



HEDIS[®]/STAR Reference Guide 2026

MedPOINT Information

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HEDIS®/Stars Reference Guide 2026

PLEASE NOTE

Information above is subject to change.

The list is not a complete list of all HEDIS® measures.

The codes listed above are SAMPLE CODES.

Please refer to HEDIS® Measurement Year 2026

Technical Specifications for Health Plans and NCQA's

HEDIS® Value Set Directory for a complete list.

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MedPOINT
MANAGEMENT

What's New for Measurement Year 2026

The future of Health Effective Information Data Set (HEDIS®) is becoming clearer. As part of a quality improvement ecosystem that allows electronic data exchange among clinical care teams, payers, public health agencies and researchers, the National Committee for Quality Assurance (NCQA) envisions that health plans will increasingly be able to exchange HEDIS® data with provider EHRs, health information exchanges, health registries, and other health plans. The technology that will enable these computer systems to talk to each other is called the FHIR API.

This transition will occur over many years. NCQA is moving the process forward by converting several HEDIS® measures to ECDS (Electronic Clinical Data System) measures or e-measures. Although the e-measures include technical specifications for how data will be exchanged within the ecosystem, what's important for provider offices to know now is that these measures cannot be reported with encounter data (CPT and ICD-10 codes) alone. Provider offices must submit supplemental data (medical records or EHR extracts) to report that data. Provider offices that have the data in a structured format that can be easily extracted are at a significant advantage. Sometime in the near future, health plans will query the EHRs for HEDIS® data using the FHIR API and supplemental data will be eliminated.

The need for provider offices to have their EHR data in a structured format has taken on new urgency as the Department of Health

Care Services (DHCS) has announced its intention to hold several depression screening e-measures (DSF-E-DS, PDS-E-DS and PND-E-DS) which cannot be reported without depression screening scores to the national Medicaid 50th percentile in 2026. Provider offices that can't produce an EHR extract of their patient's depression screening scores will have great difficulty meeting these measures. In this guide, we describe how to report the depression screening score as supplemental data using LOINC codes and we encourage provider offices to confirm that these scores are consistently being stored as structured data in their EHRs.

The increasing number of e-measures is just one of the ways that NCQA is challenging the healthcare system to improve. To improve health equity, several HEDIS® measures will now be reported with race and ethnicity stratification. NCQA has also introduced the first HEDIS® measure for Social Determinants of Health Screening. Meanwhile, measure benchmarks continue to increase year after year. We hope this background and the information contained in this guide will help provider offices rise to the challenge. As always, please fully utilize the Cozeva® platform which is intended to help provider offices be successful with HEDIS® and reach out to your HEDIS/Stars specialist for assistance at any time.

Thank you-
MedPOINT Management Quality Improvement Team


 = Time Sensitive Metric

HEDIS® MEASURE	AGE	LOB	REQUIREMENT AND DOCUMENTATION	SAMPLE CODES / EXCLUSIONS												
Colorectal Cancer Screening (COL-E)	45-75 years as of 12/31/2026	Commercial, Medicare, Medi-Cal	<p>Members who had appropriate screening for colorectal cancer:</p> <ul style="list-style-type: none"> Fecal occult blood test FOBT – annually (2026) Fecal immunochemical test (FIT) – annually (2026) Multitargeted stool DNA with Fit test (sDNA FIT) – 3 years (2024-2026) CT colonography – 5 years (2022-2026) Flexible sigmoidoscopy – 5 years (2022-2026) Colonoscopy – 10 years (2017-2026) <p>Best Practices:</p> <ul style="list-style-type: none"> Clearly document previous colonoscopy, including year. Proof of service for point-of-care FOBT/FIT testing must specify “spontaneous bowel movement” or “not DRE.” If screening was done by another provider or in another country, document what type of test was done, the date screening was completed (month/year) and the result to submit as supplemental data. If creating a lab requisition online, check if your contracted lab requires that the sample be submitted to the lab within 14 days of the requisition date to avoid rejection of the specimens. If giving a FOBT kit, do not create an online requisition. 	<table border="1"> <thead> <tr> <th data-bbox="1402 175 1738 224">Description</th> <th data-bbox="1738 175 2062 224">Codes</th> </tr> </thead> <tbody> <tr> <td data-bbox="1402 224 1738 362"> Guaiaic-based fecal occult blood test (gFOBT) or Fecal immunochemical test (FIT) </td> <td data-bbox="1738 224 2062 362"> CPT: 82270 HCPCS: G0328 LOINC: 2335-8* </td> </tr> <tr> <td data-bbox="1402 362 1738 459"> Multitargeted stool DNA with FIT test (sDNA FIT) (i.e., Cologuard) </td> <td data-bbox="1738 362 2062 459"> CPT: 81528, 0464U LOINC: 77354-9* </td> </tr> <tr> <td data-bbox="1402 459 1738 540"> CT colonography </td> <td data-bbox="1738 459 2062 540"> CPT: 74261-74263 LOINC: 79101-2* </td> </tr> <tr> <td data-bbox="1402 540 1738 703"> Flexible sigmoidoscopy </td> <td data-bbox="1738 540 2062 703"> CPT: 45330-45335, 45337, 45338, 45340-45342, 45346, 45347, 45349, 45350 HCPCS: G0104 </td> </tr> <tr> <td data-bbox="1402 703 1738 865"> Colonoscopy </td> <td data-bbox="1738 703 2062 865"> CPT: 44388-44392, 44394, 44401-44408, 45378-45382, 45384-45386, 45388-45393, 45398 HCPCS: G0105, G0121 </td> </tr> </tbody> </table> <p>Exclusions: Colorectal cancer (anytime during the member’s history), total colectomy, members age 66+ in institutional SNP or long-term institution or with frailty and advanced illness or dementia. Other exclusions apply.</p> <p>Note: CPT II Code 3017F does not close the HEDIS® measure but is useful for flagging documentation for chart retrieval.</p>	Description	Codes	Guaiaic-based fecal occult blood test (gFOBT) or Fecal immunochemical test (FIT)	CPT: 82270 HCPCS: G0328 LOINC: 2335-8*	Multitargeted stool DNA with FIT test (sDNA FIT) (i.e., Cologuard)	CPT: 81528, 0464U LOINC: 77354-9*	CT colonography	CPT: 74261-74263 LOINC: 79101-2*	Flexible sigmoidoscopy	CPT: 45330-45335, 45337, 45338, 45340-45342, 45346, 45347, 45349, 45350 HCPCS: G0104	Colonoscopy	CPT: 44388-44392, 44394, 44401-44408, 45378-45382, 45384-45386, 45388-45393, 45398 HCPCS: G0105, G0121
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HEDIS® MEASURE	AGE	LOB	REQUIREMENT AND DOCUMENTATION	SAMPLE CODES / EXCLUSIONS
<p>Controlling High Blood Pressure (CBP)</p>	<p>18-85 years & Hypertensive as of 12/31/2026</p>	<p>Commercial, Medi-Cal, Medicare</p>	<p>Members with ≥ 2 diagnoses of hypertension between 01/01/2025 - 06/30/2026 whose last blood pressure of 2026 was <140/90.</p> <p>Best Practices:</p> <ul style="list-style-type: none"> • Most recent BP value counts. • If there are multiple readings on the same date, the lowest values from both notations can be used. • Use CPT II outcome codes on encounters and consider automating codes in your EHR. • Retake BP at end of appointment if initial reading is high. • BP from non-medical providers can be used if they are using the medical provider's EHR (i.e., dentists and optometrists). <p>Telehealth:</p> <ul style="list-style-type: none"> • BP readings from patient's digital BP monitoring devices during telehealth visits are acceptable. 	<p>CPT II Codes:</p> <ul style="list-style-type: none"> • 3074F – Systolic (< 129 mm Hg) • 3075F – Systolic (= 130 – 139 mm Hg) • 3077F – Systolic (> 140 mm Hg) (non-compliant) • 3078F – Diastolic (< 79 mm Hg) • 3079F – Diastolic (= 80 – 89 mm Hg) • 3080F – Diastolic (> 90 mm Hg) (non-compliant) <p>Exclusions: Members in hospice, with evident ESRD; kidney transplant, diagnosis of pregnancy; had a non-acute inpatient admission, all in 2026. Age 66+ in institutional SNP or long-term institution or with frailty and advanced illness or dementia. Other exclusions apply.</p>

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HEDIS® MEASURE	AGE	LOB	REQUIREMENT AND DOCUMENTATION	SAMPLE CODES / EXCLUSIONS
<p>Transitions of Care (TRC)</p> <p>Includes MRP - Medication Reconciliation Post- Discharge - 1111F</p>  <p>Time Sensitive Metric</p>	<p>Documentation for members aged 18 and above with inpatient admission that includes notification of inpatient admission, discharge, patient engagement, and medication reconciliation in 2026</p>	<p>Medicare</p>	<p>Documentation of the following four rates:</p> <p>1. Notification of Inpatient Admission Documentation of receipt of notification with date of inpatient admission on the day of admission through 2 days after the admission (3 total days).</p> <ul style="list-style-type: none"> • Medical record examples include phone call, email or fax, ER notification, electronic exchange, ADT alert system, shared EHR, health plan, PCP or care provider, specialist, orders for tests and treatments or planned inpatient admission. • This component is determined by health plan medical record sample. <p>2. Receipt of Discharge Information Documentation of receipt of discharge information with date on the day of discharge through 2 days after the discharge (3 total days) via phone call, email or fax.</p> <ul style="list-style-type: none"> • Medical record must include discharge summary or in EHR in structured fields, practitioner responsible during stay, procedures and treatments, diagnoses at discharge, current medication list, testing documentation and results, and post-care instructions. • This component is determined by health plan medical record sample. <p>3. Patient Engagement After Inpatient Discharge Documentation of patient engagement (e.g., office visits, visits to the home, telehealth) provided within 30 days after discharge.</p> <ul style="list-style-type: none"> • Document either outpatient visit with office or home visit, telephone, real-time audio and video telehealth visit or e-visit, or virtual check-in (not real-time). • This component is determined by encounter data. <p>4. Medication Reconciliation Post-Discharge Documentation of medication reconciliation by PCP, registered nurse, or pharmacist on the date of discharge through 30 days after discharge (31 total days). Use CPT II code 1111F.</p> <ul style="list-style-type: none"> • Document either that medications were reconciled, no changes, same, discontinued reviewed or member was seen post-discharge with reconciliation or review. • This component is determined by encounter data. 	<p>CPT Codes Patient Engagement After Inpatient Discharge</p> <p>CPT: 98000-98016, 98966-98968, 98970-98972, 98980, 98981, 99202-99205, 99211-99215, 99242-99245, 99341-99345, 99347-99350, 99381-99387, 99391-99397, 99401-99404, 99411, 99412, 99421-99423, 99429, 99441-99443, 99455-99458, 99483, 99495, 99496</p> <p>HCPCS: G0071, G0402, G0438, G0439, G0463, G2010, G2012, G2250-G2252, T1015</p> <p>99495 / 99496 - Transitions of care management for moderate/high complexity.</p> <p>Code for Medication Reconciliation Post-Discharge (#4):</p> <p>CPT: 99483, 99495, 99496, 99605, 99606</p> <p>CPT II: 1111F Discharge medications reconciled with the current medication list in outpatient medical record.</p> <p>Best Practices:</p> <ul style="list-style-type: none"> • Add internal workflows to document notification of inpatient admission (#1) and discharge (#2) in the medical record as these components are validated through medical record review. • The use of 99495 or 99496 for patient engagement (#3) and medication post discharge (#4) are compliant for both components without additional codes. • Each sub measure is rated separately so meet as many components as possible.

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HEDIS® MEASURE	AGE	LOB	REQUIREMENT AND DOCUMENTATION	SAMPLE CODES / EXCLUSIONS
<p>Follow UP After Emergency Department Visit for People with Multiple High-Risk Chronic Conditions (FMC)</p>  <p>Time Sensitive Metric</p>	<p>18 years & older as of the ED Visit, 18-64 years, 65 years & older</p>	<p>Medicare</p>	<p>Step 1 - An ED visit on or between January 1st & December 24th of the measurement year, where the member was 18 years or older on date of visit.</p> <ul style="list-style-type: none"> • Denominator based on ED visits & not on members. <p>Step 2 - Exclude ED visits that result in an inpatient stay. Exclude ED visits followed by admission to an acute or non-acute inpatient care setting on the date of the ED visit or within 7 days after the ED visit, regardless of the principal diagnosis for admission. To identify admissions to an acute or non-acute inpatient care setting.</p> <p>Step 3 - Identify ED visits where the member had a chronic condition prior to the ED Visits. Chronic Conditions Consist of:</p> <ul style="list-style-type: none"> • COPD and asthma. • Alzheimer's disease and related disorders. • Chronic kidney disease • Depression. • Heart failure. • Acute myocardial infarction. • Atrial fibrillation. • Stroke and transient ischemic attack • Remove any visit with a principal diagnosis of encounter for other specified aftercare. • Remove any visit with any diagnosis of concussion with loss of consciousness or fracture of vault of skull, initial encounter. <p>Step 4 - Identify ED visits where the member had two or more different chronic conditions prior to the ED visits, that meet the criteria included in Step 3 above.</p> <p>Step 5 - Multiple Visits in 8-day period. If a member has more than one ED visit in an 8-day period, include only the first eligible ED visit.</p> <p>A follow-up service within 7 days after the ED visit (8 total days). Include visits that occur on the date of the ED visit.</p> <ul style="list-style-type: none"> • An outpatient visit. • A telephone visit. <p><i>Continued on next page</i></p>	

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HEDIS® MEASURE	AGE	LOB	REQUIREMENT AND DOCUMENTATION	SAMPLE CODES / EXCLUSIONS
<p>Follow UP After Emergency Department Visit for People with Multiple High-Risk Chronic Conditions (FMC) <i>Continued</i></p>			<ul style="list-style-type: none"> • Transitional care management services. • Case management visits. • Complex Care Management Services. • An outpatient or telehealth behavioral health visit. • An outpatient or telehealth behavioral health visit. • An intensive outpatient encounter or partial hospitalization. • An intensive outpatient encounter or partial hospitalization. • A community mental health center visit. • Electroconvulsive therapy. • A telehealth visit. • An observation visit. • A substance use disorder service. • An e-visit or virtual check-in. • A domiciliary or rest home visit. <p>Best Practices:</p> <ul style="list-style-type: none"> • Having notification process to be alerted of members that were seen in an ER 1-2 days after being seen. • Understanding what chronic conditions are eligible. • Identifying members with multiple chronic conditions. 	

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HEDIS® MEASURE	AGE	LOB	REQUIREMENT AND DOCUMENTATION	SAMPLE CODES / EXCLUSIONS																		
Child and Adolescent Well-Care Visits (WCV)	3-21 years as of 12/31/2026 Age stratifications: 3-11 years 12-17 years 18-21 years	Commercial, Medi-Cal	<p>The documentation must match the CPT or ICD-10 code definition. If the visit matches the code definition for CPT 99382-99395 ("Periodic comprehensive preventive medicine re-evaluation and management of an individual including an age and gender appropriate history, examination, counseling/anticipatory guidance/risk factor reduction interventions, and the ordering of laboratory/diagnostic procedures" - equivalent to a CHDP health assessment), submit that CPT code to receive HEDIS® credit. If the visit includes a significant component of well-care but does not meet the full definition for CPT 99382-99395, submit office visit CPT 99202-99215 together with a matching well-care ICD-10 Z-code to receive HEDIS® credit.</p> <p>The preferred documentation has the ICD10 Z-code plus the code definition printed in the assessment/plan where it can be easily seen by reviewers. A key phrase like "preventive care," "wellness visit," "well care," "well-child," or "routine health examination" should be included, along with a notation if there are abnormal findings.</p> <p>Best Practices:</p> <ul style="list-style-type: none"> • If no labs or diagnostic procedures are required, indicate "no labs/procedures required" to make clear this was intentional. • Proper coding is essential so make sure age-specific CPT code is billed. Refer to http://www.aap.org or http://www.Brightfutures.org for age-appropriate guidance. • Well care can be done during sick visits by adding a well-care ICD-10 Z-code. • A telehealth visit does NOT count towards compliance. • Members can complete a well visit anytime during the current year. It does not have to be 356 days between visits before the next well visit is scheduled. (i.e., member completed well visit 10/2025. They can be scheduled 3/2026) 	<table border="1"> <thead> <tr> <th data-bbox="1402 180 1635 224">Description</th> <th data-bbox="1635 180 1845 224">CPT</th> <th data-bbox="1845 180 2055 224">ICD-10</th> </tr> </thead> <tbody> <tr> <td data-bbox="1402 224 1635 380">New / Established patient- Early childhood (age 1–4 years)</td> <td data-bbox="1635 224 1845 380">99382 / 99392</td> <td data-bbox="1845 224 2055 380">Z00.121, Z00.129</td> </tr> <tr> <td data-bbox="1402 380 1635 535">New / Established patient- Early childhood (age 5-11 years)</td> <td data-bbox="1635 380 1845 535">99383 / 99393</td> <td data-bbox="1845 380 2055 535">Z00.121, Z00.129</td> </tr> <tr> <td data-bbox="1402 535 1635 724">New / Established patient- Adolescent (age 12-17 years)</td> <td data-bbox="1635 535 1845 724">99384 / 99394</td> <td data-bbox="1845 535 2055 724">Z00.121, Z00.129</td> </tr> <tr> <td data-bbox="1402 724 1635 880">New / Established patient- Adolescent (18+ years)</td> <td data-bbox="1635 724 1845 880">99385 / 99395</td> <td data-bbox="1845 724 2055 880">Z00.00, Z00.01</td> </tr> <tr> <td data-bbox="1402 880 1635 927">Sports Physical</td> <td data-bbox="1635 880 1845 927"></td> <td data-bbox="1845 880 2055 927">Z02.5</td> </tr> </tbody> </table>	Description	CPT	ICD-10	New / Established patient- Early childhood (age 1–4 years)	99382 / 99392	Z00.121, Z00.129	New / Established patient- Early childhood (age 5-11 years)	99383 / 99393	Z00.121, Z00.129	New / Established patient- Adolescent (age 12-17 years)	99384 / 99394	Z00.121, Z00.129	New / Established patient- Adolescent (18+ years)	99385 / 99395	Z00.00, Z00.01	Sports Physical		Z02.5
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HEDIS® MEASURE

Childhood Immunization Status (C10-10-E) (Combo 10)

Time Sensitive Metric

AGE

Children aged 2 years in 2026 who had all immunizations by their 2nd birthday

LOB

Commercial, Medi-Cal

REQUIREMENT AND DOCUMENTATION

Children 2 years of age in 2026 who received these vaccines on or before their second birthday:

- 4 DTaP (diphtheria, tetanus, and acellular pertussis)
- 3 IPV (polio)
- 1 MMR (measles, mumps, rubella)
- 3 HiB (H influenza type B)
- 3 Hep B (hepatitis B)
- 1 VZV (chicken pox)
- 4 PCV (pneumococcal conjugate)
- 1 Hep A (hepatitis A)
- 2 or 3 RV (rotavirus)
- 2 Flu (influenza)

Best Practices:

- Always use CAIR2 -California Immunization Registry - cair.cdph.ca.gov.
- Make sure 1-year olds are current with vaccines to avoid noncompliance next year.
- Keep in mind flu vaccines are not available year-round.
- Proper coding of Rota. Rota (NOS) defaults to 3 doses.

Notes: Completed vaccine declination form(s) will NOT make a member compliant. All vaccines must be administered timely

SAMPLE CODES / EXCLUSIONS

Exclusions:

Please refer to the HEDIS® Value Set Directory (VSD) for specific exclusion codes for contradictions including Anaphylactic reaction, Encephalopathy, Adverse Effects for DTaP, Disorders of the Immune System, HIV, Malignant Neoplasm of Lymphatic Tissue, Severe 3.

Description	Codes
DTAP	90697 90698, 90700, 90723
IPV	90697, 90698, 90713, 90723
MMR	90707, 90710
HiB	90644, 90647, 90648, 90697, 90698, 90748
Hepatitis A [^]	90633
Hepatitis B [^]	90697, 90723, 90740, 90744, 90747, 90748
VZV	90710, 90716
Pneumococcal Conjugate	(13) 90670, (15) 90671, (20) 90677
Rotavirus (2 dose) [^]	90681
Rotavirus (3 dose) [^]	90680
Influenza [^]	90655, 90657, 90660, 90661, 90672-90674, 90685-90689, 90756

([^]) Not part of the CDC Immunization Recommended Schedule for 2026, but quality performance is inclusive of these vaccines.

HEDIS® MEASURE

Immunizations for Adolescents (IMA-2-E) (Combo 2)


Time Sensitive Metric

AGE

Adolescents aged 13 in 2026 who had immunizations before 13th birthday

LOB

Commercial, Medi-Cal

REQUIREMENT AND DOCUMENTATION

The percentage of adolescents 13 years of age who had the following vaccines:

- **1 (MCV)** meningococcal conjugate. Must be completed on or between the 10th and 13th birthday.
- **1 (Tdap)** tetanus, diphtheria toxoids and acellular pertussis. Must be completed on or between the 10th and 13th birthday.
- **2 or 3 (HPV)** human papillomavirus completed on or between the 9th and 13th birthday. There must be 146 days between the first and second doses of HPV vaccines.

Best Practices:

- Always use CAIR2 - California Immunization Registry- cair.cdph.ca.gov.
- Note child's age and group vaccines against meningitis, HPV cancers, and whooping cough accordingly.
- Allow 146 days between HPV 1 and HPV 2 (give on or between member's 9th and 13th birthdays).
- Start recommending HPV vaccination at age 9 to increase the success of completing the series by 13.

Notes: Completed vaccine declination form(s) will NOT make a member compliant. All vaccines must be administered timely.

SAMPLE CODES / EXCLUSIONS

Exclusions:

Please refer to the HEDIS® Value Set Directory (VSD) for specific exclusion codes for contradictions including:

Anaphylactic reaction, Encephalopathy and Adverse Effect of Tdap. The exclusion must have occurred on or before the member's 13th birthday.

Description	Codes
Meningococcal [^]	90619, 90623, 90624, 90733, 90734
Tdap	90715
Human Papillomavirus (HPV)	901649, 90650, 90651

([^]) Not part of the CDC Immunization Recommended Schedule for 2026, but quality performance is inclusive of these vaccines

Lead Screening in Children (LSC-E)


Time Sensitive Metric

2 years of age as of 12/31/2026

Medi-Cal

The percentage of children 2 years of age who had one or more capillary or venous lead blood test for lead poisoning by their second birthday.

Best Practices:



- Implement a standing order for lead screening.
- Provide in office testing (capillary).

CPT codes:

83655 – Capillary or venous lead blood test

LOINC:

Lead in Blood	17052-2
Capillary/Finger Prick	10368-9
Venous Blood	77307-7

HEDIS® MEASURE	AGE	LOB	REQUIREMENT AND DOCUMENTATION	SAMPLE CODES / EXCLUSIONS												
<p>Well-Child Visits in the First 30 Months of Life (W30)</p>  <p>Time Sensitive Metric</p>	<p>Part I W30-A 0-15 months old in 2026</p> <p>Part II W30-B 15-30 months old in 2026</p>	<p>Commercial, Medi-Cal</p>	<p>Part I: Completion of six (6) or more well child visits with a primary care physician (PCP) prior to turning 15 months.</p> <p>Part II: Completion of two (2) or more well child visits with a primary care physician (PCP) during 15 – 30 months old.</p> <p>A key phrase like “newborn visit,” “preventive care,” “wellness visit,” “well care,” “well-child,” or “routine health examination” should be included, along with a notation if there are abnormal findings.</p> <p>Visits must be with a PCP but does not need to be the practitioner assigned to the child.</p> <p>Well child visits must be at least 14 days apart to count. A telehealth visit does NOT count towards compliance.</p>	<table border="1"> <thead> <tr> <th>Description</th> <th>CPT</th> <th>ICD-10</th> </tr> </thead> <tbody> <tr> <td>New / Established patient - Early childhood (<8 days)</td> <td>99381 / 99391</td> <td>Z00.110</td> </tr> <tr> <td>New / Established patient - Early childhood (age 8-28 days)</td> <td>99381 / 99391</td> <td>Z00.111</td> </tr> <tr> <td>New / Established patient - Early childhood (age 1–4 year)</td> <td>99382 / 99392</td> <td>Z00.121, Z00.129</td> </tr> </tbody> </table>	Description	CPT	ICD-10	New / Established patient - Early childhood (<8 days)	99381 / 99391	Z00.110	New / Established patient - Early childhood (age 8-28 days)	99381 / 99391	Z00.111	New / Established patient - Early childhood (age 1–4 year)	99382 / 99392	Z00.121, Z00.129
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<p>Developmental Screening in the First Three Years of Life (DEV)</p>  <p>Time Sensitive Metric</p>	<p>1-3 years of age as of 12/31/2026</p>	<p>Medi-Cal</p>	<p>The percentage of children screened for risk of developmental, behavioral, and social delays using standardized screening tool in the 12 months preceding or on their first, second, or third birthday.</p> <p>The preferred documentation must include all of the following:</p> <ul style="list-style-type: none"> • Date of service when screening test was completed and • The standardized tool used and • Evidence of screening result or screening score. <p>The following domains must be included in the standardized development screening tool:</p> <ul style="list-style-type: none"> • Motor • Language • Cognitive • Social-emotional 	<p>Developmental Screening in the first three (3) years of life CPT: 96110</p> <table border="1"> <thead> <tr> <th colspan="2">Examples of Screening Tools</th> </tr> </thead> <tbody> <tr> <td>Ages and Stages Questionnaire 3rd Edition (ASQ-3)</td> <td>1 – 5 1/2 years of age</td> </tr> <tr> <td>Parents’ Evaluation of Developmental Status (PEDS)</td> <td rowspan="2">Birth to 8 years of age</td> </tr> <tr> <td>Parents Evaluation of Developmental Status – Developmental Milestones (PEDS-DM)</td> </tr> <tr> <td>Survey of wellbeing in young children</td> <td>Birth to 8 years of age</td> </tr> </tbody> </table> <p>Note: The following tools <u>do not</u> meet criteria:</p> <ul style="list-style-type: none"> • Child’s social-emotional development (ASQ-SE) • Autism Screening (M-CHAT) 	Examples of Screening Tools		Ages and Stages Questionnaire 3rd Edition (ASQ-3)	1 – 5 1/2 years of age	Parents’ Evaluation of Developmental Status (PEDS)	Birth to 8 years of age	Parents Evaluation of Developmental Status – Developmental Milestones (PEDS-DM)	Survey of wellbeing in young children	Birth to 8 years of age			
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HEDIS® MEASURE	AGE	LOB	REQUIREMENT AND DOCUMENTATION	SAMPLE CODES / EXCLUSIONS						
Topical Fluoride for Children (TFL-CH)	1-20 years as of 12/31/2026	Medi-Cal	The percentage of children 1-20 years old who receive at least two (2) fluoride varnish applications on different dates of service during 2026.	<table border="1"> <thead> <tr> <th>Description</th> <th>Codes</th> </tr> </thead> <tbody> <tr> <td>Topical Fluoride Administered by Primary Care Physician</td> <td>CPT: 99188</td> </tr> <tr> <td>Topical Fluoride Administered by Dental Provider</td> <td>CDT: D1206, D1208</td> </tr> </tbody> </table>	Description	Codes	Topical Fluoride Administered by Primary Care Physician	CPT: 99188	Topical Fluoride Administered by Dental Provider	CDT: D1206, D1208
Description	Codes									
Topical Fluoride Administered by Primary Care Physician	CPT: 99188									
Topical Fluoride Administered by Dental Provider	CDT: D1206, D1208									

Glycemic Status Assessment (GSD)	18-75 years as of 12/31/2026 (Type I or Type II Diabetics)	Commercial, Medi-Cal, Medicare	<p>Documentation of a hemoglobin A1c (HbA1c) blood test in 2026 with date and result.</p> <p>Includes:</p> <ol style="list-style-type: none"> Control <8% - higher rate is better Poor Control >9% - lower rate is better <p>Notes</p> <ul style="list-style-type: none"> Most recent A1c result completed during the measurement year determines if the member is compliant or non-compliant. If no A1c is completed during the measurement year, the member will be non-compliant. 	<p>HbA1c Tests CPT: 83036, 83037 LOINC: 4548-4*</p> <p>A1c Results CPT II:</p> <ul style="list-style-type: none"> 3044F - HbA1c Level <7.0% 3051F – HbA1c Level = 7.0% - 7.9% 3052F – HbA1c Level = 8.0% - 9.0% 3046F – HbA1c Level >9.0% (non-compliant) <p>Exclusions for all diabetic components: Members in hospice, gestational diabetes, steroid induced diabetes, members age 66+ in institutional SNP or long-term institution or with frailty and advanced illness or dementia.</p>												
Kidney Health Evaluation for Patients with Diabetes (KED)	18-85 years as of 12/31/2026	Commercial, Medi-Cal, Medicare	<p>Members with diabetes (type 1 and type 2) who received both of the following:</p> <ul style="list-style-type: none"> At least one eGFR (estimated glomerular filtration rate) blood test and At least one uACR (urine albumin-creatinine ratio) urine test. <p>Note: Blood and urine testing both needed.</p>	<p>Lab CPT Codes:</p> <table border="1"> <thead> <tr> <th colspan="2">Description</th> <th>Codes</th> </tr> </thead> <tbody> <tr> <td rowspan="2">eGFR</td> <td>Test #1</td> <td rowspan="2">eGFR (Blood)</td> </tr> <tr> <td>Test #2</td> </tr> <tr> <td rowspan="3">uACR</td> <td>Test #3</td> <td rowspan="3">Urine Albumin</td> </tr> <tr> <td>Urine Albumin Creatinine Ratio</td> </tr> <tr> <td>Urine Creatinine</td> </tr> </tbody> </table> <p>Exclusions: Evidence of ESRD, member on dialysis, member in palliative care, enrolled in an institutional SNP or long-term institution, have frailty and advanced illness.</p>	Description		Codes	eGFR	Test #1	eGFR (Blood)	Test #2	uACR	Test #3	Urine Albumin	Urine Albumin Creatinine Ratio	Urine Creatinine
Description		Codes														
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HEDIS® MEASURE	AGE	LOB	REQUIREMENT AND DOCUMENTATION	SAMPLE CODES / EXCLUSIONS
Eye Exam for Patients with Diabetes (EED)	18-75 years as of 12/31/2026 (Type I or Type II Diabetics)	Commercial, Medi-Cal, Medicare	<p>Diabetics who had one of the following with an eye care professional (optometrist or ophthalmologist):</p> <ul style="list-style-type: none"> • A retinal or dilated eye exam by an eye care professional during 2026. • A negative retinal or dilated eye exam (negative for retinopathy) by an eye care professional in 2025. <p>Best Practices:</p> <ul style="list-style-type: none"> • Use CPT II codes in current measurement year to indicate “without retinopathy” for compliance in current and following year. • For retinal photos, the most common code for Eye Care Professionals to use is 92250 (not to be coded by PCP). • Other codes for eye professionals are available on the Retinal Eye Coding Guide. <p>Exclusions: Members with the following conditions during their medical history through the measurement year.</p> <ul style="list-style-type: none"> • Bilateral Absence of Eyes • Bilateral Eye Enucleation 	<p>Diabetic Retinal Screening: CPT: 92002, 92004, 92012, 92014, 92018, 92019, 92134, 92137, 92201, 99202, 92203-92205, 92213-92215, 92227, 92228, 92230, 92235, 99242-99245, 92250, 99203-99205HCPCS: S0620, S0621, S3000 (Limited to eye care professionals)</p> <p>Diabetic Retinal Screening done by Eye Care Professional and coded by any Provider type CPT II:</p> <p>2022F – Face to face dilated exam with interpretation documented & reviewed, with evidence of retinopathy.</p> <p>2023F – Face to face dilated exam; without evidence of retinopathy.</p> <p>2024F – 7 standard photos with interpretation documented & reviewed: with evidence of retinopathy.</p> <p>2025F - 7 standard field stereoscopic retinal photos with interpretation by an ophthalmologist or optometrist documented and; without evidence of retinopathy (DM)</p> <p>2026F – Retinal telemedicine (e.g., EyePACS) eye imaging validated to match diagnosis from 7 standard field stereoscopic photos: with evidence of retinopathy.</p> <p>2033F – Retinal telemedicine (e.g., EyePACS) eye imaging validated to match diagnosis from 7 standard field stereoscopic photos: without evidence of retinopathy.</p>
Blood Pressure Control for Patients with Diabetes (BPD-E)	18-75 years as of 12/31/2026 (Type I or Type II Diabetics)	Commercial, Medi-Cal, Medicare	<p>Members with diagnosis of diabetes whose blood pressure was <140/90 by the end of 2026.</p> <p>Best Practices:</p> <ul style="list-style-type: none"> • Most recent BP value counts. • Use CPT II outcome codes to avoid medical record requests. • Retake BP at end of appointment if initial reading is high– lowest values count. • Electronically submitted BP readings from patient monitoring devices are acceptable. <p>Telehealth:</p> <ul style="list-style-type: none"> • BP readings from patient digital BP monitoring device during telehealth visits are acceptable. • For Medicare, video should be used but still document reading if audio only. 	<p>CPT II Codes:</p> <ul style="list-style-type: none"> • 3074F – Systolic < 129 mm Hg • 3075F – Systolic = 130-139 mm Hg • 3077F – Systolic > 140 mm Hg (non-compliant) • 3078F – Diastolic < 79 mm Hg • 3079F – Diastolic = 80-89 mm Hg • 3080F – Systolic > 90 mm Hg (non-compliant)


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HEDIS® MEASURE	AGE	LOB	REQUIREMENT AND DOCUMENTATION	SAMPLE CODES / EXCLUSIONS						
<p>Follow-Up After Acute & Urgent Care Visits for Asthma (AAF-E)</p>	<p>5-64 years of age</p>	<p>Medi-Cal</p>	<p>The percentage of members 5-64 years of age with an urgent care visit, acute inpatient discharge, observation stay discharge or ED visit with a diagnosis of asthma that had a corresponding outpatient follow-up visit with a diagnosis of asthma within 30 days.</p> <p>Best Practices:</p> <ul style="list-style-type: none"> • Follow up with members timely to ensure they are seen to address their asthma after being seen in an urgent care, ED or acute inpatient setting. • Follow up visits can be completed via telehealth. • Educate patients about taking asthma medications correctly and the difference between controller and reliever “rescue” medications to avoid future visits for asthma. • Prescribe a long-term controller medication with 90-day refills. • Utilize an asthma action plan. Review and keep asthma action plan current for members. Centers for Disease Control (CDC) asthma action plan. 	<table border="1"> <thead> <tr> <th data-bbox="1402 178 1696 224">Description</th> <th data-bbox="1696 178 2068 224">Codes</th> </tr> </thead> <tbody> <tr> <td data-bbox="1402 224 1696 414">Asthma</td> <td data-bbox="1696 224 2068 414"> <p>ICD-10: J45.20 - J45.22, J45.30-J45.32, J45.40-J45.42, J45.50-J45.52, J45.901, J45.902, J45.909, J45.990, J45.991, J45.998</p> </td> </tr> <tr> <td data-bbox="1402 414 1696 844"> <p>Follow Up Visit (30 days)</p> <p>Includes Telehealth</p> </td> <td data-bbox="1696 414 2068 844"> <p>CPT: 98000-98016, 98966-98968, 98970-98972, 98980, 98981, 99202-99205, 99211-99215, 99242-99245, 99341-99345, 99347-99350, 99381-99387, 99391-99397, 99401-99404, 99411, 99412, 99421-99423, 99429, 99441-99443, 99455-99458, 99483</p> <p>HCPCS: G0071, G0402, G0438, G0439, G0463, G2010, G2012, G2250-G2252, T1015</p> </td> </tr> </tbody> </table> <p>Exclusions: Members with the following conditions during their medical history through the measurement year.</p> <ul style="list-style-type: none"> • Cystic Fibrosis • Chronic Obstructive Pulmonary Disease (COPD) 	Description	Codes	Asthma	<p>ICD-10: J45.20 - J45.22, J45.30-J45.32, J45.40-J45.42, J45.50-J45.52, J45.901, J45.902, J45.909, J45.990, J45.991, J45.998</p>	<p>Follow Up Visit (30 days)</p> <p>Includes Telehealth</p>	<p>CPT: 98000-98016, 98966-98968, 98970-98972, 98980, 98981, 99202-99205, 99211-99215, 99242-99245, 99341-99345, 99347-99350, 99381-99387, 99391-99397, 99401-99404, 99411, 99412, 99421-99423, 99429, 99441-99443, 99455-99458, 99483</p> <p>HCPCS: G0071, G0402, G0438, G0439, G0463, G2010, G2012, G2250-G2252, T1015</p>
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HEDIS® MEASURE	AGE	LOB	REQUIREMENT AND DOCUMENTATION	SAMPLE CODES / EXCLUSIONS
Annual Wellness Visit (AWV)	Medicare members enrolled for over 12 months	Medicare	<p>Medicare members enrolled for over 12 months are eligible for an annual wellness visit completed with a primary care physician (PCP) during the measurement year (any time during 2026).</p> <p>An annual wellness visit consists of:</p> <ul style="list-style-type: none"> • Review & update of Health Risk Assessment (HRA) • Update patient's medical and family history • Update current healthcare providers (including BH providers), medications, vitamins and supplements • Measure a patient's height, weight, BMI blood pressure and other relevant metrics • Assess cognitive function and risk for impairments like dementia or Alzheimer's • Assess patient's potential depression risk factors • Assess patient's functional ability and level of safety <ul style="list-style-type: none"> • Ability to perform Activities of Daily Living (ADLs), fall risk, hearing impairment, home and community safety • Update patient's screening schedule (i.e., are preventative screenings up to date) • Update patient's risk factors and conditions • Update patient personalized prevention plan services (PPPS) <ul style="list-style-type: none"> • Fall prevention, Nutrition, Physical Activity, Tobacco-use cessation, Social Engagement, Weight Loss, Cognition • Provide advance care planning (ACP) • Complete a behavioral health screening for depression • Review current opioid prescriptions • Screen for potential substance use disorders (SUDs) • Complete Social Determinants of Health (SDOH) Risk Assessments 	<p>Initial annual wellness visit - G0438</p> <p>Subsequent annual wellness visit - G0439</p> <p>Best Practices:</p> <ul style="list-style-type: none"> • Use standardized templates in charts and in electronic health records (EHRs) • Consider after hours/weekend hours to accommodate busy schedules for caregivers that might need to accompany patients. • Visit the Centers for Medicare & Medicaid Services (CMS) website for additional information: CMS Medicare Wellness Visits • An annual physical does not count as an Annual Wellness Visit
Advance Care Planning (ACP)	66-80 years with advanced illness, an indication of frailty, or who are receiving palliative care, and those 81 years and older as of 12/31/2026	Medicare	<p>Documentation for an Advance Care Plan must include the date that a discussion occurred, that an Advance Care Plan was executed, or a note that a plan is in the medical record.</p>	<p>ICD10: Z66 (Do not resuscitate)</p> <p>CPT: 99483, 99497</p> <p>CPTII: 1123F, 1124F, 1157F (Document Present), 1158F (Discussion Documented)</p> <p>HCPCS: S0257</p>

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HEDIS® MEASURE	AGE	LOB	REQUIREMENT AND DOCUMENTATION	SAMPLE CODES / EXCLUSIONS
<p>Care for Older Adults (COA)</p>	<p>66 years and older as of 12/31/2026</p>	<p>Medicare SNP (Special Needs Plan) and MMP (Medicare-Medicaid Plan)</p>	<p>Members who had each of the following during 2024.</p> <ul style="list-style-type: none"> Medication review and reconciliation Functional status assessment <p>Best Practice:</p> <ul style="list-style-type: none"> Code for all 3 components above as there is a separate rate for each. Documentation for Medication Review must include medication list and date it was reviewed or note of no medications. Complete Annual Wellness Visit (AWV) for all eligible patients and code for COA. Functional Status documentation must specify “ADLs were assessed” or “IADLs were assessed” or reference the standardized tool used or display the questions with the answers. Documentation for Advance Care Plan must include note of discussion and date, or note that advance care plan was executed, or note that plan is in the medical record. <p>Telehealth:</p> <ul style="list-style-type: none"> The COA measure can be completed during any medically necessary visit including telephone visits. The functional status and pain assessments can be conducted by phone by any care provider type, including registered nurses and medical assistants. Medication review can be done by a prescribing clinician or clinical pharmacist, or a nurse practitioner signed by the clinician or pharmacist to document the list was reviewed (code CPT II codes). Take advantage of every phone call or visit to complete this measure. 	<p>Part I</p> <p>Medication Review: CPT: 90863, 99483, 99605, 99606 & Medication List: CPT II: 1159F CPT II: 1160F</p> <p><u>A code in each section must be used.</u></p> <hr/> <p>Part II</p> <p>Functional Status Assessment: CPT: 99483 CPT II: 1170F HCPCS: G0438, G0439</p>
<p>Osteoporosis Screening and Management after Fracture (OMW)</p> <p> Time Sensitive Metric</p>	<p>Women 67-85 years as of 12/31/2026</p>	<p>Medicare</p>	<p>Women with a fracture date between 07/01/2025 – 06/30/2026 and who had either a bone mineral density (BMD) test (Dexa Scan) or dispensed prescription for a drug to treat osteoporosis in the 6 months (180 days) after the fracture.</p> <ul style="list-style-type: none"> Does not include fractures to the fingers, toe, face, or skull. 	<p>Medications: Abaloparatide, Alendronate, Alendronate-cholecalciferol, Alendronic Acid, Denosumab, Ibandronate, Ibandronic Acid, Raloxifene, Raloxifene Hydrochloride, Risedronate Sodium, Romosozumab, Teriparatide, Zoledronic acid.</p> <p>Exclusions: Members age 66+ in institutional SNP or long-term institution or with frailty and advanced illness or dementia or in palliative care (can be through telehealth encounters). Other exclusions apply.</p>


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HEDIS® MEASURE	AGE	LOB	REQUIREMENT AND DOCUMENTATION	SAMPLE CODES / EXCLUSIONS								
Breast Cancer Screening (BCS-E)	Women ages 40-74 by 12/31/2026	Commercial, Medi-Cal	<p>Members who had a mammogram to screen for breast cancer between 10/01/2024 and 12/31/2026.</p> <p>Best Practices:</p> <ul style="list-style-type: none"> • MRIs, breast ultrasounds or biopsies DO NOT meet standards for this measure. Breast tomosynthesis does count. • Screen every other year. <p>Include members with any of the following:</p> <ul style="list-style-type: none"> • Administrative Gender of Female (i.e., female anytime during member's history, transgender male and transgender female) • Sex Assigned at Birth of Female • Sex Parameter for Clinical Use of Female 	<p>Mammogram CPT: 77061-77063, 77065-77067</p> <p>Exclusions:</p> <table border="1" data-bbox="1430 261 2053 545"> <tr> <td>Bilateral Mastectomy Resection of Bilateral Breast</td> <td>ICD-10: 0HTV0ZZ</td> </tr> <tr> <td>History of Bilateral Mastectomy Acquired Absence of Bilateral Breasts and Nipples</td> <td>ICD-10: Z90.13</td> </tr> <tr> <td>Gender-Affirming Chest Surgery</td> <td>CPT: 19318</td> </tr> <tr> <td>Gender Dysphoria</td> <td>ICD-10: F64.1, F64.2, F64.8, F64.9, Z87.890</td> </tr> </table> <p>Best Practice:</p> <ul style="list-style-type: none"> • Code exclusions every year during any outpatient encounter submission, especially if the member changed health plans. 	Bilateral Mastectomy Resection of Bilateral Breast	ICD-10: 0HTV0ZZ	History of Bilateral Mastectomy Acquired Absence of Bilateral Breasts and Nipples	ICD-10: Z90.13	Gender-Affirming Chest Surgery	CPT: 19318	Gender Dysphoria	ICD-10: F64.1, F64.2, F64.8, F64.9, Z87.890
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Chlamydia Screening in Women (CHL)	Women 21-64 years as of 12/31/2026	Commercial, Medi-Cal	<p>Members identified as sexually active who had at least one test for chlamydia during 2026.</p> <p>Members identified as sexually active:</p> <ol style="list-style-type: none"> 1. Pregnancy 2. Sexually Transmitted Infections (STI) Screenings 3. Contraceptive prescribed 4. Pregnancy test complete 	<p>Chlamydia Screening CPT: 87110, 87270, 87320, 87490-87492, 87810</p> <p>Best Practice:</p> <ul style="list-style-type: none"> • Implement universal screening for all patients 16 years or older by 12/31/2026. • Chlamydia can be tested by urine or gynecological exam. <p>Exclusion: Members assigned male at birth.</p>								

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HEDIS® MEASURE	AGE	LOB	REQUIREMENT AND DOCUMENTATION	SAMPLE CODES / EXCLUSIONS										
Cervical Cancer Screening (CCS-E)	16-24 years as of 12/31/2026	Commercial, Medi-Cal	<p>Members 21-64 years of age who were recommended for routine cervical cancer screening and were screened for cervical cancer using either of the following criteria:</p> <ul style="list-style-type: none"> Members 21-64 years of age who had cervical cytology performed during the measurement year or two years prior (every 3 years). Members 30-64 years of age who had cervical high-risk human papillomavirus (hrHPV) testing performed during the measurement year or four years prior (every 5 years) and who were 30 years or older on the date of the test. Members 30-64 years of age who had cervical cytology/ high-risk human papillomavirus (hrHPV) co-testing performed during the measurement year or four years prior (every 5 years) and who were 30 years or older on the date of the test. <p>Best Practices for Over Age 30:</p> <ul style="list-style-type: none"> HPV test alone will count for this measure. If testing cytology and HPV, it is important to order Co-testing (cytology and HPV). Do not order Reflex testing where HPV is only tested if the cytology result is positive - a HPV test is required for compliance. Self-reported screening from other provider or other countries that documents date (or month/year) and result in the medical record is acceptable. <p>Utilize the HPV self-collection in a clinical setting method for screening.</p> <ul style="list-style-type: none"> Vaginal specimens collected using a Roche FLOQSwabs 552C.RM. suspended into a ThinPrep® preservative. <ul style="list-style-type: none"> Quest Diagnostics: Test Code 14263 Labcorp: Order Code 507401 <p><small>ThinPrep® is a registered trademark of Hologic, Inc.</small></p>	<table border="1"> <tr> <td data-bbox="1419 196 1703 464"> Cervical Cancer Screening </td> <td data-bbox="1713 196 2043 464"> CPT: 88141-88143, 88147, 88148, 88150, 88152, 88153, 88164-88167, 88174, 88175 HCPCS: G0123, G0124, G0141, G0143-G0145, G0147, G0148, P3000, P3001 LOINC: 33717-0* </td> </tr> <tr> <td data-bbox="1419 472 1703 618"> HPV Screening </td> <td data-bbox="1713 472 2043 618"> CPT: 87624, 87625, 87626, 0502U HCPCS: G0476 LOINC: 82354-2* </td> </tr> </table> <p>Exclusions: Documentation of total hysterectomy with absence of cervix, cervical agenesis or acquired absence of cervix.</p> <ul style="list-style-type: none"> Document exclusions every year. Documentation of hysterectomy alone will not count. Document “TAH,” “total (or complete or radical) hysterectomy” or “no cervix” or “vaginal hysterectomy” or exclusion will not count. <table border="1"> <tr> <td data-bbox="1419 902 1682 967"> Absence of Cervix Diagnosis </td> <td data-bbox="1692 902 2043 967"> ICD10: Q51.5, Z90.710, Z90.712 </td> </tr> <tr> <td data-bbox="1419 976 1682 1317"> Hysterectomy with No Residual Cervix </td> <td data-bbox="1692 976 2043 1317"> ICD10: 0UTC0ZZ, 0UTC4ZZ, 0UTC7ZZ, 0UTC8ZZ CPT: 57530, 57531, 57540, 57545, 57550, 57555, 57556, 58150, 58152, 58200, 58210, 58240, 58260, 58262, 58263, 58267, 58270, 58275, 58280, 58285, 58290-58294, 58548, 58550, 58552-58554, 58570-58573, 58575, 58951, 58953, 58954, 58956, 59135 </td> </tr> <tr> <td data-bbox="1419 1325 1682 1414"> Gender Based- Sex Assigned at Birth - Male </td> <td data-bbox="1692 1325 2043 1414"> LOINC: 76689-9 AND LA2-8 </td> </tr> </table>	Cervical Cancer Screening	CPT: 88141-88143, 88147, 88148, 88150, 88152, 88153, 88164-88167, 88174, 88175 HCPCS: G0123, G0124, G0141, G0143-G0145, G0147, G0148, P3000, P3001 LOINC: 33717-0*	HPV Screening	CPT: 87624, 87625, 87626, 0502U HCPCS: G0476 LOINC: 82354-2*	Absence of Cervix Diagnosis	ICD10: Q51.5, Z90.710, Z90.712	Hysterectomy with No Residual Cervix	ICD10: 0UTC0ZZ, 0UTC4ZZ, 0UTC7ZZ, 0UTC8ZZ CPT: 57530, 57531, 57540, 57545, 57550, 57555, 57556, 58150, 58152, 58200, 58210, 58240, 58260, 58262, 58263, 58267, 58270, 58275, 58280, 58285, 58290-58294, 58548, 58550, 58552-58554, 58570-58573, 58575, 58951, 58953, 58954, 58956, 59135	Gender Based- Sex Assigned at Birth - Male	LOINC: 76689-9 AND LA2-8
Cervical Cancer Screening	CPT: 88141-88143, 88147, 88148, 88150, 88152, 88153, 88164-88167, 88174, 88175 HCPCS: G0123, G0124, G0141, G0143-G0145, G0147, G0148, P3000, P3001 LOINC: 33717-0*													
HPV Screening	CPT: 87624, 87625, 87626, 0502U HCPCS: G0476 LOINC: 82354-2*													
Absence of Cervix Diagnosis	ICD10: Q51.5, Z90.710, Z90.712													
Hysterectomy with No Residual Cervix	ICD10: 0UTC0ZZ, 0UTC4ZZ, 0UTC7ZZ, 0UTC8ZZ CPT: 57530, 57531, 57540, 57545, 57550, 57555, 57556, 58150, 58152, 58200, 58210, 58240, 58260, 58262, 58263, 58267, 58270, 58275, 58280, 58285, 58290-58294, 58548, 58550, 58552-58554, 58570-58573, 58575, 58951, 58953, 58954, 58956, 59135													
Gender Based- Sex Assigned at Birth - Male	LOINC: 76689-9 AND LA2-8													

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HEDIS® MEASURE	AGE	LOB	REQUIREMENT AND DOCUMENTATION	SAMPLE CODES / EXCLUSIONS
<p>Prenatal Care, Timeliness of (PPC-Pre)</p>  <p>Time Sensitive Metric</p>	<p>Live births between 10/08/2025 - 10/07/2026</p> <p>Prenatal care visit in the first trimester or within 42 days of enrollment</p> <p>First trimester is defined as 280-176 days prior to delivery (or EDD).</p>	<p>Commercial, Medi-Cal</p>	<p>After a pregnancy test is confirmed, the PCP should code the visit as a Prenatal Visit and include the following:</p> <ul style="list-style-type: none"> • Diagnosis of pregnancy • Last menstrual period (LMP) or estimated date of delivery (EDD) or gestational age • Date of service <p>Best Practice:</p> <ul style="list-style-type: none"> • Documenting the prenatal care visit on the same day of the positive pregnancy test helps meet the timing requirements of this measure. • Ensure that pregnant and recently delivered patients get priority for OB appointments. • Services may be provided by a PCP, OBGYN, other family care practitioner or Midwife. • Physical requirements such as a basic physical or OB exam or pelvic exam or fundus height, OB panel, TORCH panel, blood typing test or ultrasound of pregnant uterus can also be done in person to close this measure. • Ensure all visits under the Comprehensive Perinatal Services Program (CPSP) are co-signed by a qualified provider overseeing program. <p>Telehealth:</p> <ul style="list-style-type: none"> • Prenatal visits can be completed by telehealth by documenting the items above. 	<p>Prenatal visit during first trimester</p> <p>CPT: 9800-98016, 98966-98968, 98970-98972, 98980, 98981, 99202-99205, 99211-99215, 99242-99245, 99421-99423, 99441-99443, 99457, 99458, 99483, 99500</p> <p>HCPCS: G0071, G0463, G2010, G2012, G2250 - G2252, H1000-H1004 T1015</p> <p>CPT II: 0500F, 0501F, 0502F</p> <p>Note:</p> <ul style="list-style-type: none"> • CPSP (Comprehensive Perinatal Services Program) codes will be cross walked to appropriate CPT code and all notes need to be co-signed by MD, NP or PA.

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HEDIS® MEASURE

Prenatal Depression Screening & Follow-Up (PND-E)



Time Sensitive Metric

AGE

Members who delivered a baby.

LOB

Medi-Cal

REQUIREMENT AND DOCUMENTATION

The percentage of deliveries in which persons were screened for clinical depression while pregnant and, if screened positive, received follow-up care.

Part I: Depression Screening: The percentage of deliveries in which persons were screened for clinical depression using a standardized instrument during pregnancy.

Part II: Follow-Up on Positive Screen: The percentage of deliveries in which persons received follow-up care within 30 days of a positive depression screen finding.

Best Practices:

- Use standardized clinical depression screening tools in charts and in electronic medical records (EMRs).
- Take advantage of every office visit to provide clinical depression screening.
- Other acceptable visits that meet measure requirements are an outpatient, telephone, e-visit or virtual check-in follow-up.
- The U.S. Preventive Services Task Force (USPSTF) recommends screening for depression among adolescents and adults, including pregnant and postpartum women. They also recommend that screening is implemented with adequate systems in place to ensure accurate diagnosis, effective treatment, and appropriate follow-up.

Screening Tools

Standardized Instrument	Ages 5 ≤ 17	Age 18+	LOINC Code	Positive Finding
Patient Health Questionnaire Modified for Teens (PHQ-9M)	X		89204-2	Total Score ≥ 10
Patient Health Questionnaire (PHQ-9P) [^]	X	X	44261-6	Total Score ≥ 10
Patient Health Questionnaire (PHQ-2) ^{^1}	X	X	55758-7	Total Score ≥ 3
Beck Youth Inventory-Fast Screen (BDI-FS) ^{1, 2}	X	X	89208-3	Total Score ≥ 8
Center for Epidemiologic Studies Depression Scale – Revised (CESD-R)	X	X	879205-9	Total Score ≥ 17
Edinburgh Postnatal Depression Scale (EPDSI)	X	X	71354-5	Total Score ≥ 10
PROMIS Depression	X	X	71965-8	Total Score ≥ 60
PROMIS Emotional Distress – Depression – Short Form		X	77861-3	Total Score ≥ 60
Beck Depression Inventory (BDI) ²		X	89209-1	Total Score ≥ 20
Duke Anxiety-Depression Scale (DUKE-AD) ²		X	90853-9	Total Score ≥ 30
My Mood Monitor (M-3)		X	71777-7	Total Score ≥ 5
Clinically Useful Depression Outcomes Scale (CUDO)		X	90221-3	Total Score ≥ 31

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

²Proprietary, may be cost of licensing requirement associated with use.

[^] Most standard screening tool utilized by Primary Care Providers.

HEDIS® MEASURE

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



Time Sensitive Metric

AGE

Members who delivered a baby

LOB

Medi-Cal

REQUIREMENT AND DOCUMENTATION

The percentage of deliveries in which persons were screened for clinical depression during the postpartum period, and if screened positive, received follow-up care.

Part I: Depression Screening: The percentage of deliveries in which persons were screened for clinical depression using a standardized instrument during the postpartum period (7-84 days following the delivery date).

Part II: Follow-Up on Positive Screen: The percentage of deliveries in which persons received follow-up care within 30 days of a positive depression screen finding.

Best Practices:

- Use standardized clinical depression screening tools in charts and in electronic medical records (EMRs).
- Take advantage of every office visit to provide clinical depression screening.
- Other acceptable visits that meet measure requirements are an outpatient, telephone, e-visit or virtual check-in follow-up.
- The U.S. Preventive Services Task Force (USPSTF) recommends screening for depression among adolescents and adults, including pregnant and postpartum women. They also recommend that screening is implemented with adequate systems in place to ensure accurate diagnosis, effective treatment, and appropriate follow-up.


Screening Tools


Standardized Instrument	Ages 5 ≤ 17	Age 18+	LOINC Code	Positive Finding
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Patient Health Questionnaire (PHQ-9P) [^]	X	X	44261-6	Total Score ≥ 10
Patient Health Questionnaire (PHQ-2) ^{^ 1}	X	X	55758-7	Total Score ≥ 3
Beck Youth Inventory-Fast Screen (BDI-FS) ^{1, 2}	X	X	89208-3	Total Score ≥ 8
Center for Epidemiologic Studies Depression Scale – Revised (CESD-R)	X	X	879205-9	Total Score ≥ 17
Edinburgh Postnatal Depression Scale (EPDSI)	X	X	71354-5	Total Score ≥ 10
PROMIS Depression	X	X	71965-8	Total Score ≥ 60
PROMIS Emotional Distress – Depression – Short Form		X	77861-3	Total Score ≥ 60
Beck Depression Inventory (BDI) ²		X	89209-1	Total Score ≥ 20
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My Mood Monitor (M-3)		X	71777-7	Total Score ≥ 5
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¹Brief screening instrument. All other instruments are full-length.



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[^] Most standard screening tool utilized by Primary Care Providers.

HEDIS® MEASURE	AGE	LOB	REQUIREMENT AND DOCUMENTATION	
<p>Postpartum Care (PPC-Post)</p>  <p>Time Sensitive Metric</p>	<p>Live births between 10/08/2025 - 10/07/2026</p> <p>Postpartum visit between 7 and 84 days after delivery.</p>	<p>Commercial, Medi-Cal</p>	<p>Documentation of a postpartum visit on or between 7 to 84 days after delivery and must include one of the following acceptable notations:</p> <ul style="list-style-type: none"> • Postpartum care • PP care • PP check • 6-week check. (Other notations may apply). <p>Best Practices:</p> <ul style="list-style-type: none"> • Schedule both early (2nd week) and late (4-8 weeks) postpartum visits before mother and baby leave the hospital. • Offer home visit for postpartum. • Incision check for post C-section does constitute a postpartum visit. • A pap exam/cervical cancer screening will also count towards compliance (Reference (CCS-E) for more information). • Ensure all visits under the Comprehensive Perinatal Services Program (CPSP) are co-signed by a qualified provider overseeing program. <p>Telehealth:</p> <ul style="list-style-type: none"> • Postpartum visit can be completed by telehealth with notations above. 	<p>Postpartum Visit: CPT: 57170, 58300, 59430, 99501 CPT II: 0503F HCPCS: G01010 ICD-10: Z01.411, Z01.419, Z01.42, Z30.430, Z39.1, Z39.2</p> <p>NOTE:</p> <ul style="list-style-type: none"> • CPSP (Comprehensive Perinatal Services Program) codes will be cross walked to appropriate CPT code and all notes need to be co-signed by MD, NP or PA. • Global CPT codes may not reflect when postpartum care was rendered. • Z39.2 is the preferred ICD10 code that can be attached to any E&M code. <p>Other Prenatal/Postpartum measures include:</p> <ol style="list-style-type: none"> 1. Prenatal Depression Screening and Follow-Up (PND) 2. Postpartum Depression Screening and Follow-Up (PDS) 3. Prenatal Immunization Status (PRS)

<p>Prenatal Immunization Status (PRS)</p>  <p>Time Sensitive Metric</p>	<p>Members with deliveries between 10/8/2025 – 10/7/2026</p>	<p>Commercial</p>	<p>Influenza – complete on or between July 1st of the year prior to the measurement period and date of delivery.</p> <p>Tdap – complete anytime during the member’s current pregnancy.</p>	<table border="1"> <thead> <tr> <th data-bbox="1423 974 1738 1015">Description</th> <th data-bbox="1738 974 2053 1015">Codes</th> </tr> </thead> <tbody> <tr> <td data-bbox="1423 1015 1738 1174"> <p>Influenza</p> </td> <td data-bbox="1738 1015 2053 1174"> <p>CPT:90653, 90656, 90658,90661, 90662, 90673, 90674, 90682, 90686, 90688, 90689, 90694, 90756</p> </td> </tr> <tr> <td data-bbox="1423 1174 1738 1214"> <p>Tdap</p> </td> <td data-bbox="1738 1174 2053 1214"> <p>CDT: 90715</p> </td> </tr> </tbody> </table>	Description	Codes	<p>Influenza</p>	<p>CPT:90653, 90656, 90658,90661, 90662, 90673, 90674, 90682, 90686, 90688, 90689, 90694, 90756</p>	<p>Tdap</p>	<p>CDT: 90715</p>
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HEDIS® MEASURE	AGE	LOB	REQUIREMENT AND DOCUMENTATION	SAMPLE CODES / EXCLUSIONS
<p>Follow-Up After Emergency Department Visit for Mental Illness (FUM)</p>  <p>Time Sensitive Metric</p>	<p>6 years and older (with a diagnosis on or between January 1 and December 1 2026)</p>	<p>Commercial, Medicare, Medi-Cal</p>	<p>The percentage of emergency department (ED) visits for members 6 years of age and older with a principal diagnosis of mental illness or intentional self-harm, who had a follow-up visit with any practitioner for mental illness had a follow-up visit with any practitioner with a principal diagnosis of a mental health disorder.</p> <p>Two rates are reported:</p> <ol style="list-style-type: none"> 1. The percentage of ED visits for which the member received follow-up within 30 days of the ED visit (31 total days). 2. The percentage of ED visits for which the member received follow-up within 7 days of the ED visit (8 total days). <p>Telehealth: Follow-up visit after ED visit for mental illness can be completed by telehealth.</p>	<p>Mental Illness Diagnosis Codes ICD-10: F03, F20-F25, F28-F29, F30-F34, F39-F45, F48, F50-F53, F59, F60, F63-F66, F68, F69, F80-F82, F84, F88-F91, F93-F95, F98-F99</p> <p>Best practice:</p> <ul style="list-style-type: none"> • Use a diagnosis code for mental illness at each follow-up (a non-mental illness diagnosis code will not fulfill this measure).
<p>Follow-up After Emergency Department Visit for Substance Use (FUA)</p>  <p>Time Sensitive Metric</p>	<p>13 years and older (with a diagnosis on or between January 1 and December 1 2026)</p>	<p>Commercial, Medicare, Medi-Cal</p>	<p>The percentage of emergency department (ED) visits among members ages 13 years and older with a principal diagnosis of substance use disorder (SUD), or any diagnosis of a drug overdose, for which there was the follow-up visit or pharmacotherapy dispensing event.</p> <p>Two rates are reported:</p> <ol style="list-style-type: none"> 1. The percentage of ED visits for which the member received follow-up within 30 days of the ED visit (31 total days). 2. The percentage of ED visits for which the member received follow-up within 7 days of the ED visit (8 total days). <p>Telehealth: Follow-up visit after ED visit for mental illness can be completed by telehealth.</p>	<p>Substance Use Disorder Diagnosis ICD-10: F10-F16, F18, F19, T40-T43, T51</p> <p>Best Practice:</p> <ul style="list-style-type: none"> • Use a diagnosis code for substance use at each follow-up visit (a non-substance diagnosis code will not fulfill this measure).

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HEDIS® MEASURE	AGE	LOB	REQUIREMENT AND DOCUMENTATION																																																																																
<p>Depression Screening and Follow-Up for Adolescents and Adults (DSF-E)</p>	<p>12 years and older as of 2026</p>	<p>Commercial, Medicare, Medi-Cal</p>	<p>The percentage of members 12 years of age and older who were screened for clinical depression using a standardized instrument and, if screened positive, received follow-up care within 30 days.</p> <p>Part I: Depression Screening. The percentage of members who were screened for clinical depression using an age-appropriate standardized tool.</p> <p>Part II: Follow-Up on Positive Screen. The percentage of members who received follow-up care within 30 days of the first positive depression screen finding. Additional information for coding available on DSF Tip Sheet.</p> <p>Note: Supplemental Data <u>MUST</u> be submitted to MedPOINT to receive compliance for this metric.</p> <p>Best Practice:</p> <ul style="list-style-type: none"> • An outpatient, telephone, e-visit, or virtual check-in follow-up visit with a diagnosis of depression or other behavioral health condition. • A depression case management encounter that documents assessment for symptoms of depression or a diagnosis of depression or other behavioral health conditions. • A dispensed antidepressant medication. <table border="1" data-bbox="766 646 2053 1351"> <thead> <tr> <th colspan="5">Screening Tools</th> </tr> <tr> <th>Standardized Instrument</th> <th>Ages 5 ≤ 17</th> <th>Age 18+</th> <th>LOINC Code</th> <th>Positive Finding</th> </tr> </thead> <tbody> <tr> <td>Patient Health Questionnaire Modified for Teens (PHQ-9M)</td> <td>X</td> <td></td> <td>89204-2</td> <td>Total Score ≥ 10</td> </tr> <tr> <td>Patient Health Questionnaire (PHQ-9P)[^]</td> <td>X</td> <td>X</td> <td>44261-6</td> <td>Total Score ≥ 10</td> </tr> <tr> <td>Patient Health Questionnaire (PHQ-2)^{^ 1}</td> <td>X</td> <td>X</td> <td>55758-7</td> <td>Total Score ≥ 3</td> </tr> <tr> <td>Beck Youth Inventory-Fast Screen (BDI-FS)^{1, 2}</td> <td>X</td> <td>X</td> <td>89208-3</td> <td>Total Score ≥ 8</td> </tr> <tr> <td>Center for Epidemiological Studies Depression Scale – Revised (CESD-R)</td> <td>X</td> <td>X</td> <td>879205-9</td> <td>Total Score ≥ 17</td> </tr> <tr> <td>Edinburgh Postnatal Depression Scale (EPDSI)</td> <td>X</td> <td>X</td> <td>71354-5</td> <td>Total Score ≥ 10</td> </tr> <tr> <td>PROMIS Depression</td> <td>X</td> <td>X</td> <td>71965-8</td> <td>Total Score ≥ 60</td> </tr> <tr> <td>PROMISE Emotional Distress – Depression – Short Form</td> <td></td> <td>X</td> <td>77861-3</td> <td>Total Score ≥ 60</td> </tr> <tr> <td>Beck Depression Inventory (BDI)²</td> <td></td> <td>X</td> <td>89209-1</td> <td>Total Score ≥ 20</td> </tr> <tr> <td>Duke Anxiety-Depression Scale (DUKE-AD)²</td> <td></td> <td>X</td> <td>90853-9</td> <td>Total Score ≥ 30</td> </tr> <tr> <td>My Mood Monitor (M-3)</td> <td></td> <td>X</td> <td>71777-7</td> <td>Total Score ≥ 5</td> </tr> <tr> <td>Clinically Useful Depression Outcomes Scale (CUDO)</td> <td></td> <td>X</td> <td>90221-3</td> <td>Total Score ≥ 31</td> </tr> <tr> <td>Geriatric Depression Scale Short Form (GDS)</td> <td></td> <td>X</td> <td>48545-8</td> <td>Total Score ≥ 5</td> </tr> <tr> <td>Geriatric Depression Scale Long Form (GDS)</td> <td></td> <td>X</td> <td>48544-1</td> <td>Total Score ≥ 10</td> </tr> </tbody> </table> <p>¹Brief screening instrument. All other instruments are full-length. ²Proprietary, may be cost of licensing requirement associated with use. [^] Most standard screening tool utilized by Primary Care Providers.</p>	Screening Tools					Standardized Instrument	Ages 5 ≤ 17	Age 18+	LOINC Code	Positive Finding	Patient Health Questionnaire Modified for Teens (PHQ-9M)	X		89204-2	Total Score ≥ 10	Patient Health Questionnaire (PHQ-9P) [^]	X	X	44261-6	Total Score ≥ 10	Patient Health Questionnaire (PHQ-2) ^{^ 1}	X	X	55758-7	Total Score ≥ 3	Beck Youth Inventory-Fast Screen (BDI-FS) ^{1, 2}	X	X	89208-3	Total Score ≥ 8	Center for Epidemiological Studies Depression Scale – Revised (CESD-R)	X	X	879205-9	Total Score ≥ 17	Edinburgh Postnatal Depression Scale (EPDSI)	X	X	71354-5	Total Score ≥ 10	PROMIS Depression	X	X	71965-8	Total Score ≥ 60	PROMISE Emotional Distress – Depression – Short Form		X	77861-3	Total Score ≥ 60	Beck Depression Inventory (BDI) ²		X	89209-1	Total Score ≥ 20	Duke Anxiety-Depression Scale (DUKE-AD) ²		X	90853-9	Total Score ≥ 30	My Mood Monitor (M-3)		X	71777-7	Total Score ≥ 5	Clinically Useful Depression Outcomes Scale (CUDO)		X	90221-3	Total Score ≥ 31	Geriatric Depression Scale Short Form (GDS)		X	48545-8	Total Score ≥ 5	Geriatric Depression Scale Long Form (GDS)		X	48544-1	Total Score ≥ 10
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HEDIS® MEASURE	AGE	LOB	REQUIREMENT AND DOCUMENTATION
<p>Initial Health Appointment (IHA)</p>  <p>Time Sensitive Metric</p>	<p>All newly enrolled members.</p> <p>For members under the age of 21, the IHA should be offered within 120 days following the date of enrollment or within the most recent Bright Futures periodicity timelines, established by the American Academy of Pediatrics for ages 2 and younger, whichever is less.</p>	<p>Medi-Cal</p>	<p>Components of a Complete IHA</p> <p>The IHA must be completed by the PCP within the primary care medical setting and include the following:</p> <ul style="list-style-type: none"> • Comprehensive history, which includes history of present illness, past medical history, social history and review of organ systems • Assessing and identifying risks, age-appropriate preventive screenings, and referrals to appropriate services • Comprehensive physical and mental status exam • The diagnosis, health education and a plan for treatment of any disease <p>Tips for Meeting the IHA Requirement</p> <ul style="list-style-type: none"> • Complete the IHA within 120 days of member's effective date with the health plan, and code for all applicable services. • You may complete and code for the IHA as applicable during a sick visit. • The IHA can be administered over the course of multiple visits, provided that all components are completed within 120 days. <p>What Provider Offices Need to Know</p> <ul style="list-style-type: none"> • Use standardized documentation to make it is easier to gather and track information. • Send in complete and accurate CPT codes. • Contact members shown on your monthly new member lists whom you have not yet seen. Document all outreach attempts to schedule the IHA in the member chart. • If a member, parent, guardian or case worker submits a request for preventive services, an appointment must be made for a visit to take place within 10 working days. • Members with unsuccessful IHA completions require a minimum of three documented outreach attempts. Examples could include a phone call, letter or postcard. • Utilize the monthly IHA reports available on the MedPOINT Provider Portal. The IHA reports include all Medi-Cal members due for an IHA from the health plans.

CODE TYPE	CPT CODES	REQUIREMENT AND DOCUMENTATION
Office Visit and Preventive	99202	Office Outpatient New 20 Minutes
	99203	Office Outpatient New 30 Minutes
	99204	Office Outpatient New 45 Minutes
	99205	Office Outpatient New 60 Minutes
	99211	Office Outpatient 5 Minutes
	99212	Office Outpatient 10 Minutes
	99213	Office Outpatient 15 Minutes
	99214	Office Outpatient 25 Minutes
	99215	Office Outpatient 40 Minutes
	99242	Office Consult New/Est. Pt. 30 Min
	99243	Office Consult New/Est. Pt. 40 Min
	99244	Office Consult New/Est. Pt. 60 Min
	99381	Initial Preventive Medicine New Pt. <1 Year
	99382	Initial Preventive Medicine New Pt. Age 1-4 Years
	99383	Initial Preventive Medicine New Pt. Age 5-11 Years
	99384	Initial Preventive Medicine New Pt. Age 12-17 Years
	99385	Initial Preventive Medicine New Pt. Age 18-39 Years
	99386	Adult Preventive Visit New Pt. Age 40-64 Years
	99387	Adult Preventive Visit New Pt. Age 65+ Years
	99391	Periodic Preventive Med Est. Pt. <1 Year
	99392	Periodic Preventive Med Est. Pt. Age 1-4 Years
	99393	Periodic Preventive Med Est. Pt. Age 5-11 Years
	99394	Periodic Preventive Med Est. Pt. Age 12-17 Years
99395	Periodic Preventive Med Est. Pt. Age 18-39 Years	
99396	Periodic Preventive Med Est. Pt. Age 40-64 Years	
99397	Periodic Preventive Med Est. Pt. Age 65+ Years	
99461	1st Care PR Day NML NB XCPT Hosp/Birthing Center	
ACEs Screening	G9919	ACEs Screening, High Risk
	G9920	ACEs Screening, Lower Risk

CODE TYPE	CPT CODES	REQUIREMENT AND DOCUMENTATION
Health Assessment Depression	90832	PSYTX Pt. and Family 30 Min
	90837	PSYTX Pt. and Family 60 Min
	90853	Group Psychotherapy
	96156	Health BHV Assessment/Reassessment
	96164	Health BHV IVNTJ Group 1st 30
	96165	Health BHV IVNTJ Group Each Additional
	96167	Health BHV IVNTJ Fam. 1st 30
	96168	Health BHV IVNTJ Fam. Each Additional
	96170	Health BHV IVNTJ Fam. W/O Pt. 1st
	96171	Health BHV IVNTJ Fam. W/O Pt. Each
	G8431	POS Clinic Depression Screening Follow Up
	G8510	Pt. INGELIG Neg Screening Depression
	H2000	Comprehensive Multidisciplinary Evaluation
Behavioral Assessment	69127	Brief Emotional/Behavioral Assessment
Vision and Hearing	92551	Office Outpatient New 20 Minutes
	92552	Office Outpatient New 30 Minutes
Note: Vision Screening for children can also be billed with preventive codes (99381-99385 and 99391-99395)		
Developmental Autism	96110	Developmental Screen
	96112	Developmental TST PHYS/QHP 1st Hr.
	96113	Developmental TST PHYS/QHP Each Additional
Substance Abuse	80305	Drug Test PRSMV Dir. OPT O
	80306	Drug Test PRSMV Instrument
	80307	Drug Test PRSMV Chemical Analysis
	99406	Tobacco Use Cessation Intermediate 3-10 minutes
	99407	Tobacco Use Cessation Intensive >10 minutes
	G0442	Annual Alcohol Misuse Screening 15 minutes
	H0049	Alcohol and/or Drug Screening
	H0059	Alcohol and /or Drug Services, Brief Intervention, per 15 minutes
Note: Tobacco use counseling can also be billed with preventive codes (99381-99381 and 99391-99397)		

CODE TYPE	CPT CODES	REQUIREMENT AND DOCUMENTATION
CPSP (Perinatal)	Z1032	Initial Antepartum Office Visit
	Z6200	Initial Nutritional Assessment/Developmental; 30 minutes
	Z6202	Subsequent Nutritional Assessment/Developmental; each subsequent 15 minutes
	Z6300	Initial Psychosocial Assessment/Developmental first 30 minutes
	Z6400	New Client Orientation each 15 minutes
	Z6402	Initial Health Ed Assessment/Develop. 30 minutes
	Z6404	Subsequent Health Ed Assessment/Develop. 15 minutes
	Z6500	Initial Comprehensive Nutrition Psychosocial & Health Ed. Assessment & Develop. Care Plan
SNF EM	99304	Initial Nursing Facility Care/Day 25 minutes
	99305	Initial Nursing Facility Care/Day 35 minutes
	99306	Initial Nursing Facility Care/Day 45 minutes
	99341	Home Visit New Pt. Low Severity 20 minutes
	99342	Home Visit New Pt. Moderate Severity 30 minutes
	99344	Home Visit New Pt. High Severity 60 minutes
	99345	Home Visit New Pt. Unstable/Significant New Prob. 75 minutes
	99347	Home Visit Est. Pt. Self-Limited/Minor 15 minutes
	99348	Home Visit Est. Pt. Low-Moderate Severity 25 minutes
	99349	Home Visit Est. Pt. Moderate-High Severity 40 minutes