



HEDIS Prenatal and Postpartum Care Coding Bulletin Electronic Clinical Data Systems HEDIS<sup>®</sup> is a widely used set of performance measures developed and maintained by NCQA. These are used to drive improvement efforts surrounding best practices.

The HEDIS quality measures reported using the Electronic Clinical Data Systems (ECDS) inspire innovative use of electronic clinical data to document high-quality patient care that demonstrates commitment to evidencebased 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 phasedout 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 a claim.
- CPT® Category II codes can be used for performance measurement. The use of the CPT II decreases the need for record abstraction and chart review.
- CVX codes (vaccine administered code set) represent the type of product used in an immunization. Every immunization that used a given type of product will have the same CVX, regardless of who received it.

- Logical Observation Identifiers Names and Codes (LOINC) codes 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 and social determinants of heaelth 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 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.

HEDIS<sup>®</sup> is a registered trademark of the National Committee for Quality Assurance (NCQA).



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

Other social health need resources, such as assistance with food, may also be available at no cost. Contact Member Services for more information.

### How can we help?

- Utilize this bulletin 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.
- Offering current Clinical Practice Guidelines on our provider self-service website.
- Members may be eligible for transportation assistance at no cost:
  - For transportation benefits, members can contact Member Services for help with getting a ride to nonemergent medically necessary appointments and treatments.

# Helpful tips:

- Educate expectant mothers on the importance of vaccines during pregnancy. If you do not have flu vaccines available, refer the patient to another healthcare provider, pharmacy, or community vaccination center.
- Educate expectant mothers that influenza can result in serious illness, including a higher chance of progressing to pneumonia, when it occurs during the antepartum or postpartum period.
- Educate mother on how the flu vaccine will protect both her and her baby.
- Educate mothers on passive immunity the maternal immunization will pass on to their newborns.
- The Tdap vaccine is recommended in the third trimester as this will boost the neonatal antibody levels in the baby. Babies whose mothers had the Tdap vaccine during pregnancy are better protected against whooping cough during the first two months of life.
- Explain to expectant mothers that the Tdap vaccine will protect them and their baby from pertussis and its life-threatening complications.

- Optimize your charting system to prompt your providers to perform any of the specified prenatal depression screening tools at the first prenatal visit as part of your standard initial prenatal exam.
- Whenever possible, depression screening and treatment are culturally appropriate and offered in the patient's first language.
- Members of the care team understand the importance of depression screening and to recognize the risk factors for depression in pregnancy:
  - Advise moms even when pregnant that they may be able to take medication to treat their depression.
  - Advise moms even when breastfeeding that they may be able to take medication to treat their depression.
- Have options for community counselors and psychiatry available for patients interested in that option if screened positive. Advise that these organizations offer confidential help.

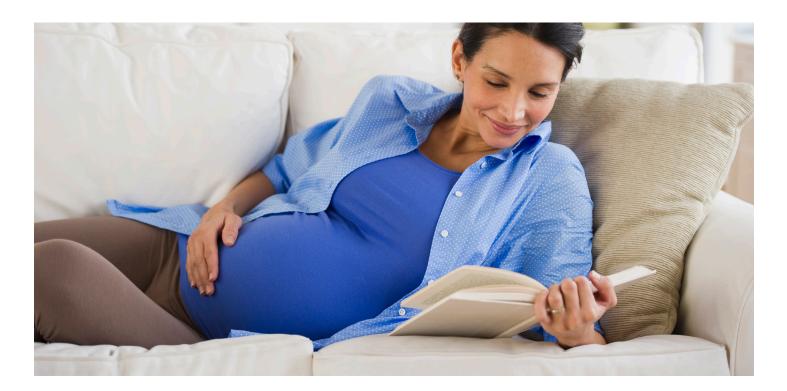
# Prenatal Immunization Status (PRS-E)

This measure discusses 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.

Description	CPT/CVX/SNOMED CT	
Deliveries	<b>CPT:</b> 59400, 59409, 59410, 59510, 59514, 59515, 59610, 59612, 59614, 59618, 59620, 59622	
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)	
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	<b>CPT:</b> 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)	

Description	CPT/CVX/SNOMED CT		
Tdap Vaccine Procedure	<b>CPT:</b> 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)		
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 reimbursement.



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

This measure discusses 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 during pregnancy using a standardized instrument
- *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

Description	CPT/SNOMED CT	
Deliveries	<b>CPT:</b> 59400, 59409, 59410, 59510, 59514, 59515, 59610, 59612, 59614, 59618, 59620, 59622	
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	SNOMED CT:	
than 37	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)	
	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)	



Description	CPT/SNOMED CT
Weeks of Gestation Less Than 37 (cont.)	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 to 20 weeks (finding)
	428930004: Gestation 9 to 13 weeks (finding)
Depression Case	<b>CPT:</b> 99366, 99492, 99493, 99494
Management Encounter	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

Description	CPT/SNOMED CT
Depression Case Management Encounter (cont.)	SNOMED CT:
	182832007: Procedure related to management of drug administration (procedure)
	225333008: Behavior management (regime/therapy)
	385828006: Health promotion management (procedure)
	386230005: Case management (procedure)
	409022004: Dispensing medication management (procedure)
	410216003: Communication care management (procedure)
	410219005: Personal care management (procedure)
	410328009: Coping skills case management (procedure)
	410335001: Exercises case management (procedure)
	410346003: Medication action/side effects case management (procedure)
	410347007: Medication set-up case management (procedure)
	410351009: Relaxation/breathing techniques case management (procedure)
	410352002: Rest/sleep case management (procedure)
	410353007: Safety case management (procedure)
	410354001: Screening case management (procedure)
	410356004: Signs/symptoms-mental/emotional case management (procedure)
	410360001: Spiritual care case management (procedure)
	410363004: Support group case management (procedure)
	410364005: Support system case management (procedure)
	410366007: Wellness case management (procedure)
	416341003: Case management started (situation)
	416584001: Case management ended (situation)
	424490002: Medication prescription case management (procedure)
	425604002: Case management follow up (procedure)
	737850002: Day care case management (procedure)
	621561000124106: Psychiatric case management (procedure)
	661051000124109: Education about Department of Veterans Affairs Military2VA Case Management Program (procedure)
	662081000124106: Assistance with application for Department of Veterans Affairs Military2VA Case Management Program (procedure)
	662541000124107: Evaluation of eligibility for Department of Veterans Affairs Military2VA Case Management Program (procedure)
Symptoms of Depression	SNOMED CT:
	394924000: Symptoms of depression (finding)
	788976000: Leaden paralysis (finding)

Description	CPT/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

Instruments for adolescents (≤ 17 years)	Total score LOINC codes	Positive finding
Patient Health Questionnaire (PHQ-9)®	44261-6	Total score $\geq 10$
Patient Health Questionnaire Modified for Teens (PHQ-9M)®	89204-2	Total score $\geq 10$
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) $\ge 60$

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) <sup>®2</sup>	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) $\ge 60$
Clinically Useful Depression Outcome Scale (CUDOS)	90221-3	Total score ≥ 31

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

\* 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: www.ncqa.org.

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

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

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

## Postpartum Depression Screening and Follow-up (PDS-E)

This measure discusses 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)

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

\* 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: **www.ncqa.org**.

Description	CPT/SNOMED CT/HCPCS	
Deliveries	<b>CPT:</b> 59400, 59409, 59410, 59510, 59514, 59515, 59610, 59612, 59614, 59618, 59620, 59622	
Depression Case Management Encounter	<b>CPT:</b> 99366, 99492, 99493, 99494	
	HCPCS:	
	G0512: Rural health clinic or federally qualified health center (RHC/FQHC) only, psychiatric collaborative care model (psychiatric COCM), 60 minutes or more of clinical staff time for psychiatric COCM services directed by an RHC or FQHC practitioner (physician, NP, PA, or CNM) and including services furnished by a behavioral health care manager and consultation with a psychiatric consultant, per calendar month	
	T1016: Case management, each 15 minutes	
	T1017: Targeted case management, each 15 minutes	
	T2022: Case management, per month	
	T2023: Targeted case management; per month	
	SNOMED CT:	
	182832007: Procedure related to management of drug administration (procedure)	
	225333008: Behavior management (regime/therapy)	
	385828006: Health promotion management (procedure)	
	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)	



Description	CPT/SNOMED CT/HCPCS
Depression Case Management Encounter (cont.)	410366007: Wellness case management (procedure)
	416341003: Case management started (situation)
	416584001: Case management ended (situation)
	424490002: Medication prescription case management (procedure)
	425604002: Case management follow up (procedure)
	737850002: Day care case management (procedure)
	621561000124106: Psychiatric case management (procedure)
	661051000124109: Education about Department of Veterans Affairs Military2VA Case Management Program (procedure)
	662081000124106: Assistance with application for Department of Veterans Affairs Military2VA Case Management Program (procedure)
	662541000124107: Evaluation of eligibility for Department of Veterans Affairs Military2VA Case Management Program (procedure)
Symptoms of	SNOMED CT:
Depression	394924000: Symptoms of depression (finding)
	788976000: Leaden paralysis (finding)
CDC Race and	1002-5: American Indian or Alaska Native
Ethnicity	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.

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

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

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

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 $\geq$ 10
Patient Health Questionnaire-2 (PHQ-2)®1	55758-7	Total score $\geq 3$
Beck Depression Inventory-Fast Screen (BDI-FS)®1,2	89208-3	Total score $\geq 8$
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) $\ge 60$
Instruments for adults (18+ years)	Total score LOINC codes	Positive finding
Patient Health Questionnaire (PHQ-9)®	44261-6	Total score ≥ 10
Patient Health Questionnaire-2 (PHQ-2)®1	55758-7	Total score ≥ 3
Beck Depression Inventory-Fast Screen (BDI-FS)®1,2	89208-3	Total score ≥ 8
Beck Depression Inventory (BDI-II)	89209-1	Total score ≥ 20
Center for Epidemiologic Studies Depression Scale-Revised (CESD-R)	89205-9	Total score ≥ 17
Duke Anxiety-Depression Scale (DUKE-AD)®2	90853-3	Total score ≥ 30
Edinburgh Postnatal Depression Scale (EPDS)	71354-5	Total score ≥ 10
My Mood Monitor (M-3)®	71777-7	Total score ≥ 5
PROMIS Depression	71965-8	Total score (T score) ≥ 60
Clinically Useful Depression Outcome Scale (CUDOS)	90221-3	Total score ≥ 31



#### Additional codes

Description	CPT/CAT II/HCPCS
Prenatal Bundled Services	<b>CPT:</b> 59400, 59425, 59426, 59510, 59618
	HCPCS:
	H1005: Prenatal care, at-risk enhanced service package (includes h1001-h1004)
Prenatal Visits	CPT: 99202-99205, 99211-99215, 99241-99245, 99483
	HCPCS:
	G0463: Hospital outpatient clinic visit for assessment and management of a
	patient
	T1015: Clinic visit/encounter, all-inclusive
Stand-Alone Prenatal Visits	<b>CPT:</b> 99500
	CAT II:
	0500F: Initial prenatal care visit (report at first prenatal encounter with health care professional providing obstetrical care. Report also date of visit and, in a separate field, the date of the last menstrual period [LMP]) (Prenatal) 0501F: Prenatal flow sheet documented in medical record by first prenatal visit (documentation includes at minimum blood pressure, weight, urine protein, uterine size, fetal heart tones, and estimated date of delivery). Report also: date of visit and, in a separate field, the date of the last menstrual period [LMP] (Note: If reporting 0501F Prenatal flow sheet, it is not necessary to report 0500F Initial prenatal care visit) (Prenatal) 0502F: Subsequent prenatal care visit (Prenatal) [Excludes: patients who are seen for a condition unrelated to pregnancy or prenatal care (for example, an upper respiratory infection; patients seen for consultation only, not for continuing care)]
	HCPCS:
	H1000: Prenatal care, at-risk assessment
	H1001: Prenatal care, at-risk enhanced service; antepartum management H1002: Prenatal care, at risk enhanced service; care coordination
	H1002: Prenatal care, at-risk enhanced service; education
	H1004: Prenatal care, at-risk enhanced service; follow-up home visit
Postpartum Bundles Services	<b>CPT:</b> 59400, 59410, 59510, 59515, 59610, 59614, 59618, 59622
Home Visit Prenatal Monitoring	CPT: 99500
Postpartum Visit	<b>CPT</b> : 57170, 58300, 59430, 99501
	CAT II: 0503F: Postpartum care visit
	HCPCS:
	G0101: Cervical or vaginal cancer screening; pelvic and clinical breast examination (G0101)

Description	CPT/CAT II/HCPCS
Online Assessments	CPT/CAT II/HCPCS 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 an rural health clinic (RHC) or federally qualified health center (FQHC) practitioner and RHC or FQHC patient, or 5 minutes or more of remote evaluation of recorded video and/or images by an RHC or FQHC practitioner, occurring in lieu of an office visit; RHC or FQHC only G2010: Remote evaluation of recorded video and/or images submitted by an
	established patient (for example, store and forward), including interpretation with follow-up with the patient within 24 business hours, not originating from a related e/m service provided within the previous 7 days nor leading to an e/m service or procedure within the next 24 hours or soonest available appointment G2012: Brief communication technology-based service, for example virtual check-in, by a physician or other qualified health care professional who can report evaluation and management services, provided to an established patient, not originating from a related e/m service provided within the previous 7 days nor leading to an e/m service or procedure within the next 24 hours or soonest available appointment; 5-10 minutes of medical discussion
	G2250: Brief communication technology-based service, for example virtual check-in, by a physician or other qualified health care professional who can report evaluation and management services, provided to an established patient, not originating from a related e/m service provided within the previous 7 days nor leading to an e/m service or procedure within the next 24 hours or soonest available appointment; 5-10 minutes of medical discussion G2251: Brief communication technology-based service, for example virtual
	check-in, by a qualified health care professional who cannot report evaluation and management services, provided to an established patient, not originating from a related service provided within the previous 7 days nor leading to a service or procedure within the next 24 hours or soonest available appointment; 5-10 minutes of clinical discussion G2252: Brief communication technology-based service, for example virtual
	check-in, by a physician or other qualified health care professional who can report evaluation and management services, provided to an established patient, not originating from a related e/m service provided within the previous 7 days nor leading to an e/m service or procedure within the next 24 hours or soonest available appointment; 11-20 minutes of medical discussion
Telephone Visits	CPT: 98966, 98967, 98968, 99441, 99442, 99443

#### 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 Availity's 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*.



Learn more about Anthem programs providers.anthem.com/ky

