Cervical or vaginal smear or scraping Cyto stain; thin prep **47528-5:** Cytology report of Cervical or vaginal smear or scraping Cyto stain **SNOMED CT** **171149006:** Screening for malignant neoplasm of cervix (procedure) **416107004:** Cervical cytology test (procedure) **417036008:** Liquid-based cervical cytology screening (procedure) **440623000:** Microscopic examination of cervical Papanicolaou smear (procedure) **448651000124104**: Microscopic examination of cervical Papanicolaou smear and Human papillomavirus deoxyribonucleic acid detection cotesting (procedure)
Cervical Cytology Result or Finding	**SNOMED CT** **168406009:** Severe dyskaryosis on cervical smear cannot exclude invasive carcinoma (finding) **168407000:** Cannot exclude glandular neoplasia on cervical smear (finding)

Description	CPT/HCPCS/LOINC/SNOWMED CT
	168408005: Cervical smear - atrophic changes (finding) **168410007:** Cervical smear - borderline changes (finding) **168414003:** Cervical smear - inflammatory change (finding) **168415002:** Cervical smear - no inflammation (finding) **168416001:** Cervical smear - severe inflammation (finding) **168424006:** Cervical smear - koilocytosis (finding) **250538001:** Dyskaryosis on cervical smear (finding) **269957009:** Cervical smear result (finding) **269958004:** Cervical smear - negative (finding) **269959007:** Cervical smear - mild dyskaryosis (finding) **269960002:** Cervical smear - severe dyskaryosis (finding) **269961003:** Cervical smear - moderate dyskaryosis (finding) **275805003:** Viral changes on cervical smear (finding) **281101005:** Smear: no abnormality detected - no endocervical cells (finding) **309081009:** Abnormal cervical smear (finding) **310841002:** Cervical smear - mild inflammation (finding) **310842009:** Cervical smear - moderate inflammation (finding) **416030007:** Cervicovaginal cytology: Low grade squamous intraepithelial lesion (finding) **416032004:** Cervicovaginal cytology normal or benign (finding) **416033009:** Cervicovaginal cytology: High grade squamous intraepithelial lesion or carcinoma (finding) **439074000**: Dysplasia on cervical smear (finding) **439776006:** Cervical Papanicolaou smear positive for malignant neoplasm (finding) **439888000:** Abnormal cervical Papanicolaou smear (finding) **441087007:** Atypical squamous cells of undetermined significance on cervical Papanicolaou smear (finding) **441088002:** Atypical squamous cells on cervical Papanicolaou smear cannot exclude high grade squamous intraepithelial lesion (finding) **441094005:** Atypical endocervical cells on cervical Papanicolaou smear (finding) **441219009:** Atypical glandular cells on cervical Papanicolaou smear (finding) **441667007:** Abnormal cervical Papanicolaou smear with positive human papillomavirus deoxyribonucleic acid test (finding) **700399008:** Cervical smear - borderline change in squamous cells (finding) **700400001:** Cervical smear - borderline change in endocervical cells (finding) **1155766001:** Nuclear abnormality in cervical smear (finding) **62051000119105:** Low grade squamous intraepithelial lesion on cervical Papanicolaou smear (finding) **62061000119107:** High grade squamous intraepithelial lesion on cervical Papanicolaou smear (finding)

Description	CPT/HCPCS/LOINC/SNOWMED CT
	98791000119102: Cytological evidence of malignancy on cervical Papanicolaou smear (finding)
High-Risk HPV Lab Test	**CPT** 87624, 87625 **HCPCS** **G0476:** Infectious agent detection by nucleic acid (DNA or RNA); human papillomavirus (HPV), high-risk types (for example, 16, 18, 31, 33, 35, 39, 45, 51, 52, 56, 58, 59, 68) for cervical cancer screening, must be performed in addition to pap test **21440-3:** Human papillomavirus 16+18+31+33+35+45+51+52+56 DNA [Presence] in Cervix by Probe **30167-1:** Human papillomavirus 16+18+31+33+35+39+45+51+52+56+58+59+68 DNA [Presence] in Cervix by Probe with signal amplification **38372-9:** Human papillomavirus 6+11+16+18+31+33+35+39+42+43+44+45+51+52+56+58+59+68 DNA [Presence] in Cervix by Probe with signal amplification **59263-4:** Human papillomavirus 16 DNA [Presence] in Cervix by Probe with signal amplification **59264-2:** Human papillomavirus 18 DNA [Presence] in Cervix by Probe with signal amplification **59420-0:** Human papillomavirus 16+18+31+33+35+39+45+51+52+56+58+59+66+68 DNA [Presence] in Cervix by Probe with signal amplification **69002-4:** Human papillomavirus E6+E7 mRNA [Presence] in Cervix by NAA with probe detection **71431-1:** Human papillomavirus 31+33+35+39+45+51+52+56+58+59+66+68 DNA [Presence] in Cervix by NAA with probe detection **75694-0:** Human papillomavirus 18+45 E6+E7 mRNA [Presence] in Cervix by NAA with probe detection **77379-6** Human papillomavirus 16 and 18 and 31+33+35+39+45+51+52+56+58+59+66+68 DNA [Interpretation] in Cervix **77399-4:** Human papillomavirus 16 DNA [Presence] in Cervix by NAA with probe detection **77400-0:** Human papillomavirus 18 DNA [Presence] in Cervix by NAA with probe detection **82354-2:** Human papillomavirus 16 and 18+45 E6+E7 mRNA [Identifier] in Cervix by NAA with probe detection **82456-5:** Human papillomavirus 16 E6+E7 mRNA [Presence] in Cervix by NAA with probe detection **82675-0:** Human papillomavirus 16+18+31+33+35+39+45+51+52+56+58+59+66+68 DNA [Presence] in Cervix by NAA with probe detection **95539-3:** Human papillomavirus 31 DNA [Presence] in Cervix by NAA with probe detection **SNOMED CT**

Description	CPT/HCPCS/LOINC/SNOWMED CT
	35904009: Human papillomavirus deoxyribonucleic acid detection (procedure) **44865100012410:** Microscopic examination of cervical Papanicolaou smear and Human papillomavirus deoxyribonucleic acid detection cotesting (procedure)
CDC race and ethnicity	**1002-5:** American Indian or Alaska Native **2028-9:** Asian **2054-5:** Black or African American **2076-8:** Native Hawaiian or Other Pacific Islander **2106-3:** White **2135-2:** Hispanic or Latino **2186-5:** Not Hispanic or Latino

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Childhood Immunization Status (CIS-E)

Codes to identify immunizations:

Description	CPT/HCPCS/SNOMED/CVX
DTaP Immunization	**CVX** **20:** Diphtheria, tetanus toxoids, and acellular pertussis vaccine **50:** DTaP-Haemophilus influenzae type b conjugate vaccine **106:** Diphtheria, tetanus toxoids, and acellular pertussis vaccine, 5 pertussis antigens **107:** Diphtheria, tetanus toxoids, and acellular pertussis vaccine, unspecified formulation **110:** DTaP-hepatitis B and poliovirus vaccine **120:** Diphtheria, tetanus toxoids, and acellular pertussis vaccine, Haemophilus influenzae type b conjugate, and poliovirus vaccine, inactivated (DTaP-Hib-IPV) **146:** Diphtheria and Tetanus Toxoids and Acellular Pertussis Adsorbed, Inactivated Poliovirus, Haemophilus b Conjugate (Meningococcal Protein Conjugate), and Hepatitis B (Recombinant) Vaccine
DTaP Vaccine Procedure	**CPT** 90697, 90698, 90700, 90723 **SNOMED CT** **310306005:** Administration of first dose of vaccine product containing only Bordetella pertussis and Clostridium tetani and Corynebacterium diphtheriae and Haemophilus influenzae type b and Human poliovirus antigens (procedure) **310307001:** Administration of second dose of vaccine product containing only Bordetella pertussis and Clostridium tetani and Corynebacterium diphtheriae and Haemophilus influenzae type b and Human poliovirus antigens (procedure)

Description	CPT/HCPCS/SNOMED/CVX
	310308006: Administration of third dose of vaccine product containing only Bordetella pertussis and Clostridium tetani and Corynebacterium diphtheriae and Haemophilus influenzae type b and Human poliovirus antigens (procedure) **312870000:** Administration of vaccine product containing only Bordetella pertussis and Clostridium tetani and Corynebacterium diphtheriae and Haemophilus influenzae type b and Human poliovirus antigens (procedure) **313383003:** Administration of fourth dose of vaccine product containing only Bordetella pertussis and Clostridium tetani and Corynebacterium diphtheriae and Haemophilus influenzae type b and Human poliovirus antigens (procedure) **390846000:** Administration of booster dose of vaccine product containing only acellular Bordetella pertussis and Clostridium tetani and Corynebacterium diphtheriae antigens (procedure) **390865008:** Administration of booster dose of vaccine product containing only acellular Bordetella pertussis and Clostridium tetani and Corynebacterium diphtheriae and Human poliovirus antigens (procedure) **399014008:** Administration of vaccine product containing only Bordetella pertussis and Clostridium tetani and Corynebacterium diphtheriae antigens (procedure) **412755006:** Administration of first dose of vaccine product containing only acellular Bordetella pertussis and Clostridium tetani and Corynebacterium diphtheriae antigens (procedure) **412756007:** Administration of second dose of vaccine product containing only acellular Bordetella pertussis and Clostridium tetani and Corynebacterium diphtheriae antigens (procedure) **412757003:** Administration of third dose of vaccine product containing only acellular Bordetella pertussis and Clostridium tetani and Corynebacterium diphtheriae antigens (procedure) **412762002:** Administration of first dose of vaccine product containing only acellular Bordetella pertussis and Clostridium tetani and Corynebacterium diphtheriae and Human poliovirus antigens (procedure) **412763007:** Administration of second dose of vaccine product containing only acellular Bordetella pertussis and Clostridium tetani and Corynebacterium diphtheriae and Human poliovirus antigens (procedure) **412764001:** Administration of third dose of vaccine product containing only acellular Bordetella pertussis and Clostridium tetani and Corynebacterium diphtheriae and Human poliovirus antigens (procedure) **414001002:** Administration of vaccine product containing only five-component acellular Bordetella pertussis and Clostridium tetani and Corynebacterium diphtheriae and Haemophilus influenzae

Description	CPT/HCPCS/SNOMED/CVX
	type b and inactivated whole Human poliovirus antigens (procedure) **414259000:** Administration of first dose of vaccine product containing only five-component acellular Bordetella pertussis, Clostridium tetani, Corynebacterium diphtheriae, Haemophilus influenzae type b, and inactivated whole Human poliovirus antigens (procedure) **414620004:** Administration of vaccine product containing only acellular Bordetella pertussis five component and Clostridium tetani and low dose Corynebacterium diphtheriae and inactivated whole Human poliovirus antigens (procedure) **415507003:** Administration of second dose of vaccine product containing only five-component acellular Bordetella pertussis, Clostridium tetani, Corynebacterium diphtheriae, Haemophilus influenzae type b, and inactivated whole Human poliovirus antigens (procedure) **415712004:** Administration of third dose of vaccine product containing only five-component acellular Bordetella pertussis, Clostridium tetani, Corynebacterium diphtheriae, Haemophilus influenzae type b and inactivated whole Human poliovirus antigens (procedure) **770608009:** Administration of vaccine product containing only Bordetella pertussis and Clostridium tetani and Corynebacterium diphtheriae and Haemophilus influenzae type b and Hepatitis B virus antigens (procedure) **770616000:** Administration of first dose of vaccine product containing only Bordetella pertussis and Clostridium tetani and Corynebacterium diphtheriae and Haemophilus influenzae type b and Hepatitis B virus antigens (procedure) **770617009:** Administration of second dose of vaccine product containing only Bordetella pertussis and Clostridium tetani and Corynebacterium diphtheriae and Haemophilus influenzae type b and Hepatitis B virus antigens (procedure) **770618004:** Administration of third dose of vaccine product containing only Bordetella pertussis and Clostridium tetani and Corynebacterium diphtheriae and Haemophilus influenzae type b and Hepatitis B virus antigens (procedure) **787436003:** Administration of vaccine product containing only Bordetella pertussis and Clostridium tetani and Corynebacterium diphtheriae and Haemophilus influenzae type b antigens (procedure) **866158005:** Administration of first dose of vaccine product containing only Bordetella pertussis and Clostridium tetani and Corynebacterium diphtheriae antigens (procedure) **866159002:** Administration of second dose of vaccine product containing only Bordetella pertussis and Clostridium tetani and Corynebacterium diphtheriae antigens (procedure)

Description	CPT/HCPCS/SNOMED/CVX
	866226006: Administration of third dose of vaccine product containing only Bordetella pertussis and Clostridium tetani and Corynebacterium diphtheriae antigens (procedure) **868273007:** Administration of vaccine product containing only Bordetella pertussis and Clostridium tetani and Corynebacterium diphtheriae and Human poliovirus antigens (procedure) **868274001:** Administration of second dose of vaccine product containing only Bordetella pertussis and Clostridium tetani and Corynebacterium diphtheriae and Human poliovirus antigens (procedure) **868276004:** Administration of third dose of vaccine product containing only Bordetella pertussis and Clostridium tetani and Corynebacterium diphtheriae and Human poliovirus antigens (procedure) **868277008:** Administration of first dose of vaccine product containing only Bordetella pertussis and Clostridium tetani and Corynebacterium diphtheriae and Human poliovirus antigens (procedure) **1162640003:** Administration of vaccine product containing only acellular Bordetella pertussis and Clostridium tetani and Corynebacterium diphtheriae and Haemophilus influenzae type b and Hepatitis B virus and inactivated Human poliovirus antigens (procedure) **428251000124104:** Tetanus, diphtheria, and acellular pertussis vaccination (procedure) **571571000119105:** Administration of vaccine product containing only acellular Bordetella pertussis and Clostridium tetani and Corynebacterium diphtheriae antigens (procedure) **572561000119108:** Administration of vaccine product containing only acellular Bordetella pertussis and Clostridium tetani and Corynebacterium diphtheriae and Hepatitis B virus and inactivated whole Human poliovirus antigens (procedure) **16290681000119103:** Administration of vaccine product containing only acellular Bordetella pertussis and Clostridium tetani and Corynebacterium diphtheriae and inactivated whole Human poliovirus antigens (procedure)
Haemophilus Influenzae Type B (HiB) Immunization	**CVX** **17:** Haemophilus influenzae type b vaccine, conjugate unspecified formulation **46:** Haemophilus influenzae type b vaccine, PRP-D conjugate **47:** Haemophilus influenzae type b vaccine, HbOC conjugate **48:** Haemophilus influenzae type b vaccine, PRP-T conjugate **49:** Haemophilus influenzae type b vaccine, PRP-OMP conjugate **50:** DTaP-Haemophilus influenzae type b conjugate vaccine **51:** Haemophilus influenzae type b conjugate and Hepatitis B vaccine

Description	CPT/HCPCS/SNOMED/CVX
	120: Diphtheria, tetanus toxoids, and acellular pertussis vaccine, Haemophilus influenzae type b conjugate, and poliovirus vaccine, inactivated (DTaP-Hib-IPV) **146:** Diphtheria and Tetanus Toxoids and Acellular Pertussis Adsorbed, Inactivated Poliovirus, Haemophilus B Conjugate (Meningococcal Protein Conjugate), and Hepatitis B (Recombinant) Vaccine. **148:** Meningococcal Groups C and Y and Haemophilus B Tetanus Toxoid Conjugate Vaccine
Haemophilus Influenzae Type B (HiB) Vaccine Procedure	**CPT** 90644, 90647, 90648, 90697, 90698, 90748 **SNOMED CT** **127787002:** Administration of vaccine product containing only Haemophilus influenzae type b antigen (procedure) **170343007:** Administration of first dose of vaccine product containing only Haemophilus influenzae type b antigen (procedure) **170344001:** Administration of second dose of vaccine product containing only Haemophilus influenzae type b antigen (procedure) **170345000:** Administration of third dose of vaccine product containing only Haemophilus influenzae type b antigen (procedure) **170346004:** Administration of booster dose of vaccine product containing only Haemophilus influenzae type b antigen (procedure) **310306005:** Administration of first dose of vaccine product containing only Bordetella pertussis and Clostridium tetani and Corynebacterium diphtheriae and Haemophilus influenzae type b and Human poliovirus antigens (procedure) **310307001:** Administration of second dose of vaccine product containing only Bordetella pertussis and Clostridium tetani and Corynebacterium diphtheriae and Haemophilus influenzae type b and Human poliovirus antigens (procedure) **310308006:** Administration of third dose of vaccine product containing only Bordetella pertussis and Clostridium tetani and Corynebacterium diphtheriae and Haemophilus influenzae type b and Human poliovirus antigens (procedure) **312869001:** Administration of vaccine product containing only Clostridium tetani and Corynebacterium diphtheriae and Haemophilus influenzae type b and Human poliovirus antigens (procedure) **312870000:** Administration of vaccine product containing only Bordetella pertussis and Clostridium tetani and Corynebacterium diphtheriae and Haemophilus influenzae type b and Human poliovirus antigens (procedure) **313383003:** Administration of fourth dose of vaccine product containing only Bordetella pertussis and Clostridium tetani and Corynebacterium diphtheriae and Haemophilus influenzae type b and Human poliovirus antigens (procedure)

Description	CPT/HCPCS/SNOMED/CVX
	414001002: Administration of vaccine product containing only five component acellular Bordetella pertussis and Clostridium tetani and Corynebacterium diphtheriae and Haemophilus influenzae type b and inactivated whole Human poliovirus antigens (procedure) **414259000:** Administration of first dose of vaccine product containing only five component acellular Bordetella pertussis, Clostridium tetani, Corynebacterium diphtheriae, Haemophilus influenzae type b, and inactivated whole Human poliovirus antigens (procedure) **415507003:** Administration of second dose of vaccine product containing only five component acellular Bordetella pertussis, Clostridium tetani, Corynebacterium diphtheriae, Haemophilus influenzae type b, and inactivated whole Human poliovirus antigens (procedure) **415712004:** Administration of third dose of vaccine product containing only five component acellular Bordetella pertussis, Clostridium tetani, Corynebacterium diphtheriae**,** Haemophilus influenzae type b, and inactivated whole Human poliovirus antigens (procedure) **428975001:** Administration of vaccine product containing only Haemophilus influenzae type b and Neisseria meningitidis serogroup C antigens (procedure) **712833000:** Administration of second dose of vaccine product containing only Haemophilus influenzae type b and Neisseria meningitidis serogroup C antigens (procedure) **712834006:** Administration of first dose of vaccine product containing only Haemophilus influenzae type b and Neisseria meningitidis serogroup C antigens (procedure) **770608009:** Administration of vaccine product containing only Bordetella pertussis and Clostridium tetani and Corynebacterium diphtheriae and Haemophilus influenzae type b and Hepatitis B virus antigens (procedure) **770616000:** Administration of first dose of vaccine product containing only Bordetella pertussis and Clostridium tetani and Corynebacterium diphtheriae and Haemophilus influenzae type b and Hepatitis B virus antigens (procedure) **770617009:** Administration of second dose of vaccine product containing only Bordetella pertussis and Clostridium tetani and Corynebacterium diphtheriae and Haemophilus influenzae type b and Hepatitis B virus antigens (procedure) **770618004:** Administration of third dose of vaccine product containing only Bordetella pertussis and Clostridium tetani and Corynebacterium diphtheriae and Haemophilus influenzae type b and Hepatitis B virus antigens (procedure)

Description	CPT/HCPCS/SNOMED/CVX
	786846001: Administration of vaccine product containing only Haemophilus influenzae type b and Hepatitis B virus antigens (procedure) **787436003:** Administration of vaccine product containing only Bordetella pertussis and Clostridium tetani and Corynebacterium diphtheriae and Haemophilus influenzae type b antigens (procedure) **1119364007:** Administration of vaccine product containing only Haemophilus influenzae type b and Neisseria meningitidis serogroup C and Y antigens (procedure) **1162640003:** Administration of vaccine product containing only acellular Bordetella pertussis and Clostridium tetani and Corynebacterium diphtheriae and Haemophilus influenzae type b and Hepatitis B virus and inactivated Human poliovirus antigens (procedure) **16292241000119109:** Administration of booster dose of vaccine product containing only Haemophilus influenzae type b capsular polysaccharide polyribosylribitol phosphate conjugated to Clostridium tetani toxoid protein (procedure)
Hepatitis A Immunization	**CVX** **31:** Hepatitis A vaccine, pediatric dosage, unspecified formulation **83**: Hepatitis A vaccine, pediatric/adolescent dosage, 2 dose schedule **85:** Hepatitis A vaccine, unspecified formulation
Hepatitis A Vaccine Procedure	**CPT** 90633 **SNOMED CT** **17037+D909+D90971:E185331:** Administration of first dose of pediatric vaccine product containing only Hepatitis A virus antigen (procedure) **170379004:** Administration of second dose of vaccine product containing only Hepatitis A virus antigen (procedure) **170380001:** Administration of third dose of vaccine product containing only Hepatitis A virus antigen (procedure) **170381002:** Administration of booster dose of vaccine product containing only Hepatitis A virus antigen (procedure) **170434002:** Administration of first dose of vaccine product containing only Hepatitis A and Hepatitis B virus antigens (procedure) **170435001:** Administration of second dose of vaccine product containing only Hepatitis A and B virus antigens (procedure) **170436000:** Administration of third dose of vaccine product containing only Hepatitis A and Hepatitis B virus antigens (procedure)

Description	CPT/HCPCS/SNOMED/CVX
	170437009: Administration of booster dose of vaccine product containing only Hepatitis A and Hepatitis B virus antigens (procedure) **243789007:** Administration of vaccine product containing only Hepatitis A virus antigen (procedure) **312868009:** Administration of vaccine product containing only Hepatitis A and Hepatitis B virus antigens (procedure) **314177003:** Administration of vaccine product containing only Hepatitis A virus and Salmonella enterica subspecies enterica serovar Typhi antigens (procedure) **314178008:** Administration of first dose of vaccine product containing only Hepatitis A virus and Salmonella enterica subspecies enterica serovar Typhi antigens (procedure) **314179000:** Administration of second dose of vaccine product containing only Hepatitis A virus and Salmonella enterica subspecies enterica serovar Typhi antigens (procedure) **394691002:** Administration of booster dose of vaccine product containing only Hepatitis A virus and Salmonella enterica subspecies enterica serovar Typhi antigens (procedure) **871752004:** Administration of second dose of pediatric vaccine product containing only Hepatitis A virus antigen (procedure) **871753009:** Administration of third dose of pediatric vaccine product containing only Hepatitis A virus antigen (procedure) **871754003:** Administration of booster dose of pediatric vaccine product containing only Hepatitis A virus antigen (procedure) **571511000119102:** Administration of adult vaccine product containing only Hepatitis A virus antigen (procedure)
Hepatitis B Immunization	**CVX** **08:** Hepatitis B vaccine, pediatric or pediatric/adolescent dosage **44:** Hepatitis B vaccine, dialysis patient dosage **45:** Hepatitis B vaccine, unspecified formulation **51:** Haemophilus influenzae type b conjugate and Hepatitis B vaccine **110:** DTaP-hepatitis B and poliovirus vaccine **146:** Diphtheria and Tetanus Toxoids and Acellular Pertussis Adsorbed, Inactivated Poliovirus, Haemophilus b Conjugate (Meningococcal Protein Conjugate), and Hepatitis B (Recombinant) Vaccine.
Hepatitis B Vaccine Procedure	**CPT** 90697, 90723, 90740, 90744, 90747, 90748 **HCPCS** **G0010:** Administration of Hepatitis B vaccine **SNOMED CT** **16584000:** Administration of vaccine product containing only Hepatitis B virus antigen (procedure) **170370000:** Administration of first dose of vaccine product containing only Hepatitis B virus antigen (procedure)

Description	CPT/HCPCS/SNOMED/CVX
	170371001: Administration of second dose of vaccine product containing only Hepatitis B virus antigen (procedure) **170372008:** Administration of third dose of vaccine product containing only Hepatitis B virus antigen (procedure) **170373003:** Administration of booster dose of vaccine product containing only Hepatitis B virus antigen (procedure) **170374009:** Administration of fourth dose of vaccine product containing only Hepatitis B virus antigen (procedure) **170375005:** Administration of fifth dose of vaccine product containing only Hepatitis B virus antigen (procedure) **170434002:** Administration of first dose of vaccine product containing only Hepatitis A and Hepatitis B virus antigens (procedure) **170435001:** Administration of second dose of vaccine product containing only Hepatitis A and B virus antigens (procedure) **170436000:** Administration of third dose of vaccine product containing only Hepatitis A and Hepatitis B virus antigens (procedure) **170437009:** Administration of booster dose of vaccine product containing only Hepatitis A and Hepatitis B virus antigens (procedure) **312868009:** Administration of vaccine product containing only Hepatitis A and Hepatitis B virus antigens (procedure) **396456003:** Administration of vaccine product containing only acellular Bordetella pertussis and Corynebacterium diphtheriae and Hepatitis B virus and inactivated whole Human poliovirus antigens (procedure) **416923003:** Administration of sixth dose of vaccine product containing only Hepatitis B virus antigen (procedure) **770608009:** Administration of vaccine product containing only Bordetella pertussis and Clostridium tetani and Corynebacterium diphtheriae and Haemophilus influenzae type b and Hepatitis B virus antigens (procedure) **770616000:** Administration of first dose of vaccine product containing only Bordetella pertussis and Clostridium tetani and Corynebacterium diphtheriae and Haemophilus influenzae type b and Hepatitis B virus antigens (procedure) **770617009:** Administration of second dose of vaccine product containing only Bordetella pertussis and Clostridium tetani and Corynebacterium diphtheriae and Haemophilus influenzae type b and Hepatitis B virus antigens (procedure) **770618004:** Administration of third dose of vaccine product containing only Bordetella pertussis and Clostridium tetani and Corynebacterium diphtheriae and Haemophilus influenzae type b and Hepatitis B virus antigens (procedure)

Description	CPT/HCPCS/SNOMED/CVX
	786846001: Administration of vaccine product containing only Haemophilus influenzae type b and Hepatitis B virus antigens (procedure) **1162640003:** Administration of vaccine product containing only acellular Bordetella pertussis and Clostridium tetani and Corynebacterium diphtheriae and Haemophilus influenzae type b and Hepatitis B virus and inactivated Human poliovirus antigens (procedure) **572561000119108:** Administration of vaccine product containing only acellular Bordetella pertussis and Clostridium tetani and Corynebacterium diphtheriae and Hepatitis B virus and inactivated whole Human poliovirus antigens (procedure)
Inactivated polio vaccine (IPV) immunization	**CVX** **10:** Poliovirus vaccine, inactivated **89:** Poliovirus vaccine, unspecified formulation **110:** DTaP-hepatitis B and poliovirus vaccine **120:** Diphtheria, tetanus toxoids, and acellular pertussis vaccine, Haemophilus influenzae type b conjugate, and poliovirus vaccine, inactivated (DTaP-Hib-IPV) **146:** Diphtheria and Tetanus Toxoids and Acellular Pertussis Adsorbed, Inactivated Poliovirus, Haemophilus b Conjugate (Meningococcal Protein Conjugate), and Hepatitis B (Recombinant) Vaccine.
Inactivated polio vaccine (IPV) procedure	**CPT** 90697, 90698, 90713, 90723 **SNOMED CT** **310306005:** Administration of first dose of vaccine product containing only Bordetella pertussis and Clostridium tetani and Corynebacterium diphtheriae and Haemophilus influenzae type b and Human poliovirus antigens (procedure) **310307001:** Administration of second dose of vaccine product containing only Bordetella pertussis and Clostridium tetani and Corynebacterium diphtheriae and Haemophilus influenzae type b and Human poliovirus antigens (procedure) **310308006:** Administration of third dose of vaccine product containing only Bordetella pertussis and Clostridium tetani and Corynebacterium diphtheriae and Haemophilus influenzae type b and Human poliovirus antigens (procedure) **312869001:** Administration of vaccine product containing only Clostridium tetani and Corynebacterium diphtheriae and Haemophilus influenzae type b and Human poliovirus antigens (procedure) **312870000:** Administration of vaccine product containing only Bordetella pertussis and Clostridium tetani and Corynebacterium diphtheriae and Haemophilus influenzae type b and Human poliovirus antigens (procedure)

Description	CPT/HCPCS/SNOMED/CVX
	313383003: Administration of fourth dose of vaccine product containing only Bordetella pertussis and Clostridium tetani and Corynebacterium diphtheriae and Haemophilus influenzae type b and Human poliovirus antigens (procedure) **390865008:** Administration of booster dose of vaccine product containing only acellular Bordetella pertussis and Clostridium tetani and Corynebacterium diphtheriae and Human poliovirus antigens (procedure) **396456003:** Administration of vaccine product containing only acellular Bordetella pertussis and Corynebacterium diphtheriae and Hepatitis B virus and inactivated whole Human poliovirus antigens (procedure) **412762002:** Administration of first dose of vaccine product containing only acellular Bordetella pertussis and Clostridium tetani and Corynebacterium diphtheriae and Human poliovirus antigens (procedure) **412763007:** Administration of second dose of vaccine product containing only acellular Bordetella pertussis and Clostridium tetani and Corynebacterium diphtheriae and Human poliovirus antigens (procedure) **412764001**: Administration of third dose of vaccine product containing only acellular Bordetella pertussis and Clostridium tetani and Corynebacterium diphtheriae and Human poliovirus antigens (procedure) **414001002:** Administration of vaccine product containing only five component acellular Bordetella pertussis and Clostridium tetani and Corynebacterium diphtheriae and Haemophilus influenzae type b and inactivated whole Human poliovirus antigens (procedure) **414259000:** Administration of first dose of vaccine product containing only five component acellular Bordetella pertussis, Clostridium tetani, Corynebacterium diphtheriae, Haemophilus influenzae type b, and inactivated whole Human poliovirus antigens (procedure) **414619005:** Administration of vaccine product containing only Clostridium tetani and low dose Corynebacterium diphtheriae and inactivated Human poliovirus antigens (procedure) **414620004:** Administration of vaccine product containing only acellular Bordetella pertussis five component and Clostridium tetani and low dose Corynebacterium diphtheriae and inactivated whole Human poliovirus antigens (procedure) **415507003**: Administration of second dose of vaccine product containing only five component acellular Bordetella pertussis, Clostridium tetani, Corynebacterium diphtheriae, Haemophilus influenzae type b, and inactivated whole Human poliovirus antigens (procedure)

Description	CPT/HCPCS/SNOMED/CVX
	415712004: Administration of third dose of vaccine product containing only five component acellular Bordetella pertussis, Clostridium tetani, Corynebacterium diphtheriae, Haemophilus influenzae type b, and inactivated whole Human poliovirus antigens (procedure) **416144004:** Administration of third dose of vaccine product containing only Clostridium tetani and low dose Corynebacterium diphtheriae and inactivated Human poliovirus antigens (procedure) **416591003**: Administration of first dose of vaccine product containing only Clostridium tetani and low dose Corynebacterium diphtheriae and inactivated Human poliovirus antigens (procedure) **417211006:** Administration of first booster of vaccine product containing only Clostridium tetani and low dose Corynebacterium diphtheriae and inactivated Human poliovirus antigens (procedure) **417384007**: Administration of second booster of vaccine product containing only Clostridium tetani and low dose Corynebacterium diphtheriae and inactivated Human poliovirus antigens (procedure) **417615007:** Administration of second dose of vaccine product containing only Clostridium tetani and low dose Corynebacterium diphtheriae and inactivated Human poliovirus antigens (procedure) **866186002:** Administration of vaccine product containing only Clostridium tetani and Corynebacterium diphtheriae and Human poliovirus antigens (procedure) **866227002:** Administration of booster dose of vaccine product containing only Clostridium tetani and Corynebacterium diphtheriae and Human poliovirus antigens (procedure) **868266002:** Administration of second dose of vaccine product containing only Clostridium tetani and Corynebacterium diphtheriae and Human poliovirus antigens (procedure) **868267006:** Administration of first dose of vaccine product containing only Clostridium tetani and Corynebacterium diphtheriae and Human poliovirus antigens (procedure) **868268001:** Administration of third dose of vaccine product containing only Clostridium tetani and Corynebacterium diphtheriae and Human poliovirus antigens (procedure) **868273007**: Administration of vaccine product containing only Bordetella pertussis and Clostridium tetani and Corynebacterium diphtheriae and Human poliovirus antigens (procedure) **868274001:** Administration of second dose of vaccine product containing only Bordetella pertussis and Clostridium tetani and Corynebacterium diphtheriae and Human poliovirus antigens (procedure) **868276004:** Administration of third dose of vaccine product containing only Bordetella pertussis and Clostridium tetani and Corynebacterium diphtheriae and Human poliovirus antigens (procedure)

Description	CPT/HCPCS/SNOMED/CVX
	868277008: Administration of first dose of vaccine product containing only Bordetella pertussis and Clostridium tetani and Corynebacterium diphtheriae and Human poliovirus antigens (procedure) **870670004**: Preschool administration of vaccine product containing only Clostridium tetani and Corynebacterium diphtheriae and Human poliovirus antigens (procedure) **572561000119108**: Administration of vaccine product containing only acellular Bordetella pertussis and Clostridium tetani and Corynebacterium diphtheriae and Hepatitis B virus and inactivated whole Human poliovirus antigens (procedure) **16290681000119103:** Administration of vaccine product containing only acellular Bordetella pertussis and Clostridium tetani and Corynebacterium diphtheriae and inactivated whole Human poliovirus antigens (procedure)
Influenza Immunization	**CVX** **88:** Influenza virus vaccine, unspecified formulation **140:** Influenza, seasonal, injectable, preservative free **141:** Influenza, seasonal, injectable **150:** Influenza, injectable, quadrivalent, preservative free **153:** Influenza, injectable, Madin Darby Canine Kidney, preservative free **155:** Seasonal, trivalent, recombinant, injectable influenza vaccine, preservative free **158:** Influenza, injectable, quadrivalent, contains preservative **161:** Influenza, injectable, quadrivalent, preservative free, pediatric **171:** Influenza, injectable, Madin Darby Canine Kidney, preservative free, quadrivalent **186:** Influenza, injectable, Madin Darby Canine Kidney, quadrivalent with preservative 88, 140, 141, 150, 153, 155, 158, 161
Influenza Vaccine Procedure	**CPT** 90655, 90657, 90661, 90673, 90674, 90685, 90686, 90687, 90688, 90689, 90756 **HCPCS** **G0008:** Administration of influenza virus vaccine **SNOMED CT** **86198006:** Administration of vaccine product containing only Influenza virus antigen (procedure)
Influenza Virus LAIV Immunization	**CVX** **111:** Influenza virus vaccine, live, attenuated, for intranasal use **149:** Influenza, live, intranasal, quadrivalent
Influenza Virus LAIV Vaccine Procedure	**CPT** 90660, 90672 **SNOMED CT** **787016008:** Administration of vaccine product containing only Influenza virus antigen in nasal dose form (procedure)

Description	CPT/HCPCS/SNOMED/CVX
Measles, Mumps and Rubella (MMR) Immunization	**CVX:** 03, 94
Measles, Mumps and Rubella (MMR) Vaccine Procedure	**CPT:** 90707, 90710 **SNOMED:** 38598009, 170433008, 432636005, 433733003, 150971000119104, 571591000119106 572511000119105
Pneumococcal Conjugate Immunization	**CVX** **109:** Pneumococcal vaccine, unspecified formulation **133:** Pneumococcal conjugate vaccine, 13 valent **152:** Pneumococcal conjugate, unspecified formulation **215:** Pneumococcal conjugate vaccine 15-valent (PCV15), polysaccharide CRM197 conjugate, adjuvant, preservative free
Pneumococcal Conjugate Vaccine Procedure	**CPT** 90670, 90671 **HCPCS** **G0009:** Administration of pneumococcal vaccine **SNOMED CT** **1119368005:** Administration of vaccine product containing only Streptococcus pneumoniae Danish serotype 4, 6B, 9V, 14, 18C, 19F, and 23F capsular polysaccharide antigens conjugated (procedure) **434751000124102:** Pneumococcal conjugate vaccination (procedure)
Rotavirus (3 Dose Schedule) Immunization	**CVX** **116:** Rotavirus, live, pentavalent vaccine **122:** Rotavirus vaccine, unspecified formulation
Rotavirus Vaccine (2 Dose Schedule) Procedure	**CPT** 90681 **SNOMED CT** **434741000124104:** Rotavirus vaccination, 2-dose schedule (procedure)
Rotavirus Vaccine (3 Dose Schedule) Procedure	**CPT** 90680 **SNOMED CT** **434731000124109:** Rotavirus vaccination, 3-dose schedule (procedure)
Varicella zoster (VZV) immunization	**CVX** **21:** Varicella virus vaccine **94:** Measles, mumps, rubella, and varicella virus vaccine
Varicella zoster (VZV) vaccine procedure	**CPT** 90710, 90716 **SNOMED CT** **425897001:** Administration of first dose of vaccine product containing only Human alphaherpesvirus 3 antigens for chickenpox (procedure) **428502009:** Administration of second dose of vaccine product containing only Human alphaherpesvirus 3 antigens for chickenpox (procedure)

Description	CPT/HCPCS/SNOMED/CVX
	432636005: Administration of vaccine product containing only Human alphaherpesvirus 3 and Measles morbillivirus and Mumps orthorubulavirus and Rubella virus antigens (procedure) **433733003:** Administration of second dose of vaccine product containing only Human alphaherpesvirus 3 and Measles morbillivirus and Mumps orthorubulavirus and Rubella virus antigens (procedure) **737081007:** Administration of vaccine product containing only Human alphaherpesvirus 3 antigens for chickenpox (procedure) **871898007:** Administration of vaccine product containing only live attenuated Human alphaherpesvirus 3 antigens (procedure) **871899004:** Administration of vaccine product containing only live attenuated Human alphaherpesvirus 3 antigens via the subcutaneous route (procedure) **871909005:** Administration of first dose of vaccine product containing only Human alphaherpesvirus 3 and Measles morbillivirus and Mumps orthorubulavirus and Rubella virus antigens (procedure) **572511000119105:** Administration of vaccine product containing only live attenuated Measles morbillivirus and Mumps orthorubulavirus and Rubella virus and Human alphaherpesvirus 3 antigens (procedure)
CDC Race and Ethnicity	**1002-5:** American Indian or Alaska Native **2028-9:** Asian **2054-5:** Black or African American **2076-8:** Native Hawaiian or Other Pacific Islander **2106-3:** White **2135-2:** Hispanic or Latino **2186-5:** Not Hispanic or Latino

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

Colorectal Cancer Screening (COL-E)

Description	CPT/HCPCS/LOINC/SNOMED CT
Colonoscopy	**CPT** 44388, 44389, 44390, 44391, 44392, 44394, 44401, 44402, 44403, 44404, 44405, 44406, 44407, 44408, 45378, 45379, 45380, 45381, 45382, 45384, 45385, 45386, 45388, 45389, 45390, 45391, 45392, 45393, 45398 **HCPCS** **G0105:** Colorectal cancer screening; colonoscopy on individual at high risk **G0121:** Colorectal cancer screening; colonoscopy on individual not meeting criteria for high risk **SNOMED CT** **8180007:** Fiberoptic colonoscopy through colostomy (procedure)

Description	CPT/HCPCS/LOINC/SNOMED CT
	12350003: Colonoscopy with rigid sigmoidoscope through colotomy (procedure) **25732003:** Fiberoptic colonoscopy with biopsy (procedure) **34264006:** Intraoperative colonoscopy (procedure) **73761001:** Colonoscopy (procedure) **174158000:** Open colonoscopy (procedure) **174185007:** Diagnostic fiberoptic endoscopic examination of colon and biopsy of lesion of colon (procedure) **235150006:** Total colonoscopy (procedure) **235151005:** Limited colonoscopy (procedure) **275251008:** Diagnostic endoscopic examination of colon using fiberoptic sigmoidoscope (procedure) **302052009:** Endoscopic biopsy of lesion of colon (procedure) **367535003:** Fiberoptic colonoscopy (procedure) [367535003] **443998000:** Colonoscopy through colostomy with endoscopic biopsy of colon (procedure) **444783004:** Screening colonoscopy (procedure) **446521004:** Colonoscopy and excision of mucosa of colon (procedure) **446745002:** Colonoscopy and biopsy of colon (procedure) **447021001:** Colonoscopy and tattooing (procedure) **709421007:** Colonoscopy and dilatation of stricture of colon (procedure) **710293001:** Colonoscopy using fluoroscopic guidance (procedure) **711307001:** Colonoscopy using X-ray guidance (procedure) **789778002:** Colonoscopy and fecal microbiota transplantation (procedure) **1209098000:** Fiberoptic colonoscopy with biopsy of lesion of colon (procedure)
CT Colonography	**CPT** 74261, 74262, 74263 **LOINC** **60515-4:** CT Colon and Rectum W air contrast PR **72531-7:** CT Colon and Rectum W contrast IV and W air contrast PR **79069-1:** CT Colon and Rectum for screening WO contrast IV and W air contrast PR **79071-7:** CT Colon and Rectum WO contrast IV and W air contrast PR **79101-2:** CT Colon and Rectum for screening W air contrast PR **82688-3:** CT Colon and Rectum WO and W contrast IV and W air contrast PR **SNOMED CT** **418714002:** Virtual computed tomography colonoscopy (procedure)
Flexible sigmoidoscopy	**CPT** 45330, 45331, 45332, 45333, 45334, 45335, 45337, 45338, 45340, 45341, 45342, 45346, 45347, 45349, 45350 **HCPCS** **G0104:** Colorectal cancer screening; flexible sigmoidoscopy

Description	CPT/HCPCS/LOINC/SNOMED CT
	SNOMED CT **44441009:** Flexible fiberoptic sigmoidoscopy (procedure) **396226005:** Flexible fiberoptic sigmoidoscopy with biopsy (procedure) **425634007:** Diagnostic endoscopic examination of lower bowel and sampling for bacterial overgrowth using fiberoptic sigmoidoscope (procedure)
FOBT Lab Test	**CPT** 82270, 82274 **HCPCS** **G0328:** Colorectal cancer screening; fecal occult blood test, immunoassay, 1-3 simultaneous **LOINC** **12503-9**: Hemoglobin. Gastrointestinal [Presence] in Stool -- 4th specimen **12504-7**: Hemoglobin. Gastrointestinal [Presence] in Stool -- 5th specimen **14563-1:** Hemoglobin. Gastrointestinal [Presence] in Stool -- 1st specimen **14564-9:** Hemoglobin. Gastrointestinal [Presence] in Stool -- 2nd specimen **14565-6:** Hemoglobin. Gastrointestinal [Presence] in Stool -- 3rd specimen **2335-8:** Hemoglobin. Gastrointestinal [Presence] in Stool **27396-1:** Hemoglobin. Gastrointestinal [Mass/mass] in Stool **27401-9**: Hemoglobin. Gastrointestinal [Presence] in Stool -- 6th specimen **27925-7:** Hemoglobin. Gastrointestinal [Presence] in Stool -- 7th specimen **27926-5:** Hemoglobin. Gastrointestinal [Presence] in Stool -- 8th specimen **29771-3:** Hemoglobin. Gastrointestinal. Lower [Presence] in Stool by Immunoassay **56490-6:** Hemoglobin. Gastrointestinal. Lower [Presence] in Stool by Immunoassay -- 2nd specimen **56491-4:** Hemoglobin. Gastrointestinal. Lower [Presence] in Stool by Immunoassay -- 3rd specimen **57905-2:** Hemoglobin. Gastrointestinal. Lower [Presence] in Stool by Immunoassay -- 1st specimen **58453-2:** Hemoglobin. Gastrointestinal. Lower [Mass/volume] in Stool by Immunoassay **80372-6:** Hemoglobin. Gastrointestinal [Presence] in Stool by Rapid immunoassay **SNOMED CT** **104435004:** Screening for occult blood in feces (procedure) **441579003:** Measurement of occult blood in stool specimen using immunoassay (procedure)

Description	CPT/HCPCS/LOINC/SNOMED CT
	442067009: Measurement of occult blood in two separate stool specimens (procedure) **442516004:** Measurement of occult blood in three separate stool specimens (procedure) **442554004:** Guaiac test for occult blood in feces specimen (procedure) **442563002:** Measurement of occult blood in single stool specimen (procedure)
FOBT Test Result or Finding	**SNOMED CT** **59614000:** Occult blood in stools (finding) **167667006:** Fecal occult blood: negative (finding) **389076003:** Fecal occult blood: trace (finding)
sDNA FIT Lab Test	**CPT** 81528 **LOINC** **77353-1:** Noninvasive colorectal cancer DNA and occult blood screening [Interpretation] in Stool Narrative **77354-9:** Noninvasive colorectal cancer DNA and occult blood screening [Presence] in Stool
CDC Race and Ethnicity	**1002-5:** American Indian or Alaska Native **2028-9:** Asian **2054-5:** Black or African American **2076-8:** Native Hawaiian or Other Pacific Islander **2106-3:** White **2135-2:** Hispanic or Latino **2186-5:** Not Hispanic or Latino

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

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

Description	ICD10CM/SNOMED CT
Major Depression or Dysthymia	**ICD10MC** **F32.0:** Major depressive disorder, single episode, mild **F32.1:** Major depressive disorder, single episode, moderate **F32.2:** Major depressive disorder, single episode, severe without psychotic features **F32.3:** Major depressive disorder, single episode, severe with psychotic features **F32.4:** Major depressive disorder, single episode, in partial remission **F32.5:** Major depressive disorder, single episode, in full remission **F32.9:** Major depressive disorder, single episode, unspecified **F33.0:** Major depressive disorder, recurrent, mild **F33.1:** Major depressive disorder, recurrent, moderate **F33.2:** Major depressive disorder, recurrent severe without psychotic features

Description	ICD10CM/SNOMED CT
	F33.3: Major depressive disorder, recurrent, severe with psychotic symptoms **F33.40:** Major depressive disorder, recurrent, in remission, unspecified **F33.41:** Major depressive disorder, recurrent, in partial remission **F33.42:** Major depressive disorder, recurrent, in full remission **F33.9:** Major depressive disorder, recurrent, unspecified **F34.1:** Dysthymic disorder **SNOMED CT** **832007:** Moderate major depression (disorder) **2506003:** Early onset dysthymia (disorder) **2618002:** Chronic recurrent major depressive disorder (disorder) **3109008:** Secondary dysthymia early onset (disorder) **14183003:** Chronic major depressive disorder, single episode (disorder) **15193003:** Severe recurrent major depression with psychotic features, mood-incongruent (disorder) **15639000:** Moderate major depression, single episode (disorder) **18818009:** Moderate recurrent major depression (disorder) **19527009:** Single episode of major depression in full remission (disorder) **19694002:** Late onset dysthymia (disorder) **20250007:** Severe major depression, single episode, with psychotic features, mood-incongruent (disorder) **25922000:** Major depressive disorder, single episode with postpartum onset (disorder) **28475009:** Severe recurrent major depression with psychotic features (disorder) **30605009:** Major depression in partial remission (disorder) **33078009:** Severe recurrent major depression with psychotic features, mood-congruent (disorder) **33135002:** Recurrent major depression in partial remission (disorder) **33736005:** Severe major depression with psychotic features, mood-congruent (disorder) **36170009:** Secondary dysthymia late onset (disorder) **36474008:** Severe recurrent major depression without psychotic features (disorder) **36923009:** Major depression, single episode (disorder) **38451003:** Primary dysthymia early onset (disorder) **38694004:** Recurrent major depressive disorder with atypical features (disorder) **39809009:** Recurrent major depressive disorder with catatonic features (disorder) **40379007:** Mild recurrent major depression (disorder) **42810003:** Major depression in remission (disorder) **42925002:** Major depressive disorder, single episode with atypical features (disorder) **46244001:** Recurrent major depression in full remission (disorder)

Description	ICD10CM/SNOMED CT
	60099002: Severe major depression with psychotic features, mood-incongruent (disorder) **63412003:** Major depression in full remission (disorder) **63778009:** Major depressive disorder, single episode with melancholic features (disorder) **66344007:** Recurrent major depression (disorder) **67711008:** Primary dysthymia late onset (disorder) **69392006:** Major depressive disorder, single episode with catatonic features (disorder) **70747007:** Major depression single episode, in partial remission (disorder) **71336009:** Recurrent major depressive disorder with postpartum onset (disorder) **73867007:** Severe major depression with psychotic features (disorder) **75084000:** Severe major depression without psychotic features (disorder) **76441001:** Severe major depression, single episode, without psychotic features (disorder) **77911002:** Severe major depression, single episode, with psychotic features, mood-congruent (disorder) **78667006:** Dysthymia (disorder) **79298009:** Mild major depression, single episode (disorder) **83176005:** Primary dysthymia (disorder) **85080004:** Secondary dysthymia (disorder) **87512008:** Mild major depression (disorder) **191604000:** Single major depressive episode, severe, with psychosis (disorder) **191610000:** Recurrent major depressive episodes, mild (disorder) **191611001:** Recurrent major depressive episodes, moderate (disorder) **191613003:** Recurrent major depressive episodes, severe, with psychosis (disorder) **231499006:** Endogenous depression first episode (disorder) **268621008:** Recurrent major depressive episodes (disorder) **274948002:** Endogenous depression – recurrent (disorder) **300706003:** Endogenous depression (disorder) **319768000:** Recurrent major depressive disorder with melancholic features (disorder) **320751009:** Major depression, melancholic type (disorder) **370143000:** Major depressive disorder (disorder) **430852001:** Severe major depression, single episode, with psychotic features (disorder)

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

Description	CPT/ICD10CM/LOINC/SNOMED CT
Major Depression or Dysthymia	**SNOMED CT** **832007:** Moderate major depression (disorder) **2506003:** Early onset dysthymia (disorder) **2618002:** Chronic recurrent major depressive disorder (disorder) **3109008:** Secondary dysthymia early onset (disorder) **14183003:** Chronic major depressive disorder, single episode (disorder) **15193003:** Severe recurrent major depression with psychotic features, mood-incongruent (disorder) **15639000:** Moderate major depression, single episode (disorder) **18818009:** Moderate recurrent major depression (disorder) **19527009:** Single episode of major depression in full remission (disorder) **19694002:** Late onset dysthymia (disorder) **20250007:** Severe major depression, single episode, with psychotic features, mood-incongruent (disorder) **25922000:** Major depressive disorder, single episode with postpartum onset (disorder) **28475009:** Severe recurrent major depression with psychotic features (disorder) **30605009:** Major depression in partial remission (disorder) **33078009:** Severe recurrent major depression with psychotic features, mood-congruent (disorder) **33135002:** Recurrent major depression in partial remission (disorder) **33736005:** Severe major depression with psychotic features, mood-congruent (disorder) **36170009:** Secondary dysthymia late onset (disorder) **36474008:** Severe recurrent major depression without psychotic features (disorder) **36923009:** Major depression, single episode (disorder) **38451003:** Primary dysthymia early onset (disorder) **38694004:** Recurrent major depressive disorder with atypical features (disorder) **39809009:** Recurrent major depressive disorder with catatonic features (disorder) **40379007:** Mild recurrent major depression (disorder) **42810003:** Major depression in remission (disorder) **42925002:** Major depressive disorder, single episode with atypical features (disorder) **46244001:** Recurrent major depression in full remission (disorder) **60099002:** Severe major depression with psychotic features, mood-incongruent (disorder) **63412003:** Major depression in full remission (disorder) **63778009:** Major depressive disorder, single episode with melancholic features (disorder) **66344007:** Recurrent major depression (disorder) **67711008:** Primary dysthymia late onset (disorder)

Description	CPT/ICD10CM/LOINC/SNOMED CT
	69392006: Major depressive disorder, single episode with catatonic features (disorder) **70747007:** Major depression single episode, in partial remission (disorder) **71336009:** Recurrent major depressive disorder with postpartum onset (disorder) **73867007:** Severe major depression with psychotic features (disorder) **75084000:** Severe major depression without psychotic features (disorder) **76441001:** Severe major depression, single episode, without psychotic features (disorder) **77911002:** Severe major depression, single episode, with psychotic features, mood-congruent (disorder) **78667006:** Dysthymia (disorder) **79298009:** Mild major depression, single episode (disorder) **83176005:** Primary dysthymia (disorder) **85080004:** Secondary dysthymia (disorder) **87512008:** Mild major depression (disorder) **191604000:** Single major depressive episode, severe, with psychosis (disorder) **191610000:** Recurrent major depressive episodes, mild (disorder) **191611001:** Recurrent major depressive episodes, moderate (disorder) **191613003:** Recurrent major depressive episodes, severe, with psychosis (disorder) **231499006:** Endogenous depression first episode (disorder) **268621008:** Recurrent major depressive episodes (disorder) **274948002:** Endogenous depression – recurrent (disorder) **300706003:** Endogenous depression (disorder) **319768000:** Recurrent major depressive disorder with melancholic features (disorder) **320751009:** Major depression, melancholic type (disorder) **370143000:** Major depressive disorder (disorder) **430852001:** Severe major depression, single episode, with psychotic features (disorder)

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

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

Description	CPT/HCPCS/LOINC/SNOMED CT
Depression Case Management Encounter	**CPT** 99366, 99492, 99493, 99494 **HCPCS** **G0512:** Rural health clinic or federally qualified health center (RHC/FQHC) only, psychiatric collaborative care model (psychiatric

Description	CPT/HCPCS/LOINC/SNOMED CT
	COCM), 60 minutes or more of clinical staff time for psychiatric COCM services directed by an RHC or FQHC practitioner (physician, np, pa, or CNM) and including services furnished by a behavioral healthcare manager and consultation with a psychiatric consultant, per calendar month **T1016:** Case management, each 15 minutes **T1017:** Targeted case management, each 15 minutes **T2022:** Case management, per month **T2023:** Targeted case management; per month **SNOMED CT** **182832007:** Procedure related to the management of drug administration (procedure) **225333008:** Behavior management (regime/therapy) **385828006:** Health promotion management (procedure) **386230005:** Case management (procedure) **409022004:** Dispensing medication management (procedure) **410216003:** Communication care management (procedure) **410219005:** Personal care management (procedure) **410328009:** Coping skills case management (procedure) **410335001:** Exercises case management (procedure) **410346003:** Medication action/side effects case management (procedure) **410347007:** Medication set-up case management (procedure) **410351009:** Relaxation/breathing techniques case management (procedure) **410352002:** Rest/sleep case management (procedure) **410353007:** Safety case management (procedure) **410354001:** Screening case management (procedure) **410356004:** Signs/symptoms-mental/emotional case management (procedure) **410360001:** Spiritual care case management (procedure) **410363004:** Support group case management (procedure) **410364005:** Support system case management (procedure) **410366007:** Wellness case management (procedure) **416341003:** Case management started (situation) **416584001:** Case management ended (situation) **424490002:** Medication prescription case management (procedure) **425604002:** Case management follow-up (procedure) **737850002**: Daycare case management (procedure) **621561000124106:** Psychiatric case management (procedure) **661051000124109:** Education about the Department of Veterans Affairs Military2VA Case Management Program (procedure) **662081000124106:** Assistance with application for Department of Veterans Affairs Military2VA Case Management Program (procedure)

Description	CPT/HCPCS/LOINC/SNOMED CT
	662541000124107: Evaluation of eligibility for Department of Veterans Affairs Military2VA Case Management Program (procedure)
Symptoms of Depression	**SNOMED CT** **394924000:** Symptoms of depression (finding) **788976000:** Leaden paralysis (finding)

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

Immunizations for Adolescents (IMA-E)

Description	CPT/CVX/SNOMED CT
Meningococcal Immunization	**CVX** **32:** Meningococcal polysaccharide vaccine (MPSV4) **108:** Meningococcal ACWY vaccine, unspecified formulation **114:** Meningococcal polysaccharide (groups A, C, Y, and W-135) diphtheria toxoid conjugate vaccine (MCV4P) **136:** Meningococcal oligosaccharide (groups A, C, Y, and W-135) diphtheria toxoid conjugate vaccine (MCV4O) **147:** Meningococcal, MCV4, unspecified conjugate formulation (groups A, C, Y, and W-135) **167:** Meningococcal vaccine of unknown formulation and unknown serogroups **203:** Meningococcal polysaccharide (groups A, C, Y, W-135) tetanus toxoid conjugate vaccine 0.5mL dose, preservative free
Meningococcal Vaccine Procedure	**CPT** 90619, 90733, 90734 **SNOMED CT** **871874000:** Administration of vaccine product containing only Neisseria meningitidis serogroup A, C, W135, and Y antigens (procedure) **428271000124109:** Meningococcal conjugate vaccination (procedure) **16298691000119102:** Administration of vaccine product containing only Neisseria meningitidis serogroup A, C, W135, and Y capsular oligosaccharide conjugated antigens (procedure)
Tdap Vaccine Procedure	**CPT** 90715 **SNOMED CT** **390846000:** Administration of booster dose of vaccine product containing only acellular Bordetella pertussis and Clostridium tetani and Corynebacterium diphtheriae antigens (procedure) **412755006:** Administration of first dose of vaccine product containing only acellular Bordetella pertussis and Clostridium tetani and Corynebacterium diphtheriae antigens (procedure)

Description	CPT/CVX/SNOMED CT
	412756007: Administration of second dose of vaccine product containing only acellular Bordetella pertussis and Clostridium tetani and Corynebacterium diphtheriae antigens (procedure) **412757003:** Administration of third dose of vaccine product containing only acellular Bordetella pertussis and Clostridium tetani and Corynebacterium diphtheriae antigens (procedure) **428251000124104:** Tetanus, diphtheria, and acellular pertussis vaccination (procedure) **571571000119105:** Administration of vaccine product containing only acellular Bordetella pertussis and Clostridium tetani and Corynebacterium diphtheriae antigens (procedure)
HPV Immunization	**CVX** **62:** Human papillomavirus vaccine, quadrivalent **118:** Human papillomavirus vaccine, bivalent **137:** HPV, unspecified formulation **165:** Human Papillomavirus 9-valent vaccine
HPV Vaccine Procedure	**CPT** 90649, 90650, 90651 **SNOMED CT** **428741008:** Administration of first dose of vaccine product containing only Human papillomavirus antigen (procedure) **428931000:** Administration of third dose of vaccine product containing only Human papillomavirus antigen (procedure) **429396009:** Administration of second dose of vaccine product containing only Human papillomavirus antigen (procedure) **717953009:** Administration of vaccine product containing only Human papillomavirus 16 and 18 antigens (procedure) **724332002:** Administration of vaccine product containing only Human papillomavirus 9 antigen (procedure) **734152003:** Administration of vaccine product containing only Human papillomavirus 6, 11, 16, and 18 antigens (procedure) **761841000:** Administration of vaccine product containing only Human papillomavirus antigen (procedure) **1209198003:** Administration of vaccine product containing only Human papillomavirus 6, 11, 16, 18, 31, 33, 45, 52 and 58 antigens (procedure)
CDC Race and Ethnicity	**1002-5**: American Indian or Alaska Native **2028-9:** Asian **2054-5:** Black or African American **2076-8:** Native Hawaiian or Other Pacific Islander **2106-3:** White **2135-2:** Hispanic or Latino **2186-5:** Not Hispanic or Latino

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

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

Description	CPT/ HCPCS/SNOMED/ICD10PCS
Depression Case Management Encounter	**CPT** 99366, 99492, 99493, 99494 **HCPCS** **T1016:** Case management, each 15 minutes **T1017:** Targeted case management, each 15 minutes **T2022:** Case management, per month **T2023:** Targeted case management; per month **SNOMED CT** **182832007:** Procedure related to the management of drug administration (procedure) **225333008:** Behavior management (regime/therapy) **385828006:** Health promotion management (procedure) **386230005:** Case management (procedure) **409022004:** Dispensing medication management (procedure) **410216003:** Communication care management (procedure) **410219005:** Personal care management (procedure) **410328009:** Coping skills case management (procedure) **410335001:** Exercises case management (procedure) **410346003:** Medication action/side effects case management (procedure) **410347007:** Medication set-up case management (procedure) **410351009:** Relaxation/breathing techniques case management **(procedure)** **410352002:** Rest/sleep case management (procedure) **410353007:** Safety case management (procedure) **410354001:** Screening case management (procedure) **410356004:** Signs/symptoms-mental/emotional case management (procedure) **410360001:** Spiritual care case management (procedure) **410363004:** Support group case management (procedure) **410364005:** Support system case management (procedure) **410366007:** Wellness case management (procedure) **416341003:** Case management started (situation) **416584001:** Case management ended (situation) **424490002:** Medication prescription case management (procedure) **425604002:** Case management follow-up (procedure) **737850002:** Daycare case management (procedure) **621561000124106:** Psychiatric case management (procedure) **661051000124109:** Education about the Department of Veterans Affairs Military2VA Case Management Program (procedure) **662081000124106:** Assistance with application for Department of Veterans Affairs Military2VA Case Management Program (procedure) **662541000124107:** Evaluation of eligibility for Department of Veterans Affairs Military2VA Case Management Program (procedure)

Description	CPT/ HCPCS/SNOMED/ICD10PCS
Symptoms of Depression	**SNOMED CT** **394924000:** Symptoms of depression (finding) **788976000:** Leaden paralysis (finding)
CDC Race and Ethnicity	**1002-5**: American Indian or Alaska Native **2028-9:** Asian **2054-5:** Black or African American **2076-8:** Native Hawaiian or Other Pacific Islander **2106-3:** White **2135-2:** Hispanic or Latino **2186-5:** Not Hispanic or Latino

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

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

Description	CPT/ HCPCS/SNOMED CT
37 weeks gestation	**SNOMED CT** **43697006:** Gestation period, 37 weeks (finding)
38 weeks gestation	**SNOMED CT** **13798002:** Gestation period, 38 weeks (finding)
39 weeks gestation	**SNOMED CT** **80487005:** Gestation period, 39 weeks (finding)
40 weeks gestation	**SNOMED CT** **46230007:** Gestation period, 40 weeks (finding)
41 weeks gestation	**SNOMED CT** **63503002:** Gestation period, 41 weeks (finding)
42 weeks gestation	**SNOMED CT** **36428009:** Gestation period, 42 weeks (finding)
Weeks of Gestation Less Than 37	**SNOMED CT** **931004:** Gestation period, 9 weeks (finding) **6678005:** Gestation period, 15 weeks (finding) **15633004:** Gestation period, 16 weeks (finding) **23464008:** Gestation period, 20 weeks (finding) **25026004:** Gestation period, 18 weeks (finding) **26690008:** Gestation period, 8 weeks (finding) **37005007:** Gestation period, 5 weeks (finding) **38039008:** Gestation period, 10 weeks (finding) **41438001:** Gestation period, 21 weeks (finding) **44398003:** Gestation period, 4 weeks (finding) **46906003:** Gestation period, 27 weeks (finding) **48688005:** Gestation period, 26 weeks (finding) **50367001:** Gestation period, 11 weeks (finding)

Description	CPT/ HCPCS/SNOMED CT
	54318006: Gestation period, 19 weeks (finding) **57907009:** Gestation period, 36 weeks (finding) **62333002:** Gestation period, 13 weeks (finding) **63110000:** Gestation period, 7 weeks (finding) **65035007:** Gestation period, 22 weeks (finding) **65683006:** Gestation period, 17 weeks (finding) **72544005:** Gestation period, 25 weeks (finding) **72846000:** Gestation period, 14 weeks (finding) **74952004:** Gestation period, 3 weeks (finding) **79992004:** Gestation period, 12 weeks (finding) **82118009:** Gestation period, 2 weeks (finding) **86801005:** Gestation period, 6 weeks (finding) **86883006:** Gestation period, 23 weeks (finding) **87178007:** Gestation period, 1 week (finding) **313178001:** Gestation less than 24 weeks (finding) **313179009:** Gestation period, 24 weeks (finding) **428058009:** Gestation less than 9 weeks (finding) **428566005:** Gestation less than 20 weeks (finding) **428567001:** Gestation 14 - 20 weeks (finding) **428930004:** Gestation 9 - 13 weeks (finding)
Depression Case Management Encounter	**CPT** 99366, 99492, 99493, 99494 **HCPCS** **T1016:** Case management, each 15 minutes **T1017:** Targeted case management, each 15 minutes **T2022:** Case management, per month **T2023:** Targeted case management; per month **SNOMED CT** **182832007:** Procedure related to the management of drug administration (procedure) **225333008:** Behavior management (regime/therapy) **385828006:** Health promotion management (procedure) **386230005:** Case management (procedure) **409022004:** Dispensing medication management (procedure) **410216003:** Communication care management (procedure) **410219005:** Personal care management (procedure) **410328009:** Coping skills case management (procedure) **410335001:** Exercises case management (procedure) **410346003:** Medication action/side effects case management (procedure) **410347007:** Medication set-up case management (procedure) **410351009:** Relaxation/breathing techniques case management **(procedure)** **410352002:** Rest/sleep case management (procedure)

Description	CPT/ HCPCS/SNOMED CT
	410353007: Safety case management (procedure) **410354001:** Screening case management (procedure) **410356004:** Signs/symptoms-mental/emotional case management (procedure) **410360001:** Spiritual care case management (procedure) **410363004:** Support group case management (procedure) **410364005:** Support system case management (procedure) **410366007:** Wellness case management (procedure) **416341003:** Case management started (situation) **416584001:** Case management ended (situation) **424490002:** Medication prescription case management (procedure) **425604002:** Case management follow-up (procedure) **737850002:** Daycare case management (procedure) **621561000124106:** Psychiatric case management (procedure) **661051000124109:** Education about the Department of Veterans Affairs Military2VA Case Management Program (procedure) **662081000124106:** Assistance with application for Department of Veterans Affairs Military2VA Case Management Program (procedure) **662541000124107:** Evaluation of eligibility for Department of Veterans Affairs Military2VA Case Management Program (procedure)
Symptoms of Depression	**SNOMED CT** **394924000:** Symptoms of depression (finding) **788976000:** Leaden paralysis (finding)
CDC Race and Ethnicity	**1002-5**: American Indian or Alaska Native **2028-9:** Asian **2054-5:** Black or African American **2076-8:** Native Hawaiian or Other Pacific Islander **2106-3:** White **2135-2:** Hispanic or Latino **2186-5:** Not Hispanic or Latino

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

Prenatal Immunization Status (PRS-E)

Description	CPT/CVX/SNOMED CT
37 Weeks Gestation	**SNOMED CT** **43697006:** Gestation period, 37 weeks (finding)
38 Weeks Gestation	**SNOMED CT** **13798002:** Gestation period, 38 weeks (finding)
39 Weeks Gestation	**SNOMED CT** **80487005:** Gestation period, 39 weeks (finding)
40 Weeks Gestation	**SNOMED CT**

Description	CPT/CVX/SNOMED CT
	46230007: Gestation period, 40 weeks (finding)
41 Weeks Gestation	**SNOMED CT** **63503002:** Gestation period, 41 weeks (finding)
42 Weeks Gestation	**SNOMED CT** **36428009:** Gestation period, 42 weeks (finding)
Adult Influenza Immunization	**CVX** **88:** Influenza virus vaccine, unspecified formulation **135:** Influenza, high dose seasonal, preservative free **140:** Influenza, seasonal, injectable, preservative free **141:** Influenza, seasonal, injectable **144:** Seasonal influenza, intradermal, preservative free **150:** Influenza, injectable, quadrivalent, preservative free **153:** Influenza, injectable, Madin Darby Canine Kidney, preservative free **155:** Seasonal, trivalent, recombinant, injectable influenza vaccine, preservative free **158:** Influenza, injectable, quadrivalent, contains preservative **166:** Influenza, intradermal, quadrivalent, preservative free, injectable **168:** Seasonal trivalent influenza vaccine, adjuvanted, preservative free **171:** Influenza, injectable, Madin Darby Canine Kidney, preservative free, quadrivalent **185:** Seasonal, quadrivalent, recombinant, injectable influenza vaccine, preservative free **186:** Influenza, injectable, Madin Darby Canine Kidney, quadrivalent with preservative **197:** Influenza, high-dose seasonal, quadrivalent, 0.7mL dose, preservative free **205:** Influenza, seasonal vaccine, quadrivalent, adjuvanted, 0.5mL dose, preservative free
Adult Influenza Vaccine Procedure	**CPT** 90630, 90653, 90654, 90656, 90658, 90661, 90662, 90673, 90674, 90682, 90686, 90688, 90689, 90694, 90756 **SNOMED CT** **86198006:** Administration of vaccine product containing only Influenza virus antigen (procedure)
Tdap Vaccine Procedure	**CPT** 90715 **SNOMED CT** **390846000:** Administration of booster dose of vaccine product containing only acellular Bordetella pertussis and Clostridium tetani and Corynebacterium diphtheriae antigens (procedure) **412755006:** Administration of first dose of vaccine product containing only acellular Bordetella pertussis and Clostridium tetani and Corynebacterium diphtheriae antigens (procedure)

Description	CPT/CVX/SNOMED CT
	412756007: Administration of second dose of vaccine product containing only acellular Bordetella pertussis and Clostridium tetani and Corynebacterium diphtheriae antigens (procedure) **412757003:** Administration of third dose of vaccine product containing only acellular Bordetella pertussis and Clostridium tetani and Corynebacterium diphtheriae antigens (procedure) **428251000124104:** Tetanus, diphtheria, and acellular pertussis vaccination (procedure) **571571000119105:** Administration of vaccine product containing only acellular Bordetella pertussis and Clostridium tetani and Corynebacterium diphtheriae antigens (procedure)
CDC Race and Ethnicity	**1002-5**: American Indian or Alaska Native **2028-9:** Asian **2054-5:** Black or African American **2076-8:** Native Hawaiian or Other Pacific Islander **2106-3:** White **2135-2:** Hispanic or Latino **2186-5:** Not Hispanic or Latino

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

Social Need Screening and Intervention (SNS-E)

Description	CPT/HCPCS/SNOWMED CT
Food insecurity procedures	**CPT** 96156, 96160, 96161, 97802, 97803, 97804 **HCPCS** **S5170:** Home-delivered meals, including preparation; per meal **S9470:** Nutritional counseling, dietitian visit **SNOWMED CT** **1759002:** Assessment of nutritional status (procedure) **61310001:** Nutrition education (procedure) **103699006:** Patient referral to dietitian (procedure) **308440001:** Referral to social worker (procedure) **385767005:** Meals on Wheels provision education (procedure) **710824005:** Assessment of health and social care needs (procedure) **710925007:** Provision of food (procedure) **711069006:** Coordination of care plan (procedure) **713109004:** Referral to community meals service (procedure) **1002223009:** Assessment of progress toward goals to achieve food security (procedure) **1002224003:** Assessment for food insecurity (procedure) **1002225002:** Assessment of barriers in food insecurity care plan (procedure) **1004109000**: Assessment of goals to achieve food security (procedure)

Description	CPT/HCPCS/SNOWMED CT
	1004110005: Coordination of resources to address food insecurity (procedure) 1**148446004**: Education about legal aid (procedure) **1162436000**: Referral to legal aid (procedure) **1230338004:** Referral to charitable organization (procedure) **441041000124100:** Counseling about nutrition (regime/therapy) **441201000124108**: Counseling about nutrition using cognitive behavioral theoretical approach (regime/therapy) **441231000124100:** Counseling about nutrition using health belief model (regime/therapy) **441241000124105:** Counseling about nutrition using social learning theory approach (regime/therapy) **441251000124107:** Counseling about nutrition using transtheoretical model and stages of change approach (regime/therapy) **441261000124109:** Counseling about nutrition using motivational interviewing technique (regime/therapy) **441271000124102:** Counseling about nutrition using goal-setting strategy (regime/therapy) **441281000124104**: Counseling about nutrition using self-monitoring strategy (regime/therapy) **441291000124101:** Counseling about nutrition using problem-solving strategy (regime/therapy) **441301000124100**: Counseling about nutrition using social support strategy (regime/therapy) **441311000124102:** Counseling about nutrition using stress management strategy (regime/therapy) **441321000124105:** Counseling about nutrition using stimulus control strategy (regime/therapy) **441331000124108:** Counseling about nutrition using cognitive restructuring strategy (regime/therapy) **441341000124103:** Counseling about nutrition using relapse prevention strategy (regime/therapy) **441351000124101:** Counseling about nutrition using rewards and contingency management strategy (regime/therapy) **445291000124103:** Nutrition-related skill education (procedure) **445301000124102:** Content-related nutrition education (procedure) **445641000124105:** Technical nutrition education (procedure) **461481000124109:** Referral to peer support (procedure) **462481000124102:** Referral to Community Action Agency program (procedure) **462491000124104:** Referral to benefits enrollment assistance program (procedure) **464001000124109**: Referral to case manager (procedure) **464011000124107:** Referral to care manager (procedure) **464021000124104**: Referral to care navigator (procedure) **464031000124101:** Referral to food pantry program (procedure)

Description	CPT/HCPCS/SNOWMED CT
	464041000124106: Referral to Child and Adult Care Food Program (procedure) **464051000124108:** Referral to Gus Schumacher Nutrition Incentive Program (procedure) **464061000124105:** Referral to food prescription program (procedure) **464071000124103:** Referral to garden program (procedure) **464081000124100:** Referral to home-delivered meals program (procedure) **464091000124102:** Referral to medically tailored meal program (procedure) **464101000124108:** Referral to Supplemental Nutrition Assistance Program (procedure) 464111000124106: Referral to Special Supplemental Nutrition Program for Women, Infants and Children (procedure) **464121000124103:** Referral to Summer Food Service Program (procedure) **464131000124100:** Referral to community health worker (procedure) **464141000124105:** Referral to Meals on Wheels Program (procedure) **464151000124107:** Referral to congregate meal program (procedure) **464161000124109**: Referral to community resource network program (procedure) **464171000124102:** Referral to Senior Farmers' Market Nutrition Program (procedure) **464181000124104:** Referral to Farmers' Market Nutrition Program for Women, Infants and Children (procedure) **464191000124101:** Referral to Food Distribution Program on Indian Reservations (procedure) **464201000124103:** Education about Child and Adult Care Food Program (procedure) **464211000124100:** Education about Community Meals Program (procedure) **464221000124108:** Education about Gus Schumacher Nutrition Incentive Program (procedure) **464231000124106:** Education about food pantry program (procedure) **464241000124101:** Education about food prescription program (procedure) **464251000124104:** Education about garden program (procedure) **464261000124102:** Education about home-delivered meals program (procedure) **464271000124109:** Education about medically tailored meal programs (procedure) **464281000124107**: Education about Special Supplement Nutrition Program for Women, Infants and Children (procedure) **464291000124105:** Education about community resource network program (procedure) **464301000124106**: Education about benefits enrollment assistance program (procedure)

Description	CPT/HCPCS/SNOWMED CT
	464311000124109: Education about Community Action Agency program (procedure) **464321000124101:** Education about Food Distribution Program on Indian Reservations (procedure) **464331000124103:** Education about Farmers' Market Nutrition Program for Women, Infants and Children (procedure) **464341000124108:** Education about Senior Farmers' Market Nutrition Program (procedure) **464351000124105:** Education about congregate meal program (procedure) **464361000124107:** Education about Supplemental Nutrition Assistance Program (procedure) **464371000124100:** Education about Summer Food Service Program (procedure) **464381000124102:** Provision of prescription for infant formula (procedure) **464401000124102:** Provision of fresh fruit and vegetable voucher (procedure) **464411000124104**: Provision of food voucher (procedure) **464421000124107:** Provision of home-delivered meals (procedure) **464431000124105**: Provision of medically tailored meals (procedure) **464611000124102:** Coordination of care team (procedure) **464621000124105:** Evaluation of eligibility for home-delivered meals program (procedure) **464631000124108:** Evaluation of eligibility for Meals on Wheels program (procedure) **464641000124103:** Evaluation of eligibility for medically tailored meals program (procedure) **464651000124101:** Evaluation of eligibility for Senior Farmers' Market Nutrition Program (procedure) **464661000124104:** Evaluation of eligibility for Special Supplemental Nutrition Program for Women, Infants and Children (procedure) **464671000124106:** Counseling for readiness to implement food insecurity care plan (procedure) **464681000124109:** Counseling for food insecurity care plan participation barriers (procedure) **464691000124107:** Counseling for barriers to achieving food security (procedure) **464701000124107:** Counseling for readiness to achieve food security goals (procedure) **464721000124102:** Provision of food prescription (procedure) **467591000124102:** Evaluation of eligibility for food pantry program (procedure) **467601000124105:** Evaluation of eligibility for Food Distribution Program on Indian Reservations (procedure) **467611000124108:** Evaluation of eligibility for Farmers' Market Nutrition Program for Women, Infants and Children (procedure)

Description	CPT/HCPCS/SNOWMED CT
	467621000124100: Evaluation of eligibility for Supplemental Nutrition Assistance Program (procedure) **467631000124102**: Evaluation of eligibility for Summer Food Service Program (procedure) **467641000124107:** Evaluation of eligibility for Gus Schumacher Nutrition Incentive funded program (procedure) **467651000124109:** Evaluation of eligibility for garden program (procedure) **467661000124106:** Evaluation of eligibility for Community Meal Program (procedure) **467671000124104:** Evaluation of eligibility for Child and Adult Care Food Program (procedure) **467681000124101:** Assistance with application for Summer Food Service Program (procedure) **467691000124103:** Assistance with application for Special Supplemental Nutrition Program for Women, Infants and Children (procedure) **467711000124100:** Assistance with application for Senior Farmers' Market Nutrition Program (procedure) **467721000124108**: Assistance with application for Medically Tailored Meals Program (procedure) **467731000124106:** Assistance with application for Home-Delivered Meals Program (procedure) **467741000124101**: Assistance with Application for Gus Schumacher Nutrition Incentive Program (procedure) **467751000124104:** Assistance with application for garden program (procedure) **467761000124102:** Assistance with application for food prescription program (procedure) **467771000124109:** Assistance with application for food pantry program (procedure) **467781000124107:** Assistance with application for Child and Adult Care Food Program (procedure) **467791000124105:** Assistance with application for Food Distribution Program on Indian Reservations (procedure) **467801000124106:** Assistance with application for Community Meal Program (procedure) **467811000124109:** Assistance with application for Farmers' Market Nutrition Program for Women, Infants and Children (procedure) **467821000124101:** Assistance with application for Supplemental Nutrition Assistance Program (procedure) **468401000124109:** Evaluation of eligibility for food prescription program (procedure) **470231000124107:** Counseling for social determinant of health risk (procedure) **470241000124102:** Assistance with application for national school lunch program (procedure)

Description	CPT/HCPCS/SNOWMED CT
	470261000124103: Assistance with application for school breakfast program (procedure) **470281000124108:** Evaluation of eligibility for school breakfast program (procedure) **470291000124106:** Referral to national school lunch program (procedure) **470301000124107:** Referral to school breakfast program (procedure) **470311000124105:** Education about national school lunch program (procedure) **470321000124102:** Education about school breakfast program (procedure) **470591000124109:** Education about community development financial institution (procedure) **470601000124101:** Education about community development corporation (procedure) **470611000124103:** Education about area agency on aging program (procedure) **471111000124101:** Referral to community development financial institution (procedure) **471121000124109**: Referral to community development corporation (procedure) **471131000124107:** Referral to area agency on aging (procedure) **472151000124109:** Referral to medical legal partnership program (procedure) **472331000124100:** Education about medical legal partnership program (procedure) **551101000124107:** Referral to lawyer (procedure)
Homelessness Procedures	**CPT** 96156, 96160, 96161 **SNOWMED CT** **308440001:** Referral to social worker (procedure) **710824005:** Assessment of health and social care needs (procedure) **711069006:** Coordination of care plan (procedure) **1148446004:** Education about legal aid (procedure) **1148447008:** Assessment for housing insecurity (procedure) **1148812007:** Assessment of progress toward goals to achieve housing security (procedure) **1148814008:** Assessment of goals to achieve housing security (procedure) **1148817001:** Assessment of barriers in housing insecurity care plan (procedure) **1148818006:** Coordination of services to assist with maintaining housing security (procedure) **1162436000:** Referral to legal aid (procedure) **1162437009:** Coordination of resources to address housing instability (procedure) **1230338004:** Referral to charitable organization (procedure)

Description	CPT/HCPCS/SNOWMED CT
	461481000124109: Referral to peer support (procedure) **462481000124102**: Referral to Community Action Agency program (procedure) **462491000124104:** Referral to benefits enrollment assistance program (procedure) **464001000124109:** Referral to case manager (procedure) **464011000124107:** Referral to care manager (procedure) **464021000124104:** Referral to care navigator (procedure) **464131000124100:** Referral to community health worker (procedure) **464161000124109:** Referral to community resource network program (procedure) **464291000124105:** Education about community resource network program (procedure) **464301000124106:** Education about benefits enrollment assistance program (procedure) **464311000124109:** Education about Community Action Agency program (procedure) **464611000124102:** Coordination of care team (procedure) **470231000124107:** Counseling for social determinant of health risk (procedure) **470471000124109:** Assistance with application for rental assistance program (procedure) **470481000124107:** Assistance with application for subsidized housing program (procedure) **470491000124105:** Evaluation of eligibility for subsidized housing program (procedure) **470501000124102:** Education about subsidized housing program (procedure) **470581000124106:** Education about healthcare for the homeless program (procedure) **470591000124109**: Education about community development financial institution (procedure) **470601000124101:** Education about community development corporation (procedure) **470611000124103:** Education about area agency on aging program (procedure) **470781000124104:** Evaluation of eligibility for permanent supportive housing program (procedure) **470791000124101:** Assistance with application for permanent supportive housing program (procedure) **470801000124100:** Education about permanent supportive housing program (procedure) **470811000124102:** Evaluation of eligibility for transitional housing program (procedure) **470821000124105**: Education about transitional housing program (procedure)

Description	CPT/HCPCS/SNOWMED CT
	470831000124108: Assistance with application for transitional housing program (procedure) **470841000124103:** Referral to healthcare for the homeless program (procedure) **471021000124108**: Referral to street outreach program (procedure) **471031000124106:** Education about street outreach program (procedure) **471041000124101**: Referral to rental assistance program (procedure) **471071000124109:** Referral to fair housing assistance program (procedure) **471081000124107:** Referral to Day Shelter program (procedure) **471091000124105:** Referral to Emergency Shelter program (procedure) **471101000124104:** Referral to coordinated entry program (procedure) **471111000124101**: Referral to community development financial institution (procedure) **471121000124109:** Referral to community development corporation (procedure) **471131000124107:** Referral to area agency on aging (procedure) **472031000124103:** Evaluation of eligibility for Safe Haven Program (procedure) **472041000124108:** Referral to subsidized housing service (procedure) **472051000124105:** Education about the Safe Haven program (procedure) **472081000124102:** Education about rental assistance program (procedure) **472091000124104:** Evaluation of eligibility for rental assistance program (procedure) **472101000124105:** Evaluation of eligibility for Rapid Re-housing program (procedure) **472111000124108:** Education about Rapid Re-housing program (procedure) **472121000124100:** Assistance with application for Rapid Re-housing program (procedure) **472131000124102**: Provision of rental assistance voucher (procedure) **472141000124107:** Referral to medical respite for the homeless program (procedure) **472151000124109:** Referral to medical legal partnership program (procedure) **472161000124106**: Referral to housing support program (procedure) **472191000124103:** Counseling for readiness to achieve housing security goals (procedure) **472221000124105:** Counseling for readiness to implement housing insecurity care plan (procedure) **472241000124103**: Counseling for barriers to achieve housing security (procedure)

Description	CPT/HCPCS/SNOWMED CT
	472261000124104: Counseling for housing insecurity care plan participation barriers (procedure) **472301000124108:** Evaluation of eligibility for medical respite for the homeless program (procedure) **472311000124106:** Education about medical respite for the homeless program (procedure) **472321000124103:** Assistance with application for medical respite for the homeless program (procedure) **472331000124100:** Education about medical legal partnership program (procedure) **472341000124105**: Evaluation of eligibility for Housing with Services program (procedure) **472351000124107**: Assistance with application for Housing with Services (procedure) **472361000124109**: Education about Housing with Services program (procedure) **480791000124106**: Evaluation of eligibility for Street Outreach program (procedure) **480801000124107:** Assistance with application for Safe Haven program (procedure) **480811000124105**: Evaluation of eligibility for Housing Only program (procedure) **480821000124102:** Education about Housing Only program (procedure) **480831000124104:** Assistance with application for Housing Only program (procedure) **480871000124101:** Evaluation of eligibility for healthcare for the homeless program (procedure) **480901000124101:** Education about fair housing assistance program (procedure) **480921000124106:** Assistance with application to Emergency Shelter program (procedure) **480931000124109**: Evaluation of eligibility for Emergency Shelter program (procedure) **480941000124104**: Education about Emergency Shelter program (procedure) **480961000124100**: Education about Day Shelter program (procedure) **480971000124107**: Education about Coordinated Entry program (procedure) **480981000124105**: Assistance with application for Day Shelter program (procedure) **551101000124107**: Referral to lawyer (procedure)
Housing Instability Procedures	**CPT** 96156, 96160, 96161 **SNOWMED CT** **308440001**: Referral to social worker (procedure) **710824005**: Assessment of health and social care needs (procedure)

Description	CPT/HCPCS/SNOWMED CT
	711069006: Coordination of care plan (procedure) **1148446004**: Education about legal aid (procedure) **1148447008**: Assessment for housing insecurity (procedure) **1148812007**: Assessment of progress toward goals to achieve housing security (procedure) **1148814008:** Assessment of goals to achieve housing security (procedure) **1148817001:** Assessment of barriers in housing insecurity care plan (procedure) **1148818006:** Coordination of services to assist with maintaining housing security (procedure) **1156869006:** Education about tenant rights organization (procedure) **1162436000:** Referral to legal aid (procedure) **1162437009:** Coordination of resources to address housing instability (procedure) **1230338004:** Referral to charitable organization (procedure) **461481000124109:** Referral to peer support (procedure) **462481000124102:** Referral to Community Action Agency program (procedure) **462491000124104:** Referral to benefits enrollment assistance program (procedure) **464001000124109:** Referral to case manager (procedure) **464011000124107:** Referral to care manager (procedure) **464021000124104:** Referral to care navigator (procedure) **464131000124100:** Referral to community health worker (procedure) **464161000124109:** Referral to community resource network program (procedure) **464291000124105:** Education about community resource network program (procedure) **464301000124106:** Education about benefits enrollment assistance program (procedure) **464311000124109:** Education about Community Action Agency program (procedure) **464611000124102:** Coordination of care team (procedure) **470231000124107:** Counseling for social determinant of health risk (procedure) **470471000124109:** Assistance with application for rental assistance program (procedure) **470481000124107:** Assistance with application for subsidized housing program (procedure) **470491000124105:** Evaluation of eligibility for subsidized housing program (procedure) **470501000124102:** Education about subsidized housing program (procedure) **470591000124109:** Education about community development financial institution (procedure)

Description	CPT/HCPCS/SNOWMED CT
	470601000124101: Education about community development corporation (procedure) **470611000124103:** Education about area agency on aging program (procedure) **471041000124101:** Referral to rental assistance program (procedure) **471051000124104:** Referral to Homelessness Prevention program (procedure) **471061000124102:** Referral to mortgage assistance program (procedure) **471071000124109:** Referral to fair housing assistance program (procedure) **471111000124101:** Referral to community development financial institution (procedure) **471121000124109:** Referral to community development corporation (procedure) **471131000124107:** Referral to area agency on aging (procedure) **472021000124101:** Referral to tenants' rights organization program (procedure) **472041000124108:** Referral to subsidized housing service (procedure) **472081000124102:** Education about rental assistance program (procedure) **472091000124104:** Evaluation of eligibility for rental assistance program (procedure) **472131000124102:** Provision of rental assistance voucher (procedure) **472151000124109:** Referral to medical legal partnership program (procedure) **472161000124106:** Referral to housing support program (procedure) **472191000124103:** Counseling for readiness to achieve housing security goals (procedure) **472221000124105:** Counseling for readiness to implement housing insecurity care plan (procedure) **472241000124103:** Counseling for barriers to achieve housing security (procedure) **472261000124104:** Counseling for housing insecurity care plan participation barriers (procedure) **472271000124106:** Provision of mortgage assistance voucher (procedure) **472281000124109:** Evaluation of eligibility for mortgage assistance program (procedure) **472291000124107**: Education about mortgage assistance program (procedure) **472331000124100:** Education about medical legal partnership program (procedure) **472381000124104:** Provision of emergency housing fund voucher (procedure) **480841000124109:** Education about the Homelessness Prevention program (procedure)

Description	CPT/HCPCS/SNOWMED CT
	480851000124106: Evaluation of eligibility for Homelessness Prevention program (procedure) **480861000124108:** Assistance with application to Homelessness Prevention program (procedure) **480901000124101:** Education about fair housing assistance program (procedure) **551091000124101:** Referral to emergency housing fund program (procedure) **551101000124107:** Referral to lawyer (procedure)
Inadequate Housing Procedures	**CPT** 96156, 96160, 96161 **SNOWMED CT** **49919000:** Home safety education (procedure) **308440001:** Referral to social worker (procedure) **710824005:** Assessment of health and social care needs (procedure) **711069006:** Coordination of care plan (procedure) **1148446004:** Education about legal aid (procedure) **1148813002:** Assessment of barriers in inadequate housing care plan (procedure) **1148815009:** Assessment of goals to achieve adequate housing (procedure) **1148823006:** Assessment of progress toward goals to achieve adequate housing (procedure) **1162436000:** Referral to legal aid (procedure) **1230338004:** Referral to charitable organization (procedure) **461481000124109:** Referral to peer support (procedure) **462481000124102:** Referral to Community Action Agency program (procedure) **462491000124104:** Referral to benefits enrollment assistance program (procedure) **464001000124109:** Referral to case manager (procedure) **464011000124107:** Referral to care manager (procedure) **464021000124104:** Referral to care navigator (procedure) **464131000124100:** Referral to community health worker (procedure) **464161000124109:** Referral to community resource network program (procedure) **464291000124105:** Education about community resource network program (procedure) **464301000124106:** Education about benefits enrollment assistance program (procedure) **464311000124109:** Education about Community Action Agency program (procedure) **464611000124102:** Coordination of care team (procedure) **470231000124107:** Counseling for social determinant of health risk (procedure) **470431000124106:** Referral to weatherization assistance program (procedure)

Description	CPT/HCPCS/SNOWMED CT
	470441000124101: Evaluation of eligibility for weatherization assistance program (procedure) **470451000124104:** Education about weatherization assistance program (procedure) **470461000124102:** Assistance with application for weatherization assistance program (procedure) **470591000124109:** Education about community development financial institution (procedure) **470601000124101:** Education about community development corporation (procedure) **470611000124103:** Education about area agency on aging program (procedure) **471111000124101:** Referral to community development financial institution (procedure) **471121000124109:** Referral to community development corporation (procedure) **471131000124107:** Referral to area agency on aging (procedure) **472151000124109:** Referral to medical legal partnership program (procedure) **472201000124100:** Counseling for readiness to achieve adequate housing goals (procedure) **472211000124102:** Counseling for readiness to implement inadequate housing care plan (procedure) **472231000124108:** Counseling for barriers to achieve adequate housing (procedure) **472251000124101:** Counseling for inadequate housing care plan participation barriers (procedure) **472331000124100:** Education about medical legal partnership program (procedure) **472371000124102:** Provision of voucher for repair of place of residence (procedure) **480881000124103:** Referral to environmental hazard testing of residence program (procedure) **480891000124100:** Evaluation of eligibility for environmental hazard testing of residence program (procedure) **480911000124103:** Education about environmental hazard testing of residence program (procedure) **480951000124102:** Assistance with application for environmental hazard testing of residence program (procedure) **551041000124105:** Referral to housing repair program (procedure) **551051000124107:** Referral for housing repair assessment program (procedure) **551061000124109:** Evaluation of eligibility for housing repair program (procedure) **551071000124102:** Education about housing repair program (procedure)

Description	CPT/HCPCS/SNOWMED CT
	551081000124104: Assistance with application for housing repair program (procedure) **551101000124107:** Referral to lawyer (procedure)
Transportation Insecurity Procedures	**CPT** 96156, 96160, 96161 **SNOWMED CT** **308440001:** Referral to social worker (procedure) **710824005:** Assessment of health and social care needs (procedure) **711069006:** Coordination of care plan (procedure) **1148446004:** Education about legal aid (procedure) **1162436000:** Referral to legal aid (procedure) **1230338004:** Referral to charitable organization (procedure) **461481000124109:** Referral to peer support (procedure) **462481000124102:** Referral to Community Action Agency program (procedure) **462491000124104:** Referral to benefits enrollment assistance program (procedure) **464001000124109:** Referral to case manager (procedure) **464011000124107:** Referral to care manager (procedure) **464021000124104:** Referral to care navigator (procedure) **464131000124100:** Referral to community health worker (procedure) **464161000124109:** Referral to community resource network program (procedure) **464291000124105:** Education about community resource network program (procedure) **464301000124106:** Education about benefits enrollment assistance program (procedure) **464311000124109:** Education about Community Action Agency program (procedure) **464611000124102:** Coordination of care team (procedure) **470231000124107:** Counseling for social determinant of health risk (procedure) **470591000124109:** Education about community development financial institution (procedure) **470601000124101:** Education about community development corporation (procedure) **470611000124103:** Education about area agency on aging program (procedure) **471111000124101:** Referral to community development financial institution (procedure) **471121000124109:** Referral to community development corporation (procedure) **471131000124107:** Referral to area agency on aging (procedure) **472151000124109:** Referral to medical legal partnership program (procedure)

Description	CPT/HCPCS/SNOWMED CT
	472331000124100: Education about medical legal partnership program (procedure) **551101000124107:** Referral to lawyer (procedure) **551111000124105:** Provision of taxi voucher (procedure) **551121000124102:** Referral to taxi voucher program (procedure) **551141000124109:** Evaluation of eligibility for taxi voucher program (procedure) **551161000124108:** Education about taxi voucher program (procedure) **551191000124100:** Assistance with application for taxi voucher program (procedure) **551201000124102:** Referral to fuel voucher program (procedure) **551211000124104:** Evaluation of eligibility for a fuel voucher program (procedure) **551221000124107:** Education about fuel voucher program (procedure) **551231000124105:** Referral to vehicle donation program (procedure) **551241000124100:** Assistance with application for fuel voucher program (procedure) **551251000124103:** Evaluation of eligibility for vehicle donation program (procedure) **551261000124101:** Education about vehicle donation program (procedure) **551271000124108** Assistance with application for vehicle donation program (procedure) **551281000124106:** Referral to transportation network company program (procedure) **551291000124109:** Assistance with application for transportation network company program (procedure) **551301000124105:** Education about transportation network company program (procedure) **551311000124108:** Evaluation of eligibility for transportation network company program (procedure) **551321000124100:** Referral to volunteer driver program (procedure) **551331000124102:** Referral to rideshare program (procedure) **551341000124107:** Referral to public transportation voucher program (procedure) **551351000124109:** Referral to paratransit program (procedure) **551361000124106:** Referral to microtransit program (procedure) **551371000124104** Referral to Non-Emergency Medical Transportation program (procedure) **551381000124101:** Referral to automobile share program (procedure) **551401000124101:** Referral to vehicle repair program (procedure) **551421000124106:** Assistance with application for bicycle share program (procedure) **551431000124109:** Referral to bicycle share program (procedure) **610961000124100:** Assistance with application for volunteer driver program (procedure)

Description	CPT/HCPCS/SNOWMED CT
	610971000124107: Assistance with application for rideshare program (procedure) **610981000124105:** Assistance with application for public transportation voucher program (procedure) **610991000124108:** Assistance with application for paratransit program (procedure) **611001000124109:** Assistance with application for microtransit program (procedure) **611011000124107:** Assistance with application for Non-Emergency Medical Transportation program (procedure) **611021000124104:** Assistance with application for automobile share program (procedure) **611031000124101:** Education about rideshare program (procedure) **611041000124106:** Education about volunteer driver program (procedure) **611051000124108:** Education about microtransit program (procedure) **611061000124105:** Education about public transportation voucher program (procedure) **611071000124103:** Education about paratransit program (procedure) **611081000124100:** Education about Non-Emergency Medical Transportation program (procedure) **611101000124108:** Education about vehicle repair program (procedure) **611121000124103:** Education about automobile share program (procedure) **611281000124107:** Counseling for readiness to achieve transportation security (procedure) **611291000124105:** Counseling for barriers to achieve transportation security (procedure) **611301000124106:** Counseling for readiness for engagement in transportation insecurity care plan (procedure) **611311000124109:** Counseling for barriers to engagement in transportation insecurity care plan (procedure) **611321000124101:** Assessment of progress toward goals to achieve transportation security (procedure) **611331000124103:** Assessment of goals to achieve transportation security (procedure) **611341000124108:** Assessment of barriers in transportation insecurity care plan (procedure) **611351000124105:** Assessment for transportation insecurity (procedure) **611361000124107:** Evaluation of eligibility for rideshare program (procedure) **611371000124100:** Evaluation of eligibility for volunteer driver program (procedure) **611381000124102:** Provision of public transportation voucher (procedure)

Description	CPT/HCPCS/SNOWMED CT
	611391000124104: Evaluation of eligibility for public transportation voucher program (procedure) **611401000124102:** Evaluation of eligibility for paratransit program (procedure) **611411000124104:** Evaluation of eligibility for microtransit program (procedure) **611421000124107:** Evaluation of eligibility for automobile share program (procedure) **611431000124105:** Evaluation of eligibility for vehicle repair program (procedure) **611441000124100:** Evaluation of eligibility for Non-Emergency Medical Transportation program (procedure)

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


Anthem