



Santa Clara Family
Health Plan™

PROVIDER PERFORMANCE REPORTING MEASURES

Medi-Cal / Medicare Program Guide CY 2022

P.O. Box 18880
San Jose, CA 95158
www.scfhp.com
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Primary Contact:

Provider Performance Program Team

Email: ProviderPerformance@scfhp.com

Provider Performance Program (PPP) overview

1. Medi-Cal Provider Performance at Santa Clara Family Health Plan (SCFHP)

Primary objectives	<p>Triple aim:</p> <ul style="list-style-type: none"> • Improving patient experience • Improving population health • Reducing per-capita cost in healthcare
Provider eligibility	<ul style="list-style-type: none"> • Non-globally capitated networks with more than 10,000 plan-assigned members and independent physicians/groups with 100 or more plan-assigned Medi-Cal, non-dual members as of the end of the measurement period • Eligibility for the PPP incentive payments is contingent on maintaining satisfactory compliance with SCFHP quality requirements such as, but not limited to: <ul style="list-style-type: none"> • Completion of any Facility Site Review (FSR) Corrective Action Plans (CAP); • Absence of Potential Quality of Care Issues (PQI) level three or above • Not all networks/providers are eligible for incentive payments but may access other program resources. Please reach out to the PPP program managers if you would like verification of eligibility.
Member and services attribution	<ul style="list-style-type: none"> • Measures are applied to the member's Primary Care Provider (PCP) of record at the end of the measurement period • All applicable services are credited to the PCP of record at the end of the measurement period • Member age is calculated based on their age at the end of the measurement period

Section II: PPP history

Santa Clara Family Health Plan (SCFHP) designed the Provider Performance Program (PPP) to align with our mission to provide high quality, comprehensive healthcare, and to close gaps in care for our members. The long-term objective of the PPP is to reward provider performance based on quality measure outcomes. The PPP is based on a combination of measures from:

- National Committee for Quality Assurance (NCQA)
 - Healthcare Effectiveness Data and Information Set (HEDIS)
- California Department of Health Care Services (DHCS) quality requirements
- SCFHP – system improvements

Key changes for Calendar Year 2022

2. The SCFHP PPP measure set remains the same, with the exception of the following measures:

Removed:

- Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents (WCC)
 - BMI percentile documentation
 - Counseling for nutrition
 - Counseling for physical activity

Added:

- Developmental Screening (DEV)
- Lead Screening in Children (LSC)
- Trauma Screening (TRS)

3. The PPP will be measured on a calendar year cycle from January 1, 2022 through December 31, 2022. The PPP includes the following:

- Regular provider report cards, available on [Provider Link](#)
- Regular Gaps in Care (GIC) lists, available on [Provider Link](#)
- Final 2022 results will be available in June/July 2023

4. The 2022 final scores will be used to determine quality percentiles across SCFHP for new member PCP auto-assignment from July 1, 2023 to June 30, 2024.

PPP 2022 reporting rules and timeline

Reporting requirements and lookback periods vary based on the individual measure. The table below outlines the due date for claims, encounters, and supplemental data for inclusion in each report card and Gaps in Care (GIC) report each month.

Month	Date range	Supplemental data due date	GIC & report cards posted
January 2022			
February 2022			
March 2022			
April 2022	1/1/2022 – 4/10/2022	4/6/2022	4/30/2022*
May 2022	1/1/2022 – 5/10/2022	5/6/2022	5/31/2022*
June 2022	1/1/2022 – 6/10/2022	6/6/2022	6/30/2022*
July 2022	1/1/2022 – 7/10/2022	7/6/2022	7/31/2022*
August 2022	1/1/2022 – 8/10/2022	8/6/2022	8/31/2022*
September 2022	1/1/2022 – 9/10/2022	9/6/2022	9/30/2022*
October 2022	1/1/2022 – 10/10/2022	10/6/2022	10/31/2022*
November 2022	1/1/2022 – 11/10/2022	11/6/2022	11/30/2022*
December 2022	1/1/2022 – 12/10/2022	12/6/2022	12/31/2022*

Supplemental data files must follow SCFHP supplemental data file technical specifications, and final supplemental data files must be received no later than March 6, 2023 for inclusion in final PPP 2022 rates.

*GIC and report card posting dates are subject to change.

2022 PPP scoring methodology

Tiers and point system

Most measures can earn up to 13 points. Performance on individual measures is calculated as follows:

- 12 points per measure are awarded based on three result tiers:
 - Tier 1 = 12 points
 - Tier 2 = 9 points
 - Tier 3 = 6 points
- An additional improvement point is awarded per measure if a 10% improvement from the baseline result is achieved. If there was no result from the prior year, an individual measure will not have an improvement point.

Example: If the baseline result was 60.5%, the new result would have to be at least 66.55% (10% of 60.5 = 6.05) to earn the improvement point.

Provider Performance Program Measures	Improvement = 1 Point	Tier 1 = 12 points	Tier 2 = 9 points	Tier 3 = 6 points
1. Lead Screening in Children (LSC)	<p>≥10% improvement from 2020 result or if at ≥90th percentile, 10% of the remainder to 100%</p>	<p>≥90th Percentile</p>	<p>≥75th Percentile</p>	<p>≥50th Percentile</p>
2. Cervical Cancer Screening (CCS)				
3. Child and Adolescent Well-Care Visits (WCV)				
4. Chlamydia Screening in Women: Total (CHL)				
5. Controlling High Blood Pressure (CBP)				
6. Developmental Screening (DEV)				
7. Hemoglobin A1c (HbA1c) Control for Patients with Diabetes: HbA1c Poor Control (>9.0%) (HBD-H9)				
8. Initial Health Assessment (IHA)				
9. Plan All Cause Readmission (PCR)				
10. Prenatal & Postpartum Care: Timeliness of Prenatal Care (PPC-Pre)				
11. Trauma Screening (TRS)				
12. Well-Child Visits in the First 30 Months of Life (W30) – First 15 Months (6+ visit)				
13. Well-Child Visits in the First 30 Months of Life (W30) – 15 Months – 30 Months (2+ visits)		Benchmark:	Benchmark:	Benchmark:
14. Encounter Timeliness	N/A	≥80% within 75 days of date of service	70-79% within 75 days of date of service	60-69% within 75 days of date of service

PPP resources

Below are links to some of the resources available to help providers navigate the PPP.

- Initial Health Assessment (IHA) technical specifications: http://bit.ly/iha_tech_spec
- Provider Link (provider portal) access guidelines: <http://bit.ly/provider-portal101>
- Tip sheets: <https://www.scfhp.com/for-providers/provider-resources/tip-sheets/>
- Provider memos: <https://www.scfhp.com/provider-memos/>

What is HEDIS?

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

HEDIS Data

HEDIS scores are calculated using a combination of claims or encounters, supplemental data, and medical record review.

Supplemental data comes from Electronic Medical Record (EMR) and captures information that is not reported when the service is billed. For example, a claim can be submitted for a patient's visit for hypertension yet supplemental data is necessary to provide the blood pressure reading.

Medical record review is the final data collection step for HEDIS. Patient record review occurs annually and is based on the designation of a sample population.

SCFHP and HEDIS

The Department of Health Care Services (DHCS), Centers for Medicare & Medicaid Services (CMS) and NCQA requires that Santa Clara Family Health Plan (SCFHP) report plan scores for a variety of measures. A subset of scores is used in determining the percentage of enrollees auto-assigned to a managed care plan, which impacts SCFHP enrollment and funding for the plan.

HEDIS rates allow SCFHP to monitor our preventive care efforts and help us close gaps in care. At the provider and practice level, HEDIS helps us understand the quality of care delivered to our members.

HEDIS rates are also used to calculate supplemental performance payments through SCFHP's Provider Performance Program.

HEDIS and Me

You can help ensure that your HEDIS data is accurate by:

- Using the proper codes for services and diagnoses.
- Using the Gaps in Care lists as a guide for providing SCFHP patients with preventive care.
- Encouraging healthy behavior and discussing the importance of preventive screenings with your patients.
- Submitting supplemental data on a regular basis for each service rendered.

SCFHP Measure Focus—Calendar Year 2022

Area of Focus	Acronym	Measure Name	Type of Methodology	PPP Measure	Eligibility	
					Medi-Cal	Medicare
Adult Preventive Health	AAP	Adults' Access to Preventative/Ambulatory Health Services	Admin		X	
	BPD	Blood Pressure Control <140/90	Hybrid		X	X
	COA	Care for Older Adults	Hybrid			X
	COL	Colorectal Cancer Screening	Hybrid			X
	CBP	Controlling High Blood Pressure	Hybrid	X	X	X
	EED	Eye Exam	Hybrid		X	X
	HBD	Hemoglobin A1c (HbA1c) Control for Patients with Diabetes - HbA1c control (<8.0%)	Hybrid		X	X
		Hemoglobin A1c (HbA1c) Control for Patients with Diabetes - HbA1c poor control (>9.0%)	Hybrid	X	X	X
	KED	Kidney Health Evaluation for Patients with Diabetes	Admin		X	
Behavioral Health	SPC	Statin Therapy for Patients with Cardiovascular Disease	Admin			X
	SPD	Statin Therapy for Patients with Diabetes	Admin			X
	AMM	Antidepressant Medication Management	Admin		X	X
	SSD	Diabetes Screening for People with Schizophrenia or Bipolar Disorder who are using Antipsychotic Medications	Admin		X	X
Child/Adolescent Preventive Health	ADD	Follow-Up for Children Prescribed ADHD Medication	Admin		X	
	APM	Metabolic Monitoring for Children and Adolescents	Admin		X	X
	WCV	Child and Adolescents Well-Care Visits	Admin	X	X	
	CIS-10	Childhood Immunization Status – Combo 10	Hybrid		X	
	IMA-2	Immunizations for Adolescents – Combo 2	Hybrid		X	
	LSC	Lead Screening in Children	Hybrid	X	X	
	W30	Well-Child Visits in the First 30 Months of Life	Admin	X	X	
DHCS	DEV	Developmental Screening	Hybrid	X	X	
	TRS	Trauma Screening	Hybrid	X	X	
	IHA	Initial Health Assessment	Hybrid	X	X	
	ENT	Encounter Timeliness	Admin	X	X	X

Area of Focus	Acronym	Measure Name	Type of Methodology	PPP Measure	Eligibility	
					Medi-Cal	Medicare
Respiratory Health	CWP	Appropriate Testing for Pharyngitis	Admin			
	AMR	Asthma Medication Ratio	Admin		X	
	PCE	Pharmacotherapy Management of COPD Exacerbation	Admin		X	X
Women's Preventive Health	BCS	Breast Cancer Screening	Admin		X	X
	CCS	Cervical Cancer Screening	Hybrid	X	X	
	CHL	Chlamydia Screening in Women	Admin	X	X	
	OMW	Osteoporosis Management in Women who had a Fracture	Admin			X
	PPC	Prenatal & Postpartum Care - Timeliness of Prenatal Care	Hybrid	X	X	
		Prenatal & Postpartum Care - Postpartum Care	Hybrid		X	
Utilization	PCR	Plan All-Cause Readmissions	Admin	X	X	X
	HDO	Use of Opioids at High Dosage	Admin			X
	UOP	Use of Opioids from Multiple Providers	Admin			X

Measure specification

Adult Preventive Health Measures

1. Adults' Access to Preventative/Ambulatory Health Services (AAP)

Measure

- The percentage of members 20 years 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.

Measure source

- NCQA/HEDIS

Membership

- Medi-Cal, non-dual
- Medicare

Specifications

- Administrative data
- One or more ambulatory or preventive care visits during the measurement year.
- Use ([Table AAP 1](#)) to identify ambulatory or preventive care visits.

IMPROVING YOUR SCORE

- Use appropriate billing codes as listed above.
- Educate patients on the importance of having at least one ambulatory or preventive care visit during each calendar year.
- Make reminder calls to patients who have appointments to decrease no-show rates.
- Outreach to newly assigned patients to schedule appointments.
- Schedule annual visit or follow-up visit before patient leaves the office.

2. Blood Pressure Control <140/90 (BPD)**Measure**

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

Measure source

- NCQA/HEDIS

Membership

- Medi-Cal, non-dual
- Medicare

Specifications

- Hybrid and administrative data
- Most recent BP reading ([Table BPD 1](#)) in the measurement year is <140/90 mm Hg.

3. Care for Older Adults (COA)**Measure**

- The percentage of adults 66 years and older who had each of the following during the measurement year:
 - Medication Review: Review of patient's medication performed by a prescribing practitioner or clinical pharmacist.
 - Functional Status Assessment: Review or assessment of a patient's functional status and their ability to perform activities of daily living.
 - Pain Assessment: Documentation in the medical record of a patient's total body pain status or use a standardized pain assessment tool to assess their pain level.

Measure source

- NCQA/HEDIS

Membership

- Medicare

Specifications

- Hybrid and administrative data
- At least one medication review ([Table COA 1](#)) and presence of medication list ([Table COA 1](#)) during the measurement year
- At least one functional status assessment ([Table COA 1](#)) during the measurement year
- At least one pain assessment ([Table COA 1](#)) during the measurement year

IMPROVING YOUR SCORE

- Use the opportunity during a patient visit to review their medications with them and all components of the COA measure.
- Medication review does not require the patient to be present.
- Review the standardized assessment tools, select the one that is most appropriate for your practice, and use that for functional status and or pain assessments.

4. Colorectal Cancer Screening (COL)**Measure**

- The percentage of members 50-75 years of age who had an appropriate screening for colorectal cancer.

Measure source

- NCQA/HEDIS

Membership

- Medicare

Specifications

- Hybrid and administrative data
- At least one of the screenings below:
 - Fecal occult blood test ([Table COL 1](#)) during the measurement year
 - Flexible sigmoidoscopy ([Table COL 1](#)) during the measurement year or the four years prior to the measurement year
 - Colonoscopy ([Table COL 1](#)) during the measurement year or the nine years prior to the measurement year
 - CT colonography ([Table COL 1](#)) during the measurement year or the four years prior to the measurement year
 - FIT-DNA test ([Table COL 1](#)) during the measurement year or the two years prior to the measurement year

IMPROVING YOUR SCORE

- Use correct billing and diagnosis codes.
- Encourage patients who are resistant to having a colonoscopy to have a stool test that they can complete at home. The iFOBT/FIT has fewer dietary restrictions and samples.
- Use standing orders and empower qualified office staff to distribute FOBT or FIT kits to patients who need colorectal cancer screening or prepare referral for colonoscopy. Document kits were given to patients so that compliance can be determined. A distinct value is required, ranges and thresholds are not acceptable for this measure.

5. Controlling High Blood Pressure (CBP)**Measure**

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

Measure source

- NCQA/HEDIS

Membership

- Medi-Cal, non-dual

Specification

- Administrative data (includes supplemental data)
- Supplemental data must include BP value
- Use automated data to identify the most recent BP reading ([Table CBP_1](#)) taken during an outpatient visit, a non-acute inpatient encounter, or remote monitoring event during the measurement year.
- The BP reading must occur on or after the date of the second diagnosis of hypertension.
- If multiple BP measurements occur on the same date, or are noted in the chart on the same date, use the lowest systolic and lowest diastolic BP reading. If no BP is recorded during the measurement year, assume that the member is “not controlled.”

IMPROVING YOUR SCORE

- Calibrate the sphygmomanometer annually.
- Upgrade to an automated blood pressure machine.
- Select appropriately-sized BP cuff.
- Retake the BP if the results are high during an office visit (140/90 mmHg or greater). HEDIS allows use of the lowest systolic/diastolic readings if taken on the same day.
- Do not round BP values up. If using an automated machine, record exact values.
- Review hypertensive medication history and patient compliance. If needed, consider modifying treatment plans for uncontrolled blood pressure and schedule a follow-up appointment in 3 months.
- If initial reading is very high and is unlikely to respond to a single drug and lifestyle modification, start two BP drugs at first visit.
- Take advantage of BP readings taken from remote monitoring devices, as these are now allowed to be used for measure compliance.

6. Eye Exam (EED)**Measure**

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

Measure source

- NCQA/HEDIS

Membership

- Medi-Cal, non-dual
- Medicare

Specification - *Previously a sub-measure of Comprehensive Diabetes Care (CDC)*

- Hybrid and administrative data
- A retinal or dilated eye exam ([Table EED_1](#)) by an eye care professional (optometrist or ophthalmologist) in the measurement year.
- A negative retinal or dilated eye exam ([Table EED_1](#)) by an eye care professional in the year prior to the measurement year.

7. Hemoglobin A1c (HbA1c) Control for Patients with Diabetes (HBD) – HbA1c Control (<8.0%)**Measure**

- The percentage of members 18-75 years of age with diabetes (type 1 and type 2) who had a Hemoglobin A1c (HbA1c) test performed during the measurement year and had A1c Control (<8.0%).

Measure source

- NCQA/HEDIS

Membership

- Medi-Cal, non-dual
- Medicare

Specification - *Previously a sub-measure of Comprehensive Diabetes Care (CDC)*

- Hybrid and administrative data
- Most recent HbA1c test during the measurement year is <8.0% and ([Table HBD_1](#))

8. Hemoglobin A1c Control (HbA1c) Control (HBD) – HbA1c Poor Control (>9.0%)**Measure**

- The percentage of members 18-75 years of age with diabetes (type 1 and type 2) who had a Hemoglobin A1c (HbA1c) test performed during the measurement year and had A1c Poor Control (>9.0%). A lower rate indicates better compliance for this measure.

Measure source

- NCQA/HEDIS

Membership

- Medi-Cal, non-dual
- Medicare

Specifications - *Previously a sub-measure of Comprehensive Diabetes Care (CDC)*

- Hybrid and administrative data
- Most recent HbA1c test during the measurement year is <9.0% ([Table HBD 2](#))

IMPROVING YOUR SCORE

- Review diabetes services needed at each office visit.
- Order labs prior to patient appointments.
- Bill for point-of-care testing if completed in office. Ensure HbA1c result and date are documented in the chart.
- Adjust therapy to improve HbA1c and BP levels. Schedule follow-up with patients to monitor changes.

9. Kidney Health Evaluation for Patients with Diabetes (KED)**Measure**

- 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.

Measure source

- NCQA/HEDIS

Membership

- Medi-Cal, non-dual

Specification

- Administrative data
- Both tests eGFR ([Table KED 1](#)) and uACR ([Table KED 2](#)) completed during the measurement year on the same or different dates of service.

IMPROVING YOUR SCORE

- Routinely refer patients with a diagnosis of type 1 or type 2 diabetes out to have their eGFR and uACR.
- Follow up with patients to discuss and educate on lab results.
- Educate on how diabetes can affect the kidneys and offer tips to your patients on preventing damage to their kidneys:
 - How to control their blood pressure, blood sugars, cholesterol, and lipid levels.
 - Take medications as prescribed that can protect kidney function.
 - Offer education on medications that could be harmful to the kidneys (NSAIDs such as naproxen or ibuprofen).
 - Limit protein intake and salt in diet.
- Coordinate care with specialists such as an endocrinologist or nephrologist as needed.

10. Statin Therapy for Patients with Cardiovascular Disease (SPC)**Measure**

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

Measure source

- NCQA/HEDIS

Membership

- Medicare

Specification

- Administrative data only

IMPROVING YOUR SCORE

- Educate patients on the benefits of statin medication to prevent cardiovascular events.
- Encourage patients to contact you if they think they are experiencing side effects.
- If a patient has had previous intolerance to statins, consider a statin re-challenge using a different moderate-to-high-intensity statin.
- Document in the medical record patient conditions that exclude them from taking a statin and submit a claim with appropriate exclusion diagnosis code.
- Encourage patients to obtain 90-day supplies at their pharmacy once they demonstrate tolerance to statin therapy.

11. Statin Therapy for Patients with Diabetes (SPD)**Measure**

- 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.
 - 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.

Measure source

- NCQA/HEDIS

Membership

- Medicare

Specification

- Administrative data only

IMPROVING YOUR SCORE

- Develop a medication routine with each patient if they are on multiple medications that require them to be taken at different times.
- Utilize pill boxes or organizers.
- Advise patients to set up reminders and alarms for when medications are due.
- Schedule appropriate follow-up with patients to assess if medication is taken as prescribed.
- Educate patients on the following:
 - People with diabetes are 2 to 4 times more likely to develop heart disease or stroke.
 - Statins can help reduce the chance of developing heart disease and strokes.
 - The importance of adhering to their medication therapy and follow-up visits.

Behavioral Health Measures**12. Antidepressant Medication Management – Acute Phase Treatment (AMM)****Measure**

- The percentage of members 18 years of age and older who had a diagnosis of major depression, were treated with antidepressant medication, and who remained on an antidepressant medication for at least 84 days (12 weeks).

Measure source

- NCQA/HEDIS

Membership

- Medi-Cal, non-dual
- Medicare

Specification

- Administrative data only

IMPROVING YOUR SCORE

- Educate patients on the following:
 - Depression is common and impacts 15.8 million adults in the United States and it can be treated.
 - Most antidepressants take 1-6 weeks to work before the patient starts to feel better
 - In many cases, sleep and appetite improves first while improvement in mood, energy, and negative thinking may take longer.
 - It is important to continue on the antidepressant for a minimum of 6 months.
 - Strategies for remembering to take the antidepressant on a daily basis.
 - The connection between taking an antidepressant and signs and symptoms of improvement.
 - Common side effects, how long the side effects may last, and how to manage them.
 - What to do if the patient has a crisis or has thoughts of self-harm.
 - What to do if there are questions or concerns.

13. Antidepressant Medication Management – Continuation Phase Treatment (AMM)**Measure**

- The percentage of members 18 years of age and older who were treated with antidepressant medication, had a diagnosis of major depression, and who remained on an antidepressant medication for at least 180 days (6 months).

Measure source

- NCQA/HEDIS

Membership

- Medi-Cal, non-dual
- Medicare

Specification

- Administrative data only

IMPROVING YOUR SCORE

- Educate patients on the following:
 - Depression is common and impacts 15.8 million adults in the United States and it can be treated.
 - Most antidepressants take 1-6 weeks to work before the patient starts to feel better.
 - In many cases, sleep and appetite improve first while improvement in mood, energy, and negative thinking may take longer.
 - It is important to continue on the antidepressant for a minimum of 6 months.
 - Strategies for remembering to take the antidepressant on a daily basis.
 - The connection between taking an antidepressant and signs and symptoms of improvement.
 - Common side effects, how long the side effects may last, and how to manage them.
 - What to do if the patient has a crisis or has thoughts of self-harm.
 - What to do if there are questions or concerns.

14. Diabetes Screening for People with Schizophrenia or Bipolar Disorder Who Are Using Antipsychotic Medications (SSD)**Measure**

- 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.

Measure source

- NCQA/HEDIS

Membership

- Medi-Cal, non-dual
- Medicare

Specification

- Administrative data
Member had a glucose test ([Table SSD 1](#)) or an HbA1c test ([Table SSD 1](#)) performed during the measurement year

IMPROVING YOUR SCORE

- Ensure patient (and/or caregiver) is aware of the risk of diabetes, the importance of screening for diabetes, and has awareness of the symptoms of new onset of diabetes while taking antipsychotic medication.
- Document all elements of exam, including medications, diagnosis, and results of A1c.
- Order a diabetes screening test every year and build care gap “alerts” in your electronic medical record.
- Ensure patients schedule appropriate lab screenings.
- Reach out to patients who cancel appointments and assist them with rescheduling as soon as possible.
- Educate patient (and/or caregiver) about the risks associated with antipsychotic medications and cardiovascular disease, and the importance of a healthy lifestyle.

15. Follow-Up for Children Prescribed ADHD Medication – Initiation Phase (ADD)**Measure**

- The percentage of children newly prescribed attention-deficit/hyperactivity disorder (ADHD) medication who had at least three follow-up care visits within a 10-month period, one of which was within 30 days, also known as the initiation phase, of when the first ADHD medication was dispensed.
- The initiation phase is measured by the percentage of members 6-12 years of age as of the index prescription start date (IPSD) with an ambulatory prescription dispensed for ADHD medication, who had one follow-up visit with a prescribing practitioner during the initiation phase (30-days).

Measure source

- NCQA/HEDIS

Membership

- Medi-Cal, non-dual

Specification

- Administrative data only
Member has a follow-up visit with a practitioner with prescribing authority, within 30 days after the prescription start date ([Table ADD 1](#)).

IMPROVING YOUR SCORE

- While your patient is still in the office, schedule a follow-up visit within 30 days to assess how newly prescribed medication is working.
- Communicate to parents the importance of seeing the patient within 30 days to monitor patient's progress.
- Consider no refills until the initial follow-up visit is complete.
- If patient cancels, reschedule appointment right away.

16. Follow-Up for Children Prescribed ADHD Medication – Continuation Phase (ADD)**Measure**

- The percentage of children newly prescribed attention-deficit/hyperactivity disorder (ADHD) medication who had at least three follow-up care visits within a 10-month period, one of which was within the initiation phase (30 days) of when the first ADHD medication was dispensed.
- The continuation & maintenance (C&M) phase is measured by the percentage of members 6-12 years of age as of the IPSP with an ambulatory prescription dispensed for ADHD medication, who remained on the medication for at least 210 days and who, in addition to the initiation phase visit, had at least two follow-up visits with a practitioner within 270 days (9 months).

Measure source

- NCQA/HEDIS

Membership

- Medi-Cal, non-dual

Specification

- Administrative data only
- In addition to the visit in the Initiation Phase, member had two follow visits ([Table ADD 1](#)) with a practitioner with prescribing authority within 9 months after the Initiation Phase

IMPROVING YOUR SCORE

- Schedule two more visits in the 9 months *after* the first 30 days to continue to monitor your patient's progress. Visits must be on different dates of service.
 - Do not continue these controlled substances without at least 2 visits per year to evaluate a child's progress. Monitor the child's growth to make sure they are on the correct dosage.
- If patient cancels, reschedule appointment right away.

17. Metabolic Monitoring for Children and Adolescents (APM)**Measure**

- 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:
 - The percentage of children and adolescents on antipsychotics who received blood glucose testing.
 - The percentage of children and adolescents on antipsychotics who received cholesterol testing.
 - The percentage of children and adolescents on antipsychotics who received blood glucose and cholesterol testing.

Measure source

- NCQA/HEDIS

Membership

- Medi-Cal, non-dual
- Medicare

Specification

- Administrative data only
- Members who had both of the following during the measurement year:
 - Blood glucose test
 - LDL-C ([Table APM 1](#)) OR cholesterol test ([Table APM 1](#))

IMPROVING YOUR SCORE

- Order a blood glucose and cholesterol test every year and build care gap alerts in the electronic medical record.
- Test blood glucose and cholesterol during a patient's annual checkup or school physical to reduce additional visits.
- Encourage shared decision-making by educating patients and caregivers about the increased risk of metabolic health complications from antipsychotic medications and the importance of screening blood glucose and cholesterol levels.

Child/Adolescent Preventive Health Measures**18. Child and Adolescent Well-Care Visits (WCV)****Measure**

- The percentage of members 3-21 years of age who had at least one comprehensive well-care visit with a PCP or an OB/GYN practitioner during the measurement year.

Measure source

- NCQA/HEDIS

Membership

- Medi-Cal, non-dual

Specifications

- Administrative data
- At least one well-child visit ([Table WCV 1](#)) with a PCP during the measurement year. The PCP does not have to be the child's assigned PCP.

IMPROVING YOUR SCORE

- Use monthly member reports to identify pediatric patients newly assigned to your practice; call each family to welcome them and schedule a well-child visit.
- Avoid missed opportunities by taking advantage of every office visit to provide a well-child visit.
- Schedule the next well-visit at the end of each appointment.
- Use sick visits as an opportunity to complete a well visit as long as all the required documentation is met.
- Ensure all components of a Well-Care Visit are included:
 - Healthy history
 - Physical developmental history
 - Mental developmental history
 - Physical examination
 - Health education/anticipatory guidance

19. Childhood Immunization Status – Combination 10 (CIS-10)**Measure**

- The percentage of children 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.

Measure source

- NCQA/HEDIS

Membership

- Medi-Cal, non-dual

Specifications

- Hybrid and administrative data
- Member receives all of the following doses:
 - Four DTaP vaccinations ([Table CIS-10 1](#)) with different dates of service
 - Three IPV vaccinations ([Table CIS-10 1](#)), with different dates of service on or before the child's second birthday.
 - One MMR vaccination ([Table CIS-10 1](#)) on or between the child's first and second birthdays
 - Three HiB vaccinations ([Table CIS-10 1](#)), with different dates of service
 - Three hepatitis B vaccinations ([Table CIS-10 1](#)), with different dates of service.
 - One VZV vaccination ([Table CIS-10 1](#)), with a date of service on or between the child's first and second birthdays
 - Four pneumococcal conjugate vaccinations ([Table CIS-10 1](#)), with different dates of service on or before the child's second birthday
 - One hepatitis A vaccination ([Table CIS-10 1](#)), with a date of service on or between the child's first and second birthdays
 - Two doses of the two-dose rotavirus vaccine ([Table CIS-10 1](#)) on different dates of service.
 - Two influenza vaccinations ([Table CIS-10 1](#)), with different dates of service on or before the child's second birthday.

IMPROVING YOUR SCORE

- Use the California Immunization Registry (CAIR).
- Review a child's immunization record before every visit and administer needed vaccines.
- Institute a system for patient reminders.
- Document the date of the first hepatitis B vaccine given at the hospital and the name of the hospital, if available.
- Document parent refusal and place a signed copy in the medical record.

20. Immunizations for Adolescents – Combination 2 (IMA-2)**Measure**

- The percentage of adolescents 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.

Measure source

- NCQA/HEDIS

Membership

- Medi-Cal, non-dual

Specifications

- Hybrid and administrative data
- Member receives all of the following doses:
 - One meningococcal serogroups A, C, W, Y vaccine ([Table IMA 2 1](#)), with a date of service on or between the member's 11th and 13th birthdays
 - One tetanus, diphtheria toxoids and acellular pertussis (Tdap) vaccine ([Table IMA 2 1](#)), with a date of service on or between the member's 10th and 13th birthdays
 - Two HPV vaccines ([Table IMA 2 1](#)), on or between the member's 9th and 13th birthdays and with dates of service at least 146 days apart. For example, if the service date for the first vaccine was March 1, then the service date for the second vaccine must be on or after July 25

IMPROVING YOUR SCORE

- Use the California Immunization Registry (CAIR).
- Review missing vaccines with parents.
- Recommend immunizations to parents. Parents are more likely to agree with vaccinations when supported by the provider. Address common misconceptions about vaccinations
- Train office staff to prep the chart in advance of the visit and identify overdue immunizations.
- Avoid missed opportunities by taking advantage of every office visit to provide a well-child visit and immunizations.
- Institute a system for patient reminders.
- Include vaccines that may have been given before patients became SCFHP members in the vaccination record, even if your office did not provide the vaccine.
- Administer the HPV vaccine at the same time as other vaccines. Inform parents that the full HPV vaccine series requires two or three shots.
- Recommend the HPV vaccine series the same way you recommend other adolescent vaccines. Address common misconceptions about the HPV vaccine.
- Make sure immunizations are completed before the 13th birthday. Immunizations completed after the 13th birthday do not count towards this measure.

21. Lead Screening in Children (LSC)**Measure**

- The percentage of children 2 years of age who received one or more capillary or venous blood tests for lead poisoning on or before their second birthday.

Measure source

- NCQA/HEDIS

Membership

- Medi-Cal, non-dual

Specifications

- Hybrid and administrative data
- One lead capillary or venous blood test ([Table LSC 1](#)) completed on or before the child's second birthday.

IMPROVING YOUR SCORE

- Documentation in the medical record must include all of the following:
 - A note indicating the date the test was performed.
 - The result or finding.
 - Document parent/guardian refusal and place a signed copy in the medical record.



22. Well-Child Visits in the First 30 Months of Life (W30) – First 15 months

Measure

- The percentage of members who turned 15 months old during the measurement year and who had six or more well-child visits, on different dates of service, with a PCP during their first 15 months of life

Measure source

- NCQA/HEDIS

Membership

- Medi-Cal, non-dual

Specifications

- Administrative data
- Anchor date is the day the child turns 15 months old
- Children who turn 15 months old during the measurement year. Calculate the 15-month birthday as the child's first birthday plus 90 days.
- The well-child visit ([Table W30 1](#)) must be with a PCP, but the PCP does not have to be the child's assigned PCP.

IMPROVING YOUR SCORE

- Avoid missed opportunities by taking advantage of every office visit to provide a well-child visit and immunizations.
- Turn daycare physicals into well-care visits by performing the required services and submitting appropriate codes.
- Add the dates of health and developmental history, and physical exams and include health education/anticipatory guidance that was given in medical records.
- Use standardized templates in charts and in EMRs that allow checkboxes for standard counseling activities.

23. Well-Child Visits in the First 30 Months of Life (W30) – 15 months-30 months**Measure**

- The percentage of members who turned 30 months old during the measurement year and who had two or more well-child visits, on different dates of service, with a PCP between the child's 15-month birthday plus one day and the 30-month birthday.

Measure source

- NCQA/HEDIS

Membership

- Medi-Cal, non-dual

Specifications

- Administrative data
- Anchor date is the day the child turns 30 months old
- Children who turn 30 months old during the measurement year. Calculate the 30-month birthday as the child's second birthday plus 180 days.
- The well-child visit ([Table W30 1](#)) must be with a PCP, but the PCP does not have to be the child's assigned PCP.

IMPROVING YOUR SCORE

- Avoid missed opportunities by taking advantage of every office visit to provide a well-child visit and immunizations.
- Turn daycare physicals into well-care visits by performing the required services and submitting appropriate codes.
- Add the dates of health and developmental history, and physical exams and include health education/anticipatory guidance that was given in medical records.
- Use standardized templates in charts and in EMRs that allow checkboxes for standard counseling activities.

24. Developmental Screening (DEV)**Measure**

- Developmental screenings in the first three years of life.

Measure source

- SCFHP

Membership

- Medi-Cal, non-dual

Specifications

- Hybrid and Administrative data
- Denominator: Who should be screened?
 - Birth to 3 years on December 31 of the measurement year
 - Eligible with SCFHP on January 1 of measurement year
- Numerator: Who was screened?
 - Evidence of one screening by coding ([Table DEV 1](#)).
- Screenings must include scoring and documentation using a standardized screening tool that meets criteria set forth by the American Academy of Pediatrics (AAP) and the Centers for Medicare and Medicaid Services (CMS).
- Claims where modifiers are added to indicate standardized screening for a specific domain, such as social emotional screening via the autism screening (ASQ-SE), will not qualify for this measure.

IMPROVING YOUR SCORE

- Developmental screenings are administered during each well-child visit at 9, 18, and 30 months of age.
- Use any of the following AAP-recommended tools to meet DEV-CH requirements:
 - Ages and stages questionnaire (ASQ) – 2 months to age 5
 - Ages and stages questionnaire – 3rd edition (ASQ-3)
 - Battelle developmental inventory screening tool (BDI-ST) – Birth to 95 months
 - Bayley infant neuro-developmental screen (BINS) – 3 months to age 2
 - Brigance screens-II – Birth to 90 months
 - Child development inventory (CDI) – 18 months to age 6
 - Infant development inventory – Birth to 18 month
 - Parents' evaluation of developmental status (PEDS) – Birth to age 8
 - Parents' evaluation of developmental status – Developmental milestones (PEDS-DM)

25. Trauma Screening (TRS)

Measure

- Trauma screening birth to 18 years of age

Measure source

- SCFHP

Membership

- Medi-Cal, non-dual

Specifications

- Hybrid and Administrative data
- Denominator: Who should be screened?
 - Birth to 18 years on December 31 of measurement year
 - Eligible as of the run date
- Numerator: Who was screened?
 - Evidence of one trauma screening
 - Trauma screening coding ([Table TRS 1](#)) and ([Table TRS 2](#))
- Adverse Childhood Experiences (ACEs) provider training <https://www.acesaware.org/learn-about-screening/training/>
- Department of Healthcare Services provider training attestation <https://www.medi-cal.ca.gov/TSTA/TSTAattest.aspx>
- To receive Medi-Cal payment for conducting ACE screenings, clinical team members in California must use the following screening tools for children, and adolescents

There are three versions of the tool based on age, reporter, and format:

Tool	Age	Completed by
PEARLS for Children	0-11	Caregiver
PEARLS for adolescents	12-19	Caregiver
PEARLS for adolescents	12-19	Adolescent

Respiratory Health Measures**26. Appropriate Testing for Pharyngitis (CWP)****Measure**

- The percentage of episodes for members 3 years of age and older where the member was diagnosed with pharyngitis, dispensed an antibiotic and received a group A strep test. A higher rate indicates better performance (i.e., appropriate testing).

Measure source

- NCQA/HEDIS

Membership

- Medi-Cal, non-dual
- Medicare

Specifications

- Administrative data only
- Member receives a group A streptococcus test ([Table CWP 1](#)) in the seven-day period from three days prior to the pharyngitis diagnosis date through three days after the Episode Date.

27. Asthma Medication Ratio (AMR)**Measure**

- The percentage of 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.

Measure source

- NCQA/HEDIS

Membership

- Medi-Cal, non-dual

Specifications

- Administrative data only

IMPROVING YOUR SCORE

- If not formally diagnosing asthma, ensure proper coding to avoid coding asthma and note patient is experiencing asthma-like symptoms, e.g., wheezing during viral URI and acute bronchitis (not asthma).
- Educate patients on use of asthma medications and importance of using asthma controller medications daily.
- Prescribe a long-term controller medication and provide reminders to your patients to fill controller medications.

28. Pharmacotherapy Management of COPD Exacerbation (PCE)**Measure**

- 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.

Measure source

- NCQA/HEDIS

Membership

- Medi-Cal, non-dual
- Medicare

Specifications

- Administrative data only

Women's Preventive Health Measures**29. Breast Cancer Screening (BCS)****Measure**

- The percentage of women 50-74 years of age who had a mammogram to screen for breast cancer.

Measure source

- NCQA/HEDIS

Membership

- Medi-Cal, non-dual
- Medicare

Specifications

- Administrative data
- One or more mammograms ([Table BCS 1](#)) any time on or between October 1 two years prior to the measurement year and December 31 of the measurement year.

IMPROVING YOUR SCORE

- Educate female patients about the importance of early detection and encourage testing.
- Use the member's needed services list to identify patients in need of mammograms.
- Document a bilateral mastectomy in the medical record.
- If needed, schedule a mammogram for patient or send/give patient a referral/script.
- Have a list of mammogram facilities available to share with the patient.
- Discuss possible fears the patient may have about mammograms. Inform that currently available testing methods are less uncomfortable and require less radiation.

30. Cervical Cancer Screening (CCS)**Measure**

- The percentage of women 21-64 years of age who were screened for cervical cancer using either of the following criteria:
- Women 21-64 years of age who had cervical cytology performed in the last three years
- Women 30-64 years of age who had cervical high-risk human papillomavirus (hrHPV) testing performed within the last five years
- Women 30-64 years of age who had cervical cytology/high-risk human papillomavirus (hrHPV) co-testing performed in the last five years

Measure source

- NQCA/HEDIS

Membership

- Medi-Cal, non-dual

Specifications

- Administrative data
- Exclude women with a total hysterectomy ([Table CCS 1](#))
- Women 24-64 years of age as of 12/31 of the measurement year

Follow the steps below to identify the numerator

- Cytology screening ([Table CCS 2](#)) in the measurement year or the two years prior to the measurement year for women 24-64 years of age.
- hrHPV testing: women 30-64 years of age as of 12/31 of the measurement year who had cervical high-risk human papillomavirus (hrHPV) testing ([Table CCS 3](#)) with service dates four or fewer days apart during the measurement year or the four years prior to the measurement year or four years prior to the measurement year and who were 30 years or older on the date of the test.
Note: Evidence of hrHPV testing within the last five years also captures patients who had co-testing; therefore, additional methods to identify co-testing are not necessary.

IMPROVING YOUR SCORE

- Use "Gaps in Care" lists to identify women who need a Pap test.
- Use a reminder/recall system to get patients to come in for the service.
- Request to have results of Pap tests sent to you if done at OB/GYN visits.
- Document in the medical record if the patient had a hysterectomy with no residual cervix (remember synonyms "total", "complete", "radical"). Note that documentation of a hysterectomy alone does not meet the HEDIS guidelines because it does not indicate the cervix was removed.
- Avoid missed opportunities, e.g., completing Pap tests during regularly scheduled well-woman visits, sick visits, urine pregnancy tests, UTI, and chlamydia/STI screenings.
- Cervical cytology and HPV co-testing must occur on the same date of service, be from the same data source, and the results from both tests must be documented.

31. Chlamydia Screening in Women (CHL): Total**Measure**

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

Measure source

- NCQA/HEDIS

Membership

- Medi-Cal, non-dual

Specifications

- Administrative data
- Sexual active members with at least one test for chlamydia ([Table CHL 1](#))

IMPROVING YOUR SCORE

- Use any visit as an opportunity to perform chlamydia screenings annually on 16-24 year-old females identified as sexually active.
- Ensure that you have an opportunity to speak with your adolescent female patients without parent or guardian.
- Remember that chlamydia screenings can be performed through a urine test. Offer this as an option for your patients.
- Place chlamydia swab next to Pap test or pregnancy detection materials.
- Patients will be identified as sexually active through administrative claims or encounter data either through pregnancy codes or pharmacy data for prescription contraceptives.

32. Osteoporosis Management in Women who had a Fracture (OMW)**Measure**

- The percentage of women 67–85 years of age who suffered a fracture and who had either a bone mineral density (BMD) test or prescription for a drug to treat osteoporosis in the six months after the fracture.

Measure source

- NCQA/HEDIS

Membership

- Medicare

Specifications

- Administrative data only
- Member receives at least one treatment for osteoporosis in the six months after the fracture:
 - A BMD test ([Table OMW 1](#)), in any setting, on the outpatient visit date or in the 180-day (6-month) period after the visit
 - A BMD test ([Table OMW 1](#)) OR long-acting osteoporosis therapy ([Table OMW 1](#)) if it was an inpatient stay
 - Osteoporosis therapy ([Table OMW 1](#)) on the outpatient visit date or in the 180-day (6-month) period after the visit
 - A dispensed prescription to treat osteoporosis ([Table OMW 1](#)) on the outpatient visit date or in the 180-day (6-month) period after the visit

IMPROVING YOUR SCORE

- When appropriate, provide patients with a BMD prescription and where to call for an appointment. Encourage patients to obtain the screening and follow up with them to ensure the test was completed.
- Remind patients to always tell their primary care provider about a fracture, even if they have received treatment for it elsewhere.
- Screen female patients starting at age 65 to reduce the risk of osteoporosis.
- Consider screening women younger than 65 if they are high risk.

33. Prenatal & Postpartum Care (PPC): Timeliness of Prenatal Care

Measure

- The percentage of deliveries of live births that received a prenatal care visit as a member of the organization in the first trimester, on the enrollment start date, or within 42 days of enrollment in the organization

Measure source

- NCQA/HEDIS

Membership

- Medi-Cal, non-dual

Specification

- Administrative data
- Delivery date between 10/8/2022 and 10/7/2023
- Prenatal visit in the first trimester, on the enrollment start date, or within 42 days of enrollment, depending on the date of enrollment with SCFHP and the gaps in enrollment during the pregnancy

Follow the steps below to identify the numerator:

Step 1	Identify women whose last enrollment segment started before pregnancy, or between 280 and 219 days before delivery (or estimated delivery date (EDD)). These women must have a prenatal visit during the first trimester.
Step 2	Identify women whose last enrollment segment started less than 219 days before delivery (or EDD). These women must have a prenatal visit during the period that begins 280 days prior to delivery and ends 42 days after the enrollment start date. Do not count visits that occur on the date of delivery.
Step 3	Identify prenatal visits during the required timeframe (the timeframe identified in step 1 or 2). Any of the following, where the practitioner type is an OB/GYN, other prenatal care practitioner, or PCP, meet criteria for a prenatal visit: <ul style="list-style-type: none"> • A bundled service (Table PPC 1) where the organization can identify the date when prenatal care was initiated (because bundled service codes are used on the date of delivery, these codes may be used only if the claim form indicates when prenatal care was initiated) • A visit for prenatal care (Table PPC 2) • A prenatal visit (Table PPC 3) with a pregnancy-related diagnosis code

34. Prenatal & Postpartum Care – Postpartum Care (PPC)**Measure**

- The percentage of live birth deliveries on or between October 8 of the year prior to the measurement year and October 7 of the measurement year. For these women, the measure assesses postpartum care.
- Postpartum care is measured as the percentage of deliveries that had a postpartum visit on or between 7 and 84 days after delivery.

Measure source

- NCQA/HEDIS

Membership

- Medi-Cal, non-dual

Specification

- Hybrid and administrative data
- Member had a postpartum visit ([Table PPC 4](#)) or cervical cytology ([Table PPC 4](#)) on or between 7 and 84 days after delivery.

IMPROVING YOUR SCORE

- Schedule your patient for a postpartum visit within 7 to 84 days from delivery. Please note that staple removal following a cesarean section does not count as a postpartum visit for HEDIS®.

Utilization Measures**35. Encounter Data Timeliness (ENT)****Measure**

- Percentage of encounters submitted within 75 days from date of service

Measure source

- DHCS

Membership

- This measure applies to all encounters for capitated services submitted for any assigned member regardless of line of business. The measure is based on the encounter submission date in relation to the date of service.

Specifications

- To earn any points for the measure, a minimum rate of one encounter per member per year must be met. No points will be awarded if the threshold is not met. The formula is:

$$\frac{\text{Total Encounters}}{\text{Sum of Member Months}} * 12$$

- Timeliness is measured by determining the percentage of encounter claims submitted within 75 days from the date of service.
- The measure is reported measurement year to date.

36. Initial Health Assessment (IHA)**Measure**

- All first time members and members reinstated after 12 months of disenrollment must receive an Initial Health Assessment (IHA) within 120 days of enrollment with SCFHP as well as a Staying Healthy Assessment (SHA) questionnaire.

Measure source

- DHCS

Membership

- Medi-Cal, non-dual

Specifications

- First-time members and members reinstated (after 12 months of disenrollment) to SCFHP who received an IHA within 120 days of enrollment with SCFHP (codes to identify IHAs included in [Table IHA 1](#)).
- Administrative data only
- Enrollment period uses a rolling 12-month time frame:
 - Example: Enrollment date = January 1. January 1 plus 120 days = May 1
- Must complete a minimum of two outreach attempts (one phone call and one written). Outreach attempts must be documented in the member's medical record. When sending over the outreach attempt code, use the date of the second attempt
 - Submit a \$0 cost claim utilizing both IHA outreach claims codes ([Table IHA 2](#))

IMPROVING YOUR SCORE

- Review your member roster available on SCFHP provider portal link to identify members newly enrolled or who have maintained their enrollment since December 1, 2020
- Instructions to access your member roster are as follows:
 1. Log in to your Provider Portal Link at www.providerportal.scfhp.com,
 2. Click the Eligibility tab,
 3. Select TIN, then
 4. Download and open the resulting file
 - To filter members with overdue IHA; open results, filter all 3 columns:
 - Enrollment Status (Column G) to Enrolled
 - New to PCP Flag (Column H) to Existing
 - IHA Status (Column K) to IHA Over Due

37. Plan All Cause Readmission (PCR)**Measure**

- 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. Having a lower rate is better.

Measure source

- NCQA/HEDIS

Membership

- Medi-Cal, non-dual

Denominator

- Number of acute inpatient hospital stays during the measurement period.

Numerator

- Number of readmissions for any diagnosis within 30 days of discharge from an acute hospital stay.

Exclusions

- Maintenance chemotherapy rehabilitation
- Organ transplant
- Potentially planned procedure
- Pregnancy diagnosis

38. Use of Opioids at High Dosage (HDO)**Measure**

- The proportion of members 18 years and older who received prescription opioids at a high dosage (average morphine milligram equivalent dose [MME] ≥ 90) for ≥ 15 days during the measurement year.
- **Note:** A lower rate indicates better performance.

Measure source

- NCQA/HEDIS

Membership

- Medicare

Specification

- Administrative data only

IMPROVING YOUR SCORE

- Prescribe the lowest effective dose for the shortest amount of time. The CDC recommends avoiding increasing the dosage above 90 MME.
- Consider tapering to reduce dosage or make a plan to safely discontinue opioid therapy when dosage exceeds 90 MME daily without functional benefit.
- Be prepared to refer the patient to an appropriate substance use provider if a patient shows signs of an opioid use disorder.
- Maximize utilization of non-narcotic and non-pharmacologic measures to control pain as part of a comprehensive pain management plan.
- Provide patient educational materials and resources that include information on the treatment processes and options, including mutual support groups and other community-based programs.
- Screen patients for a personal or family history of dependence disorders.

39. Use of Opioids from Multiple Providers (UOP)**Measure**

- The proportion of members 18 years and older, receiving prescription opioids for ≥ 15 days during the measurement year who received opioids from multiple providers. Three rates are reported.
 1. Multiple Prescribers. The proportion of members receiving prescriptions for opioids from four or more different prescribers during the measurement year.
 2. Multiple Pharmacies. The proportion of members receiving prescriptions for opioids from four or more different pharmacies during the measurement year.
 3. Multiple Prescribers and Multiple Pharmacies. The proportion of members receiving prescriptions for opioids from four or more different prescribers and four or more different pharmacies during the measurement year (i.e., the proportion of members who are numerator compliant for both the Multiple Prescribers and Multiple Pharmacies rates).
- **Note:** A lower rate indicates better performance for all three rates.

Measure source

- NCQA/HEDIS

Membership

- Medicare

Specification

- Administrative data only
- Lower rate indicates better performance for all three rates.

IMPROVING YOUR SCORE

- Coordinate care with your patient's other providers.
- Educate patients regarding the safe use and risks of opioids, including education and access to Naloxone.
- Set patient-prescriber expectations early on regarding controlled-substance prescriptions from other providers and the use of multiple pharmacies.

Section XIII: Coding Tables

1. Cervical Cancer Screening (CCS)

Table CCS_1. Hysterectomy exclusions

Code	Definition	Code system
51925	Hysterectomy/Bladder Repair	CPT
56308	Lap Supracervical Hysterectomy	CPT
57530	Trachelectomy, Amputation of Cervix	CPT
57531	Radical Trachelectomy, W/ Bilateral Total Pelvic Lymphadenectomy/Para-aortic	CPT
57540	Excise Residual Cervix	CPT
57545	Excise Cervix/Repair Pelvis	CPT
57550	Excise Residual Cervix	CPT
57555	Excise Cervix/Repair Vagina	CPT
57556	Excise Cervix Repair Bowel	CPT
58150	Total Hysterectomy	CPT
58152	Total Hysterectomy	CPT
58200	Extensive Hysterectomy	CPT
58210	Extensive Hysterectomy	CPT
58240	Remove Pelvis Contents	CPT
58260	Vag Hysterectomy	CPT
58262	Vag Hyst Inc T/O	CPT
58263	Vag Hyst W/T/O & Vag Repair	CPT
58267	Vag Hyst W/Urinary Repair	CPT
58270	Vag Hyst W/Enterocoele Repair	CPT
58275	Hysterectomy/Revise Vagina	CPT
58280	Hysterectomy/Revise Vagina	CPT
58285	Extensive Hysterectomy	CPT
58290	Vag Hyst Complex	CPT
58291	Vag Hyst Inc T/O Complex	CPT
58292	Vag Hyst T/O & Repair Compl	CPT
58293	Vag Hyst W/Uro Repair Compl	CPT
58294	Vag Hyst W/Enterocoele Compl	CPT
58548	Lap Radical Hyst	CPT
58550	Lap-Asst Vag Hysterectomy	CPT
58552	Lap-Vag Hyst Inc T/O	CPT
58553	Lap-Vag Hyst Complex	CPT
58554	Lap-Vag Hyst W/T/O Compl	CPT
58570	Tlh Uterus 250 G/Less	CPT
58571	Tlh W/T/O 250 G/Less	CPT
58572	Tlh Uterus Over 250 G	CPT
58573	Tlh W/T/O Uterus Over 250 G	CPT
58575	Laparoscopy, Total Hyst Resection of Malignancy W/ Omentectomy	CPT
58951	Resect Ovarian Malignancy	CPT
58953	Tah Rad Dissect Debulk	CPT
58954	Tah Rad Debulk/Lymph Remove	CPT
58956	Bso Omntectomy W/Tah	CPT
59135	Treat Ectopic Preg	CPT
Q51.5	Agenesis and aplasia of cervix	ICD10CM
0UTC0ZZ	Resection of Cervix, Open Approach	ICD10PCS
0UTC4ZZ	Resection of Cervix, Percutaneous Endoscopic Approach	ICD10PCS
0UTC7ZZ	Resection of Cervix, Via Natural or Artificial Opening	ICD10PCS
0UTC8ZZ	Resection of Cervix, Via Natural or Artificial Opening Endoscopic	ICD10PCS
618.5	Prolapse of vaginal vault after hysterectomy	ICD9CM

Code	Definition	Code system
752.43	Cervical agenesis	ICD9CM
V88.01	Acquired absence of both cervix and uterus	ICD9CM
V88.03	Acquired absence of cervix with remaining uterus	ICD9CM
68.41	Laparoscopic total abdominal hysterectomy	ICD9PCS
68.49	Other and unspecified total abdominal hysterectomy	ICD9PCS
68.51	Laparoscopically assisted vaginal hysterectomy (LAVH)	ICD9PCS
68.59	Other and unspecified vaginal hysterectomy	ICD9PCS
68.61	Laparoscopic radical abdominal hysterectomy	ICD9PCS
68.69	Other and unspecified radical abdominal hysterectomy	ICD9PCS
68.71	Laparoscopic radical vaginal hysterectomy (LRVH)	ICD9PCS
68.79	Other and unspecified radical vaginal hysterectomy	ICD9PCS
68.8	Pelvic evisceration	ICD9PCS

[CCS measure specification](#)

Table CCS_2. Cytology screenings and findings

Code	Definition	Code system
88141	Cytopath C/V Interp	CPT
88142	Cytopath C/V Thin Layer	CPT
88143	Cytopath C/V Thin Layer Redo	CPT
88147	Cytopath C/V Auto	CPT
88148	Cytopath C/V Auto Rescreen	CPT
88150	Cytopath C/V Manual	CPT
88152	Cytopath C/V Auto Redo	CPT
88153	Cytopath C/V Redo	CPT
88154	Cytopath C/V Select	CPT
88164	Cytopath Tbs C/V Manual	CPT
88165	Cytopath Tbs C/V Redo	CPT
88166	Cytopath Tbs C/V Auto Redo	CPT
88167	Cytopath Tbs C/V Select	CPT
88174	Cytopath C/V Auto In Fluid	CPT
88175	Cytopath C/V Auto Fluid Redo	CPT
G0123	Screening cytopathology, cervical or vaginal (any reporting system), collected in preservative fluid, automated thin layer preparation, screening by cytotechnologist under physician supervision (G0123)	HCPCS
G0124	Screening cytopathology, cervical or vaginal (any reporting system), collected in preservative fluid, automated thin layer preparation, requiring interpretation by physician (G0124)	HCPCS
G0141	Screening cytopathology smears, cervical or vaginal, performed by automated system, with manual rescreening, requiring interpretation by physician (G0141)	HCPCS
G0143	Screening cytopathology, cervical or vaginal (any reporting system), collected in preservative fluid, automated thin layer preparation, with manual screening and rescreening by cytotechnologist under physician supervision (G0143)	HCPCS
G0144	Screening cytopathology, cervical or vaginal (any reporting system), collected in preservative fluid, automated thin layer preparation, with screening by automated system, under physician supervision (G0144)	HCPCS
G0145	Screening cytopathology, cervical or vaginal (any reporting system), collected in preservative fluid, automated thin layer preparation, with screening by automated system and manual rescreening under physician supervision (G0145)	HCPCS
G0147	Screening cytopathology smears, cervical or vaginal, performed by automated system under physician supervision (G0147)	HCPCS
G0148	Screening cytopathology smears, cervical or vaginal, performed by automated system with manual rescreening (G0148)	HCPCS

Code	Definition	Code system
P3000	Screening papanicolaou smear, cervical or vaginal, up to three smears, by technician under physician supervision (P3000)	HCPCS
P3001	Screening papanicolaou smear, cervical or vaginal, up to three smears, requiring interpretation by physician (P3001)	HCPCS
Q0091	Screening papanicolaou smear; obtaining, preparing and conveyance of cervical or vaginal smear to laboratory (Q0091)	HCPCS
10524-7	Microscopic observation [Identifier] in Cervix by Cyto stain	LOINC
18500-9	Microscopic observation [Identifier] in Cervix by Cyto stain.thin prep	LOINC
19762-4	General categories [interpretation] of Cervical or vaginal smear or scraping by Cyto stain	LOINC
19764-0	Statement of adequacy [interpretation] of Cervical or vaginal smear or scraping by Cyto stain	LOINC
19765-7	Microscopic observation [Identifier] in Cervical or vaginal smear or scraping by Cyto stain	LOINC
19766-5	Microscopic observation [Identifier] in Cervical or vaginal smear or scraping by Cyto stain Narrative	LOINC
19774-9	Cytology study comment Cervical or vaginal smear or scraping Cyto stain	LOINC
33717-0	Cytology Cervical or vaginal smear or scraping study	LOINC
47527-7	Cytology report of Cervical or vaginal smear or scraping Cyto stain thin prep	LOINC
47528-5	Cytology report of Cervical or vaginal smear or scraping Cyto stain	LOINC

[CCS measure specification](#)

Table CCS_3. High-risk human papillomavirus (hrHPV) screenings and findings

Code	Definition	Code system
87624	HPV, HIGH-RISK TYPES	CPT
87625	HPV, TYPES 16 & 18 ONLY	CPT
G0476	Infectious agent detection by nucleic acid (dna or rna); HPV, high-risk types (e.g. 16, 18, 31, 33, 35, 39, 45, 51, 52, 56,58, 59, 68) for cervical cancer screening, must be performed in addition to pap test	HCPCS
21440-3	Human papilloma virus 16+18+31+33+35+45+51+52+56 DNA [Presence] in Cervix by DNA probe	LOINC
30167-1	Human papilloma virus 16+18+31+33+35+39+45+51+52+56+58+59+68 DNA [Presence] in Cervix by Probe and signal amplification method	LOINC
38372-9	Human papilloma virus 6+11+16+18+31+33+35+39+42+43+44+45+51+52+56+58+59+68 DNA [Presence] in Cervix by Probe and signal amplification method	LOINC
59263-4	Human papilloma virus 16 DNA [Presence] in Cervix by Probe and signal amplification method	LOINC
59264-2	Human papilloma virus 18 DNA [Presence] in Cervix by Probe and signal amplification method	LOINC
59420-0	Human papilloma virus 16+18+31+33+35+39+45+51+52+56+58+59+66+68 DNA [Presence] in Cervix by Probe and signal amplification method	LOINC
69002-4	Human papilloma virus E6+E7 mRNA [Presence] in Cervix by Probe and target amplification method	LOINC
71431-1	Human papilloma virus 31+33+35+39+45+51+52+56+58+59+66+68 DNA [Presence] in Cervix by Probe and target amplification method	LOINC
75694-0	Human papilloma virus 18+45 E6+E7 mRNA [Presence] in Cervix by Probe and signal amplification method	LOINC
77379-6	Human papilloma virus 16 and 18 and 31+33+35+39+45+51+52+56+58+59+66+68 DNA [interpretation] in Cervix	LOINC
77399-4	Human papilloma virus 16 DNA [Presence] in Cervix by Probe and target amplification method	LOINC
77400-0	Human papilloma virus 18 DNA [Presence] in Cervix by Probe and target amplification method	LOINC

Code	Definition	Code system
82354-2	Human papilloma virus 16 and 18+45 E6+E7 mRNA [Identifier] in Cervix by NAA with probe detection	LOINC
82456-5	Human papilloma virus 16 E6+E7 mRNA [Presence] in Cervix by NAA with probe detection	LOINC
82675-0	Human papilloma virus 16+18+31+33+35+39+45+51+52+56+58+59+66+68 DNA [Presence] in Cervix by NAA with probe detection	LOINC
95539-3	Human papilloma virus 31 DNA [Presence] in Cervix by NAA with probe detection	LOINC

[CCS measure specification](#)

2. Chlamydia Screening in Women (CHL)

Table CHL_1. Chlamydia tests

Code	Definition	Code system
87110	Culture, chlamydia, any source	CPT
87270	Infectious agent antigen detection by immunofluorescent technique; Chlamydia trachomatis	CPT
87320	Infectious agent antigen detection by immunoassay technique, (e.g., enzyme immunoassay [EIA], enzyme-linked immunosorbent assay [ELISA], immunochemiluminometric assay [IMCA]) qualitative or semiquantitative, multiple-step method; Chlamydia trachomatis	CPT
87490	Infectious agent detection by nucleic acid (DNA or RNA); Chlamydia trachomatis, direct probe technique	CPT
87491	Infectious agent detection by nucleic acid (DNA or RNA); Chlamydia trachomatis, amplified probe technique	CPT
87492	Infectious agent detection by nucleic acid (DNA or RNA); Chlamydia trachomatis, quantification	CPT
87810	Infectious agent antigen detection by immunoassay with direct optical observation; Chlamydia trachomatis	CPT
14463-4	Chlamydia trachomatis [Presence] in Cervix by Organism specific culture	LOINC
14464-2	Chlamydia trachomatis [Presence] in Vaginal fluid by Organism specific culture	LOINC
14467-5	Chlamydia trachomatis [Presence] in Urine sediment by Organism specific culture	LOINC
14474-1	Chlamydia trachomatis Ag [Presence] in Urine sediment by Immunoassay	LOINC
14513-6	Chlamydia trachomatis Ag [Presence] in Urine sediment by Immunofluorescence	LOINC
16600-9	Chlamydia trachomatis rRNA [Presence] in Genital specimen by Probe	LOINC
21190-4	Chlamydia trachomatis DNA [Presence] in Cervix by NAA with probe detection	LOINC
21191-2	Chlamydia trachomatis DNA [Presence] in Urethra by NAA with probe detection	LOINC
21613-5	Chlamydia trachomatis DNA [Presence] in Unspecified specimen by NAA with probe detection	LOINC
23838-6	Chlamydia trachomatis rRNA [Presence] in Genital fluid by Probe	LOINC
31775-0	Chlamydia trachomatis Ag [Presence] in Urine sediment	LOINC
31777-6	Chlamydia trachomatis Ag [Presence] in Unspecified specimen	LOINC
36902-5	Chlamydia trachomatis+Neisseria gonorrhoeae DNA [Presence] in Unspecified specimen by NAA with probe detection	LOINC
36903-3	Chlamydia trachomatis and Neisseria gonorrhoeae DNA [Identifier] in Unspecified specimen by NAA with probe detection	LOINC
42931-6	Chlamydia trachomatis rRNA [Presence] in Urine by NAA with probe detection	LOINC
43304-5	Chlamydia trachomatis rRNA [Presence] in Unspecified specimen by NAA with probe detection	LOINC
43404-3	Chlamydia trachomatis DNA [Presence] in Unspecified specimen by Probe with signal amplification	LOINC
43405-0	Chlamydia trachomatis and Neisseria gonorrhoeae DNA [Identifier] in Unspecified specimen by Probe with signal amplification	LOINC

Code	Definition	Code system
43406-8	Chlamydia trachomatis+Neisseria gonorrhoeae DNA [Presence] in Unspecified specimen by Probe with signal amplification	LOINC
44806-8	Chlamydia trachomatis+Neisseria gonorrhoeae DNA [Presence] in Urine by NAA with probe detection	LOINC
44807-6	Chlamydia trachomatis+Neisseria gonorrhoeae DNA [Presence] in Genital specimen by NAA with probe detection	LOINC
45068-4	Chlamydia trachomatis+Neisseria gonorrhoeae DNA [Presence] in Cervix by NAA with probe detection	LOINC
45069-2	Chlamydia trachomatis+Neisseria gonorrhoeae rRNA [Presence] in Genital specimen by Probe	LOINC
45075-9	Chlamydia trachomatis+Neisseria gonorrhoeae rRNA [Presence] in Urethra by Probe	LOINC
45076-7	Chlamydia trachomatis+Neisseria gonorrhoeae rRNA [Presence] in Unspecified specimen by Probe	LOINC
45084-1	Chlamydia trachomatis DNA [Presence] in Vaginal fluid by NAA with probe detection	LOINC
45091-6	Chlamydia trachomatis Ag [Presence] in Genital specimen	LOINC
45095-7	Chlamydia trachomatis [Presence] in Genital specimen by Organism specific culture	LOINC
45098-1	Chlamydia sp identified in Cervix by Organism specific culture	LOINC
45100-5	Chlamydia sp identified in Vaginal fluid by Organism specific culture	LOINC
47211-8	Chlamydia trachomatis L2 DNA [Presence] in Unspecified specimen by NAA with probe detection	LOINC
47212-6	Chlamydia trachomatis DNA [Identifier] in Unspecified specimen by NAA with probe detection	LOINC
49096-1	Chlamydia trachomatis DNA [Units/volume] in Unspecified specimen by NAA with probe detection	LOINC
4993-2	Chlamydia trachomatis rRNA [Presence] in Unspecified specimen by probe	LOINC
50387-0	Chlamydia trachomatis rRNA [Presence] in Cervix by NAA with probe detection	LOINC
53925-4	Chlamydia trachomatis rRNA [Presence] in Urethra by NAA with probe detection	LOINC
53926-2	Chlamydia trachomatis rRNA [Presence] in Vaginal fluid by NAA with probe detection	LOINC
557-9	Chlamydia sp identified in Genital specimen by Organism specific culture	LOINC
560-3	Chlamydia sp identified in Unspecified specimen by Organism specific culture	LOINC
6349-5	Chlamydia trachomatis [Presence] in Unspecified specimen by Organism specific culture	LOINC
6354-5	Chlamydia trachomatis Ag [Presence] in Unspecified specimen by Immunoassay	LOINC
6355-2	Chlamydia trachomatis Ag [Presence] in Unspecified specimen by Immunofluorescence	LOINC
6356-0	Chlamydia trachomatis DNA [Presence] in Genital specimen by NAA with probe detection	LOINC
6357-8	Chlamydia trachomatis DNA [Presence] in Urine by NAA with probe detection	LOINC
80360-1	Chlamydia trachomatis+Neisseria gonorrhoeae rRNA [Presence] in Urine by NAA with probe detection	LOINC
80361-9	Chlamydia trachomatis+Neisseria gonorrhoeae rRNA [Presence] in Cervix by NAA with probe detection	LOINC
80362-7	Chlamydia trachomatis+Neisseria gonorrhoeae rRNA [Presence] in Vaginal fluid by NAA with probe detection	LOINC
91860-7	Chlamydia trachomatis Ag [Presence] in Genital specimen by Immunofluorescence	LOINC

[CHL measure specification](#)

3. Controlling High Blood Pressure (CBP)

Table CBP_1. Diastolic and systolic codes

Code	Definition	Code system
3079F	Most recent diastolic blood pressure 80-89 mm Hg (HTN, CKD, CAD) (DM)	CPT-CAT-II

3080F	Most recent diastolic blood pressure greater than or equal to 90 mm Hg (HTN, CKD, CAD) (DM)	CPT-CAT-II
3078F	Most recent diastolic blood pressure less than 80 mm Hg (HTN, CKD, CAD) (DM)	CPT-CAT-II
3077F	Most recent systolic blood pressure greater than or equal to 140 mm Hg (HTN, CKD, CAD) (DM)	CPT-CAT-II
3074F	Most recent systolic blood pressure less than 130 mm Hg (DM), (HTN, CKD, CAD)	CPT-CAT-II
3075F	Most recent systolic blood pressure 130-139 mm Hg (DM),(HTN, CKD, CAD)	CPT-CAT-II

[CBP measure specification](#)

4. Prenatal & Postpartum Care (PPC)

Timeliness of Prenatal Care

Table PPC_1. Prenatal bundled services

Code	Definition	Code system
59400	Vaginal Delivery, Antepartum and Postpartum Care Procedures	CPT
59425	Vaginal Delivery, Antepartum and Postpartum Care Procedures	CPT
59426	Vaginal Delivery, Antepartum and Postpartum Care Procedures	CPT
59510	Cesarean delivery procedures	CPT
59610	Delivery Procedures After Previous Cesarean Delivery	CPT
59618	Delivery Procedures After Previous Cesarean Delivery	CPT
H1005	Prenatal care, at-risk enhanced service package	HCPCS

[PPC measure specification](#)

Table PPC_2. Stand-alone prenatal care visits

Code	Definition	Code system
99500	Home Health Procedures and Services	CPT
0500F	Initial prenatal care visit (report at first prenatal encounter with health care professional providing obstetrical care. Report also date of visit and, in a separate field, the date of the last menstrual period [LMP]) (Prenatal)	CPT-CAT-II
0501F	Prenatal flow sheet documented in medical record by first prenatal visit (documentation includes at minimum blood pressure, weight, urine protein, uterine size, fetal heart tones, and estimated date of delivery). Report also: date of visit and, in a separate field, the date of the last menstrual period [LMP] (Note: If reporting 0501F Prenatal flow sheet, it is not necessary to report 0500F Initial prenatal care visit) (Prenatal)	CPT-CAT-II
0502F	Subsequent prenatal care visit (Prenatal) [Excludes: patients who are seen for a condition unrelated to pregnancy or prenatal care (eg, an upper respiratory infection; patients seen for consultation only, not for continuing care)]	CPT-CAT-II
H1000	Prenatal care, at-risk assessment	HCPCS
H1001	Prenatal care, at-risk enhanced service; antepartum management	HCPCS
H1002	Prenatal care, at risk enhanced service; care coordination	HCPCS
H1003	Prenatal care, at-risk enhanced service; education	HCPCS
H1004	Prenatal care, at-risk enhanced service; follow-up home visit	HCPCS

[PPC measure specification](#)

Table PPC_3. Prenatal visits (to be paired with a pregnancy-related diagnosis code)

Code	Definition	Code system
99201	Office or other outpatient visit for the evaluation and management of a new patient	CPT

Code	Definition	Code system
99202	Office or other outpatient visit for the evaluation and management of a new patient	CPT
99203	Office or other outpatient visit for the evaluation and management of a new patient	CPT
99204	Office or other outpatient visit for the evaluation and management of a new patient	CPT
99205	Office or other outpatient visit for the evaluation and management of a new patient	CPT
99211	Office or other outpatient visit for the evaluation and management of an established patient	CPT
99212	Office or other outpatient visit for the evaluation and management of an established patient	CPT
99213	Office or other outpatient visit for the evaluation and management of an established patient	CPT
99214	Office or other outpatient visit for the evaluation and management of an established patient	CPT
99215	Office or other outpatient visit for the evaluation and management of an established patient	CPT
99241	Office consultation for a new or established patient	CPT
99242	Office consultation for a new or established patient	CPT
99243	Office consultation for a new or established patient	CPT
99244	Office consultation for a new or established patient	CPT
99245	Office consultation for a new or established patient	CPT
99483	Assessment of and care planning for a patient with cognitive impairment	CPT
G0463	Hospital outpatient clinic visit for assessment and management of a patient	HCPCS
T1015	Clinic visit/encounter, all-inclusive (T1015)	HCPCS

[PPC measure specification](#)

Postpartum Care

Table PPC_4. Prenatal & Postpartum Care codes

Codes	CPT	HCPCS	UPBREV	ICD-10	CPT-CAT-II
Cervical Cytology	88141–88143, 88147, 88148, 88150, 88152–88154, 88164–88167, 88174, 88175	G0123, G0124, G0141, G0143, G0144, G0145, G0147, G0148, P3000, P3001, Q0091	923	–	–
Postpartum Bundled Services	59400, 59410, 59510, 59515, 59610, 59614, 59618, 59622	–	–	–	–
Postpartum Visits	57170, 58300, 59430, 99501	G0101	–	Z01.411, Z01.419, Z01.42, Z30.430, Z39.1, Z39.2	0503F

[PPC measure specification](#)

5. Well-Child Visits in the First 30 Months of Life (W30)

Table W30_1. Well-care visits

Code	Definition	Code system
99381	Initial preventive medicine new patient <1 year	CPT
99382	Initial preventive medicine new pt age 1-4 yrs	CPT
99383	Initial preventive medicine new pt age 5-11 yrs	CPT
99384	Initial preventive medicine new pt age 12-17 yrs	CPT
99385	Initial preventive medicine new pt age 18-39 yrs	CPT

99391	Periodic preventive med est. patient <1y	CPT
99392	Periodic preventive med est. patient 1-4yrs	CPT
99393	Periodic preventive med est. patient 5-11yrs	CPT
99394	Periodic preventive med est. patient 12-17yrs	CPT
99395	Periodic preventive med est. patient 18-39 yrs	CPT
99461	Initial newborn per day for eval/ non hospital or birth center	CPT
G0438	Annual wellness visit; includes a personalized prevention plan of service (pps), initial visit	HCPCS
G0439	Annual wellness visit; includes a personalized prevention plan of service (pps), initial visit	HCPCS
S0302	Completed early periodic screening diagnosis and treatment (epsdt) service	HCPCS
S0610	Annual gynecological examination, new patient	HCPCS
S0612	Annual gynecological examination, established patient	HCPCS
S0613	Annual gynecological examination; clinical breast examination without pelvic evaluation	HCPCS
Z00.00	Encounter for general adult medical examination without abnormal findings	ICD10CM
Z00.01	Encounter for general adult medical examination with abnormal findings	ICD10CM
Z00.110	Health examination for newborn under 8 days old	ICD10CM
Z00.111	Health examination for newborn 8 to 28 days old	ICD10CM
Z00.121	Encounter for routine child health examination with abnormal findings	ICD10CM
Z00.129	Encounter for routine child health examination without abnormal findings	ICD10CM
Z00.2	Encounter for examination for period of rapid growth in childhood	ICD10CM
Z00.3	Encounter for examination for adolescent development state	ICD10CM
Z01.411	Encounter for gynecological examination (general) (routine) with abnormal findings	ICD10CM
Z01.419	Encounter for gynecological examination (general) (routine) without abnormal findings	ICD10CM
Z02.5	Encounter for examination for participation in sport	–
Z76.1	Encounter for health supervision and care of foundling	ICD10CM
Z76.2	Encounter for health supervision and care of other healthy infant and child	ICD10CM

[W30 \(first 15 months\) measure specification](#)

[W30 \(15 months-30 months\) measure specification](#)

6. Child and Adolescent Well-Care Visits (WCV)

Table WCV_1. Well-care visits

Code	Definition	Code system
99381	Initial preventive medicine new patient <1year	CPT
99382	Initial preventive medicine new pt age 1-4 yrs	CPT
99383	Initial preventive medicine new pt age 5-11 yrs	CPT
99384	Initial preventive medicine new pt age 12-17 yrs	CPT
99385	Initial preventive medicine new pt age 18-39 yrs	CPT
99391	Periodic preventive med established patient <1y	CPT
99392	Periodic preventive med est patient 1-4yrs	CPT
99393	Periodic preventive med est patient 5-11yrs	CPT
99394	Periodic preventive med est patient 12-17yrs	CPT
99395	Periodic preventive med est patient 18-39 yrs	CPT
99461	Initial newborn per day for eval/ non hospital or birth center	CPT
G0438	Annual wellness visit; includes a personalized prevention plan of service (pps), initial visit	HCPCS
G0439	Annual wellness visit; includes a personalized prevention plan of service (pps), subsequent visit	HCPCS
S0302	Completed early periodic screening diagnosis and treatment (epsdt) service	HCPCS
S0610	Annual gynecological examination, new patient	HCPCS
S0612	Annual gynecological examination, established patient	HCPCS
S0613	Annual gynecological examination; clinical breast examination without pelvic evaluation	HCPCS
Z00.00	Encounter for general adult medical examination with abnormal findings	ICD10CM
Z00.01	Encounter for general adult medical examination with abnormal findings	ICD10CM
Z00.110	Health examination for newborn under 8 days old	ICD10CM
Z00.111	Health examination for newborn 8 to 28 days old	ICD10CM
Z00.121	Encounter for routine child health examination with abnormal findings	ICD10CM
Z00.129	Encounter for routine child health examination without abnormal findings	ICD10CM
Z00.2	Encounter for examination for period of rapid growth in childhood	ICD10CM
Z00.3	Encounter for examination for adolescent development state	ICD10CM
Z01.411	Encounter for gynecological examination (general) (routine) with abnormal findings	ICD10CM
Z01.419	Encounter for gynecological examination (general) (routine) without abnormal findings	ICD10CM
Z02.5	Encounter for examination for participation in sport	ICD10CM
Z76.1	Encounter for health supervision and care of foundling	ICD10CM
Z76.2	Encounter for health supervision and care of other healthy infant and child	ICD10CM

[WCV measure specification](#)

7. Initial Health Assessment (IHA)

Table IHA_1. Initial health assessment codes

Code	Code system	Code	Code system	Code	Code system	Code	Code system
59400	CPT	99327	CPT	99396	CPT	Z1000	Local Medi-Cal
59425	CPT	99328	CPT	99397	CPT	Z1006	Local Medi-Cal
59426	CPT	99334	CPT	99461	CPT	Z1008	Local Medi-Cal
59430	CPT	99335	CPT	96156	CPT	Z1014	Local Medi-Cal
59510	CPT	99336	CPT	C01A1	CHDP	Z1016	Local Medi-Cal
59610	CPT	99337	CPT	C01A2	CHDP	Z1020	Local Medi-Cal
59618	CPT	99342	CPT	C01A3	CHDP	Z1022	Local Medi-Cal
99202	CPT	99343	CPT	C01A4	CHDP	Z1032	Local Medi-Cal

Code	Code system	Code	Code system	Code	Code system	Code	Code system
99203	CPT	99344	CPT	C01B1	CHDP	Z1034	Local Medi-Cal
99204	CPT	99345	CPT	C01B2	CHDP	Z1036	Local Medi-Cal
99205	CPT	99348	CPT	C01B3	CHDP	Z1038	Local Medi-Cal
99213	CPT	99349	CPT	C01B4	CHDP	Z6500	Local Medi-Cal
99214	CPT	99350	CPT	Z00.00	ICD-10	Outreach Attempts	
99215	CPT	99381	CPT	Z00.01	ICD-10	G9604	HCPSCS
99221	CPT	99382	CPT	Z00.110	ICD-10	Y93.9	ICD-10
99304	CPT	99383	CPT	Z00.111	ICD-10	–	–
99305	CPT	99384	CPT	Z00.121	ICD-10	–	–
99306	CPT	99385	CPT	Z00.129	ICD-10	–	–
99307	CPT	99386	CPT	Z00.8	ICD-10	–	–
99308	CPT	99387	CPT	Z02.1	ICD-10	–	–
99309	CPT	99391	CPT	Z02.3	ICD-10	–	–
99310	CPT	99392	CPT	Z02.5	ICD-10	–	–
99324	CPT	99393	CPT	Z02.89	ICD-10	–	–
99325	CPT	99394	CPT	G0438	HCPSCS	–	–
99326	CPT	99395	CPT	G0439	HCPSCS	–	–

Table IHA_2. Outreach Attempt Completed codes - A combination of both codes needs to be billed together to receive credit for completed outreach attempts.

Code	Definition	Code system
G9604	Outreach attempt to schedule member's IHA	HCPSCS
Y93.9	Outreach attempt to schedule member's IHA	ICD-10

[IHA measure specification](#)

8. Care for Older Adults (COA)

Table COA_1. Care for older adults codes

Criteria	CPT	CPT-CAT-II	HCPSCS
Medication Review	90863, 99483, 99605, 99606	1160F	
Functional Status Assessment	99483	1170F	G0438, G0439
Pain Assessment		1125F, 1126F	

[COA measure specification](#)

9. Colorectal Cancer Screening (COL)

Table COL_1. Colorectal cancer screening codes

Criteria	CPT	HCPSCS
FOBT Lab Test	82270, 82274	G0328
Flexible Sigmoidoscopy	45330-45335, 45337-45339, 45340- 45342, 45345- 45347, 45349, 45350	G0104
Colonoscopy	44388-44394, 44397, 44401-44408, 45355, 45378-45393, 45398	G0105, G0121
CT Colonography	74261-74263	
FIT DNA Lab Test	81528	G0464

[COL measure specification](#)

10. Adults' Access to Preventative/Ambulatory Health Services (AAP)

Table AAP_1. Adults' access to preventive/ambulatory health services codes

CPT	HCPSCS	ICD-10	UBREV
92002, 92004, 92012, 92014, 98966-98972, 99201-99205, 99211-99215, 99241-99245, 99304-99310, 99315, 99316, 99318, 99324-99328, 99334-99337, 99341-99345, 99347-99350, 99381-99387, 99391-99397, 99401-99404, 99411, 99412, 99421-99423, 99429, 99441-99444, 99458, 99483	G0402, G0438, G0439, G0463, G2010, G2012, G2061, G2062, G2063, S0620, S0621, T1015	Z00.00, Z00.01, Z00.121, Z00.129, Z00.3, Z00.5, Z00.8, Z02.0, Z02.1, Z02.2, Z02.3, Z02.4, Z02.5, Z02.6, Z02.71, Z02.79, Z02.81, Z02.82, Z02.83, Z02.89, Z02.9, Z76.1, Z76.2	0510-0529, 0982, 0983

[AAP measure specification](#)

11. Diabetes Screening for People with Schizophrenia or Bipolar Disorder who are using Antipsychotic Medications (SSD)

Table SSD_1. Diabetes Screening for People with Schizophrenia or Bipolar Disorder who are using Antipsychotic Medications codes

Codes	CPT	CPT-CAT-II	LOINC
Glucose Test	80047, 80048, 80050, 80053, 80069, 82947, 82950, 82951	—	10450-5, 1492-8, 1494-4, 1496-9, 1499-3, 1501-6, 1504-0, 1507-3, 1514-9, 1518-0, 1530-5, 1533-9, 1554-5, 1557-8, 1558-6, 17865-7, 20436-2, 20437-0, 20438-8, 20440-4, 26554-6, 41024-1, 49134-0, 6749-6, 9375-7
HbA1c Test	83036, 83037	—	17856-6, 4548-4, 4549-2

[SSD measure specification](#)

12. Metabolic Monitoring for Children and Adolescents (APM)

Table APM_1. Metabolic Monitoring for Children and Adolescents codes

Codes	CPT	CPT-CAT-II	LOINC
Glucose Test	80047, 80048, 80050, 80053, 80069, 82947, 82950, 82951	—	10450-5, 1492-8, 1494-4, 1496-9, 1499-3, 1501-6, 1504-0, 1507-3, 1514-9, 1518-0, 1530-5, 1533-9, 1554-5, 1557-8, 1558-6, 17865-7, 20436-2, 20437-0, 20438-8, 20440-4, 26554-6, 41024-1, 49134-0, 6749-6, 9375-7
HbA1c Test	83036, 83037	—	17856-6, 4548-4, 4549-2
LDL-C Test	80061, 83700, 83701, 83704, 83721	3048F, 3049F, 3050F	12773-8, 13457-7, 18261-8, 18262-6, 2089-1, 49132-4, 55440-2, 96259-7
Cholesterol Test	82465, 83718, 83722, 84478	—	2085-9, 2093-3, 2571-8, 3043-7, 9830-1

[APM measure specification](#)

13. Childhood Immunization Status – Combo 10 (CIS-10)

Table CIS-10_1. Childhood Immunization Status – Combo 10 codes

Codes	CPT	CVX	HCPCS
HiB	90644, 90647, 90648, 90697, 90698, 90748	17, 46 – 51, 120, 146, 148	–
Hepatitis A	90633	31, 83, 85	–
Hepatitis B	90697, 90723, 90740, 90744, 90747, 90748	8, 44, 45, 51, 110, 146	G0010
Inactivated Polio Vaccine (IPV)	90697, 90698, 90713, 90723	10, 89, 110, 120, 146	–
Influenza (Flu)	90655, 90657, 90661, 90662, 90673, 90685-90689	88, 140, 141, 150, 153, 155, 158, 161	G0008
All related to Measles, Mumps, and Rubella (MMR)	90707, 90710	03, 94	–
Rotavirus	90680, 90681	116, 119, 122	–
Pneumococcal Conjugate	90670	109, 133, 152	G0009
DTaP	90697, 90698, 90700, 90723	20, 50, 106, 107, 110, 120, 146	–
Varicella (VZV) – Chicken Pox	90710, 90716	21, 94	–

[CIS-10 measure specification](#)

14. Immunizations for Adolescents – Combo 2 (IMA-2)

Table IMA-2_1. Immunizations for Adolescents – Combo 2 codes

Codes	CPT	CVX
HPV	90649-90651	62, 118, 137, 165
Meningococcal	90733, 90734, 90619	32, 108, 114, 136, 147, 167, 203
Tdap	90715	115

[IMA-2 measure specification](#)

15. Breast Cancer Screening (BCS)

Table BCS_1. Breast Cancer Screening codes

CPT	HCPCS	ICD-9	UBREV
77061 – 77063, 77065 - 77067	G0202, G0204, G0206	–	–
LOINC	24604-1, 24605-8, 24606-6, 24610-8, 26175-0, 26176-8, 26177-6, 26287-3, 26289-9, 26291-5, 26346-7, 26347-5, 26348-3, 26349-1, 26350-9, 26351-7, 36319-2, 36625-2, 36626-0, 36627-8, 36642-7, 36962-9, 37005-6, 37006-4, 37016-3, 37017-1, 37028-8, 37029-6, 37030-4, 37037-9, 37038-7, 37052-8, 37053-6 37539-4, 37542-8, 37543-6 37551-9, 37552-7, 37553-5, 37554-3, 37768-9, 37769-7, 37770-5, 37771-3, 37772-1, 37773-9, 37774-7, 37775-4,	–	–

	38070-9, 38071-7, 38072-5, 38090-7, 38091-5, 38807-4, 38820-7, 38854-6, 38855-3, 42415-0, 42416-8, 46335-6, 46336-4, 46337-2, 46338-0, 46339-8, 46350-5, 46351-3, 46356-2, 46380-2, 48475-8, 48492-3, 69150-1, 69251-7, 69259-0		
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[BCS measure specification](#)

16. Osteoporosis Management in Women who had a Fracture (OMW)

Table OMW_1. Osteoporosis Management in Women who had a Fracture codes

Codes	CPT	HCPCS
Bone Mineral Density (BMD) Test	76977, 77078, 77080, 77081, 77085, 77086	–
Osteoporosis Medication Therapy	–	J0897, J1740, J3110, J3111, J3489
Long-Acting Osteoporosis Medications	–	J0897, J1740, J3489

[OMW measure specification](#)

17. Blood Pressure Control <140/90 (BPD)

Table BPD_1. Blood Pressure Control <140/90 codes

Codes	CPT-CAT-II	LOINC
Systolic Blood Pressure	3074F, 3075F, 3077F	75997-7, 8459-0, 8460-8, 8461-6, 8480-6, 8508-4, 8546-4, 8547-2, 89268-7
Diastolic Blood Pressure	3078F, 3079F, 3080F	75995-1, 8453-3, 8454-1, 8455-8, 8462-4, 8496-2, 8514-2, 8515-9, 89267-9

[BPD measure specification](#)

18. Eye Exam (EED)

Table EED_1. Eye Exam codes

Codes	CPT	CPT-CAT-II	HCPCS
Diabetic Retinal Screening	67028, 67030, 67031, 67036, 67039, 67040, 67041, 67042, 67043, 67101, 67105, 67107, 67108, 67110, 67113, 67121, 67141, 67145, 67208, 67210, 67218, 67220, 67221, 67227, 67228, 92002, 92004, 92012, 92014, 92018, 92019, 92134, 92201, 92202, 92225, 92226, 92227, 92228, 92230, 92235, 92240, 92250, 92260, 99203, 99204, 99205, 99213, 99214, 99215, 99242, 99243, 99244, 99245	–	S0620, S0621, S3000
Diabetic Retinal Screening Negative In Prior Year	–	3072F	–
Automated Eye Exam	92229	–	–

Eye Exam With Evidence of Retinopathy	–	2022F, 2024F, 2026F	–
Eye Exam Without Evidence of Retinopathy	–	2023F, 2025F, 2033F	–

[EED measure specification](#)

19. Hemoglobin A1c (HbA1c) Control for Patients with Diabetes (HBD)

Table HBD_1. HbA1c control (<8.0%) codes

Codes	CPT-CAT-II
HbA1c Level Less Than 7.0	3044F
HbA1c Level Greater Than or Equal To 7.0 and Less Than 8.0	3051F

Table HBD_2. HbA1c poor control (>9.0%) codes

Codes	CPT-CAT-II
HbA1c Level Greater Than 9.0	3046F

[HBD measure specification](#)

20. Kidney Health Evaluation for Patients with Diabetes (KED)

Table KED_1. Kidney Health Evaluation for Patients with Diabetes codes

Codes	CPT	LOINC
Estimated Glomerular Filtration Rate Lab Test (eGFR)	80047, 80048, 80050, 80053, 80069, 82565	48642-3, 48643-1, 50044-7, 50210-4, 50384-7, 62238-1, 69405-9, 70969-1, 77147-7, 88293-6, 88294-4, 94677-2, 96591-3, 96592-1

Table KED_2. Kidney Health Evaluation for Patients with Diabetes codes

Codes	CPT	LOINC
Urine Albumin Creatinine Ratio Lab Test (uACR)	–	13705-9, 14958-3, 14959-1, 30000-4, 32294-1, 44292-1, 59159-4, 76401-9, 77253-3, 77254-1, 89998-9, 9318-7

[KED measure specification](#)

21. Follow-Up for Children Prescribed ADHD Medication (ADD)

Table ADD_1. Follow-Up for Children Prescribed ADHD Medication codes

Codes	CPT	HCPCS	UBREV
BH Outpatient	98960, 98961, 98962, 99078, 99201, 99202, 99203, 99204, 99205, 99211, 99212, 99213, 99214, 99215, 99241, 99242, 99243, 99244, 99245, 99341, 99342, 99343, 99344, 99345, 99347, 99348, 99349, 99350, 99381, 99382, 99383, 99384, 99385, 99386, 99387, 99391, 99392, 99393, 99394, 99395, 99396, 99397, 99401, 99402, 99403, 99404, 99411, 99412, 99483, 99492, 99493, 99494, 99510	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	0510, 0513, 0515, 0516, 0517, 0519, 0520, 0521, 0522, 0523, 0526, 0527, 0528, 0529, 0900, 0902, 0903, 0904, 0911, 0914, 0915, 0916, 0917, 0919, 0982, 0983
Health and Behavior Assessment or Intervention	96150, 96151, 96152, 96153, 96154, 96156, 96158, 96159, 96164, 96165, 96167, 96168, 96170, 96171	—	—

[ADD measure specification](#)

22. Lead Screening in Children (LSC)

Table LSC_1. Lead Screening in Children codes

Code	Definition	Code system
83655	—	CPT
10368-9	Lead [Mass/volume] in Capillary blood	LOINC
10912-4	Lead [Mass/volume] in Serum or Plasma	LOINC
14807-2	Lead [Moles/volume] in Blood	LOINC
17052-2	Lead [Presence] in Blood	LOINC
25459-9	Lead [Moles/volume] in Serum or Plasma	LOINC
27129-6	Lead [Mass/mass] in Red Blood Cells	LOINC
32325-3	Lead [Moles/volume] in Red Blood Cells	LOINC
5671-3	Lead [Mass/volume] in Blood	LOINC
5674-7	Lead [Mass/volume] in Red Blood Cells	LOINC
77307-7	Lead [Mass/volume] in Venous blood	LOINC

[LSC measure specification](#)

23. Developmental Screening (DEV)

Table DEV_1. Developmental Screening codes

Code	Definition	Code system
96110	Developmental testing with interpretation and report	CPT

[DEV measure specification](#)

24. Trauma Screening (TRS)

Table TRS_1. Trauma screening code

Code	Definition	Code system
G9919	Trauma screening - positive with patient score of 4 or greater	CPT

Table TRS_2. Trauma screening code

Code	Definition	Code system
G9920	Trauma screening - negative with patient score of 0-3	CPT

[TRS measure specification](#)

25. Appropriate Testing for Pharyngitis (CWP)

Table CWP_1. Appropriate Testing for Pharyngitis codes

Codes	CPT	LOINC
Group A Strep Tests	87070, 87071, 87081, 87430, 87650, 87651, 87652, 87880	11268-0, 17656-0, 17898-8, 18481-2, 31971-5, 49610-9, 5036-9, 60489-2, 626-2, 6557-3, 6558-1, 6559-9, 68954-7, 78012-2

[CWP measure specification](#)