

HEDIS® MY2025

Quick Reference Guide

- Medicaid
- Ambetter (Marketplace)
- Wellcare



 For more information, visit www.ncqa.org

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HEDIS® MY 2025 Quick Reference Guide

Updated to reflect NCQA HEDIS 2025 Technical Specifications

Peach State Health Plan strives to provide quality healthcare to our membership as measured through HEDIS quality metrics. We created the HEDIS MY 2025. Quick Reference Guide to help you increase your practice's HEDIS rates and address care opportunities for your patients.

Please always follow the state and/or CMS billing guidance and ensure the HEDIS codes are covered prior to submission.

WHAT IS HEDIS?

HEDIS (Healthcare Effectiveness Data and Information Set) is a set of standardized performance measures developed by the National Committee for Quality Assurance (NCQA) to objectively measure, report, and compare quality across health plans.

NCQA develops HEDIS measures through a committee represented by purchasers, consumers, health plans, health care providers, and policymakers.

HOW ARE RATES CALCULATED?

HEDIS rates are collected in various ways: administrative data, hybrid (medical record review data), and electronic clinical data systems (ECDS). Administrative data consists of claim or encounter data submitted to the health plan. Hybrid data consists of both administrative data and a sample of medical record data. Hybrid data requires a review of a random sample of member medical records to abstract data for services rendered that were not reported to the health plan through claims/encounter data. Accurate and timely claim/encounter data reduces the need for medical record review. If services are not billed or not billed accurately, they are not included in the calculation.

WHAT ARE THE SCORES USED FOR?

As state and federal governments move toward a quality-driven healthcare industry, HEDIS rates are becoming more important for both health plans and individual providers. State purchasers of healthcare use aggregated HEDIS rates to evaluate health insurance companies' efforts to improve preventive health outreach for members. Physician-specific scores are also used to measure your practice's preventive care efforts. Your practice's HEDIS score determines your rates for physician incentive programs that pay you an increased premium—for example, Pay for Performance (P4P) or Quality Bonus Funds.

TRANSITION TO ECDS ONLY REPORTING

Over the last several years, NCQA has added the option to report the ECDS (Electronic Clinical Data Systems) reporting standard for several existing HEDIS measures alongside traditional HEDIS reporting. This allows health plans to assess their ECDS reporting capabilities and represents a step forward in adapting HEDIS to accommodate the expansive information available in electronic clinical datasets used for patient care and quality improvement. Based on these results, NCQA has announced the transition of several measures to ECDS-only. The major reporting change to be aware of is that traditional hybrid measures (COL, CIS, IMA, CCS) that transition to ECDS-only will no longer use the annual chart retrieval process to demonstrate compliance. All compliance from medical records must be processed through prospective supplemental data. The data sources for ECDS are Electronic Health Records, Health Information Exchanges, Case Management Systems, and Administrative Claims. For more information on ECDS and the data allowed for compliance, please visit <https://store.ncqa.org/>.

HOW CAN I IMPROVE MY HEDIS SCORES?

- Speak with your patients about the availability of a transportation benefit (if applicable) to assist with access to care.
- Ensure that patients are aware of the option for mail-order prescription refills.
- Remember that you are now able to prescribe 100DS of medications for both retail and mail-order.
- Conduct preventive care visits annually and ensure your patients are up to date with their recommended screenings (i.e. mammograms, colonoscopies, etc.).
- Submit claim/encounter data for each, and every service rendered.
- Make sure that chart documentation reflects all services billed.
- Bill (or report by encounter submission) for all delivered services, regardless of contract status.
- Ensure that all claim/encounter data is submitted in an accurate and timely manner.
- Include CPT II codes to provide additional details and reduce medical record requests.
- Respond timely to medical records requests.
- Submit supplemental data throughout the measurement year.
- Early Engagement with Pharmacy Adherence is key — once a member loses days on a prescription, those days cannot be recovered.
- Speak with the members about any barriers to adherence.
- If you have any questions regarding pharmacy and member barriers, please reach out to your local Provider Relations Representative for assistance.

HEDIS AND HIPAA

As a reminder, protected health information (PHI) that is used or disclosed for purposes of treatment, payment, or health care operations is permitted by HIPAA Privacy Rules (45 CFR 164.506) and does not require consent or authorization from the member/members. The medical record review staff and/or vendor will have a signed HIPAA-compliant Business Associate Agreement.

GLOSSARY OF TERMS

- **Numerator** – The number of members who meet compliance criteria based on NCQA technical specifications for appropriate care, treatment, or service.
- **Denominator** – The number of members who qualify for the measure criteria, based on NCQA technical specifications.
- **Measurement year** – In most cases, the 12-month period between which a service was rendered; January 1 through December 31
- **Reporting year** – The period when data is collected and reported. The service dates are from the measurement year, which is usually the year prior. In some cases, the service dates may go back more than one year.



Administrative: Measures reported as administrative uses the total eligible population for the denominator. Medical, pharmacy and encounter claims count toward the numerator. In some instances, health plans use approved supplemental data for the numerator.



Hybrid: Measures reported as hybrid use a random sample of 411 members from a health plan's total eligible population for the denominator. The numerator includes medical and pharmacy claims, encounters, and medical record data. In some cases, health plans use auditor approved supplemental data for the numerator.



Electronic Clinical Data Systems (ECDS): HEDIS quality measures reported using ECDS is a secure sharing of patient medical information electronically between systems. Measures that leverage clinical data captured routinely during the care of delivery can reduce the burden on providers to collect data for quality reporting.



CAHPS Survey: On an annual basis, the Consumer Assessment of Health Plans Survey (CAHPS) is sent to a group of randomly selected members.

HEDIS® MY 2025 • Updates on HEDIS Measures 2025

HEDIS MEASURE CHANGES • RETIRED MY 2025

- Care for Older Adults - Pain Assessment (COA)
- Antidepressant Medication Management (AMM)

NEW HEDIS MEASURES MY2025

- Documented Assessment After Mammogram (DBM-E)
- Follow-Up After Abnormal Breast Cancer (FMA-E)
- Blood Pressure Control for Patients with Hypertension (BPC-E)

REVISED HEDIS MEASURE MY 2025

- **Adult Immunization Status (AIS-E)**
 - NCQA added Hepatitis B immunization for adults 19-59 years of age.
 - NCQA removed the herpes zoster live vaccine from the existing herpes zoster immunization and revised the numerator criteria to assess recombinant zoster.
 - NCQA updated Pneumococcal age range to members 65 years and older
- **Eye Exam for Patients with Diabetes (EED)**
 - NCQA removed the hybrid data collection method; this measure is now reported using the administrative method only
- **Chlamydia Screening (CHL)**
 - HEDIS measure has been renamed to “Chlamydia Screening: to ensure that HEDIS measures appropriately acknowledge and affirm members’ gender identity.
- **Well-Child Visits in the First 30 Months of Life (W30) and Child and Adolescent Well-Care Visits (WCV)**
- **NCQA is removing telehealth visits; these were added temporarily in response to the COVID-19 pandemic. Removing telehealth well-care visits aligns the measures with updated guideline recommendations.**

HEDIS MEASURES TRANSITION TO ECDS REPORTING MY 2025

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

For additional information or questions please contact Provider Services:

Provider Services Hours: **Monday – Friday, 7:00 a.m. to 7:00 p.m.**

Provider Service Phone Number: **1-866-874-0633**

Quality Website: www.pshpgeorgia.com/providers/quality-improvement.html



Adult Health

ADULTS' ACCESS TO PREVENTIVE/AMBULATORY HEALTH SERVICES (AAP)

Members 20 years of age and older who had an ambulatory or preventive care visit. The organization reports three separate percentages for each product line.

- Medicaid and Medicare members who had an ambulatory or preventive care visit during the measurement year.
- Commercial members who had an ambulatory or preventive care visit during the measurement year or the 2 years prior to the measurement year.

Exclusions: Members who use hospice services

DESCRIPTION	CODES	
Ambulatory Visits	CPT: 99202-99205, 99211-99215, 99242-99245, 99341-99345, 99347-99350, 99381-99387, 99391-99397, 99401-99404, 99411-99412, 99429, 99483, 92002, 92004, 92012, 92014, 99307-99310, 99315-99316, 99316, 99341-99345, 99347-99350 HCPCS: G0402, G0438-G0439, G0463, S0620-S0621, T1015 ICD-10-CM: Z00.00, Z00.01, Z00.121, Z00.129, Z00.3 Z00.5, Z00.8, Z02.0, Z02.2, Z02.3, Z02.4, Z02.5, Z02.6, Z02.71, Z02.79, Z02.81-Z02.84, Z02.89, Z02.9, Z76.1, Z76.2	
	Online Visits	CPT: 98970-98972, 99421-99423, 99457, 99458 HCPCS: G0071, G2010, G2012, G2061-G2063
Telehealth Visits	Telephone Visits	CPT: 98966-98968, 99441-99443

Codes subject to change.

Improving HEDIS Measure

- During Preventive Visit use this opportunity to address key components for gap closure. Patient's who are due and or need a referral for: Blood Pressure/Hypertension screening , cancer screenings(breast, cervical, colon, lung, prostate), Dental, Hearing and Vision Screening, Diabetic Screening, Obesity Screening and Medication Reconciliation.
- Document the date and the type of visit
- Submit all applicable codes

ADULT IMMUNIZATION STATUS (AIS-E)

Lines of Business: Medicaid, Medicare, Marketplace ● ● ●

The percentage of members 19 years of age and older who are up to date recommended routine vaccines for influenza, tetanus, and diphtheria (Td) or tetanus, diphtheria, and acellular pertussis (Tdap), zoster, and pneumococcal and hepatitis B.

Measurement Year (MY) for the following immunizations:

- Members who received an influenza vaccine on or between July 1 and the year prior to the MY and June 30 of the MY
- Members who received at least one Td vaccine or one Tdap vaccine between 9 years prior to the start of the MY and the end of the MY
- Members who received two doses of the herpes zoster recombinant vaccine at least 28 days apart, anytime on or after the member's 50th birthday as of October 1, 2017, through the end of MY
- Members who were received at least one dose of an adult pneumococcal vaccine on or after the member's 65th birthday and before or during the MY
- Members who received a hepatitis B vaccine series on or after their 19th birthday, before or during the MY

Exclusions: Members who use hospice services

DESCRIPTION	CODES	SNOMED
Adult Influenza Vaccine Procedure	CPT: 90630, 90653, 90654, 90656, 90658, 90661, 90662, 90663, 90674, 90682, 90688, 90689, 90694, 90756	SNOMED: 86198006
Adult Pneumococcal Vaccine Procedure	CPT: 90670, 90671, 90677, 90732 HCPCS: G0009	SNOMED: 12866006, 394678003, 871833000, 1119366009, 1119368005, 434751000124102
Herpes Zoster Recombinant Vaccine	CPT: 90750	SNOMED: 722215002
Influenza Virus LAIV Vaccine	CPT: 90660, 90672	SNOMED: 787016008
Td Vaccine Procedure	CPT: 90714	SNOMED: 73152006, 312869001, 395178008, 395179000, 395180002, 395181003, 414619005, 416144004, 416591003, 417211006, 417384007, 417615007, 866161006, 866184004, 866185003, 866186002, 866227002, 868266002, 868267006, 868268001, 870668008, 632481000119106
Tdap Vaccine Procedure	CPT: 90715	SNOMED: 390846000, 412755006, 412756007, 412757003, 428251000124104, 571571000119105
Anaphylaxis Due to Diphtheria, Tetanus or Pertussis Vaccine		SNOMED: 428281000124107, 428291000124105

DESCRIPTION	CODES	SNOMED
Anaphylaxis Due to Herpes Zoster Vaccine		SNOMED: 471371000124107, 471381000124105

Codes subject to change

Improving HEDIS measure:

- Educate members regarding the importance of immunizations to minimize health risk factors.
- Document all immunizations, EMR if applicable and capture via claim submission to close the HEDIS care gap.

BLOOD PRESSURE CONTROL FOR PATIENTS WITH HYPERTENSION (BPC-E)

Lines of Business: Medicaid, Medicare, Marketplace ● ● ●

The percentage of members 18–85 years of age who had a diagnosis of hypertension (HTN) and whose most recent blood pressure (BP) was <140/90 mm Hg during the measurement period.

Exclusions: Members receiving hospice or palliative care at any time during the MY

DESCRIPTION	CODES
Systolic Blood Pressure less than 130 mm Hg	3074F
Systolic Blood Pressure 130 -139 mm Hg	3075F
Systolic Blood Pressure greater than or equal to 140 mm Hg	3077F
Diastolic Blood Pressure less than 80 mm Hg	3078F
Diastolic Blood Pressure 80-89 mm Hg	3079F
Diastolic Blood Pressure greater than or equal to 90 mm Hg	3080F
Hypertension/Essential Hypertension	ICD10CM: I10
Telehealth Visits	
Online Visit CPT: 98970-98972, 99421-99423, 99457, 99458 HCPCS: G0071, G2010, G2012,	Telephonic Visit CPT: 98966-98968, 99441-99443

Codes subject to change

Important Note: Must report both Systolic and Diastolic for BP reading results

Improving HEDIS measure:

- Collect BP reading via any telehealth visit, member must use a digital blood pressure device to meet criteria
- Retake BP readings if the reading is = or >140/90 mm Hg.
- Ensure members schedule their hypertension follow-up appointments before leaving visit.
- Educate members on what a controlled BP means.
- Talk with members about taking their own BP via a digital device on a regular basis
- If members use a digital device, and report the BP reading, capture the reading in member electronic medical record (EMR).
- Submit applicable codes.

CONTROLLING HIGH BLOOD PRESSURE (CBP)

Lines of Business: Medicaid, Medicare, Marketplace ● ● ●

Members 18–85 years of age who had a diagnosis of hypertension (HTN) and whose blood pressure (BP) was adequately controlled (BP) was adequately controlled (<140/90 mm Hg) during the measurement year.

Exclusions: members who use hospice services and received palliative care

DESCRIPTION	CPT II CODES
Systolic Blood Pressure less than 130 mm Hg	3074F
Systolic Blood Pressure 130 -139 mm Hg	3075F
Systolic Blood Pressure greater than or equal to 140 mm Hg	3077F
Diastolic Blood Pressure less than 80 mm Hg	3078F
Diastolic Blood Pressure 80-89 mm Hg	3079F
Diastolic Blood Pressure greater than or equal to 90 mm Hg	3080F
Hypertension/Essential Hypertension	ICD10CM: I10

Important Note: Must report both Systolic and Diastolic for BP reading

REMOTE BP MONITORING	
CPT CODES	ICD-10 CM
93784, 93788, 93790, 99091, 99453, 99454, 99457, 99473, 99474	I10
TELEHEALTH VISITS	
ONLINE ASSESSMENT	TELEPHONE VISITS
CPT: 98970-98972, 99421-99423, 99457, 99458 HCPCS: G0071, G2010, G2012	CPT: 98966-98968, 99441-99443

Codes subject to change

Improving HEDIS measure:

- Missing BP documentation is considered non-compliant.
- Retake BP if the initial reading is high ($\geq 140/90$ mm hg), and document and record the lowest systolic and diastolic readings on the same day.
- Review the patient's hypertensive medication history, and patient compliance, and consider modifying treatment plans for uncontrolled blood pressure, as needed.
- Do not round up BP values if using a digital machine, record exact values.
- Telephone visits, e-visits, and virtual check-ins are now acceptable settings for BP readings
- Encourage your patients to monitor their BP at home using a digital BP machine. BP readings taken by the member and documented in the member's medical record meet the criteria for this measure.

COLORECTAL SCREENING (COL-E)

Lines of Business: Medicaid, Medicare, Marketplace ● ● ●

Members 45-75 years of age who have had appropriate screening for colorectal cancer.

- Fecal occult blood test (FOBT) within the MY
- Flexible sigmoidoscopy during the MY or the **four (4)** years before the MY
- Colonoscopy during the MY or the **nine (9)** years before the MY
- CT colonography during the MY or the **four (4)** years before MY
- Stool DNA (sDNA) with FIT test during the MY for the **two (2)** years prior to the MY

DESCRIPTION	CODES	LOINC / SNOMED
Colonoscopy	CPT: 44388-44393, 44394, 44401-44408, 45378-45382, 45384, 45386, 45388- 45393, 45398 HCPCS: G0105, G0121	SNOMED: 8180007, 12350003, 25732003, 34264006, 73761001, 174158000, 174185007, 235150006, 235151005, 275251008, 302052009, 367535003, 443998000, 444783004, 446521004, 446745002, 447021001, 709421007, 710293001, 711307001, 789778002, 1209098000
CT Colonography	CPT: 74261 74263	LOINC: 660515-4, 72531-7, 79069-1, 79071-7, 79101-2, 82688-3 SNOMED: 418714002
Flexible Sigmoidoscopy	CPT: 445330-45335, 45337, 45338, 45340-45342, 45346, 45347, 45349, 45350 HCPCS: G0104	SNOMED: 44441009, 396226005, 425634007

FOBT Lab Test	CPT: 82270, 82274 HCPCS: G0328	LOINC: 12503-9, 12504-7, 14563-1, 14564-9, 14565-6, 2335-8, 27396-1, 27401-9, 27925-7, 27926-5, 29771-3, 56490-6, 56491-4, 57905-2, 58453-2, 80372-6 SNOMED: 104435004, 441579003, 442067009, 442516004, 442554004, 442563002
sDNA FIT Test	CPT: 81528	LOINC: 77353-1, 77354-9
Exclusion: Members who had Colorectal Cancer or a Total Colectomy		

Codes subject to change

*For a complete list of LOINC/SNOMED Codes access the NCQA Store to download HEDIS Digital Measure Bundles at: <https://store.ncqa.org/>

Improving HEDIS Measure

- The medical record must include the date when colorectal cancer screening was performed, and results are reported in the medical history.
- A pathology report that indicates the type of screening (e.g., colonoscopy, flexible sigmoidoscopy) and the date when the screening was performed.

PERSISTENCE OF BETA – BLOCKER TREATMENT AFTER HEART ATTACK (PBH)

Lines of Business: Medicaid, Medicare, Marketplace ● ● ●

The percentage of members 18 years of age and older during the measurement year who were hospitalized and discharged from July 1 of the year prior to the measurement year to June 30 of the measurement year with a diagnosis of AMI and who received persistent beta-blocker treatment for 180 days (6 months) after discharge.

Note: The 180-day period that includes the discharge date and the 179 days after discharge

Beta Blocker Medications

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

Improving HEDIS Measure

- Ensure appropriate beta-blocker prescription at discharge for eligible patients
- Discuss the benefits for beta-blockers with patients and address any concerns.
- Medication adherence monitoring: regularly review medication refill patterns and identify potential gaps in therapy

PHARMACOTHERAPY MANAGEMENT OF COPD EXACERBATION (PCE)

Lines of Business: Medicaid, Medicare, Marketplace ● ● ●

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

Two rates are reported:

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

Important Note: The eligible population for this measure is based on acute inpatient discharges and ED visits, not on members. The denominator can include multiple events for the same individual.

Systemic Corticosteroid Medications

DESCRIPTION	PRESCRIPTION		
Glucocorticoids	■ Cortisone ■ Dexamethasone	■ Hydrocortisone ■ Methylprednisolone	■ Prednisolone ■ Prednisone

Bronchodilator Medications

DESCRIPTION	PRESCRIPTION		
Anticholinergic agents	■ Aclidinaium bromide ■ Ipratropium	■ Tiotropium ■ Umeclidinium	
Beta 2-agonists	■ Albuterol ■ Arformoterol ■ Formoterol	■ Indacaterol ■ Levalbuterol ■ Metaproterenol	■ Olodaterol ■ Salmeterol
Bronchodilator combinations	■ Albuterol-ipratropium ■ Budesonide-formoterol ■ Fluticasonesalmeterol ■ Fluticasonevilanterol ■ Fluticasone furoate-umeclidinium-vilanterol	■ Formoterol-aclidinium ■ Formoterolglycopyrrolate ■ Formoterol-mometasone ■ Glycopyrrolate-indacaterol	■ Olodaterol-tiotropium ■ Umeclidinium-vilanterol

Improving HEDIS Measure

- Immediately contact patients after an ED visit or inpatient discharge for COPD exacerbation to schedule a follow-up appointment
- Ensure timely prescription of appropriate medications like systemic corticosteroids within 14 days and bronchodilators within 30 days of the exacerbation episode.
- Discuss lifestyle modifications like smoking cessation and managing environmental triggers.
- Check the Peach State Health Plan Provider Portal (provider.pshpgeorgia.com) to ensure that the member has filled medications.
- Refer to www.pshpgeorgia.com for pharmacy formulary and coverage

PLAN ALL-CAUSE READMISSIONS (PCR)

Lines of Business: Medicaid, Medicare, Marketplace ● ● ●

For members 18 years of age and older, the number of acute inpatient and observation stays during the measurement year that were followed by an unplanned acute readmission for any diagnosis within 30 days and the predicted probability of an acute readmission.

DESCRIPTION	CODES
Acute Inpatient Stay	UBREV: 0100, 0101, 0110–0114, 0116–0124, 0126–0134, 0136–0144, 0146–0154, 0156–0160, 0164, 0167–0174, 0179, 0190–0194, 0199–0204, 0206–0214, 0219, 1000–1002
Observation Stay	UBREV: 0762, 0769, 0760

Codes subject to change

Improving HEDIS Measure

- Schedule follow-up appointments within 7 days of discharge
- Review medications with patients to ensure they understand how to take them
- Perform transitional care management for recently discharged patients
- Ensure accurate dates are documented for hospital discharge, scheduled outpatient appointments and keep appointments.

STATIN THERAPY FOR PATIENTS WITH CARDIOVASCULAR DISEASE (SPC)

Lines of Business: Medicaid, Medicare, Marketplace ● ● ●

The percentage of males 21–75 years of age and females 40–75 years of age during the measurement year, who were identified as having clinical atherosclerotic cardiovascular disease (ASCVD) and met the following criteria.

The following rates are reported:

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

Important Note: The treatment period is defined as the earliest prescription dispensing date in the measurement year for any statin medication of at least moderate intensity through the last day of the measurement year.

High and Moderate-Intensity Statin Medications

DESCRIPTION	PRESCRIPTION	MEDICATION LISTS
High-intensity statin therapy	Atorvastatin 40-80 mg	Atorvastatin High Intensity Medications List
High-intensity statin therapy	Amlodipine-atorvastatin 40-80 mg	Amlodipine Atorvastatin High Intensity Medications List
High-intensity statin therapy	Rosuvastatin 20-40 mg	Rosuvastatin High Intensity Medications List
High-intensity statin therapy	Simvastatin 80 mg	Simvastatin High Intensity Medications List
High-intensity statin therapy	Ezetimibe-simvastatin 80 mg	Ezetimibe Simvastatin High Intensity Medications List
Moderate-intensity statin therapy	Atorvastatin 10-20 mg	Atorvastatin Moderate Intensity Medications List
Moderate-intensity statin therapy	Amlodipine-atorvastatin 10-20 mg	Amlodipine Atorvastatin Moderate Intensity Medications List
Moderate-intensity statin therapy	Rosuvastatin 5-10 mg	Rosuvastatin Moderate Intensity Medications List
Moderate-intensity statin therapy	Simvastatin 20-40 mg	Simvastatin Moderate Intensity Medications List
Moderate-intensity statin therapy	Ezetimibe-simvastatin 20-40 mg	Ezetimibe Simvastatin
Moderate-intensity statin therapy	Pravastatin 40-80 mg	Pravastatin Moderate Intensity Medications List
Moderate-intensity statin therapy	Lovastatin 40 mg	Lovastatin Moderate Intensity Medications List
Moderate-intensity statin therapy	Fluvastatin 40-80 mg	Fluvastatin Moderate Intensity Medications List
Moderate-intensity statin therapy	Pitavastatin 1-4 mg	Pitavastatin Moderate Intensity Medications List

Improving HEDIS Measure

- Encourage patients to enroll in an auto-refill program at their pharmacy.
- Avoid giving samples; only prescriptions with a pharmacy claim are utilized to measure adherence.
- Offer tips to patients such as:
 - Taking the medication at the same time each day
 - Use a pill box
 - Discuss potential side effects and encourage the member to contact the provider and not stop usage.
- Refer to www.pshpgeorgia.com for pharmacy formulary and coverage



Behavioral Health

FOLLOW-UP CARE FOR CHILDREN PRESCRIBED ADHD MEDICATION (ADD-E)

Lines of Business: Medicaid, Marketplace ● ●

The percentage of children 6–12 years of age 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.

Two rates are reported:

- 1. Initiation Phase:** The percentage of members 6–12 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
- 2. Continuation and Maintenance (C&M) Phase:** The percentage of members 6–12 years of age with a prescription dispensed for ADHD medication, who remained on the medication for at least 210 days, and who, in addition to the visit in the Initiation Phase, had at least two follow-up visits with a practitioner within 270 days (9 months) after the Initiation Phase ended.

Initiation Phase	1st Follow-up Visit	Continuation & Maintenance Phase
<ul style="list-style-type: none">■ Dispensed■ ADHD medication	<ul style="list-style-type: none">■ Outpatient Visit with practitioner with prescribing authority■ No more than 30 days from initiation of prescription.	<ul style="list-style-type: none">■ 2nd and 3rd follow-up outpatients visit with practitioner■ Visits must occur within 270 days after initiation phase has ended



DESCRIPTION	CODES
Outpatient Visit	CPT: 90791, 90792, 90832–90834, 90836–90840, 90845, 90847, 90849, 90853, 90875, 90876, 99221–99223, 99231–99233, 99238, 99239, 99252–99255 POS: 03, 05, 07, 09, 11, 12, 13, 14, 15, 16, 17, 18, 19, 20, 22, 33, 49, 50, 71, 72
BH Outpatient Visit	CPT: 98960–98962, 99078, 99202–99205, 99211–99215, 99242–99245, 99341–99345, 99347–99350, 99381–99387, 99391–99397, 99401–99404, 99411, 99412, 99483, 99492–99494, 99510 HCPCS: G0155, G0176, G0177, G0409, G0463, G0512, H0002, H0004, H0031, H0034, H0036, H0037, H0039, H0040, H2000, H2010, H2011, H2013, H2014, H2015, H2016, H2017, H2018, H2019, H2020, T1015
Health and Behavior Assessment/Intervention	CPT: 96156, 96158, 96159, 96164, 96165, 96167 96168, 96170, 96171
Visit Setting Unspecified with Partial Hospitalization POS	CPT: 90791, 90792, 90832–90834, 90836–90840, 90845, 90847, 90849, 90853, 90875, 90876, 99221–99223, 99231–99233, 99238, 99239, 99252–99255 POS: 52
Partial Hospitalization/ Intensive Outpatient	HCPCS: G0410, G0411, H0035, H2001, H2012, S0201, S9480, S9484, S9485
Telephone Visits	CPT: 98966–98968, 99441–99443
E-visit/Virtual Check-In	CPT: 98970–98972, 99421–99423, 99457, 99458 HCPCS: G0071, G2010, G2012
Visit Setting Unspecified Value Set with Community Mental Health Center POS	CPT: 90791, 90792, 90832–90834, 90836–90840, 90845, 90847, 90849, 90853, 90875, 90876, 99221–99223, 99231–99233, 99238, 99239, 99251–99255 POS: 53

Improving HEDIS Measure

- Limit the first prescription of ADHD Medication to a 28 to 30 – day supply and schedule follow-up appointment before leaving the office.
- Reevaluate the medication effectiveness no more than 30 days after prescription fill.
- Submit the correct CPT codes
- Utilize telehealth as one option for improving compliance

METABOLIC MONITORING FOR CHILDREN AND ADOLESCENTS ON ANTIPSYCHOTICS (APM-E)

Lines of Business: Medicaid, Marketplace ●●

The percentage of children and adolescents 1–17 years of age who had two or more antipsychotic prescriptions and had metabolic testing.

Three rates are reported:

3. The percentage of children and adolescents on antipsychotics who received blood glucose testing.
4. The percentage of children and adolescents on antipsychotics who received cholesterol testing.
5. The percentage of children and adolescents on antipsychotics who received blood glucose and cholesterol testing.

DESCRIPTION	CPT/CPT II CODES	LOINC/SNOMED
Cholesterol Lab Test	CPT: 82465, 83718, 83722, 84478	LOINC: 2085-9, 2093-3, 2571-8, 3043-7, 9830-1 SNOMED: 14740000, 28036006, 77068002, 104583003, 104584009, 104586006, 104784006, 104990004, 104991000, 121868005
Glucose Lab Test	CPT: 80047, 80048, 80050, 80053, 80069, 82947, 82950, 82951	LOINC: 10450-5, 1492-8, 1494-4, 1496-9, 1499-3, 1501-6, 1504-0, 1507-3, 1514-9, 1518-0 SNOMED: 22569008, 33747003, 52302001, 72191006, 73128004, 88856000, 104686004, 167086002, 167087006, 167088001
HbA1c Lab Test	CPT: 83036, 83037	LOINC: 17855-8, 17856-6, 4548-4, 4549-2, 96595-4 SNOMED: 43396009, 313835008,
HbA1c Test Results and Findings	CPT II: 3044F, 3046F, 3051F, 3052F	SNOMED: 165679005, 451061000124104
LDL-C Lab Test	CPT: 80061, 83700, 83701, 83704, 83721	LOINC: 12773-8, 13457-7, 18261-8, 18262-6, 2089-1, 49132-4, 55440-2, 96259-7 SNOMED: 113079009, 166833005, 166840006, 166841005, 167074000, 167075004, 314036004
LDL-C Test Results and Findings	CPT II: 3048F, 3049F, 3050F	N/A

Codes subject to change

*For a complete list of LOINC/SNOMED Codes access the NCQA Store to download HEDIS Digital Measure Bundles at: <https://store.ncqa.org/>.

Improving HEDIS Measure

- Individual tests to measure cholesterol and blood glucose levels can be done on the same or different dates of service.
- The use of CPT® Category II codes and supplemental data helps identify clinical outcomes such as HbA1c level. It can also reduce the need for requesting medical chart reviews.
- Go to www.pshpgeorgia.com/providers.html for additional resources on care management for individuals with behavioral health challenges.

PRENATAL DEPRESSION SCREENING AND FOLLOW-UP (PND-E)

Line of Business: Medicaid, Marketplace ●●

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

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

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
Edinburgh Postnatal Depression Scale (EPDS)	99046-5	Total score ≥10

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

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

DESCRIPTION	CODES
Behavioral Health Encounter	CPT: 90791, 90792, 90832 90834, 90836–90839, 90845–90849, 90853, 90865–90870, 90875, 90876, 90880, 90887, 99484, 99492, 99493 HCPCS: G0155, G0176, G0177, G0409–G0411, G0511, G0512, H0002, H0004, H0031, H0034–H0037, H0039, H0040, H2000, H2001, H2010–H2020, S0201, S9480, S9484, S9485
Depression Case Management Encounter	CPT: 99366, 99492–99494 HCPCS: G0512, T1016, T1017, T2022, T2023
Outpatient, Telephone, E-Visit, or Virtual Check-In with a Diagnosis of Depression or other Behavioral Health Condition	CPT: 98960–98962, 98966–98968, 98970–98972, 98980, 98981, 99078, 99202–99205, 99211–99215, 99242–99245, 99341, 99342, 99344, 99345, 99347–99350, 99381–99387, 99391–99397, 99401–99404, 99411, 99412, 99421–99423, 99441–99443, 99457, 99458, 99483 HCPCS: G0071, G0463, G2010, G2012, G2250, G2252, T1015 ICD-10 CM: Use applicable code between F01.511–F94.7, O90.6, O99.340–O99.345
Encounter of Exercise Counseling	ICD-10CM: Z71.82

Improving HEDIS Measure

- Use age-appropriate screening instruments.
- If there is a positive screen resulting from a PHQ-2 score, documentation of a negative finding from a PHQ-9 performed on the same day qualifies as evidence of follow-up.
- Train staff on the importance of depression screenings and to recognize the risk factors for depression in pregnancy.
- Develop a workflow that includes utilizing a standardized instrument for depression screenings at every visit

POSTPARTUM DEPRESSION SCREENING AND FOLLOW-UP (PDS-E)

Line of Business: Medicaid, Marketplace ●●

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

- **Depression Screening.** The percentage of deliveries in which members were screened for clinical depression using a standardized instrument during the postpartum period.
- **Follow-Up on Positive Screen.** The percentage of deliveries in which members received follow-up care within 30 days of a positive depression screen finding.

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

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.

DESCRIPTION	CODES
Behavioral Health Encounter	CPT: 90791, 90792, 90832-90834, 90836-90839, 90845-90849, 90853, 90865-90870, 90875, 90876, 90880, 90887, 99484, 99492, 99493 HCPCS: G0155, G0176, G0177, G0409-G0411, G0511, G0512, H0002, H0004, H0031, H0034-H0037, H0039, H0040, H2000, H2001, H2010-H2020, S0201, S9480, S9484, S9485
Depression Case Management Encounter	CPT: 99366, 99492 – 99494 HCPCS: G0512, T1016, T1017, T2022, T2023
Outpatient, Telephone, E-Visit, or Virtual Check-In with a Diagnosis of Depression or other Behavioral Health Condition	CPT: 98960-98962, 98966-98968, 98970-98972, 98980, 98981, 99078, 99202-99205, 99211-99215, 99242-99245, 99341, 99342, 99344, 99345, 99347-99350, 99381-99387, 99391-99397, 99401-99404, 99411, 99412, 99421-99423, 99441-99443, 99457, 99458, 99483, HCPCS: G0071, G0463, G2010, G2012, G2250, G2252, T1015 ICD-10 CM: Use applicable code between F01.511-F94.7, O90.6, O99.340-O99.345
Encounter of Exercise Counseling	ICD-10 CM: Z71.82

Codes subject to change

Improving HEDIS Measure

- Use appropriate screening tools for postpartum depression screening
- Screen within the first few weeks after delivery to catch early signs of depression
- Perform postpartum screening during 6 weeks check-up
- Ensure adequate access to mental health services for postpartum women who screen positive

DIABETES MONITORING FOR PEOPLE WITH DIABETES AND SCHIZOPHRENIA (SMD)

Lines of Business: Medicaid ●

The percentage of members 18–64 years of age with schizophrenia or schizoaffective disorder and diabetes who had both an LDL-C test and an HbA1c test during the measurement year.

DESCRIPTION	CPT/ CPT II CODES
Cholesterol Lab Test	CPT: 82465, 83718, 83722, 84478
Glucose Lab Test	CPT: 80047, 80048, 80050, 80053, 80069, 82947, 82950, 82951
HbA1c Lab Test	CPT: 83036, 83037
HbA1c Test Results and Findings	CPT II: 3044F, 3046F, 3051F, ,3052F
LDL-C Lab Test	CPT: 80061, 83700, 83701, 83704, 83721
LDL-C Test Results and Findings	CPT II: 3048F, 3049F, 3050F

Codes subject to change

Important Note: The member must have both tests to be compliant with the measure.

Improving HEDIS Measure

- Use appropriate documentation and correct coding
- Educate the patient the need for follow-up appointments to empower shared decision-making between the provider and the patient
- Ensure effective communication between behavioral health and primary care providers in the coordination of care component
- Schedule an annual A1c and LDL-C test

DIABETES SCREENING FOR PEOPLE WITH SCHIZOPHRENIA OR BIPOLAR DISORDER WHO ARE USING ANTIPSYCHOTIC MEDICATIONS (SSD)

Lines of Business: Medicaid ●

The percentage of members 18–64 years of age with schizophrenia, schizoaffective disorder, or bipolar disorder, who were dispensed an antipsychotic medication and had a diabetes screening test during the measurement year.

DESCRIPTION	CPT/CPT II CODES
Glucose Lab Test	CPT: 80047, 80048, 80050, 80053, 80069, 82947, 82950, 82951
HbA1c Lab Test	CPT: 83036, 83037
HbA1c Test Results and Findings	CPT II: 3044F, 3046F, 3051F, 3052F

Codes subject to change

Improving HEDIS Measure

- Use appropriate documentation and correct coding.
- Teach the patient the need for follow-up appointments to empower shared decision-making between the provider and the patient.
- Ensure effective communication between behavioral health and primary healthcare providers in the coordination of care.
- Maintain appointment availability for patients.
- Outreach to patients who cancel appointments and reschedule as soon as possible.
- Schedule an annual glucose or A1c test.

PHARMACOTHERAPY FOR OPIOID USE DISORDER (POD)

Lines of Business: Medicaid, Medicare, Marketplace ● ● ●

The percentage of opioid use disorder (OUD) pharmacotherapy events that lasted at least 180 days among members 16 years of age and older with a diagnosis of OUD and a new OUD pharmacotherapy event.

Intake period: July 1, prior MY– June 30, current MY

Improving HEDIS Measure:

- Promote compliance and encourage treatment for a minimum of 180 days:
 - Educate patients with OUD on the risks and benefits of pharmacotherapy, treatment without medication, and no treatment.
 - Identify and address any barriers:
 - Keeping appointments
 - Timely medication refills
 - Set reminder calls to confirm appointments.

DESCRIPTION	CODES
Buprenorphine Oral, Implant and Injection	HCPCS: G2069, G2070, G2072, J0570, J0571, H0033, Q9991, Q9992
Buprenorphine Naloxone	HCPCS: J0572 – J0575
Methadone	HCPCS: G2067, G2078, H0020, S0109
Naltrexone Injection	HCPCS: G2073, J2315

Opioid Use Disorder Treatment Medications

DESCRIPTION	PRESCRIPTION	MEDICATION LISTS	VALUE SETS AND DAYS' SUPPLY
Antagonist	Naltrexone (oral)	Naltrexone Oral Medications List	NA—Codes do not exist
Antagonist	Naltrexone (injectable)	Naltrexone Injection Medications List	Naltrexone Injection Value Set (31 days supply)
Partial agonist	Buprenorphine (sublingual tablet)	Buprenorphine Oral Medications List	Buprenorphine Oral Value Set (1 day supply) Buprenorphine Oral Weekly Value Set (7 days supply)
Partial agonist	Buprenorphine (injection)	Buprenorphine Injection Medications List	Buprenorphine Injection Value Set (31 days supply)
Partial agonist	Buprenorphine (implant)	Buprenorphine Implant Medications List	Buprenorphine Implant Value Set (180 days supply)
Partial agonist	Buprenorphine/ naloxone (sublingual tablet, buccal film, sublingual film)	Buprenorphine Naloxone Medications List	Buprenorphine Naloxone Value Set (1 day supply)
Agonist	Methadone (oral)	NA (refer to Note below)	Methadone Oral Value Set (1 day supply) Methadone Oral Weekly Value Set (7 days supply)

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



Diabetes

BLOOD PRESSURE CONTROL FOR PATIENTS WITH DIABETES (BPD)

Lines of Business: Medicaid, Medicare, Marketplace ●●●

The percentage of members 18–75 years of age with diabetes (type 1 and type 2) whose blood pressure was adequately controlled (< 140/90 mm Hg) during the measurement year.

DESCRIPTION	CPT-CAT II
Systolic Blood Pressure less than 130 mm Hg	3074F
Systolic Blood Pressure 130-139 mm Hg	3075F
Systolic Blood Pressure greater than or equal to 140 mm Hg	3077F
Diastolic Blood Pressure less than 80 mm Hg	3078F
Diastolic Blood Pressure 80-89 mm Hg	3079F
Diastolic Blood Pressure greater than or equal to 90 mm Hg	3080F
Remote Blood Pressure Monitoring	CPT: 93784, 93788, 93790, 99091, 99453, 99454, 99457, 99473, 99474

Codes subject to change

Important Note: The last blood pressure reading of the measurement year is the one utilized in the measure.

Improving HEDIS Measure

- Member reported BP readings can be documented in the medical record and are acceptable.
- Telehealth visits are acceptable if the BP reading is taken by an electronic device (Device does not have to be remote monitoring device). Use of a manual device does not meet criteria. Document in the note the reading is specifically from an electronic device.
- Retake BP readings, after patient rests quietly for 5 minutes, if the initial BP reading is >140 systolic or >90 diastolic on first measurement. Remember to record both the initial and second BP readings.
- Never round up BP readings.

- Check BP on both arms and record the lowest systolic and diastolic readings.
- The use of CPT – Category II codes helps identify clinical outcomes such as diastolic and systolic readings. It can also reduce the need for some medical chart reviews.

EYE EXAM FOR PATIENTS WITH DIABETES (EED)

Lines of Business: Medicaid, Medicare, Marketplace ● ● ●

The percentage of members 18–75 years of age with diabetes (Type 1 and Type 2) who had a retinal eye exam.

DESCRIPTION	CPT/CPT II CODES	HCPCS
Eye Exam	CPT: 92229	
Retinal Eye Exam	CPT: 92002, 92004, 92012, 92014, 92018, 92019, 92134, 92201, 92202, 92227, 92228, 92230, 92235, 92240, 92250, 92260, 99203, (-), 99205, 99213, (-), 99215, 99242, (-) 99245	S0620, S0621, S3000
Retinal Imaging	CPT: 92227, 92228	
Eye Exam with Evidence of Retinopathy	CPT II: 2022F, 2025F, 2026F	
Eye Exam without Evidence of Retinopathy	CPT II: 2023F, 2025F, 2033F	
Diabetic Retinal Screening Negative in prior year to MY	CPT II: 3072F	
Unilateral Eye Enucleation	CPT: 65091, 65093, 65101, 65103, 65105, 65110, 65112, 65114	

Codes subject to change

Helpful Documentation Tips:

- At a minimum, documentation in the medical record must include one of the following:
- A note or letter prepared by an ophthalmologist, optometrist, PCP, or other health care professional indicating that an ophthalmoscopic exam was completed by an eye care professional (optometrist or ophthalmologist), the date when the procedure was performed, and the results.
- A chart or photograph indicating the date when the fundus photography was performed and evidence that an optometrist or ophthalmologist reviewed the results. Alternatively, results may be read by a qualified reading center that operates under the direction of a medical director who is a retinal specialist or by a system that provides an artificial intelligence (AI) interpretation.
- Documentation of a negative retinal or dilated eye exam by an optometrist or ophthalmologist in the year prior to the measurement year, results indicating retinopathy was not present.
- Notate anytime in the member's history of evidence that the member had bilateral eye enucleation or acquired absence of both eyes.

Improving HEDIS Measure

- Work with a local ophthalmologist or optometrist to establish DRE referral contacts/relationships. Refer to www.pshpgeorgia.com to find-a-provider in-network
- Educate the patients about the difference between an eye exam to get new glasses and a comprehensive diabetic eye exam.
- Documentation of hypertensive retinopathy is considered positive for diabetic retinopathy. An annual comprehensive diabetic eye exam is recommended.
- Utilize appropriate ICD-10 and CPT codes to accurately capture diabetic eye exam services.

GLYCEMIC STATUS ASSESSMENT FOR PATIENTS WITH DIABETES (GSD)

Lines of Business: Medicaid, Medicare, Marketplace ● ● ●

The percentage of members 18–75 years of age with diabetes (types 1 and 2) whose hemoglobin A1c (HbA1c) or glucose management indicator (GMI) was at the following levels during the MY.

- Glycemic Status <8.0%
- Glycemic Status >9.0%

DESCRIPTION	CODES
HbA1c Lab Test	CPT: 83036, 83037
HbA1c level less than 7.0% (DM)	CPT II: 3044F
HbA1c greater than 9.0% (DM)	CPT II: 3046F
HbA1c level greater than or equal to 7.0% and less than or equal to 8.0% (DM)	CPT II: 3051F
HbA1c level greater than or equal to 8.0% and less than or equal to 9.0% (DM)	CPT II: 3052F

Codes subject to change

Important Note: *If multiple HbA1c tests were performed in the measurement year, the result from the last test is utilized to close the HEDIS care gap.*

Improving HEDIS Measure

- The frequency of visits should depend on the level of A1c control; members with elevated A1c levels need to be seen more frequently.
- Schedule follow-up visits and A1c testing with diabetic patients to monitor for changes.
- Document the date of the HbA1c with the results.
- Submit the CPT code for the test performed and the CPT-CAT II codes to report the A1c results and findings.

KIDNEY HEALTH EVALUATION FOR PATIENTS WITH DIABETES (KED)

Lines of Business: Medicaid, Medicare, Marketplace ● ● ●

The percentage of members 18–85 years of age with diabetes (type 1 and type 2) who received a kidney health evaluation, defined by an estimated glomerular filtration rate (eGFR) and a urine albumin-creatinine ratio (uACR), during the measurement year.

DESCRIPTION AND CODES				
Blood Test	AND	Urine Test (must include both quantitative albumin and urine creatinine)		
Estimated Glomerular Filtration Rate (eGFR)		Option 1	OR	Option 2
		Urine albumin-creatinine ratio (uACR)	Quantitative urine albumin test	Urine creatinine lab test
CPT: 80047, 80048, 80053, 80050, 80069, 82565		LOINC: 13705-9, 14958-3, 14959-1, 30000-4, 44292-1, 59159-4, 76401-9, 77253-3, 77254-1, 89998-9, 9318-7	CPT: 82043	CPT: 82570

Codes subject to change

Note: If submitting two urine tests

- One must be quantitative urine albumin lab test
- The other must be urine creatinine lab test
- The two test dates must be within the MY and the test dates must be within four days from each other

Best Practice: order or perform both urine test on the same day

Important Note: In-house “Urine protein dipstick test” is not acceptable to close care gap for uACR

Improving HEDIS Measure

- **Order all lab test:** Estimated Glomerular Filtration Rate (eGFR) and Urine albumin-creatinine ratio (uACR) on the SAME DAY to close the care gap.
- Routinely refer members with type 1 or type 2 diabetes to a participating lab for an eGFR and uACR.
- Follow up with patients to discuss their lab results.
- Educate the patient on how diabetes can affect the kidneys and provide tips on preventing damage to their kidneys:
 - Controlling High Blood Pressure
 - Medication Adherence by taking prescribed medication that protects the kidney functionality (ACE inhibitors or ARBs)
 - Suggest a diet of lower protein and limited salt intake

STATIN THERAPY FOR PATIENTS WITH DIABETES (SPD)

Lines of Business: Medicaid, Medicare, Marketplace

The percentage of members 40–75 years of age during the measurement year with diabetes who do not have clinical atherosclerotic cardiovascular disease (ASCVD) who met the following criteria.

Two rates are reported:

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

Improving HEDIS Measure

- Educate patients on the importance of statin medication adherence.
- Adherence to the SPD measure is determined by the member remaining on their prescribed high or low-intensity statin medication for 80% of their treatment period.
- Adherence is determined by pharmacy claims data (the plan will capture data each time the member fills their prescription).
- Refer to www.pshpgeorgia.com for pharmacy formulary and coverage.

Diabetic Medication

DESCRIPTION	PRESCRIPTION		
Alpha-glucosidase inhibitors	Acarbose	Miglitol	
Amylin analogs	Pramlintide		
Antidiabetic combinations	Alogliptinmetformin, Alogliptinpioglitazone Canagliflozinmetformin Dapagliflozinmetformin Empagliflozinlinagliptin Empagliflozinmetformin	Glimepiridepioglitazone Glipizidemetformin Glyburidemetformin Linagliptin-metformin Metformin-pioglitazone Metformin-repaglinide	Metformin-rosiglitazone Metformin-saxagliptin Metformin-sitagliptin
Insulin	Insulin aspart Insulin aspartinsulin aspart protamine Insulin degludec Insulin detemir Insulin glargine Insulin glulisine	Insulin isophane human Insulin isophane-insulin regular Insulin lispro Insulin lispro-insulin lispro protamine Insulin regular human Insulin human inhaled	
Meglitinides	Nateglinide	Repaglinide	

Glucagon-like peptide-1 (GLP1) agonists	Albiglutide Dulaglutide Exenatide	Liraglutide (excluding Saxenda®) Semaglutide Empagliflozin	
Sodium-glucose cotransporter 2 (SGLT2) inhibitor	Canagliflozin Dapagliflozin (excluding Farxiga®)		
Sulfonylureas	Chlorpropamide Glimepiride	Glipizide Glyburide	Tolazamide Tolbutamide
Thiazolidinediones	Pioglitazone	Rosiglitazone	
Dipeptidyl peptidase-4 (DDP-4) inhibitors	Alogliptin Linagliptin	Saxagliptin Sitagliptin	



Women's Health

BREAST CANCER SCREENING (BCS-E)

Lines of Business: Medicaid, Medicare, Marketplace ●●●

The measure evaluates the percentage of women 40-74 years of age who had a mammogram to screen for breast cancer anytime on or between October 1 – two years before the measurement year through December 31 of the measurement year.

BREAST CANCER SCREENING CODES		
CPT Codes	LOINC	SNOMED
Mammogram Outpatient: 77061 -77063 77065-77067	Mammogram: 24605-8: MG Breast Diagnostic 24606-6: MG Breast Screening 26175-0: MG Breast – bilateral screening 26176-8: MG Breast – left screening 26177-6: MG Breast – right screening 26347-5: MG Breast – left diagnostic 26348-3: MG Breast – right diagnostic	Mammogram: 24623002: Screening mammography (procedure) 43204002: Bilateral mammography (procedure) 71651007: Mammography (procedure) 566571000119105: Mammography of right breast (procedure) 572701000119102: Mammography of left breast (procedure)
Exclusions <ul style="list-style-type: none"> Members who had bilateral mastectomy any time during the member history use the applicable diagnosis ICD-10 CM – Z90.13 Members who had gender -affirming chest surgery with diagnosis of gender dysphoria at any time during the members history the end of the measurement period Use applicable diagnosis ICD-10 CM – Z87.890: Personal History of Sex Reassignment 		
Important Notes: <ul style="list-style-type: none"> BCS – E is reported through Electronic Clinical Data Systems Reporting (ECDS) using the appropriate LOINC or SNOMED codes. Check with your EHR/EMR systems administrator for implementation. 		

Improving HEDIS Measure

- Ensure an order or referral for a mammogram is given during annual wellness visits and/or well-woman exams for women 50–74 years old.
- Consider implementing a standing order and/or automated referrals for members eligible for mammography.
- It's important to submit the appropriate ICD-10 diagnosis code for a member's history of bilateral mastectomy, Z90.13
- Document the date and the specific procedure completed when reviewing the patients history.

CERVICAL CANCER SCREENING (CCS-E)

Lines of Business: Medicaid, Marketplace ●●

The measure evaluates the percentage of Women 21-64 years of age who were screened for cervical cancer using the following criteria:

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

DESCRIPTION	CODES
Cervical Cytology Lab Test (21 – 64 yrs)	CPT: 88141 – 88143, 88147, 88148, 88150, 88152 88153, 88164 – 88167, 88174, 88175 HCPCS: G0123, G0124, G0141, G0143 - G0145, G0147 G0148, P3000, P3001, Q0091
Cervical Cytology Result or Finding	SNOMED: 1155766001, 168406009, 168407000, 168408005 168410007, 168414003, 168415002, 168416001 168424006, 250538001, 269957009, 269958004 269959007, 269960002, 269961003, 269963000 275805003, 281101005, 309081009, 310841002 310842009, 416030007, 416032004, 416033009 439074000, 439776006, 439888000, 441087007 441088002, 441094005, 441219009, 441667007 62051000119105, 62061000119107, 700399008 700400001, 98791000119102
High Risk HPV Lab Test (30 – 64 yrs)	CPT: 87624, 87625 HCPCS: G0476
Absence of Cervix Diagnosis (Exclusion)	ICD-10CM: Q51.5, Z90.710, Z90.712 SNOMED: 10738891000119107, 248911005 37687000, 428078001, 429290001 429763009, 473171009, 723171001

Codes subject to change

Helpful Documentation Tips:

- Documentation in the medical record indicating the date when the cervical cytology was performed with results.
- Any of the following documentation meets criteria for exclusion:
 - “complete, “total”, or “radical” hysterectomy (abdominal, vaginal, or unspecified)
 - “vaginal hysterectomy”
 - “hysterectomy” in combination with documentation that the patient no longer needs pap testing/cervical cancer screening.
- Use **ICD-10-CM: Q51.5, Z90.710, or Z90.712** to indicate the exclusion (for absence of cervix/uterus).
- The medical record must have cervical cytology test results and hrHPV results documented, even if the member self-reports being previously screened by another provider.

Improving HEDIS Measure

- Use **ICD-10-CM or SNOMED diagnosis codes** to indicate the exclusion for absence of cervix/uterus.
- The medical record must have cervical cytology test results and hrHPV results documented, even if the member self-reports being previously screened by another provider.

CHLAMYDIA SCREENING (CHL)

Lines of Business: Medicaid, Medicare, Marketplace ● ● ●

The measure evaluates the percentage of women 16-24 years of age who were identified as sexually active and who has at least one test for chlamydia during the measurement year.

DESCRIPTION	CPT CODES
Chlamydia Screening Lab Tests	87110, 87270, 87320, 87490, 87491, 87492 87810
Consider Using the CDC Expedited Partner Therapy (EPT) Program The CDC recommends using the Expedited Partner Therapy (EPT) Program to prevent the spread of chlamydia to other partners or from going back and forth between partners. Providers can write prescriptions for partners without examining the partner. If the name of the partner is unknown, the prescription can be written for Expedited Partner Therapy. The partner is responsible for the payment of the medication or will have to use their personal prescription drug coverage.	

Improving HEDIS Measure

Providers should order an annual chlamydia screening for female patients between the ages of 15 years old (who will turn 16 years old by December 31 of the measurement year) and 24 years old, who are present in the office for any of the following reasons:

- Any time a urine screening is performed
- Pregnancy testing
- Contraception services
- Annual gyn exam

- Prior history of sexual abuse or assault
- Prior history of sexually transmitted infections (STI)
- Add chlamydia screening as a standard lab for women 16–24 years old. Use well-child exams and well-women exams for this purpose.

DOCUMENTED ASSESSMENT AFTER MAMMOGRAM (DBM-E)

Line of Business: Medicaid, Marketplace, Medicare ● ● ●

The percentage of episodes of mammograms documented in the form of a BI-RADS assessment within 14 days of the mammogram for members 40–74 years of age.

DESCRIPTION	CODES
BI – RADS Assessment	SNOMED: 397138000, 397140005, 397141009, 397143007, 397144001, 397145000, 6111000179101, 6121000179106, 6131000179108, 6141000179100
Mammography	SNOMED: 12389009, 241055006, 241057003, 241058008, 24623002, 258172002, 384151000119104, 392521000119107, 392531000119105, 43204002, 439324009, 450566007, 566571000119105, 572701000119102, 71651007, 723778004, 723779007, 723780005, 726551006, 833310007, 866234000, 866235004, 866236003, 866237007

Improving HEDIS Measure

- Prioritize timely documentation of mammogram results using BI-RADS assessment system within 14 days of the procedure.
- Use the appropriate SNOMED codes reporting one of the six BI -RADS scores that categorize mammogram findings.
- Inform patients about the importance of timely follow-up after a mammogram and encourage them to contact their provider if they have questions about their results

FOLLOW-UP AFTER ABNORMAL MAMMOGRAM ASSESSMENT (FMA-E)

Lines of Business: Medicaid, Medicare, Marketplace ● ● ●

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

DESCRIPTION	CODES
High Risk BI-RADS	SNOMED: 397144001, 397145000, 6121000179106, 6131000179108, 6141000179100
Inconclusive BI – RADS	SNOMED: 397138000
Mammography	SNOMED: 12389009, 241055006, 241057003, 241058008, 24623002, 258172002, 384151000119104, 392521000119107, 392531000119105, 43204002, 439324009, 450566007, 566571000119105, 572701000119102, 71651007, 723778004, 723779007, 723780005, 726551006, 833310007, 866234000, 866235004, 866236003, 866237007

Improving HEDIS Measure:

- Implementing robust reminder systems for patients with abnormal mammogram results
- Streamlining communication between radiologists and primary care physicians
- Patient education to address concerns about follow-up, and actively tracking and monitoring patient progress through the follow-up process

PRENATAL AND POSTPARTUM CARE (PPC)

Lines of Business: Medicaid, Marketplace ●●

Members who delivered on or between October 8 of the year prior to the measurement year October 7 of the measurement year will the following facets of prenatal and postpartum care.

- **Timeliness of Prenatal Care:** Members who received a prenatal care visit in the first trimester, on or before the enrollment start date, or within 42 days of enrollment in the organization
- **Postpartum Care:** Members that received a postpartum visit on or between 7 and 84 days after delivery

PRENATAL CARE	
PRENATAL CARE CODES	
DESCRIPTION	CODES
Prenatal Visits:	CPT: 99202 – 99205, 99211 – 99215, 99242 – 99245, 99421 – 99423, 99441 – 99443, 99457, 99458, 99483 HCPCS: G0463, T1015
Prenatal Visit –Standalone	CPT: 99500 CPT II: 0500F, 0501F, 0502F HCPCS: -H1000 -H1004
Prenatal Bundled Services:	CPT: 59400, 59425, 59426, 59510, 59610, 59618
Prenatal Diagnosis	ICD-10CM: Z03.71-Z03.75, Z03.79, Z34.00-Z34.03, Z34.80-Z34.83, Z34.90-Z34.93, Z36, Z36.0-Z36.5, Z36.81- Z36.89, Z36.8A, Z36.9
Telehealth	
Online Assessment	CPT: 98970 - 98972, 99421- 99423, 99457, 99458
Telephone Visits	CPT: 98966-98968, 99441-99443

Codes subject to change

Prenatal Care – Documentation

Medical record must include a note indicating the date when the prenatal care visit occurred, and evidence of one of the following:

A basic physical OB exam with any of the following:

- Auscultation for fetal heart tone
- Pelvic exam with obstetric observations
- Measurement of fundus height (a standardized prenatal flow sheet may be used)

Evidence that a prenatal care procedure was performed, such as:

- Screening test in the form of an obstetric panel (must include all of the following: hematocrit, differential WBC count, platelet count, hepatitis B surface antigen, rubella antibody, syphilis test, RBC antibody screen, Rh and ABO blood typing)
- TORCH antibody panel
- A rubella antibody test/titer with an Rh incompatibility (ABO/Rh) blood typing
- Ultrasound of a pregnant uterus

Documentation of LMP, EDD, or gestational age in conjunction with either of the following:

- Prenatal risk assessment and counseling/education
- Complete obstetrical history

The following do not count as prenatal visits:

- Visits that occur on the date of the delivery
- A Pap test

POSTPARTUM CARE

POSTPARTUM CARE CODES

DESCRIPTION	CODES
Postpartum Care Visit	CPT: 57170, 58300, 59430, 99501 CPT II: 0503F HCPCS: G0101
Postpartum Bundled Services:	CPT: 59400, 59410, 59510, 59515, 59610, 59614, 59618, 59622
Cervical Cytology:	CPT: 88141-88143, 88147, 88148, 88150, 88152-88153, 88164-88167, 88174, 88175 HCPCS: G0123, G0124, G0141, G0143 – G0145, G0147, G0148, P3000, P3001, Q0091
Postpartum Care Diagnosis	ICD-10CM: Z01.411, Z01.419, Z01.42, Z30.430, Z39.1, Z39.2
Telehealth	
Online Assessment	CPT: 98970-98972, 99421-99423, 99457, 99458
Telephone Visits	CPT: 98966-98968, 99441-99443

Postpartum Care – Documentation

Medical Record must include a note indicating the date when the postpartum visit occurred, and evidence of one of the following:

Evaluation of weight, BP, breasts, and abdomen

- Notation of “breastfeeding” is acceptable for the “evaluation of breasts” component

Notation of postpartum care, including but not limited to:

- Notation of “postpartum care,” “PP care,” “PP check,” “6-week check”
- A preprinted “Postpartum Care” form on which information is documented during the visit
- Perineal or cesarean incision/wound check
- Screening for depression, anxiety, tobacco use, substance use disorder or preexisting mental health disorders
- Glucose screening for women with gestational diabetes

Documentation of any of the following topics:

- Infant care or breastfeeding
- Sleep/fatigue
- Resumption of intercourse, birth spacing or family planning
- Resumption of physical activity and attainment of healthy weight

Important Notes:

- A Pap test **ALONE** is acceptable documentation for the postpartum visit, if it is in conjunction with a visit in the acceptable timeframe with an appropriate provider type as it provides evidence of a pelvic exam.
- **Appropriate Coding:**
 - There are times when providers submit the global bill for maternity service prior to the postpartum visit. In these cases when a member has a postpartum visit, submit a claim on the date of the postpartum visit with the appropriate CPT II code 0503F and ICD-10 code for postpartum care.

PRENATAL IMMUNIZATION STATUS (PRS-E)

Lines of Business: Medicaid, Marketplace ● ●

The percentage of deliveries in the measurement year (Jan. 1 – Dec. 31) in which members had received influenza, and tetanus, diphtheria toxoids and acellular pertussis (Tdap).

- Flu – on or between July 1 of the MY
- Tdap – vaccine received during the pregnancy (including the delivery date).

Clinical recommendation:

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

DESCRIPTION	CODES	SNOMED
Adult Influenza Vaccine	CPT: 90630, 90653, 90654, 90656, 90658, 90661, 90662, 90673, 90674, 90682, 90686, 90688, 90689, 90694, 90756 CVX: 88, 205, 168, 197, 135, 166, 186, 171, 153, 185, 155, 158, 150, 141, 140, 144	86198006
Tdap Vaccine	CPT: 90715	390846000, 412755006, 412756007, 412757003, 428251000124104, 571571000119105
Anaphylaxis Due to Diphtheria, Tetanus or Pertussis Vaccine	N/A	428291000124105 428281000124107

Codes subject to change

Improving HEDIS Measure:

- Educate members regarding the importance of influenza and Tdap immunizations during pregnancy
- Address member concerns of anxiety and fear regarding immunization during pregnancy
- Document all immunizations in the state registry, EMR if applicable, and capture via claim



Child & Adolescent Health

WELLCHILD VISIT IN THE FIRST 30 MONTHS OF LIFE (W30)

Lines of Business: Medicaid, Marketplace ● ●

Members who had the following number of well-child visits with a PCP during the last 15 months.

Two reported rates:

- 1. Well-Child Visits in the first 15 months:** Children who turned 15 months old during the measurement year. The members should have 6 or more visits on or before 15 months.
- 2. Well-Child Visits age 15 months – 30 months:** Children who turned 30 months old during the measurement year. The members should have 2 or more visits on or before 30 months.

Important Note: EPSDT preventive visits that occur at 15 months and 1 day old, will NOT count towards W30 for 0-15 months HEDIS rates.

Improving HEDIS Measure

- Members 0 through 30 months should receive preventive visits throughout the year according to a specific timeframe.
- Handouts given to a parent without documentation of discussion does not meet the criteria for health education /anticipatory guidance.
- Document all appropriate screening requirements according to AAP/Bright Futures.
- Perform a well-visit exam during a follow-up or sick visit when medically appropriate.
- EPSDT preventative medical visits that occur at 15 months and 1 day old will not count towards (W30) 0-15 months HEDIS care gap outcomes.

CHILD AND ADOLESCENT WELL-CARE VISITS (WCV)

Lines of Business: Medicaid, Marketplace ●●

Members 3–21 years of age who had at least 1 comprehensive Well-Care Visit with a PCP or OB/GYN practitioner during the measurement year.

- Components of comprehensive Well-Care Visit includes:
 - Health history
 - Physical exam
 - Physical developmental history
 - Health education/ anticipatory guidance
 - Mental developmental history

Improving HEDIS Measure

- Perform Well-Child Visits during a sports physical visit. Use the appropriate CPT and ICD-10 codes to ensure HEDIS care gap outcomes.
- A handout given to a parent without documentation of a discussion does not meet the criteria for health education /anticipatory guidance.
- During every visit, it is important to discuss weight, BMI, nutrition counseling, and the importance of physical activity.

Appropriate Codes for W30 and WCV HEDIS Measure

CPT	NEW PATIENT	CPT	ESTABLISHED PATIENT	MODIFIER
99381	Age: < 1 year	99391	Age: < 1 year	EP
99382	Age: 1 – 4	99392	Age: 1 – 4	EP
99383	Age: 5 -11	99393	Age: 5 -11	EP
99384	Age: 12 – 17	99394	Age: 12 – 17	EP
99385	Age: 18 – 21	99395	Age: 18 – 21	EP

Use age-appropriate CPT code to capture Well Visit

ICD-10 CM CODES WITH AGE PARAMETERS	
Z00.110	Age: 0 – 7 days
Z00.111	Age: 8 – 28 days
Z00.121 or Z00.129	Age: 29 day – 14 years
Z00.00 or Z00.01	Age: 15 years – 17 years
Z00.121 or Z00.129 ; Z00.00 or Z00.01	Age: 18 years – 20 years
Z02 – Z02.89	Age: 0 – 20 years

Codes subject to change

WEIGHT ASSESSMENT AND COUNSELING FOR NUTRITION PHYSICAL ACTIVITY FOR CHILDREN/ADOLESCENTS (WCC)

Lines of Business: Medicaid, Marketplace ●●

Members 3–17 years of age who had an outpatient visit with a PCP or OB/GYN and who had evidence of the following during the measurement year:

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

**Because BMI norms for youth vary with age and gender, this measure evaluates whether BMI percentile is assessed rather than an absolute BMI value.*

Appropriate Codes for WCC HEDIS Measure

DESCRIPTION	CODES
BMI percentile (use for 2–20 years of age)	Z68.51 - Z68.54
Physical Activity Counseling	ICD-10CM: Examination for Sport: Z02.5 Exercise Counseling: Z71.82 HCPCS: G0447, S9451
Nutrition Counseling	CPT: 97802, 97803, 97804 HCPCS: G0270,G0271, G0447, S9449, S9452, S9470

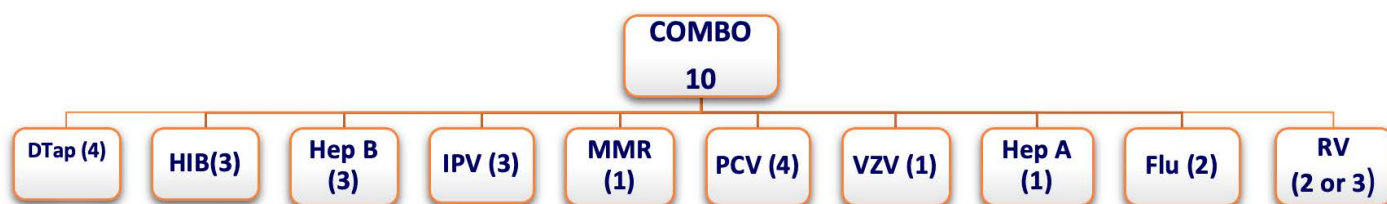
Codes subject to change

Improving HEDIS Measure:

- Documentation must include patient’s height, weight, and BMI percentile notated in the medical record or plotted on a BMI age growth chart.
- Use every office visit (including sick visits) as an opportunity to provide education on physical activity, nutrition counseling, and BMI percentile calculations.
- Use appropriate CPT/ICD-10 codes to ensure HEDIS care gaps outcomes. This reduces medical record/chart review.

CHILDHOOD IMMUNIZATION STATUS (CIS-E)

Lines of Business: Commercial, Medicaid ●●



The percentage of children 2 years of age who had four diphtheria, tetanus and acellular pertussis (DTaP); three polio (IPV); one measles, mumps and rubella (MMR); three haemophilus influenza type B (Hib); three hepatitis B (HepB), one chicken pox (VZV); four pneumococcal conjugate (PCV); one hepatitis A (HepA); two or three rotavirus (RV); and two influenza (flu) vaccines by their second birthday.

The measure calculates a rate for each vaccine and three combination rates.

Appropriate Codes for HEDIS Measure: CIS-E Immunizations

DESCRIPTION	CODES
DTaP	CPT: 90697, 90698, 90700, 90723 SNOMED: 1162640003, 16290681000119103, 310306005, 310307001, 310308006, 312870000, 313383003, 390846000, 390865008, 399014008, 412755006, 412756007, 412757003, 412762002, 412763007, 412764001, 414001002, 414259000, 414620004, 415507003, 415712004, 428251000124104, 571571000119105, 572561000119108, 770608009, 770616000, 770617009, 770618004, 787436003, 866158005, 866159002, 866226006, 868273007, 868274001, 868276004, 868277008
IPV	CPT: 90697, 90698, 90713, 90723 SNOMED: 16290681000119103, 310306005, 310307001, 310308006, 312869001, 312870000, 313383003, 390865008, 396456003, 412762002, 412763007, 412764001, 414001002, 414259000, 414619005, 414620004, 415507003, 415712004, 416144004, 416591003, 417211006, 417384007, 417615007, 572561000119108, 866186002, 866227002, 868266002, 868267006, 868268001, 868273007, 868274001, 868276004, 868277008, 870670004
Hib	CPT: 90644, 90647, 90648, 90697, 90698, 90748 SNOMED: 1119364007, 1162640003, 127787002, 16292241000119109, 170343007, 170344001, 170345000, 170346004, 310306005, 310307001, 310308006, 312869001, 312870000, 313383003, 414001002, 414259000, 415507003, 415712004, 428975001, 712833000, 712834006, 770608009, 770616000, 770617009, 770618004, 786846001, 787436003
MMR	CPT: 90707, 90710 SNOMED: 170431005, 871909005, 170432003, 433733003, 170433008, 432636005, 572511000119105, 571591000119106, 38598009

Hep B	CPT: 90697, 90723, 90740, 90744, 90747, 90748 SNOMED: 1162640003, 16584000, 170370000, 170371001, 170372008, 170373003, 170374009, 170375005, 170434002, 170435001, 170436000, 170437009, 312868009, 396456003, 416923003, 572561000119108, 770608009, 770616000, 770617009, 770618004, 786846001
VZV	CPT: 90710, 90716 SNOMED: 425897001, 428502009, 432636005, 433733003, 572511000119105, 737081007, 871898007, 871899004, 871909005
PCV	CPT: 90670, 90671, 90677 SNOMED: 1119366009, 1119368005, 12866006, 1296904008, 394678003, 434751000124102, 871833000
Hep A	CPT: 90633 SNOMED: 170378007, 170379004, 170380001, 170381002, 170434002, 170435001, 170436000, 170437009, 243789007, 312868009, 314177003, 314178008, 314179000, 394691002, 571511000119102, 871752004, 871753009, 871754003
RV (2 dose)	CPT: 90681 SNOMED: 434741000124104
RV (3 dose)	CPT: 90680 SNOMED: 434731000124109
Influenza (2 dose)	CPT: 90655, 90657, 90661, 90673, 90674, 90685 – 90689, 90756 SNOMED: 86198006
Anaphylaxis Due to Diphtheria, Tetanus or Pertussis Vaccine	SNOMED: 428291000124105, 428281000124107

Codes subject to change

The appropriate vaccine administration codes, when administering VFC vaccines, as they apply:

CPT	DESCRIPTION
90460	Immunization administration through 18 years of age via any route of administration with counseling by physician or other qualified healthcare professional; first or only component of each vaccine or toxoid administered
90471	Immunization administration (includes percutaneous, intradermal, subcutaneous, or intramuscular injections); one vaccine (single or combination vaccine/toxoid)
90472	Immunization administration (includes percutaneous, intradermal, subcutaneous, or intramuscular injections); one vaccine (single or combination vaccine/ toxoid) each additional vaccine (single or combination vaccine/toxoid) List separately in addition to code for primary procedure

90473	Immunization administration by intranasal or oral route; one vaccine (single or combination vaccine/toxoid)
90474	Immunization administration by intranasal or oral route; each additional vaccine combination vaccine/toxoid) List separately in addition to code for primary procedure

Codes subject to change

Improving HEDIS Measure

- Timely submission of claims and encounter data to capture gap closure.
- Notate the name of the antigen and the date of the immunization.
- Document if the member received the immunization “at delivery” or “in the hospital” meet the criteria (e.g., Hep B).
- Overdue immunization and lead testing can be administered during a sick visit when medically appropriate.
- Anaphylaxis due to vaccine is numerator compliant for DTaP, HepB, HiB, and Rotavirus.
- Encephalitis due to vaccine is numerator complaint for DTaP only
- Report all administered immunizations by accessing the GA Registry of Immunizations (GRITS) system.

Important Note:

- If the child is 2 years and 1 day old when services are rendered the member is non-compliant for HEDIS ratings.
- A Parent/guardian refusal of vaccinations is not a valid exclusion for HEDIS standards.

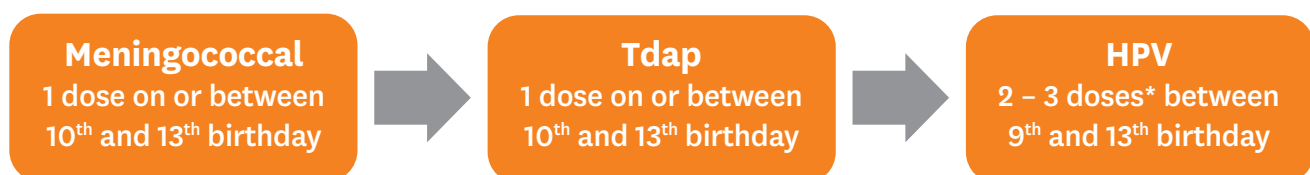
For guidelines reference Department of Community Health: EPSDT Services—Health Check Program Manual for additional information www.mmis.georgia.gov

IMMUNIZATIONS FOR ADOLESCENTS (IMA-E)

Lines of Business: Commercial, Medicaid ●●

The percentage of adolescents 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.



The following criteria meets HPV – HEDIS standards

- **Two** HPV doses **146 days apart** OR **three** HPV doses with different dates of service between the member’s **9th and 13th birthday**

Appropriate Codes for HEDIS Measure: IMA–E. Immunizations

DESCRIPTION	CODES
Meningococcal	CPT: 90619, 90623, 90733, 90734 SNOMED: 16298691000119102, 428271000124109, 871874000
Tdap	CPT: 90715 SNOMED: 390846000, 412755006, 412756007, 412757003, 571571000119105, 428251000124104
HPV	CPT: 90649, 90650, 90651 SNOMED: 761841000, 734152003, 724332002, 717953009, 429396009, 428931000, 428741008, 1209198003
Anaphylaxis Due to Diphtheria, Tetanus or Pertussis Vaccine	SNOMED: 428291000124105, 428281000124107

Codes subject to change

Improving HEDIS Measure

- Timely submission of claims and encounter data to capture gap closure.
- Notate the name of the antigen and the date of the immunization.
- Anaphylaxis due to vaccine is numerator compliant for any of the antigens.
- Report all administered immunizations by accessing the GA Registry of Immunizations (GRITS) system.

Important Note:

- If the child is 13 years and 1 day old when services are rendered the member is non-compliant for HEDIS ratings.
- Schedule a nurse-only immunization visits to ensure member has received 2nd HPV or other vaccines on or before 13th birthday.

For guidelines reference Department of Community Health: EPSDT Services—Health Check Program Manual for additional information www.mmis.georgia.gov.

For additional information please reference The Centers for Disease Control and Prevention at:
https://www.cdc.gov/vaccines/hcp/imz-schedules/child-adolescent-age.html?CDC_AAref_Val=https://www.cdc.gov/vaccines/schedules/hcp/imz/child-adolescent.html

LEAD SCREENING IN CHILDREN (LSC)

Lines of Business: Medicaid, Marketplace ● ●

Children 2 years of age who had one or more capillary or venous lead blood tests for lead poisoning by their second birthday.

Appropriate Code for HEDIS Measure: LSC

DESCRIPTION	CPT CODE
Lead Screening	83655

Codes subject to change

Improving HEDIS Measure:

- Lead screening must be performed on or before the child's 2nd birthday to be compliant.
- Check for compliance with immunizations and lead screening at an 18-month well-child visit before 2 years old.
- A lead risk assessment does not satisfy the venous blood lead requirement for Medicaid members regardless of the risk score.
 - EPSDT: Blood lead testing is required at 12 months and 24 months for all Medicaid-eligible children regardless of the responses to the questions in the lead screening assessment.
- If using a Certified Lead Analyzer, then bill with the appropriate CPT code 83655.

ORAL EVALUATION, DENTAL SERVICES (OED)

Lines of Business: Medicaid, Marketplace ● ●

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

Appropriate Codes for HEDIS Measure: OED

DESCRIPTION	ADA CODES
Periodic exam – established patient	D0120
Comprehensive Oral Evaluation, new or established patient	D0150
Patients under three years old, reported for the first, and any subsequent evaluation until child reaches the age 3	D0145

Codes subject to change

Improving HEDIS Measure:

- Educate the parent/caregiver on the importance of good oral health. Encourage them to start early and establish a primary dental provider (PDP) for Oral Evaluation and Dental Services.
- Refer patient to schedule with their Primary Care Dental Provider for dental services.

- Advise the parent to contact Peach State Health Plan or access to our website: www.pshp.com to “Find a Doctor” in their area with convenient office hours.
- Federally Qualified Health Centers (FQHC) and Rural Health Clinics/Centers (RHC) can serve as a Primary Care Dental Home.

TOPICAL FLUORIDE FOR CHILDREN (TFC)

Lines of Business: Medicaid, Marketplace ● ●

Members 1 to 4 years of age who received during the measurement year.

Appropriate Code for TFC HEDIS Measure: TFC

DESCRIPTION	CPT CODE
Application of fluoride varnish by a primary care provider (PCP) during an EPSDT visit	99188

Codes subject to change

Improving HEDIS Measure:

- Primary care settings can start applying fluoride varnish with the first tooth eruption and apply it every 3 – 6 months.
- Fluoride is essential for preventing dental caries and tooth decay.
- Perform an Oral Health Risk Assessment to determine any risk factors.
- Educate the parent/caregiver on the importance of good oral health. Encourage them to start early and establish a primary dental provider (PDP) for Oral Evaluation and Dental Services.
- Educate the parent on how to clean all surfaces of the teeth and gums twice a day, in the morning and before going to bed.

DEVELOPMENTAL SCREENING IN THE FIRST THREE YEARS OF LIFE (DEV-CH)

Lines of Business: Medicaid, Marketplace ● ●

The percentage of members ages 1 – 3 years old screened for risk of developmental, behavioral, and social delays using a standardized screening tool in the 12 months

Screening Tools:

- A Developmental Screening using a STANDARDIZED DEVELOPMENTAL SCREENING TOOL must be performed at 9 months, 18 months, and 30 months during a preventive Well Child Visit. Tools must meet the following criteria:

a) Developmental domains:

The following domains must be included in the standardized developmental screening tool:

- motor (fine and gross)
- cognitive
- language
- social-emotional

b) Established reliability: Reliability scores of approximately 0.70 or above.

c) Established findings regarding the validity: Validity scores for the tool must be approximately 0.70 or above. Measures of validity must be conducted on a significant number of children and using an appropriate standardized developmental or social-emotional assessment instrument(s).

d) Established sensitivity/specificity: Sensitivity and specificity scores of approximately 0.70 or above.

Coding Requirements:

- Providers performing a developmental screening must bill with CPT code 96110 with an EP modifier along with the appropriate preventive ICD-10 diagnosis code.

Acceptable Screening Tools

- Ages and Stages Questionnaire (ASQ)* – 2-5 months
- Ages and Stages Questionnaire - 3rd Edition (ASQ-3)* – 1 to 6 months
- Battelle Developmental Inventory Screening Tool (BDI-ST) Birth to 95 months
- Bayley Infant Neurodevelopmental Screen (BINS) 3 months to 2 years
- Brigance Screens-II Birth to 90 months
- Child Development Inventory (CDI) 18 months to 6 years
- Denver Developmental screening
- Infant Development Inventory Birth to 18 months
- Parents' Evaluation of Developmental Status (PEDS) Birth to 8 years
- Parents' Evaluation of Developmental Status – Developmental Milestones (PEDS-DM)
- Survey of Well-being of Young Children (SWYC) – 1 to 65 months

Standardized tools focused on one domain, such as: M-CHAT, and ASQ-SE (social-emotional) are **NOT ACCEPTABLE**.

*Access Ages and Stages Questionnaires at <https://agesandstages.com/> (fees may apply)

Helpful Documentation Tips:

Evidence of the screening. Documentation in the medical record must include all the following: a note indicating the date on which the screening was performed; a copy of the completed standardized tool used; and documented evidence of a screening result or screening score. If indicated, document the follow-up assessment, therapeutic interventions used, referrals made, and treatments received.

For guidelines reference Department of Community Health: EPSDT Services—Health Check Program Manual for additional information www.mmis.georgia.gov

Table 1

Recommended Child and Adolescent Immunization Schedule for Ages 18 Years or Younger, United States, 2025

These recommendations must be read with the notes that follow. For those who fall behind or start late, provide catch-up vaccination at the earliest opportunity as indicated by the green bars. To determine minimum intervals between doses, see the catch-up schedule (Table 2).

Vaccine and other immunizing agents	Birth	1 mo	2 mos	4 mos	6 mos	9 mos	12 mos	15 mos	18 mos	19–23 mos	2–3 yrs	4–6 yrs	7–10 yrs	11–12 yrs	13–15 yrs	16 yrs	17–18 yrs
Respiratory syncytial virus (RSV-mAb (Nirsevimab))	1 dose depending on maternal RSV vaccination status (See Notes)										1 dose (8 through 19 months), See Notes						
Hepatitis B (HepB)	1st dose	←----- 2nd dose -----→							←----- 3rd dose -----→								
Rotavirus (RV): RV1 (2-dose series), RV5 (3-dose series)			1st dose	2nd dose	See Notes												
Diphtheria, tetanus, acellular pertussis (DTaP <7 yrs)			1st dose	2nd dose	3rd dose				←----- 4th dose -----→			5th dose					
<i>Haemophilus influenzae</i> type b (Hib)			1st dose	2nd dose	See Notes			←----- 3rd or 4th dose -----→ (See Notes)									
Pneumococcal conjugate (PCV15, PCV20)			1st dose	2nd dose	3rd dose			←----- 4th dose -----→									
Inactivated poliovirus (IPV)			1st dose	2nd dose	3rd dose	←----- 4th dose -----→						4th dose					See Notes
COVID-19 (1vCOV-mRNA, 1vCOV-aPS)											1 or more doses of 2024–2025 vaccine (See Notes)						
Influenza (IIV3, cclIV3)									1 or 2 doses annually					1 dose annually			
Influenza (LAIV3)												1 or 2 doses annually				1 dose annually	
Measles, mumps, rubella (MMR)						See Notes		←----- 1st dose -----→				2nd dose					
Varicella (VAR)								←----- 1st dose -----→				2nd dose					
Hepatitis A (HepA)						See Notes			2-dose series (See Notes)								
Tetanus, diphtheria, acellular pertussis (Tdap ≥7 yrs)														1 dose			
Human papillomavirus (HPV)														See Notes			
Meningococcal (MenACWY-CRM ≥2 mos, MenACWY-TT ≥2years)									See Notes					1st dose		2nd dose	
Meningococcal B (MenB-4C, MenB-FHbp)															See Notes		
Respiratory syncytial virus vaccine (RSV (Abrysvo))																Seasonal administration during pregnancy (See Notes)	
Dengue (DEN4CYD: 9–16 yrs)																Seropositive in endemic dengue areas (See Notes)	
Mpx																	

Range of recommended ages for catch-up vaccination

Range of recommended ages for certain high-risk groups or populations

Recommended vaccination can begin in this age group

Recommended vaccination based on shared clinical decision-making

No Guidance/ Not Applicable



Recommendations for Preventive Pediatric Health Care

Bright Futures/American Academy of Pediatrics



Each child and family is unique; therefore, these Recommendations for Preventive Pediatric Health Care are designed for the care of children who are receiving nurturing parenting, have no manifestations of any important health problems, and are growing and developing in a satisfactory fashion. Developmental, psychosocial, and chronic disease issues for children and adolescents may require more frequent counseling and treatment visits separate from preventive care visits. Additional visits also may become necessary if circumstances suggest concerns. These recommendations represent a consensus by the American Academy of Pediatrics (AAP) and Bright Futures. The AAP continues to emphasize the great importance of continuity of care in comprehensive health supervision and the need to avoid fragmentation of care.

Refer to the specific guidance by age as listed in the *Bright Futures Guidelines* Hagan JF, Shaw JS, Duncan PM, eds. *Bright Futures: Guidelines for Health Supervision of Infants, Children, and Adolescents*. 4th ed. American Academy of Pediatrics; 2017). The recommendations in this statement do not indicate an exclusive course of treatment or serve as a standard of medical care. Variations, taking into account individual circumstances, may be appropriate. The Bright Futures/American Academy of Pediatrics Recommendations for Preventive Pediatric Health Care are updated annually.

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	INFANCY							EARLY CHILDHOOD							MIDDLE CHILDHOOD							ADOLESCENCE										
	AGE ¹	HISTORY	Initial/Interval	3-5 yr ¹	Newborn ¹	Penatal ¹		12 mo	15 mo	18 mo	24 mo	30 mo	3 y	4 y	5 y	6 y	7 y	8 y	9 y	10 y	11 y	12 y	13 y	14 y	15 y	16 y	17 y	18 y	19 y	20 y	21 y	
MEASUREMENTS																																
		Length/Height and Weight																														
		Head Circumference																														
		Weight for Length																														
SENSORY SCREENING		Body Mass Index ²																														
		Blood Pressure ²																														
		Vision ³																														
		Hearing																														
DEVELOPMENTAL/SOCIAL/BEHAVIORAL/MENTAL HEALTH		Maternal Depression Screening ¹																														
		Developmental Screening ¹																														
		Autism Spectrum Disorder Screening ¹																														
		Developmental Surveillance																														
PHYSICAL EXAMINATION ²		Behavioral/Social/Emotional Screening ¹																														
		Tobacco, Alcohol, or Drug Use Assessment ³																														
		Depression and Suicide Risk Screening ³																														
		Depression and Suicide Risk Screening ³																														
PROCEDURES ⁴		Newborn Blood																														
		Newborn Bilirubin ²																														
		Critical Congenital Heart Defect ²																														
		Immunization ³																														
SEXUALLY TRANSMITTED INFECTIONS ³		Anemia ³																														
		Lead ³																														
		Tuberculosis ²																														
		Dyslipidemia ³																														
ORAL HEALTH ⁴		Sexually Transmitted Infections ³																														
		HIV ³																														
		Hepatitis B Virus Infection ¹																														
		Hepatitis C Virus Infection ²																														
FLUORIDE SUPPLEMENTATION ³		Sudden Cardiac Arrest/Death ¹																														
		Cervical Dysplasia ¹																														
		Oral Health ⁴																														
		Fluoride Varnish ²																														
ANTICIPATORY GUIDANCE		Fluoride Supplementation ³																														
		Anticipatory Guidance																														
		Anticipatory Guidance																														
		Anticipatory Guidance																														

1. If a child comes under care for the first time at any point on the schedule, or if any items are not accomplished at the suggested age, the schedule should be brought up to date at the earliest possible time.
2. A prenatal visit is recommended for parents who are at high risk, for first-time parents, and for those who request a conference. The prenatal visit should include anticipatory guidance, pertinent medical history, and a discussion of benefits of breastfeeding and planned method of feeding. "The Prenatal Visit" (<https://doi.org/10.1542/peds.2018-1218>).
3. Newborns should have an evaluation after birth, and breastfeeding should be encouraged (and instruction and support should be offered).
4. Newborns should have an evaluation within 3 to 5 days of birth and within 48 to 72 hours after discharge from the hospital to include evaluation for feeding and jaundice. Breastfeeding newborns should receive instruction for breastfeeding evaluation and support. "Newborn Evaluation and Support" (<https://doi.org/10.1542/peds.2018-1218>).
5. Use of Human Milk" (<https://doi.org/10.1542/peds.2022-05798B>). Newborns discharged less than 48 hours after delivery must be examined within

5. 48 hours of discharge, per "Hospital Stay for Healthy Term Newborn Infants" (<https://doi.org/10.1542/peds.2015-0699>).
5. Screen, per "Clinical Practice Guideline for the Evaluation and Treatment of Children and Adolescents with Obesity" (<https://doi.org/10.1542/peds.2022-060640>).
6. Screening should occur per "Clinical Practice Guideline for Screening and Management of High Blood Pressure in Children and Adolescents" (<https://doi.org/10.1542/peds.2017-1904>). Blood pressure measurement in infants and children with specific risk conditions should be performed at visits before age 3 years.
7. A visual acuity screen is recommended at ages 4 and 5 years, as well as in cooperative 3-year-olds. Instrument-based screening may be used to assess risk at ages 12 and 24 months, in addition to the wet visits at 3 through 5 years of age. See "Visual System for Infants, Children, and Young Adults by Practitioners" (<https://doi.org/10.1542/peds.2015-1893>).
8. Confirm initial screen was completed, verify results, and follow up as appropriate. Newborns should be screened per "Year 2007 Position Statement: Principles and Guidelines for Early Hearing Detection and Intervention Programs" (<https://doi.org/10.1542/peds.2007-2333>).
9. Verify results as soon as possible, and follow up as appropriate.
10. Screen with audiometry including 6,000 and 8,000 Hz high frequencies once between 11 and 14 years, once between 15 and 17 years, and once between 18 and 21 years. See "The Sensitivity of Adolescent Hearing Screens Significantly Improves by Adding High Frequencies" (<https://www.sciencedirect.com/science/article/abs/pii/S1054139X16000483>).
11. Screening should occur per "Incorporating Recognition and Management of Perinatal Depression into Pediatric Practice" (<https://doi.org/10.1542/peds.2018-3359>).
12. Screening should occur per "Promoting Optimal Development: Identifying Infants and Young Children With Developmental Disorders Through Developmental Surveillance and Screening" (<https://doi.org/10.1542/peds.2019-3449>).
13. Screening should occur per "Identification, Evaluation, and Management of Children With Autism Spectrum Disorder" (<https://doi.org/10.1542/peds.2019-3449>).

KEY: ● = to be performed ★ = risk assessment to be performed with appropriate action to follow, if positive → = range during which a service may be provided

(continued)

14. Screen for behavioral and social-emotional problems per "Promoting Optimal Development: Screening for Behavioral and Emotional Problems" Pediatric Practice" (<https://doi.org/10.1542/peds.2014-3716>), "Mental Health: Clinical Practice for Pediatric Providers" (<https://doi.org/10.1542/peds.2019-2352>), "Screening for Behavioral and Emotional Problems in Children and Adolescents" (<https://doi.org/10.1542/peds.2019-2352>), "Screening for Anxiety in Adolescent and Adult Women: A Recommendation From the Women's Preventive Services Initiative" (<https://pubmed.ncbi.nlm.nih.gov/33251090/>), and "Anxiety in Children and Adolescents: Screening" (<https://www.uspreventiveservicestaskforce.org/uspstf/recommendation/anxiety-children-adolescents>). The screening should be family centered and may include asking about caregiver emotional and mental health concerns and social determinants of health, racism, poverty, and relational health. See "Poverty and Child Health in the United States" (<https://doi.org/10.1542/peds.2016-0339>), "The Impact of Racism on Child and Adolescent Health" (<https://doi.org/10.1542/peds.2019-1763>), and "Preventing Childhood Toxic Stress: Partnering With Families and Communities to Promote Relational Health" (<https://doi.org/10.1542/peds.2021-052582>).
15. A recommended tool to assess use of alcohol, tobacco and nicotine, marijuana, and other substances, including opioids is available at <https://drift.org>. If there is a concern for substance or opioid use, providers should consider recommending or prescribing harm reduction strategies (<https://doi.org/10.1542/peds.2017-0329>) and <https://doi.org/10.1542/peds.2017-0329>).
16. Screen adolescents for depression and suicide risk, making every effort to preserve confidentiality of the adolescent. See "Guidelines for Adolescent Depression in Primary Care (GLAD-PC): Part I. Practice Preparation, Identification, Assessment, and Initial Management" (<https://doi.org/10.1542/peds.2017-4081>), "Mental Health Competencies for Pediatric Practice" (<https://doi.org/10.1542/peds.2019-2727>), "Suicide and Suicide Attempts in Adolescents" (<https://doi.org/10.1542/peds.2016-1420>), and "The 21st Century Cures Act & Adolescent Confidentiality" (https://adolescenthealth.org/press_release/naapap-sahm-statement-the-21st-century-cures-act-adolescent-confidentiality).
17. At each visit, age-appropriate physical examination is essential, with infant totally unclothed and older children undressed and suitably draped. See "Use of Chaperones During the Physical Examination of the Pediatric Patient" (<https://doi.org/10.1542/peds.2017-0329>).
18. Consent may be modified depending on entry point into schedule and individual need.
19. Consent may be modified depending on entry point into schedule and individual need. See "The Recommended Uniform Screening Panel (RUSP) and Follow-up: www.hrsa.gov/advisory-committees/heritable-disorders/rusp/index.html" as determined by The Secretary's Advisory Committee on Heritable Disorders in Newborns and Children, and state newborn screening laws/regulations (<https://www.babysfirsttest.org/>) establish the criteria for and coverage of newborn screening procedures and programs.
20. Verify results as soon as possible, and follow up, as appropriate.
21. See "Clinical Practice Guideline Revision: Management of Hyperbilirubinemia in the Newborn Infant 35 or More Weeks of Gestation" (<https://doi.org/10.1542/peds.2022-058559>).
22. Screening for critical congenital heart disease using pulse oximetry should be performed in newborns, after 24 hours of age, before discharge from the hospital, per "Endorsement of Health and Human Services Recommendation for Pulse Oximetry Screening for Critical Congenital Heart Disease"
23. Schedules per the AAP Committee on Infectious Diseases are available at <https://publications.aap.org/pedbook/pages/immunization-schedules>. Every visit should be an opportunity to update and complete a child's immunizations.
24. Perform risk assessment or screening, as appropriate, per recommendations in the current edition of the AAP Pediatric Nutrition Policy of the American Academy of Pediatrics (Iron chapter).
25. For children at risk of lead exposure, see "Prevention of Childhood Lead Toxicity" (<https://doi.org/10.1542/peds.2016-1493>) and "Low Level Lead Exposure Harms Children: A Renewed Call for Primary Prevention" (<https://aeticks.cdc.gov/view/cdc/11859>).

Summary of Changes Made to the Bright Futures/AAP Recommendations for Preventive Pediatric Health Care (Periodicity Schedule)

This schedule reflects recommendations approved in December 2024 and published in February 2025. For updates and a list of previous changes made, visit www.aap.org/periodicityschedule.

RECOMMENDATIONS APPROVED IN DECEMBER 2024

No changes have been made to clinical guidance or footnotes in the recommendations published in 2025.



HRSA

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General Health

AVOIDANCE OF ANTIBIOTIC TREATMENT FOR ACUTE BRONCHITIS/BRONCHIOLITIS (AAB)

Lines of Business: Medicaid, Medicare, Marketplace ● ● ●

The percentage of episodes for members ages 3 months and older with a diagnosis of acute bronchitis/bronchiolitis that did not result in an antibiotic dispensing event.

Intake Period: July 1, prior MY – June 30, current MY

DESCRIPTION	ICD -10 CM CODES
Acute Bronchitis	J20.3-J20.9, J21.0, J21.1, J21.8, J21.9

Codes subject to change

Important Note:

- A higher rate indicates appropriate treatment (i.e., the portion for whom antibiotics were not prescribed).
- If a patient warrants a prescription for antibiotics, include the appropriate diagnosis that supports the use of antibiotics including bacterial infections and/or chronic conditions.

Improving HEDIS Measure:

- Members treated for acute bronchitis should NOT be prescribed antibiotics unless there are co-morbid conditions or competing diagnoses that require antibiotic therapy.
- Educate patients on the difference between viral and bacterial infections.
- Suggest at-home treatments such as:
 - Over the Counter (OTC) cough medicine and anti-inflammatory medicine
 - Drinking extra fluids and rest
 - Using a nasal irrigation device or steamy hot shower for nasal and sinus congestion relief
- If the patient or Caregiver insists on an antibiotic:
 - Explain that unnecessary antibiotics can be harmful.
 - Provide a prescription for symptom relief instead of an antibiotic, if appropriate.
 - Arrange an early follow-up visit, either by phone call or re-examination.

ASTHMA MEDICATION RATIO (AMR)

Lines of Business: Medicaid, Medicare, Marketplace ● ● ●

Members 5–64 years of age who were identified as having persistent asthma and had a ratio of controller medications to total asthma medications of 0.50 or greater during the measurement year.

Intake Period: July 1, prior MY2023 – June 30, current MY 2025

Step 1: For each member, count the units of asthma controller medications

(Asthma Controller Medication List) dispensed during the measurement year.

Step 2: For each member, count the units of asthma reliever medications

(Asthma Reliever Medication List) dispensed during the measurement year.

- For each member, sum the units calculated in steps 1 and step 2 to determine units of total asthma medications.
- For each member, calculate the ratio using the following formula:
* Units of Controller medications/Units of Total Asthma Medications

Asthma Controller Medications

DESCRIPTION	PRESCRIPTIONS	MEDICATION LISTS	ROUTE
Antibody inhibitors	Omalizumab	Omalizumab Medications List	Injection
Anti-interleukin-4	Dupilumab	Dupilumab Medications List	Injection
Anti-interleukin-5	Benralizumab	Benralizumab Medications List	Injection
Anti-interleukin-5	Mepolizumab	Mepolizumab Medications List	Injection
Anti-interleukin-5	Reslizumab	Reslizumab Medications List	Injection
Inhaled steroid combinations	Budesonide-formoterol	Budesonide Formoterol Medications List	Inhalation
Inhaled steroid combinations	Fluticasone-salmeterol	Fluticasone Salmeterol Medications List	Inhalation
Inhaled steroid combinations	Fluticasone-vilanterol	Fluticasone Vilanterol Medications List	Inhalation
Inhaled steroid combinations	Formoterol-mometasone	Formoterol Mometasone Medications List	Inhalation
Inhaled corticosteroids	Beclomethasone	Beclomethasone Medications List	Inhalation
Inhaled corticosteroids	Budesonide	Budesonide Medications List	Inhalation
Inhaled corticosteroids	Ciclesonide	Ciclesonide Medications List	Inhalation
Inhaled corticosteroids	Flunisolide	Flunisolide Medications List	Inhalation
Inhaled corticosteroids	Fluticasone	Fluticasone Medications List	Inhalation
Inhaled corticosteroids	Mometasone	Mometasone Medications List	Inhalation
Leukotriene modifiers	Montelukast	Montelukast Medications List	Oral
Leukotriene modifiers	Zafirlukast	Zafirlukast Medications List	Oral
Leukotriene modifiers	Zileuton	Zileuton Medications List	Oral

DESCRIPTION	PRESCRIPTIONS	MEDICATION LISTS	ROUTE
Methylxanthines	Theophylline	Theophylline Medications List	Oral

Asthma Reliever Medications

DESCRIPTION	PRESCRIPTIONS	MEDICATION LISTS	ROUTE
Short-acting, inhaled beta-2 agonists	Albuterol	Albuterol Medications List	Inhalation
Beta2 adrenergic agonist – corticosteroid combination	Albuterol-budesonide	Albuterol Budesonide Medications List	Inhalation
Short-acting, inhaled beta-2 agonists	Levalbuterol	Levalbuterol Medications List	Inhalation

Refer to www.pshpgeorgia.com for pharmacy formulary and coverage.

APPROPRIATE TESTING FOR PHARYNGITIS (CWP)

Lines of Business: Medicaid, Medicare, Marketplace ● ● ●

The percentage of episodes for members 3 years and older where the member was diagnosed with pharyngitis, dispensed an antibiotic, and received a group A streptococcus (strep) test for the episode.

Intake Period: July 1, prior MY – June 30, current MY

DESCRIPTION	CODES
Group A Strep Tests	CPT: 87070, 87071, 87081, 87430, 87650 -87652, 87880
Pharyngitis	ICD-10 CM: J02.0, J02.8, J02.9

Codes subject to change

Improving HEDIS Measure:

- Perform a rapid strep test or throat culture to confirm the diagnosis before prescribing Antibiotics.
- Educate patients that an antibiotic is not necessary for viral infections if a rapid strep test and/or throat culture is negative.
- Submit any co-morbid diagnosis codes that apply to claim submission.
- Clinical guidelines recommend a strep test when the only diagnosis is pharyngitis.
- Strep tests can be either a rapid strep test or a lab test.
- Strep testing must be done in conjunction with dispensing of antibiotics.

CWP Antibiotic Medications

DESCRIPTION	PRESCRIPTION		
Aminopenicillins	■ Amoxicillin	■ Ampicillin	
Beta-lactamase inhibitors	■ Amoxicillin-clavulanate		
First generation cephalosporins	■ Cefadroxil	■ Cefazolin	■ Cephalexin
Folate antagonist	■ Trimethoprim		
Lincomycin derivatives	■ Clindamycin		
Macrolides	■ Azithromycin	■ Clarithromycin	■ Erythromycin
Natural penicillin	■ Penicillin G benzathine ■ Penicillin G potassium	■ Penicillin G sodium ■ Penicillin V potassium	
Quinolones	■ Ciprofloxacin ■ Levofloxacin	■ Moxifloxacin ■ Ofloxacin	
Second generation cephalosporins	■ Cefaclor ■ Cefprozil	■ Cefuroxime	
Sulfonamides	■ Sulfamethoxazole-trimethoprim		
Tetracyclines	■ Doxycycline ■ Minocycline	■ Tetracycline	
Third generation cephalosporins	■ Cefdinir ■ Cefixime	■ Cefpodoxime ■ Ceftriaxone	

APPROPRIATE TREATMENT FOR UPPER RESPIRATORY INFECTION (URI)

Lines of Business: Medicaid, Medicare, Marketplace ● ● ●

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

Intake Period: July 1, prior MY – June 30, current MY

DESCRIPTION	CODES
Acute nasopharyngitis (Common cold)	J00
Acute laryngopharyngitis	J06.0
Acute upper respiratory infection unspecified (URI)	J06.9

Codes subject to change

Important Note:

- A higher rate indicates appropriate URI treatment. It describes the episodes that did not result in an antibiotic being dispensed.
- In prescribing an antibiotic, list all competing or comorbid diagnosis codes on the claim when submitting (e.g., acute pharyngitis, acute sinusitis, otitis media, emphysema, COPD, chronic bronchitis).

Improving HEDIS Measure:

- Discuss facts, including:
 - A majority of URIs are caused by viruses, not bacteria.
 - Antibiotics will not help a patient get better or feel better when diagnosed with a viral infection.
 - Taking antibiotics when not indicated could cause more harm than good.
- When appropriate recommend alternative treatments for symptom relief, such as over the counter medications for fever, pain, decongestants, antihistamines with fluids and rest.

USE OF IMAGING STUDIES FOR LOW BACK PAIN (LBP)**Lines of Business: Medicaid, Medicare, Marketplace** ● ● ●

The percentage of members 18–75 years of age with a principal diagnosis of low back pain who did not have an imaging study (plain X-ray, MRI, CT scan) within 28 days of the diagnosis.

DESCRIPTION	CODES
Imaging Study	CPT: 72020, 72040, 72050, 72052, 72070, 72072, 72074, 72080 – 72084, 72100, 72110, 72114, 72120, 72125 – 72133, 72141, 72142, 72146, 72147 -72149, 72156 -72158, 72200, 72202, 72220
Uncomplicated Low Back Pain	ICD-10 CM: M47.26 - M47.28, M47.816 - M47.818, M47.896 - M47.898, M48.061, M48.07, M48.08, M51.16, M51.17, M51.26, M51.27, M51.36, M51.37, M51.86, M51.87, M53.2X6 - M53.2X8, M53.3, M53.86 - M53.88, M54.16 - M54.18, M54.30 - M54.32, M54.40 - M54.42, M54.5, M54.50, M54.51, M54.59, M54.89, M54.9, M99.03, M99.04, M99.23, M99.33, M99.43, M99.53, M99.63, M99.73, M99.83, M99.84, S33.100A, S33.100D, S33.100S, S33.110A, S33.110D, S33.110S, S33.120A, S33.120D, S33.120S, S33.130A, S33.130D, S33.130S, S33.140A, S33.140D, S33.140S, S33.5XXA, S33.6XXA, S33.8XXA, S33.9XXA, S39.002A, S39.002D, S39.002S, S39.012A, S39.012D, S39.012S, S39.092A, S39.092D, S39.092S, S39.82XA, S39.82XD, S39.82XS, S39.92XA, S39.92XD, S39.92XS

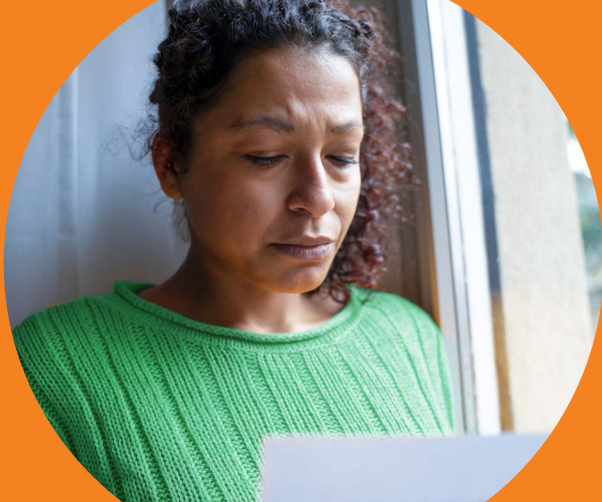
Codes subject to change

Important Note:

A higher score indicates appropriate treatment of low back pain. It describes the proportion for whom imaging studies did not occur.

Improving HEDIS Measure:

- Avoid ordering diagnostic studies in the first 6 weeks of newly diagnosed onset back pain in absence of cancer, recent trauma, neurologic impairment, or IV drug abuse.
- Educate the patient on methods of comfort for pain relief, stretching exercises, and activity level.
- Identify the reason for visits for low back pain (e.g., depression, anxiety, narcotic dependency, psychosocial stressors).
- Submit the correct exclusion ICD-10 codes when applicable.



Identifying Members' Social Health Needs

SOCIAL NEED SCREENING AND INTERVENTION (SNS-E)

Lines of Business: Medicaid, Medicare, Marketplace ● ● ●

The percentage of members who were screened, using prespecified instruments, at least once during the measurement period for unmet food, housing and transportation needs, and received a corresponding intervention if they screened positive.

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

DESCRIPTION	CODES
Food Insecurity	CPT: 96156, 96160, 97802-97804 HCPCS: S5170, S9470
Homelessness Housing Instability Inadequate Housing Transportation Insecurity	CPT: 96156, 96160, 96161

Codes subject to change

Important Note:

SNOMED CODES for Social Health Needs (SNS-E) is a list of codes reflecting social services provided through a case manager, coordination of care, referrals, agency assistance, educational resources and more. For a complete list of LOINC/SNOMED Codes access the NCQA Store to download HEDIS Digital Measure Bundles at: <https://store.ncqa.org/hedis-quality-measurement.html>

HEDIS Measure Intervention:

Interventions may include any of the following categories: adjustment, assistance, coordination, counseling, education, evaluation of eligibility, evaluation/assessment, provision or referral.

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
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
Children’s Health Watch Housing Stability Vital Signs™ ¹ Health Leads Screening Panel® ¹	98977-2	≥3
	98978-0	LA33-6
	99550-6	LA33-6
Protocol for Responding to and Assessing Patients’ Assets, Risks and Experiences [PRAPARE]® ¹	93033-9	LA33-6
Protocol for Responding to and Assessing Patients’ Assets, Risks and Experiences [PRAPARE]® ¹ We Care Survey	71802-3	LA30190-5
	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 LA32000-4 LA32001-2
Norwalk Community Health Center Screening Tool [NCHC]	99134-9	LA33-6

Norwalk Community Health Center Screening Tool [NCHC]	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]	101351-5	LA30133-5 LA30134-3
Outcome and assessment information set (OASIS) form—version E—Discharge from Agency [CMS Assessment]	101351-5	LA30133-5 LA30134-3
Outcome and assessment information set (OASIS) form—version E—Resumption of Care [CMS Assessment]	101351-5	LA30133-5 LA30134-3
Outcome and assessment information set (OASIS) form—version E—Start of Care [CMS Assessment]	101351-5	LA30133-5 LA30134-3
Protocol for Responding to and Assessing Patients’ Assets, Risks and Experiences [PRAPARE] ^{®1}	93030-5	LA30133-5 LA30134-3
PROMIS ^{®1}	92358-1	LA30024-6 LA30026-1 LA30027-9
WellRx Questionnaire	93671-6	LA33-6

SNOMED CODES FOR SNSE			
Food Insecurity	Homelessness & Housing Instability	Inadequate Housing	Transportation Insecurity
1759002	308440001	49919000	308440001
61310001	710824005	308440001	710824005
103699006	711069006	710824005	711069006
308440001	1148446004	711069006	1148446004
385767005	1148447008	1148446004	1162436000
710824005	1148812007	1148813002	1230338004
710925007	1148814008	1148815009	461481000124109
711069006	1148817001	1148823006	462481000124102
713109004	1148818006	1162436000	462491000124104
1002223009	1162436000	1230338004	464001000124109
1002224003	1162437009	461481000124109	464011000124107
1002225002	1230338004	462481000124102	464021000124104
1004109000	461481000124109	462491000124104	464131000124100
1004110005	462481000124102	464001000124109	464161000124109
1148446004	462491000124104	464011000124107	464291000124105
1162436000	464001000124109	464021000124104	464301000124106
1230338004	464011000124107	464131000124100	464311000124109
441041000124100	464021000124104	464161000124109	464611000124102
441201000124108	464131000124100	464291000124105	470231000124107
441231000124100	464161000124109	464301000124106	470591000124109

Codes subject to change

SOCIAL DETERMINANTS OF HEALTH (SDOH)

Identifying Members – Social Health Needs

IMPROVING THE COLLECTION OF SDOH data with ICD-10-CM Z-CODES

At Peach State Health Plan, we work to improve not only the health of our members, but also the economic and social issues that can act as barriers to proper care. Social factors, including education, social supports, and poverty, can affect a person's risk factors for premature death and life expectancy. Assessing the impacts of SDOH is essential to the achievement of greater health equity. The first step to improving health equity is to measure it.

How to Document SDOH

Discussing SDOH with your patients is the first step in helping to address social risk. When you submit claims, please add the appropriate supplemental ICD-10 diagnosis codes that identify SDOH. Utilizing these codes will allow providers and Peach State Health Plan to collect data and identify solutions that best align with the patient's needs

Commonly Used SDOH ICD-10 CM Codes

ICD-10-CM	DESCRIPTION
Z55	Problems related to education and literacy
Z56	Problems related to employment and unemployment
Z57	Occupational exposure to risk factors
Z58	Problems related to physical environment
Z59	Problems related to housing and economic circumstances
Z60	Problems related to social environment
Z62	Problems related to upbringing
Z63	Other problems related to primary support group, including family circumstances
Z64	Problems related to certain psychosocial circumstance
Z65	Problems related to other psychosocial circumstance

Codes subject to change

Important note:

- Refer to 2025 ICD-10-CM coding manual for additional sub-codes for SDOH
- Access New FY 2025 ICD-10-CM Official Guidelines for Coding and Reporting for additional updates at:
<https://www.cms.gov/files/document/fy2025-icd-10-cm-coding-guidelines.pdf>



Resource Information

RESOURCE	SITE
NCQA Electronic Clinical Data System	https://store.ncqa.org/hedis-quality-measurement.html
Peach State Health Plan Quality Program – HEDIS Resources HEDIS Quick Reference Guides, Provider Toolkits, and Provider HEDIS Tip Sheets	www.pshpgeorgia.com/providers/quality-improvement/hedis.html
American Academy of Pediatrics (AAP) – Bright Futures	www.aap.org/en/practice-management/bright-futures/bright-futures-materials-and-tools/
Advisory Committee on Immunization Practices (ACIP)	www.cdc.gov/vaccines/acip/recommendations.html
EPSDT Services – Health Check Program Manual	www.mmis.georgia.gov
Peach State Health Plan – Pharmacy Preferred Drug List (PDL)	www.pshpgeorgia.com/providers/pharmacy.html
Peach State Health Plan – Members Value Added Benefits	www.pshpgeorgia.com/value-added-services.html
Quality Website	www.pshpgeorgia.com/providers/quality-improvement.html

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Peach State Health Plan Provider Services

1-866-874-0633 • pshp.com

Provider Services Hours: Monday – Friday, 7:00 a.m. to 7:00 p.m.

1100 Circle 75 Parkway
Suite 1100
Atlanta, GA 30339

Quality Website: www.pshpgeorgia.com/providers/quality-improvement.html

Note: Please always follow the State and/or CMS billing guidance and ensure the HEDIS codes are covered prior to submission. The codes and tips listed do not guarantee reimbursement.