HEDIS Benchmarks and Coding Guidelines for Quality Care

Electronic Clinical Data Systems

Anthem

Anthem Blue Cross and Blue Shield Medicaid | Ohio Medicaid Managed Care

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Electronic Clinical Data Systems

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

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

- ECDS reporting is part of the National Committee for Quality Assurance's (NCQA) larger strategy to enable a digital quality system and is aligned with the industry's move to digital measures.
- The ECDS reporting standard provides a method to collect and report structured electronic clinical data for HEDIS quality measurement and improvement.
- According to the NCQA, the HEDIS hybrid data collection (medical record collection) will be phased-out in the coming years.
- Health plans and health providers will need to take advantage of electronic data streams to ensure accurate reporting of measures that require data not typically found in claims.
- CPT® Category II codes can be used for performance measurement. **The use of the CPT II decreases the need for record abstraction and chart review.**
- CVX codes (vaccine administered code set) represent the type of product used in an immunization. Every immunization that used a given type of product will have the same CVX, regardless of who received it.
- Logical Observation Identifiers Names and Codes (LOINC) and SNOMED CT codes (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 CT codes represent both diagnoses and procedures as well as clinical findings. SNOMED CT codes are the industry standard for classifying clinical data in EMR systems and can be extracted from EMR systems.
  - Because LOINC codes and SNOMED CT codes can only be obtained through supplemental data feeds, it is important that health plans and the provider

community embrace the sharing of these EMR data to ensure the quality of care our patients 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 the EMR systems are set up to link the clinical and behavior health entries to LOINC codes and SNOMED CT codes:
  - Ensure that the extracts are inclusive of LOINC codes for BH screenings among other things and SNOMED CT codes.

Our Supplemental Data team is here to help.

For additional support in submitting supplemental data for ECDS measures, send inquiries to supplementaldata@anthem.com.

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 300-day (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 patients 6 to 12 years of age with a prescription dispensed for ADHD medication, who had one follow-up visit with a practitioner with prescribing authority during the 30-day initiation phase.
- **Continuation and maintenance (C&M) phase**: the percentage of patients 6 to 12 years of age with a prescription dispensed for ADHD medication, who remained on the medication for at least 210 days and who, in addition to the visit in the Initiation Phase, had at least two follow-up visits with a practitioner within 270 days (9months) 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 patient's progress.
- Be sure that follow-up visits include the diagnosis of ADHD.

Exclusions:

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

Adult Immunization Status (AIS-E)

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

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

- Patients who received an influenza vaccine on or between July 1 of the year prior to the measurement period and June 30 of the measurement period

or

- Patients with anaphylaxis due to the influenza vaccine any time before or during the measurement period
- Patients who received at least one Td vaccine or one Tdap vaccine between 9 years prior to the start of the measurement period and the end of the measurement period

or

- Patients with a history of at least one of the following contraindications any time before or during the measurement period:
  - Anaphylaxis due to the diphtheria, tetanus, or pertussis vaccine.
  - Encephalitis due to the diphtheria, tetanus, or pertussis vaccine.
- Patients who received 2 doses of the herpes zoster recombinant vaccine at least 28 days apart, on October 1, 2017, through the end of the measurement period

or

- Patients with anaphylaxis due to the herpes zoster vaccine any time before or during the measurement period
- Patients who received at least one dose of an adult pneumococcal vaccine) on or after their 19th birthday and before or during the measurement period or patients with anaphylaxis due to the pneumococcal vaccine any time before or during the measurement period

or

- Patients with anaphylaxis due to the pneumococcal vaccine any time before or during the measurement period
- Patients who received at least three doses of the childhood hepatitis B vaccine with different dates of service on or before their 19th birthday:
  - One of the three vaccinations can be a newborn hepatitis B vaccination (ICD-10-PCS code 3E0234Z) during the 8-day period that begins on the date of birth and ends 7 days after the date of birth.

- Patients who received a hepatitis B vaccine series on or after their 19th birthday, before or during the measurement period, including either of the following:
  - At least two doses of the recommended two-dose adult hepatitis B vaccine administered at least 28 days apart; or
  - At least three doses of any other recommended adult hepatitis B vaccine administered on different days of service.
- Patients who had a hepatitis B surface antigen, hepatitis B surface antibody or total antibody to hepatitis B core antigen test, with a positive result any time before or during the measurement period. Any of the following meet criteria:
  - A test a result greater than 10 mIU/mL.
  - A test with a finding of immunity.
- Patients with a history of hepatitis B illness any time before or during the measurement period. Do not include laboratory claims (POS 81).
- Patients with anaphylaxis due to the hepatitis B any time before or during the measurement period

Exclusions:

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

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

Exclusions:

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

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

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

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

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

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

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

Breast Cancer Screening (BCS-E)

This HEDIS measure looks at patients 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 patients last mammogram was performed, document at a minimum, year performed in your health history.

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

- Breast ultrasounds
- MRIs
- Biopsies

Exclusions:

- Patients who use hospice services or elect to use a hospice benefit any time during the measurement year
- Patients who die any time during the measurement year
- Patients who had a bilateral mastectomy or both right and left unilateral mastectomies any time during the member's history through the end of the measurement period. Any of the following meet the criteria for bilateral mastectomy:
  - Bilateral mastectomy
  - Unilateral mastectomy with a bilateral modifier
  - Unilateral mastectomy found in clinical data with a bilateral qualifier value
  - History of bilateral mastectomy
- Patients who had gender-affirming chest surgery with a diagnosis of gender dysphoria any time during the member's history through the end of the measurement period.

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

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

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

Record your efforts
Patients who are 18 to 85 years old as of the last day of the measurement period who meet either of the following criteria:

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

Exclusions:

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

- Patients 66 to 80 years of age as of the last day of the measurement period (all product lines) with frailty and advanced illness. Patients must meet both frailty and advanced illness criteria to be excluded:
  - Frailty. At least two indications of with different dates of service during the measurement period. Do not include laboratory claims (claims with POS code 81).
  - Advanced Illness. Either of the following during the measurement period or the year prior to the measurement period:
    - Advanced illness on at least two different dates of service. Do not include laboratory claims (claims with POS code 81).
    - Dispensed dementia medication.
- Patients 81 years of age and older as of the last day of the measurement period (all product lines) with at least two indications of frailty with different dates of service during the measurement period. Do not include laboratory claims (claims with POS code 81).

Cervical Cancer Screening (CCS-E)

This measure looks at the percentage of patients 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:

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

Record your efforts

Make sure your medical records reflect:

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

Exclusions:

- Patients who use hospice services or elect to use a hospice benefit any time during the measurement year.
- Patients who die any time during the measurement year.
- Hysterectomy with no residual cervix any time during the member's history through December 31 of the measurement year
- Cervical agenesis or acquired absence of cervix any time during the member's history through the end of the measurement period. Do not include laboratory claims (claims with POS code 81).
- Patients receiving palliative care any time during the measurement period.
- Patients who had an encounter for palliative care any time during the measurement period. Do not include laboratory claims (claims with POS code 81).
- Patients 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 who had appropriate doses of the following vaccines on or before their second birthday:

- At least 4 diphtheria, tetanus, and acellular pertussis, ***DTaP*** vaccine with different dates of service. Do not count a vaccination administered prior to 42 days after birth.
- Anaphylaxis due to the diphtheria, tetanus, or pertussis vaccine
- Encephalitis due to the diphtheria, tetanus, or pertussis vaccine
- At least 3 polio, ***IPV*** vaccine with different dates of service. Do not count a vaccination administered prior to 42 days after birth.
- Anaphylaxis due to the IPV vaccine
- At least 1 measles, mumps and rubella, ***MMR*** vaccine (can only be given on or between first and second birthday to close the gap):
  - All of the following any time on or before the child's second birthday (on the same or different date of service). Do not include laboratory claims (claims with POS code 81):
    - History of measles illness
    - History of mumps illness
    - History of rubella illness
  - Anaphylaxis due to the MMR vaccine on or before the child's second birthday.
- At least 3 haemophilus influenza type B, ***Hib*** vaccine with different dates of service. Do not count a vaccination administered prior to 42 days after birth.
- Anaphylaxis due to the HiB vaccine
- At least 3 hepatitis B, ***HepB*** vaccine (One of the three vaccinations can be a newborn hepatitis B vaccination during the eight-day period that begins on the date of birth and ends 7 days after the date of birth):
  - History of hepatitis B illness Do not include laboratory claims (claims with POS code 81).
- Anaphylaxis due to hepatitis B vaccine
- At least 1 chicken pox, ***VZV*** vaccine with a date of service on or between first and second birthdays:
  - History of varicella zoster (for example, chicken pox) illness on or before the child's second birthday. Do not include laboratory claims (claims with POS code 81).
- Anaphylaxis due to the VZV vaccine (SNOMED CT code 471341000124104) on or before the child's second birthday
- At least 4 pneumococcal conjugate, ***PCV*** vaccine with different dates of service. Do not count a vaccination administered prior to 42 days after birth.
- Anaphylaxis due to the pneumococcal vaccine

- At least 1 hepatitis A, ***HepA*** vaccine with a date of service on or between first and second birthday
- History of hepatitis A illness on or before the child's second birthday. Do not include laboratory claims (claims with POS code 81):
  - Anaphylaxis due to the hepatitis A vaccine (SNOMED CT code 471311000124103) on or before the child's second birthday.
- At least 2 two-dose rotavirus, ***RV*** vaccine, on different dates of service on or before the child's second birthday. Do not count a vaccination administered prior to 42 days after birth.
- At least three doses of the three-dose rotavirus, ***RV*** vaccine on different dates of service on or before the child's second birthday. Do not count a vaccination administered prior to 42 days after birth.
- At least one dose of the two-dose rotavirus, ***RV*** vaccine and at least two doses of the three-dose rotavirus, ***RV*** vaccine all on different dates of service, on or before the child's second birthday. Do not count a vaccination administered prior to 42 days after birth:
  - Anaphylaxis due to the rotavirus vaccine (SNOMED CT code 428331000124103) on or before the child's second birthday.
- At least 2 influenza, ***Flu*** vaccine with different dates of service. Do not count a vaccination administered prior to 180 days after birth.
- An influenza vaccination recommended for children 2 years and older (for example, LAIV) administered on the child's second birthday meets criteria for one of the two required vaccinations. Anaphylaxis due to the influenza vaccine
- Anaphylaxis due to the influenza vaccine

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 health provider or agency.
  - Parent refusal, documented history of anaphylactic reaction to serum/vaccinations, illnesses, or seropositive test result.
  - The date of the first hepatitis B vaccine given at the hospital and name of the hospital if available.
  - A note that the *member is up to date* with all immunizations but does not list the dates of all immunizations and the names of the immunization agents does not constitute sufficient evidence of immunization for HEDIS reporting.

Exclusions:

- Patients who use hospice services or elect to use a hospice benefit any time during the measurement year
- Patients who die any time during the measurement year
- Patients 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 patients 45 to 75 years of age who had appropriate screening for colorectal cancer.

Record your efforts:

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

Exclusions:

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

Documented Assessment After Mammogram (DBM-E)

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

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

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

https://www.nccn.org/

Exclusions:

- Patients who die any time during the measurement period
- Patients who use hospice services or elect to use a hospice benefit any time during 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 patients 12 years of age and older with a diagnosis of major depression or dysthymia who had an outpatient encounter with a *Patient Health Questionnaire-9* (*PHQ-9)* score present in their record in the same assessment period as the encounter.

Record your efforts
The identifiers and descriptors for each organization's coverage used to define patients' 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:

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

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

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

- **Follow-Up *PHQ-9*.** The percentage of patients 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 patients who achieved remission within 120 to 240 days (4 to 8 months) after the initial elevated *PHQ-9* score.
- **Depression Response**. The percentage of patients 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 used to define patients' eligibility for measure reporting. Allocation for reporting is based on eligibility during the participation period:

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

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

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

The *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:

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

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

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

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

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

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

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

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

https://www.nccn.org/

Exclusions:

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

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

This measure looks at the percentage of patients 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 patients who were screened for clinical depression using a standardized instrument.
- **Follow-Up on Positive Screen**. The percentage of patients who received follow-up care within 30 days of a positive depression screen finding.

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

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

Depression screening instrument:

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

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

1 Brief screening instrument. All other instruments are full-length.
2 Proprietary; may be cost or licensing requirement associated with use.

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

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

Immunizations for Adolescents (IMA-E)

This measure reviews patients 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:

- At least one **meningococcal** vaccine with the date of service on or between 11th and 13th birthdays.
- Anaphylaxis due to the meningococcal vaccine (SNOMED CT code 428301000124106) any time on or before the member's 13th birthday.
- At least one **tetanus, diphtheria toxoids and acellular pertussis** (Tdap) vaccine with a date of service on or between the member's 10th and 13th birthdays
- Anaphylaxis due to the tetanus, diphtheria, or pertussis vaccine any time on or before the member's 13th birthday.
- Encephalitis due to the tetanus, diphtheria, or pertussis vaccine any time on or before the member's 13th birthday.
- At least two doses of **HPV** vaccine with on or between the member's 9th and 13th birthdays and with dates of service at least 146 days apart.
- At least three HPV vaccines with different dates of service on or between the member's 9th and 13th birthdays.
- Anaphylaxis due to the HPV vaccine (SNOMED CT code 428241000124101) any time on or before the member's 13th birthday.

Record your efforts
Immunization information obtained from the medical record:

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

Exclusions:

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

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

This measure assesses the percentage of deliveries in which patients 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 patients 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 patients received follow-up care within 30 days of a positive depression screen finding (31 total days).
- Any of the following on or up to 30 days after the first positive screen:
- An outpatient, telephone, e-visit, or virtual check-in follow-up visit with a diagnosis of depression or other behavioral health condition.
- A depression care management encounter that documents assessment for symptoms of depression or a diagnosis of depression or other behavioral health condition.
- A behavioral health encounter, including assessment, therapy, collaborative care, or medication management.
- A diagnosis of encounter for exercise counseling (ICD-10-CM code Z71.82). Do not include laboratory claims (claims with POS code 81).
- A dispensed antidepressant medication

or

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

Record your efforts

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

- The delivery date through 60 days following the date of delivery.
- Include deliveries that occur in any setting.
- Determine the delivery date using the date as of the end of the delivery.
- If a member has more than one delivery in a 180-day period, include only the first eligible delivery. Then, if applicable include the next delivery that occurs after the 180-day period. Identify deliveries chronologically, including only one per 180-day period.

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

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

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

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)	99046-5	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:

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

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

This measure assesses the percentage of deliveries in which patients 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 patients were screened for clinical depression during pregnancy using a standardized instrument.
- **Follow-Up on Positive Screen**. The percentage of deliveries in which patients received follow-up care within 30 days of a positive depression screen finding.

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

- 28 days prior to the delivery date through the delivery date
- A pregnancy episode in which the delivery date occurs during the measurement period.
- Include deliveries that occur in any setting.
- Determine the delivery date using the date as of the end of the delivery.
- If a member has more than one delivery in a 180-day period, include only the first eligible delivery. Then, if applicable include the next delivery that occurs after the 180-day period. Identify deliveries chronologically, including only one per 180-day period.
- **Note:** Removal of multiple deliveries in a 180-day period is based on eligible deliveries. Assess each delivery for exclusions and participation before removing multiple deliveries in a 180-day period.

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

Instruments for adolescents (≤ 17 years)	Total score LOINC codes	Positive finding
Patient Health Questionnaire (PHQ-9)®	44261-6	Total score ≥ 10
Patient Health Questionnaire Modified for Teens (PHQ-9M)®	89204-2	Total score ≥ 10
Patient Health Questionnaire-2 (PHQ-2)®[1]	55758-7	Total score ≥ 3
Beck Depression Inventory-Fast Screen (BDI-FS)®[1,2]	89208-3	Total score ≥ 8

Center for Epidemiologic Studies Depression Scale-Revised (CESD-R)	89205-9	Total score ≥ 17
Edinburgh Postnatal Depression Scale (EPDS)	99046-5	Total score ≥ 10
PROMIS Depression	71965-8	Total score (T score) ≥ 60

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)	99046-5	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:

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

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 used to define patients' eligibility for measure reporting. Allocation for reporting is based on eligibility during the participation period:

- 28 days prior to the delivery date through the delivery date
- A pregnancy episode in which the delivery date occurs during the measurement period.
- Include deliveries that occur in any setting.
- Determine the delivery date using the date as of the end of the delivery.
- If a member has more than one delivery in a 180-day period, include only the first eligible delivery. Then, if applicable, include the next delivery that occurs after the 180-day period. Identify deliveries chronologically, including only one per 180-day period.
- **Note:** Removal of multiple deliveries in a 180-day period is based on eligible deliveries. Assess each delivery for exclusions and participation before removing multiple deliveries in a 180-day period.

Exclusions:

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

Social Need Screening and Intervention (SNS-E)

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

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

Record your efforts:

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

Eligible screening instruments with thresholds for positive findings include:

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

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Housing instability and homelessness instruments	Screening item LOINC codes	Positive finding LOINC codes
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
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
American Academy of Family Physicians (AAFP) Social Needs Screening Tool—short form	96778-6	LA31996-4 LA28580-1 LA31997-2 LA31998-0 LA31999-8

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Housing inadequacy instruments	Screening item LOINC codes	Positive finding LOINC codes
		LA32000-4 LA32001-2
Norwalk Community Health Center Screening Tool [NCHC]	99134-9	LA33-6
	99135-6	LA31996-4 LA28580-1 LA31997-2 LA31998-0 LA31999-8 LA32000-4 LA32001-2

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

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Transportation insecurity instruments	Screening item LOINC codes	Positive finding LOINC codes
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:

- Patients who use hospice services or elect to use a hospice benefit any time during the measurement year
- Patients who die 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 https://ncqa.org/.

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

Description	CPT/HCPCS/POS
Outpatient POS	**POS** **03:** School **05:** Indian Health Service Free-standing Facility **07:** Tribal 638 Free-standing Facility **09:** Prison / Correctional Facility **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 an rural health clinic (RHC) or federally qualified health center (FQHC) practitioner and RHC or FQHC

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Description	CPT/HCPCS/POS
	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 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

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Description	CPT/HCPCS/POS
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 reimbursement.

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

Immunization	CPT/HCPCS/CVX/SNOMED CT
	197: influenza, high-dose seasonal, quadrivalent, 0.7mL dose, preservative free **205:** influenza, 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) **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) **1296904008:** 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 conjugated (procedure) **434751000124102:** Pneumococcal conjugate vaccination (procedure)

Immunization	CPT/HCPCS/CVX/SNOMED CT
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 and 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) **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)

Immunization	CPT/HCPCS/CVX/SNOMED CT
	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)

Immunization	CPT/HCPCS/CVX/SNOMED CT
	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) **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) **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 antigen (procedure)

Immunization	CPT/HCPCS/CVX/SNOMED CT
	871899004: Administration of vaccine product containing only live attenuated Human alphaherpesvirus 3 antigen via subcutaneous route (procedure)
Herpes Zoster Recombinant Vaccine Procedure	**CPT** 90750 **SNOMED CT** **722215002:** Administration of vaccine product containing only Human alphaherpesvirus 3 antigen for shingles (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.

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)

Description	CPT/CAT II/LOINC/SNOMED CT
	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) **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)

Description	CPT/CAT II/LOINC/SNOMED CT
	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 **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

Description	CPT/CAT II/LOINC/SNOMED CT
	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 hour 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) **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)

Description	CPT/CAT II/LOINC/SNOMED CT
	271063001: Lunch time 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 postcalorie 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)

Description	CPT/CAT II/LOINC/SNOMED CT
	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) **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 % 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**

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Description	CPT/CAT II/LOINC/SNOMED CT
	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 **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 reimbursement.

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

Description	CPT/HCPCS/ICD10CM/ SNOMED CT
Alcohol Counseling or	**CPT** 99408, 99409 **HCPCS**

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Description	CPT/HCPCS/ICD10CM/ SNOMED CT
Other Follow Up Care	**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) **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)

Description	CPT/HCPCS/ICD10CM/ SNOMED CT
	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 **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

Description	CPT/HCPCS/ICD10CM/ SNOMED CT
	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 **F10.982:** Alcohol use, unspecified with alcohol-induced sleep disorder

Description	CPT/HCPCS/ICD10CM/ SNOMED CT
	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) **34938008:** Anxiety disorder caused by 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/ SNOMED CT
	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) **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)

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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 **36642-7:** MG Breast - left 2 Views

Description	CPT/LOINC/SNOMED CT
	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 **42415-0:** MG Breast - bilateral Views Post Wire Placement **42416-8:** MG Breast - left Views Post Wire Placement **46335-6:** MG Breast - bilateral Single view **46336-4:** MG Breast - left Single view **46337-2:** MG Breast - right Single view **46338-0:** MG Breast - unilateral Single view

Description	CPT/LOINC/SNOMED CT
	46339-8: MG Breast - unilateral Views **46350-5:** MG Breast - unilateral Diagnostic **46351-3:** MG Breast - bilateral Displacement Views for Implant **46356-2:** MG Breast - unilateral Screening **46380-2:** MG Breast - unilateral Views for implant **48475-8:** MG Breast - bilateral Diagnostic for implant **48492-3:** MG Breast - bilateral Screening for implant **69150-1:** MG Breast - left Diagnostic for implant **69251-7:** MG Breast Views Post Wire Placement **69259-0:** MG Breast - right Diagnostic for implant **72137-3:** DBT Breast - right diagnostic **72138-1:** DBT Breast - left diagnostic **72139-9:** DBT Breast - bilateral diagnostic **72140-7:** DBT Breast - right screening **72141-5:** DBT Breast - left screening **72142-3:** DBT Breast - bilateral screening **86462-9:** DBT Breast - unilateral **86463-7:** DBT Breast - bilateral **91517-3:** DBT Breast - right diagnostic for implant **91518-1:** DBT Breast - left diagnostic for implant **91519-9:** DBT Breast - bilateral diagnostic for implant **91520-7:** DBT Breast - right screen for implant **91521-5:** DBT Breast - left screen for implant **91522-3:** DBT Breast - bilateral screen for implant **103885-0:** MG Breast - left Screening for implant **103886-8:** MG Breast - right Screening for implant **103892-6:** DBT Breast screening **103893-4:** MG Breast Screening for implant **103894-2:** MG Breast Diagnostic for implant **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) **723778004:** Digital tomosynthesis of right breast (procedure) **723779007:** Digital tomosynthesis of left breast (procedure)

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Description	CPT/LOINC/SNOMED CT
	723780005: Digital tomosynthesis of bilateral breasts (procedure) **726551006:** Contrast enhanced spectral mammography (procedure) **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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Blood Pressure Control for Members With Hypertension (BPC-E)

Description	CPT/CVX/SNOMED CT
Diastolic Blood Pressure	**CAT II** **3079F:** Most recent diastolic blood pressure 80-89 mm Hg **3080F:** Most recent diastolic blood pressure greater than or equal to 90 mm Hg **3078F:** Most recent diastolic blood pressure less than 80 mm Hg **LOINC** **8514-2:** Brachial artery - left Diastolic blood pressure **8515-9:** Brachial artery - right Diastolic blood pressure **8496-2:** Brachial artery Diastolic blood pressure **8462-4:** Diastolic blood pressure

Description	CPT/CVX/SNOMED CT
	75995-1: Diastolic blood pressure by Continuous non-invasive monitoring **89267-9:** Diastolic blood pressure--lying in L-lateral position **8453-3:** Diastolic blood pressure--sitting **8454-1:** Diastolic blood pressure--standing **8455-8:** Diastolic blood pressure--supine **SNOMED CT** **271650006:** Diastolic blood pressure (observable entity)
Diastolic Less Than 90	**CAT II** **3079F:** Most recent diastolic blood pressure 80-89 mm Hg **3078F:** Most recent diastolic blood pressure less than 80 mm Hg
Systolic and Diastolic Result	**CAT II** **3079F**: Most recent diastolic blood pressure 80-89 mm Hg **3080F:**Most recent diastolic blood pressure greater than or equal to 90 mm Hg **3078F:** Most recent diastolic blood pressure less than 80 mm Hg **3075F:** Most recent systolic blood pressure 130-139 mm Hg **3077F:** Most recent systolic blood pressure greater than or equal to 140 mm Hg **3074F**: Most recent systolic blood pressure less than 130 mm Hg
Systolic Blood Pressure	**CAT II** **3075F:** Most recent systolic blood pressure 130-139 mm Hg **3077F:** Most recent systolic blood pressure greater than or equal to 140 mm **3074F**: Most recent systolic blood pressure less than 130 mm Hg **LOINC** **8546-4**: Brachial artery - left Systolic blood pressure **8547-2**: Brachial artery - right Systolic blood pressure **8508-4:** Brachial artery Systolic blood pressure **8480-6**: Systolic blood pressure **75997-7**: Systolic blood pressure by Continuous non-invasive monitoring **89268-7:** Systolic blood pressure--lying in L-lateral position **8459-0:** Systolic blood pressure--sitting **8460-8:** Systolic blood pressure--standing **8461-6:** Systolic blood pressure--supine **SNOMED CT** **271649006:** Systolic blood pressure (observable entity)
Systolic Less Than 140	**CAT II** **3075F:** Most recent systolic blood pressure 130-139 mm Hg **3074F:** Most recent systolic blood pressure less than 130 mm Hg

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Description	CPT/CVX/SNOMED CT
Essential Hypertension	**ICD10CM** **I10:** Essential (primary) hypertension **SNOMED CT** **1201005:** Benign essential hypertension (disorder) **71874008:** Benign essential hypertension complicating AND/OR reason for care during childbirth (disorder) **23717007:** Benign essential hypertension complicating AND/OR reason for care during pregnancy (disorder) **35303009:** Benign essential hypertension complicating AND/OR reason for care during puerperium (disorder) **63287004:** Benign essential hypertension in obstetric context (disorder) **59621000:** Essential hypertension (disorder) **18416000:** Essential hypertension complicating AND/OR reason for care during childbirth (disorder) **78808002:** Essential hypertension complicating AND/OR reason for care during pregnancy (disorder) **9901000:** Essential hypertension complicating AND/OR reason for care during puerperium (disorder) **72022006:** Essential hypertension in obstetric context (disorder) **19769006:** High-renin essential hypertension (disorder) **371125006:** Labile essential hypertension (disorder) **46481004:** Low-renin essential hypertension (disorder) **78975002:** Malignant essential hypertension (disorder) **40511000119107:** Postpartum pre-existing essential hypertension (disorder) **429457004:** Systolic essential hypertension (disorder)
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/SNOMED CT
Cervical Cytology Lab Test	**CPT**

Description	CPT/HCPCS/LOINC/SNOMED CT
	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 **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

Description	CPT/HCPCS/LOINC/SNOMED CT
	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 AndOr 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) **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)

Description	CPT/HCPCS/LOINC/SNOMED CT
	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) **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

LOINC
21440-3: Human papilloma virus 16+18+31+33+35+45+51+52+56 DNA [Presence] in Cervix by Probe
30167-1: Human papilloma virus 16+18+31+33+35+39+45+51+52+56+58+59+68 DNA [Presence] in Cervix by Probe with signal amplification
38372-9: Human papilloma virus 6+11+16+18+31+33+35+39+42+43+44+45+51+52+56+58+59+68 DNA [Presence] in Cervix by Probe with signal amplification
59263-4: Human papilloma virus 16 DNA [Presence] in Cervix by Probe with signal amplification
59264-2: Human papilloma virus 18 DNA [Presence] in Cervix by Probe with signal amplification
59420-0: Human papilloma virus 16+18+31+33+35+39+45+51+52+56+58+59+66+68 DNA [Presence] in Cervix by Probe with signal amplification
69002-4: Human papilloma virus E6+E7 mRNA [Presence] in Cervix by NAA with probe detection
71431-1: Human papilloma virus 31+33+35+39+45+51+52+56+58+59+66+68 DNA [Presence] in Cervix by NAA with probe detection
75694-0: Human papilloma virus 18+45 E6+E7 mRNA [Presence] in Cervix by NAA with probe detection
77379-6 Human papilloma virus 16 and 18 and 31+33+35+39+45+51+52+56+58+59+66+68 DNA [Interpretation] in Cervix
77399-4: Human papilloma virus 16 DNA [Presence] in Cervix by NAA with probe detection
77400-0: Human papilloma virus 18 DNA [Presence] in Cervix by NAA with probe detection
82354-2: Human papilloma virus 16 and 18+45 E6+E7 mRNA [Identifier] in Cervix by NAA with probe detection
82456-5: Human papilloma virus 16 E6+E7 mRNA [Presence] in Cervix by NAA with probe detection
82675-0: Human papilloma virus 16+18+31+33+35+39+45+51+52+56+58+59+66+68 DNA [Presence] in Cervix by NAA with probe detection
95539-3: Human papilloma virus 31 DNA [Presence] in Cervix by NAA with probe detection

SNOMED CT
35904009: Human papillomavirus deoxyribonucleic acid detection (procedure)

Description	CPT/HCPCS/LOINC/SNOMED CT
	44865100012410: Microscopic examination of cervical Papanicolaou smear and Human papillomavirus deoxyribonucleic acid detection cotesting (procedure)
	104132-6: Human papilloma virus 16 and 18 and 31 and 45+33+52+58 and 35+39+51+56+59+66+68 DNA [Interpretation] in Cervix by NAA with probe detection **104170-6:** Human papilloma virus 31+33+52+58 DNA [Presence] in Cervix by NAA with probe detection
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 CT/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. **198:** Diphtheria, pertussis, tetanus, hepatitis B, Haemophilus Influenza Type b, (Pentavalent)
DTaP Vaccine Procedure	**CPT** 90697, 90698, 90700, 90723

Description	CPT/HCPCS/SNOMED CT/CVX
	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) **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

Description	CPT/HCPCS/SNOMED CT/CVX
	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) **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)

Description	CPT/HCPCS/SNOMED CT/CVX
	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) **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)

Description	CPT/HCPCS/SNOMED CT/CVX
	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 **120:** diphtheria, tetanus toxoids and acellular pertussis vaccine, Haemophilus influenzae type b conjugate, and poliovirus vaccine, inactivated (DTaP-Hib-IPV) **146:** Diphtheria and Tetanus Toxoids and Acellular Pertussis Adsorbed, Inactivated Poliovirus, Haemophilus b Conjugate (Meningococcal Protein Conjugate), and Hepatitis B (Recombinant) Vaccine. **148:** Meningococcal Groups C and Y and Haemophilus b Tetanus Toxoid Conjugate Vaccine **198:** Diphtheria, pertussis, tetanus, hepatitis B, Haemophilus Influenza Type b, (Pentavalent)
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)

Description	CPT/HCPCS/SNOMED CT/CVX
	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) **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

Description	CPT/HCPCS/SNOMED CT/CVX
	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) **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

Description	CPT/HCPCS/SNOMED CT/CVX
	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) **170437009:** Administration of booster dose of vaccine product containing only Hepatitis A and Hepatitis B virus antigens (procedure)

Description	CPT/HCPCS/SNOMED CT/CVX
	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. **198:** Diphtheria, pertussis, tetanus, hepatitis B, Haemophilus Influenza Type b, (Pentavalent)

Description	CPT/HCPCS/SNOMED CT/CVX
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) **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

Description	CPT/HCPCS/SNOMED CT/CVX
	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) **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

Description	CPT/HCPCS/SNOMED CT/CVX
	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) **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)

Description	CPT/HCPCS/SNOMED CT/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) **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) **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

Description	CPT/HCPCS/SNOMED CT/CVX
	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) **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

Description	CPT/HCPCS/SNOMED CT/CVX
	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 preservative88, 140, 141, 150, 153, 155, 158, 161
Influenza Vaccine Procedure	**CPT** 90655, 90657, 90661, 90673, 90674, 90685, 90686, 90687, 90688, 90689, 90756 **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)
Measles, Mumps and Rubella (MMR) Immunization	**CVX:** 03, 94

Description	CPT/HCPCS/SNOMED CT/CVX
Measles, Mumps and Rubella (MMR) Vaccine Procedure	**CPT:** 90707, 90710 **SNOMED CT:** 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) **1296904008:** 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 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

The codes and measure tips listed are informational only, not clinical guidelines or standards of medical care, and do not guarantee reimbursement. All member care and related decisions of treatment are the sole responsibility of the provider. This information does not dictate or control your clinical decisions regarding the appropriate care of members. Your state/provider contract(s), Medicaid, member benefits and several other guidelines determine reimbursement for the applicable codes. Proper coding and providing appropriate care decrease the need for high volume of medical record review requests and provider audits. It also helps us review your performance on the quality of care that is provided to our members and meet the HEDIS measure for quality reporting based on the care you provide our members. Please note: The information provided is based on HEDIS MY2025 technical specifications and is subject to change based on guidance given by the National Committee for Quality Assurance (NCQA), the Centers for Medicare & Medicaid Services (CMS) and state recommendations. Please refer to the appropriate agency for additional guidance.

Description	CPT/HCPCS/SNOMED CT/CVX
Varicella zoster (VZV) vaccine procedure	**CPT** 90710, 90716 **SNOMED CT** **425897001:** Administration of first dose of vaccine product containing only Human alphaherpesvirus 3 antigen for chickenpox (procedure) **428502009:** Administration of second dose of vaccine product containing only Human alphaherpesvirus 3 antigen for chickenpox (procedure) **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 antigen for chickenpox (procedure) **871898007:** Administration of vaccine product containing only live attenuated Human alphaherpesvirus 3 antigen (procedure) **871899004:** Administration of vaccine product containing only live attenuated Human alphaherpesvirus 3 antigen via 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 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) **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)

Description	CPT/HCPCS/LOINC/SNOMED CT
	48021000087103: Colonoscopy using cecal retroflexion technique (procedure) **48031000087101:** Colonoscopy using rectal retroflexion technique (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 **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

Description	CPT/HCPCS/LOINC/SNOMED CT
	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) **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)

The codes and measure tips listed are informational only, not clinical guidelines or standards of medical care, and do not guarantee reimbursement. All member care and related decisions of treatment are the sole responsibility of the provider. This information does not dictate or control your clinical decisions regarding the appropriate care of members. Your state/provider contract(s), Medicaid, member benefits and several other guidelines determine reimbursement for the applicable codes. Proper coding and providing appropriate care decrease the need for high volume of medical record review requests and provider audits. It also helps us review your performance on the quality of care that is provided to our members and meet the HEDIS measure for quality reporting based on the care you provide our members. Please note: The information provided is based on HEDIS MY2025 technical specifications and is subject to change based on guidance given by the National Committee for Quality Assurance (NCQA), the Centers for Medicare & Medicaid Services (CMS) and state recommendations. Please refer to the appropriate agency for additional guidance.

Description	CPT/HCPCS/LOINC/SNOMED CT
	71711000112103: Occult blood detected in feces by immunoassay (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 reimbursement.

Documented Assessment After Mammogram (DBM-E)

Description	SNOMED CT
BIRADS Assessment	**397138000:** Mammography assessment (Category 0) - Need additional imaging evaluation (finding) **397140005:** Mammography assessment (Category 1) - Negative (finding) **397141009:** Mammography assessment (Category 2) - Benign finding (finding) **397143007:** Mammography assessment (Category 3) - Probably benign finding, short interval follow-up (finding) **397144001:** Mammography assessment (Category 4) - Suspicious abnormality, biopsy should be considered (finding) **6121000179106**: Mammography assessment (Category 4A) - Suspicious abnormality, biopsy should be considered, low suspicion of malignancy (finding) **6131000179108:** Mammography assessment (Category 4B) - Suspicious abnormality, biopsy should be considered, moderate suspicion of malignancy (finding) **6141000179100**: Mammography assessment (Category 4C) - Suspicious abnormality, biopsy should be considered, high suspicion of malignancy (finding)

Description	SNOMED CT
	397145000: Mammography assessment (Category 5) - Highly suggestive of malignancy (finding) **6111000179101:** Mammography assessment (Category 6) - known biopsy, proven malignancy (finding)

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

Description	ICD10CM/SNOMED CT
Major Depression or Dysthymia	**ICD10CM** **F32.0:** Major depressive disorder, single episode, mild **F32.1:** Major depressive disorder, single episode, moderate **F32.2:** Major depressive disorder, single episode, severe without psychotic features **F32.3:** Major depressive disorder, single episode, severe with psychotic features **F32.4:** Major depressive disorder, single episode, in partial remission **F32.5:** Major depressive disorder, single episode, in full remission **F32.9:** Major depressive disorder, single episode, unspecified **F33.0:** Major depressive disorder, recurrent, mild **F33.1:** Major depressive disorder, recurrent, moderate **F33.2:** Major depressive disorder, recurrent severe without psychotic features **F33.3:** Major depressive disorder, recurrent, severe with psychotic symptoms **F33.40:** Major depressive disorder, recurrent, in remission, unspecified **F33.41:** Major depressive disorder, recurrent, in partial remission **F33.42:** Major depressive disorder, recurrent, in full remission **F33.9:** Major depressive disorder, recurrent, unspecified **F34.1:** Dysthymic disorder **SNOMED CT** **832007:** Moderate major depression (disorder) **2506003:** Early onset dysthymia (disorder) **2618002:** Chronic recurrent major depressive disorder (disorder) **3109008:** Secondary dysthymia early onset (disorder) **14183003:** Chronic major depressive disorder, single episode (disorder) **15193003:** Severe recurrent major depression with psychotic features, mood-incongruent (disorder) **15639000:** Moderate major depression, single episode (disorder) **18818009:** Moderate recurrent major depression (disorder)

Description	ICD10CM/SNOMED CT
	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) **69392006:** Major depressive disorder, single episode with catatonic features (disorder) **70747007:** Major depression single episode, in partial remission (disorder)

Description	ICD10CM/SNOMED CT
	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	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)

Description	SNOMED CT
	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	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 reimbursement.

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

Description	CPT/HCPCS/SNOMED CT
Depression Care 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 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:** Care management, each 15 minutes **T1017:** Targeted care management, each 15 minutes **T2022:** Care management, per month **T2023:** Targeted care 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:** Care management (procedure) **409022004:** Dispensing medication management (procedure) **410216003:** Communication care management (procedure) **410219005:** Personal care management (procedure) **410328009:** Coping skills care management (procedure) **410335001:** Exercises care management (procedure) **410346003:** Medication action/side effects care management (procedure) **410347007:** Medication set-up care management (procedure) **410351009:** Relaxation/breathing techniques care management (procedure) **410352002:** Rest/sleep care management (procedure) **410353007:** Safety care management (procedure) **410354001:** Screening care management (procedure) **410356004:** Signs/symptoms-mental/emotional care management (procedure) **410360001:** Spiritual care care management (procedure) **410363004:** Support group care management (procedure) **410364005:** Support system care management (procedure) **410366007:** Wellness care management (procedure) **416341003:** Care management started (situation) **416584001:** Care management ended (situation)

	424490002: Medication prescription care management (procedure) **425604002:** Care management follow up (procedure) **737850002**: Day care care management (procedure) **621561000124106:** Psychiatric care management (procedure) **661051000124109:** Education about Department of Veterans Affairs Military2VA Care management Program (procedure) **662081000124106:** Assistance with application for Department of Veterans Affairs Military2VA Care management Program (procedure) **662541000124107:** Evaluation of eligibility for Department of Veterans Affairs Military2VA Care management Program (procedure) **842901000000108:** Multidisciplinary care management (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 reimbursement.

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

Description	SNOMED CT
High Risk BIRADS	**397144001:** Mammography assessment (Category 4) - Suspicious abnormality, biopsy should be considered (finding) **6121000179106:** Mammography assessment (Category 4A) - Suspicious abnormality, biopsy should be considered, low suspicion of malignancy (finding) **6131000179108:** Mammography assessment (Category 4B) - Suspicious abnormality, biopsy should be considered, moderate suspicion of malignancy (finding) **6141000179100:** Mammography assessment (Category 4C) - Suspicious abnormality, biopsy should be considered, high suspicion of malignancy (finding) **397145000:** Mammography assessment (Category 5) - Highly suggestive of malignancy (finding)
Inconclusive BIRADS	**397138000:** Mammography assessment (Category 0) - Need additional imaging evaluation (finding)

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 **316:** Meningococcal polysaccharide (groups A, C, Y, W) tetanus toxoid conjugate, meningococcal B recombinant vaccine, 0.5mL, preservative free
Meningococcal Vaccine Procedure	**CPT** 90619, 90623, 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) **412756007:** Administration of second dose of vaccine product containing only acellular Bordetella pertussis and Clostridium tetani and Corynebacterium diphtheriae antigens (procedure)

Description	CPT/CVX/SNOMED CT
	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 papilloma virus vaccine, quadrivalent **118:** human papilloma virus vaccine, bivalent **137:** HPV, unspecified formulation **165:** Human Papillomavirus 9-valent vaccine
HPV Vaccine Procedure	**CPT** 90649, 90650, 90651 **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 antigen (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.

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

Description	CPT/ HCPCS/SNOMED CT
Deliveries	**CPT** 59400, 59409, 59410, 59510, 59514, 59515, 59610, 59612, 59614, 59618, 59620, 59622 **SNOMED CT** **2321005:** Delivery by Ritgen maneuver (procedure) **199771001:** Piper forceps delivery by application to aftercoming head (procedure)
Depression Care management Encounter	**CPT** 99366, 99492, 99493, 99494 **HCPCS** **T1016:** Care management, each 15 minutes **T1017:** Targeted care management, each 15 minutes **T2022:** Care management, per month **T2023:** Targeted care 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:** Care management (procedure) **409022004:** Dispensing medication management (procedure) **410216003:** Communication care management (procedure) **410219005:** Personal care management (procedure) **410328009:** Coping skills care management (procedure) **410335001:** Exercises care management (procedure) **410346003:** Medication action/side effects care management (procedure) **410347007:** Medication set-up care management (procedure) **410351009:** Relaxation/breathing techniques care management **(procedure)** **410352002:** Rest/sleep care management (procedure) **410353007:** Safety care management (procedure) **410354001:** Screening care management (procedure) **410356004:** Signs/symptoms-mental/emotional care management (procedure) **410360001:** Spiritual care care management (procedure) **410363004:** Support group care management (procedure) **410364005:** Support system care management (procedure) **410366007:** Wellness care management (procedure) **416341003:** Care management started (situation) **416584001:** Care management ended (situation)

Description	CPT/ HCPCS/SNOMED CT
	424490002: Medication prescription care management (procedure) **425604002:** Care management follow up (procedure) **737850002:** Day care care management (procedure) **621561000124106:** Psychiatric care management (procedure) **661051000124109:** Education about Department of Veterans Affairs Military2VA Care management Program (procedure) **662081000124106:** Assistance with application for Department of Veterans Affairs Military2VA Care management Program (procedure) **662541000124107:** Evaluation of eligibility for Department of Veterans Affairs Military2VA Care management Program (procedure) **842901000000108:** Multidisciplinary care management (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 reimbursement.

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

Description	CPT/ HCPCS/SNOMED CT
Deliveries	**CPT** 59400, 59409, 59410, 59510, 59514, 59515, 59610, 59612, 59614, 59618, 59620, 59622 **SNOMED CT** **2321005:** Delivery by Ritgen maneuver (procedure) **199771001:** Piper forceps delivery by application to aftercoming head (procedure)
37 weeks gestation	**SNOMED CT** **43697006:** Gestation period, 37 weeks (finding)

Description	CPT/ HCPCS/SNOMED CT
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) **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)

Description	CPT/ HCPCS/SNOMED CT
	428566005: Gestation less than 20 weeks (finding) **428567001:** Gestation 14 - 20 weeks (finding) **428930004:** Gestation 9- 13 weeks (finding)
Depression Care management Encounter	**CPT** 99366, 99492, 99493, 99494 **HCPCS** **T1016:** Care management, each 15 minutes **T1017:** Targeted care management, each 15 minutes **T2022:** Care management, per month **T2023:** Targeted care 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:** Care management (procedure) **409022004:** Dispensing medication management (procedure) **410216003:** Communication care management (procedure) **410219005:** Personal care management (procedure) **410328009:** Coping skills care management (procedure) **410335001:** Exercises care management (procedure) **410346003:** Medication action/side effects care management (procedure) **410347007:** Medication set-up care management (procedure) **410351009:** Relaxation/breathing techniques care management (procedure) **410352002:** Rest/sleep care management (procedure) **410353007:** Safety care management (procedure) **410354001:** Screening care management (procedure) **410356004:** Signs/symptoms-mental/emotional care management (procedure) **410360001:** Spiritual care care management (procedure) **410363004:** Support group care management (procedure) **410364005:** Support system care management (procedure) **410366007:** Wellness care management (procedure) **416341003:** Care management started (situation) **416584001:** Care management ended (situation) **424490002:** Medication prescription care management (procedure) **425604002:** Care management follow up (procedure) **737850002:** Day care care management (procedure) **621561000124106:** Psychiatric care management (procedure)

Description	CPT/ HCPCS/SNOMED CT
	661051000124109: Education about Department of Veterans Affairs Military2VA Care management Program (procedure) **662081000124106:** Assistance with application for Department of Veterans Affairs Military2VA Care management Program (procedure) **662541000124107:** Evaluation of eligibility for Department of Veterans Affairs Military2VA Care management Program (procedure) **842901000000108:** Multidisciplinary care management (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 reimbursement.

Prenatal Immunization Status (PRS-E)

Description	CPT/CVX/SNOMED CT
Deliveries	**CPT** 59400, 59409, 59410, 59510, 59514, 59515, 59610, 59612, 59614, 59618, 59620, 59622 **SNOMED CT** **2321005:** Delivery by Ritgen maneuver (procedure) **199771001:** Piper forceps delivery by application to aftercoming head (procedure)
37 Weeks Gestation	**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)

Description	CPT/CVX/SNOMED CT
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**

Description	CPT/CVX/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

Additional codes

Description	CPT/CAT II/HCPCS
Prenatal Bundled Services	**CPT** 59400, 59425, 59426, 59510, 59618 **HCPCS** **H1005:** Prenatal care, at-risk enhanced service package (includes h1001-h1004)
Prenatal Visits	**CPT** 99202-99205, 99211-99215, 99242-99245, 99483 **HCPCS** **G0463:** Hospital outpatient clinic visit for assessment and management of a patient **T1015**: Clinic visit/encounter, all-inclusive
Stand-Alone Prenatal Visits	**CPT** 99500 **CAT II**

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Description	CPT/CAT II/HCPCS
	0500F: Initial prenatal care visit (report at first prenatal encounter with healthcare 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 **H1003:** Prenatal care, at-risk enhanced service; education **H1004:** Prenatal care, at-risk enhanced service; follow-up home visit **SNOMED CT** **169600002:** Antenatal care assessment (procedure) **169602005:** Antenatal care: 10 years plus since last pregnancy (regime/therapy) **169603000:** Antenatal care: primiparous, under 17 years (regime/therapy)
Postpartum Bundles Services	**CPT** 59400, 59410, 59510, 59515, 59610, 59614, 59618, 59622
Home Visit Prenatal Monitoring	**CPT** 99500
Postpartum Visit	**CPT** 57170, 58300, 59430, 99501 **CAT II** **0503F:** Postpartum care visit **HCPCS**

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Description	CPT/CAT II/HCPCS
	G0101: Cervical or vaginal cancer screening; pelvic and clinical breast examination (G0101)
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 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 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:** 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 **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

Description	CPT/CAT II/HCPCS
	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

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

Social Need Screening and Intervention (SNS-E)

Description	CPT/HCPCS/SNOMED 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 **SNOMED 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/SNOMED 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)

Description	CPT/HCPCS/SNOMED CT
	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) **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)

Description	CPT/HCPCS/SNOMED CT
	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 program (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) **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)

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Description	CPT/HCPCS/SNOMED CT
	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) **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)

Description	CPT/HCPCS/SNOMED CT
	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) **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)

Description	CPT/HCPCS/SNOMED CT
	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 **SNOMED 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) **461481000124109:** Referral to peer support (procedure)

Description	CPT/HCPCS/SNOMED CT
	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)

Description	CPT/HCPCS/SNOMED CT
	470811000124102: Evaluation of eligibility for transitional housing program (procedure) **470821000124105**: Education about transitional housing program (procedure) **470831000124108:** Assistance with application for transitional housing program (procedure) **470841000124103:** Referral to healthcare for the homeless program (procedure) **471021000124108**: Referral to street outreach program (procedure) **471031000124106:** Education about street outreach program (procedure) **471041000124101**: Referral to rental assistance program (procedure) **471071000124109:** Referral to fair housing assistance program (procedure) **471081000124107:** Referral to Day Shelter program (procedure) **471091000124105:** Referral to Emergency Shelter program (procedure) **471101000124104:** Referral to coordinated entry program (procedure) **471111000124101**: Referral to community development financial institution (procedure) **471121000124109:** Referral to community development corporation (procedure) **471131000124107:** Referral to area agency on aging (procedure) **472031000124103:** Evaluation of eligibility for Safe Haven Program (procedure) **472041000124108:** Referral to subsidized housing service (procedure) **472051000124105:** Education about Safe Haven program (procedure) **472081000124102:** Education about rental assistance program (procedure) **472091000124104:** Evaluation of eligibility for rental assistance program (procedure) **472101000124105:** Evaluation of eligibility for Rapid Re-housing program (procedure) **472111000124108:** Education about Rapid Re-housing program (procedure) **472121000124100:** Assistance with application for Rapid Re-housing program (procedure)

Description	CPT/HCPCS/SNOMED CT
	472131000124102: Provision of rental assistance voucher (procedure) **472141000124107:** Referral to medical respite for homeless program (procedure) **472151000124109:** Referral to medical legal partnership program (procedure) **472161000124106**: Referral to housing support program (procedure) **472191000124103:** Counseling for readiness to achieve housing security goals (procedure) **472221000124105:** Counseling for readiness to implement housing insecurity care plan (procedure) **472241000124103**: Counseling for barriers to achieve housing security (procedure) **472261000124104:** Counseling for housing insecurity care plan participation barriers (procedure) **472301000124108:** Evaluation of eligibility for medical respite for homeless program (procedure) **472311000124106:** Education about medical respite for homeless program (procedure) **472321000124103:** Assistance with application for medical respite for homeless program (procedure) **472331000124100:** Education about medical legal partnership program (procedure) **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 homeless program (procedure)

Description	CPT/HCPCS/SNOMED CT
	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 **SNOMED 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) **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)

Description	CPT/HCPCS/SNOMED CT
	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) **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)

Description	CPT/HCPCS/SNOMED CT
	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 Homelessness Prevention program (procedure) **480851000124106:** Evaluation of eligibility for Homelessness Prevention program (procedure) **480861000124108:** Assistance with application to Homelessness Prevention program (procedure)

Description	CPT/HCPCS/SNOMED CT
	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 **SNOMED 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)

Description	CPT/HCPCS/SNOMED CT
	470231000124107: Counseling for social determinant of health risk (procedure) **470431000124106:** Referral to weatherization assistance program (procedure) **470441000124101:** Evaluation of eligibility for weatherization assistance program (procedure) **470451000124104:** Education about weatherization assistance program (procedure) **470461000124102:** Assistance with application for weatherization assistance program (procedure) **470591000124109:** Education about community development financial institution (procedure) **470601000124101:** Education about community development corporation (procedure) **470611000124103:** Education about area agency on aging program (procedure) **471111000124101:** Referral to community development financial institution (procedure) **471121000124109:** Referral to community development corporation (procedure) **471131000124107:** Referral to area agency on aging (procedure) **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)

Description	CPT/HCPCS/SNOMED CT
	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) **551081000124104:** Assistance with application for housing repair program (procedure) **551101000124107:** Referral to lawyer (procedure)
Transportation Insecurity Procedures	**CPT** 96156, 96160, 96161 **SNOMED 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)

The codes and measure tips listed are informational only, not clinical guidelines or standards of medical care, and do not guarantee reimbursement. All member care and related decisions of treatment are the sole responsibility of the provider. This information does not dictate or control your clinical decisions regarding the appropriate care of members. Your state/provider contract(s), Medicaid, member benefits and several other guidelines determine reimbursement for the applicable codes. Proper coding and providing appropriate care decrease the need for high volume of medical record review requests and provider audits. It also helps us review your performance on the quality of care that is provided to our members and meet the HEDIS measure for quality reporting based on the care you provide our members. Please note: The information provided is based on HEDIS MY2025 technical specifications and is subject to change based on guidance given by the National Committee for Quality Assurance (NCQA), the Centers for Medicare & Medicaid Services (CMS) and state recommendations. Please refer to the appropriate agency for additional guidance.

Description	CPT/HCPCS/SNOMED CT
	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) **472331000124100:** Education about medical legal partnership program (procedure) **551101000124107:** Referral to lawyer (procedure) **551111000124105:** Provision of taxi voucher (procedure) **551121000124102:** Referral to taxi voucher program (procedure) **551141000124109:** Evaluation of eligibility for taxi voucher program (procedure) **551161000124108:** Education about taxi voucher program (procedure) **551191000124100:** Assistance with application for taxi voucher program (procedure) **551231000124105:** Referral to vehicle donation program (procedure) **551251000124103:** Evaluation of eligibility for vehicle donation program (procedure) **551261000124101:** Education about vehicle donation program (procedure) **551271000124108** Assistance with application for vehicle donation program (procedure) **551281000124106:** Referral to transportation network company program (procedure) **551291000124109:** Assistance with application for transportation network company program (procedure) **551301000124105:** Education about transportation network company program (procedure)

Description	CPT/HCPCS/SNOMED CT
	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) **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)

Description	CPT/HCPCS/SNOMED CT
	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) **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 reimbursement.

To help make it as easy as possible to keep up with annual changes to HEDIS documentation, we have created a library of HEDIS content for you. You'll find tip sheets with coding information and more for many HEDIS measures and other documentation to help ensure accurate claims coding, which helps ensure accurate reimbursement. Go to *Provider News* to view all communications in the **Optimizing HEDIS & STARS** category.

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