



Reference Guide for Pediatric Health

2020 HEDIS® Measures



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We have the same goal:
**To help improve your patients’
health outcomes by identifying and
addressing open care opportunities.**

Like you, we want your patients, who are our pediatric members, to be as healthy as possible. And a big part of that is making sure they get the preventive care they need. To help identify care opportunities, our PATH program provides you with information specific to UnitedHealthcare plan members who are due or overdue for specific services.

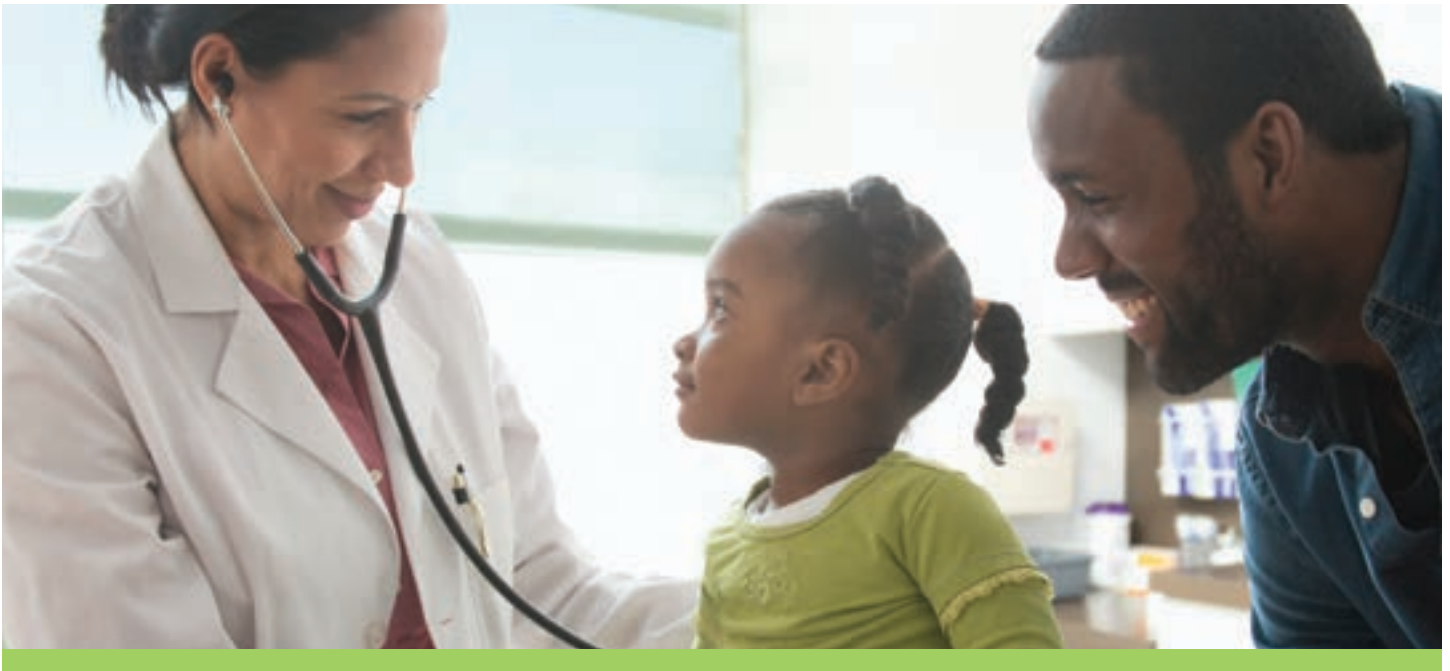
This reference guide can help you better understand the specifications for HEDIS® measures used to close care opportunities, as well as how to report data and what billing codes to use.

For additional PATH resources or to access this guide online, please visit **UHCprovider.com/path**.

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What Is HEDIS®?

Healthcare Effectiveness Data and Information Set (HEDIS®) is a National Committee for Quality Assurance (NCQA) tool that measures performance in health care where improvements can make a meaningful difference in people's lives.

- HEDIS® measures are reported as administrative or hybrid and are collected and reported annually by health plans.
- The data collection cycle, which includes gathering medical record information from care providers, generally happens in the first half of each year.
- The data is then used to evaluate quality of care, which is determined by dividing the measure numerator by the measure denominator.

HEDIS®-related terms are explained in the Glossary.

Contact us to learn more. For more information about how our programs can help support your patients who are UnitedHealthcare plan members, please contact your UnitedHealthcare representative. Thank you.

PATH



Glossary of Terms

Measurement year

In most cases, the 12-month timeframe between which a service was rendered – generally Jan. 1 through Dec. 31. Data collected from this timeframe is reported during the reporting year.

Reporting year

The timeframe when data is collected and reported. The service dates are from the measurement year, which is usually the year prior. In some cases, the service dates may go back more than one year. For example:

- The 2020 reporting year would include data from services rendered during the measurement year, which would be 2019 and/or any time prior. Results from the 2020 reporting year would likely be released in June 2020, depending on the quality program.

Denominator

The number of members who **qualify** for the measure criteria, based on NCQA technical specifications.

Numerator

The number of members who meet **compliance** criteria based on NCQA technical specifications for appropriate care, treatment or service.

Medical record data

The information taken directly from a member's medical record to validate services rendered that weren't captured through medical or pharmacy claims, encounters, or supplemental data.

Collection and reporting method

- **Administrative.** Measures reported as administrative use the total eligible population for the denominator. Medical, pharmacy and encounter claims count toward the numerator. In some instances, health plans use approved supplemental data for the numerator.
- **Hybrid.** Measures reported as hybrid use a random sample of 411 members from a health plan's total eligible population for the denominator. The numerator includes medical and pharmacy claims, encounters, and medical record data. In some cases, health plans use approved supplemental data for the numerator.
- **Supplemental Data.** Standardized process in which clinical data is collected by health plans for purposes of HEDIS® improvement. Supplemental clinical data is additional data beyond claims data.

Required exclusion

Members are excluded from a measure denominator based on their diagnosis and/or procedure captured in claim/ encounter data. A determination is made after the claim is processed within certified HEDIS® software while the measure denominator is being created. For example:

- Members with any anaphylactic reaction to a vaccine, or its components, will be excluded from the childhood immunization (CIS) and adolescent immunization (IMA) measure denominator.
- Members with a claim for hospice services during the measurement year will be excluded from all applicable measures.

Optional exclusion

Members are excluded from a measure denominator manually using certified HEDIS® software during the hybrid review process, also known as medical records review.

Example: Female members with a diagnosis of pregnancy during the measurement year or year prior can be excluded from the weight assessment and counseling for physical activity and nutrition (WCC) measure.

Applicable optional and required exclusions are listed for each measure included in this reference guide. You can also locate associated codes in the Appendix.

Tools You Can Use



We aim to make it easier for your practice to successfully address care opportunities for UnitedHealthcare plan members. To help, we offer a range of resources – some of which are highlighted here – so you can share data with us more effectively, identify members due for tests and screenings, and much more.

If you have any questions, please don't hesitate to talk with your UnitedHealthcare representative. They're happy to give you updates on the programs we already have, and details on any innovations that are coming soon.

Link – Harness the Power of Self-Service.

Link self-service tools can quickly provide the comprehensive information you may need for most UnitedHealthcare benefit plans – without the extra step of calling for information. Use Link to perform secure online transactions such as checking member eligibility and benefits, managing claims and requesting prior authorization. You can capture screenshots of your activity or record reference numbers for better documentation.

To access Link:

- Go to **UHCprovider.com** and click on the Link icon in the top right hand corner.
- Log in using your Optum ID.

Link self-service tools include:

- **eligibilityLink** – View detailed patient eligibility and benefits information for multiple plans.
 - Search for covered members.
 - View preventive care opportunities for some members.
 - Check previous benefit coverage up to 18 months in the past.
 - Determine network and tier status.
 - Find out a member's cost share, deductible or out-of-pocket responsibility.
- **claimsLink** – Get claims information for multiple UnitedHealthcare plans, including access letters, remittance advice documents and reimbursement policies.
 - Get up-to-date status on claims.
 - Submit corrected claims and/or claim reconsideration requests.
- **referralLink** – Determine if a referral is needed for your patient, submit a referral request and receive a confirmation number.
 - Check the status of a referral request.
 - View, print or save confirmation numbers and timelines for submitted referrals.

- **Prior Authorization and Notification** – Submit notification and prior authorization requests.
 - Determine if prior authorization or notification is required.
 - Upload medical notes or other attachments.
 - Check the status of requests – including those made by phone.
- **PreCheck MyScript** – Get real-time, accurate, patient-specific prescription data.
 - See current prescription coverage and price, including out-of-pocket costs.
 - Learn which prescriptions require prior authorization, or which aren't covered or preferred.
 - Request prior authorization and receive status and results.
- **Document Vault** – View and download UnitedHealthcare reports, physician rosters and most commercial claim letters.
 - Access, flag and download claim letters and reports, such as the Patient Care Opportunity Report (PCOR).
 - Request paperless delivery to opt out of paper copies of letters and documents available in your Document Vault.
- **My Practice Profile** – View and update* the care provider demographic data UnitedHealthcare members see for your practice.

To learn more about Link, please visit

UHCprovider.com/link. If you have questions, please call the UnitedHealthcare Connectivity Help Desk at **866-842-3278**, option 1, 7 a.m. – 9 p.m. Central Time, Monday – Friday.

*Care providers who participate with **UnitedHealthcare Community Plan of Hawaii** should not use My Practice Profile to update demographic information. Instead, please call **888-980-8728** to make demographic updates. Delegated providers who submit **UnitedHealthcare Community Plan of Michigan** demographic updates through a separate process should not use My Practice Profile to update demographic information. Instead, please continue to submit those updates using your existing process.

Tools You Can Use

Patient Care Opportunity Report – Check Often for Preventive and Chronic Care Management Opportunities.

We're always working on ways to positively impact the time you spend with your patients who are UnitedHealthcare plan members. That's one reason why we created the Patient Care Opportunity Report (PCOR) – to help you quickly see who may be due for screenings and tests, and who may be at risk for non-adherence to their medications.

The PCOR is available online every month, and is compiled from medical and pharmacy claims data and supplemental data. You can check it every day to view care opportunities tied to HEDIS® and value-based contracting measures included in this reference guide.

Simply follow these instructions to view your PCOR:

- Go to **UHCprovider.com/pcor**.
 - If this is your first time signing in, click on **New User** at the top of the home page and follow the registration instructions.
- Click on **Go to Reports**, and enter your Optum ID and password.
- All users will be prompted to choose an account. If you have more than one, pick which account you'd like to view reports for.
- When the Document Vault tool opens, click on the **Physician Performance & Reporting** button and choose **Open My Reports**. Select the report you want to see.
 - If this is your first time accessing your report, please use your PIN to sign in. The PIN is the same for UnitedHealthcare Community Plan, Medicare Advantage and commercial members. If you don't know your PIN, please contact your UnitedHealthcare representative or call our Health Care Measurement Resource Center at **866-270-5588**.

If you have questions about viewing your report, click on the envelope icon on the **Open My Reports** page and complete the **Contact Us** form. If you need additional assistance, please contact your UnitedHealthcare representative or call our Health Care Measurement Resource Center at **866-270-5588**.

UHCareConnect: Available through Link – Access to Address Open Care Opportunities.

UnitedHealthcare is pleased to offer UHCareConnect,* our convenient online tool that can help make it easier for you to identify open care opportunities for your patients who are our plan members. This tool was formerly known as UHCTransitions™ or Health BI.

UHCareConnect allows you to:

- Identify and address open care opportunities for your patients.
- Keep your patients on target with their medications, screenings and tests.
- Submit supplemental data to close open gaps in care.
- Manage your patients who were admitted to or discharged from an inpatient stay at a hospital.

We also included a Census tab within the tool to show any members recently discharged from an inpatient hospital stay. This can help you know who to follow up with to complete a medication review – so you can successfully meet requirements for the medication reconciliation post-discharge HEDIS® measure.

To get started, sign in to Link with your Optum ID.

- To sign in to Link, go to **UHCprovider.com** and click on the Link button in the top right corner.
- If you aren't registered yet, select "New User" to begin registration.

For additional information on UHCareConnect or to get signed up today, please contact your UnitedHealthcare representative.

*We're working to build this tool for commercial and UnitedHealthcare Community Plan members, too.

Tools You Can Use

UnitedHealthcare Data Exchange Program – Get Involved Today!

Our Clinical Data Services Management (CDSM) team is ready to work with your practice to set up a connection platform so we can share important member clinical data such as body mass index (BMI), blood pressure, lab results and more. When we work together on data exchange, it can help us more easily:

- Identify and address care opportunities.
- Report accurate data to CMS and NCQA.
- Reach our goal of improving health care outcomes while lowering health care costs.

For more information or to get started, please contact us directly at ecdiops@uhc.com.

UHC On Air – Tune In to What’s New.

With more than 650 programs available to watch, UHC On Air gives you unlimited access to live and on-demand education and training videos on an array of topics. We’re continually creating new programs that you can view any time and from any device, including some programs with continuing education units (CEUs) or continuing medical education (CME) credits at no cost to you.

To get started, go to UHCprovider.com and sign in to Link. Then, click the UHC On Air tile on your Link dashboard and choose a video to watch.

Contact us to learn more. For more information about how our programs can help support your patients who are UnitedHealthcare plan members, please contact your UnitedHealthcare representative. Thank you.

Contents

HEDIS® Measures

Preventive Care

Childhood Immunization Status	9
Immunizations for Adolescents	16
Chlamydia Screening in Women	19
Lead Screening in Children	21
Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents	23

Access/Availability of Care

Well-Child Visits in the First 15 Months of Life	27
Well-Child Visits in the Third, Fourth, Fifth and Sixth Years of Life	30
Adolescent Well-Care Visits	35
Initiation and Engagement of Alcohol and Other Drug Abuse or Dependence Treatment	39

Behavioral Health

Follow-Up After Hospitalization for Mental Illness	46
Follow-Up After Emergency Department Visit for Mental Illness	52
Follow-Up After Emergency Department Visit for Alcohol and Other Drug Abuse of Dependence	59
Follow-Up Care for Children Prescribed ADHD Medication	64
Metabolic Monitoring for Children and Adolescents on Antipsychotics	71

Management of Conditions

Appropriate Testing for Pharyngitis	74
Appropriate Treatment for Upper Respiratory Infection	77
Avoidance of Antibiotic Treatment for Acute Bronchitis/Bronchiolitis	79
Asthma Medication Ratio	82
Medication Management for People With Asthma	84

Appendix	86
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Childhood Immunization Status (CIS)

New for 2020

Updated

- Supplemental data can be used for the hospice exclusion
- Live attenuated influenza vaccine (LAIV) is now compliant toward the influenza rate. LAIV is not recommended for children under 2. However, if this vaccine is given on the 2nd birthday, it would count for compliance.

Added

- SNOMED codes for measure compliance



Definition

Percentage of children age 2 who had four doses of diphtheria, tetanus and acellular pertussis (DTaP) vaccine; one hepatitis A (Hep A) vaccine; three doses of hepatitis B (Hep B) vaccine; three doses of haemophilus influenza type B (HiB) vaccine; two doses of influenza (flu) vaccine; three doses of polio (IPV) vaccine; one measles, mumps and rubella (MMR) vaccine; four doses of pneumococcal conjugate (PCV) vaccine; two or three doses of rotavirus (RV) vaccine; and one chicken pox (VZV) vaccine on or before their second birthday

Plan(s) Affected	Quality Program(s) Affected	Collection and Reporting Method
<ul style="list-style-type: none"> • Commercial • Medicaid 	<ul style="list-style-type: none"> • CMS Quality Rating System (Combination 3) • NCQA Accreditation (Combination 10) • NCQA Health Plan Ratings (Combination 10) 	Hybrid <ul style="list-style-type: none"> • Claim/Encounter Data • Medical Record Documentation

Codes

See Appendix for codes that include descriptions.

DTaP	
Number of Doses	4
Special Circumstances	Do not count dose administered from birth through 42 days.
CPT®/CPT II	90698, 90700, 90721, 90723
CVX Codes	20, 50, 106, 107, 110, 120
SNOMED	170395004, 170396003, 170397007, 170399005, 170400003, 170401004, 170402006, 310306005, 310307001, 310308006, 312870000, 313383003, 390846000, 390865008, 399014008, 412755006, 412756007, 412757003, 412762002, 412763007, 412764001, 414001002, 414259000, 414620004, 415507003, 415712004, 770608009, 770616000, 770617009, 770618004, 428251000124104, 571571000119105, 572561000119108, 16290681000119103, 16298561000119108 (Codes continued)

Childhood Immunization Status (CIS)

Codes (continued)

See Appendix for codes that include descriptions.

Hep A	
Number of Doses	1
Special Circumstances	Must be administered on or between a child’s first and second birthdays.
CPT/CPT II	90633
CVX Codes	31, 83, 85
SNOMED	170378007, 170379004, 170380001, 170381002, 170434002, 170435001, 170436000, 170437009, 243789007, 312868009, 313188000, 313189008, 314177003, 314178008, 314179000, 394691002, 412742005, 412743000, 571511000119102

Hep B	
Number of Doses	3
CPT/CPT II	90723, 90740, 90744, 90747-48
CVX Codes	08, 44, 45, 51, 110
HCPCS	G0010
SNOMED	16584000, 116802006, 170370000, 170371001, 170372008, 170373003, 170434002, 170435001, 170436000, 170437009, 312868009, 396456003, 770608009, 770616000, 770617009, 770618004, 572561000119108

Newborn Hep B	
Number of Doses	1 of 3 eligible
ICD-10 Diagnosis	3E0234Z
SNOMED	170370000, 426980004

HiB	
Number of Doses	3
Special Circumstances	Do not count dose administered from birth through 42 days.
CPT/CPT II	90644-48, 90698, 90721, 90748
CVX Codes	17, 46-51, 120, 148
SNOMED	127787002, 170343007, 170344001, 170345000, 170346004, 310306005, 310307001, 310308006, 312869001, 312870000, 414001002, 414259000, 415507003, 415712004, 770608009, 770616000, 770617009, 770618004

(Codes continued)

Childhood Immunization Status (CIS)

Codes (continued)

See Appendix for codes that include descriptions.

Influenza	
Number of Doses	2
Special Circumstances	Do not count dose administered prior to age 6 months.
CPT/CPT II	90655, 90657, 90661-62, 90673, 90685-89
CVX Codes	88, 135, 140, 141, 150, 153, 155, 158, 161
HCPCS	G0008
SNOMED	86198006
Live Attenuated Influenza Virus	
Number of Doses	Administered on the 2nd birthday
CPT/CPT II	90660, 90672
CVX Codes	111, 149
IPV	
Number of Doses	3
Special Circumstances	Do not count dose administered from birth through 42 days.
CPT/CPT II	90698, 90713, 90723
CVX Codes	10, 89, 110, 120
SNOMED	396456003, 414001002, 414259000, 414619005, 414620004, 415507003, 415712004, 416144004, 416591003, 417211006, 417384007, 417615007
MMR	
Number of Doses	1
Special Circumstances	Any combination of measles, mumps and rubella vaccines must be administered on or between a child's first and second birthdays.
CPT/CPT II	90707, 90710
CVX Codes	03, 94
SNOMED	38598009, 170433008, 432636005, 433733003, 150971000119104, 571591000119106, 5725110000119105

(Codes continued)

Childhood Immunization Status (CIS)

Codes (continued)

See Appendix for codes that include descriptions.

Measles/Rubella

Number of Doses	1
CPT/CPT II	90708
CVX Codes	04

Measles

Number of Doses	1
CPT/CPT II	90705
CVX Codes	05
SNOMED	47435007, 170364006, 5724810000119103

Mumps

Number of Doses	1
CPT/CPT II	90704
CVX Codes	07
SNOMED	50583002

Rubella

Number of Doses	1
CPT/CPT II	90706
CVX Codes	06
SNOMED	82314000

PCV

Number of Doses	4
Special Circumstances	Do not count dose administered from birth through 42 days.
CPT/CPT II	90670
CVX Codes	133, 152
HCPCS	G0009
SNOMED	434751000124102

(Codes continued)

Childhood Immunization Status (CIS)

Codes (continued)

See Appendix for codes that include descriptions.

Rotavirus

Number of Doses	2 or 3 (depending on vaccine manufacturer)
Special Circumstances	Do not count dose administered from birth through 42 days.
CPT/CPT II	Rotavirus two dose: 90681 Rotavirus three dose: 90680
CVX Codes	Rotavirus two dose: 119 Rotavirus three dose: 116, 122
SNOMED	Rotavirus two dose: 434741000124104 Rotavirus three dose: 434731000124109

VZV

Number of Doses	1
Special Circumstances	Must be administered on or between a child's first and second birthdays.
CPT/CPT II	90710, 90716
CVX Codes	21, 94
SNOMED	425897001, 428502009, 473164004, 571611000119101

Childhood Immunization Status (CIS)

Exclusion(s)

If applicable, see Appendix for codes and descriptions.

Exclusion	Timeframe
Members who use hospice services or elect to use a hospice benefit, regardless of when the services began during the measurement year	Any time during the measurement year
Any vaccine Anaphylactic reaction to the vaccine or its components	Any time on or before a member's second birthday
DTaP Encephalopathy with a vaccine adverse-effect code	
Hepatitis B Anaphylactic reaction to common baker's yeast	
IPV Anaphylactic reaction to streptomycin, polymyxin B or neomycin	
MMR, VZV and influenza <ul style="list-style-type: none"> • Immunodeficiency • HIV • Lymphoreticular cancer, multiple myeloma or leukemia • Anaphylactic reaction to neomycin 	
Rotavirus <ul style="list-style-type: none"> • History of intussusception • Severe combined immunodeficiency 	

Childhood Immunization Status (CIS)



IMPORTANT NOTES

Medical Record Detail Including, But Not Limited To

A member's medical record must include:

- A note with the **name of the specific antigen and the date** the vaccine was administered.
- An immunization record from an authorized health care provider or agency – for example, a registry – including the **name of the specific antigen and the date** the vaccine was administered.

Documentation that a member is up-to-date with all immunizations, but doesn't include a list of the immunizations and dates they were administered, will **not** meet compliance.

Documentation of physician orders, CPT codes or billing charges will **not** meet compliance.

For Hep A, Hep B, MMR or VZV, documented history of the illness or a seropositive test result count as numerator events – but they must occur on or before a child's second birthday.

- History and physical
- Immunization record
- Lab results
- Problem list with illnesses dated
- Progress notes

Tips and Best Practices to Help Close This Care Opportunity

- **Please check your Patient Care Opportunity Report (PCOR) often to see members with open care opportunities.** If you have questions, your UnitedHealthcare representative can help.
- When documenting the rotavirus vaccine, always include "Rotarix®" or "two-dose," or "RotaTeq®" or "three-dose" with the date of administration.
 - If medical record documentation doesn't indicate whether the two-dose schedule or three-dose schedule was used, it's assumed that the three-dose regimen was used but only recorded for two dates. The vaccinations will then not count for HEDIS®
- Annual influenza vaccinations – two between ages 6 months and 2 years – are an important part of the recommended childhood vaccination series.
- Please record HepB vaccinations given at the hospital in the child's medical record.
- Parental refusal of vaccinations will **not** remove an eligible member from the denominator.
- When possible, please review vaccine status with parents and give immunizations at visits other than only well-child appointments.
- Schedule appointments for your patient's next vaccination before they leave your office.
- If applicable, please consider participating in your state's immunization registry.
- Information to help parents choose to immunize is available at cdc.gov or your state's public health department website. The American Academy of Pediatrics immunization schedule can be found at aap.org.
- Immunizations can be accepted as supplemental data, reducing the need for some chart review. Please contact your UnitedHealthcare representative to discuss **clinical data exchange opportunities**.

CPT® is a registered trademark of the American Medical Association.

Disclaimer: UnitedHealthcare will make the final determination regarding reimbursement upon receipt of a claim. Submitting a claim with a code included in this document is not a guarantee of payment. Payment of covered services is contingent upon coverage within an individual member's benefit plan, your eligibility for payment, any claim processing requirements, and your participation agreement with UnitedHealthcare.

Immunizations for Adolescents (IMA)

New for 2020

Updated

- Supplemental data can be used for the hospice exclusion
- Meningococcal documented as “meningococcal conjugate vaccine” or “meningococcal polysaccharide vaccine” in the medical record meets compliance

Added

- SNOMED codes for measure compliance



Definition

Percentage of adolescents age 13 who had one dose of meningococcal vaccine, one tetanus, diphtheria toxoids and acellular pertussis (Tdap) vaccine, and had completed the human papillomavirus (HPV) vaccine series by their 13th birthday

Plan(s) Affected	Quality Program(s) Affected	Collection and Reporting Method
<ul style="list-style-type: none"> Commercial Medicaid 	<ul style="list-style-type: none"> CMS Quality Rating System NCQA Accreditation (Combination 2) NCQA Health Plan Ratings (Combination 2) 	<p>Administrative</p> <ul style="list-style-type: none"> Claim/Encounter Data <p>Hybrid</p> <ul style="list-style-type: none"> Claim/Encounter Data Medical Record Documentation

Codes

See Appendix for codes that include descriptions.

HPV	
Number of Doses	2 or 3
Special Circumstances	<ul style="list-style-type: none"> Dose must be administered on or between the 9th and 13th birthdays. There must be at least 146 days between the first and second dose of HPV vaccine or at least three HPV vaccines with different dates of service.
CPT/CPT II	90649-51
CVX Codes	62, 118, 137, 165
SNOMED	428570002, 428741008, 428931000, 429396009, 734152003, 734154002, 99501000119107

(Codes continued)

Immunizations for Adolescents (IMA)

Codes (continued)

See Appendix for codes that include descriptions.

Meningococcal Conjugate

Number of Doses	1
Special Circumstances	Dose must be administered on or between the 11th and 13th birthdays.
CPT/CPT II	90734
CVX Codes	108, 114, 136, 147, 167
SNOMED	390892002

Tdap

Number of Doses	1
Special Circumstances	Dose must be administered on or between the 10th and 13th birthdays.
CPT/CPT II	90715
CVX Codes	115
SNOMED	428251000124104

Exclusion(s)

If applicable, see Appendix for codes and descriptions.

Exclusion	Timeframe
Members who use hospice services or elect to use a hospice benefit, regardless of when the services began during the measurement year	Any time during the measurement year
Anaphylactic reaction to vaccine or its components	Any time on or before a member's 13th birthday
Anaphylactic reaction to vaccine serum	Any date of service prior to Oct. 1, 2011
Encephalopathy with a vaccine adverse-effect code	Any time on or before a member's 13th birthday

Immunizations for Adolescents (IMA)



IMPORTANT NOTES

Medical Record Detail Including, But Not Limited To

A member’s medical record must include:

- A note with the **name of the specific antigen and the date** the vaccine was administered.
- An immunization record from an authorized health care provider or agency – for example, a registry – including the **name of the specific antigen and the date** the vaccine was administered.

Meningococcal conjugate or meningococcal recombinant – serogroup B (MenB) – will **not** meet compliance.

Documentation that a member is up-to-date with all immunizations, but doesn’t include a list of the immunizations and dates they were administered, will **not** meet compliance.

Documentation of physician orders, CPT codes or billing charges will **not** meet compliance.

- History and physical
- Immunization record
- Lab results
- Problem list
- Progress notes

Tips and Best Practices to Help Close This Care Opportunity

- **Please check your Patient Care Opportunity Report (PCOR) often to see members with open care opportunities.** If you have questions, your UnitedHealthcare representative can help.
- Parental refusal of vaccinations will **not** remove an eligible member from the denominator.
- When possible, please review vaccine status with parents and give immunizations at visits other than only well-child appointments.
- Schedule appointments for your patient’s next vaccination before they leave your office.
- If applicable, please consider participating in your state’s immunization registry.
- Information to help parents choose to immunize is available at **cdc.gov** or your state’s public health department website. The American Academy of Pediatrics immunization schedule can be found at **aap.org**.
- The American Cancer Society offers information about the HPV vaccine to help prevent cervical cancer at **cancer.org**.
- Immunizations can be accepted as supplemental data, reducing the need for some chart review. Please contact your UnitedHealthcare representative to discuss **clinical data exchange opportunities**.

Chlamydia Screening in Women (CHL)

New for 2020

Updated

- Supplemental data can be used for the hospice exclusion

Added

- SNOMED codes for measure compliance
- SNOMED codes added for pregnancy and diagnostic radiology (exclusion criteria)



Definition

Percentage of female members ages 16–24 who were identified as sexually active and had at least one test to screen for chlamydia during the measurement year

Plan(s) Affected	Quality Program(s) Affected	Collection and Reporting Method
<ul style="list-style-type: none"> Commercial Medicaid 	<ul style="list-style-type: none"> CMS Quality Rating System NCQA Accreditation NCQA Health Plan Ratings 	Administrative <ul style="list-style-type: none"> Claim/Encounter Data

Codes

See Appendix for codes that include descriptions.

Chlamydia Screening Test	
CPT/CPT II	87110, 87270, 87320, 87490-92, 87810
LOINC	14463-4, 14464-2, 14467-5, 14474-1, 14513-6, 16600-9, 21190-4, 21191-2, 21613-5, 23838-6, 31775-0, 31777-6, 36902-5, 36903-3, 42931-6, 43304-5, 43404-3, 43405-0, 43406-8, 44806-8, 44807-6, 45068-4, 45069-2, 45075-9, 45076-7, 45084-1, 45091-6, 45095-7, 45098-1, 45100-5, 47211-8, 47212-6, 49096-1, 4993-2, 50387-0, 53925-4, 53926-2, 557-9, 560-3, 6349-5, 6354-5, 6355-2, 6356-0, 6357-8, 80360-1, 80361-9, 80362-7, 91860-7
SNOMED	104175002, 104281002, 104282009, 104290009, 117775008, 121956002, 121957006, 121958001, 121959009, 122173003, 122254005, 122321005, 122322003, 134256004, 134289004, 171120003, 285586000, 310861008, 310862001, 315087006, 315094009, 315095005, 315099004, 390784004, 390785003, 395195000, 398452009, 399193003, 407707008, 442487003, 707982002

Chlamydia Screening in Women (CHL)

Exclusion(s)

If applicable, see Appendix for codes and descriptions.

Exclusion	Timeframe
Members who use hospice services or elect to use a hospice benefit, regardless of when the services began in the measurement year	Any time during the measurement year
Optional Exclusion	Timeframe
<p>If a member qualified for the measure from a pregnancy test alone, they'll be excluded if they additionally have one of the following:</p> <ul style="list-style-type: none"> A prescription for isotretinoin An X-ray 	On the date of the pregnancy test or six days after the pregnancy test



IMPORTANT NOTES

	Test, Service or Procedure to Close Care Opportunity	Medical Record Detail Including, But Not Limited To
Test must be performed within the measurement year.	Chlamydia screening test	<ul style="list-style-type: none"> Consultation reports Health history and physical Lab reports

Tips and Best Practices to Help Close This Care Opportunity

- **Please check your Patient Care Opportunity Report (PCOR) often to see members with open care opportunities.** If you have questions, your UnitedHealthcare representative can help.
- The Centers for Disease Control and Prevention recommends self-obtained vaginal specimens for asymptomatic females.
- Self-obtained vaginal specimens are cleared by the U.S. Food & Drug Administration (FDA) for collection in a clinical setting.
- Additional information on chlamydia screening is available at brightfutures.aap.org.
- Chlamydia screening may not be captured via claims if the service is performed and billed under prenatal and postpartum global billing. Chlamydia screening can be captured as supplemental lab data using UnitedHealthcare's Data Exchange Program.
- Lab results for chlamydia screening can be accepted as supplemental data. Please contact your UnitedHealthcare representative to discuss **clinical data exchange opportunities**.

Lead Screening in Children (LSC)

New for 2020

Updated

- Supplemental data can be used for the hospice exclusion

Added

- SNOMED codes for measure compliance



Definition

Percentage of children age 2 who had one or more capillary or venous lead blood test for lead poisoning on or by their second birthday

Plan(s) Affected	Quality Program(s) Affected	Collection and Reporting Method
<ul style="list-style-type: none"> Medicaid 	<ul style="list-style-type: none"> Select Medicaid State Reporting 	<p>Administrative</p> <ul style="list-style-type: none"> Claim/Encounter Data <p>Hybrid</p> <ul style="list-style-type: none"> Claim/Encounter Data Medical Record Documentation

Codes

See Appendix for codes that include descriptions.

Lead Test	
CPT/CPT II	83655
LOINC	10368-9, 10912-4, 14807-2, 17052-2, 25459-9, 27129-6, 32325-3, 5671-3, 5674-7, 77307-7
SNOMED	8655006, 35833009

Exclusion(s)

If applicable, see Appendix for codes and descriptions.

Exclusion	Timeframe
Members who use hospice services or elect to use a hospice benefit, regardless of when the services began during the measurement year	Any time during the measurement year

Lead Screening in Children (LSC)



IMPORTANT NOTES

Medical Record Detail Including, But Not Limited To

Date of service and result must be documented with the notation of the lead screening test.

- History and physical
- Lab results
- Progress notes

Tips and Best Practices to Help Close This Care Opportunity

- Lab tests can be accepted as supplemental data, reducing the need for some chart review. Please contact your UnitedHealthcare representative to discuss **clinical data exchange opportunities**.

Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents (WCC)

New for 2020

Updated

- Supplemental data can be used for the hospice exclusion
- A referral to WIC will meet compliance for Counseling for Nutrition

Added

- LOINC codes for measure compliance
- SNOMED codes for measure compliance



Definition

Percentage of members ages 3–17 who had an outpatient visit with a primary care provider or OB/GYN and had evidence of the following during the measurement year:

- Body mass index (BMI) percentile
- Counseling for nutrition
- Counseling for physical activity

Plan(s) Affected	Quality Program(s) Affected	Collection and Reporting Method
<ul style="list-style-type: none"> • Commercial • Medicaid 	<ul style="list-style-type: none"> • CMS Quality Rating System • NCQA Accreditation (BMI Percentile Only) • NCQA Health Plan Ratings (BMI Percentile Only) 	Hybrid <ul style="list-style-type: none"> • Claim/Encounter Data • Medical Record Documentation

Codes

See Appendix for codes that include descriptions.

BMI Percentile	
ICD-10 Diagnosis	Z68.51, Z68.52, Z68.53, Z68.54
LOINC	59574-4, 59575-1, 59576-9

(Codes continued)

Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents (WCC)

Codes (continued)

See Appendix for codes that include descriptions.

Counseling for Nutrition

CPT/CPT II	97802-04 (generally used by dietitians)
HCPCS	G0270, G0271, G0447, S9449, S9452, S9470
ICD-10 Diagnosis	Z71.3
SNOMED	See appendix for codes

Counseling for Physical Activity

HCPCS	G0447, S9451
ICD-10 Diagnosis	Z02.5, Z71.82
SNOMED	103736005, 103736005, 171356009, 171357000, 171358005, 171359002, 171360007, 171361006, 183073003, 183075005, 223415003, 223440005, 281090004, 281090004, 304507003, 304507003, 304517008, 304549008, 304549008, 304558001, 304558001, 310882002, 310882002, 386291006, 386291006, 386292004, 386292004, 386463000, 386463000, 390864007, 390864007, 390893007, 390893007, 398636004, 398636004, 398752005, 398752005, 408289007, 408289007, 410200000, 410200000, 410289001, 410289001, 410335001, 410335001, 426866005, 429095004, 429778002, 710849009, 435551000124105

Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents (WCC)

Exclusion(s)

If applicable, see Appendix for codes and descriptions.

Exclusion	Timeframe
Members who use hospice services or elect to use a hospice benefit, regardless of when the services began during the measurement year	Any time during the measurement year
Optional Exclusion	Timeframe
Female members with a diagnosis of pregnancy	Any time during the measurement year



IMPORTANT NOTES

For ages 3-17, a BMI percentile or BMI percentile plotted on an age growth chart meets compliance. A BMI value will **not** meet compliance for this age range.

- Always record height and weight in a member's medical record.

BMI percentile ranges or thresholds will **not** meet compliance.

- This is true even for single ranges – for example, 17-18%.

Weight assessment and counseling for nutrition and physical activity can be completed at any appointment – not just a well-child visit. However, services specific to an acute or chronic condition will **not** meet compliance for counseling for nutrition or physical activity.

- For example: Member has exercise-induced asthma or decreased appetite because of flu symptoms

Medical Record Detail Including, But Not Limited To

- Growth charts
- History and physical
- Progress notes
- Vitals sheet

Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents (WCC)

Tips and Best Practices to Help Close This Care Opportunity

- **Please check your Patient Care Opportunity Report (PCOR) often to see members with open care opportunities.** If you have questions, your UnitedHealthcare representative can help.
- **If your electronic medical record (EMR) system documents a BMI value and translates it to a BMI percentile, or documents a BMI percentile in ranges, please work with your IT department to see if it's possible to document the data in singular values.**
 - For example: 18% instead of 17-18%
 - Please also confirm your EMR includes a plotted age growth chart for BMI percentile with the service date and a member's height and weight.
- **Documentation of BMI percentile and counseling for nutrition or physical activity can be done at any time during the measurement year and on separate visits.**
- Including a checklist in a member's medical record is a good way to make sure that all components of this measure are completed. For example:
 - A notation of "well nourished" during a physical exam will not meet compliance for nutritional counseling. However, a checklist indicating that "nutrition was addressed" will.
 - A notation of "cleared for gym class" or "health education" will **not** meet compliance for physical activity counseling. However, a checklist indicating "physical activity was addressed" or evidence of a sports physical will.
- Provide parents of children ages 4 and older with age appropriate handout(s) that include a section on physical activity outside of developmental milestones. For example:
 - Recommended guidelines for amount of activity per day or week.
- Discuss proper nutrition and promote physical activity with parents and members at every visit.
- Talk with parents and members about nutrition and physical activity for at least 15 minutes at each well-child visit.
- Be sure to document "MEAT" when counseling for obesity:
 - **M**anage the behavioral effects due to obesity.
 - **E**valuate the behavioral effects of obesity.
 - **A**ssess the level of obesity.
 - **T**reat obesity.
- If filing G0447 with a well-child visit, attach modifier 25 or 29 to the well-child procedure code so it's reviewed as a significant, separately identifiable procedure.
 - Modifier 25 is used to indicate a significant and separately identifiable evaluation and management (E/M) service by the same physician on the same day another procedure or service was performed.
 - Modifier 59 is used to indicate that two or more procedures were performed at the same visit, but to different sites on the body.
- BMI percentiles and evidence of counseling for nutrition and physical activity can be accepted as supplemental data, reducing the need for some chart review. Please contact your UnitedHealthcare representative to discuss **clinical data exchange opportunities.**

Well-Child Visits in the First 15 Months of Life

New for 2020

Updated

- Supplemental data can be used for the hospice exclusion

Added

- SNOMED codes for measure compliance



Definition

Percentage of members who turned 15 months old during the measurement year and had six or more well-child visits with a primary care provider during their first 15 months of life

Plan(s) Affected	Quality Program(s) Affected	Collection and Reporting Method
<ul style="list-style-type: none"> Commercial – Administrative only for non-exchange health plans Medicaid 	<ul style="list-style-type: none"> CMS Quality Rating System Select Medicaid State Reporting 	<p>Administrative</p> <ul style="list-style-type: none"> Claim/Encounter Data <p>Hybrid</p> <ul style="list-style-type: none"> Claim/Encounter Data Medical Record Documentation

Well-Child Visits in the First 15 Months of Life

Codes

See Appendix for codes that include descriptions.

Well-Care Visits	
CPT/CPT II	99381-82, 99391-92, 99461
HCPCS	G0438, G0439
ICD-10 Diagnosis	Z00.110, Z00.111, Z00.121, Z00.129, Z00.8, Z02.0, Z02.71, Z02.82, Z76.1, Z76.2
SNOMED	103740001, 170099002, 170107008, 170114005, 170123008, 170132005, 170250008, 170254004, 170263002, 170300004, 170309003, 171409007, 171410002, 243788004, 268563000, 410620009, 410621008, 410622001, 410623006, 410624000, 410625004, 410626003, 410627007, 410628002, 410629005, 410630000, 410631001, 410632008, 442162000, 4463010000124108, 4463810000124104

Exclusion(s)

If applicable, see Appendix for codes and descriptions.

Exclusion	Timeframe
Members who use hospice services or elect to use a hospice benefit, regardless of when the services began during the measurement year	Any time during the measurement year

Well-Child Visits in the First 15 Months of Life



IMPORTANT NOTES

Medical Record Detail Including, But Not Limited To

Always include a date of service and document these components of care:

- Physical exam
 - Vital signs alone aren’t enough to meet compliance.
- Health history – Assessment of history of disease or illness
 - Notation of allergies, medications or immunizations alone will **not** meet compliance. Documenting all three **will** meet compliance.
- Physical developmental history – Assessment of physical developmental milestones and progress toward developing the skills needed to become a healthy child
 - Notation of Tanner stage or scale **will** meet compliance.
 - “Appropriate for age” without a specific reference to development will **not** meet compliance.
- Mental developmental history – Assessment of mental developmental milestones and progress toward developing the skills needed to become a healthy child
 - Notations of “appropriately responsive for age,” “neurological exam” or “well developed” alone will **not** meet compliance.
- Health education/anticipatory guidance – Given to parents or guardians to educate them on emerging issues, expectations and things to watch for at the member’s age
 - Information about medications or immunizations or their side effects will **not** meet compliance.
 - Handouts given during a visit without evidence of a discussion will **not** meet criteria for Health Education/Anticipatory Guidance.

- Growth charts
- History and physical
- Progress notes
- Vitals sheet
- Well-child visit forms

The components of care can be completed at any appointment – not just a well-child visit – and on different dates of service. However, services specific to an acute or chronic condition will **not** meet compliance.

Well-Child Visits in the First 15 Months of Life

Tips and Best Practices to Help Close This Care Opportunity

- **Please check your Patient Care Opportunity Report (PCOR) often to see members with open care opportunities.** If you have questions, your UnitedHealthcare representative can help.
- If a care provider is seeing a patient for Evaluation and Management (E/M) services and all components of a well-child visit are completed, attach modifier 25 or 59 to the well-child procedure code so it's reviewed as a significant, separately identifiable procedure.
 - Modifier 25 is used to indicate a significant and separately identifiable evaluation and management (E/M) service by the same physician on the same day another procedure or service was performed.
 - Modifier 59 is used to indicate that two or more procedures were performed at the same visit, but to different sites on the body.
- **Documentation of the components of care for a well-care visit can be done at any time during the measurement year and on separate visits.**
- Helpful resources about the components of care are available at **brightfutures.aap.org**.
- Well-care visits can be accepted as supplemental data, reducing the need for some chart review. Please contact your UnitedHealthcare representative to discuss **clinical data exchange opportunities**.

The following table offers examples of evaluations to help complete each component of care:

Physical Exam	Health History	Physical Development	Mental Development	Anticipatory Guidance
Assessment of multiple body systems	Birth history	Follows parents with eyes	Coos, babbles	Safety
Vital signs in addition to above	Medical, surgical history	Sits, crawls, walks	Easily consoled	Nutrition, weaning from bottle or breast
Height, weight in addition to above	History of illness, allergies	Pulls self up	Fears strangers, experiences separation anxiety	Development milestones
Auscultation of heart and lung sounds		Turns face to side when on stomach	Looks for toys that fall out of sight	Sleep patterns

Well-Child Visits in the Third, Fourth, Fifth and Sixth Years of Life (W34)

New for 2020

Updated

- Supplemental data can be used for the hospice exclusion

Added

- SNOMED codes for measure compliance



Definition

Percentage of members ages 3–6 who had one or more well-child visits with a primary care provider during the measurement year

Plan(s) Affected	Quality Program(s) Affected	Collection and Reporting Method
<ul style="list-style-type: none"> Commercial – Administrative only for non-exchange health plans Medicaid 	<ul style="list-style-type: none"> CMS Quality Rating System Select Medicaid State Reporting 	<p>Administrative</p> <ul style="list-style-type: none"> Claim/Encounter Data <p>Hybrid</p> <ul style="list-style-type: none"> Claim/Encounter Data Medical Record Documentation

Well-Child Visits in the Third, Fourth, Fifth and Sixth Years of Life (W34)

Codes

See Appendix for codes that include descriptions.

Well-Care Visits	
CPT/CPT II	99382-83, 99392-93
HCPCS	G0438, G0439
ICD-10 Diagnosis	Z00.121, Z00.129, Z00.5, Z00.8, Z02.0, Z02.71, Z02.82, Z76.2
SNOMED	103740001, 170141000, 170150003, 170159002, 170272005, 170281004, 170290006, 171387006, 171409007, 171410002, 171416008, 171417004, 243788004, 268563000, 401140000, 410620009, 410633003, 410634009, 410635005, 410636006, 410637002, 410638007

Exclusion(s)

If applicable, see Appendix for codes and descriptions.

Exclusion	Timeframe
Members who use hospice services or elect to use a hospice benefit, regardless of when the services began during the measurement year	Any time during the measurement year

Well-Child Visits in the Third, Fourth, Fifth and Sixth Years of Life (W34)



IMPORTANT NOTES

Medical Record Detail Including, But Not Limited To

Always include a date of service and document these components of care:

- Physical exam
 - Vital signs alone aren’t enough to meet compliance.
- Health history – Assessment of history of disease or illness
 - Notation of allergies, medications or immunizations alone will **not** meet compliance. Documenting all three **will** meet compliance.
- Physical developmental history – Assessment of physical developmental milestones and progress toward developing the skills needed to become a healthy child
 - Notation of Tanner stage or scale **will** meet compliance.
 - “Appropriate for age” without a specific reference to development will not meet compliance.
- Mental developmental history – Assessment of mental developmental milestones and progress toward developing the skills needed to become a healthy child
 - Notations of “appropriately responsive for age,” “neurological exam” or “well developed” alone will **not** meet compliance.
- Health education/anticipatory guidance – Given to parents or guardians to educate them on emerging issues, expectations and things to watch for at the member’s age
 - Information about medications or immunizations or their side effects will **not** meet compliance.
 - Handouts given during a visit without evidence of a discussion will **not** meet criteria for Health Education/Anticipatory Guidance.

- Growth charts
- Well-child visit forms
- History and physical
- Progress notes
- Sports or school physical forms
- Vitals sheet

The components of care can be completed at any appointment – not just a well-child visit – and on different dates of service. However, services specific to an acute or chronic condition will **not** meet compliance.

The well-child visit must be done by a primary care provider, but it doesn’t have to be with the member’s assigned primary care provider.

Well-Child Visits in the Third, Fourth, Fifth and Sixth Years of Life (W34)

Tips and Best Practices to Help Close This Care Opportunity

- **Please check your Patient Care Opportunity Report (PCOR) often to see members with open care opportunities.** If you have questions, your UnitedHealthcare representative can help.
- If a care provider is seeing a patient for Evaluation and Management (E/M) services and all components of a well-child visit are completed, attach modifier 25 or 59 to the well-child procedure code so it's reviewed as a significant, separately identifiable procedure.
 - Modifier 25 is used to indicate a significant and separately identifiable evaluation and management (E/M) service by the same physician on the same day another procedure or service was performed.
 - Modifier 59 is used to indicate that two or more procedures were performed at the same visit, but to different sites on the body.
- **Documentation of the components of care for a well-care visit can be done at any time during the measurement year and on separate visits.**
- Helpful resources about the components of care are available at **brightfutures.aap.org**.
- Well-care visits can be accepted as supplemental data, reducing the need for some chart review. Please contact your UnitedHealthcare representative to discuss clinical data exchange opportunities.

The following table offers examples of evaluations to help complete each component of care:

Physical Exam	Health History	Physical Development	Mental Development	Anticipatory Guidance
Assessment of multiple body systems	Birth history	Throws, kicks a ball	Knows full name	Safety, poison control
Vital signs in addition to above	Medical, surgical history	Hops, skips, runs	Colors, writes, starting to read	Nutrition
Height, weight in addition to above	History of illness, allergies	Rides a tricycle or bike	Does well in school	Sees a dentist
Auscultation of heart and lung sounds			Uses imagination, plays, shares with others	Interacts with others
				Discipline

Adolescent Well-Care Visits (AWC)

New for 2020

Updated

- Supplemental data can be used for the hospice exclusion

Added

- SNOMED codes for measure compliance



Definition

Percentage of members ages 12–21 who had at least one comprehensive well-care visit with a primary care provider or an OB/GYN during the measurement year

Plan(s) Affected	Quality Program(s) Affected	Collection and Reporting Method
<ul style="list-style-type: none"> Commercial Medicaid 	<ul style="list-style-type: none"> Select Medicaid State Reporting 	<p>Administrative</p> <ul style="list-style-type: none"> Claim/Encounter Data <p>Hybrid</p> <ul style="list-style-type: none"> Claim/Encounter Data Medical Record Documentation

Adolescent Well-Care Visits (AWC)

Codes

See Appendix for codes that include descriptions.

Well-Care Visits	
CPT/CPT II	99384-85, 99394-95
HCPCS	G0438, G0439
ICD-10 Diagnosis	Z00.00, Z00.01, Z00.121, Z00.129, Z00.5, Z00.8, Z02.0, Z02.1, Z02.2, Z02.3, Z02.4, Z02.5, Z02.6, Z02.71, Z02.82, 276.2
SNOMED	103740001, 170177007, 171394009, 171395005, 171409007, 171410002, 171416008, 243788004, 268563000, 270356004, 410620009, 410643000, 410644006, 410645007, 410646008, 410647004, 410648009, 410649001, 410650001, 444971000124105, 669251000168104, 669261000168102, 669271000168108, 669281000168106

Exclusion(s)

If applicable, see Appendix for codes and descriptions.

Exclusion	Timeframe
Members who use hospice services or elect to use a hospice benefit, regardless of when the services began during the measurement year	Any time during the measurement year

Adolescent Well-Care Visits (AWC)



IMPORTANT NOTES

Always include a date of service and document these components of care:

- Physical exam
 - Vital signs alone aren’t enough to meet compliance.
 - Visits where care is limited to OB/GYN topics such as prenatal or postnatal care will **not** meet compliance.
- Health history – Assessment of history of disease or illness
 - Notation of allergies, medications or immunizations alone will **not** meet compliance. Documenting all three **will** meet compliance.
- Physical developmental history – Assessment of physical developmental milestones and progress toward developing the skills needed to become a healthy adult
 - Notation of Tanner stage or scale **will** meet compliance.
 - “Appropriate for age” without a specific reference to development will **not** meet compliance.
- Mental developmental history – Assessment of mental developmental milestones and progress toward developing the skills needed to become a healthy adult
 - Notations of “appropriately responsive for age,” “neurological exam” or “well developed” alone will **not** meet compliance.
- Health education/anticipatory guidance – Given to parents or guardians to educate them on emerging issues, expectations and things to watch for at the member’s age
 - Information about medications or immunizations or their side effects will **not** meet compliance.
 - Handouts given during a visit without evidence of a discussion will **not** meet criteria for Health Education/Anticipatory Guidance.

The components of care can be completed at any appointment – not just a well-care visit – and on different dates of service. However, services specific to an acute or chronic condition will **not** meet compliance.

School-based health clinic visits count for this measure if they’re for a well-care exam and the physician completing the exam is a primary care provider.

Medical Record Detail Including, But Not Limited To

- Growth charts
- History and physical
- Progress notes
- Sports or school physical forms
- Vitals sheet
- Well-child visit forms

Adolescent Well-Care Visits (AWC)

Tips and Best Practices to Help Close This Care Opportunity

- **Please check your Patient Care Opportunity Report (PCOR) often to see members with open care opportunities.** If you have questions, your UnitedHealthcare representative can help.
- If a care provider is seeing a patient for Evaluation and Management (E/M) services and all components of a well-child visit are completed, attach modifier 25 or 59 to the well-child procedure code so it's reviewed as a significant, separately identifiable procedure.
 - Modifier 25 is used to indicate a significant and separately identifiable evaluation and management (E/M) service by the same physician on the same day another procedure or service was performed.
 - Modifier 59 is used to indicate that two or more procedures were performed at the same visit, but to different sites on the body.
- **Documentation of the components of care for a well-care visit can be done at any time during the measurement year and on separate visits.**
- Helpful resources about the components of care are available at **brightfutures.aap.org**.
- Well-care visits can be accepted as supplemental data, reducing the need for some chart review. Please contact your UnitedHealthcare representative to discuss **clinical data exchange opportunities**.

The following table offers examples of evaluations to help complete each component of care:

Physical Exam	Health History	Physical Development	Mental Development	Anticipatory Guidance
Assessment of multiple body systems	No past medical history	Puberty	Smoking, alcohol, drug use	Safety
Vital signs in addition to above	Past medical, surgical history	Start of menses	Sexual activity	Nutrition
Height, weight in addition to above	Surgical history	Acne	Depression	Physical activity
	History of illness, allergies	Tanner stage assessment	Grades	Oral health
	No history	Growth spurts	Good circle of friends	Safe sex
		Smoking, alcohol or other drug use	School issues	Sunscreen
			Decision-making	Self-exams – breast or testicular

Initiation and Engagement of Alcohol and Other Drug Abuse or Dependence Treatment (IET)

New for 2020

Updated

- Supplemental data can be used for the hospice exclusion
- Intake date, used to capture new episodes of AOD abuse and dependence, changed from Jan 1 – Nov 14 to Jan 1 – Nov 13

Added

- SNOMED codes for measure compliance
- Buprenorphine injections to the Opioid Use Disorder Medication List

Definition

Percentage of adolescent and adult members with a new episode of alcohol or other drug (AOD) abuse or dependence who received the following:

- **Initiation of AOD Treatment** – Percentage of members who initiate treatment through an inpatient AOD admission, outpatient visit, intensive outpatient encounter, partial hospitalization, telehealth or medication treatment within 14 days of their diagnosis
- **Engagement of AOD Treatment** – Percentage of members who initiated treatment and had two or more additional services for AOD or medication treatment within 34 days of their initiation visit

Plan(s) Affected	Quality Program(s) Affected	Collection and Reporting Method
<ul style="list-style-type: none"> • Commercial • Medicaid 	<ul style="list-style-type: none"> • CMS Quality Rating System • NCQA Accreditation • NCQA Health Plan Ratings (Continuation Only) 	<p>Administrative</p> <ul style="list-style-type: none"> • Claim/Encounter Data

Initiation and Engagement of Alcohol and Other Drug Abuse or Dependence Treatment (IET)

Codes

See Appendix for codes that include descriptions.

IET Stand-Alone Visits

Claim must include visit code and diagnosis code matching the original episode diagnosis for:

- Alcohol abuse and dependence
- Opioid abuse and dependence, or
- Other drug abuse and dependence

CPT/CPT II	98960-62, 99078, 99201-05, 99211-15, 99241-45, 99341-45, 99347-50, 99384-87, 99394-97, 99401-04, 99408-09, 99411-12, 99483, 99510
HCPCS	G0155, G0176-77, G0396-97, G0409-11, G0443, G0463, H0001-02, H0004-05, H0007, H0015-16, H0022, H0031, H0034-37, H0039-40, H0047, H2000-01, H2010-20, H2035-36, M0064, S0201, S9480, S9484-85, T1006, T1012, T1015
SNOMED	14736009, 17436001, 30346009, 32142009, 37667001, 37894004, 40274000, 60112009, 60689008, 69399002, 76464004, 83362003, 86181006, 90817005, 105395007, 108224003, 117250008, 117251007, 165309004, 171047005, 171208001, 225885004, 313071005, 371883000, 385781007, 405778003, 408933008, 408934002, 408935001, 408936000, 408941008, 408942001, 408943006, 408944000, 408945004, 408946003, 408947007, 408948002, 409063005, 409066002, 409071009, 410273004, 410314003, 410321003, 413473000, 426928008, 710355008, 710893009, 733810001, 429291000124102, 448571000124105
UBREV	0510, 0513, 0515-17, 0519-23, 0526-29, 0900, 0902-07, 0911-17, 0919, 0944-45, 0982-83

Observation Visits

Claim must include visit code and diagnosis code matching the original episode diagnosis for:

- Alcohol abuse and dependence
- Opioid abuse and dependence, or
- Other drug abuse and dependence

CPT/CPT II	99217-99220
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(Codes continued)

Initiation and Engagement of Alcohol and Other Drug Abuse or Dependence Treatment (IET)

Codes (continued)

See Appendix for codes that include descriptions.

IET Group Visits With Appropriate Place of Service Code

Claim must include visit code and diagnosis code matching the original episode diagnosis for:

- Alcohol abuse and dependence
- Opioid abuse and dependence, or
- Other drug abuse and dependence

SCENARIO 1

CPT/CPT II | 90791-92, 90832-34, 90836-40, 90845, 90847, 90849, 90853, 90875-76

AND

Place of Service Code

Code	Location	Code	Location
02	Telehealth	18	Place of employment – worksite
03	School	19	Off-campus outpatient hospital
05	Indian Health Service free-standing facility	20	Urgent care facility
07	Tribal 638 free-standing facility	22	On-campus outpatient hospital
09	Prison/Correctional facility	33	Custodial care facility
11	Office	49	Independent clinic
12	Home	50	Federally qualified health center
13	Assisted living facility	52	Psychiatric facility-partial hospitalization
14	Group home	53	Community mental health center
15	Mobile unit	57	Non-residential substance abuse treatment facility
16	Temporary lodging	71	Public health clinic
17	Walk-in retail health clinic	72	Rural health clinic

(Codes continued)

Initiation and Engagement of Alcohol and Other Drug Abuse or Dependence Treatment (IET)

Codes (continued)

See Appendix for codes that include descriptions.

IET Group Visits With Appropriate Place of Service Code (continued)

SCENARIO 2

CPT/CPT II	99221-23, 99231-33, 99238-39, 99251-55
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AND

Place of Service Code

Code	Location
02	Telehealth
52	Psychiatric facility-partial hospitalization
53	Community mental health center

IET Telephone Visit

Claim must include visit code and diagnosis code matching the original episode diagnosis for:

- Alcohol abuse and dependence
- Opioid abuse and dependence, or
- Other drug abuse and dependence

CPT/CPT II	98966-68, 99441-43
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SNOMED	11797002, 185317003, 314849005, 386472008, 386473003, 386479004
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Online Assessment

Claim must include visit code and diagnosis code matching the original episode diagnosis for:

- Alcohol abuse and dependence
- Opioid abuse and dependence, or
- Other drug abuse and dependence

CPT/CPT II	98969, 99444
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(Codes continued)

Initiation and Engagement of Alcohol and Other Drug Abuse or Dependence Treatment (IET)

Codes (continued)

See Appendix for codes that include descriptions.

Medication Treatment for Alcohol Abuse or Dependence

HCPCS	H0020, H0033, J0570-75, J2315, S0109, Q9991, Q9992
SNOMED	310653000

One or more medication dispensing events for alcohol abuse or dependence:

Description	Prescription
Aldehyde dehydrogenase inhibitor	<ul style="list-style-type: none"> Disulfiram (oral)
Antagonist	<ul style="list-style-type: none"> Naltrexone (oral and injectable)
Other	<ul style="list-style-type: none"> Acamprosate (oral; delayed-release tablet)

Medication Treatment for Opioid Abuse or Dependence

HCPCS	H0020, H0033, J0570-75, J2315, S0109, Q9991, Q9992
SNOMED	310653000

One or more medication dispensing events for opioid abuse or dependence:

Description	Prescription
Antagonist	<ul style="list-style-type: none"> Naltrexone (oral and injectable)
Partial agonist	<ul style="list-style-type: none"> Buprenorphine (sublingual tablet and implant) Buprenorphine/naloxone (sublingual tablet, buccal film, sublingual film)

An acute or nonacute inpatient admission

Claim must include visit code and diagnosis code (on the discharge claim) matching the original episode diagnosis for:

- Alcohol abuse and dependence
- Opioid abuse and dependence, or
- Other drug abuse and dependence

Exclusion(s)

If applicable, see Appendix for codes and descriptions.

Exclusion	Timeframe
Members who use hospice services or elect to use a hospice benefit, regardless of when the services began during the measurement year	Any time during the measurement year

Initiation and Engagement of Alcohol and Other Drug Abuse or Dependence Treatment (IET)



IMPORTANT NOTES

Test, Service or Procedure to Close Care Opportunity

Episode date is the earliest date of service for an observation, intensive outpatient, partial hospitalization, outpatient, telehealth, detoxification or ED visit not resulting in an inpatient stay with an AOD abuse or dependence diagnosis between Jan. 1 – Nov. 13 of the measurement year.

- Initiation of AOD Treatment must take place within 14 days of the episode date.
- Claims must include the visit code, original episode diagnosis and, when applicable, a place of service code.
- If the episode was an inpatient discharge or an ED visit resulting in an inpatient stay, the inpatient stay is considered initiation of treatment and the member is compliant.

- Initiation of AOD Treatment through:
- Acute or non-acute inpatient stay
 - Group visits with an appropriate place of service code and diagnosis code
 - Medication dispensing event
 - Medication treatment
 - Online assessment with diagnosis code
 - Stand-alone visits with an appropriate place of service code and diagnosis code
 - Telephone visit with diagnosis code

- Engagement of AOD Treatment must take place within 34 days of the episode date.
- Claims must include the visit code, original episode diagnosis and, when applicable, a place of service code.
- For members who initiated treatment through an inpatient admission, the 34-day period for the two engagement visits begins the day after their discharge.

- Engagement of AOD Treatment when a member meets the criteria for initiation of treatment and proceeds with two or more of the following:
- Acute or non-acute inpatient stay
 - Group visits with an appropriate place of service code and diagnosis code
 - Medication dispensing event
 - Medication treatment
 - Online assessment with diagnosis code
 - Stand-alone visits with an appropriate place of service code and diagnosis code
 - Telephone visit with diagnosis code

Initiation and Engagement of Alcohol and Other Drug Abuse or Dependence Treatment (IET)

Tips and Best Practices to Help Close This Care Opportunity

- The Mental Health Services Administration supports following the Screening, Brief Intervention and Referral to Treatment (SBIRT) guideline¹ at [samhsa.gov/sbirt](https://www.samhsa.gov/sbirt).
- If you need to refer your patient to a behavioral health specialist or need to request coordination of care, please call the number on the back of the patient's health plan ID card or search [liveandworkwell.com](https://www.liveandworkwell.com).
- **Available Resources:**
 - **Alcohol and Drug Use Screening Tools:** [Providerexpress.com](https://www.providerexpress.com) > Clinical Resources > Alcohol or Other Drug Disorders
 - **Behavioral Health Tools and Information:** [Providerexpress.com](https://www.providerexpress.com) > Clinical Resources > Behavioral Health Toolkit for Medical Providers.
 - **Patient Education Information:** [Liveandworkwell.com](https://www.liveandworkwell.com) – use access code “clinician.” See “Mind & Body” at the top, scroll down to find the links to topics.
- AOD visits can be accepted as supplemental data. Please contact your UnitedHealthcare representative to discuss **clinical data exchange opportunities**.

¹<https://www.integration.samhsa.gov/clinical-practice/sbirt/referral-to-treatment>

Follow-Up After Hospitalization for Mental Illness (FUH)

New for 2020

Updated

- Supplemental data can be used for the hospice exclusion

Added

- SNOMED codes for measure compliance



Definition

Percentage of discharges for members ages 6 and older who were hospitalized for treatment of select mental illness or intentional self-harm diagnoses and had a follow-up visit **with a mental health practitioner**

Two rates are reported:

- Percentage of discharges where the member received follow-up within 30 days of their discharge.
- Percentage of discharges where the member received follow-up within seven days of their discharge.

Plan(s) Affected	Quality Program(s) Affected	Collection and Reporting Method
<ul style="list-style-type: none"> Commercial Medicaid Medicare 	<ul style="list-style-type: none"> NCQA Accreditation NCQA Health Plan Ratings 	Administrative <ul style="list-style-type: none"> Claim/Encounter Data

Follow-Up After Hospitalization for Mental Illness (FUH)

Codes

See Appendix for codes that include descriptions.

SCENARIO 1

Behavioral Health Outpatient Visit With a Mental Health Practitioner

Behavioral Health Visits	
CPT/CPT II	98960-62, 99078, 99201-05, 99211-15, 99241-45, 99341-45, 99347-50, 99381-87, 99391-97, 99401-04, 99411-12, 99483, 99510
HCPCS	G0155, G0176-77, G0409, G0463, H0002, H0004, H0031, H0034, H0036-37, H0039-40, H2000, H2010-11, H2013-20, M0064, T1015
SNOMED	17436001, 30346009, 37894004, 77406008, 84251009, 185463005, 185464004, 185465003, 281036007, 391223001, 391224007, 391225008, 391237005, 391239008, 391242002, 391257009, 391260002, 391261003, 439740005, 3391000175108, 444971000124105
UBREV	0510, 0513, 0515-17, 0519-23, 0526-29, 0900, 0902-04, 0911, 0914-17, 0919, 0982-83

SCENARIO 2

Intensive Outpatient or Partial Hospitalization With a Mental Health Practitioner

Partial Hospitalization/Intensive Outpatient Visits	
HCPCS	G0410-11, H0035, H2001, H2012, S0201, S9480, S9484-85
SNOMED	7133001, 305345009, 305346005, 305347001, 391038005, 391042008, 391043003, 391046006, 391047002, 391048007, 391054008, 391055009, 391056005, 391133003, 391150001, 391151002, 391152009, 391153004, 391170007, 391185001, 391186000, 391187009, 391188004, 391191004, 391192006, 391194007, 391195008, 391207001, 391208006, 391209003, 391210008, 391211007, 391223001, 391226009, 391228005, 391229002, 391232004, 391233009, 391237005, 391252003, 391254002, 391255001, 391256000, 391257009
UBREV	0905, 0907, 0912-13

SCENARIO 3

Observation Visit With a Mental Health Practitioner

Observation Visit	
CPT/CPT II	99217-20

(Codes continued)

Follow-Up After Hospitalization for Mental Illness (FUH)

Codes (continued)

See Appendix for codes that include descriptions.

SCENARIO 4

Outpatient Visit With a Mental Health Practitioner and With Appropriate Place of Service Code

Visit Setting Unspecified

CPT/CPT II	90791-92, 90832-34, 90836-40, 90845, 90847, 90849, 90853, 90875-76, 99221-23, 99231-33, 99238-39, 99251-55
SNOMED	See Appendix

AND

Place of Service Code

Code	Location	Code	Location
03	School	17	Walk-in retail health clinic
05	Indian Health Service free-standing facility	18	Place of employment – worksite
07	Tribal 638 free-standing facility	19	Off-campus outpatient hospital
09	Prison/correctional facility	20	Urgent care facility
11	Office	22	On-campus outpatient hospital
12	Home	33	Custodial care facility
13	Assisted living facility	49	Independent clinic
14	Group home	50	Federally qualified health center
15	Mobile unit	71	Public health clinic
16	Temporary lodging	72	Rural health clinic

SCENARIO 5

Intensive Outpatient Visit or Partial Hospitalization With a Mental Health Practitioner and With Appropriate Place of Service Code

Visit Setting Unspecified

CPT/CPT II	90791-92, 90832-34, 90836-40, 90845, 90847, 90849, 90853, 90875-76, 99221-23, 99231-33, 99238-39, 99251-55
SNOMED	See Appendix

AND

Place of Service Code

Code	Location
52	Psychiatric facility-partial hospitalization

(Codes continued)

Follow-Up After Hospitalization for Mental Illness (FUH)

Codes (continued)

See Appendix for codes that include descriptions.

SCENARIO 6

Community Mental Health Center Visit With a Mental Health Practitioner and With Appropriate Place of Service Code

Visit Setting Unspecified

CPT/CPT II	90791-92, 90832-34, 90836-40, 90845, 90847, 90849, 90853, 90875-76, 99221-23, 99231-33, 99238-39, 99251-55
SNOMED	See Appendix

AND

Place of Service Code

Code	Location
53	Community mental health center

SCENARIO 7

Electroconvulsive Therapy with a Mental Health Practitioner and With Appropriate Place of Service Code

Electroconvulsive Therapy

CPT/CPT II	90870
ICD-10 Diagnosis	GZB0ZZZ, GZB1ZZZ, GZB2ZZZ, GZB3ZZZ, GZB4ZZZ
SNOMED	10470002, 11075005, 23835007, 231079005, 231080008, 284468008, 313019002, 313020008

AND

Place of Service Code

Code	Location	Code	Location
03	School	19	Off-campus outpatient hospital
05	Indian Health Service free-standing facility	20	Urgent care facility
07	Tribal 638 free-standing facility	22	On-campus outpatient hospital
09	Prison/correctional facility	24	Ambulatory surgical center
11	Office	33	Custodial care facility
12	Home	49	Independent clinic
13	Assisted living facility	50	Federally qualified health center
14	Group home	52	Psychiatric facility-partial hospitalization
15	Mobile unit	53	Community mental health center
16	Temporary lodging	71	Public health clinic
17	Walk-in retail health clinic	72	Rural health clinic
18	Place of employment – worksite		(Codes continued)

Disclaimer: UnitedHealthcare will make the final determination regarding reimbursement upon receipt of a claim. Submitting a claim with a code included in this document is not a guarantee of payment. Payment of covered services is contingent upon coverage within an individual member's benefit plan, your eligibility for payment, any claim processing requirements, and your participation agreement with UnitedHealthcare.

Follow-Up After Hospitalization for Mental Illness (FUH)

Codes (continued)

See Appendix for codes that include descriptions.

SCENARIO 8

Transitional Care Management Services With a Mental Health Practitioner

CPT/CPT II	99495-96
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SCENARIO 9

Telehealth Visit With a Mental Health Practitioner

Telehealth Visit	
CPT/CPT II	98966-68, 99441-43
SNOMED	11797002, 185317003, 314849005, 386472008, 386473003, 386479004

AND

Place of Service Code

Code	Location
02	Telehealth

Exclusion(s)

If applicable, see Appendix for codes and descriptions.

Exclusion	Timeframe
Members who use hospice services or elect to use a hospice benefit, regardless of when the services began during the measurement year	Any time during the measurement year



IMPORTANT NOTES

- Visits that occur on the date of discharge will **not** count toward compliance.
- Telehealth visits with a behavioral health provider are acceptable to address the care opportunity.

Follow-Up After Hospitalization for Mental Illness (FUH)

Tips and Best Practices to Help Close This Care Opportunity

- If you need to refer your patient to a behavioral health specialist or need to request coordination of care, please call the number on the back of the patient's health plan ID card or search liveandworkwell.com.
- **Available Resources:**
 - **Alcohol and Drug Use Screening Tools:**
Providerexpress.com > Clinical Resources > Alcohol or Other Drug Disorders
 - **Behavioral Health Tools and Information:**
Providerexpress.com > Clinical Resources > Behavioral Health Toolkit for Medical Providers
 - **Patient Education Information:**
Liveandworkwell.com – use access code “clinician.” See “Mind & Body” at the top, scroll down to find the links to topics.
- Mental Health visits can be accepted as supplemental data. Please contact your UnitedHealthcare representative to discuss **clinical data exchange opportunities**.

Follow-Up After Emergency Department Visit for Mental Illness (FUM)

New for 2020

Added

- Supplemental data can be used for the hospice exclusion
- SNOMED codes for measure compliance



Definition

The percentage of ED visits for members ages 6 years and older with a principal diagnosis of mental illness or intentional self-harm, who then had a follow-up visit for mental illness

Two rates are reported:

1. The percentage of ED visits for which the member received follow-up for mental illness within the **7 days** after the visit (8 days total)
2. The percentage of ED visits for which the member received follow-up for mental illness within the **30 days** after the visit (31 days total)

Plan(s) Affected	Quality Program(s) Affected	Collection and Reporting Method
<ul style="list-style-type: none"> • Commercial • Medicaid • Medicare 	<ul style="list-style-type: none"> • NCQA Accreditation • NCQA Health Plan Ratings 	<p>Administrative</p> <ul style="list-style-type: none"> • Claim/Encounter Data

Follow-Up After Emergency Department Visit for Mental Illness (FUM)

Codes

See Appendix for codes that include descriptions for intentional self-harm or mental health diagnoses.

Any of the following scenarios will meet criteria for the measure:

SCENARIO 1

Behavioral Health Outpatient Visit With Any Provider Type

Behavioral Health Visits	
CPT/CPT II	98960-62, 99078, 99201-05, 99211-15, 99241-45, 99341-45, 99347-50, 99381-87, 99391-97, 99401-04, 99411-12, 99483, 99510
HCPCS	G0155, G0176-77, G0409, G0463, H0002, H0004, H0031, H0034, H0036-37, H0039-40, H2000, H2010-11, H2013-20, M0064, T1015
SNOMED	17436001, 30346009, 37894004, 77406008, 84251009, 185463005, 185464004, 185465003, 281036007, 391223001, 391224007, 391225008, 391237005, 391239008, 391242002, 391257009, 391260002, 391261003, 439740005, 3391000175108, 444971000124105
UBREV	0510, 0513, 0515-17, 0519-23, 0526-29, 0900, 0902-04, 0911, 0914-17, 0919, 0982-83

SCENARIO 2

Intensive Outpatient or Partial Hospitalization With Any Provider Type

Partial Hospitalization/Intensive Outpatient Visits	
HCPCS	G0410-11, H0035, H2001, H2012, S0201, S9480, S9484-85
SNOMED	7133001, 305345009, 305346005, 305347001, 391038005, 391042008, 391043003, 391046006, 391047002, 391048007, 391054008, 391055009, 391056005, 391133003, 391150001, 391151002, 391152009, 391153004, 391170007, 391185001, 391186000, 391187009, 391188004, 391191004, 391192006, 391194007, 391195008, 391207001, 391208006, 391209003, 391210008, 391211007, 391223001, 391226009, 391228005, 391229002, 391232004, 391233009, 391237005, 391252003, 391254002, 391255001, 391256000, 391257009
UBREV	0905, 0907, 0912-13

Follow-Up After Emergency Department Visit for Mental Illness (FUM)

Codes (continued)

See Appendix for codes that include descriptions for intentional self-harm or mental health diagnoses.

Any of the following scenarios will meet criteria for the measure:

SCENARIO 3

Observation Visit With Any Provider Type

Observation Visit

CPT/CPT II	99217-20
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SCENARIO 4

Outpatient Visit With Any Provider Type and With Appropriate Place of Service Code

Visit Setting Unspecified

CPT/CPT II	90791-92, 90832-34, 90836-40, 90845, 90847, 90849, 90853, 90875-76, 99221-23, 99231-33, 99238-39, 99251-55
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SNOMED	See Appendix
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AND

Place of Service Code

Code	Location	Code	Location
03	School	17	Walk-in retail health clinic
05	Indian Health Service free-standing facility	18	Place of employment – worksite
07	Tribal 638 free-standing facility	19	Off-campus outpatient hospital
09	Prison/correctional facility	20	Urgent care facility
11	Office	22	On-campus outpatient hospital
12	Home	33	Custodial care facility
13	Assisted living facility	49	Independent clinic
14	Group home	50	Federally qualified health center
15	Mobile unit	71	Public health clinic
16	Temporary lodging	72	Rural health clinic

(Codes continued)

Follow-Up After Emergency Department Visit for Mental Illness (FUM)

Codes (continued)

See Appendix for codes that include descriptions for intentional self-harm or mental health diagnoses.

Any of the following scenarios will meet criteria for the measure:

SCENARIO 5

Intensive Outpatient Visit or Partial Hospitalization With Any Provider Type and With Appropriate Place of Service Code

Visit Setting Unspecified

CPT/CPT II	90791-92, 90832-34, 90836-40, 90845, 90847, 90849, 90853, 90875-76, 99221-23, 99231-33, 99238-39, 99251-55
SNOMED	See Appendix

AND

Place of Service Code

Code	Location
52	Psychiatric facility-partial hospitalization

SCENARIO 6

Community Mental Health Center Visit With Any Provider Type and With Appropriate Place of Service Code

Visit Setting Unspecified

CPT/CPT II	90791-92, 90832-34, 90836-40, 90845, 90847, 90849, 90853, 90875-76, 99221-23, 99231-33, 99238-39, 99251-55
SNOMED	See Appendix

AND

Place of Service Code

Code	Location
53	Community mental health center

(Codes continued)

Follow-Up After Emergency Department Visit for Mental Illness (FUM)

Codes (continued)

See Appendix for codes that include descriptions for intentional self-harm or mental health diagnoses.

Any of the following scenarios will meet criteria for the measure:

SCENARIO 7

Electroconvulsive Therapy With Any Provider Type and With Appropriate Place of Service Code

Electroconvulsive Therapy

CPT/CPT II	90870
ICD-10 Diagnosis	GZB0ZZZ, GZB1ZZZ, GZB2ZZZ, GZB3ZZZ, GZB4ZZZ
SNOMED	10470002, 11075005, 23835007, 231079005, 231080008, 284468008, 313019002, 313020008

AND

Place of Service Code

Code	Location	Code	Location
03	School	19	Off-campus outpatient hospital
05	Indian Health Service free-standing facility	20	Urgent care facility
07	Tribal 638 free-standing facility	22	On-campus outpatient hospital
09	Prison/correctional facility	24	Ambulatory surgical center
11	Office	33	Custodial care facility
12	Home	49	Independent clinic
13	Assisted living facility	50	Federally qualified health center
14	Group home	52	Psychiatric facility-partial hospitalization
15	Mobile unit	53	Community mental health center
16	Temporary lodging	71	Public health clinic
17	Walk-in retail health clinic	72	Rural health clinic
18	Place of employment – worksite		

(Codes continued)

Follow-Up After Emergency Department Visit for Mental Illness (FUM)

Codes (continued)

See Appendix for codes that include descriptions for intentional self-harm or mental health diagnoses.

Any of the following scenarios will meet criteria for the measure:

SCENARIO 8

Telehealth Visit With Any Provider Type and the Appropriate Place of Service Code

Telehealth Visit	
CPT/CPT II	98966-68, 99441-43
SNOMED	11797002, 185317003, 314849005, 386472008, 386473003, 386479004

AND

Place of Service Code

Code	Location
02	Telehealth

Exclusion(s)

If applicable, see Appendix for codes and descriptions.

Exclusion	Timeframe
Members who use hospice services or elect to use a hospice benefit, regardless of when the services began during the measurement year	Any time during the measurement year



IMPORTANT NOTES

- Visits that result in an inpatient stay are not included
- Telehealth visits are acceptable to address the care opportunity.

Follow-Up After Emergency Department Visit for Mental Illness (FUM)

Tips and Best Practices to Help Close This Care Opportunity

- If you need to refer your patient to a behavioral health specialist or need to request coordination of care, please call the number on the back of the patient's health plan ID card or search liveandworkwell.com.
- **Available Resources:**
 - **Alcohol and Drug Use Screening Tools:**
[Providerexpress.com](https://providerexpress.com) > Clinical Resources > Alcohol or Other Drug Disorders
 - **Behavioral Health Tools and Information:**
[Providerexpress.com](https://providerexpress.com) > Clinical Resources > Behavioral Health Toolkit for Medical Providers
 - **Patient Education Information:**
[Liveandworkwell.com](https://liveandworkwell.com) – use access code “clinician.” See “Mind & Body” at the top, scroll down to find the links to topics.
- Mental Health visits can be accepted as supplemental data. Please contact your UnitedHealthcare representative to discuss **clinical data exchange opportunities**.

Follow-Up After Emergency Department Visit for Alcohol or Other Drug Abuse or Dependence (FUA)

New for 2020

Added

- Supplemental data can be used for the hospice exclusion
- SNOMED codes for measure compliance



Definition

The percentage of ED visits for members ages 13 and older with a principal diagnosis of alcohol or other drug abuse or dependence (AOD) and who had a follow-up visit for AOD

Two rates are reported:

1. The percentage of ED visits for which the member received follow-up for AOD within the **7 days** after the visit (8 days total)
2. The percentage of visits or discharges for which the member received follow-up for AOD within the **30 days** after the visit (31 days total)

Plan(s) Affected	Quality Program(s) Affected	Collection and Reporting Method
<ul style="list-style-type: none"> • Commercial • Medicaid • Medicare 	<ul style="list-style-type: none"> • NCQA Accreditation • NCQA Health Plan Ratings 	<p>Administrative</p> <ul style="list-style-type: none"> • Claim/Encounter Data

Follow-Up After Emergency Department Visit for Alcohol or Other Drug Abuse or Dependence (FUA)

Codes

See Appendix for codes that include descriptions for alcohol and other drug abuse and dependence diagnoses.

Any of the following scenarios will meet criteria for the measure:

SCENARIO 1

IET Stand Alone Visits	
CPT/CPT II	98960-62, 99078, 99201-05, 99211-15, 99241-45, 99341-45, 99347-50, 99384-87, 99394-97, 99401-04, 99408-09, 99411-12, 99483, 99510
HCPCS	G0155, G0176-77, G0396-97, G0409-11, G0443, G0463, H0001-02, H0004-05, H0007, H0015-16, H0022, H0031, H0034-37, H0039-40, H0047, H2000-01, H2010-20, H2035-36, M0064, S0201, S9480, S9484-85, T1006, T1012, T1015
SNOMED	14736009, 17436001, 30346009, 32142009, 37667001, 37894004, 40274000, 60112009, 60689008, 69399002, 76464004, 83362003, 86181006, 90817005, 105395007, 108224003, 117250008, 117251007, 165309004, 171047005, 171208001, 225885004, 313071005, 371883000, 385781007, 405778003, 408933008, 408934002, 408935001, 408936000, 408941008, 408942001, 408943006, 408944000, 408945004, 408946003, 408947007, 408948002, 409063005, 409066002, 409071009, 410273004, 410314003, 410321003, 413473000, 426928008, 710355008, 710893009, 733810001, 429291000124102, 448571000124105
UBREV	0510, 0513, 0515-17, 0519-23, 0526-29, 0900, 0902-07, 0911-17, 0919, 0944-45, 0982-83

(Codes continued)

Follow-Up After Emergency Department Visit for Alcohol or Other Drug Abuse or Dependence (FUA)

Codes (continued)

See Appendix for codes that include descriptions for alcohol and other drug abuse and dependence diagnoses.

Any of the following scenarios will meet criteria for the measure:

SCENARIO 2

IET Group Visits With Appropriate Place of Service Code

CPT/CPT II | 90791-92, 90832-34, 90836-40, 90845, 90847, 90849, 90853, 90875-76

AND

Place of Service Code

Code	Location	Code	Location
02	Telehealth	19	Off-campus outpatient hospital
03	School	20	Urgent care facility
05	Indian Health Service free-standing facility	22	On-campus outpatient hospital
07	Tribal 638 free-standing facility	24	Ambulatory surgical center
09	Prison/correctional facility	33	Custodial care facility
11	Office	49	Independent clinic
12	Home	50	Federally qualified health center
13	Assisted living facility	52	Psychiatric facility-partial hospitalization
14	Group home	53	Community mental health center
15	Mobile unit	57	Non-residential substance abuse treatment facility
16	Temporary lodging	71	Public health clinic
17	Walk-in retail health clinic	72	Rural health clinic
18	Place of employment – worksite		

SCENARIO 3

IET Group Visits With Appropriate Place of Service Code

CPT/CPT II | 99221-23, 99231-33, 99238-39, 99251-55

AND

Place of Service Code

Code	Location
02	Telehealth
52	Psychiatric facility-partial hospitalization
53	Community mental health center

(Codes continued)

Follow-Up After Emergency Department Visit for Alcohol or Other Drug Abuse or Dependence (FUA)

Codes (continued)

See Appendix for codes that include descriptions for alcohol and other drug abuse and dependence diagnoses.

Any of the following scenarios will meet criteria for the measure:

SCENARIO 4

Observation Visit

CPT/CPT II	99217, 99218, 99219, 99220
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SCENARIO 5

Telephone Visit

CPT/CPT II	98966-68, 99441-43
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SNOMED	11797002, 185317003, 314849005, 386472008, 386473003, 386479004
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SCENARIO 6

Online Assessment

CPT/CPT II	98969, 99444
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Exclusion(s)

If applicable, see Appendix for codes and descriptions.

Exclusion

Members who use hospice services or elect to use a hospice benefit, regardless of when the services began during the measurement year

Timeframe

Any time during the measurement year



IMPORTANT NOTES

- Visits that result in an inpatient stay are not included
- Telehealth visits are acceptable to address the care opportunity.

Follow-Up After Emergency Department Visit for Alcohol or Other Drug Abuse or Dependence (FUA)

Tips and Best Practices to Help Close This Care Opportunity

- The Mental Health Services Administration supports following the Screening, Brief Intervention and Referral to Treatment (SBIRT) guideline¹ at [samhsa.gov/sbirt](https://www.samhsa.gov/sbirt).
- If you need to refer your patient to a behavioral health specialist or need to request coordination of care, please call the number on the back of the patient's health plan ID card or search liveandworkwell.com.
- **Available Resources:**
 - **Alcohol and Drug Use Screening Tools:**
[Providerexpress.com](https://www.providerexpress.com) > Clinical Resources > Alcohol or Other Drug Disorders
 - **Behavioral Health Tools and Information:**
[Providerexpress.com](https://www.providerexpress.com) > Clinical Resources > Behavioral Health Toolkit for Medical Providers
 - **Patient Education Information:**
[Liveandworkwell.com](https://www.liveandworkwell.com) – use access code “clinician.” See “Mind & Body” at the top, scroll down to find the links to topics.
- AOD visits can be accepted as supplemental data. Please contact your UnitedHealthcare representative to discuss **clinical data exchange opportunities**.

¹<https://www.integration.samhsa.gov/clinical-practice/sbirt/referral-to-treatment>

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

New for 2020

Added

- Supplemental data can be used for the hospice exclusion
- SNOMED codes for measure compliance



Definition

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 of when the first ADHD medication was dispensed

Two rates are reported:

1. **Initiation Phase** – Percentage of members ages 6–12 with an ambulatory prescription dispensed for ADHD medication who had one follow-up visit with a practitioner with prescribing authority during the 30-day Initiation Phase. A member must be between ages 6-12 when the first prescription for an ADHD medicine was dispensed.
2. **Continuation and Maintenance Phase** – Percentage of members ages 6–12 with an ambulatory prescription dispensed for ADHD medication, who remained on the medication for at least 210 days and who, in addition to the visit in the Initiation Phase, had at least two follow-up visits with a practitioner on different dates of service within 270 days – nine months – after the Initiation Phase ended. A member must be between ages 6-12 when the first prescription for an ADHD medicine was dispensed.

Plan(s) Affected	Quality Program(s) Affected	Collection and Reporting Method
<ul style="list-style-type: none"> • Commercial • Medicaid 	<ul style="list-style-type: none"> • NCQA Accreditation • NCQA Health Plan Ratings (Continuation Only) 	Administrative <ul style="list-style-type: none"> • Claim/Encounter Data • Pharmacy Data

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

Codes

See Appendix for codes that include descriptions.

Initiation Phase

SCENARIO 1

Outpatient Visit With a Practitioner With Prescribing Authority and With Appropriate Place of Service Code (Place of Service Code Must Be Billed With Visit Code.)

CPT/CPT II	90791-92, 90832-34, 90836-40, 90845, 90847, 90849, 90853, 90875-76, 99221-23, 99231-33, 99238-39, 99251-55
SNOMED	See appendix

AND

Place of Service Code

Code	Location	Code	Location
03	School	17	Walk-in retail health clinic
05	Indian Health Service free-standing facility	18	Place of employment – worksite
07	Tribal 638 free-standing facility	19	Off-campus outpatient hospital
09	Prison/correctional facility	20	Urgent care facility
11	Office	22	On-campus outpatient hospital
12	Home	33	Custodial care facility
13	Assisted living facility	49	Independent clinic
14	Group home	50	Federally qualified health center
15	Mobile unit	71	Public health clinic
16	Temporary lodging	72	Rural health clinic

(Codes continued)

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

Codes (continued)

See Appendix for codes that include descriptions.

SCENARIO 2

Behavioral Health Outpatient Visit With a Practitioner With Prescribing Authority

CPT/CPT II	98960-62, 99078, 99201-05, 99211-15, 99241-45, 99341-45, 99347-50, 99381-87, 99391-97, 99401-04, 99411-12, 99483, 99510
HCPCS	G0155, G0176-77, G0409, G0463, H0002, H0004, H0031, H0034, H0036-37, H0039-40, H2000, H2010-11, H2013-20, M0064, T1015
SNOMED	17436001, 30346009, 37894004, 77406008, 84251009, 185463005, 185464004, 185465003, 281036007, 391223001, 391224007, 391225008, 391237005, 391239008, 391242002, 391257009, 391260002, 391261003, 439740005, 3391000175108, 444971000124105
UBREV	0510, 0513, 0515-17, 0519-23, 0526-29, 0900, 0902-04, 0911, 0914-17, 0919, 0982-83

SCENARIO 3

Observation Visit With a Practitioner With Prescribing Authority

Observation Visit	
CPT/CPT II	99217-20

SCENARIO 4

Intensive Outpatient Encounter or Partial Hospitalization With a Practitioner With Prescribing Authority

Partial Hospitalization/Intensive Outpatient Visits	
HCPCS	G0410-11, H0035, H2001, H2012, S0201, S9480, S9484-85
SNOMED	7133001, 305345009, 305346005, 305347001, 391038005, 391042008, 391043003, 391046006, 391047002, 391048007, 391054008, 391055009, 391056005, 391133003, 391150001, 391151002, 391152009, 391153004, 391170007, 391185001, 391186000, 391187009, 391188004, 391191004, 391192006, 391194007, 391195008, 391207001, 391208006, 391209003, 391210008, 391211007, 391223001, 391226009, 391228005, 391229002, 391232004, 391233009, 391237005, 391252003, 391254002, 391255001, 391256000, 391257009
UBREV	0905, 0907, 0912-13

(Codes continued)

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

Codes (continued)

See Appendix for codes that include descriptions.

SCENARIO 5

A Health and Behavior Assessment/Intervention With a Practitioner With Prescribing Authority

CPT/CPT II	96150-54
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SCENARIO 6

Intensive Outpatient Encounter or Partial Hospitalization With a Practitioner With Prescribing Authority and With Appropriate Place of Service Code (Place of Service Code Must Be Billed With Visit Code.)

Partial Hospitalization/Intensive Outpatient Visits

CPT/CPT II	90791-92, 90832-34, 90836-40, 90845, 90847, 90849, 90853, 90875-76, 99221-23, 99231-33, 99238-39, 99251-55
SNOMED	7133001, 305345009, 305346005, 305347001, 391038005, 391042008, 391043003, 391046006, 391047002, 391048007, 391054008, 391055009, 391056005, 391133003, 391150001, 391151002, 391152009, 391153004, 391170007, 391185001, 391186000, 391187009, 391188004, 391191004, 391192006, 391194007, 391195008, 391207001, 391208006, 391209003, 391210008, 391211007, 391223001, 391226009, 391228005, 391229002, 391232004, 391233009, 391237005, 391252003, 391254002, 391255001, 391256000, 391257009

AND

Place of Service Code

Code	Location
52	Psychiatric facility-partial hospitalization

(Codes continued)

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

Codes (continued)

See Appendix for codes that include descriptions.

SCENARIO 7

Community Mental Health Center Visit With a Practitioner With Prescribing Authority and With Appropriate Place of Service Code

Visit Setting Unspecified

CPT/CPT II	90791-92, 90832-34, 90836-40, 90845, 90847, 90849, 90853, 90875-76, 99221-23, 99231-33, 99238-39, 99251-55
SNOMED	See appendix

AND

Place of Service Code

Code	Location
53	Community mental health center

Continuation Phase – Initiation Phase scenarios 1–7 in addition to the following (only one of the two follow-up visits during days 31–300 may be telehealth):

SCENARIO 8

Telehealth Visit With a Practitioner With Prescribing Authority and With Appropriate Place of Service Code

Visit Setting Unspecified

CPT/CPT II	90791-92, 90832-34, 90836-40, 90845, 90847, 90849, 90853, 90875-76, 99221-23, 99231-33, 99238-39, 99251-55
SNOMED	See appendix

AND

Place of Service Code

Code	Location
2	Telehealth

SCENARIO 9

Telephone Visit With a Practitioner With Prescribing Authority

Telephone Visits

CPT/CPT II	98966-68, 99441-43
SNOMED	11797002, 185317003, 314849005, 386472008, 386473003, 386479004

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

Exclusion(s)

If applicable, see Appendix for codes and descriptions.

Exclusion	Timeframe
Members who use hospice services or elect to use a hospice benefit, regardless of when the services began during the measurement year	Any time during the measurement year
Narcolepsy	Any time during a member's history through Dec. 31 of the measurement year
Members who had an acute inpatient encounter for mental, behavioral or neurodevelopmental disorder	During the 300 days (10 months) after the earliest prescription dispensing date

The following ADHD medications dispensed during the 12-month window starting March 1 of the year prior to the measurement year and ending the last calendar day of February of the measurement year identify members for this measure:

Drug Category	Medications
CNS stimulants	<ul style="list-style-type: none"> Amphetamine-dextroamphetamine Dexmethylphenidate Dextroamphetamine Lisdexamfetamine Methylphenidate Methamphetamine
Alpha-2 receptor agonists	<ul style="list-style-type: none"> Clonidine Guanfacine
Miscellaneous ADHD medications	<ul style="list-style-type: none"> Atomoxetine

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



IMPORTANT NOTES

Initiation Phase – When prescribing ADHD medication for the first time:

- Schedule a member’s follow-up appointment within 21–28 days after they receive their initial prescription to assess effectiveness and address any side effects.
- Write the initial prescription for the number of days until the follow-up appointment to increase the likelihood that a patient will come to the visit.
- Use screening tools such as the Vanderbilt Assessment Scale to assist with diagnosing ADHD
- Visits billed with a telehealth modifier or telehealth POS code will not count toward the initiation phase.

Continuation and Maintenance Phase – When providing ongoing care:

- Schedule at least two more follow-up appointments within the next nine months to help ensure the member is stabilized on an appropriate dose.
- A telehealth visit is eligible for **one** visit toward the Continuation and Maintenance Phase.

Medical Record Detail Including, But Not Limited To

- Medication list
- Progress notes

Tips and Best Practices to Help Close This Care Opportunity

- Screening tools such as the National Institute for Children’s Health Quality (NICHQ) Vanderbilt Assessment Scale can help with diagnosing ADHD.
- When prescribing ADHD medication for the first time, make sure all members are scheduled for a follow-up visit within 30 days.
- Write the initial prescription for the number of days until a member’s follow-up visit to increase the likelihood they’ll come to the appointment.
- Schedule at least three follow-up visits at the time a member’s diagnosed and gets their prescription.
 - The first appointment should be 21 to 28 days after they receive their initial prescription so you can assess the medication’s effectiveness and address any side effects.
 - Schedule at least two or more follow-up appointments within the next nine months to confirm the member’s stable and taking the appropriate dose.
- Review members’ history of prescription refill patterns and reinforce education and reminders to take their medication as prescribed.
- At each office visit, talk with members about following your treatment plan and/or barriers to taking their medications, and encourage adherence.
- ADHD follow-up visits can be accepted as supplemental data. Please contact your UnitedHealthcare representative to discuss **clinical data exchange opportunities**.

Metabolic Monitoring for Children and Adolescents on Antipsychotics (APM)

New for 2020

Updated

- Removed Prochlorperazine from the Antipsychotic Medication List

Added

- Prochlorperazine Medication List
- Now reporting three individual rates. Blood glucose, Cholesterol and Blood Glucose and Cholesterol
- Supplemental data can be used for the hospice exclusion
- SNOMED codes for measure compliance



Definition

Percentage of children and adolescents ages 1–17 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

Plan(s) Affected	Quality Program(s) Affected	Collection and Reporting Method
<ul style="list-style-type: none"> Commercial Medicaid 	<ul style="list-style-type: none"> NCQA Accreditation NCQA Health Plan Ratings Select State Medicaid Reporting 	Administrative <ul style="list-style-type: none"> Claim/Encounter Data Pharmacy Data

Codes

See Appendix for codes that include descriptions.

Glucose Test	
CPT/CPT II	80047-48, 80050, 80053, 80069, 82947, 82950-51
LOINC	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
SNOMED	7918005, 22569008, 33747003, 52302001, 72191006, 73128004, 88856000, 104686004, 167086002, 167087006, 167088001, 167095005, 167096006, 167097002, 250417005, 271061004, 271062006, 271063001, 271064007, 271065008, 275810004, 302788006, 302789003, 308113006, 313474007, 313545000, 313546004, 313624000, 313626003, 313627007, 313628002, 313630000, 313631001, 313697000, 313698005, 313810002, 412928005, 440576000, 443780009, 444008003, 444127006, 166891009, 166892002, 166914001, 166915000, 166916004, 166917008, 166918003, 166919006, 166922008, 166923003, 365812005, 442545002, 444780001

(Codes continued)

Metabolic Monitoring for Children and Adolescents on Antipsychotics (APM)

Codes

See Appendix for codes that include descriptions.

HbA1c Test

CPT/CPT II	83036-37, 3044F-46F, 3051-52F
LOINC	17856-6, 4548-4, 4549-2
SNOMED	165679005, 451051000124101, 451061000124104

Cholesterol Test Other Than LDL

CPT/CPT II	82465, 83718, 84478
LOINC	2085-9, 2093-3, 2571-8, 3043-7, 9830-1
SNOMED	14740000, 28036006, 77068002, 104583003, 104584009, 104586006, 104781003, 104784006, 104990004, 104991000, 121868005, 166832000, 166838001, 166839009, 166849007, 166850007, 167072001, 167073006, 167082000, 167083005, 167084004, 271245006, 275972003, 314035000, 315017003, 390956002, 412808005, 412827004, 443915001, 166830008, 166831007, 166848004, 259557002, 365793008, 365794002, 365795001, 365796000, 439953004, 442193004, 442234001, 442350007, 442480001, 707122004, 707123009, 67991000119104

LDL-C Test

CPT/CPT II	80061, 83700-01, 83704, 83721, 3048F-50F
LOINC	12773-8, 13457-7, 18261-8, 18262-6, 2089-1, 49132-4, 55440-2
SNOMED	113079009, 166833005, 166840006, 166841005, 167074000, 167075004, 314036004

Metabolic Monitoring for Children and Adolescents on Antipsychotics (APM)

Exclusion(s)

If applicable, see Appendix for codes and descriptions.

Exclusion	Timeframe
Members who use hospice services or elect to use a hospice benefit, regardless of when the services began	Any time during the measurement year



IMPORTANT NOTES

A member must have metabolic screening tests that measure **both** blood glucose and cholesterol.

Individual tests to measure cholesterol and blood glucose levels can be done on the same or different dates of service.

Test, Service or Procedure to Close Care Opportunity

- Glucose test or HbA1c test
- and**
- Cholesterol test other than low-density lipoprotein (LDL) or LDL-C test

Tips and Best Practices to Help Close This Care Opportunity

- The use of CPT Category II codes helps UnitedHealthcare identify clinical outcomes such as HbA1c level. It can also reduce the need for some chart review.
- Please note, CPT II codes are for reporting purposes only and are not separately reimbursable. If you receive a claim denial, your reporting code will still be included in the quality measure.
- Lab tests visits can be accepted as supplemental data. Please contact your UnitedHealthcare representative to discuss **clinical data exchange opportunities**.

Appropriate Testing for Pharyngitis (CWP)

New for 2020

Added

- Medicare now included

Revised

- Age range changed from 3-18 years of age to 3 years of age and older
- Denominator is now based on episodes and not members
- Can no longer exclude episode dates when the member had any diagnoses other than Pharyngitis on the same date of service, in any setting

Definition

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

A higher rate indicates appropriate testing and treatment.

Plan(s) Affected	Quality Program(s) Affected	Collection and Reporting Method
<ul style="list-style-type: none"> • Commercial • Medicaid • Medicare 	<ul style="list-style-type: none"> • NCQA Accreditation • NCQA Health Plan Ratings 	Administrative <ul style="list-style-type: none"> • Claim/Encounter Data • Pharmacy Data

Codes

See Appendix for codes that include descriptions.

Group A Strep Test	
CPT/CPT II	87070-71, 87081, 87430, 87650-52, 87880
LOINC	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
SNOMED	122121004, 122205003, 122303007
Pharyngitis	
ICD-10 Diagnosis	J02.0, J02.8, J02.9, J03.00, J03.01, J03.80-81, J03.90-91

Appropriate Testing for Pharyngitis (CWP)

Medications

The following antibiotic medications, in conjunction with a strep test, will meet compliance for this measure:

Drug Category	Medications
Aminopenicillins	<ul style="list-style-type: none"> Amoxicillin Ampicillin
Beta-lactamase inhibitors	<ul style="list-style-type: none"> Amoxicillin-clavulanate
First generation cephalosporins	<ul style="list-style-type: none"> Cefadroxil Cefazolin Cephalexin
Folate antagonist	<ul style="list-style-type: none"> Trimethoprim
Lincomycin derivatives	<ul style="list-style-type: none"> Clindamycin
Macrolides	<ul style="list-style-type: none"> Azithromycin Clarithromycin Erythromycin Erythromycin ethylsuccinate Erythromycin lactobionate Erythromycin stearate
Natural penicillins	<ul style="list-style-type: none"> Penicillin G potassium Penicillin G sodium Penicillin V potassium Penicillin G benzathine
Penicillinase-resistant penicillins	<ul style="list-style-type: none"> Dicloxacillin
Quinolones	<ul style="list-style-type: none"> Ciprofloxacin Levofloxacin Moxifloxacin Ofloxacin
Second-generation cephalosporins	<ul style="list-style-type: none"> Cefaclor Cefprozil Cefuroxime
Sulfonamides	<ul style="list-style-type: none"> Sulfamethoxazole-trimethoprim
Tetracyclines	<ul style="list-style-type: none"> Doxycycline Minocycline Tetracycline
Third-generation cephalosporins	<ul style="list-style-type: none"> Cefdinir Cefditoren Cefixime Cefpodoxime Ceftibuten Ceftriaxone

Appropriate Testing for Pharyngitis (CWP)

Exclusion(s)

If applicable, see Appendix for codes and descriptions.

Exclusion	Timeframe
Members who use hospice services or elect to use a hospice benefit, regardless of when the services began during the measurement year	Any time during the measurement year
<ul style="list-style-type: none"> HIV Malignant Neoplasms Malignant Neoplasms of the Skin Emphysema COPD Disorders of the Immune System 	12 months prior to or on the episode date



IMPORTANT NOTES

This measure addresses appropriate treatment for pharyngitis with a strep test and, **if appropriate**, prescription of an antibiotic within three days of the test.

A pharyngitis diagnosis can be from an outpatient visit, online assessment, telehealth visit, emergency department or observation visit between July 1 of the year prior to the measurement year and June 30 of the measurement year.

Test, Service or Procedure to Close Care Opportunity

- History and physical
- Lab reports
- Progress notes

Tips and Best Practices to Help Close This Care Opportunity

- Please check your Patient Care Opportunity Report (PCOR) often to see members with open care opportunities.** If you have questions, your UnitedHealthcare representative can help.
- Always bill using the LOINC codes previously listed with your strep test submission – not local codes.**
- Lab results can be accepted as supplemental data. Please contact your UnitedHealthcare representative to discuss **clinical data exchange opportunities**.

Appropriate Treatment for Upper Respiratory Infection (URI)

New for 2020

Updated

- Outpatient visits that result in an inpatient stay are now a required exclusion
- Supplemental data can be used for the hospice exclusion
- Competing diagnosis exclusion timeframe changed from 38 days to on or within 3 days of the episode date

Added

- Medicare now included
- SNOMED codes for exclusion criteria

Revised

- Measure name change
- Age range changed from 3 months to 18 years to 3 months and older
- Denominator is now based on episodes and not members

Definition

Percentage of episodes for members ages 3 months and older who were given a diagnosis of upper respiratory infection (URI) and were **not** dispensed an antibiotic prescription

Plan(s) Affected	Quality Program(s) Affected	Collection and Reporting Method
<ul style="list-style-type: none"> • Commercial • Medicaid • Medicare 	<ul style="list-style-type: none"> • CMS Quality Rating System • NCQA Accreditation • NCQA Health Plan Ratings 	Administrative <ul style="list-style-type: none"> • Claim/Encounter Data • Pharmacy Data

Codes

See Appendix for codes that include descriptions.

Upper Respiratory Infection Codes That Do Not Need Antibiotics	
ICD-10 Diagnosis	J00, J06.0, J06.9
SNOMED	43692000, 54398005, 78337007, 82272006

Appropriate Treatment for Upper Respiratory Infection (URI)

Exclusion(s)

If applicable, see Appendix for codes and descriptions.

Exclusion	Timeframe
Members who use hospice services or elect to use a hospice benefit, regardless of when the services began during the measurement year	Any time during the measurement year
Exclude episode dates when the member had a claim with any of the below diagnoses: <ul style="list-style-type: none"> • HIV • Malignant Neoplasms • Emphysema • COPD • Disorders of the Immune Systems 	During the 12 months prior to or on the episode date



IMPORTANT NOTES

This measure addresses appropriate treatment for upper respiratory infections **without** prescribing an antibiotic.

An upper respiratory infection diagnosis can be from an outpatient, telephonic, observation, ED visit or an online assessment between July 1 of the year prior to the measurement year and June 30 of the measurement year.

Test, Service or Procedure to Close Care Opportunity

- History and physical
- Progress notes

Tips and Best Practices to Help Close This Care Opportunity

- **Please check your Patient Care Opportunity Report (PCOR) often to see members with open care opportunities.** If you have questions, your UnitedHealthcare representative can help.
- Details on the appropriate treatment of URIs are available at [cdc.gov](https://www.cdc.gov).

Avoidance of Antibiotic Treatment for Acute Bronchitis/Bronchiolitis (AAB)

New for 2020

Updated

- Outpatient visits that result in an inpatient stay are now a required exclusion
- Supplemental data can be used for the hospice exclusion
- Competing diagnosis exclusion timeframe changed from 38 days on or within 3 days of the episode date

Added

- Medicare now included
- SNOMED codes for exclusion criteria

Revised

- Measure name change
- Age range changed from 18-64 to 3 months and older
- Denominator is now based on episodes and not members
- Intake period to identify denominator changed to July 1 of year prior to measurement year through June 30 of measurement year

Definition

Percentage of episodes for members ages 3 months and older with a diagnosis of acute bronchitis/bronchiolitis between July 1 of the year prior to the measurement year through June 30 of the measurement year who were not dispensed an antibiotic medication on or within 3 days after the episode

A higher rate indicates appropriate treatment (not prescribed an antibiotic).

Plan(s) Affected	Quality Program(s) Affected	Collection and Reporting Method
<ul style="list-style-type: none"> • Commercial • Medicaid • Medicare 	<ul style="list-style-type: none"> • CMS Quality Rating System • NCQA Accreditation • NCQA Health Plan Ratings 	<p>Administrative</p> <ul style="list-style-type: none"> • Claim/Encounter Data • Pharmacy Data

Avoidance of Antibiotic Treatment for Acute Bronchitis/Bronchiolitis (AAB)

Medications

To comply with this measure, the following antibiotics should not be dispensed upon diagnosis of acute bronchitis/bronchiolitis:

Description	Prescription
Aminoglycosides	<ul style="list-style-type: none"> Amikacin Gentamicin Streptomycin Tobramycin
Aminopenicillins	<ul style="list-style-type: none"> Amoxicillin Ampicillin
Beta-lactamase inhibitors	<ul style="list-style-type: none"> Amoxicillin-clavulanate Ampicillin-sulbactam Piperacillin-tazobactam
First-generation cephalosporins	<ul style="list-style-type: none"> Cefadroxil Cefazolin Cephalexin
Fourth-generation cephalosporins	<ul style="list-style-type: none"> Cefepime
Ketolides	<ul style="list-style-type: none"> Telithromycin
Lincomycin derivatives	<ul style="list-style-type: none"> Clindamycin Lincomycin
Macrolides	<ul style="list-style-type: none"> Azithromycin Clarithromycin Erythromycin Erythromycin ethylsuccinate Erythromycin lactobionate Erythromycin stearate
Miscellaneous antibiotics	<ul style="list-style-type: none"> Aztreonam Chloramphenicol Dalfopristin-quinupristin Daptomycin Linezolid Metronidazole Vancomycin
Natural penicillins	<ul style="list-style-type: none"> Penicillin G benzathine-procaine Penicillin G potassium Penicillin G procaine Penicillin G sodium Penicillin V potassium Penicillin G benzathine
Penicillinase resistant penicillins	<ul style="list-style-type: none"> Dicloxacillin Nafcillin Oxacillin
Quinolones	<ul style="list-style-type: none"> Ciprofloxacin Gemifloxacin Levofloxacin Moxifloxacin Ofloxacin
Rifamycin derivatives	<ul style="list-style-type: none"> Rifampin
Second-generation cephalosporins	<ul style="list-style-type: none"> Cefaclor Cefotetan Cefoxitin Cefprozil Cefuroxime
Sulfonamides	<ul style="list-style-type: none"> Sulfadiazine Sulfamethoxazole-trimethoprim

Avoidance of Antibiotic Treatment for Acute Bronchitis/Bronchiolitis (AAB)

Medications (continued)

To comply with this measure, the following antibiotics should not be dispensed upon diagnosis of acute bronchitis/bronchiolitis:

Description	Prescription
Tetracyclines	<ul style="list-style-type: none"> • Doxycycline • Minocycline
Third-generation cephalosporins	<ul style="list-style-type: none"> • Cefdinir • Cefditoren • Cefixime • Cefotaxime
Urinary anti-infectives	<ul style="list-style-type: none"> • Fosfomycin • Nitrofurantoin • Nitrofurantoin macrocrystals

Exclusion(s)

If applicable, see Appendix for codes and descriptions.

Exclusion	Timeframe
Members who use hospice services or elect to use a hospice benefit, regardless of when the services began during the measurement year	Any time during the measurement year
<p>An episode for bronchitis/bronchiolitis will not count toward the measure denominator if the member was diagnosed with one of these conditions within 12 months of the event:</p> <ul style="list-style-type: none"> • Chronic obstructive pulmonary disease (COPD) • Cystic fibrosis • Disorders of the immune system • Emphysema • HIV • Malignant neoplasms • Other malignant neoplasms of the skin 	During the 12 months prior to or on the episode date

Tips and Best Practices to Help Close This Care Opportunity

- **Please check your Patient Care Opportunity Report (PCOR) often to see members with open care opportunities.** If you have questions, your UnitedHealthcare representative can help.
- An episode for bronchitis/bronchiolitis will **not** count toward the measure denominator if the member was diagnosed with either pharyngitis or a competing diagnosis on or 3 days after the episode date

Asthma Medication Ratio (AMR)

New for 2020

Updated

- Supplemental data can be used for the hospice exclusion

Added

- SNOMED codes for chronic conditions related to required exclusion criteria
- Benralizumab to list of Anti-interleukin-5 medications

Definition

Percentage of members ages 5–64 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

Plan(s) Affected	Quality Program(s) Affected	Collection and Reporting Method
<ul style="list-style-type: none"> Commercial Medicaid 	<ul style="list-style-type: none"> NCQA Accreditation NCQA Health Plan Ratings 	Administrative <ul style="list-style-type: none"> Claim/Encounter Data Pharmacy Data

Medications

To comply with this measure, a member must have the appropriate ratio of controller medications to total asthma medications.

Asthma Controller Medications

Drug Category	Medications
Antiasthmatic combinations	<ul style="list-style-type: none"> Dyphylline-guaifenesin
Antibody inhibitors	<ul style="list-style-type: none"> Omalizumab
Anti-interleukin-5	<ul style="list-style-type: none"> Benralizumab Mepolizumab Reslizumab
Inhaled corticosteroids	<ul style="list-style-type: none"> Beclomethasone Budesonide Ciclesonide Flunisolide Fluticasone Mometasone
Inhaled steroid combinations	<ul style="list-style-type: none"> Budesonide-formoterol Fluticasone-salmeterol Fluticasone-vilanterol Formoterol-mometasone
Leukotriene modifiers	<ul style="list-style-type: none"> Montelukast Zafirlukast Zileuton
Methylxanthines	<ul style="list-style-type: none"> Theophylline

(Medications continued)

Asthma Medication Ratio (AMR)

Medications (continued)

To comply with this measure, a member must have the appropriate ratio of controller medications to total asthma medications.

Asthma Reliever Medications

Drug Category	Medications
Short-acting, inhaled beta-2 agonists	<ul style="list-style-type: none"> Albuterol Levalbuterol

Exclusion(s)

If applicable, see Appendix for codes and descriptions.

Exclusion	Timeframe
Members who use hospice services or elect to use a hospice benefit, regardless of when the services began in the measurement year	Any time during the measurement year
<ul style="list-style-type: none"> Acute respiratory failure Chronic obstructive pulmonary disease (COPD) Chronic respiratory conditions due to fumes/vapors Cystic fibrosis Emphysema Obstructive chronic bronchitis 	Any time during a member's history through Dec. 31 of the measurement year
Members who weren't prescribed an asthma medication	Any time during the measurement year

Tips and Best Practices to Help Close This Care Opportunity

- Please check your Patient Care Opportunity Report (PCOR) often to see members with open care opportunities.** If you have questions, your UnitedHealthcare representative can help.
- National Institutes of Health guidelines recommend using tools such as the childhood and adult asthma control test along with an asthma action plan to help members manage their condition.

Medication Management for People With Asthma (MMA)

New for 2020

Updated

- Supplemental data can be used for the hospice exclusion

Added

- Benralizumab to list of Anti-interleukin-5 medications
- SNOMED codes for chronic conditions related to required exclusion criteria

Definition

Percentage of members ages 5–64 during the measurement year who were identified as having persistent asthma and were dispensed appropriate medications that they remained on during the treatment period

Two rates are reported:

1. Percentage of members who remained on an asthma controller medication for at least 50 percent of the treatment period
2. Percentage of members who remained on an asthma controller medication for at least 75 percent of the treatment period

The **treatment period** is the timeframe between the date of the earliest prescription for any asthma controller medication during the measurement year through the end of the measurement year.

Plan(s) Affected	Quality Program(s) Affected	Collection and Reporting Method
<ul style="list-style-type: none"> • Commercial • Medicaid 	<ul style="list-style-type: none"> • CMS Quality Rating System • NCQA Accreditation (75 percent of treatment period only) • NCQA Health Plan Ratings 	<p>Administrative</p> <ul style="list-style-type: none"> • Claim/Encounter Data • Pharmacy Data

Medication Management for People With Asthma (MMA)

Medications

To comply with this measure, a member must have remained on one of the following asthma controller medications for the required duration of time:

Drug Category	Medications
Antiasthmatic combinations	<ul style="list-style-type: none"> Dyphylline-guaifenesin
Antibody inhibitors	<ul style="list-style-type: none"> Omalizumab
Anti-interleukin-5	<ul style="list-style-type: none"> Benralizumab Mepolizumab Reslizumab
Inhaled corticosteroids	<ul style="list-style-type: none"> Beclomethasone Budesonide Ciclesonide Flunisolide Fluticasone Mometasone
Inhaled steroid combinations	<ul style="list-style-type: none"> Budesonide-formoterol Fluticasone-salmeterol Fluticasone-vilanterol Formoterol-mometasone
Leukotriene modifiers	<ul style="list-style-type: none"> Montelukast Zafirlukast Zileuton
Methylxanthines	<ul style="list-style-type: none"> Theophylline

Exclusion(s)

If applicable, see Appendix for codes and descriptions.

Exclusion	Timeframe
Members who use hospice services or elect to use a hospice benefit, regardless of when the services began during the measurement year	Any time during the measurement year
<ul style="list-style-type: none"> Acute respiratory failure Chronic obstructive pulmonary disease (COPD) Chronic respiratory conditions due to fumes/vapors Cystic fibrosis Emphysema Obstructive chronic bronchitis 	Any time during a member's history through Dec. 31 of the measurement year
Members who weren't prescribed an asthma controller medication	Any time during the measurement year

Tips and Best Practices to Help Close This Care Opportunity

- **Please check your Patient Care Opportunity Report (PCOR) often to see members with open care opportunities.** If you have questions, your UnitedHealthcare representative can help.
- National Institutes of Health guidelines recommend using tools such as the childhood and adult asthma control test along with an asthma action plan to help members manage their condition.

CPT Category II Codes

Use to help achieve better outcomes for your patients and your practice.

CPT® Category II codes make it easier for you to share data with UnitedHealthcare quickly and efficiently. When you add them for certain preventive care services and test results, we can get a more complete picture of our plan members' health – and help you address care opportunities tied to Healthcare Effectiveness Data and Information Set (HEDIS®) quality measures. Please note, CPT II codes are for reporting purposes only and are not separately reimbursable. If you receive a claim denial, your reporting code will still be included in the quality measure.

Using CPT Category II codes may also offer these benefits:

- 1 Fewer medical record requests**
 When you add CPT Category II codes, we won't have to request charts from your office to confirm care you've already completed.
- 2 Enhanced performance**
 With better information, we can work with you to help identify opportunities to improve patient care. This may lead to better performance on HEDIS® measures for your practice.
- 3 Improved health outcomes**
 With more precise data, we can refer UnitedHealthcare plan members to our programs that may be appropriate for their health situation to help support your plan of care.
- 4 Less mail for members**
 With more complete information, we can avoid sending reminders to patients to get screenings they may have already completed.

List of CPT Category II codes to include

The following chart shows which measures are tracked and which codes to use for each measure. For a complete list of CPT Category II codes, please go to the American Medical Association website at ama-assn.org > Practice Management > CPT (Current Procedural Terminology) > CPT Overview > Finding Coding Resources.

Measure	Code Descriptor	CPT Category II Codes
Care for Older Adults	Advance care planning discussed and documented – advance care plan or surrogate decision-maker documented in medical record	1123F
	Advance care planning discussed and documented in medical record – patient didn't wish to or was unable to provide an advance care plan or name a surrogate decision-maker	1124F
	Pain assessment – pain documented	1125F
	Pain assessment – pain documented	1126F
	Advance care plan or similar document in medical record	1157F
	Advance care planning discussion documented	1158F
	Medication list documented	1159F
	Medication review by prescribing care provider or clinical pharmacist documented	1160F
	Functional status assessed	1170F

The following is a list of the primary services and codes you can use to close the care opportunities outlined in this guide. This information is taken directly from NCQA HEDIS® technical specifications. **Only codes with descriptions are included.** For more information about codes not in this Appendix, please visit [ncqa.org](https://www.ncqa.org).

Measure	Service	Code	Description	Code Type	N*	E**	Pg
ABA	BMI	Z68.1	Body mass index (BMI) 19.9 or less, adult	ICD10CM	•		
	BMI	Z68.20	Body mass index (BMI) 20.0-20.9, adult	ICD10CM	•		
	BMI	Z68.21	Body mass index (BMI) 21.0-21.9, adult	ICD10CM	•		
	BMI	Z68.22	Body mass index (BMI) 22.0-22.9, adult	ICD10CM	•		
	BMI	Z68.23	Body mass index (BMI) 23.0-23.9, adult	ICD10CM	•		
	BMI	Z68.24	Body mass index (BMI) 24.0-24.9, adult	ICD10CM	•		
	BMI	Z68.25	Body mass index (BMI) 25.0-25.9, adult	ICD10CM	•		
	BMI	Z68.26	Body mass index (BMI) 26.0-26.9, adult	ICD10CM	•		
	BMI	Z68.27	Body mass index (BMI) 27.0-27.9, adult	ICD10CM	•		
	BMI	Z68.28	Body mass index (BMI) 28.0-28.9, adult	ICD10CM	•		
	BMI	Z68.29	Body mass index (BMI) 29.0-29.9, adult	ICD10CM	•		
	BMI	Z68.30	Body mass index (BMI) 30.0-30.9, adult	ICD10CM	•		
	BMI	Z68.31	Body mass index (BMI) 31.0-31.9, adult	ICD10CM	•		
	BMI	Z68.32	Body mass index (BMI) 32.0-32.9, adult	ICD10CM	•		
	BMI	Z68.33	Body mass index (BMI) 33.0-33.9, adult	ICD10CM	•		
	BMI	Z68.34	Body mass index (BMI) 34.0-34.9, adult	ICD10CM	•		
	BMI	Z68.35	Body mass index (BMI) 35.0-35.9, adult	ICD10CM	•		
	BMI	Z68.36	Body mass index (BMI) 36.0-36.9, adult	ICD10CM	•		
	BMI	Z68.37	Body mass index (BMI) 37.0-37.9, adult	ICD10CM	•		
	BMI	Z68.38	Body mass index (BMI) 38.0-38.9, adult	ICD10CM	•		
BMI	Z68.39	Body mass index (BMI) 39.0-39.9, adult	ICD10CM	•			
BMI	Z68.41	Body mass index (BMI) 40.0-44.9, adult	ICD10CM	•			
BMI	Z68.42	Body mass index (BMI) 45.0-49.9, adult	ICD10CM	•			
BMI	Z68.43	Body mass index (BMI) 50-59.9, adult	ICD10CM	•			
BMI	Z68.44	Body mass index (BMI) 60.0-69.9, adult	ICD10CM	•			
BMI	Z68.45	Body mass index (BMI) 70 or greater, adult	ICD10CM	•			
BMI	39156-5	Body mass index (BMI) [Ratio]	LOINC	•			
BMI	89270-3	Body mass index (BMI) [Ratio] Estimated	LOINC	•			
ADD, FUH, FUM	Partial Hospitalization or Intensive Outpatient	G0410	Group psychotherapy other than of a multiple-family group, in a partial hospitalization setting, approximately 45 to 50 minutes (G0410)	HCPCS	•		64-70, 46-51, 52-59
	Partial Hospitalization or Intensive Outpatient	G0411	Interactive group psychotherapy, in a partial hospitalization setting, approximately 45 to 50 minutes (G0411)	HCPCS	•		
	Partial Hospitalization or Intensive Outpatient	H0035	Mental health partial hospitalization, treatment, less than 24 hours (H0035)	HCPCS	•		
	Partial Hospitalization or Intensive Outpatient	H2001	Rehabilitation program, per 1/2 day (H2001)	HCPCS	•		

***Numerator** - Code closes member care opportunity (may be in conjunction with other codes)

****Exclusion** - Code removes member from measure (may be in conjunction with other codes)

Measure	Service	Code	Description	Code Type	N*	E**	Pg
ADD, FUH, FUM	Partial Hospitalization or Intensive Outpatient	H2012	Behavioral health day treatment, per hour (H2012)	HCPCS	•		64-70, 46-51, 52-59
	Partial Hospitalization or Intensive Outpatient	S0201	Partial hospitalization services, less than 24 hours, per diem (S0201)	HCPCS	•		
	Partial Hospitalization or Intensive Outpatient	S9480	Intensive outpatient psychiatric services, per diem (S9480)	HCPCS	•		
	Partial Hospitalization or Intensive Outpatient	S9484	Crisis intervention mental health services, per hour (S9484)	HCPCS	•		
	Partial Hospitalization or Intensive Outpatient	S9485	Crisis intervention mental health services, per diem (S9485)	HCPCS	•		
	Partial Hospitalization or Intensive Outpatient	7133001	Psychiatric day care by day (procedure)	SNOMED CT US Edition	•		
	Partial Hospitalization or Intensive Outpatient	305345009	Admission to psychiatric day hospital (procedure)	SNOMED CT US Edition	•		
	Partial Hospitalization or Intensive Outpatient	305346005	Admission to psychogeriatric day hospital (procedure)	SNOMED CT US Edition	•		
	Partial Hospitalization or Intensive Outpatient	305347001	Admission to elderly severely mentally ill day hospital (procedure)	SNOMED CT US Edition	•		
	Partial Hospitalization or Intensive Outpatient	391038005	Emergency mental health assessment - Part day : day care (procedure)	SNOMED CT US Edition	•		
	Partial Hospitalization or Intensive Outpatient	391042008	Planned mental health assessment - Full day : day care (procedure)	SNOMED CT US Edition	•		
	Partial Hospitalization or Intensive Outpatient	391043003	Planned mental health assessment - Part day : day care (procedure)	SNOMED CT US Edition	•		
	Partial Hospitalization or Intensive Outpatient	391046006	Crisis/short term interventions in mental health care - Full day : day care (procedure)	SNOMED CT US Edition	•		
	Partial Hospitalization or Intensive Outpatient	391047002	Crisis/short term interventions in mental health care - Part day : day care (procedure)	SNOMED CT US Edition	•		

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**Exclusion - Code removes member from measure (may be in conjunction with other codes)

Measure	Service	Code	Description	Code Type	N*	E**	Pg
ADD, FUH, FUM	Partial Hospitalization or Intensive Outpatient	391048007	Crisis/short term interventions in mental health care - Daily intensive (procedure)	SNOMED CT US Edition	•		64-70, 46-51, 52-59
	Partial Hospitalization or Intensive Outpatient	391054008	Emergency mental health assessment - Daily intensive (procedure)	SNOMED CT US Edition	•		
	Partial Hospitalization or Intensive Outpatient	391055009	Mental health crisis resolution - Part day (procedure)	SNOMED CT US Edition	•		
	Partial Hospitalization or Intensive Outpatient	391056005	Mental health crisis resolution - Daily intensive (procedure)	SNOMED CT US Edition	•		
	Partial Hospitalization or Intensive Outpatient	391133003	Mental health crisis resolution - Full day (procedure)	SNOMED CT US Edition	•		
	Partial Hospitalization or Intensive Outpatient	391150001	General psychiatric care of older adults - Full day : day care (regime/therapy)	SNOMED CT US Edition	•		
	Partial Hospitalization or Intensive Outpatient	391151002	General psychiatric care of older adults - Part day : day care (regime/therapy)	SNOMED CT US Edition	•		
	Partial Hospitalization or Intensive Outpatient	391152009	General psychiatric care of older adults - Daily intensive (regime/therapy)	SNOMED CT US Edition	•		
	Partial Hospitalization or Intensive Outpatient	391153004	General psychiatric care of older adults - 3 to 5 contacts/week (regime/therapy)	SNOMED CT US Edition	•		
	Partial Hospitalization or Intensive Outpatient	391170007	General psychiatric care of older adults - 1 to 2 contacts/week (regime/therapy)	SNOMED CT US Edition	•		
	Partial Hospitalization or Intensive Outpatient	391185001	Early intervention in psychosis - Part day : day care (procedure)	SNOMED CT US Edition	•		
	Partial Hospitalization or Intensive Outpatient	391186000	Early intervention in psychosis - Daily intensive (procedure)	SNOMED CT US Edition	•		
	Partial Hospitalization or Intensive Outpatient	391187009	Early intervention in psychosis - 3-5 contacts/week (procedure)	SNOMED CT US Edition	•		
Partial Hospitalization or Intensive Outpatient	391188004	Early intervention in psychosis - 1-2 contacts/week (procedure)	SNOMED CT US Edition	•			

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**Exclusion - Code removes member from measure (may be in conjunction with other codes)

Measure	Service	Code	Description	Code Type	N*	E**	Pg
ADD, FUH, FUM	Partial Hospitalization or Intensive Outpatient	391191004	Homeless mental health care - Full day : day care (procedure)	SNOMED CT US Edition	•		64-70, 46-51, 52-59
	Partial Hospitalization or Intensive Outpatient	391192006	Homeless mental health care - Part day : day care (procedure)	SNOMED CT US Edition	•		
	Partial Hospitalization or Intensive Outpatient	391194007	Homeless mental health care - Daily intensive (procedure)	SNOMED CT US Edition	•		
	Partial Hospitalization or Intensive Outpatient	391195008	Homeless mental health care - 3-5 contacts/week (procedure)	SNOMED CT US Edition	•		
	Partial Hospitalization or Intensive Outpatient	391207001	Mental health addiction programs - full day: day care (procedure)	SNOMED CT US Edition	•		
	Partial Hospitalization or Intensive Outpatient	391208006	Mental health addiction programs - part day: day care (procedure)	SNOMED CT US Edition	•		
	Partial Hospitalization or Intensive Outpatient	391209003	Mental health addiction programs - daily intensive (procedure)	SNOMED CT US Edition	•		
	Partial Hospitalization or Intensive Outpatient	391210008	Mental health addiction programs - 3-5 contacts/ week (procedure)	SNOMED CT US Edition	•		
	Partial Hospitalization or Intensive Outpatient	391211007	Mental health addiction programs - 1-2 contacts/ week (procedure)	SNOMED CT US Edition	•		
	Partial Hospitalization or Intensive Outpatient	391223001	Mental health support groups staff facilitated - 1-2 contacts/week (procedure)	SNOMED CT US Edition	•		
	Partial Hospitalization or Intensive Outpatient	391226009	Mental health support no facilitation - 1-2 contacts/ week (procedure)	SNOMED CT US Edition	•		
	Partial Hospitalization or Intensive Outpatient	391228005	Psychological therapies - Full day : day care (procedure)	SNOMED CT US Edition	•		
	Partial Hospitalization or Intensive Outpatient	391229002	Psychological therapies - Part day : day care (procedure)	SNOMED CT US Edition	•		
	Partial Hospitalization or Intensive Outpatient	391232004	Psychological therapies - Daily intensive (procedure)	SNOMED CT US Edition	•		

*Numerator - Code closes member care opportunity (may be in conjunction with other codes)

**Exclusion - Code removes member from measure (may be in conjunction with other codes)

Measure	Service	Code	Description	Code Type	N*	E**	Pg
ADD, FUH, FUM	Partial Hospitalization or Intensive Outpatient	391233009	Psychological therapies - 3-5 contacts/week (procedure)	SNOMED CT US Edition	•		64-70, 46-51, 52-59
	Partial Hospitalization or Intensive Outpatient	391237005	Psychological therapies - 1-2 contacts/week (procedure)	SNOMED CT US Edition	•		
	Partial Hospitalization or Intensive Outpatient	391252003	Mental health functional therapies - Full day : day care (procedure)	SNOMED CT US Edition	•		
	Partial Hospitalization or Intensive Outpatient	391254002	Mental health functional therapies - Part day : day care (procedure)	SNOMED CT US Edition	•		
	Partial Hospitalization or Intensive Outpatient	391255001	Mental health functional therapies - Daily intensive (procedure)	SNOMED CT US Edition	•		
	Partial Hospitalization or Intensive Outpatient	391256000	Mental health functional therapies - 3-5 contacts/wk (procedure)	SNOMED CT US Edition	•		
	Partial Hospitalization or Intensive Outpatient	391257009	Mental health functional therapies - 1-2 contacts/week (procedure)	SNOMED CT US Edition	•		
	Partial Hospitalization or Intensive Outpatient	905		UBREV	•		
	Partial Hospitalization or Intensive Outpatient	907		UBREV	•		
	Partial Hospitalization or Intensive Outpatient	912		UBREV	•		
Partial Hospitalization or Intensive Outpatient	913		UBREV	•			
APM	Cholesterol Lab Test	2085-9	Cholesterol in HDL [Mass/volume] in Serum or Plasma	LOINC	•		71-73
	Cholesterol Lab Test	2093-3	Cholesterol [Mass/volume] in Serum or Plasma	LOINC	•		71-73
	Cholesterol Lab Test	2571-8	Triglyceride [Mass/volume] in Serum or Plasma	LOINC	•		71-73
	Cholesterol Lab Test	3043-7	Triglyceride [Mass/volume] in Blood	LOINC	•		71-73
	Cholesterol Lab Test	9830-1	Cholesterol.total/Cholesterol in HDL [Mass Ratio] in Serum or Plasma	LOINC	•		71-73
	Cholesterol Lab Test	14740000	Triglycerides measurement (procedure)	SNOMED CT US Edition	•		71-73

*Numerator - Code closes member care opportunity (may be in conjunction with other codes)

**Exclusion - Code removes member from measure (may be in conjunction with other codes)

Measure	Service	Code	Description	Code Type	N*	E**	Pg
APM	Cholesterol Lab Test	28036006	High density lipoprotein cholesterol measurement (procedure)	SNOMED CT US Edition	•		71-73
	Cholesterol Lab Test	77068002	Cholesterol measurement (procedure)	SNOMED CT US Edition	•		71-73
	Cholesterol Lab Test	104583003	High density lipoprotein/total cholesterol ratio measurement (procedure)	SNOMED CT US Edition	•		71-73
	Cholesterol Lab Test	104584009	Intermediate density lipoprotein cholesterol measurement (procedure)	SNOMED CT US Edition	•		71-73
	Cholesterol Lab Test	104586006	Cholesterol/triglyceride ratio measurement (procedure)	SNOMED CT US Edition	•		71-73
	Cholesterol Lab Test	104781003	Lipids, cholesterol measurement (procedure)	SNOMED CT US Edition	•		71-73
	Cholesterol Lab Test	104784006	Lipids, triglycerides measurement (procedure)	SNOMED CT US Edition	•		71-73
	Cholesterol Lab Test	104990004	Triglyceride and ester in high density lipoprotein measurement (procedure)	SNOMED CT US Edition	•		71-73
	Cholesterol Lab Test	104991000	Triglyceride and ester in intermediate density lipoprotein measurement (procedure)	SNOMED CT US Edition	•		71-73
	Cholesterol Lab Test	121868005	Total cholesterol measurement (procedure)	SNOMED CT US Edition	•		71-73
	Cholesterol Lab Test	166832000	Serum high density lipoprotein cholesterol measurement (procedure)	SNOMED CT US Edition	•		71-73
	Cholesterol Lab Test	166838001	Serum fasting high density lipoprotein cholesterol measurement (procedure)	SNOMED CT US Edition	•		71-73
	Cholesterol Lab Test	166839009	Serum random high density lipoprotein cholesterol measurement (procedure)	SNOMED CT US Edition	•		71-73
	Cholesterol Lab Test	166849007	Serum fasting triglyceride measurement (procedure)	SNOMED CT US Edition	•		71-73
	Cholesterol Lab Test	166850007	Serum random triglyceride measurement (procedure)	SNOMED CT US Edition	•		71-73
	Cholesterol Lab Test	167072001	Plasma random high density lipoprotein cholesterol measurement (procedure)	SNOMED CT US Edition	•		71-73
Cholesterol Lab Test	167073006	Plasma fasting high density lipoprotein cholesterol measurement (procedure)	SNOMED CT US Edition	•		71-73	
Cholesterol Lab Test	167082000	Plasma triglyceride measurement (procedure)	SNOMED CT US Edition	•		71-73	

***Numerator** - Code closes member care opportunity (may be in conjunction with other codes)

****Exclusion** - Code removes member from measure (may be in conjunction with other codes)

Measure	Service	Code	Description	Code Type	N*	E**	Pg
APM	Cholesterol Lab Test	167083005	Plasma random triglyceride measurement (procedure)	SNOMED CT US Edition	•		71-73
	Cholesterol Lab Test	167084004	Plasma fasting triglyceride measurement (procedure)	SNOMED CT US Edition	•		71-73
	Cholesterol Lab Test	271245006	Measurement of serum triglyceride level (procedure)	SNOMED CT US Edition	•		71-73
	Cholesterol Lab Test	275972003	Cholesterol screening (procedure)	SNOMED CT US Edition	•		71-73
	Cholesterol Lab Test	314035000	Plasma high density lipoprotein cholesterol measurement (procedure)	SNOMED CT US Edition	•		71-73
	Cholesterol Lab Test	315017003	Fasting cholesterol level (procedure)	SNOMED CT US Edition	•		71-73
	Cholesterol Lab Test	390956002	Plasma total cholesterol level (procedure)	SNOMED CT US Edition	•		71-73
	Cholesterol Lab Test	412808005	Serum total cholesterol measurement (procedure)	SNOMED CT US Edition	•		71-73
	Cholesterol Lab Test	412827004	Fluid sample triglyceride measurement (procedure)	SNOMED CT US Edition	•		71-73
CIS: Dtap, Tdap	Encephalopathy Due To Vaccination	G04.32	Postimmunization acute necrotizing hemorrhagic encephalopathy	ICD10CM		•	9-15
	Encephalopathy Due To Vaccination	192704009	Post-immunization encephalitis (disorder)	SNOMED CT US Edition		•	9-15
	Encephalopathy Due To Vaccination	192705005	Post-bacillus Calmette-Guerin vaccination encephalitis (disorder)	SNOMED CT US Edition		•	9-15
	Encephalopathy Due To Vaccination	192706006	Post typhoid vaccination encephalitis (disorder)	SNOMED CT US Edition		•	9-15
	Encephalopathy Due To Vaccination	192707002	Post paratyphoid vaccination encephalitis (disorder)	SNOMED CT US Edition		•	9-15
	Encephalopathy Due To Vaccination	192708007	Post cholera vaccination encephalitis (disorder)	SNOMED CT US Edition		•	9-15
	Encephalopathy Due To Vaccination	192709004	Post plague vaccination encephalitis (disorder)	SNOMED CT US Edition		•	9-15
	Encephalopathy Due To Vaccination	192710009	Post tetanus vaccination encephalitis (disorder)	SNOMED CT US Edition		•	9-15
	Encephalopathy Due To Vaccination	192711008	Post diphtheria vaccination encephalitis (disorder)	SNOMED CT US Edition		•	9-15

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**Exclusion - Code removes member from measure (may be in conjunction with other codes)

Measure	Service	Code	Description	Code Type	N*	E**	Pg
CIS: Dtap, Tdap	Encephalopathy Due To Vaccination	192712001	Post pertussis vaccination encephalitis (disorder)	SNOMED CT US Edition		•	9-15
	Encephalopathy Due To Vaccination	192713006	Post smallpox vaccination encephalitis (disorder)	SNOMED CT US Edition		•	9-15
	Encephalopathy Due To Vaccination	192714000	Post rabies vaccination encephalitis (disorder)	SNOMED CT US Edition		•	9-15
	Encephalopathy Due To Vaccination	192715004	Post typhus vaccination encephalitis (disorder)	SNOMED CT US Edition		•	9-15
	Encephalopathy Due To Vaccination	192716003	Post yellow fever vaccination encephalitis (disorder)	SNOMED CT US Edition		•	9-15
	Encephalopathy Due To Vaccination	192717007	Post measles vaccination encephalitis (disorder)	SNOMED CT US Edition		•	9-15
	Encephalopathy Due To Vaccination	192718002	Post polio vaccination encephalitis (disorder)	SNOMED CT US Edition		•	9-15
	Encephalopathy Due To Vaccination	192719005	Post mumps vaccination encephalitis (disorder)	SNOMED CT US Edition		•	9-15
	Encephalopathy Due To Vaccination	192720004	Post rubella vaccination encephalitis (disorder)	SNOMED CT US Edition		•	9-15
	Encephalopathy Due To Vaccination	192721000	Post influenza vaccination encephalitis (disorder)	SNOMED CT US Edition		•	9-15
	Encephalopathy Due To Vaccination	192722007	Post hepatitis A vaccination encephalitis (disorder)	SNOMED CT US Edition		•	9-15
	Encephalopathy Due To Vaccination	192723002	Post hepatitis B vaccination encephalitis (disorder)	SNOMED CT US Edition		•	9-15
Encephalopathy Due To Vaccination	192724008	Post mixed vaccination encephalitis (disorder)	SNOMED CT US Edition		•	9-15	
CIS: MMR, VZV, Influenza	Disorders of the Immune System	D80.0	Hereditary hypogammaglobulinemia	ICD10CM		•	9-15
	Disorders of the Immune System	D80.1	Nonfamilial hypogammaglobulinemia	ICD10CM		•	9-15
	Disorders of the Immune System	D80.2	Selective deficiency of immunoglobulin A [IgA]	ICD10CM		•	9-15
	Disorders of the Immune System	D80.3	Selective deficiency of immunoglobulin G [IgG] subclasses	ICD10CM		•	9-15
	Disorders of the Immune System	D80.4	Selective deficiency of immunoglobulin M [IgM]	ICD10CM		•	9-15
	Disorders of the Immune System	D80.5	Immunodeficiency with increased immunoglobulin M [IgM]	ICD10CM		•	9-15
	Disorders of the Immune System	D80.6	Antibody deficiency with near-normal immunoglobulins or with hyperimmunoglobulinemia	ICD10CM		•	9-15

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****Exclusion** - Code removes member from measure (may be in conjunction with other codes)

Measure	Service	Code	Description	Code Type	N*	E**	Pg
CIS: MMR, VZV, Influenza	Disorders of the Immune System	D80.7	Transient hypogammaglobulinemia of infancy	ICD10CM		•	9-15
	Disorders of the Immune System	D80.8	Other immunodeficiencies with predominantly antibody defects	ICD10CM		•	9-15
	Disorders of the Immune System	D80.9	Immunodeficiency with predominantly antibody defects, unspecified	ICD10CM		•	9-15
	Disorders of the Immune System	D81.0	Severe combined immunodeficiency [SCID] with reticular dysgenesis	ICD10CM		•	9-15
	Disorders of the Immune System	D81.1	Severe combined immunodeficiency [SCID] with low T- and B-cell numbers	ICD10CM		•	9-15
	Disorders of the Immune System	D81.2	Severe combined immunodeficiency [SCID] with low or normal B-cell numbers	ICD10CM		•	9-15
	Disorders of the Immune System	D81.4	Nezelof's syndrome	ICD10CM		•	9-15
	Disorders of the Immune System	D81.6	Major histocompatibility complex class I deficiency	ICD10CM		•	9-15
	Disorders of the Immune System	D81.7	Major histocompatibility complex class II deficiency	ICD10CM		•	9-15
	Disorders of the Immune System	D81.89	Other combined immunodeficiencies	ICD10CM		•	9-15
	Disorders of the Immune System	D81.9	Combined immunodeficiency, unspecified	ICD10CM		•	9-15
	Disorders of the Immune System	D82.0	Wiskott-Aldrich syndrome	ICD10CM		•	9-15
	Disorders of the Immune System	D82.1	Di George's syndrome	ICD10CM		•	9-15
	Disorders of the Immune System	D82.2	Immunodeficiency with short-limbed stature	ICD10CM		•	9-15
	Disorders of the Immune System	D82.3	Immunodeficiency following hereditary defective response to Epstein-Barr virus	ICD10CM		•	9-15
	Disorders of the Immune System	D82.4	Hyperimmunoglobulin E [IgE] syndrome	ICD10CM		•	9-15
	Disorders of the Immune System	D82.8	Immunodeficiency associated with other specified major defects	ICD10CM		•	9-15
	Disorders of the Immune System	D82.9	Immunodeficiency associated with major defect, unspecified	ICD10CM		•	9-15
	Disorders of the Immune System	D83.0	Common variable immunodeficiency with predominant abnormalities of B-cell numbers and function	ICD10CM		•	9-15
	Disorders of the Immune System	D83.1	Common variable immunodeficiency with predominant immunoregulatory T-cell disorders	ICD10CM		•	9-15
	Disorders of the Immune System	D83.2	Common variable immunodeficiency with autoantibodies to B- or T-cells	ICD10CM		•	9-15
	Disorders of the Immune System	D83.8	Other common variable immunodeficiencies	ICD10CM		•	9-15
	Disorders of the Immune System	D83.9	Common variable immunodeficiency, unspecified	ICD10CM		•	9-15
	Disorders of the Immune System	D84.0	Lymphocyte function antigen-1 [LFA-1] defect	ICD10CM		•	9-15
	Disorders of the Immune System	D84.1	Defects in the complement system	ICD10CM		•	9-15

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**Exclusion - Code removes member from measure (may be in conjunction with other codes)

Measure	Service	Code	Description	Code Type	N*	E**	Pg
CIS: MMR, VZV, Influenza	Disorders of the Immune System	D84.8	Other specified immunodeficiencies	ICD10CM		•	9-15
	Disorders of the Immune System	D84.9	Immunodeficiency, unspecified	ICD10CM		•	9-15
	Disorders of the Immune System	D89.3	Immune reconstitution syndrome	ICD10CM		•	9-15
	Disorders of the Immune System	D89.810	Acute graft-versus-host disease	ICD10CM		•	9-15
	Disorders of the Immune System	D89.811	Chronic graft-versus-host disease	ICD10CM		•	9-15
	Disorders of the Immune System	D89.812	Acute on chronic graft-versus-host disease	ICD10CM		•	9-15
	Disorders of the Immune System	D89.813	Graft-versus-host disease, unspecified	ICD10CM		•	9-15
	Disorders of the Immune System	D89.82	Autoimmune lymphoproliferative syndrome [ALPS]	ICD10CM		•	9-15
	Disorders of the Immune System	D89.89	Other specified disorders involving the immune mechanism, not elsewhere classified	ICD10CM		•	9-15
	Disorders of the Immune System	D89.9	Disorder involving the immune mechanism, unspecified	ICD10CM		•	9-15
	Disorders of the Immune System	18827005	Complement abnormality (disorder)	SNOMED CT US Edition		•	9-15
	Disorders of the Immune System	23238000	Common variable agammaglobulinemia (disorder)	SNOMED CT US Edition		•	9-15
	Disorders of the Immune System	24419001	Disorder of complement (disorder)	SNOMED CT US Edition		•	9-15
	Disorders of the Immune System	24743004	Complement deficiency disease (disorder)	SNOMED CT US Edition		•	9-15
	Disorders of the Immune System	25109007	Lymphopenic agammaglobulinemia - short-limbed dwarfism syndrome (disorder)	SNOMED CT US Edition		•	9-15
	Disorders of the Immune System	36070007	Wiskott-Aldrich syndrome (disorder)	SNOMED CT US Edition		•	9-15
	Disorders of the Immune System	39674000	Familial C3B inhibitor deficiency syndrome (disorder)	SNOMED CT US Edition		•	9-15
	Disorders of the Immune System	55602000	Nezelof's syndrome (disorder)	SNOMED CT US Edition		•	9-15
	Disorders of the Immune System	81166004	Properdin deficiency disease (disorder)	SNOMED CT US Edition		•	9-15
	Disorders of the Immune System	82286005	Hyperimmunoglobulin M syndrome (disorder)	SNOMED CT US Edition		•	9-15
Disorders of the Immune System	82966003	Hereditary angioedema (disorder)	SNOMED CT US Edition		•	9-15	

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Measure	Service	Code	Description	Code Type	N*	E**	Pg
CIS: MMR, VZV, Influenza	Disorders of the Immune System	88714009	Transient hypogammaglobulinemia of infancy (disorder)	SNOMED CT US Edition		•	9-15
	Disorders of the Immune System	190979003	Selective immunoglobulin A deficiency (disorder)	SNOMED CT US Edition		•	9-15
	Disorders of the Immune System	190980000	Selective immunoglobulin M deficiency (disorder)	SNOMED CT US Edition		•	9-15
	Disorders of the Immune System	190981001	Selective immunoglobulin G deficiency (disorder)	SNOMED CT US Edition		•	9-15
	Disorders of the Immune System	190996002	Severe combined immunodeficiency with reticular dysgenesis (disorder)	SNOMED CT US Edition		•	9-15
	Disorders of the Immune System	190997006	Severe combined immunodeficiency with low T- and B-cell numbers (disorder)	SNOMED CT US Edition		•	9-15
	Disorders of the Immune System	190998001	Severe combined immunodeficiency with low or normal B-cell numbers (disorder)	SNOMED CT US Edition		•	9-15
	Disorders of the Immune System	191001007	Major histocompatibility complex class I deficiency (disorder)	SNOMED CT US Edition		•	9-15
	Disorders of the Immune System	191002000	Major histocompatibility complex class II deficiency (disorder)	SNOMED CT US Edition		•	9-15
	Disorders of the Immune System	191011000	Common variable immunodeficiency with predominant abnormalities of B-cell numbers and functions (disorder)	SNOMED CT US Edition		•	9-15
	Disorders of the Immune System	191012007	Common variable immunodeficiency with predominant immunoregulatory T-cell disorders (disorder)	SNOMED CT US Edition		•	9-15
	Disorders of the Immune System	191013002	Common variable immunodeficiency with autoantibodies to B- or T-cells (disorder)	SNOMED CT US Edition		•	9-15
	Disorders of the Immune System	191018006	Lymphocyte function antigen-1 defect (disorder)	SNOMED CT US Edition		•	9-15
	Disorders of the Immune System	234416002	X-linked hypogammaglobulinemia (disorder)	SNOMED CT US Edition		•	9-15
	Disorders of the Immune System	234532001	Immunodeficiency disorder (disorder)	SNOMED CT US Edition		•	9-15
	Disorders of the Immune System	234562007	Anti-protein antibody deficiency (disorder)	SNOMED CT US Edition		•	9-15
	Disorders of the Immune System	234593008	Classical complement pathway abnormality (disorder)	SNOMED CT US Edition		•	9-15
Disorders of the Immune System	234594002	Complement 1q deficiency (disorder)	SNOMED CT US Edition		•	9-15	

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Measure	Service	Code	Description	Code Type	N*	E**	Pg
CIS: MMR, VZV, Influenza	Disorders of the Immune System	234595001	Complement 1q beta chain deficiency (disorder)	SNOMED CT US Edition		•	9-15
	Disorders of the Immune System	234596000	Complement 1q dysfunction (disorder)	SNOMED CT US Edition		•	9-15
	Disorders of the Immune System	234597009	Complement 1r deficiency (disorder)	SNOMED CT US Edition		•	9-15
	Disorders of the Immune System	234598004	Complement 1s deficiency (disorder)	SNOMED CT US Edition		•	9-15
	Disorders of the Immune System	234599007	Complement 2 deficiency (disorder)	SNOMED CT US Edition		•	9-15
	Disorders of the Immune System	234600005	Complement 4 deficiency (disorder)	SNOMED CT US Edition		•	9-15
	Disorders of the Immune System	234601009	Complement 4A deficiency (disorder)	SNOMED CT US Edition		•	9-15
	Disorders of the Immune System	234602002	Complement 4B deficiency (disorder)	SNOMED CT US Edition		•	9-15
	Disorders of the Immune System	234603007	Complement 3 deficiency (disorder)	SNOMED CT US Edition		•	9-15
	Disorders of the Immune System	234604001	Alternative pathway deficiency (disorder)	SNOMED CT US Edition		•	9-15
	Disorders of the Immune System	234605000	Factor B deficiency (disorder)	SNOMED CT US Edition		•	9-15
	Disorders of the Immune System	234607008	Factor D deficiency (disorder)	SNOMED CT US Edition		•	9-15
	Disorders of the Immune System	234608003	Terminal component deficiency (disorder)	SNOMED CT US Edition		•	9-15
	Disorders of the Immune System	234609006	Complement 5 deficiency (disorder)	SNOMED CT US Edition		•	9-15
	Disorders of the Immune System	234611002	Complement 6 deficiency (disorder)	SNOMED CT US Edition		•	9-15
	Disorders of the Immune System	234612009	Complement 7 deficiency (disorder)	SNOMED CT US Edition		•	9-15
	Disorders of the Immune System	234613004	Combined complement 6 and 7 deficiencies (disorder)	SNOMED CT US Edition		•	9-15
Disorders of the Immune System	234614005	Complement 8 beta chain deficiency (disorder)	SNOMED CT US Edition		•	9-15	

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Measure	Service	Code	Description	Code Type	N*	E**	Pg
CIS: MMR, VZV, Influenza	Disorders of the Immune System	234615006	Complement 8 beta chain dysfunction (disorder)	SNOMED CT US Edition		•	9-15
	Disorders of the Immune System	234616007	Complement 8 alpha-gamma deficiency (disorder)	SNOMED CT US Edition		•	9-15
	Disorders of the Immune System	234617003	Complement 9 deficiency (disorder)	SNOMED CT US Edition		•	9-15
	Disorders of the Immune System	234618008	Complement regulatory factor defect (disorder)	SNOMED CT US Edition		•	9-15
	Disorders of the Immune System	234619000	Hereditary C1 esterase inhibitor deficiency - deficient factor (disorder)	SNOMED CT US Edition		•	9-15
	Disorders of the Immune System	234620006	Hereditary C1 esterase inhibitor deficiency - dysfunctional factor (disorder)	SNOMED CT US Edition		•	9-15
	Disorders of the Immune System	234621005	Factor I deficiency (disorder)	SNOMED CT US Edition		•	9-15
	Disorders of the Immune System	234622003	Factor H deficiency (disorder)	SNOMED CT US Edition		•	9-15
	Disorders of the Immune System	234623008	Complement 4 binding protein deficiency (disorder)	SNOMED CT US Edition		•	9-15
	Disorders of the Immune System	234624002	Decay accelerating factor deficiency (disorder)	SNOMED CT US Edition		•	9-15
	Disorders of the Immune System	234625001	Homologous restriction factor deficiency (disorder)	SNOMED CT US Edition		•	9-15
	Disorders of the Immune System	234626000	Complement 5a inhibitor deficiency (disorder)	SNOMED CT US Edition		•	9-15
	Disorders of the Immune System	234627009	Anaphylotoxin inactivator deficiency (disorder)	SNOMED CT US Edition		•	9-15
	Disorders of the Immune System	234628004	Complement receptor deficiency (disorder)	SNOMED CT US Edition		•	9-15
	Disorders of the Immune System	234629007	Complement receptor 1 deficiency (disorder)	SNOMED CT US Edition		•	9-15
	Disorders of the Immune System	234630002	Complement receptor 3 deficiency (disorder)	SNOMED CT US Edition		•	9-15
Disorders of the Immune System	234631003	Immunodeficiency with major anomalies (disorder)	SNOMED CT US Edition		•	9-15	
Disorders of the Immune System	234646005	Graft-versus-host disease (disorder)	SNOMED CT US Edition		•	9-15	

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Measure	Service	Code	Description	Code Type	N*	E**	Pg
CIS: MMR, VZV, Influenza	Disorders of the Immune System	263661007	Complement 5 dysfunction (disorder)	SNOMED CT US Edition		•	9-15
	Disorders of the Immune System	402355000	Acute graft-versus-host disease (disorder)	SNOMED CT US Edition		•	9-15
	Disorders of the Immune System	402356004	Chronic graft-versus-host disease (disorder)	SNOMED CT US Edition		•	9-15
	Disorders of the Immune System	402357008	Lichenoid chronic graft-versus-host disease (disorder)	SNOMED CT US Edition		•	9-15
	Disorders of the Immune System	402358003	Sclerodermoid chronic graft-versus-host disease (disorder)	SNOMED CT US Edition		•	9-15
	Disorders of the Immune System	402360001	Materno-fetal graft-versus-host disease (disorder)	SNOMED CT US Edition		•	9-15
	Disorders of the Immune System	403835002	X-linked hyper-immunoglobulin M syndrome (disorder)	SNOMED CT US Edition		•	9-15
	Disorders of the Immune System	403836001	Autosomal recessive hyperimmunoglobulin M syndrome (disorder)	SNOMED CT US Edition		•	9-15
	Disorders of the Immune System	403837005	Wiskott-Aldrich autosomal dominant variant syndrome (disorder)	SNOMED CT US Edition		•	9-15
	Disorders of the Immune System	414029004	Disorder of immune function (disorder)	SNOMED CT US Edition		•	9-15
	Disorders of the Immune System	426202004	Immune reconstitution syndrome (disorder)	SNOMED CT US Edition		•	9-15
	Disorders of the Immune System	427167008	Hereditary angioedema with normal C1 esterase inhibitor activity (disorder)	SNOMED CT US Edition		•	9-15
	Disorders of the Immune System	442459007	Combined immunodeficiency disease (disorder)	SNOMED CT US Edition		•	9-15
	Disorders of the Immune System	444547006	Graft versus host disease of skin (disorder)	SNOMED CT US Edition		•	9-15
	Disorders of the Immune System	449187006	Kappa light chain deficiency (disorder)	SNOMED CT US Edition		•	9-15
	Disorders of the Immune System	702444009	Autoimmune lymphoproliferative syndrome (disorder)	SNOMED CT US Edition		•	9-15
Disorders of the Immune System	719156006	X-linked intellectual disability with hypogammaglobulinemia and progressive neurological deterioration syndrome (disorder)	SNOMED CT US Edition		•	9-15	
Disorders of the Immune System	720853005	Severe combined immunodeficiency, microcephaly, growth retardation, sensitivity to ionizing radiation syndrome (disorder)	SNOMED CT US Edition		•	9-15	

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Measure	Service	Code	Description	Code Type	N*	E**	Pg
CIS: MMR, VZV, Influenza	Disorders of the Immune System	722067005	Severe combined immunodeficiency with hypereosinophilia (disorder)	SNOMED CT US Edition		•	9-15
	Disorders of the Immune System	763623001	Severe combined immunodeficiency due to cytidine 5-prime triphosphate synthetase 1 deficiency (disorder)	SNOMED CT US Edition		•	9-15
	Disorders of the Immune System	765188009	Severe combined immunodeficiency due to complete recombination-activating gene 1 and/or recombination-activating gene 2 deficiency (disorder)	SNOMED CT US Edition		•	9-15
	Disorders of the Immune System	771078002	Immunodeficiency due to mannan binding lectin serine peptidase 2 deficiency (disorder)	SNOMED CT US Edition		•	9-15
	Disorders of the Immune System	771443008	Complement component 3 deficiency (disorder)	SNOMED CT US Edition		•	9-15
	Disorders of the Immune System	778027003	Primary CD59 deficiency (disorder)	SNOMED CT US Edition		•	9-15
	Disorders of the Immune System	121121000119106	Acute graft-versus-host reaction following bone marrow transplant (disorder)	SNOMED CT US Edition		•	9-15
	Disorders of the Immune System	121131000119109	Chronic graft versus host disease after transplantation of bone marrow (disorder)	SNOMED CT US Edition		•	9-15
	Disorders of the Immune System	128631000119109	Chronic graft-versus-host disease following kidney transplant (disorder)	SNOMED CT US Edition		•	9-15
CIS: Rotavirus	Intussusception	K56.1	Intussusception	ICD10CM		•	9-15
	Severe Combined Immunodeficiency	D81.0	Severe combined immunodeficiency [SCID] with reticular dysgenesis	ICD10CM		•	9-15
	Severe Combined Immunodeficiency	D81.1	Severe combined immunodeficiency [SCID] with low T- and B-cell numbers	ICD10CM		•	9-15
	Severe Combined Immunodeficiency	D81.2	Severe combined immunodeficiency [SCID] with low or normal B-cell numbers	ICD10CM		•	9-15
	Severe Combined Immunodeficiency	D81.9	Combined immunodeficiency, unspecified	ICD10CM		•	9-15
	Intussusception	11578004	Intussusception of rectum (disorder)	SNOMED CT US Edition		•	9-15
	Intussusception	17186003	Ileocolic intussusception (disorder)	SNOMED CT US Edition		•	9-15
	Intussusception	24610009	Sigmoidorectal intussusception (disorder)	SNOMED CT US Edition		•	9-15
	Intussusception	26316005	Internal complete rectal prolapse with intussusception of rectosigmoid (disorder)	SNOMED CT US Edition		•	9-15
	Intussusception	27673007	Intussusception of colon (disorder)	SNOMED CT US Edition		•	9-15
Intussusception	38397000	Gastroesophageal intussusception (disorder)	SNOMED CT US Edition		•	9-15	

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Measure	Service	Code	Description	Code Type	N*	E**	Pg
CIS: Rotavirus	Intussusception	49723003	Intussusception of intestine (disorder)	SNOMED CT US Edition		•	9-15
	Intussusception	64976006	Cecocolic intussusception (disorder)	SNOMED CT US Edition		•	9-15
	Intussusception	91446004	Intussusception of appendix (disorder)	SNOMED CT US Edition		•	9-15
	Intussusception	111361008	Intussusception of cecum (disorder)	SNOMED CT US Edition		•	9-15
	Intussusception	197046003	Gastroduodenal intussusception (disorder)	SNOMED CT US Edition		•	9-15
	Intussusception	197047007	Jejunogastric intussusception (disorder)	SNOMED CT US Edition		•	9-15
	Intussusception	197048002	Enteric intussusception (disorder)	SNOMED CT US Edition		•	9-15
	Intussusception	197049005	Ileocecal intussusception (disorder)	SNOMED CT US Edition		•	9-15
	Intussusception	197050005	Chronic intussusception (disorder)	SNOMED CT US Edition		•	9-15
	Intussusception	197051009	Compound intussusception (disorder)	SNOMED CT US Edition		•	9-15
	Intussusception	197052002	Multiple intussusception (disorder)	SNOMED CT US Edition		•	9-15
	Intussusception	197053007	Retrograde intussusception (disorder)	SNOMED CT US Edition		•	9-15
	Intussusception	197054001	Secondary intussusception (disorder)	SNOMED CT US Edition		•	9-15
	Intussusception	313326008	Internal intussusception of rectum (disorder)	SNOMED CT US Edition		•	9-15
	Intussusception	313327004	Inflammatory cloacogenic polyp (disorder)	SNOMED CT US Edition		•	9-15
	Intussusception	405558008	Ileal intussusception (disorder)	SNOMED CT US Edition		•	9-15
Intussusception	721651002	Intussusception of small intestine (disorder)	SNOMED CT US Edition		•	9-15	
Intussusception	721676001	Intussusception of large intestine (disorder)	SNOMED CT US Edition		•	9-15	

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Measure	Service	Code	Description	Code Type	N*	E**	Pg
CIS: Rotavirus	Severe Combined Immunodeficiency	3439009	Severe combined immunodeficiency due to absent peripheral T cell maturation (disorder)	SNOMED CT US Edition		•	9-15
	Severe Combined Immunodeficiency	22406001	Severe combined immunodeficiency due to absent lymphoid stem cells (disorder)	SNOMED CT US Edition		•	9-15
	Severe Combined Immunodeficiency	31323000	Severe combined immunodeficiency disease (disorder)	SNOMED CT US Edition		•	9-15
	Severe Combined Immunodeficiency	36980009	Severe combined immunodeficiency due to absent adenosine deaminase (disorder)	SNOMED CT US Edition		•	9-15
	Severe Combined Immunodeficiency	44940001	Adenosine deaminase deficiency (disorder)	SNOMED CT US Edition		•	9-15
	Severe Combined Immunodeficiency	45390000	Severe combined immunodeficiency due to absent interleukin-2 production (disorder)	SNOMED CT US Edition		•	9-15
	Severe Combined Immunodeficiency	49555001	Severe combined immunodeficiency due to absent T cell receptor (disorder)	SNOMED CT US Edition		•	9-15
	Severe Combined Immunodeficiency	55602000	Nezelof's syndrome (disorder)	SNOMED CT US Edition		•	9-15
	Severe Combined Immunodeficiency	71904008	Severe combined immunodeficiency due to absent class II human leukocyte antigens (disorder)	SNOMED CT US Edition		•	9-15
	Severe Combined Immunodeficiency	111584000	Reticular dysgenesis (disorder)	SNOMED CT US Edition		•	9-15
	Severe Combined Immunodeficiency	111587007	Severe combined immunodeficiency due to absent interleukin-2 receptor (disorder)	SNOMED CT US Edition		•	9-15
	Severe Combined Immunodeficiency	190993005	Autosomal recessive severe combined immunodeficiency (disorder)	SNOMED CT US Edition		•	9-15
	Severe Combined Immunodeficiency	190996002	Severe combined immunodeficiency with reticular dysgenesis (disorder)	SNOMED CT US Edition		•	9-15
	Severe Combined Immunodeficiency	190997006	Severe combined immunodeficiency with low T- and B-cell numbers (disorder)	SNOMED CT US Edition		•	9-15
	Severe Combined Immunodeficiency	190998001	Severe combined immunodeficiency with low or normal B-cell numbers (disorder)	SNOMED CT US Edition		•	9-15
Severe Combined Immunodeficiency	191001007	Major histocompatibility complex class I deficiency (disorder)	SNOMED CT US Edition		•	9-15	
Severe Combined Immunodeficiency	191002000	Major histocompatibility complex class II deficiency (disorder)	SNOMED CT US Edition		•	9-15	
Severe Combined Immunodeficiency	203592006	X-linked severe combined immunodeficiency (disorder) [203592006]	SNOMED CT US Edition		•	9-15	

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Measure	Service	Code	Description	Code Type	N*	E**	Pg
CIS: Rotavirus	Severe Combined Immunodeficiency	234570002	Severe combined immunodeficiency with maternofetal engraftment (disorder)	SNOMED CT US Edition		•	9-15
	Severe Combined Immunodeficiency	234571003	Warts, hypogammaglobulinemia, infections, and myelokathexis (disorder)	SNOMED CT US Edition		•	9-15
	Severe Combined Immunodeficiency	350353007	De Vaal's syndrome (disorder)	SNOMED CT US Edition		•	9-15
	Severe Combined Immunodeficiency	351287008	Reticular dysgenesis with congenital aleukocytosis (disorder)	SNOMED CT US Edition		•	9-15
	Severe Combined Immunodeficiency	362993009	Autosomal recessive severe combined immunodeficiency disease (disorder)	SNOMED CT US Edition		•	9-15
	Severe Combined Immunodeficiency	715982006	Severe combined immunodeficiency due to deoxyribonucleic acid cross-link repair protein 1c deficiency (disorder)	SNOMED CT US Edition		•	9-15
	Severe Combined Immunodeficiency	716378008	Combined immunodeficiency due to Zeta-chain associated protein kinase 70 deficiency (disorder)	SNOMED CT US Edition		•	9-15
	Severe Combined Immunodeficiency	716871006	Severe combined immunodeficiency due to deoxyribonucleic acid dependent protein kinase catalytic subunit deficiency (disorder)	SNOMED CT US Edition		•	9-15
	Severe Combined Immunodeficiency	718107000	Severe combined immunodeficiency T-cell negative B-cell positive due to janus kinase-3 deficiency (disorder)	SNOMED CT US Edition		•	9-15
	Severe Combined Immunodeficiency	720345008	Severe T-cell immunodeficiency, congenital alopecia, nail dystrophy syndrome (disorder)	SNOMED CT US Edition		•	9-15
	Severe Combined Immunodeficiency	720853005	Severe combined immunodeficiency, microcephaly, growth retardation, sensitivity to ionizing radiation syndrome (disorder)	SNOMED CT US Edition		•	9-15
	Severe Combined Immunodeficiency	720986005	Anhidrotic ectodermal dysplasia, immunodeficiency, osteopetrosis, lymphedema syndrome (disorder)	SNOMED CT US Edition		•	9-15
	Severe Combined Immunodeficiency	721977007	Lung fibrosis, immunodeficiency, 46,XX gonadal dysgenesis syndrome (disorder)	SNOMED CT US Edition		•	9-15
	Severe Combined Immunodeficiency	722067005	Severe combined immunodeficiency with hypereosinophilia (disorder)	SNOMED CT US Edition		•	9-15
	Severe Combined Immunodeficiency	724177005	Ligase 4 syndrome (disorder)	SNOMED CT US Edition		•	9-15
	Severe Combined Immunodeficiency	724361001	Hepatic veno-occlusive disease with immunodeficiency syndrome (disorder)	SNOMED CT US Edition		•	9-15
Severe Combined Immunodeficiency	725135004	Combined immunodeficiency due to CD3gamma deficiency (disorder)	SNOMED CT US Edition		•	9-15	
Severe Combined Immunodeficiency	725136003	Immunodeficiency by defective expression of human leukocyte antigen class 1 (disorder)	SNOMED CT US Edition		•	9-15	

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Measure	Service	Code	Description	Code Type	N*	E**	Pg
CIS: Rotavirus	Severe Combined Immunodeficiency	725290000	Combined immunodeficiency due to partial recombination-activating gene 1 deficiency (disorder)	SNOMED CT US Edition		•	9-15
	Severe Combined Immunodeficiency	763623001	Severe combined immunodeficiency due to cytidine 5-prime triphosphate synthetase 1 deficiency (disorder)	SNOMED CT US Edition		•	9-15
	Severe Combined Immunodeficiency	765145001	T cell negative B cell positive severe combined immunodeficiency due to gamma chain deficiency (disorder)	SNOMED CT US Edition		•	9-15
	Severe Combined Immunodeficiency	765188009	Severe combined immunodeficiency due to complete recombination-activating gene 1 and/or recombination-activating gene 2 deficiency (disorder)	SNOMED CT US Edition		•	9-15
	Severe Combined Immunodeficiency	771517009	Severe combined immunodeficiency due to caspase recruitment domain family member 11 deficiency (disorder)	SNOMED CT US Edition		•	9-15
CIS10	DTaP Immunization	20	diphtheria, tetanus toxoids and acellular pertussis vaccine	CVX		•	9-15
	DTaP Immunization	50	DTaP-Haemophilus influenzae type b conjugate vaccine	CVX		•	9-15
	DTaP Immunization	106	diphtheria, tetanus toxoids and acellular pertussis vaccine, 5 pertussis antigens	CVX		•	9-15
	DTaP Immunization	107	diphtheria, tetanus toxoids and acellular pertussis vaccine, unspecified formulation	CVX		•	9-15
	DTaP Immunization	110	DTaP-hepatitis B and poliovirus vaccine	CVX		•	9-15
	DTaP Immunization	120	diphtheria, tetanus toxoids and acellular pertussis vaccine, Haemophilus influenzae type b conjugate, and poliovirus vaccine, inactivated (DTaP-Hib-IPV)	CVX		•	9-15
	Haemophilus Influenzae Type B (HiB) Immunization	17	Haemophilus influenzae type b vaccine, conjugate unspecified formulation	CVX		•	9-15
	Haemophilus Influenzae Type B (HiB) Immunization	46	Haemophilus influenzae type b vaccine, PRP-D conjugate	CVX		•	9-15
	Haemophilus Influenzae Type B (HiB) Immunization	47	Haemophilus influenzae type b vaccine, HbOC conjugate	CVX		•	9-15
	Haemophilus Influenzae Type B (HiB) Immunization	48	Haemophilus influenzae type b vaccine, PRP-T conjugate	CVX		•	9-15
	Haemophilus Influenzae Type B (HiB) Immunization	49	Haemophilus influenzae type b vaccine, PRP-OMP conjugate	CVX		•	9-15
	Haemophilus Influenzae Type B (HiB) Immunization	50	DTaP-Haemophilus influenzae type b conjugate vaccine	CVX		•	9-15
	Haemophilus Influenzae Type B (HiB) Immunization	51	Haemophilus influenzae type b conjugate and Hepatitis B vaccine	CVX		•	9-15

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Measure	Service	Code	Description	Code Type	N*	E**	Pg
CIS10	Haemophilus Influenzae Type B (HiB) Immunization	120	diphtheria, tetanus toxoids and acellular pertussis vaccine, Haemophilus influenzae type b conjugate, and poliovirus vaccine, inactivated (DTaP-Hib-IPV)	CVX	•		9-15
	Haemophilus Influenzae Type B (HiB) Immunization	148	Meningococcal Groups C and Y and Haemophilus b Tetanus Toxoid Conjugate Vaccine	CVX	•		9-15
	Hepatitis A Immunization	31	hepatitis A vaccine, pediatric dosage, unspecified formulation	CVX	•		9-15
	Hepatitis A Immunization	83	hepatitis A vaccine, pediatric/adolescent dosage, 2 dose schedule	CVX	•		9-15
	Hepatitis A Immunization	85	hepatitis A vaccine, unspecified formulation	CVX	•		9-15
	Hepatitis B Immunization	8	hepatitis B vaccine, pediatric or pediatric/adolescent dosage	CVX	•		9-15
	Hepatitis B Immunization	44	hepatitis B vaccine, dialysis patient dosage	CVX	•		9-15
	Hepatitis B Immunization	45	hepatitis B vaccine, unspecified formulation	CVX	•		9-15
	Hepatitis B Immunization	51	Haemophilus influenzae type b conjugate and Hepatitis B vaccine	CVX	•		9-15
	Hepatitis B Immunization	110	DTaP-hepatitis B and poliovirus vaccine	CVX	•		9-15
	Inactivated Polio Vaccine (IPV) Immunization	10	poliovirus vaccine, inactivated	CVX	•		9-15
	Inactivated Polio Vaccine (IPV) Immunization	89	poliovirus vaccine, unspecified formulation	CVX	•		9-15
	Inactivated Polio Vaccine (IPV) Immunization	110	DTaP-hepatitis B and poliovirus vaccine	CVX	•		9-15
	Inactivated Polio Vaccine (IPV) Immunization	120	diphtheria, tetanus toxoids and acellular pertussis vaccine, Haemophilus influenzae type b conjugate, and poliovirus vaccine, inactivated (DTaP-Hib-IPV)	CVX	•		9-15
	Influenza Immunization	88	influenza virus vaccine, unspecified formulation	CVX	•		9-15
	Influenza Immunization	135	influenza, high dose seasonal, preservative-free	CVX	•		9-15
	Influenza Immunization	140	Influenza, seasonal, injectable, preservative free	CVX	•		9-15
	Influenza Immunization	141	Influenza, seasonal, injectable	CVX	•		9-15
	Influenza Immunization	150	Influenza, injectable, quadrivalent, preservative free	CVX	•		9-15
	Influenza Immunization	153	Influenza, injectable, Madin Darby Canine Kidney, preservative free	CVX	•		9-15
Influenza Immunization	155	Seasonal, trivalent, recombinant, injectable influenza vaccine, preservative free	CVX	•		9-15	
Influenza Immunization	158	influenza, injectable, quadrivalent, contains preservative	CVX	•		9-15	
Influenza Immunization	161	Influenza, injectable, quadrivalent, preservative free, pediatric	CVX	•		9-15	

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Measure	Service	Code	Description	Code Type	N*	E**	Pg
CIS10	Influenza Virus LAIV Immunization	111	influenza virus vaccine, live, attenuated, for intranasal use	CVX	•		9-15
	Influenza Virus LAIV Immunization	149	influenza, live, intranasal, quadrivalent	CVX	•		9-15
	Measles Immunization	5	measles virus vaccine	CVX	•		9-15
	Measles Rubella Immunization	4	measles and rubella virus vaccine	CVX	•		9-15
	Measles, Mumps and Rubella (MMR) Immunization	3	measles, mumps and rubella virus vaccine	CVX	•		9-15
	Measles, Mumps and Rubella (MMR) Immunization	94	measles, mumps, rubella, and varicella virus vaccine	CVX	•		9-15
	Mumps Immunization	7	mumps virus vaccine	CVX	•		9-15
	Pneumococcal Conjugate Immunization	133	pneumococcal conjugate vaccine, 13 valent	CVX	•		9-15
	Pneumococcal Conjugate Immunization	152	Pneumococcal Conjugate, unspecified formulation	CVX	•		9-15
	Rotavirus (2 Dose Schedule) Immunization	119	rotavirus, live, monovalent vaccine	CVX	•		9-15
	Rotavirus (3 Dose Schedule) Immunization	116	rotavirus, live, pentavalent vaccine	CVX	•		9-15
	Rotavirus (3 Dose Schedule) Immunization	122	rotavirus vaccine, unspecified formulation	CVX	•		9-15
	Varicella Zoster (VZV) Immunization	21	varicella virus vaccine	CVX	•		9-15
	Varicella Zoster (VZV) Immunization	94	measles, mumps, rubella, and varicella virus vaccine	CVX	•		9-15
	Hepatitis B Vaccine Procedure	G0010	Administration of hepatitis b vaccine (G0010)	HCPCS	•		9-15
	Influenza Vaccine Procedure	G0008	Administration of influenza virus vaccine (G0008)	HCPCS	•		9-15
	Pneumococcal Conjugate Vaccine Procedure	G0009	Administration of pneumococcal vaccine (G0009)	HCPCS	•		9-15
	Hepatitis A	B15.0	Hepatitis A with hepatic coma	ICD10CM	•		9-15
Hepatitis A	B15.9	Hepatitis A without hepatic coma	ICD10CM	•		9-15	
Hepatitis B	B16.0	Acute hepatitis B with delta-agent with hepatic coma	ICD10CM	•		9-15	

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CIS10	Hepatitis B	B16.1	Acute hepatitis B with delta-agent without hepatic coma	ICD10CM	•		9-15
	Hepatitis B	B16.2	Acute hepatitis B without delta-agent with hepatic coma	ICD10CM	•		9-15
	Hepatitis B	B16.9	Acute hepatitis B without delta-agent and without hepatic coma	ICD10CM	•		9-15
	Hepatitis B	B17.0	Acute delta-(super) infection of hepatitis B carrier	ICD10CM	•		9-15
	Hepatitis B	B18.0	Chronic viral hepatitis B with delta-agent	ICD10CM	•		9-15
	Hepatitis B	B18.1	Chronic viral hepatitis B without delta-agent	ICD10CM	•		9-15
	Hepatitis B	B19.10	Unspecified viral hepatitis B without hepatic coma	ICD10CM	•		9-15
	Hepatitis B	B19.11	Unspecified viral hepatitis B with hepatic coma	ICD10CM	•		9-15
	Hepatitis B	Z22.51	Carrier of viral hepatitis B	ICD10CM	•		9-15
	Mumps	B26.0	Mumps orchitis	ICD10CM	•		9-15
	Mumps	B26.1	Mumps meningitis	ICD10CM	•		9-15
	Mumps	B26.2	Mumps encephalitis	ICD10CM	•		9-15
	Mumps	B26.3	Mumps pancreatitis	ICD10CM	•		9-15
	Mumps	B26.81	Mumps hepatitis	ICD10CM	•		9-15
	Mumps	B26.82	Mumps myocarditis	ICD10CM	•		9-15
	Mumps	B26.83	Mumps nephritis	ICD10CM	•		9-15
	Mumps	B26.84	Mumps polyneuropathy	ICD10CM	•		9-15
	Mumps	B26.85	Mumps arthritis	ICD10CM	•		9-15
	Mumps	B26.89	Other mumps complications	ICD10CM	•		9-15
	Mumps	B26.9	Mumps without complication	ICD10CM	•		9-15
	Varicella Zoster	B01.0	Varicella meningitis	ICD10CM	•		9-15
	Varicella Zoster	B01.11	Varicella encephalitis and encephalomyelitis	ICD10CM	•		9-15
	Varicella Zoster	B01.12	Varicella myelitis	ICD10CM	•		9-15
	Varicella Zoster	B01.2	Varicella pneumonia	ICD10CM	•		9-15
	Varicella Zoster	B01.81	Varicella keratitis	ICD10CM	•		9-15
	Varicella Zoster	B01.89	Other varicella complications	ICD10CM	•		9-15
	Varicella Zoster	B01.9	Varicella without complication	ICD10CM	•		9-15
	Varicella Zoster	B02.0	Zoster encephalitis	ICD10CM	•		9-15
	Varicella Zoster	B02.1	Zoster meningitis	ICD10CM	•		9-15
	Varicella Zoster	B02.21	Postherpetic geniculate ganglionitis	ICD10CM	•		9-15
	Varicella Zoster	B02.22	Postherpetic trigeminal neuralgia	ICD10CM	•		9-15
	Varicella Zoster	B02.23	Postherpetic polyneuropathy	ICD10CM	•		9-15
	Varicella Zoster	B02.24	Postherpetic myelitis	ICD10CM	•		9-15
	Varicella Zoster	B02.29	Other postherpetic nervous system involvement	ICD10CM	•		9-15
	Varicella Zoster	B02.30	Zoster ocular disease, unspecified	ICD10CM	•		9-15
	Varicella Zoster	B02.31	Zoster conjunctivitis	ICD10CM	•		9-15
	Varicella Zoster	B02.32	Zoster iridocyclitis	ICD10CM	•		9-15
	Varicella Zoster	B02.33	Zoster keratitis	ICD10CM	•		9-15
	Varicella Zoster	B02.34	Zoster scleritis	ICD10CM	•		9-15
	Varicella Zoster	B02.39	Other herpes zoster eye disease	ICD10CM	•		9-15

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CIS10	Varicella Zoster	B02.7	Disseminated zoster	ICD10CM	•		9-15
	Varicella Zoster	B02.8	Zoster with other complications	ICD10CM	•		9-15
	Varicella Zoster	B02.9	Zoster without complications	ICD10CM	•		9-15
	Newborn Hepatitis B Vaccine Administered	3E0234Z	Introduction of Serum, Toxoid and Vaccine into Muscle, Percutaneous Approach	ICD10PCS	•		9-15
	DTaP Vaccine Procedure	170395004	First diphtheria, pertussis and tetanus triple vaccination (procedure)	SNOMED CT US Edition	•		9-15
	DTaP Vaccine Procedure	170396003	Second diphtheria, pertussis and tetanus triple vaccination (procedure)	SNOMED CT US Edition	•		9-15
	DTaP Vaccine Procedure	170397007	Third diphtheria, pertussis and tetanus triple vaccination (procedure)	SNOMED CT US Edition	•		9-15
	DTaP Vaccine Procedure	170399005	Diphtheria, pertussis and tetanus triple and polio vaccination (procedure)	SNOMED CT US Edition	•		9-15
	DTaP Vaccine Procedure	170400003	First diphtheria, pertussis and tetanus triple and polio vaccination (procedure)	SNOMED CT US Edition	•		9-15
	DTaP Vaccine Procedure	170401004	Second diphtheria, pertussis and tetanus triple and polio vaccination (procedure)	SNOMED CT US Edition	•		9-15
	DTaP Vaccine Procedure	170402006	Third diphtheria, pertussis and tetanus triple and polio vaccination (procedure)	SNOMED CT US Edition	•		9-15
	DTaP Vaccine Procedure	310306005	First diphtheria, tetanus, pertussis, polio and haemophilus influenzae B vaccination (procedure)	SNOMED CT US Edition	•		9-15
	DTaP Vaccine Procedure	310307001	Second diphtheria, tetanus, pertussis, polio and haemophilus influenzae B vaccination (procedure)	SNOMED CT US Edition	•		9-15
	DTaP Vaccine Procedure	310308006	Third diphtheria, tetanus, pertussis, polio and haemophilus influenzae B vaccination (procedure)	SNOMED CT US Edition	•		9-15
	DTaP Vaccine Procedure	312870000	Diphtheria, tetanus, pertussis, polio and haemophilus influenzae B vaccination (procedure)	SNOMED CT US Edition	•		9-15
	DTaP Vaccine Procedure	313383003	Fourth diphtheria, tetanus, pertussis, polio and haemophilus influenzae B vaccination (procedure)	SNOMED CT US Edition	•		9-15
	DTaP Vaccine Procedure	390846000	Booster diphtheria, tetanus and acellular pertussis vaccination (procedure)	SNOMED CT US Edition	•		9-15
	DTaP Vaccine Procedure	390865008	Booster diphtheria, tetanus, acellular pertussis and polio vaccination (procedure)	SNOMED CT US Edition	•		9-15
DTaP Vaccine Procedure	399014008	Vaccination for diphtheria, pertussis, and tetanus (procedure)	SNOMED CT US Edition	•		9-15	
DTaP Vaccine Procedure	412755006	First diphtheria, tetanus and acellular pertussis vaccination (procedure)	SNOMED CT US Edition	•		9-15	

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CIS10	DTaP Vaccine Procedure	412756007	Second diphtheria, tetanus and acellular pertussis vaccination (procedure)	SNOMED CT US Edition	•		9-15
	DTaP Vaccine Procedure	412757003	Third diphtheria, tetanus and acellular pertussis vaccination (procedure)	SNOMED CT US Edition	•		9-15
	DTaP Vaccine Procedure	412762002	First diphtheria, tetanus, acellular pertussis and polio vaccination (procedure)	SNOMED CT US Edition	•		9-15
	DTaP Vaccine Procedure	412763007	Second diphtheria, tetanus, acellular pertussis and polio vaccination (procedure)	SNOMED CT US Edition	•		9-15
	DTaP Vaccine Procedure	412764001	Third diphtheria, tetanus, acellular pertussis and polio vaccination (procedure)	SNOMED CT US Edition	•		9-15
	DTaP Vaccine Procedure	414001002	Diphtheria tetanus and five component acellular pertussis, haemophilus influenzae type b, inactivated polio vaccination (procedure)	SNOMED CT US Edition	•		9-15
	DTaP Vaccine Procedure	414259000	First diphtheria tetanus and five component acellular pertussis, haemophilus influenzae type b, inactivated polio vaccination (procedure)	SNOMED CT US Edition	•		9-15
	DTaP Vaccine Procedure	414620004	Low dose diphtheria, tetanus, five component acellular pertussis and inactivated polio vaccination (procedure)	SNOMED CT US Edition	•		9-15
	DTaP Vaccine Procedure	415507003	Second diphtheria tetanus and five component acellular pertussis, haemophilus influenzae type b, inactivated polio vaccination (procedure)	SNOMED CT US Edition	•		9-15
	DTaP Vaccine Procedure	415712004	Third diphtheria tetanus and five component acellular pertussis, haemophilus influenzae type b, inactivated polio vaccination (procedure)	SNOMED CT US Edition	•		9-15
	DTaP Vaccine Procedure	770608009	Administration of diphtheria, tetanus, pertussis, Hepatitis B and Haemophilus influenzae B vaccine (procedure)	SNOMED CT US Edition	•		9-15
	DTaP Vaccine Procedure	770616000	Administration of first dose of diphtheria, tetanus, pertussis, Hepatitis B and Haemophilus influenzae B vaccine (procedure)	SNOMED CT US Edition	•		9-15
	DTaP Vaccine Procedure	770617009	Administration of second dose of diphtheria, tetanus, pertussis, Hepatitis B and Haemophilus influenzae B vaccine (procedure)	SNOMED CT US Edition	•		9-15
	DTaP Vaccine Procedure	770618004	Administration of third dose of diphtheria, tetanus, pertussis, Hepatitis B and Haemophilus influenzae B vaccine (procedure)	SNOMED CT US Edition	•		9-15
	DTaP Vaccine Procedure	428251000124104	Tetanus, diphtheria and acellular pertussis vaccination (procedure)	SNOMED CT US Edition	•		9-15
	DTaP Vaccine Procedure	571571000119105	Administration of diphtheria + tetanus + acellular pertussis vaccine (procedure)	SNOMED CT US Edition	•		9-15
	DTaP Vaccine Procedure	572561000119108	Administration of diphtheria + tetanus + acellular pertussis + hepatitis B + inactivated polio virus vaccine (procedure)	SNOMED CT US Edition	•		9-15
DTaP Vaccine Procedure	16290681000119100	Administration of diphtheria + tetanus + acellular pertussis + inactivated poliovirus vaccine (procedure)	SNOMED CT US Edition	•		9-15	

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Measure	Service	Code	Description	Code Type	N*	E**	Pg
CIS10	DTaP Vaccine Procedure	16298561000119100	Administration of tetanus, diphtheria, and acellular pertussis vaccine (procedure)	SNOMED CT US Edition	•		9-15
	Haemophilus Influenzae Type B (HiB) Vaccine Procedure	127787002	Haemophilus influenzae type b vaccination (procedure)	SNOMED CT US Edition	•		9-15
	Haemophilus Influenzae Type B (HiB) Vaccine Procedure	170343007	First haemophilus B vaccination (procedure)	SNOMED CT US Edition	•		9-15
	Haemophilus Influenzae Type B (HiB) Vaccine Procedure	170344001	Second haemophilus B vaccination (procedure)	SNOMED CT US Edition	•		9-15
	Haemophilus Influenzae Type B (HiB) Vaccine Procedure	170345000	Third haemophilus B vaccination (procedure)	SNOMED CT US Edition	•		9-15
	Haemophilus Influenzae Type B (HiB) Vaccine Procedure	170346004	Booster haemophilus B vaccination (procedure)	SNOMED CT US Edition	•		9-15
	Haemophilus Influenzae Type B (HiB) Vaccine Procedure	310306005	First diphtheria, tetanus, pertussis, polio and haemophilus influenzae B vaccination (procedure)	SNOMED CT US Edition	•		9-15
	Haemophilus Influenzae Type B (HiB) Vaccine Procedure	310307001	Second diphtheria, tetanus, pertussis, polio and haemophilus influenzae B vaccination (procedure)	SNOMED CT US Edition	•		9-15
	Haemophilus Influenzae Type B (HiB) Vaccine Procedure	310308006	Third diphtheria, tetanus, pertussis, polio and haemophilus influenzae B vaccination (procedure)	SNOMED CT US Edition	•		9-15
	Haemophilus Influenzae Type B (HiB) Vaccine Procedure	312869001	Haemophilus influenzae B, diphtheria, tetanus and polio vaccination (procedure)	SNOMED CT US Edition	•		9-15
	Haemophilus Influenzae Type B (HiB) Vaccine Procedure	312870000	Diphtheria, tetanus, pertussis, polio and haemophilus influenzae B vaccination (procedure)	SNOMED CT US Edition	•		9-15
	Haemophilus Influenzae Type B (HiB) Vaccine Procedure	414001002	Diphtheria tetanus and five component acellular pertussis, haemophilus influenzae type b, inactivated polio vaccination (procedure)	SNOMED CT US Edition	•		9-15
	Haemophilus Influenzae Type B (HiB) Vaccine Procedure	414259000	First diphtheria tetanus and five component acellular pertussis, haemophilus influenzae type b, inactivated polio vaccination (procedure)	SNOMED CT US Edition	•		9-15
	Haemophilus Influenzae Type B (HiB) Vaccine Procedure	415507003	Second diphtheria tetanus and five component acellular pertussis, haemophilus influenzae type b, inactivated polio vaccination (procedure)	SNOMED CT US Edition	•		9-15

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Measure	Service	Code	Description	Code Type	N*	E**	Pg
CIS10	Haemophilus Influenzae Type B (HiB) Vaccine Procedure	415712004	Third diphtheria tetanus and five component acellular pertussis, haemophilus influenzae type b, inactivated polio vaccination (procedure)	SNOMED CT US Edition	•		9-15
	Haemophilus Influenzae Type B (HiB) Vaccine Procedure	770608009	Administration of diphtheria, tetanus, pertussis, Hepatitis B and Haemophilus influenzae B vaccine (procedure)	SNOMED CT US Edition	•		9-15
	Haemophilus Influenzae Type B (HiB) Vaccine Procedure	770616000	Administration of first dose of diphtheria, tetanus, pertussis, Hepatitis B and Haemophilus influenzae B vaccine (procedure)	SNOMED CT US Edition	•		9-15
	Haemophilus Influenzae Type B (HiB) Vaccine Procedure	770617009	Administration of second dose of diphtheria, tetanus, pertussis, Hepatitis B and Haemophilus influenzae B vaccine (procedure)	SNOMED CT US Edition	•		9-15
	Haemophilus Influenzae Type B (HiB) Vaccine Procedure	770618004	Administration of third dose of diphtheria, tetanus, pertussis, Hepatitis B and Haemophilus influenzae B vaccine (procedure)	SNOMED CT US Edition	•		9-15
	Hepatitis A	16060001	Hepatic coma due to viral hepatitis A (disorder)	SNOMED CT US Edition	•		9-15
	Hepatitis A	18917003	Acute fulminating type A viral hepatitis (disorder)	SNOMED CT US Edition	•		9-15
	Hepatitis A	25102003	Acute type A viral hepatitis (disorder)	SNOMED CT US Edition	•		9-15
	Hepatitis A	40468003	Viral hepatitis, type A (disorder)	SNOMED CT US Edition	•		9-15
	Hepatitis A	43634002	Relapsing type A viral hepatitis (disorder)	SNOMED CT US Edition	•		9-15
	Hepatitis A	79031007	Anicteric type A viral hepatitis (disorder)	SNOMED CT US Edition	•		9-15
	Hepatitis A	111879004	Viral hepatitis A without hepatic coma (disorder)	SNOMED CT US Edition	•		9-15
	Hepatitis A	165997004	Hepatitis A test positive (finding)	SNOMED CT US Edition	•		9-15
	Hepatitis A	206373002	Congenital hepatitis A infection (disorder)	SNOMED CT US Edition	•		9-15
	Hepatitis A	278971009	Hepatitis A immune (finding)	SNOMED CT US Edition	•		9-15
	Hepatitis A	310875001	Hepatitis A - current infection (finding)	SNOMED CT US Edition	•		9-15
	Hepatitis A	424758008	Viral hepatitis A without hepatic coma, without hepatitis delta (disorder)	SNOMED CT US Edition	•		9-15

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Measure	Service	Code	Description	Code Type	N*	E**	Pg
CIS10	Hepatitis A	428030001	History of hepatitis A (situation)	SNOMED CT US Edition	•		9-15
	Hepatitis A	105801000119103	Immunity to hepatitis A by positive serology (finding)	SNOMED CT US Edition	•		9-15
	Hepatitis A Vaccine Procedure	170378007	First hepatitis A vaccination (procedure)	SNOMED CT US Edition	•		9-15
	Hepatitis A Vaccine Procedure	170379004	Second hepatitis A vaccination (procedure)	SNOMED CT US Edition	•		9-15
	Hepatitis A Vaccine Procedure	170380001	Third hepatitis A vaccination (procedure)	SNOMED CT US Edition	•		9-15
	Hepatitis A Vaccine Procedure	170381002	Booster hepatitis A vaccination (procedure)	SNOMED CT US Edition	•		9-15
	Hepatitis A Vaccine Procedure	170434002	First combined hepatitis A and B vaccination (procedure)	SNOMED CT US Edition	•		9-15
	Hepatitis A Vaccine Procedure	170435001	Second combined hepatitis A and B vaccination (procedure)	SNOMED CT US Edition	•		9-15
	Hepatitis A Vaccine Procedure	170436000	Third combined hepatitis A and B vaccination (procedure)	SNOMED CT US Edition	•		9-15
	Hepatitis A Vaccine Procedure	170437009	Booster combined hepatitis A and B vaccination (procedure)	SNOMED CT US Edition	•		9-15
	Hepatitis A Vaccine Procedure	243789007	Hepatitis A immunization (procedure)	SNOMED CT US Edition	•		9-15
	Hepatitis A Vaccine Procedure	312868009	Combined hepatitis A and B vaccination (procedure)	SNOMED CT US Edition	•		9-15
	Hepatitis A Vaccine Procedure	313188000	First hepatitis A junior vaccination (procedure)	SNOMED CT US Edition	•		9-15
	Hepatitis A Vaccine Procedure	313189008	Second hepatitis A junior vaccination (procedure)	SNOMED CT US Edition	•		9-15
	Hepatitis A Vaccine Procedure	314177003	Hepatitis A and typhoid vaccination (procedure)	SNOMED CT US Edition	•		9-15
	Hepatitis A Vaccine Procedure	314178008	First hepatitis A and typhoid vaccination (procedure)	SNOMED CT US Edition	•		9-15
	Hepatitis A Vaccine Procedure	314179000	Second hepatitis A and typhoid vaccination (procedure)	SNOMED CT US Edition	•		9-15
	Hepatitis A Vaccine Procedure	394691002	Booster hepatitis A and typhoid vaccination (procedure)	SNOMED CT US Edition	•		9-15

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Measure	Service	Code	Description	Code Type	N*	E**	Pg
CIS10	Hepatitis A Vaccine Procedure	412742005	Third hepatitis A junior vaccination (procedure)	SNOMED CT US Edition	•		9-15
	Hepatitis A Vaccine Procedure	412743000	Booster hepatitis A junior vaccination (procedure)	SNOMED CT US Edition	•		9-15
	Hepatitis A Vaccine Procedure	571511000119102	Administration of adult hepatitis A vaccine (procedure)	SNOMED CT US Edition	•		9-15
	Hepatitis B	1116000	Chronic aggressive type B viral hepatitis (disorder)	SNOMED CT US Edition	•		9-15
	Hepatitis B	13265006	Acute fulminating type B viral hepatitis (disorder)	SNOMED CT US Edition	•		9-15
	Hepatitis B	26206000	Hepatic coma due to viral hepatitis B (disorder)	SNOMED CT US Edition	•		9-15
	Hepatitis B	38662009	Chronic persistent type B viral hepatitis (disorder)	SNOMED CT US Edition	•		9-15
	Hepatitis B	50167007	Chronic active type B viral hepatitis (disorder)	SNOMED CT US Edition	•		9-15
	Hepatitis B	53425008	Anicteric type B viral hepatitis (disorder)	SNOMED CT US Edition	•		9-15
	Hepatitis B	60498001	Congenital viral hepatitis B infection (disorder)	SNOMED CT US Edition	•		9-15
	Hepatitis B	61977001	Chronic type B viral hepatitis (disorder)	SNOMED CT US Edition	•		9-15
	Hepatitis B	66071002	Viral hepatitis type B (disorder)	SNOMED CT US Edition	•		9-15
	Hepatitis B	76795007	Acute type B viral hepatitis (disorder)	SNOMED CT US Edition	•		9-15
	Hepatitis B	111891008	Viral hepatitis B without hepatic coma (disorder)	SNOMED CT US Edition	•		9-15
	Hepatitis B	165806002	Hepatitis B surface antigen positive (finding)	SNOMED CT US Edition	•		9-15
	Hepatitis B	186624004	Acute hepatitis B with delta agent (coinfection) with hepatic coma (disorder)	SNOMED CT US Edition	•		9-15
Hepatitis B	186626002	Acute hepatitis B with delta-agent (coinfection) without hepatic coma (disorder)	SNOMED CT US Edition	•		9-15	
Hepatitis B	186639003	Chronic viral hepatitis B without delta-agent (disorder)	SNOMED CT US Edition	•		9-15	

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Measure	Service	Code	Description	Code Type	N*	E**	Pg
CIS10	Hepatitis B	235864009	Acute hepatitis B with hepatitis D (disorder)	SNOMED CT US Edition	•		9-15
	Hepatitis B	235865005	Hepatitis D superinfection of hepatitis B carrier (disorder)	SNOMED CT US Edition	•		9-15
	Hepatitis B	235869004	Chronic viral hepatitis B with hepatitis D (disorder)	SNOMED CT US Edition	•		9-15
	Hepatitis B	235871004	Hepatitis B carrier (finding)	SNOMED CT US Edition	•		9-15
	Hepatitis B	271511000	Hepatitis B immune (finding)	SNOMED CT US Edition	•		9-15
	Hepatitis B	313234004	Hepatitis B antibody present (finding)	SNOMED CT US Edition	•		9-15
	Hepatitis B	406117000	Hepatitis B surface antigen enzyme-linked immunosorbent assay positive (finding)	SNOMED CT US Edition	•		9-15
	Hepatitis B	424099008	Hepatic coma due to acute hepatitis B (disorder)	SNOMED CT US Edition	•		9-15
	Hepatitis B	424340000	Hepatic coma due to chronic hepatitis B (disorder)	SNOMED CT US Edition	•		9-15
	Hepatitis B	442134007	Hepatitis B associated with Human immunodeficiency virus infection (disorder)	SNOMED CT US Edition	•		9-15
	Hepatitis B	442374005	Hepatitis B and hepatitis C (disorder)	SNOMED CT US Edition	•		9-15
	Hepatitis B	446698005	Reactivation of hepatitis B viral hepatitis (disorder)	SNOMED CT US Edition	•		9-15
	Hepatitis B	153091000119109	Hepatic coma due to chronic hepatitis B with delta agent (disorder)	SNOMED CT US Edition	•		9-15
	Hepatitis B Vaccine Procedure	16584000	Hepatitis B vaccination (procedure)	SNOMED CT US Edition	•		9-15
	Hepatitis B Vaccine Procedure	116802006	Intramuscular injection of Hepatitis B Virus immune globulin, human (procedure)	SNOMED CT US Edition	•		9-15
	Hepatitis B Vaccine Procedure	170370000	First hepatitis B vaccination (procedure)	SNOMED CT US Edition	•		9-15
	Hepatitis B Vaccine Procedure	170371001	Second hepatitis B vaccination (procedure)	SNOMED CT US Edition	•		9-15
Hepatitis B Vaccine Procedure	170372008	Third hepatitis B vaccination (procedure)	SNOMED CT US Edition	•		9-15	

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Measure	Service	Code	Description	Code Type	N*	E**	Pg
CIS10	Hepatitis B Vaccine Procedure	170373003	Booster hepatitis B vaccination (procedure)	SNOMED CT US Edition	•		9-15
	Hepatitis B Vaccine Procedure	170434002	First combined hepatitis A and B vaccination (procedure)	SNOMED CT US Edition	•		9-15
	Hepatitis B Vaccine Procedure	170435001	Second combined hepatitis A and B vaccination (procedure)	SNOMED CT US Edition	•		9-15
	Hepatitis B Vaccine Procedure	170436000	Third combined hepatitis A and B vaccination (procedure)	SNOMED CT US Edition	•		9-15
	Hepatitis B Vaccine Procedure	170437009	Booster combined hepatitis A and B vaccination (procedure)	SNOMED CT US Edition	•		9-15
	Hepatitis B Vaccine Procedure	312868009	Combined hepatitis A and B vaccination (procedure)	SNOMED CT US Edition	•		9-15
	Hepatitis B Vaccine Procedure	396456003	Diphtheria, acellular pertussis, hepatitis B and inactivated polio vaccination (procedure)	SNOMED CT US Edition	•		9-15
	Hepatitis B Vaccine Procedure	770608009	Administration of diphtheria, tetanus, pertussis, Hepatitis B and Haemophilus influenzae B vaccine (procedure)	SNOMED CT US Edition	•		9-15
	Hepatitis B Vaccine Procedure	770616000	Administration of first dose of diphtheria, tetanus, pertussis, Hepatitis B and Haemophilus influenzae B vaccine (procedure)	SNOMED CT US Edition	•		9-15
	Hepatitis B Vaccine Procedure	770617009	Administration of second dose of diphtheria, tetanus, pertussis, Hepatitis B and Haemophilus influenzae B vaccine (procedure)	SNOMED CT US Edition	•		9-15
	Hepatitis B Vaccine Procedure	770618004	Administration of third dose of diphtheria, tetanus, pertussis, Hepatitis B and Haemophilus influenzae B vaccine (procedure)	SNOMED CT US Edition	•		9-15
	Hepatitis B Vaccine Procedure	572561000119108	Administration of diphtheria + tetanus + acellular pertussis + hepatitis B + inactivated polio virus vaccine (procedure)	SNOMED CT US Edition	•		9-15
	Inactivated Polio Vaccine (IPV) Procedure	396456003	Diphtheria, acellular pertussis, hepatitis B and inactivated polio vaccination (procedure)	SNOMED CT US Edition	•		9-15
	Inactivated Polio Vaccine (IPV) Procedure	414001002	Diphtheria tetanus and five component acellular pertussis, haemophilus influenzae type b, inactivated polio vaccination (procedure)	SNOMED CT US Edition	•		9-15
	Inactivated Polio Vaccine (IPV) Procedure	414259000	First diphtheria tetanus and five component acellular pertussis, haemophilus influenzae type b, inactivated polio vaccination (procedure)	SNOMED CT US Edition	•		9-15
	Inactivated Polio Vaccine (IPV) Procedure	414619005	Low dose diphtheria, tetanus and inactivated polio vaccination (procedure)	SNOMED CT US Edition	•		9-15
	Inactivated Polio Vaccine (IPV) Procedure	414620004	Low dose diphtheria, tetanus, five component acellular pertussis and inactivated polio vaccination (procedure)	SNOMED CT US Edition	•		9-15
Inactivated Polio Vaccine (IPV) Procedure	415507003	Second diphtheria tetanus and five component acellular pertussis, haemophilus influenzae type b, inactivated polio vaccination (procedure)	SNOMED CT US Edition	•		9-15	

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Measure	Service	Code	Description	Code Type	N*	E**	Pg
CIS10	Inactivated Polio Vaccine (IPV) Procedure	415712004	Third diphtheria tetanus and five component acellular pertussis, haemophilus influenzae type b, inactivated polio vaccination (procedure)	SNOMED CT US Edition	•		9-15
	Inactivated Polio Vaccine (IPV) Procedure	416144004	Third low dose diphtheria, tetanus and inactivated polio vaccination (procedure)	SNOMED CT US Edition	•		9-15
	Inactivated Polio Vaccine (IPV) Procedure	416591003	First low dose diphtheria, tetanus and inactivated polio vaccination (procedure)	SNOMED CT US Edition	•		9-15
	Inactivated Polio Vaccine (IPV) Procedure	417211006	First booster low dose diphtheria, tetanus and inactivated polio vaccination (procedure)	SNOMED CT US Edition	•		9-15
	Inactivated Polio Vaccine (IPV) Procedure	417384007	Second booster low dose diphtheria, tetanus and inactivated polio vaccination (procedure)	SNOMED CT US Edition	•		9-15
	Inactivated Polio Vaccine (IPV) Procedure	417615007	Second low dose diphtheria, tetanus and inactivated polio vaccination (procedure)	SNOMED CT US Edition	•		9-15
	Influenza Vaccine Procedure	86198006	Influenza vaccination (procedure)	SNOMED CT US Edition	•		9-15
	Measles Vaccine Procedure	47435007	Measles vaccination (procedure)	SNOMED CT US Edition	•		9-15
	Measles Vaccine Procedure	170364006	Measles vaccination plus immunoglobulin (procedure)	SNOMED CT US Edition	•		9-15
	Measles Vaccine Procedure	572481000119103	Administration of measles live vaccine (procedure)	SNOMED CT US Edition	•		9-15
	Measles, Mumps and Rubella (MMR) Vaccine Procedure	38598009	Measles-mumps-rubella vaccination (procedure)	SNOMED CT US Edition	•		9-15
	Measles, Mumps and Rubella (MMR) Vaccine Procedure	170433008	Measles mumps and rubella vaccination - second dose (procedure)	SNOMED CT US Edition	•		9-15
	Measles, Mumps and Rubella (MMR) Vaccine Procedure	432636005	Administration of measles, mumps, rubella, and varicella vaccine (procedure)	SNOMED CT US Edition	•		9-15
	Measles, Mumps and Rubella (MMR) Vaccine Procedure	433733003	Administration of second measles, mumps, rubella, and varicella vaccine (procedure)	SNOMED CT US Edition	•		9-15
	Measles, Mumps and Rubella (MMR) Vaccine Procedure	150971000119104	Measles, mumps and rubella vaccination given (situation)	SNOMED CT US Edition	•		9-15
Measles, Mumps and Rubella (MMR) Vaccine Procedure	571591000119106	Administration of measles + mumps + rubella live vaccine (procedure)	SNOMED CT US Edition	•		9-15	

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Measure	Service	Code	Description	Code Type	N*	E**	Pg
CIS10	Measles, Mumps and Rubella (MMR) Vaccine Procedure	572511000119105	Administration of measles + mumps + rubella + varicella live vaccine (procedure)	SNOMED CT US Edition	•		9-15
	Mumps	10665004	Mumps pancreatitis (disorder)	SNOMED CT US Edition	•		9-15
	Mumps	17121006	Mumps nephritis (disorder)	SNOMED CT US Edition	•		9-15
	Mumps	31524007	Mumps polyneuropathy (disorder)	SNOMED CT US Edition	•		9-15
	Mumps	31646008	Mumps encephalitis (disorder)	SNOMED CT US Edition	•		9-15
	Mumps	36989005	Mumps (disorder)	SNOMED CT US Edition	•		9-15
	Mumps	40099009	Meningoencephalitis caused by mumps (disorder)	SNOMED CT US Edition	•		9-15
	Mumps	44201003	Mumps meningitis (disorder)	SNOMED CT US Edition	•		9-15
	Mumps	63462008	Mumps myocarditis (disorder)	SNOMED CT US Edition	•		9-15
	Mumps	72071001	Mumps thyroiditis (disorder)	SNOMED CT US Edition	•		9-15
	Mumps	74717002	Mumps with complication (disorder)	SNOMED CT US Edition	•		9-15
	Mumps	75548002	Mumps oophoritis (disorder)	SNOMED CT US Edition	•		9-15
	Mumps	78580004	Mumps orchitis (disorder)	SNOMED CT US Edition	•		9-15
	Mumps	89231008	Mumps hepatitis (disorder)	SNOMED CT US Edition	•		9-15
	Mumps	89764009	Mumps arthritis (disorder)	SNOMED CT US Edition	•		9-15
	Mumps	111870000	Mumps without complication (disorder)	SNOMED CT US Edition	•		9-15
	Mumps	161420006	History of mumps (situation)	SNOMED CT US Edition	•		9-15
Mumps	235123001	Mumps acute sialadenitis (disorder)	SNOMED CT US Edition	•		9-15	

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Measure	Service	Code	Description	Code Type	N*	E**	Pg
CIS10	Mumps	236771002	Mumps epididymo-orchitis (disorder)	SNOMED CT US Edition	•		9-15
	Mumps	237443002	Mastitis of mumps (disorder)	SNOMED CT US Edition	•		9-15
	Mumps	240526004	Mumps parotitis (disorder)	SNOMED CT US Edition	•		9-15
	Mumps	240527008	Mumps submandibular sialadenitis (disorder)	SNOMED CT US Edition	•		9-15
	Mumps	240529006	Mumps sublingual sialadenitis (disorder)	SNOMED CT US Edition	•		9-15
	Mumps	371112003	Mumps immune (finding)	SNOMED CT US Edition	•		9-15
	Mumps	105821000119107	Immunity to mumps by positive serology (finding)	SNOMED CT US Edition	•		9-15
	Mumps Vaccine Procedure	50583002	Mumps vaccination (procedure)	SNOMED CT US Edition	•		9-15
	Newborn Hepatitis B Vaccine Administered	170370000	First hepatitis B vaccination (procedure)	SNOMED CT US Edition	•		9-15
	Newborn Hepatitis B Vaccine Administered	426980004	History of one dose of hepatitis B vaccine (situation)	SNOMED CT US Edition	•		9-15
	Pneumococcal Conjugate Vaccine Procedure	434751000124102	Pneumococcal conjugate vaccination (procedure)	SNOMED CT US Edition	•		9-15
	Rotavirus Vaccine (2 Dose Schedule) Procedure	434741000124104	Rotavirus vaccination, 2 dose schedule (procedure)	SNOMED CT US Edition	•		9-15
	Rotavirus Vaccine (3 Dose Schedule) Procedure	434731000124109	Rotavirus vaccination, 3 dose schedule (procedure)	SNOMED CT US Edition	•		9-15
	Varicella Zoster	4740000	Herpes zoster (disorder)	SNOMED CT US Edition	•		9-15
	Varicella Zoster	10698009	Herpes zoster iridocyclitis (disorder)	SNOMED CT US Edition	•		9-15
	Varicella Zoster	21954000	Herpes zoster auricularis (disorder)	SNOMED CT US Edition	•		9-15
	Varicella Zoster	23737006	Chickenpox with complication (disorder)	SNOMED CT US Edition	•		9-15
Varicella Zoster	24059009	Acute cerebellar ataxia caused by varicella (disorder)	SNOMED CT US Edition	•		9-15	

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CIS10	Varicella Zoster	36292003	Otitis externa caused by Herpes zoster (disorder)	SNOMED CT US Edition	•		9-15
	Varicella Zoster	38907003	Varicella (disorder)	SNOMED CT US Edition	•		9-15
	Varicella Zoster	42448002	Herpes zoster keratoconjunctivitis (disorder)	SNOMED CT US Edition	•		9-15
	Varicella Zoster	49183009	Herpes zoster with complication (disorder)	SNOMED CT US Edition	•		9-15
	Varicella Zoster	55560002	Disseminated herpes zoster (disorder)	SNOMED CT US Edition	•		9-15
	Varicella Zoster	87513003	Herpes zoster ophthalmicus (disorder)	SNOMED CT US Edition	•		9-15
	Varicella Zoster	111859007	Herpes zoster without complication (disorder)	SNOMED CT US Edition	•		9-15
	Varicella Zoster	111861003	Herpes zoster with nervous system complication (disorder)	SNOMED CT US Edition	•		9-15
	Varicella Zoster	161423008	History of chickenpox (situation)	SNOMED CT US Edition	•		9-15
	Varicella Zoster	186524006	Herpes zoster with ophthalmic complication (disorder)	SNOMED CT US Edition	•		9-15
	Varicella Zoster	186525007	Herpes zoster with dermatitis of eyelid (disorder)	SNOMED CT US Edition	•		9-15
	Varicella Zoster	195911009	Chickenpox pneumonia (disorder)	SNOMED CT US Edition	•		9-15
	Varicella Zoster	230176008	Herpes zoster encephalitis (disorder)	SNOMED CT US Edition	•		9-15
	Varicella Zoster	230198004	Varicella transverse myelitis (disorder)	SNOMED CT US Edition	•		9-15
	Varicella Zoster	230262004	Amyotrophy caused by herpes zoster (disorder)	SNOMED CT US Edition	•		9-15
	Varicella Zoster	230536009	Acute trigeminal herpes zoster (disorder)	SNOMED CT US Edition	•		9-15
	Varicella Zoster	232400003	Acute herpes zoster pharyngitis (disorder)	SNOMED CT US Edition	•		9-15
Varicella Zoster	235059009	Herpes zoster infection of oral mucosa (disorder)	SNOMED CT US Edition	•		9-15	

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CIS10	Varicella Zoster	240468001	Neurological varicella (disorder)	SNOMED CT US Edition	•		9-15
	Varicella Zoster	240470005	Thoracic herpes zoster infection (disorder)	SNOMED CT US Edition	•		9-15
	Varicella Zoster	240471009	Lumbar herpes zoster infection (disorder)	SNOMED CT US Edition	•		9-15
	Varicella Zoster	240472002	Maxillary herpes zoster infection (disorder)	SNOMED CT US Edition	•		9-15
	Varicella Zoster	240473007	Mandibular herpes zoster infection (disorder)	SNOMED CT US Edition	•		9-15
	Varicella Zoster	240474001	Multidermatomal herpes zoster infection (disorder)	SNOMED CT US Edition	•		9-15
	Varicella Zoster	309465005	Varicella-zoster virus infection (disorder)	SNOMED CT US Edition	•		9-15
	Varicella Zoster	371113008	Varicella immune (finding)	SNOMED CT US Edition	•		9-15
	Varicella Zoster	397573005	Herpes zoster keratitis (disorder)	SNOMED CT US Edition	•		9-15
	Varicella Zoster	400020001	Herpes zoster dermatitis (disorder)	SNOMED CT US Edition	•		9-15
	Varicella Zoster	402897003	Herpes zoster involving cervical dermatome (disorder)	SNOMED CT US Edition	•		9-15
	Varicella Zoster	402898008	Herpes zoster involving sacral dermatome (disorder)	SNOMED CT US Edition	•		9-15
	Varicella Zoster	402899000	Anetoderma following varicella (disorder)	SNOMED CT US Edition	•		9-15
	Varicella Zoster	410500004	Hutchinson's sign (disorder)	SNOMED CT US Edition	•		9-15
	Varicella Zoster	410509003	Herpes zoster conjunctivitis (disorder)	SNOMED CT US Edition	•		9-15
	Varicella Zoster	421029004	Herpes zoster retinitis (disorder)	SNOMED CT US Edition	•		9-15
	Varicella Zoster	422127002	Herpes zoster associated with acquired immunodeficiency syndrome (disorder)	SNOMED CT US Edition	•		9-15
Varicella Zoster	422446008	Herpes zoster subepithelial infiltrates (disorder)	SNOMED CT US Edition	•		9-15	

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CIS10	Varicella Zoster	422471006	Herpes zoster acute retinal necrosis (disorder)	SNOMED CT US Edition	•		9-15
	Varicella Zoster	422666006	Herpes zoster corneal epitheliopathy (disorder)	SNOMED CT US Edition	•		9-15
	Varicella Zoster	423333008	Exanthem caused by chicken pox (disorder)	SNOMED CT US Edition	•		9-15
	Varicella Zoster	423628002	Acute herpes zoster neuropathy (disorder)	SNOMED CT US Edition	•		9-15
	Varicella Zoster	424353002	Corneal haze caused by herpes zoster (disorder)	SNOMED CT US Edition	•		9-15
	Varicella Zoster	424435009	Herpes zoster pseudodendrites (disorder)	SNOMED CT US Edition	•		9-15
	Varicella Zoster	424801004	Herpes zoster corneal endotheliitis (disorder)	SNOMED CT US Edition	•		9-15
	Varicella Zoster	424941009	Herpes zoster radiculitis (disorder)	SNOMED CT US Edition	•		9-15
	Varicella Zoster	425356002	Herpes zoster retinal pigment epithelial detachment (disorder)	SNOMED CT US Edition	•		9-15
	Varicella Zoster	426570007	Herpes zoster interstitial keratitis (disorder)	SNOMED CT US Edition	•		9-15
	Varicella Zoster	428633000	Exanthem caused by herpes zoster (disorder)	SNOMED CT US Edition	•		9-15
	Varicella Zoster	713250002	Gingival disease caused by varicella-zoster virus (disorder)	SNOMED CT US Edition	•		9-15
	Varicella Zoster	713733003	Infection caused by herpes zoster virus co-occurrent with human immunodeficiency virus infection (disorder)	SNOMED CT US Edition	•		9-15
	Varicella Zoster	713964006	Multidermatomal infection caused by Herpes zoster co-occurrent with human immunodeficiency virus infection (disorder)	SNOMED CT US Edition	•		9-15
	Varicella Zoster	715223009	Fetal varicella syndrome (disorder)	SNOMED CT US Edition	•		9-15
	Varicella Zoster	723109003	Herpes zoster of skin and/or mucous membranes without complications (disorder)	SNOMED CT US Edition	•		9-15
	Varicella Zoster	12551000132107	Cranial neuropathy due to Herpes zoster (disorder)	SNOMED CT US Edition	•		9-15
Varicella Zoster	12561000132105	Bacterial infection co-occurrent and due to herpes zoster (disorder)	SNOMED CT US Edition	•		9-15	

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Measure	Service	Code	Description	Code Type	N*	E**	Pg
CIS10	Varicella Zoster	12571000132104	Pneumonitis due to Herpes zoster (disorder)	SNOMED CT US Edition	•		9-15
	Varicella Zoster	331071000119101	Herpes zoster iritis (disorder)	SNOMED CT US Edition	•		9-15
	Varicella Zoster	681221000119108	History of herpes zoster (situation)	SNOMED CT US Edition	•		9-15
	Varicella Zoster	15678761000119100	Iridocyclitis of right eye due to herpes zoster (disorder)	SNOMED CT US Edition	•		9-15
	Varicella Zoster	15678801000119100	Iridocyclitis of left eye due to herpes zoster (disorder)	SNOMED CT US Edition	•		9-15
	Varicella Zoster	15680201000119100	Keratoconjunctivitis of right eye due to herpes zoster (disorder)	SNOMED CT US Edition	•		9-15
	Varicella Zoster	15680241000119100	Keratoconjunctivitis of left eye due to herpes zoster (disorder)	SNOMED CT US Edition	•		9-15
	Varicella Zoster	15685081000119100	Corneal epitheliopathy of right eye due to herpes zoster (disorder)	SNOMED CT US Edition	•		9-15
	Varicella Zoster	15685121000119100	Corneal epitheliopathy of left eye due to herpes zoster (disorder)	SNOMED CT US Edition	•		9-15
	Varicella Zoster	15936581000119100	Otitis externa of right external auditory canal caused by human herpesvirus 3 (disorder)	SNOMED CT US Edition	•		9-15
	Varicella Zoster	15936621000119100	Otitis externa of left external auditory canal caused by human herpesvirus 3 (disorder)	SNOMED CT US Edition	•		9-15
	Varicella Zoster (VZV) Vaccine Procedure	425897001	First varicella vaccination (procedure)	SNOMED CT US Edition	•		9-15
	Varicella Zoster (VZV) Vaccine Procedure	428502009	Second varicella vaccination (procedure)	SNOMED CT US Edition	•		9-15
	Varicella Zoster (VZV) Vaccine Procedure	473164004	History of varicella vaccination (situation)	SNOMED CT US Edition	•		9-15
Varicella Zoster (VZV) Vaccine Procedure	571611000119101	Administration of varicella live vaccine (procedure)	SNOMED CT US Edition	•		9-15	
CIS10, IMA02	Anaphylactic Reaction Due To Vaccination	T80.52XA	[T80.52XA] Anaphylactic reaction due to vaccination, initial encounter	ICD10CM		•	9-15, 16-18
	Anaphylactic Reaction Due To Vaccination	T80.52XD	[T80.52XD] Anaphylactic reaction due to vaccination, subsequent encounter	ICD10CM		•	
	Anaphylactic Reaction Due To Vaccination	T80.52XS	[T80.52XS] Anaphylactic reaction due to vaccination, sequela	ICD10CM		•	

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Measure	Service	Code	Description	Code Type	N*	E**	Pg
CIS10, IMA02	Anaphylactic Reaction Due To Serum	213320003	Anaphylactic shock caused by serum (disorder)	SNOMED CT US Edition		•	9-15, 16-18
	Anaphylactic Reaction Due To Vaccination	428241000124101	Anaphylaxis due to human papillomavirus vaccine (disorder)	SNOMED CT US Edition		•	
	Anaphylactic Reaction Due To Vaccination	428281000124107	Anaphylaxis due to diphtheria and tetanus vaccine (disorder)	SNOMED CT US Edition		•	
	Anaphylactic Reaction Due To Vaccination	428291000124105	Anaphylaxis due to tetanus, diphtheria and acellular pertussis vaccine (disorder)	SNOMED CT US Edition		•	
	Anaphylactic Reaction Due To Vaccination	428301000124106	Anaphylaxis due to meningococcal vaccine (disorder)	SNOMED CT US Edition		•	
	Anaphylactic Reaction Due To Vaccination	428321000124101	Anaphylaxis due to Hepatitis B vaccine (disorder)	SNOMED CT US Edition		•	
	Anaphylactic Reaction Due To Vaccination	428331000124103	Anaphylaxis due to rotavirus vaccine (disorder)	SNOMED CT US Edition		•	
	Anaphylactic Reaction Due To Vaccination	433621000124101	Anaphylaxis due to Haemophilus influenzae type b vaccine (disorder)	SNOMED CT US Edition		•	
CWP	Group A Strep Tests	11268-0	Streptococcus pyogenes [Presence] in Throat by Organism specific culture	LOINC		•	74-76
	Group A Strep Tests	17656-0	Streptococcus pyogenes [Presence] in Unspecified specimen by Organism specific culture	LOINC		•	74-76
	Group A Strep Tests	17898-8	Bacteria identified in Throat by Aerobe culture	LOINC		•	74-76
	Group A Strep Tests	18481-2	Streptococcus pyogenes Ag [Presence] in Throat	LOINC		•	74-76
	Group A Strep Tests	31971-5	Streptococcus pyogenes Ag [Presence] in Unspecified specimen	LOINC		•	74-76
	Group A Strep Tests	49610-9	Streptococcus pyogenes DNA [Identifier] in Unspecified specimen by NAA with probe detection	LOINC		•	74-76
	Group A Strep Tests	5036-9	Streptococcus pyogenes rRNA [Presence] in Unspecified specimen by Probe	LOINC		•	74-76
	Group A Strep Tests	60489-2	Streptococcus pyogenes DNA [Presence] in Throat by NAA with probe detection	LOINC		•	74-76
	Group A Strep Tests	626-2	Bacteria identified in Throat by Culture	LOINC		•	74-76
	Group A Strep Tests	6557-3	Streptococcus pyogenes Ag [Presence] in Throat by Immunofluorescence	LOINC		•	74-76
	Group A Strep Tests	6558-1	Streptococcus pyogenes Ag [Presence] in Unspecified specimen by Immunoassay	LOINC		•	74-76
	Group A Strep Tests	6559-9	Streptococcus pyogenes Ag [Presence] in Unspecified specimen by Immunofluorescence	LOINC		•	74-76
	Group A Strep Tests	68954-7	Streptococcus pyogenes rRNA [Presence] in Throat by Probe	LOINC		•	74-76
	Group A Strep Tests	78012-2	Streptococcus pyogenes Ag [Presence] in Throat by Rapid immunoassay	LOINC		•	74-76

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Measure	Service	Code	Description	Code Type	N*	E**	Pg
CWP	Group A Strep Tests	122121004	Streptococcus pyogenes antigen assay (procedure)	SNOMED CT US Edition	•		74-76
	Group A Strep Tests	122205003	Streptococcus pyogenes culture (procedure)	SNOMED CT US Edition	•		74-76
	Group A Strep Tests	122303007	Streptococcus pyogenes ribosomal ribonucleic acid assay (procedure)	SNOMED CT US Edition	•		74-76
CWP, ART, URI, AAB	HIV	B20	Human immunodeficiency virus [HIV] disease	ICD10CM		•	74-76, 77-78, 79-82
	HIV	Z21	Asymptomatic human immunodeficiency virus [HIV] infection status	ICD10CM		•	
	HIV Type 2	B97.35	Human immunodeficiency virus, type 2 [HIV 2] as the cause of diseases classified elsewhere	ICD10CM		•	
	HIV	40780007	Human immunodeficiency virus I infection (disorder)	SNOMED CT US Edition		•	
	HIV	48794007	Human immunodeficiency virus infection with infectious mononucleosis-like syndrome (disorder)	SNOMED CT US Edition		•	
	HIV	52079000	Congenital human immunodeficiency virus infection (disorder)	SNOMED CT US Edition		•	
	HIV	62479008	Acquired immune deficiency syndrome (disorder)	SNOMED CT US Edition		•	
	HIV	86406008	Human immunodeficiency virus infection (disorder)	SNOMED CT US Edition		•	
	HIV	87117006	Human immunodeficiency virus infection with acute lymphadenitis (disorder)	SNOMED CT US Edition		•	
	HIV	91923005	Acquired immunodeficiency syndrome virus infection associated with pregnancy (disorder)	SNOMED CT US Edition		•	
	HIV	91947003	Asymptomatic human immunodeficiency virus infection (disorder)	SNOMED CT US Edition		•	
	HIV	91948008	Asymptomatic human immunodeficiency virus infection in pregnancy (disorder)	SNOMED CT US Edition		•	
	HIV	111880001	Acute human immunodeficiency virus infection (disorder)	SNOMED CT US Edition		•	
	HIV	165816005	Human immunodeficiency virus positive (finding)	SNOMED CT US Edition		•	
	HIV	186706006	Human immunodeficiency virus infection constitutional disease (disorder)	SNOMED CT US Edition		•	
HIV	186707002	Human immunodeficiency virus infection with neurological disease (disorder)	SNOMED CT US Edition		•		

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Measure	Service	Code	Description	Code Type	N*	E**	Pg
CWP, ART, URI, AAB	HIV	186708007	Human immunodeficiency virus infection with secondary clinical infectious disease (disorder)	SNOMED CT US Edition		•	74-76, 77-78, 79-82
	HIV	230180003	Human immunodeficiency virus leukoencephalopathy (disorder)	SNOMED CT US Edition		•	
	HIV	230202002	Vacuolar myelopathy (disorder)	SNOMED CT US Edition		•	
	HIV	230598008	Neuropathy caused by human immunodeficiency virus (disorder)	SNOMED CT US Edition		•	
	HIV	235009000	Human immunodeficiency virus-associated periodontitis (disorder)	SNOMED CT US Edition		•	
	HIV	235726002	Human immunodeficiency virus enteropathy (disorder)	SNOMED CT US Edition		•	
	HIV	236406007	Acquired immune deficiency syndrome-related nephropathy (disorder)	SNOMED CT US Edition		•	
	HIV	240103002	Human immunodeficiency virus myopathy (disorder)	SNOMED CT US Edition		•	
	HIV	276665006	Congenital acquired immune deficiency syndrome (disorder)	SNOMED CT US Edition		•	
	HIV	276666007	Congenital human immunodeficiency virus positive status syndrome (disorder)	SNOMED CT US Edition		•	
	HIV	315019000	Human immunodeficiency virus infection with aseptic meningitis (disorder)	SNOMED CT US Edition		•	
	HIV	397763006	Human immunodeficiency virus encephalopathy (disorder)	SNOMED CT US Edition		•	
	HIV	398329009	Human immunodeficiency virus encephalitis (disorder)	SNOMED CT US Edition		•	
	HIV	402901009	Oral hairy leukoplakia associated with human immunodeficiency virus disease (disorder)	SNOMED CT US Edition		•	
	HIV	405631006	Pediatric human immunodeficiency virus infection (disorder)	SNOMED CT US Edition		•	
	HIV	406109008	Human immunodeficiency virus enzyme-linked immunosorbent assay test positive (finding)	SNOMED CT US Edition		•	
	HIV	414604009	Leukoplakia of tongue associated with human immunodeficiency virus disease (disorder)	SNOMED CT US Edition		•	
HIV	416729007	Neutropenia associated with acquired immunodeficiency syndrome (disorder)	SNOMED CT US Edition		•		

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Measure	Service	Code	Description	Code Type	N*	E**	Pg
CWP, ART, URI, AAB	HIV	420244003	Encephalitis associated with acquired immunodeficiency syndrome (disorder)	SNOMED CT US Edition		•	74-76, 77-78, 79-82
	HIV	420281004	Skin rash associated with acquired immunodeficiency syndrome (disorder)	SNOMED CT US Edition		•	
	HIV	420302007	Reticulosarcoma associated with acquired immunodeficiency syndrome (disorder)	SNOMED CT US Edition		•	
	HIV	420308006	Retinal vascular changes associated with acquired immunodeficiency syndrome (disorder)	SNOMED CT US Edition		•	
	HIV	420321004	Intestinal malabsorption associated with acquired immunodeficiency syndrome (disorder)	SNOMED CT US Edition		•	
	HIV	420384005	Hematopoietic system disease associated with acquired immunodeficiency syndrome (disorder)	SNOMED CT US Edition		•	
	HIV	420395004	Acute endocarditis associated with acquired immunodeficiency syndrome (disorder)	SNOMED CT US Edition		•	
	HIV	420403001	Pneumocystosis associated with acquired immunodeficiency syndrome (disorder)	SNOMED CT US Edition		•	
	HIV	420452002	Myelopathy associated with acquired immunodeficiency syndrome (disorder)	SNOMED CT US Edition		•	
	HIV	420524008	Kaposi's sarcoma associated with acquired immunodeficiency syndrome (disorder)	SNOMED CT US Edition		•	
	HIV	420543008	Anemia associated with acquired immunodeficiency syndrome (disorder)	SNOMED CT US Edition		•	
	HIV	420544002	Bacterial pneumonia associated with acquired immunodeficiency syndrome (disorder)	SNOMED CT US Edition		•	
	HIV	420549007	Salivary gland disease associated with acquired immunodeficiency syndrome (disorder)	SNOMED CT US Edition		•	
	HIV	420554003	Progressive multifocal leukoencephalopathy associated with acquired immunodeficiency syndrome (disorder)	SNOMED CT US Edition		•	
	HIV	420614009	Organic dementia associated with acquired immunodeficiency syndrome (disorder)	SNOMED CT US Edition		•	
	HIV	420658009	Radiculitis associated with acquired immunodeficiency syndrome (disorder)	SNOMED CT US Edition		•	
HIV	420687005	Ill-defined intestinal infection associated with acquired immunodeficiency syndrome (disorder)	SNOMED CT US Edition		•		
HIV	420691000	Nutritional deficiency associated with acquired immunodeficiency syndrome (disorder)	SNOMED CT US Edition		•		

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Measure	Service	Code	Description	Code Type	N*	E**	Pg
CWP, ART, URI, AAB	HIV	420718004	Central nervous system demyelinating disease associated with acquired immunodeficiency syndrome (disorder)	SNOMED CT US Edition		•	74-76, 77-78, 79-82
	HIV	420721002	Acquired immunodeficiency syndrome-associated disorder (disorder)	SNOMED CT US Edition		•	
	HIV	420764009	Salmonella infection associated with acquired immunodeficiency syndrome (disorder)	SNOMED CT US Edition		•	
	HIV	420774007	Organic brain syndrome associated with acquired immunodeficiency syndrome (disorder)	SNOMED CT US Edition		•	
	HIV	420787001	Pneumococcal pneumonia associated with acquired immunodeficiency syndrome (disorder)	SNOMED CT US Edition		•	
	HIV	420801006	Malaise associated with acquired immunodeficiency syndrome (disorder)	SNOMED CT US Edition		•	
	HIV	420818005	Mycobacteriosis associated with acquired immunodeficiency syndrome (disorder)	SNOMED CT US Edition		•	
	HIV	420877009	Dermatomycosis associated with acquired immunodeficiency syndrome (disorder)	SNOMED CT US Edition		•	
	HIV	420900006	Fatigue associated with acquired immunodeficiency syndrome (disorder)	SNOMED CT US Edition		•	
	HIV	420938005	Subacute endocarditis associated with acquired immunodeficiency syndrome (disorder)	SNOMED CT US Edition		•	
	HIV	420945005	Histoplasmosis associated with acquired immunodeficiency syndrome (disorder)	SNOMED CT US Edition		•	
	HIV	421020000	Microsporidiosis associated with acquired immunodeficiency syndrome (disorder)	SNOMED CT US Edition		•	
	HIV	421023003	Presenile dementia associated with acquired immunodeficiency syndrome (disorder)	SNOMED CT US Edition		•	
	HIV	421047005	Candidiasis of lung associated with acquired immunodeficiency syndrome (disorder)	SNOMED CT US Edition		•	
	HIV	421077004	Disseminated candidiasis associated with acquired immunodeficiency syndrome (disorder)	SNOMED CT US Edition		•	
	HIV	421102007	Aplastic anemia associated with acquired immunodeficiency syndrome (disorder)	SNOMED CT US Edition		•	
HIV	421230000	Hepatomegaly associated with acquired immunodeficiency syndrome (disorder)	SNOMED CT US Edition		•		
HIV	421272004	Subacute myocarditis associated with acquired immunodeficiency syndrome (disorder)	SNOMED CT US Edition		•		

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Measure	Service	Code	Description	Code Type	N*	E**	Pg
CWP, ART, URI, AAB	HIV	421283008	Primary lymphoma of brain associated with acquired immunodeficiency syndrome (disorder)	SNOMED CT US Edition		•	74-76, 77-78, 79-82
	HIV	421312009	Agranulocytosis associated with acquired immunodeficiency syndrome (disorder)	SNOMED CT US Edition		•	
	HIV	421315006	Myelitis associated with acquired immunodeficiency syndrome (disorder)	SNOMED CT US Edition		•	
	HIV	421394009	Skin disorder associated with acquired immunodeficiency syndrome (disorder)	SNOMED CT US Edition		•	
	HIV	421403008	Cryptococcosis associated with acquired immunodeficiency syndrome (disorder)	SNOMED CT US Edition		•	
	HIV	421415007	Subacute adenoviral encephalitis associated with acquired immunodeficiency syndrome (disorder)	SNOMED CT US Edition		•	
	HIV	421431004	Nocardiosis associated with acquired immunodeficiency syndrome (disorder)	SNOMED CT US Edition		•	
	HIV	421454008	Infectious gastroenteritis associated with acquired immunodeficiency syndrome (disorder)	SNOMED CT US Edition		•	
	HIV	421460008	Retinopathy associated with acquired immunodeficiency syndrome (disorder)	SNOMED CT US Edition		•	
	HIV	421508002	Viral pneumonia associated with acquired immunodeficiency syndrome (disorder)	SNOMED CT US Edition		•	
	HIV	421510000	Isosporiasis associated with acquired immunodeficiency syndrome (disorder)	SNOMED CT US Edition		•	
	HIV	421529006	Dementia associated with acquired immunodeficiency syndrome (disorder)	SNOMED CT US Edition		•	
	HIV	421571007	Tuberculosis associated with acquired immunodeficiency syndrome (disorder)	SNOMED CT US Edition		•	
	HIV	421597001	Polyneuropathy associated with acquired immunodeficiency syndrome (disorder)	SNOMED CT US Edition		•	
	HIV	421660003	Failure to thrive in infant associated with acquired immunodeficiency syndrome (disorder)	SNOMED CT US Edition		•	
	HIV	421666009	Toxoplasmosis associated with acquired immunodeficiency syndrome (disorder)	SNOMED CT US Edition		•	
	HIV	421671002	Pneumonia associated with acquired immunodeficiency syndrome (disorder)	SNOMED CT US Edition		•	
HIV	421695000	Abnormal weight loss associated with acquired immunodeficiency syndrome (finding)	SNOMED CT US Edition		•		

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Doc#: PCA-1-19-00943-Clinical-Multi_11192019

Measure	Service	Code	Description	Code Type	N*	E**	Pg
CWP, ART, URI, AAB	HIV	421706001	Blindness associated with acquired immunodeficiency syndrome (disorder)	SNOMED CT US Edition		•	74-76, 77-78, 79-82
	HIV	421708000	Infective arthritis associated with acquired immunodeficiency syndrome (disorder)	SNOMED CT US Edition		•	
	HIV	421710003	Candidiasis of mouth associated with acquired immunodeficiency syndrome (disorder)	SNOMED CT US Edition		•	
	HIV	421766003	Thrombocytopenia associated with acquired immunodeficiency syndrome (disorder)	SNOMED CT US Edition		•	
	HIV	421827003	Encephalopathy associated with acquired immunodeficiency syndrome (disorder)	SNOMED CT US Edition		•	
	HIV	421851008	Acquired hemolytic anemia associated with acquired immunodeficiency syndrome (disorder)	SNOMED CT US Edition		•	
	HIV	421874007	Respiratory disorder associated with acquired immunodeficiency syndrome (disorder)	SNOMED CT US Edition		•	
	HIV	421883002	Strongyloidiasis associated with acquired immunodeficiency syndrome (disorder)	SNOMED CT US Edition		•	
	HIV	421929001	Myocarditis associated with acquired immunodeficiency syndrome (disorder)	SNOMED CT US Edition		•	
	HIV	421983003	Noninfectious gastroenteritis associated with acquired immunodeficiency syndrome (disorder)	SNOMED CT US Edition		•	
	HIV	421998001	Central nervous disorder associated with acquired immunodeficiency syndrome (disorder)	SNOMED CT US Edition		•	
	HIV	422003001	Cachexia associated with acquired immunodeficiency syndrome (finding)	SNOMED CT US Edition		•	
	HIV	422012004	Neuritis associated with acquired immunodeficiency syndrome (disorder)	SNOMED CT US Edition		•	
	HIV	422074008	Coccidiosis associated with acquired immunodeficiency syndrome (disorder)	SNOMED CT US Edition		•	
	HIV	422089004	Encephalomyelitis associated with acquired immunodeficiency syndrome (disorder)	SNOMED CT US Edition		•	
	HIV	422127002	Herpes zoster associated with acquired immunodeficiency syndrome (disorder)	SNOMED CT US Edition		•	
	HIV	422136003	Neuralgia associated with acquired immunodeficiency syndrome (disorder)	SNOMED CT US Edition		•	
HIV	422177004	Dyspnea associated with acquired immunodeficiency syndrome (disorder)	SNOMED CT US Edition		•		

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Measure	Service	Code	Description	Code Type	N*	E**	Pg
CWP, ART, URI, AAB	HIV	422189002	Low vision associated with acquired immunodeficiency syndrome (disorder)	SNOMED CT US Edition		•	74-76, 77-78, 79-82
	HIV	422194002	Hyperhidrosis associated with acquired immunodeficiency syndrome (disorder)	SNOMED CT US Edition		•	
	HIV	422282000	Malignant neoplasm associated with acquired immunodeficiency syndrome (disorder)	SNOMED CT US Edition		•	
	HIV	422337001	Coccidioidomycosis associated with acquired immunodeficiency syndrome (disorder)	SNOMED CT US Edition		•	
	HIV	432218001	History of asymptomatic human immunodeficiency virus infection (situation)	SNOMED CT US Edition		•	
	HIV	442537007	Non-Hodgkin lymphoma associated with Human immunodeficiency virus infection (disorder)	SNOMED CT US Edition		•	
	HIV	442662004	Copies of human immunodeficiency virus ribonucleic acid above reference range (finding)	SNOMED CT US Edition		•	
	HIV	445945000	Infectious disease associated with acquired immune deficiency syndrome (disorder)	SNOMED CT US Edition		•	
	HIV	697904001	Pulmonary arterial hypertension associated with human immunodeficiency virus infection (disorder)	SNOMED CT US Edition		•	
	HIV	697965002	Cholangitis associated with acquired immunodeficiency syndrome (disorder)	SNOMED CT US Edition		•	
	HIV	699433000	Human immunodeficiency virus carrier (finding)	SNOMED CT US Edition		•	
	HIV	700053002	Sepsis associated with acquired immunodeficiency syndrome (disorder)	SNOMED CT US Edition		•	
	HIV	713260006	Subacute adenoviral encephalitis co-occurrent with human immunodeficiency virus infection (disorder)	SNOMED CT US Edition		•	
	HIV	713275003	Splenomegaly co-occurrent with human immunodeficiency virus infection (disorder)	SNOMED CT US Edition		•	
	HIV	713278001	Neuralgia co-occurrent with human immunodeficiency virus infection (disorder)	SNOMED CT US Edition		•	
	HIV	713297001	Candidiasis of esophagus co-occurrent with human immunodeficiency virus infection (disorder)	SNOMED CT US Edition		•	
	HIV	713298006	Heart disease co-occurrent with human immunodeficiency virus infection (disorder)	SNOMED CT US Edition		•	
HIV	713299003	Disorder of eye proper co-occurrent with human immunodeficiency virus infection (disorder)	SNOMED CT US Edition		•		

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Measure	Service	Code	Description	Code Type	N*	E**	Pg
CWP, ART, URI, AAB	HIV	713300006	Disorder of gastrointestinal tract co-occurrent with human immunodeficiency virus infection (disorder)	SNOMED CT US Edition		•	74-76, 77-78, 79-82
	HIV	713316008	Eruption of skin co-occurrent with human immunodeficiency virus infection (disorder)	SNOMED CT US Edition		•	
	HIV	713318009	Myocarditis co-occurrent with human immunodeficiency virus infection (disorder)	SNOMED CT US Edition		•	
	HIV	713320007	Radiculitis co-occurrent with human immunodeficiency virus infection (disorder)	SNOMED CT US Edition		•	
	HIV	713325002	Primary cerebral lymphoma co-occurrent with human immunodeficiency virus infection (disorder)	SNOMED CT US Edition		•	
	HIV	713339002	Infection caused by Strongyloides co-occurrent with human immunodeficiency virus infection (disorder)	SNOMED CT US Edition		•	
	HIV	713340000	Disorder of skin co-occurrent with human immunodeficiency virus infection (disorder)	SNOMED CT US Edition		•	
	HIV	713341001	Myelitis co-occurrent with human immunodeficiency virus infection (disorder)	SNOMED CT US Edition		•	
	HIV	713342008	Infection caused by Salmonella co-occurrent with human immunodeficiency virus infection (disorder)	SNOMED CT US Edition		•	
	HIV	713349004	Anemia co-occurrent with human immunodeficiency virus infection (disorder)	SNOMED CT US Edition		•	
	HIV	713444005	Hemophagocytic syndrome co-occurrent with human immunodeficiency virus infection (disorder)	SNOMED CT US Edition		•	
	HIV	713445006	Disseminated infection caused by Strongyloides co-occurrent with human immunodeficiency virus infection (disorder)	SNOMED CT US Edition		•	
	HIV	713446007	Chronic infection caused by herpes simplex virus co-occurrent with human immunodeficiency virus infection (disorder)	SNOMED CT US Edition		•	
	HIV	713483007	Reticulosarcoma co-occurrent with human immunodeficiency virus infection (disorder)	SNOMED CT US Edition		•	
	HIV	713484001	Disorder of respiratory system co-occurrent with human immunodeficiency virus infection (disorder)	SNOMED CT US Edition		•	
	HIV	713487008	Progressive multifocal leukoencephalopathy co-occurrent with human immunodeficiency virus infection (disorder)	SNOMED CT US Edition		•	
	HIV	713488003	Presenile dementia co-occurrent with human immunodeficiency virus infection (disorder)	SNOMED CT US Edition		•	
HIV	713489006	Polyneuropathy co-occurrent with human immunodeficiency virus infection (disorder)	SNOMED CT US Edition		•		

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Measure	Service	Code	Description	Code Type	N*	E**	Pg
CWP, ART, URI, AAB	HIV	713490002	Infection caused by Pneumocystis co-occurrent with human immunodeficiency virus infection (disorder)	SNOMED CT US Edition		•	74-76, 77-78, 79-82
	HIV	713491003	Organic brain syndrome co-occurrent with human immunodeficiency virus infection (disorder)	SNOMED CT US Edition		•	
	HIV	713497004	Candidiasis of mouth co-occurrent with human immunodeficiency virus infection (disorder)	SNOMED CT US Edition		•	
	HIV	713503007	Disorder of spinal cord co-occurrent with human immunodeficiency virus infection (disorder)	SNOMED CT US Edition		•	
	HIV	713504001	Disorder of kidney co-occurrent with human immunodeficiency virus infection (disorder)	SNOMED CT US Edition		•	
	HIV	713505000	Gastrointestinal malabsorption syndrome co-occurrent with human immunodeficiency virus infection (disorder)	SNOMED CT US Edition		•	
	HIV	713506004	Neuritis co-occurrent with human immunodeficiency virus infection (disorder)	SNOMED CT US Edition		•	
	HIV	713507008	Lymphadenopathy co-occurrent with human immunodeficiency virus infection (disorder)	SNOMED CT US Edition		•	
	HIV	713508003	Aplastic anemia co-occurrent with human immunodeficiency virus infection (disorder)	SNOMED CT US Edition		•	
	HIV	713510001	Enlargement of liver co-occurrent with human immunodeficiency virus infection (disorder)	SNOMED CT US Edition		•	
	HIV	713511002	Acute endocarditis co-occurrent with human immunodeficiency virus infection (disorder)	SNOMED CT US Edition		•	
	HIV	713523008	Cardiomyopathy co-occurrent with human immunodeficiency virus infection (disorder)	SNOMED CT US Edition		•	
	HIV	713526000	Recurrent bacterial pneumonia co-occurrent with human immunodeficiency virus infection (disorder)	SNOMED CT US Edition		•	
	HIV	713527009	Disorder of peripheral nervous system co-occurrent with human immunodeficiency virus infection (disorder)	SNOMED CT US Edition		•	
	HIV	713530002	Agranulocytosis co-occurrent with human immunodeficiency virus infection (disorder)	SNOMED CT US Edition		•	
	HIV	713531003	Visual impairment co-occurrent with human immunodeficiency virus infection (disorder)	SNOMED CT US Edition		•	
	HIV	713532005	Infective arthritis co-occurrent with human immunodeficiency virus infection (disorder)	SNOMED CT US Edition		•	
HIV	713533000	Acquired hemolytic anemia co-occurrent with human immunodeficiency virus infection (disorder)	SNOMED CT US Edition		•		

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**Exclusion - Code removes member from measure (may be in conjunction with other codes)

Measure	Service	Code	Description	Code Type	N*	E**	Pg
CWP, ART, URI, AAB	HIV	713543002	Demyelinating disease of central nervous system co-occurrent with human immunodeficiency virus infection (disorder)	SNOMED CT US Edition		•	74-76, 77-78, 79-82
	HIV	713544008	Bacterial pneumonia co-occurrent with human immunodeficiency virus infection (disorder)	SNOMED CT US Edition		•	
	HIV	713545009	Infection caused by Nocardia co-occurrent with human immunodeficiency virus infection (disorder)	SNOMED CT US Edition		•	
	HIV	713546005	Isosporiasis co-occurrent with human immunodeficiency virus infection (disorder)	SNOMED CT US Edition		•	
	HIV	713570009	Infectious gastroenteritis co-occurrent with human immunodeficiency virus infection (disorder)	SNOMED CT US Edition		•	
	HIV	713571008	Disorder of central nervous system co-occurrent with human immunodeficiency virus infection (disorder)	SNOMED CT US Edition		•	
	HIV	713572001	Malignant neoplastic disease co-occurrent with human immunodeficiency virus infection (disorder)	SNOMED CT US Edition		•	
	HIV	713695001	Nephrotic syndrome co-occurrent with human immunodeficiency virus infection (disorder)	SNOMED CT US Edition		•	
	HIV	713696000	Renal failure syndrome co-occurrent with human immunodeficiency virus infection (disorder)	SNOMED CT US Edition		•	
	HIV	713718006	Diffuse non-Hodgkin immunoblastic lymphoma co-occurrent with human immunodeficiency virus infection (disorder)	SNOMED CT US Edition		•	
	HIV	713722001	Infection caused by Cytomegalovirus co-occurrent with human immunodeficiency virus infection (disorder)	SNOMED CT US Edition		•	
	HIV	713729005	Infection caused by Coccidia co-occurrent with human immunodeficiency virus infection (disorder)	SNOMED CT US Edition		•	
	HIV	713730000	Infection caused by herpes simplex virus co-occurrent with human immunodeficiency virus infection (disorder)	SNOMED CT US Edition		•	
	HIV	713731001	Pyrexia of unknown origin co-occurrent with human immunodeficiency virus infection (disorder)	SNOMED CT US Edition		•	
	HIV	713732008	Infection caused by Aspergillus co-occurrent with human immunodeficiency virus infection (disorder)	SNOMED CT US Edition		•	
	HIV	713733003	Infection caused by herpes zoster virus co-occurrent with human immunodeficiency virus infection (disorder)	SNOMED CT US Edition		•	
	HIV	713734009	Infection caused by Dermatophyte co-occurrent with human immunodeficiency virus infection (disorder)	SNOMED CT US Edition		•	
HIV	713742005	Human immunodeficiency virus antibody positive (finding)	SNOMED CT US Edition		•		

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Measure	Service	Code	Description	Code Type	N*	E**	Pg
CWP, ART, URI, AAB	HIV	713844000	Dementia co-occurrent with human immunodeficiency virus infection (disorder)	SNOMED CT US Edition		•	74-76, 77-78, 79-82
	HIV	713845004	Infection caused by Cryptosporidium co-occurrent with human immunodeficiency virus infection (disorder)	SNOMED CT US Edition		•	
	HIV	713880000	Opportunistic mycosis co-occurrent with human immunodeficiency virus infection (disorder)	SNOMED CT US Edition		•	
	HIV	713881001	Infection caused by Microsporidia co-occurrent with human immunodeficiency virus infection (disorder)	SNOMED CT US Edition		•	
	HIV	713887002	Focal segmental glomerulosclerosis co-occurrent with human immunodeficiency virus infection (disorder)	SNOMED CT US Edition		•	
	HIV	713897006	Burkitt lymphoma co-occurrent with human immunodeficiency virus infection (disorder)	SNOMED CT US Edition		•	
	HIV	713964006	Multidermatomal infection caused by Herpes zoster co-occurrent with human immunodeficiency virus infection (disorder)	SNOMED CT US Edition		•	
	HIV	713967004	Disseminated atypical infection caused by Mycobacterium co-occurrent with human immunodeficiency virus infection (disorder)	SNOMED CT US Edition		•	
	HIV	714083007	Recurrent salmonella sepsis co-occurrent with human immunodeficiency virus infection (disorder)	SNOMED CT US Edition		•	
	HIV	714464009	Immune reconstitution inflammatory syndrome caused by human immunodeficiency virus infection (disorder)	SNOMED CT US Edition		•	
	HIV	719522009	Infection of upper respiratory tract caused by Candida co-occurrent with human immunodeficiency virus infection (disorder)	SNOMED CT US Edition		•	
	HIV	721166000	Human immunodeficiency virus complicating pregnancy childbirth and the puerperium (disorder)	SNOMED CT US Edition		•	
	HIV	722557007	Parkinsonism due to human immunodeficiency virus infection (disorder)	SNOMED CT US Edition		•	
	HIV	733834006	Invasive carcinoma of uterine cervix co-occurrent with human immunodeficiency virus infection (disorder)	SNOMED CT US Edition		•	
	HIV	733835007	Extrapulmonary tuberculosis co-occurrent with human immunodeficiency virus infection (disorder)	SNOMED CT US Edition		•	
	HIV	735521001	Human immunodeficiency virus World Health Organization 2007 stage 1 co-occurrent with tuberculosis (disorder)	SNOMED CT US Edition		•	
	HIV	735522008	Human immunodeficiency virus World Health Organization 2007 stage 1 co-occurrent with malaria (disorder)	SNOMED CT US Edition		•	
HIV	735523003	Human immunodeficiency virus World Health Organization 2007 stage 2 co-occurrent with tuberculosis (disorder)	SNOMED CT US Edition		•		

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Measure	Service	Code	Description	Code Type	N*	E**	Pg
CWP, ART, URI, AAB	HIV	735524009	Human immunodeficiency virus World Health Organization 2007 stage 2 co-occurrent with malaria (disorder)	SNOMED CT US Edition		•	74-76, 77-78, 79-82
	HIV	735525005	Human immunodeficiency virus World Health Organization 2007 stage 3 co-occurrent with tuberculosis (disorder)	SNOMED CT US Edition		•	
	HIV	735526006	Human immunodeficiency virus World Health Organization 2007 stage 3 co-occurrent with malaria (disorder)	SNOMED CT US Edition		•	
	HIV	735527002	Human immunodeficiency virus World Health Organization 2007 stage 4 co-occurrent with tuberculosis (disorder)	SNOMED CT US Edition		•	
	HIV	735528007	Human immunodeficiency virus World Health Organization 2007 stage 4 co-occurrent with malaria (disorder)	SNOMED CT US Edition		•	
	HIV	771119002	Infection caused by Coccidia co-occurrent with acquired immunodeficiency syndrome (disorder)	SNOMED CT US Edition		•	
	HIV	771126002	Infection caused by Toxoplasma gondii co-occurrent with acquired immunodeficiency syndrome (disorder)	SNOMED CT US Edition		•	
	HIV	771127006	Infection caused by Isospora co-occurrent with acquired immunodeficiency syndrome (disorder)	SNOMED CT US Edition		•	
	HIV	81000119104	Symptomatic human immunodeficiency virus infection (disorder)	SNOMED CT US Edition		•	
	HIV	76981000000000	Human immunodeficiency virus (HIV) infection category B1 (disorder)	SNOMED CT US Edition		•	
	HIV	76991000000000	Human immunodeficiency virus (HIV) infection category B2 (disorder)	SNOMED CT US Edition		•	
	HIV	80191000000000	Symptomatic human immunodeficiency virus I infection (disorder)	SNOMED CT US Edition		•	
	HIV	90681000000000	Asymptomatic human immunodeficiency virus A1 infection (disorder)	SNOMED CT US Edition		•	
	HIV	90691000000000	Asymptomatic human immunodeficiency virus A2 infection (disorder)	SNOMED CT US Edition		•	
	HIV	1074630000000000	Acquired immune deficiency syndrome complicating childbirth (disorder)	SNOMED CT US Edition		•	
	HIV	1592810000000000	Cognitive impairment co-occurrent and due to human immunodeficiency virus infection (disorder)	SNOMED CT US Edition		•	
	HIV Type 2	79019005	Human immunodeficiency virus II infection (disorder)	SNOMED CT US Edition		•	
	HIV Type 2	72621000000000	Human immunodeficiency virus (HIV) II infection category B1 (disorder)	SNOMED CT US Edition		•	

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Measure	Service	Code	Description	Code Type	N*	E**	Pg
CWP, MMA, AMR, PBH	Chronic Respiratory Conditions Due To Fumes or Vapors	J68.4	Chronic respiratory conditions due to chemicals, gases, fumes and vapors	ICD10CM		•	74-76, 84-85, 82-83
	Chronic Respiratory Conditions Due To Fumes or Vapors	15908004	Spelters' fever (disorder)	SNOMED CT US Edition		•	
	Chronic Respiratory Conditions Due To Fumes or Vapors	31803008	Polymer fume fever (disorder)	SNOMED CT US Edition		•	
	Chronic Respiratory Conditions Due To Fumes or Vapors	32544004	Chronic obliterative bronchiolitis caused by inhalation of chemical fumes AND/OR vapors (disorder)	SNOMED CT US Edition		•	
	Chronic Respiratory Conditions Due To Fumes or Vapors	43098002	Copper fever (disorder)	SNOMED CT US Edition		•	
	Chronic Respiratory Conditions Due To Fumes or Vapors	61233003	Silo-fillers' disease (disorder)	SNOMED CT US Edition		•	
	Chronic Respiratory Conditions Due To Fumes or Vapors	66110007	Chronic diffuse emphysema caused by inhalation of chemical fumes AND/OR vapors (disorder)	SNOMED CT US Edition		•	
	Chronic Respiratory Conditions Due To Fumes or Vapors	69454006	Chronic respiratory condition caused by fumes AND/OR vapors (disorder)	SNOMED CT US Edition		•	
	Chronic Respiratory Conditions Due To Fumes or Vapors	72163003	Metal fever (disorder)	SNOMED CT US Edition		•	
	Chronic Respiratory Conditions Due To Fumes or Vapors	74800004	Brass-founders' fever (disorder)	SNOMED CT US Edition		•	
	Chronic Respiratory Conditions Due To Fumes or Vapors	196025000	Chronic respiratory conditions caused by chemical fumes (disorder)	SNOMED CT US Edition		•	
	Chronic Respiratory Conditions Due To Fumes or Vapors	196026004	Chronic emphysema caused by chemical fumes (disorder)	SNOMED CT US Edition		•	
	Chronic Respiratory Conditions Due To Fumes or Vapors	308905009	Welders ague (disorder)	SNOMED CT US Edition		•	
	Obstructive Chronic Bronchitis	185086009	Chronic obstructive bronchitis (disorder)	SNOMED CT US Edition		•	
	Obstructive Chronic Bronchitis	293241000000000	Acute exacerbation of chronic obstructive bronchitis (disorder)	SNOMED CT US Edition		•	

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Doc#: PCA-1-19-00943-Clinical-Multi_11192019

Measure	Service	Code	Description	Code Type	N*	E**	Pg
CWP, MMA, AMR, PBH, URI, AAB	COPD	J44.0	Chronic obstructive pulmonary disease with (acute) lower respiratory infection	ICD10CM		•	74-76, 84-85, 82-83, 77-78, 79-82
	COPD	J44.1	Chronic obstructive pulmonary disease with (acute) exacerbation	ICD10CM		•	
	COPD	J44.9	Chronic obstructive pulmonary disease, unspecified	ICD10CM		•	
	COPD	13645005	Chronic obstructive lung disease (disorder)	SNOMED CT US Edition		•	
	COPD	135836000	End stage chronic obstructive airways disease (disorder)	SNOMED CT US Edition		•	
	COPD	195951007	Acute exacerbation of chronic obstructive airways disease (disorder)	SNOMED CT US Edition		•	
	COPD	196001008	Chronic obstructive pulmonary disease with acute lower respiratory infection (disorder)	SNOMED CT US Edition		•	
	COPD	285381006	Acute infective exacerbation of chronic obstructive airways disease (disorder)	SNOMED CT US Edition		•	
	COPD	313296004	Mild chronic obstructive pulmonary disease (disorder)	SNOMED CT US Edition		•	
	COPD	313297008	Moderate chronic obstructive pulmonary disease (disorder)	SNOMED CT US Edition		•	
	COPD	313299006	Severe chronic obstructive pulmonary disease (disorder)	SNOMED CT US Edition		•	
	COPD	1751000000000	Acute exacerbation of chronic obstructive airways disease with asthma (disorder)	SNOMED CT US Edition		•	
	COPD	10600100000000	Chronic obstructive lung disease co-occurrent with acute bronchitis (disorder)	SNOMED CT US Edition		•	
CWP, MMA, AMR, URI, AAB	Emphysema	J43.0	Unilateral pulmonary emphysema [MacLeod's syndrome]	ICD10CM		•	74-76, 84-85, 82-83, 77-78, 79-82
	Emphysema	J43.1	Panlobular emphysema	ICD10CM		•	
	Emphysema	J43.2	Centrilobular emphysema	ICD10CM		•	
	Emphysema	J43.8	Other emphysema	ICD10CM		•	
	Emphysema	J43.9	Emphysema, unspecified	ICD10CM		•	
	Emphysema	2912004	Cystic-bullous disease of the lung (disorder)	SNOMED CT US Edition		•	
	Emphysema	4981000	Panacinar emphysema (disorder)	SNOMED CT US Edition		•	
	Emphysema	16003001	Giant bullous emphysema (disorder)	SNOMED CT US Edition		•	
	Emphysema	16838000	Mediastinal emphysema (disorder)	SNOMED CT US Edition		•	

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Measure	Service	Code	Description	Code Type	N*	E**	Pg
CWP, MMA, AMR, URI, AAB	Emphysema	16846004	Obstructive emphysema (disorder)	SNOMED CT US Edition		•	74-76, 84-85, 82-83, 77-78, 79-82
	Emphysema	23851004	Subcutaneous emphysema resulting from a procedure (disorder)	SNOMED CT US Edition		•	
	Emphysema	23958009	Vanishing lung (disorder)	SNOMED CT US Edition		•	
	Emphysema	31898008	Paraseptal emphysema (disorder)	SNOMED CT US Edition		•	
	Emphysema	45145000	Unilateral emphysema (situation)	SNOMED CT US Edition		•	
	Emphysema	47895001	Congenital emphysema (disorder)	SNOMED CT US Edition		•	
	Emphysema	54288002	Traumatic subcutaneous emphysema (disorder)	SNOMED CT US Edition		•	
	Emphysema	57686001	Emphysematous bleb of lung (disorder)	SNOMED CT US Edition		•	
	Emphysema	60805002	Hemolytic anemia with emphysema AND cutis laxa (disorder)	SNOMED CT US Edition		•	
	Emphysema	68328006	Centriacinar emphysema (disorder)	SNOMED CT US Edition		•	
	Emphysema	86680006	Ruptured emphysematous bleb of lung (disorder)	SNOMED CT US Edition		•	
	Emphysema	87433001	Pulmonary emphysema (disorder)	SNOMED CT US Edition		•	
	Emphysema	195957006	Chronic bullous emphysema (disorder)	SNOMED CT US Edition		•	
	Emphysema	195958001	Segmental bullous emphysema (disorder)	SNOMED CT US Edition		•	
	Emphysema	195959009	Zonal bullous emphysema (disorder)	SNOMED CT US Edition		•	
	Emphysema	195963002	Acute vesicular emphysema (disorder)	SNOMED CT US Edition		•	
Emphysema	196026004	Chronic emphysema caused by chemical fumes (disorder)	SNOMED CT US Edition		•		
Emphysema	233674008	Pulmonary emphysema in alpha-1 primary immunodeficiency (disorder)	SNOMED CT US Edition		•		

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Measure	Service	Code	Description	Code Type	N*	E**	Pg
CWP, MMA, AMR, URI, AAB	Emphysema	233675009	Toxic emphysema (disorder)	SNOMED CT US Edition		•	74-76, 84-85, 82-83, 77-78, 79-82
	Emphysema	233677001	Scar emphysema (disorder)	SNOMED CT US Edition		•	
	Emphysema	266355005	Bullous emphysema with collapse (disorder)	SNOMED CT US Edition		•	
	Emphysema	266356006	Atrophic (senile) emphysema (disorder)	SNOMED CT US Edition		•	
	Emphysema	708030004	Pulmonary emphysema co-occurrent with fibrosis of lung (disorder)	SNOMED CT US Edition		•	
IET	Alcohol Abuse and Dependence	F10.10	Alcohol abuse, uncomplicated	ICD10CM		•†	39-45
	Alcohol Abuse and Dependence	F10.120	Alcohol abuse with intoxication, uncomplicated	ICD10CM		•†	39-45
	Alcohol Abuse and Dependence	F10.121	Alcohol abuse with intoxication delirium	ICD10CM		•†	39-45
	Alcohol Abuse and Dependence	F10.129	Alcohol abuse with intoxication, unspecified	ICD10CM		•†	39-45
	Alcohol Abuse and Dependence	F10.14	Alcohol abuse with alcohol-induced mood disorder	ICD10CM		•†	39-45
	Alcohol Abuse and Dependence	F10.150	Alcohol abuse with alcohol-induced psychotic disorder with delusions	ICD10CM		•†	39-45
	Alcohol Abuse and Dependence	F10.151	Alcohol abuse with alcohol-induced psychotic disorder with hallucinations	ICD10CM		•†	39-45
	Alcohol Abuse and Dependence	F10.159	Alcohol abuse with alcohol-induced psychotic disorder, unspecified	ICD10CM		•†	39-45
	Alcohol Abuse and Dependence	F10.180	Alcohol abuse with alcohol-induced anxiety disorder	ICD10CM		•†	39-45
	Alcohol Abuse and Dependence	F10.181	Alcohol abuse with alcohol-induced sexual dysfunction	ICD10CM		•†	39-45
	Alcohol Abuse and Dependence	F10.182	Alcohol abuse with alcohol-induced sleep disorder	ICD10CM		•†	39-45
	Alcohol Abuse and Dependence	F10.188	Alcohol abuse with other alcohol-induced disorder	ICD10CM		•†	39-45
	Alcohol Abuse and Dependence	F10.19	Alcohol abuse with unspecified alcohol-induced disorder	ICD10CM		•†	39-45
	Alcohol Abuse and Dependence	F10.20	Alcohol dependence, uncomplicated	ICD10CM		•†	39-45
	Alcohol Abuse and Dependence	F10.220	Alcohol dependence with intoxication, uncomplicated	ICD10CM		•†	39-45
	Alcohol Abuse and Dependence	F10.221	Alcohol dependence with intoxication delirium	ICD10CM		•†	39-45
	Alcohol Abuse and Dependence	F10.229	Alcohol dependence with intoxication, unspecified	ICD10CM		•†	39-45
	Alcohol Abuse and Dependence	F10.230	Alcohol dependence with withdrawal, uncomplicated	ICD10CM		•†	39-45
	Alcohol Abuse and Dependence	F10.231	Alcohol dependence with withdrawal delirium	ICD10CM		•†	39-45

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†With service code

Doc#: PCA-1-19-00943-Clinical-Multi_11192019

Measure	Service	Code	Description	Code Type	N*	E**	Pg
IET	Alcohol Abuse and Dependence	F10.232	Alcohol dependence with withdrawal with perceptual disturbance	ICD10CM	•†		39-45
	Alcohol Abuse and Dependence	F10.239	Alcohol dependence with withdrawal, unspecified	ICD10CM	•†		39-45
	Alcohol Abuse and Dependence	F10.24	Alcohol dependence with alcohol-induced mood disorder	ICD10CM	•†		39-45
	Alcohol Abuse and Dependence	F10.250	Alcohol dependence with alcohol-induced psychotic disorder with delusions	ICD10CM	•†		39-45
	Alcohol Abuse and Dependence	F10.251	Alcohol dependence with alcohol-induced psychotic disorder with hallucinations	ICD10CM	•†		39-45
	Alcohol Abuse and Dependence	F10.259	Alcohol dependence with alcohol-induced psychotic disorder, unspecified	ICD10CM	•†		39-45
	Alcohol Abuse and Dependence	F10.26	Alcohol dependence with alcohol-induced persisting amnesic disorder	ICD10CM	•†		39-45
	Alcohol Abuse and Dependence	F10.27	Alcohol dependence with alcohol-induced persisting dementia	ICD10CM	•†		39-45
	Alcohol Abuse and Dependence	F10.280	Alcohol dependence with alcohol-induced anxiety disorder	ICD10CM	•†		39-45
	Alcohol Abuse and Dependence	F10.281	Alcohol dependence with alcohol-induced sexual dysfunction	ICD10CM	•†		39-45
	Alcohol Abuse and Dependence	F10.282	Alcohol dependence with alcohol-induced sleep disorder	ICD10CM	•†		39-45
	Alcohol Abuse and Dependence	F10.288	Alcohol dependence with other alcohol-induced disorder	ICD10CM	•†		39-45
	Alcohol Abuse and Dependence	F10.29	Alcohol dependence with unspecified alcohol-induced disorder	ICD10CM	•†		39-45
	Opioid Abuse and Dependence	F11.10	Opioid abuse, uncomplicated	ICD10CM	•†		39-45
	Opioid Abuse and Dependence	F11.120	Opioid abuse with intoxication, uncomplicated	ICD10CM	•†		39-45
	Opioid Abuse and Dependence	F11.121	Opioid abuse with intoxication delirium	ICD10CM	•†		39-45
	Opioid Abuse and Dependence	F11.122	Opioid abuse with intoxication with perceptual disturbance	ICD10CM	•†		39-45
	Opioid Abuse and Dependence	F11.129	Opioid abuse with intoxication, unspecified	ICD10CM	•†		39-45
	Opioid Abuse and Dependence	F11.14	Opioid abuse with opioid-induced mood disorder	ICD10CM	•†		39-45
	Opioid Abuse and Dependence	F11.150	Opioid abuse with opioid-induced psychotic disorder with delusions	ICD10CM	•†		39-45
	Opioid Abuse and Dependence	F11.151	Opioid abuse with opioid-induced psychotic disorder with hallucinations	ICD10CM	•†		39-45
	Opioid Abuse and Dependence	F11.159	Opioid abuse with opioid-induced psychotic disorder, unspecified	ICD10CM	•†		39-45
	Opioid Abuse and Dependence	F11.181	Opioid abuse with opioid-induced sexual dysfunction	ICD10CM	•†		39-45
	Opioid Abuse and Dependence	F11.182	Opioid abuse with opioid-induced sleep disorder	ICD10CM	•†		39-45
	Opioid Abuse and Dependence	F11.188	Opioid abuse with other opioid-induced disorder	ICD10CM	•†		39-45
	Opioid Abuse and Dependence	F11.19	Opioid abuse with unspecified opioid-induced disorder	ICD10CM	•†		39-45

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****Exclusion** - Code removes member from measure (may be in conjunction with other codes)

†With service code

Doc#: PCA-1-19-00943-Clinical-Multi_11192019

Measure	Service	Code	Description	Code Type	N*	E**	Pg
IET	Opioid Abuse and Dependence	F11.20	Opioid dependence, uncomplicated	ICD10CM	•†		39-45
	Opioid Abuse and Dependence	F11.220	Opioid dependence with intoxication, uncomplicated	ICD10CM	•†		39-45
	Opioid Abuse and Dependence	F11.221	Opioid dependence with intoxication delirium	ICD10CM	•†		39-45
	Opioid Abuse and Dependence	F11.222	Opioid dependence with intoxication with perceptual disturbance	ICD10CM	•†		39-45
	Opioid Abuse and Dependence	F11.229	Opioid dependence with intoxication, unspecified	ICD10CM	•†		39-45
	Opioid Abuse and Dependence	F11.23	Opioid dependence with withdrawal	ICD10CM	•†		39-45
	Opioid Abuse and Dependence	F11.24	Opioid dependence with opioid-induced mood disorder	ICD10CM	•†		39-45
	Opioid Abuse and Dependence	F11.250	Opioid dependence with opioid-induced psychotic disorder with delusions	ICD10CM	•†		39-45
	Opioid Abuse and Dependence	F11.251	Opioid dependence with opioid-induced psychotic disorder with hallucinations	ICD10CM	•†		39-45
	Opioid Abuse and Dependence	F11.259	Opioid dependence with opioid-induced psychotic disorder, unspecified	ICD10CM	•†		39-45
	Opioid Abuse and Dependence	F11.281	Opioid dependence with opioid-induced sexual dysfunction	ICD10CM	•†		39-45
	Opioid Abuse and Dependence	F11.282	Opioid dependence with opioid-induced sleep disorder	ICD10CM	•†		39-45
	Opioid Abuse and Dependence	F11.288	Opioid dependence with other opioid-induced disorder	ICD10CM	•†		39-45
	Opioid Abuse and Dependence	F11.29	Opioid dependence with unspecified opioid-induced disorder	ICD10CM	•†		39-45
	Other Drug Abuse and Dependence	F12.10	Cannabis abuse, uncomplicated	ICD10CM	•†		39-45
	Other Drug Abuse and Dependence	F12.120	Cannabis abuse with intoxication, uncomplicated	ICD10CM	•†		39-45
	Other Drug Abuse and Dependence	F12.121	Cannabis abuse with intoxication delirium	ICD10CM	•†		39-45
	Other Drug Abuse and Dependence	F12.122	Cannabis abuse with intoxication with perceptual disturbance	ICD10CM	•†		39-45
	Other Drug Abuse and Dependence	F12.129	Cannabis abuse with intoxication, unspecified	ICD10CM	•†		39-45
	Other Drug Abuse and Dependence	F12.150	Cannabis abuse with psychotic disorder with delusions	ICD10CM	•†		39-45
	Other Drug Abuse and Dependence	F12.151	Cannabis abuse with psychotic disorder with hallucinations	ICD10CM	•†		39-45
	Other Drug Abuse and Dependence	F12.159	Cannabis abuse with psychotic disorder, unspecified	ICD10CM	•†		39-45
	Other Drug Abuse and Dependence	F12.180	Cannabis abuse with cannabis-induced anxiety disorder	ICD10CM	•†		39-45
	Other Drug Abuse and Dependence	F12.188	Cannabis abuse with other cannabis-induced disorder	ICD10CM	•†		39-45
	Other Drug Abuse and Dependence	F12.19	Cannabis abuse with unspecified cannabis-induced disorder	ICD10CM	•†		39-45
	Other Drug Abuse and Dependence	F12.20	Cannabis dependence, uncomplicated	ICD10CM	•†		39-45

***Numerator** - Code closes member care opportunity (may be in conjunction with other codes)

****Exclusion** - Code removes member from measure (may be in conjunction with other codes)

†With service code

Doc#: PCA-1-19-00943-Clinical-Multi_11192019

Measure	Service	Code	Description	Code Type	N*	E**	Pg
IET	Other Drug Abuse and Dependence	F12.220	Cannabis dependence with intoxication, uncomplicated	ICD10CM	•†		39-45
	Other Drug Abuse and Dependence	F12.221	Cannabis dependence with intoxication delirium	ICD10CM	•†		39-45
	Other Drug Abuse and Dependence	F12.222	Cannabis dependence with intoxication with perceptual disturbance	ICD10CM	•†		39-45
	Other Drug Abuse and Dependence	F12.229	Cannabis dependence with intoxication, unspecified	ICD10CM	•†		39-45
	Other Drug Abuse and Dependence	F12.23	Cannabis dependence with withdrawal	ICD10CM	•†		39-45
	Other Drug Abuse and Dependence	F12.250	Cannabis dependence with psychotic disorder with delusions	ICD10CM	•†		39-45
	Other Drug Abuse and Dependence	F12.251	Cannabis dependence with psychotic disorder with hallucinations	ICD10CM	•†		39-45
	Other Drug Abuse and Dependence	F12.259	Cannabis dependence with psychotic disorder, unspecified	ICD10CM	•†		39-45
	Other Drug Abuse and Dependence	F12.280	Cannabis dependence with cannabis-induced anxiety disorder	ICD10CM	•†		39-45
	Other Drug Abuse and Dependence	F12.288	Cannabis dependence with other cannabis-induced disorder	ICD10CM	•†		39-45
	Other Drug Abuse and Dependence	F12.29	Cannabis dependence with unspecified cannabis-induced disorder	ICD10CM	•†		39-45
	Other Drug Abuse and Dependence	F13.10	Sedative, hypnotic or anxiolytic abuse, uncomplicated	ICD10CM	•†		39-45
	Other Drug Abuse and Dependence	F13.120	Sedative, hypnotic or anxiolytic abuse with intoxication, uncomplicated	ICD10CM	•†		39-45
	Other Drug Abuse and Dependence	F13.121	Sedative, hypnotic or anxiolytic abuse with intoxication delirium	ICD10CM	•†		39-45
	Other Drug Abuse and Dependence	F13.129	Sedative, hypnotic or anxiolytic abuse with intoxication, unspecified	ICD10CM	•†		39-45
	Other Drug Abuse and Dependence	F13.14	Sedative, hypnotic or anxiolytic abuse with sedative, hypnotic or anxiolytic-induced mood disorder	ICD10CM	•†		39-45
	Other Drug Abuse and Dependence	F13.150	Sedative, hypnotic or anxiolytic abuse with sedative, hypnotic or anxiolytic-induced psychotic disorder with delusions	ICD10CM	•†		39-45
	Other Drug Abuse and Dependence	F13.151	Sedative, hypnotic or anxiolytic abuse with sedative, hypnotic or anxiolytic-induced psychotic disorder with hallucinations	ICD10CM	•†		39-45
	Other Drug Abuse and Dependence	F13.159	Sedative, hypnotic or anxiolytic abuse with sedative, hypnotic or anxiolytic-induced psychotic disorder, unspecified	ICD10CM	•†		39-45
	Other Drug Abuse and Dependence	F13.180	Sedative, hypnotic or anxiolytic abuse with sedative, hypnotic or anxiolytic-induced anxiety disorder	ICD10CM	•†		39-45
	Other Drug Abuse and Dependence	F13.181	Sedative, hypnotic or anxiolytic abuse with sedative, hypnotic or anxiolytic-induced sexual dysfunction	ICD10CM	•†		39-45
	Other Drug Abuse and Dependence	F13.182	Sedative, hypnotic or anxiolytic abuse with sedative, hypnotic or anxiolytic-induced sleep disorder	ICD10CM	•†		39-45
	Other Drug Abuse and Dependence	F13.188	Sedative, hypnotic or anxiolytic abuse with other sedative, hypnotic or anxiolytic-induced disorder	ICD10CM	•†		39-45
Other Drug Abuse and Dependence	F13.19	Sedative, hypnotic or anxiolytic abuse with unspecified sedative, hypnotic or anxiolytic-induced disorder	ICD10CM	•†		39-45	

***Numerator** - Code closes member care opportunity (may be in conjunction with other codes)

****Exclusion** - Code removes member from measure (may be in conjunction with other codes)

†With service code

Doc#: PCA-1-19-00943-Clinical-Multi_11192019

Measure	Service	Code	Description	Code Type	N*	E**	Pg
IET	Other Drug Abuse and Dependence	F13.20	Sedative, hypnotic or anxiolytic dependence, uncomplicated	ICD10CM	•†		39-45
	Other Drug Abuse and Dependence	F13.220	Sedative, hypnotic or anxiolytic dependence with intoxication, uncomplicated	ICD10CM	•†		39-45
	Other Drug Abuse and Dependence	F13.221	Sedative, hypnotic or anxiolytic dependence with intoxication delirium	ICD10CM	•†		39-45
	Other Drug Abuse and Dependence	F13.229	Sedative, hypnotic or anxiolytic dependence with intoxication, unspecified	ICD10CM	•†		39-45
	Other Drug Abuse and Dependence	F13.230	Sedative, hypnotic or anxiolytic dependence with withdrawal, uncomplicated	ICD10CM	•†		39-45
	Other Drug Abuse and Dependence	F13.231	Sedative, hypnotic or anxiolytic dependence with withdrawal delirium	ICD10CM	•†		39-45
	Other Drug Abuse and Dependence	F13.232	Sedative, hypnotic or anxiolytic dependence with withdrawal with perceptual disturbance	ICD10CM	•†		39-45
	Other Drug Abuse and Dependence	F13.239	Sedative, hypnotic or anxiolytic dependence with withdrawal, unspecified	ICD10CM	•†		39-45
	Other Drug Abuse and Dependence	F13.24	Sedative, hypnotic or anxiolytic dependence with sedative, hypnotic or anxiolytic-induced mood disorder	ICD10CM	•†		39-45
	Other Drug Abuse and Dependence	F13.250	Sedative, hypnotic or anxiolytic dependence with sedative, hypnotic or anxiolytic-induced psychotic disorder with delusions	ICD10CM	•†		39-45
	Other Drug Abuse and Dependence	F13.251	Sedative, hypnotic or anxiolytic dependence with sedative, hypnotic or anxiolytic-induced psychotic disorder with hallucinations	ICD10CM	•†		39-45
	Other Drug Abuse and Dependence	F13.259	Sedative, hypnotic or anxiolytic dependence with sedative, hypnotic or anxiolytic-induced psychotic disorder, unspecified	ICD10CM	•†		39-45
	Other Drug Abuse and Dependence	F13.26	Sedative, hypnotic or anxiolytic dependence with sedative, hypnotic or anxiolytic-induced persisting amnesic disorder	ICD10CM	•†		39-45
	Other Drug Abuse and Dependence	F13.27	Sedative, hypnotic or anxiolytic dependence with sedative, hypnotic or anxiolytic-induced persisting dementia	ICD10CM	•†		39-45
	Other Drug Abuse and Dependence	F13.280	Sedative, hypnotic or anxiolytic dependence with sedative, hypnotic or anxiolytic-induced anxiety disorder	ICD10CM	•†		39-45
	Other Drug Abuse and Dependence	F13.281	Sedative, hypnotic or anxiolytic dependence with sedative, hypnotic or anxiolytic-induced sexual dysfunction	ICD10CM	•†		39-45
	Other Drug Abuse and Dependence	F13.282	Sedative, hypnotic or anxiolytic dependence with sedative, hypnotic or anxiolytic-induced sleep disorder	ICD10CM	•†		39-45
	Other Drug Abuse and Dependence	F13.288	Sedative, hypnotic or anxiolytic dependence with other sedative, hypnotic or anxiolytic-induced disorder	ICD10CM	•†		39-45
	Other Drug Abuse and Dependence	F13.29	Sedative, hypnotic or anxiolytic dependence with unspecified sedative, hypnotic or anxiolytic-induced disorder	ICD10CM	•†		39-45
	Other Drug Abuse and Dependence	F14.10	Cocaine abuse, uncomplicated	ICD10CM	•†		39-45
Other Drug Abuse and Dependence	F14.120	Cocaine abuse with intoxication, uncomplicated	ICD10CM	•†		39-45	

*Numerator - Code closes member care opportunity (may be in conjunction with other codes)

**Exclusion - Code removes member from measure (may be in conjunction with other codes)

†With service code

Doc#: PCA-1-19-00943-Clinical-Multi_11192019

Measure	Service	Code	Description	Code Type	N*	E**	Pg
IET	Other Drug Abuse and Dependence	F14.121	Cocaine abuse with intoxication with delirium	ICD10CM	•†		39-45
	Other Drug Abuse and Dependence	F14.122	Cocaine abuse with intoxication with perceptual disturbance	ICD10CM	•†		39-45
	Other Drug Abuse and Dependence	F14.129	Cocaine abuse with intoxication, unspecified	ICD10CM	•†		39-45
	Other Drug Abuse and Dependence	F14.14	Cocaine abuse with cocaine-induced mood disorder	ICD10CM	•†		39-45
	Other Drug Abuse and Dependence	F14.150	Cocaine abuse with cocaine-induced psychotic disorder with delusions	ICD10CM	•†		39-45
	Other Drug Abuse and Dependence	F14.151	Cocaine abuse with cocaine-induced psychotic disorder with hallucinations	ICD10CM	•†		39-45
	Other Drug Abuse and Dependence	F14.159	Cocaine abuse with cocaine-induced psychotic disorder, unspecified	ICD10CM	•†		39-45
	Other Drug Abuse and Dependence	F14.180	Cocaine abuse with cocaine-induced anxiety disorder	ICD10CM	•†		39-45
	Other Drug Abuse and Dependence	F14.181	Cocaine abuse with cocaine-induced sexual dysfunction	ICD10CM	•†		39-45
	Other Drug Abuse and Dependence	F14.182	Cocaine abuse with cocaine-induced sleep disorder	ICD10CM	•†		39-45
	Other Drug Abuse and Dependence	F14.188	Cocaine abuse with other cocaine-induced disorder	ICD10CM	•†		39-45
	Other Drug Abuse and Dependence	F14.19	Cocaine abuse with unspecified cocaine-induced disorder	ICD10CM	•†		39-45
	Other Drug Abuse and Dependence	F14.20	Cocaine dependence, uncomplicated	ICD10CM	•†		39-45
	Other Drug Abuse and Dependence	F14.220	Cocaine dependence with intoxication, uncomplicated	ICD10CM	•†		39-45
	Other Drug Abuse and Dependence	F14.221	Cocaine dependence with intoxication delirium	ICD10CM	•†		39-45
	Other Drug Abuse and Dependence	F14.222	Cocaine dependence with intoxication with perceptual disturbance	ICD10CM	•†		39-45
	Other Drug Abuse and Dependence	F14.229	Cocaine dependence with intoxication, unspecified	ICD10CM	•†		39-45
	Other Drug Abuse and Dependence	F14.23	Cocaine dependence with withdrawal	ICD10CM	•†		39-45
	Other Drug Abuse and Dependence	F14.24	Cocaine dependence with cocaine-induced mood disorder	ICD10CM	•†		39-45
	Other Drug Abuse and Dependence	F14.250	Cocaine dependence with cocaine-induced psychotic disorder with delusions	ICD10CM	•†		39-45
	Other Drug Abuse and Dependence	F14.251	Cocaine dependence with cocaine-induced psychotic disorder with hallucinations	ICD10CM	•†		39-45
	Other Drug Abuse and Dependence	F14.259	Cocaine dependence with cocaine-induced psychotic disorder, unspecified	ICD10CM	•†		39-45
	Other Drug Abuse and Dependence	F14.280	Cocaine dependence with cocaine-induced anxiety disorder	ICD10CM	•†		39-45
	Other Drug Abuse and Dependence	F14.281	Cocaine dependence with cocaine-induced sexual dysfunction	ICD10CM	•†		39-45
	Other Drug Abuse and Dependence	F14.282	Cocaine dependence with cocaine-induced sleep disorder	ICD10CM	•†		39-45
	Other Drug Abuse and Dependence	F14.288	Cocaine dependence with other cocaine-induced disorder	ICD10CM	•†		39-45

*Numerator - Code closes member care opportunity (may be in conjunction with other codes)

**Exclusion - Code removes member from measure (may be in conjunction with other codes)

†With service code

Doc#: PCA-1-19-00943-Clinical-Multi_11192019

Measure	Service	Code	Description	Code Type	N*	E**	Pg
IET	Other Drug Abuse and Dependence	F14.29	Cocaine dependence with unspecified cocaine-induced disorder	ICD10CM	•†		39-45
	Other Drug Abuse and Dependence	F15.10	Other stimulant abuse, uncomplicated	ICD10CM	•†		39-45
	Other Drug Abuse and Dependence	F15.120	Other stimulant abuse with intoxication, uncomplicated	ICD10CM	•†		39-45
	Other Drug Abuse and Dependence	F15.121	Other stimulant abuse with intoxication delirium	ICD10CM	•†		39-45
	Other Drug Abuse and Dependence	F15.122	Other stimulant abuse with intoxication with perceptual disturbance	ICD10CM	•†		39-45
	Other Drug Abuse and Dependence	F15.129	Other stimulant abuse with intoxication, unspecified	ICD10CM	•†		39-45
	Other Drug Abuse and Dependence	F15.14	Other stimulant abuse with stimulant-induced mood disorder	ICD10CM	•†		39-45
	Other Drug Abuse and Dependence	F15.150	Other stimulant abuse with stimulant-induced psychotic disorder with delusions	ICD10CM	•†		39-45
	Other Drug Abuse and Dependence	F15.151	Other stimulant abuse with stimulant-induced psychotic disorder with hallucinations	ICD10CM	•†		39-45
	Other Drug Abuse and Dependence	F15.159	Other stimulant abuse with stimulant-induced psychotic disorder, unspecified	ICD10CM	•†		39-45
	Other Drug Abuse and Dependence	F15.180	Other stimulant abuse with stimulant-induced anxiety disorder	ICD10CM	•†		39-45
	Other Drug Abuse and Dependence	F15.181	Other stimulant abuse with stimulant-induced sexual dysfunction	ICD10CM	•†		39-45
	Other Drug Abuse and Dependence	F15.182	Other stimulant abuse with stimulant-induced sleep disorder	ICD10CM	•†		39-45
	Other Drug Abuse and Dependence	F15.188	Other stimulant abuse with other stimulant-induced disorder	ICD10CM	•†		39-45
	Other Drug Abuse and Dependence	F15.19	Other stimulant abuse with unspecified stimulant-induced disorder	ICD10CM	•†		39-45
	Other Drug Abuse and Dependence	F15.20	Other stimulant dependence, uncomplicated	ICD10CM	•†		39-45
	Other Drug Abuse and Dependence	F15.220	Other stimulant dependence with intoxication, uncomplicated	ICD10CM	•†		39-45
	Other Drug Abuse and Dependence	F15.221	Other stimulant dependence with intoxication delirium	ICD10CM	•†		39-45
	Other Drug Abuse and Dependence	F15.222	Other stimulant dependence with intoxication with perceptual disturbance	ICD10CM	•†		39-45
	Other Drug Abuse and Dependence	F15.229	Other stimulant dependence with intoxication, unspecified	ICD10CM	•†		39-45
	Other Drug Abuse and Dependence	F15.23	Other stimulant dependence with withdrawal	ICD10CM	•†		39-45
	Other Drug Abuse and Dependence	F15.24	Other stimulant dependence with stimulant-induced mood disorder	ICD10CM	•†		39-45
	Other Drug Abuse and Dependence	F15.250	Other stimulant dependence with stimulant-induced psychotic disorder with delusions	ICD10CM	•†		39-45
	Other Drug Abuse and Dependence	F15.251	Other stimulant dependence with stimulant-induced psychotic disorder with hallucinations	ICD10CM	•†		39-45
	Other Drug Abuse and Dependence	F15.259	Other stimulant dependence with stimulant-induced psychotic disorder, unspecified	ICD10CM	•†		39-45
	Other Drug Abuse and Dependence	F15.280	Other stimulant dependence with stimulant-induced anxiety disorder	ICD10CM	•†		39-45

*Numerator - Code closes member care opportunity (may be in conjunction with other codes)

**Exclusion - Code removes member from measure (may be in conjunction with other codes)

†With service code

Doc#: PCA-1-19-00943-Clinical-Multi_11192019

Measure	Service	Code	Description	Code Type	N*	E**	Pg
IET	Other Drug Abuse and Dependence	F15.281	Other stimulant dependence with stimulant-induced sexual dysfunction	ICD10CM	•†		39-45
	Other Drug Abuse and Dependence	F15.282	Other stimulant dependence with stimulant-induced sleep disorder	ICD10CM	•†		39-45
	Other Drug Abuse and Dependence	F15.288	Other stimulant dependence with other stimulant-induced disorder	ICD10CM	•†		39-45
	Other Drug Abuse and Dependence	F15.29	Other stimulant dependence with unspecified stimulant-induced disorder	ICD10CM	•†		39-45
	Other Drug Abuse and Dependence	F16.10	Hallucinogen abuse, uncomplicated	ICD10CM	•†		39-45
	Other Drug Abuse and Dependence	F16.120	Hallucinogen abuse with intoxication, uncomplicated	ICD10CM	•†		39-45
	Other Drug Abuse and Dependence	F16.121	Hallucinogen abuse with intoxication with delirium	ICD10CM	•†		39-45
	Other Drug Abuse and Dependence	F16.122	Hallucinogen abuse with intoxication with perceptual disturbance	ICD10CM	•†		39-45
	Other Drug Abuse and Dependence	F16.129	Hallucinogen abuse with intoxication, unspecified	ICD10CM	•†		39-45
	Other Drug Abuse and Dependence	F16.14	Hallucinogen abuse with hallucinogen-induced mood disorder	ICD10CM	•†		39-45
	Other Drug Abuse and Dependence	F16.150	Hallucinogen abuse with hallucinogen-induced psychotic disorder with delusions	ICD10CM	•†		39-45
	Other Drug Abuse and Dependence	F16.151	Hallucinogen abuse with hallucinogen-induced psychotic disorder with hallucinations	ICD10CM	•†		39-45
	Other Drug Abuse and Dependence	F16.159	Hallucinogen abuse with hallucinogen-induced psychotic disorder, unspecified	ICD10CM	•†		39-45
	Other Drug Abuse and Dependence	F16.180	Hallucinogen abuse with hallucinogen-induced anxiety disorder	ICD10CM	•†		39-45
	Other Drug Abuse and Dependence	F16.183	Hallucinogen abuse with hallucinogen persisting perception disorder (flashbacks)	ICD10CM	•†		39-45
	Other Drug Abuse and Dependence	F16.188	Hallucinogen abuse with other hallucinogen-induced disorder	ICD10CM	•†		39-45
	Other Drug Abuse and Dependence	F16.19	Hallucinogen abuse with unspecified hallucinogen-induced disorder	ICD10CM	•†		39-45
	Other Drug Abuse and Dependence	F16.20	Hallucinogen dependence, uncomplicated	ICD10CM	•†		39-45
	Other Drug Abuse and Dependence	F16.220	Hallucinogen dependence with intoxication, uncomplicated	ICD10CM	•†		39-45
	Other Drug Abuse and Dependence	F16.221	Hallucinogen dependence with intoxication with delirium	ICD10CM	•†		39-45
	Other Drug Abuse and Dependence	F16.229	Hallucinogen dependence with intoxication, unspecified	ICD10CM	•†		39-45
	Other Drug Abuse and Dependence	F16.24	Hallucinogen dependence with hallucinogen-induced mood disorder	ICD10CM	•†		39-45
	Other Drug Abuse and Dependence	F16.250	Hallucinogen dependence with hallucinogen-induced psychotic disorder with delusions	ICD10CM	•†		39-45
	Other Drug Abuse and Dependence	F16.251	Hallucinogen dependence with hallucinogen-induced psychotic disorder with hallucinations	ICD10CM	•†		39-45
	Other Drug Abuse and Dependence	F16.259	Hallucinogen dependence with hallucinogen-induced psychotic disorder, unspecified	ICD10CM	•†		39-45
	Other Drug Abuse and Dependence	F16.280	Hallucinogen dependence with hallucinogen-induced anxiety disorder	ICD10CM	•†		39-45

*Numerator - Code closes member care opportunity (may be in conjunction with other codes)

**Exclusion - Code removes member from measure (may be in conjunction with other codes)

†With service code

Doc#: PCA-1-19-00943-Clinical-Multi_11192019

Measure	Service	Code	Description	Code Type	N*	E**	Pg
IET	Other Drug Abuse and Dependence	F16.283	Hallucinogen dependence with hallucinogen persisting perception disorder (flashbacks)	ICD10CM	•†		39-45
	Other Drug Abuse and Dependence	F16.288	Hallucinogen dependence with other hallucinogen-induced disorder	ICD10CM	•†		39-45
	Other Drug Abuse and Dependence	F16.29	Hallucinogen dependence with unspecified hallucinogen-induced disorder	ICD10CM	•†		39-45
	Other Drug Abuse and Dependence	F18.10	Inhalant abuse, uncomplicated	ICD10CM	•†		39-45
	Other Drug Abuse and Dependence	F18.120	Inhalant abuse with intoxication, uncomplicated	ICD10CM	•†		39-45
	Other Drug Abuse and Dependence	F18.121	Inhalant abuse with intoxication delirium	ICD10CM	•†		39-45
	Other Drug Abuse and Dependence	F18.129	Inhalant abuse with intoxication, unspecified	ICD10CM	•†		39-45
	Other Drug Abuse and Dependence	F18.14	Inhalant abuse with inhalant-induced mood disorder	ICD10CM	•†		39-45
	Other Drug Abuse and Dependence	F18.150	Inhalant abuse with inhalant-induced psychotic disorder with delusions	ICD10CM	•†		39-45
	Other Drug Abuse and Dependence	F18.151	Inhalant abuse with inhalant-induced psychotic disorder with hallucinations	ICD10CM	•†		39-45
	Other Drug Abuse and Dependence	F18.159	Inhalant abuse with inhalant-induced psychotic disorder, unspecified	ICD10CM	•†		39-45
	Other Drug Abuse and Dependence	F18.17	Inhalant abuse with inhalant-induced dementia	ICD10CM	•†		39-45
	Other Drug Abuse and Dependence	F18.180	Inhalant abuse with inhalant-induced anxiety disorder	ICD10CM	•†		39-45
	Other Drug Abuse and Dependence	F18.188	Inhalant abuse with other inhalant-induced disorder	ICD10CM	•†		39-45
	Other Drug Abuse and Dependence	F18.19	Inhalant abuse with unspecified inhalant-induced disorder	ICD10CM	•†		39-45
	Other Drug Abuse and Dependence	F18.20	Inhalant dependence, uncomplicated	ICD10CM	•†		39-45
	Other Drug Abuse and Dependence	F18.220	Inhalant dependence with intoxication, uncomplicated	ICD10CM	•†		39-45
	Other Drug Abuse and Dependence	F18.221	Inhalant dependence with intoxication delirium	ICD10CM	•†		39-45
	Other Drug Abuse and Dependence	F18.229	Inhalant dependence with intoxication, unspecified	ICD10CM	•†		39-45
	Other Drug Abuse and Dependence	F18.24	Inhalant dependence with inhalant-induced mood disorder	ICD10CM	•†		39-45
	Other Drug Abuse and Dependence	F18.250	Inhalant dependence with inhalant-induced psychotic disorder with delusions	ICD10CM	•†		39-45
	Other Drug Abuse and Dependence	F18.251	Inhalant dependence with inhalant-induced psychotic disorder with hallucinations	ICD10CM	•†		39-45
	Other Drug Abuse and Dependence	F18.259	Inhalant dependence with inhalant-induced psychotic disorder, unspecified	ICD10CM	•†		39-45
	Other Drug Abuse and Dependence	F18.27	Inhalant dependence with inhalant-induced dementia	ICD10CM	•†		39-45
	Other Drug Abuse and Dependence	F18.280	Inhalant dependence with inhalant-induced anxiety disorder	ICD10CM	•†		39-45
	Other Drug Abuse and Dependence	F18.288	Inhalant dependence with other inhalant-induced disorder	ICD10CM	•†		39-45

***Numerator** - Code closes member care opportunity (may be in conjunction with other codes)

****Exclusion** - Code removes member from measure (may be in conjunction with other codes)

†With service code

Doc#: PCA-1-19-00943-Clinical-Multi_11192019

Measure	Service	Code	Description	Code Type	N*	E**	Pg
IET	Other Drug Abuse and Dependence	F18.29	Inhalant dependence with unspecified inhalant-induced disorder	ICD10CM	•†		39-45
	Other Drug Abuse and Dependence	F19.10	Other psychoactive substance abuse, uncomplicated	ICD10CM	•†		39-45
	Other Drug Abuse and Dependence	F19.120	Other psychoactive substance abuse with intoxication, uncomplicated	ICD10CM	•†		39-45
	Other Drug Abuse and Dependence	F19.121	Other psychoactive substance abuse with intoxication delirium	ICD10CM	•†		39-45
	Other Drug Abuse and Dependence	F19.122	Other psychoactive substance abuse with intoxication with perceptual disturbances	ICD10CM	•†		39-45
	Other Drug Abuse and Dependence	F19.129	Other psychoactive substance abuse with intoxication, unspecified	ICD10CM	•†		39-45
	Other Drug Abuse and Dependence	F19.14	Other psychoactive substance abuse with psychoactive substance-induced mood disorder	ICD10CM	•†		39-45
	Other Drug Abuse and Dependence	F19.150	Other psychoactive substance abuse with psychoactive substance-induced psychotic disorder with delusions	ICD10CM	•†		39-45
	Other Drug Abuse and Dependence	F19.151	Other psychoactive substance abuse with psychoactive substance-induced psychotic disorder with hallucinations	ICD10CM	•†		39-45
	Other Drug Abuse and Dependence	F19.159	Other psychoactive substance abuse with psychoactive substance-induced psychotic disorder, unspecified	ICD10CM	•†		39-45
	Other Drug Abuse and Dependence	F19.16	Other psychoactive substance abuse with psychoactive substance-induced persisting amnesic disorder	ICD10CM	•†		39-45
	Other Drug Abuse and Dependence	F19.17	Other psychoactive substance abuse with psychoactive substance-induced persisting dementia	ICD10CM	•†		39-45
	Other Drug Abuse and Dependence	F19.180	Other psychoactive substance abuse with psychoactive substance-induced anxiety disorder	ICD10CM	•†		39-45
	Other Drug Abuse and Dependence	F19.181	Other psychoactive substance abuse with psychoactive substance-induced sexual dysfunction	ICD10CM	•†		39-45
	Other Drug Abuse and Dependence	F19.182	Other psychoactive substance abuse with psychoactive substance-induced sleep disorder	ICD10CM	•†		39-45
	Other Drug Abuse and Dependence	F19.188	Other psychoactive substance abuse with other psychoactive substance-induced disorder	ICD10CM	•†		39-45
	Other Drug Abuse and Dependence	F19.19	Other psychoactive substance abuse with unspecified psychoactive substance-induced disorder	ICD10CM	•†		39-45
	Other Drug Abuse and Dependence	F19.20	Other psychoactive substance dependence, uncomplicated	ICD10CM	•†		39-45
	Other Drug Abuse and Dependence	F19.220	Other psychoactive substance dependence with intoxication, uncomplicated	ICD10CM	•†		39-45
	Other Drug Abuse and Dependence	F19.221	Other psychoactive substance dependence with intoxication delirium	ICD10CM	•†		39-45
	Other Drug Abuse and Dependence	F19.222	Other psychoactive substance dependence with intoxication with perceptual disturbance	ICD10CM	•†		39-45
	Other Drug Abuse and Dependence	F19.229	Other psychoactive substance dependence with intoxication, unspecified	ICD10CM	•†		39-45
	Other Drug Abuse and Dependence	F19.230	Other psychoactive substance dependence with withdrawal, uncomplicated	ICD10CM	•†		39-45

*Numerator - Code closes member care opportunity (may be in conjunction with other codes)

**Exclusion - Code removes member from measure (may be in conjunction with other codes)

†With service code

Doc#: PCA-1-19-00943-Clinical-Multi_11192019

Measure	Service	Code	Description	Code Type	N*	E**	Pg
IET	Other Drug Abuse and Dependence	F19.231	Other psychoactive substance dependence with withdrawal delirium	ICD10CM	•†		39-45
	Other Drug Abuse and Dependence	F19.232	Other psychoactive substance dependence with withdrawal with perceptual disturbance	ICD10CM	•†		39-45
	Other Drug Abuse and Dependence	F19.239	Other psychoactive substance dependence with withdrawal, unspecified	ICD10CM	•†		39-45
	Other Drug Abuse and Dependence	F19.24	Other psychoactive substance dependence with psychoactive substance-induced mood disorder	ICD10CM	•†		39-45
	Other Drug Abuse and Dependence	F19.250	Other psychoactive substance dependence with psychoactive substance-induced psychotic disorder with delusions	ICD10CM	•†		39-45
	Other Drug Abuse and Dependence	F19.251	Other psychoactive substance dependence with psychoactive substance-induced psychotic disorder with hallucinations	ICD10CM	•†		39-45
	Other Drug Abuse and Dependence	F19.259	Other psychoactive substance dependence with psychoactive substance-induced psychotic disorder, unspecified	ICD10CM	•†		39-45
	Other Drug Abuse and Dependence	F19.26	Other psychoactive substance dependence with psychoactive substance-induced persisting amnesic disorder	ICD10CM	•†		39-45
	Other Drug Abuse and Dependence	F19.27	Other psychoactive substance dependence with psychoactive substance-induced persisting dementia	ICD10CM	•†		39-45
	Other Drug Abuse and Dependence	F19.280	Other psychoactive substance dependence with psychoactive substance-induced anxiety disorder	ICD10CM	•†		39-45
	Other Drug Abuse and Dependence	F19.281	Other psychoactive substance dependence with psychoactive substance-induced sexual dysfunction	ICD10CM	•†		39-45
	Other Drug Abuse and Dependence	F19.282	Other psychoactive substance dependence with psychoactive substance-induced sleep disorder	ICD10CM	•†		39-45
	Other Drug Abuse and Dependence	F19.288	Other psychoactive substance dependence with other psychoactive substance-induced disorder	ICD10CM	•†		39-45
	Other Drug Abuse and Dependence	F19.29	Other psychoactive substance dependence with unspecified psychoactive substance-induced disorder	ICD10CM	•†		39-45
	Alcohol Abuse and Dependence	7200002	Alcoholism (disorder)	SNOMED CT US Edition	•†		39-45
	Alcohol Abuse and Dependence	8635005	Alcohol withdrawal delirium (disorder)	SNOMED CT US Edition	•†		39-45
	Alcohol Abuse and Dependence	15167005	Alcohol abuse (disorder)	SNOMED CT US Edition	•†		39-45
	Alcohol Abuse and Dependence	66590003	Alcohol dependence (disorder)	SNOMED CT US Edition	•†		39-45
	Alcohol Abuse and Dependence	85561006	Uncomplicated alcohol withdrawal (disorder)	SNOMED CT US Edition	•†		39-45
	Alcohol Abuse and Dependence	191475009	Chronic alcoholic brain syndrome (disorder)	SNOMED CT US Edition	•†		39-45

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Doc#: PCA-1-19-00943-Clinical-Multi_11192019

Measure	Service	Code	Description	Code Type	N*	E**	Pg
IET	Alcohol Abuse and Dependence	191476005	Alcohol withdrawal hallucinosis (disorder)	SNOMED CT US Edition	•†		39-45
	Alcohol Abuse and Dependence	191477001	Pathological alcohol intoxication (disorder)	SNOMED CT US Edition	•†		39-45
	Alcohol Abuse and Dependence	191480000	Alcohol withdrawal syndrome (disorder)	SNOMED CT US Edition	•†		39-45
	Alcohol Abuse and Dependence	191802004	Acute alcoholic intoxication in alcoholism (disorder)	SNOMED CT US Edition	•†		39-45
	Alcohol Abuse and Dependence	191804003	Continuous acute alcoholic intoxication in alcoholism (disorder)	SNOMED CT US Edition	•†		39-45
	Alcohol Abuse and Dependence	191805002	Episodic acute alcoholic intoxication in alcoholism (disorder)	SNOMED CT US Edition	•†		39-45
	Alcohol Abuse and Dependence	191811004	Continuous chronic alcoholism (disorder)	SNOMED CT US Edition	•†		39-45
	Alcohol Abuse and Dependence	191812006	Episodic chronic alcoholism (disorder)	SNOMED CT US Edition	•†		39-45
	Alcohol Abuse and Dependence	191882002	Nondependent alcohol abuse, continuous (disorder)	SNOMED CT US Edition	•†		39-45
	Alcohol Abuse and Dependence	191883007	Nondependent alcohol abuse, episodic (disorder)	SNOMED CT US Edition	•†		39-45
	Alcohol Abuse and Dependence	268645007	Nondependent alcohol abuse (disorder)	SNOMED CT US Edition	•†		39-45
	Alcohol Abuse and Dependence	284591009	Persistent alcohol abuse (disorder)	SNOMED CT US Edition	•†		39-45
	Alcohol Abuse and Dependence	713583005	Mild alcohol dependence (disorder)	SNOMED CT US Edition	•†		39-45
	Alcohol Abuse and Dependence	713862009	Severe alcohol dependence (disorder)	SNOMED CT US Edition	•†		39-45
	Alcohol Abuse and Dependence	714829008	Moderate alcohol dependence (disorder)	SNOMED CT US Edition	•†		39-45
	Alcohol Abuse and Dependence	107419000000000000	Alcohol dependence in pregnancy (disorder)	SNOMED CT US Edition	•†		39-45
	Alcohol Abuse and Dependence	107550000000000000	Alcohol dependence in childbirth (disorder)	SNOMED CT US Edition	•†		39-45
Opioid Abuse and Dependence	5602001	Opioid abuse (disorder)	SNOMED CT US Edition	•†		39-45	

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Doc#: PCA-1-19-00943-Clinical-Multi_11192019

Measure	Service	Code	Description	Code Type	N*	E**	Pg
IET	Opioid Abuse and Dependence	75544000	Opioid dependence (disorder)	SNOMED CT US Edition	•†		39-45
	Opioid Abuse and Dependence	87132004	Opioid withdrawal (disorder)	SNOMED CT US Edition	•†		39-45
	Opioid Abuse and Dependence	191819002	Continuous opioid dependence (disorder)	SNOMED CT US Edition	•†		39-45
	Opioid Abuse and Dependence	191820008	Episodic opioid dependence (disorder)	SNOMED CT US Edition	•†		39-45
	Opioid Abuse and Dependence	191865004	Combined opioid with non-opioid drug dependence (disorder)	SNOMED CT US Edition	•†		39-45
	Opioid Abuse and Dependence	191867007	Combined opioid with non-opioid drug dependence, continuous (disorder)	SNOMED CT US Edition	•†		39-45
	Opioid Abuse and Dependence	191868002	Combined opioid with non-opioid drug dependence, episodic (disorder)	SNOMED CT US Edition	•†		39-45
	Opioid Abuse and Dependence	191909007	Nondependent opioid abuse (disorder)	SNOMED CT US Edition	•†		39-45
	Opioid Abuse and Dependence	191912005	Nondependent opioid abuse, continuous (disorder)	SNOMED CT US Edition	•†		39-45
	Opioid Abuse and Dependence	191913000	Nondependent opioid abuse, episodic (disorder)	SNOMED CT US Edition	•†		39-45
	Opioid Abuse and Dependence	230443000	Narcotic withdrawal epilepsy (disorder)	SNOMED CT US Edition	•†		39-45
	Opioid Abuse and Dependence	231477003	Heroin dependence (disorder)	SNOMED CT US Edition	•†		39-45
	Opioid Abuse and Dependence	231478008	Methadone dependence (disorder)	SNOMED CT US Edition	•†		39-45
	Opioid Abuse and Dependence	231479000	Morphine dependence (disorder)	SNOMED CT US Edition	•†		39-45
	Opioid Abuse and Dependence	231480002	Opium dependence (disorder)	SNOMED CT US Edition	•†		39-45
	Opioid Abuse and Dependence	426001001	Fentanyl dependence (disorder)	SNOMED CT US Edition	•†		39-45
	Opioid Abuse and Dependence	703845008	Buprenorphine dependence (disorder)	SNOMED CT US Edition	•†		39-45
Opioid Abuse and Dependence	703846009	Buprenorphine withdrawal (disorder)	SNOMED CT US Edition	•†		39-45	

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IET	Opioid Abuse and Dependence	703847000	Buprenorphine + naloxone withdrawal (disorder)	SNOMED CT US Edition	•†		39-45
	Opioid Abuse and Dependence	724653003	Opioid dependence with current use (disorder)	SNOMED CT US Edition	•†		39-45
	Opioid Abuse and Dependence	1081000000000	Opioid dependence, on agonist therapy (disorder)	SNOMED CT US Edition	•†		39-45
	Opioid Abuse and Dependence	145121000000000	Intravenous nondependent opioid abuse (disorder)	SNOMED CT US Edition	•†		39-45
	Other Drug Abuse and Dependence	2403008	Psychoactive substance dependence (disorder)	SNOMED CT US Edition	•†		39-45
	Other Drug Abuse and Dependence	5002000	Inhalant dependence (disorder)	SNOMED CT US Edition	•†		39-45
	Other Drug Abuse and Dependence	5444000	Sedative, hypnotic AND/OR anxiolytic intoxication delirium (disorder)	SNOMED CT US Edition	•†		39-45
	Other Drug Abuse and Dependence	7071007	Phencyclidine abuse (disorder)	SNOMED CT US Edition	•†		39-45
	Other Drug Abuse and Dependence	10028000	Uncomplicated sedative, hypnotic AND/OR anxiolytic withdrawal (disorder)	SNOMED CT US Edition	•†		39-45
	Other Drug Abuse and Dependence	21647008	Amphetamine dependence (disorder)	SNOMED CT US Edition	•†		39-45
	Other Drug Abuse and Dependence	31956009	Cocaine dependence (disorder)	SNOMED CT US Edition	•†		39-45
	Other Drug Abuse and Dependence	37344009	Cannabis abuse (disorder)	SNOMED CT US Edition	•†		39-45
	Other Drug Abuse and Dependence	38247002	Hallucinogen dependence (disorder)	SNOMED CT US Edition	•†		39-45
	Other Drug Abuse and Dependence	64386003	Sedative abuse (disorder)	SNOMED CT US Edition	•†		39-45
	Other Drug Abuse and Dependence	70340006	Inhalant abuse (disorder)	SNOMED CT US Edition	•†		39-45
	Other Drug Abuse and Dependence	74851005	Hallucinogen abuse (disorder)	SNOMED CT US Edition	•†		39-45
	Other Drug Abuse and Dependence	78267003	Cocaine abuse (disorder)	SNOMED CT US Edition	•†		39-45
Other Drug Abuse and Dependence	78358001	Amphetamine withdrawal (disorder)	SNOMED CT US Edition	•†		39-45	

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Doc#: PCA-1-19-00943-Clinical-Multi_11192019

Measure	Service	Code	Description	Code Type	N*	E**	Pg
IET	Other Drug Abuse and Dependence	80868005	Cocaine withdrawal (disorder)	SNOMED CT US Edition	•†		39-45
	Other Drug Abuse and Dependence	84758004	Amphetamine abuse (disorder)	SNOMED CT US Edition	•†		39-45
	Other Drug Abuse and Dependence	85005007	Cannabis dependence (disorder)	SNOMED CT US Edition	•†		39-45
	Other Drug Abuse and Dependence	91388009	Psychoactive substance abuse (disorder)	SNOMED CT US Edition	•†		39-45
	Other Drug Abuse and Dependence	95635002	Caffeine withdrawal (disorder)	SNOMED CT US Edition	•†		39-45
	Other Drug Abuse and Dependence	95661003	Ergotamine withdrawal (disorder)	SNOMED CT US Edition	•†		39-45
	Other Drug Abuse and Dependence	191825003	Hypnotic or anxiolytic dependence, continuous (disorder)	SNOMED CT US Edition	•†		39-45
	Other Drug Abuse and Dependence	191826002	Hypnotic or anxiolytic dependence, episodic (disorder)	SNOMED CT US Edition	•†		39-45
	Other Drug Abuse and Dependence	191829009	Cocaine type drug dependence (disorder)	SNOMED CT US Edition	•†		39-45
	Other Drug Abuse and Dependence	191831000	Cocaine dependence, continuous (disorder)	SNOMED CT US Edition	•†		39-45
	Other Drug Abuse and Dependence	191832007	Cocaine dependence, episodic (disorder)	SNOMED CT US Edition	•†		39-45
	Other Drug Abuse and Dependence	191837001	Cannabis dependence, continuous (disorder)	SNOMED CT US Edition	•†		39-45
	Other Drug Abuse and Dependence	191838006	Cannabis dependence, episodic (disorder)	SNOMED CT US Edition	•†		39-45
	Other Drug Abuse and Dependence	191843004	Amphetamine or psychostimulant dependence, continuous (disorder)	SNOMED CT US Edition	•†		39-45
	Other Drug Abuse and Dependence	191844005	Amphetamine or psychostimulant dependence, episodic (disorder)	SNOMED CT US Edition	•†		39-45
	Other Drug Abuse and Dependence	191849000	Hallucinogen dependence, continuous (disorder)	SNOMED CT US Edition	•†		39-45
	Other Drug Abuse and Dependence	191850000	Hallucinogen dependence, episodic (disorder)	SNOMED CT US Edition	•†		39-45
Other Drug Abuse and Dependence	191853003	Glue sniffing dependence (disorder)	SNOMED CT US Edition	•†		39-45	

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Measure	Service	Code	Description	Code Type	N*	E**	Pg
IET	Other Drug Abuse and Dependence	191855005	Glue sniffing dependence, continuous (disorder)	SNOMED CT US Edition	•†		39-45
	Other Drug Abuse and Dependence	191856006	Glue sniffing dependence, episodic (disorder)	SNOMED CT US Edition	•†		39-45
	Other Drug Abuse and Dependence	191877009	Ecstasy type drug dependence (disorder)	SNOMED CT US Edition	•†		39-45
	Other Drug Abuse and Dependence	191891003	Nondependent cannabis abuse (disorder)	SNOMED CT US Edition	•†		39-45
	Other Drug Abuse and Dependence	191893000	Nondependent cannabis abuse, continuous (disorder)	SNOMED CT US Edition	•†		39-45
	Other Drug Abuse and Dependence	191894006	Nondependent cannabis abuse, episodic (disorder)	SNOMED CT US Edition	•†		39-45
	Other Drug Abuse and Dependence	191899001	Nondependent hallucinogen abuse, continuous (disorder)	SNOMED CT US Edition	•†		39-45
	Other Drug Abuse and Dependence	191900006	Nondependent hallucinogen abuse, episodic (disorder)	SNOMED CT US Edition	•†		39-45
	Other Drug Abuse and Dependence	191905001	Nondependent hypnotic or anxiolytic abuse, continuous (disorder)	SNOMED CT US Edition	•†		39-45
	Other Drug Abuse and Dependence	191906000	Nondependent hypnotic or anxiolytic abuse, episodic (disorder)	SNOMED CT US Edition	•†		39-45
	Other Drug Abuse and Dependence	191916008	Nondependent cocaine abuse (disorder)	SNOMED CT US Edition	•†		39-45
	Other Drug Abuse and Dependence	191918009	Nondependent cocaine abuse, continuous (disorder)	SNOMED CT US Edition	•†		39-45
	Other Drug Abuse and Dependence	191919001	Nondependent cocaine abuse, episodic (disorder)	SNOMED CT US Edition	•†		39-45
	Other Drug Abuse and Dependence	191924003	Nondependent amphetamine or psychostimulant abuse, continuous (disorder)	SNOMED CT US Edition	•†		39-45
	Other Drug Abuse and Dependence	191925002	Nondependent amphetamine or psychostimulant abuse, episodic (disorder)	SNOMED CT US Edition	•†		39-45
	Other Drug Abuse and Dependence	231461004	Hypnotic or anxiolytic abuse (disorder)	SNOMED CT US Edition	•†		39-45
	Other Drug Abuse and Dependence	231462006	Barbiturate abuse (disorder)	SNOMED CT US Edition	•†		39-45
	Other Drug Abuse and Dependence	231468005	Lysergic acid diethylamide dependence (disorder)	SNOMED CT US Edition	•†		39-45

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Measure	Service	Code	Description	Code Type	N*	E**	Pg
IET	Other Drug Abuse and Dependence	231469002	Mescaline dependence (disorder)	SNOMED CT US Edition	•†		39-45
	Other Drug Abuse and Dependence	231470001	Anxiolytic dependence (disorder)	SNOMED CT US Edition	•†		39-45
	Other Drug Abuse and Dependence	231472009	Barbiturate dependence (disorder)	SNOMED CT US Edition	•†		39-45
	Other Drug Abuse and Dependence	231473004	Benzodiazepine dependence (disorder)	SNOMED CT US Edition	•†		39-45
	Other Drug Abuse and Dependence	231474005	Diazepam dependence (disorder)	SNOMED CT US Edition	•†		39-45
	Other Drug Abuse and Dependence	231475006	Librium dependence (disorder)	SNOMED CT US Edition	•†		39-45
	Other Drug Abuse and Dependence	268640002	Hypnotic or anxiolytic dependence (disorder)	SNOMED CT US Edition	•†		39-45
	Other Drug Abuse and Dependence	268641003	Cannabis type drug dependence (disorder)	SNOMED CT US Edition	•†		39-45
	Other Drug Abuse and Dependence	268646008	Nondependent hallucinogen abuse (disorder)	SNOMED CT US Edition	•†		39-45
	Other Drug Abuse and Dependence	268647004	Nondependent hypnotic or anxiolytic abuse (disorder)	SNOMED CT US Edition	•†		39-45
	Other Drug Abuse and Dependence	268648009	Nondependent amphetamine or other psychostimulant abuse (disorder)	SNOMED CT US Edition	•†		39-45
	Other Drug Abuse and Dependence	275471001	Psychostimulant dependence (disorder)	SNOMED CT US Edition	•†		39-45
	Other Drug Abuse and Dependence	361150008	Sedative, hypnotic AND/OR anxiolytic withdrawal delirium (disorder)	SNOMED CT US Edition	•†		39-45
	Other Drug Abuse and Dependence	361151007	Sedative withdrawal delirium (disorder)	SNOMED CT US Edition	•†		39-45
	Other Drug Abuse and Dependence	425339005	Barbiturate withdrawal (disorder)	SNOMED CT US Edition	•†		39-45
	Other Drug Abuse and Dependence	425885002	Continuous phencyclidine abuse (disorder)	SNOMED CT US Edition	•†		39-45
	Other Drug Abuse and Dependence	426095000	Continuous inhalant abuse (disorder)	SNOMED CT US Edition	•†		39-45
Other Drug Abuse and Dependence	426873000	Methamphetamine dependence (disorder)	SNOMED CT US Edition	•†		39-45	

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Measure	Service	Code	Description	Code Type	N*	E**	Pg
IET	Other Drug Abuse and Dependence	427205009	Amphetamine abuse, continuous (disorder)	SNOMED CT US Edition	•†		39-45
	Other Drug Abuse and Dependence	427229002	Episodic inhalant abuse (disorder)	SNOMED CT US Edition	•†		39-45
	Other Drug Abuse and Dependence	427327003	Sedative dependence (disorder)	SNOMED CT US Edition	•†		39-45
	Other Drug Abuse and Dependence	428219007	Caffeine dependence (disorder)	SNOMED CT US Edition	•†		39-45
	Other Drug Abuse and Dependence	428370001	Psychostimulant withdrawal (disorder)	SNOMED CT US Edition	•†		39-45
	Other Drug Abuse and Dependence	429692000	Amphetamine abuse, episodic (disorder)	SNOMED CT US Edition	•†		39-45
	Other Drug Abuse and Dependence	441527004	Stimulant abuse (disorder)	SNOMED CT US Edition	•†		39-45
	Other Drug Abuse and Dependence	442406005	Stimulant dependence (disorder)	SNOMED CT US Edition	•†		39-45
	Other Drug Abuse and Dependence	699449003	Methamphetamine abuse (disorder)	SNOMED CT US Edition	•†		39-45
	Other Drug Abuse and Dependence	703846009	Buprenorphine withdrawal (disorder)	SNOMED CT US Edition	•†		39-45
	Other Drug Abuse and Dependence	703847000	Buprenorphine + naloxone withdrawal (disorder)	SNOMED CT US Edition	•†		39-45
	Other Drug Abuse and Dependence	703848005	Cannabis withdrawal (disorder)	SNOMED CT US Edition	•†		39-45
	Other Drug Abuse and Dependence	703849002	Benzodiazepine withdrawal (disorder)	SNOMED CT US Edition	•†		39-45
	Other Drug Abuse and Dependence	703850002	Benzodiazepine withdrawal delirium (disorder)	SNOMED CT US Edition	•†		39-45
	Other Drug Abuse and Dependence	723933008	Cannabis dependence with current use (disorder)	SNOMED CT US Edition	•†		39-45
	Other Drug Abuse and Dependence	724656006	Hypnotic dependence (disorder)	SNOMED CT US Edition	•†		39-45
	Other Drug Abuse and Dependence	724657002	Sedative dependence with current use (disorder)	SNOMED CT US Edition	•†		39-45
Other Drug Abuse and Dependence	724658007	Hypnotic dependence with current use (disorder)	SNOMED CT US Edition	•†		39-45	

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IET	Other Drug Abuse and Dependence	724659004	Anxiolytic dependence with current use (disorder)	SNOMED CT US Edition	•†		39-45
	Other Drug Abuse and Dependence	724660009	Hypnotic withdrawal (disorder)	SNOMED CT US Edition	•†		39-45
	Other Drug Abuse and Dependence	724661008	Anxiolytic withdrawal (disorder)	SNOMED CT US Edition	•†		39-45
	Other Drug Abuse and Dependence	724662001	Sedative withdrawal without complication (disorder)	SNOMED CT US Edition	•†		39-45
	Other Drug Abuse and Dependence	724663006	Hypnotic withdrawal without complication (disorder)	SNOMED CT US Edition	•†		39-45
	Other Drug Abuse and Dependence	724664000	Anxiolytic withdrawal without complication (disorder)	SNOMED CT US Edition	•†		39-45
	Other Drug Abuse and Dependence	724688003	Cocaine dependence with current use (disorder)	SNOMED CT US Edition	•†		39-45
	Other Drug Abuse and Dependence	724695007	Hallucinogen dependence with current use (disorder)	SNOMED CT US Edition	•†		39-45
	Other Drug Abuse and Dependence	724700000	Volatile inhalant dependence with current use (disorder)	SNOMED CT US Edition	•†		39-45
	Other Drug Abuse and Dependence	724701001	Volatile inhalant withdrawal (disorder)	SNOMED CT US Edition	•†		39-45
	Other Drug Abuse and Dependence	724703003	Harmful pattern of use of substituted amphetamine (disorder)	SNOMED CT US Edition	•†		39-45
	Other Drug Abuse and Dependence	724704009	Methylenedioxymethamphetamine dependence with current use (disorder)	SNOMED CT US Edition	•†		39-45
	Other Drug Abuse and Dependence	724712001	Harmful use of dissociative drug (disorder)	SNOMED CT US Edition	•†		39-45
	Other Drug Abuse and Dependence	724714000	Dependence caused by dissociative substance (disorder)	SNOMED CT US Edition	•†		39-45
	Other Drug Abuse and Dependence	724715004	Dependence caused by ketamine (disorder)	SNOMED CT US Edition	•†		39-45
	Other Drug Abuse and Dependence	724725009	Psychoactive substance withdrawal without complication (disorder)	SNOMED CT US Edition	•†		39-45
	Other Drug Abuse and Dependence	737338002	Synthetic cannabinoid withdrawal (disorder)	SNOMED CT US Edition	•†		39-45
Other Drug Abuse and Dependence	762672001	Synthetic cathinone withdrawal (disorder)	SNOMED CT US Edition	•†		39-45	

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IET	Other Drug Abuse and Dependence	23601000000000	Sedative withdrawal (disorder)	SNOMED CT US Edition	•†		39-45
	Other Drug Abuse and Dependence	34111000000000	Nondependent amphetamine abuse (disorder)	SNOMED CT US Edition	•†		39-45
	Other Drug Abuse and Dependence	86391000000000	Inhalant dependence, continuous (disorder)	SNOMED CT US Edition	•†		39-45
	Other Drug Abuse and Dependence	86401000000000	Inhalant dependence, episodic (disorder)	SNOMED CT US Edition	•†		39-45
	Other Drug Abuse and Dependence	125851000000000	Continuous sedative abuse (disorder)	SNOMED CT US Edition	•†		39-45
	Other Drug Abuse and Dependence	144981000000000	Nondependent intravenous amphetamine abuse (disorder)	SNOMED CT US Edition	•†		39-45
	Other Drug Abuse and Dependence	145101000000000	Intravenous cocaine abuse (disorder)	SNOMED CT US Edition	•†		39-45
	Other Drug Abuse and Dependence	145841000000000	Episodic phencyclidine abuse (disorder)	SNOMED CT US Edition	•†		39-45
	Other Drug Abuse and Dependence	1104790000000000	Cannabis hyperemesis syndrome co-occurrent and due to cannabis abuse (disorder)	SNOMED CT US Edition	•†		39-45
IMA02	HPV Immunization	62	human papilloma virus vaccine, quadrivalent	CVX	•		16-18
	HPV Immunization	118	human papilloma virus vaccine, bivalent	CVX	•		16-18
	HPV Immunization	137	HPV, unspecified formulation	CVX	•		16-18
	HPV Immunization	165	Human Papillomavirus 9-valent vaccine	CVX	•		16-18
	Meningococcal Immunization	108	meningococcal ACWY vaccine, unspecified formulation	CVX	•		16-18
	Meningococcal Immunization	114	meningococcal polysaccharide (groups A, C, Y and W-135) diphtheria toxoid conjugate vaccine (MCV4P)	CVX	•		16-18
	Meningococcal Immunization	136	meningococcal oligosaccharide (groups A, C, Y and W-135) diphtheria toxoid conjugate vaccine (MCV4O)	CVX	•		16-18
	Meningococcal Immunization	147	Meningococcal, MCV4, unspecified conjugate formulation(groups A, C, Y and W-135)	CVX	•		16-18
	Meningococcal Immunization	167	meningococcal vaccine of unknown formulation and unknown serogroups	CVX	•		16-18
	Tdap Immunization	115	tetanus toxoid, reduced diphtheria toxoid, and acellular pertussis vaccine, adsorbed	CVX	•		16-18
	HPV Vaccine Procedure	428570002	Vaccination for human papillomavirus (procedure)	SNOMED CT US Edition	•		16-18
	HPV Vaccine Procedure	428741008	Vaccination with first dose of human papillomavirus (procedure)	SNOMED CT US Edition	•		16-18
	HPV Vaccine Procedure	428931000	Vaccination with third dose of human papillomavirus (procedure)	SNOMED CT US Edition	•		16-18

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Doc#: PCA-1-19-00943-Clinical-Multi_11192019

Measure	Service	Code	Description	Code Type	N*	E**	Pg
IMA02	HPV Vaccine Procedure	429396009	Vaccination with second dose of human papillomavirus (procedure)	SNOMED CT US Edition	•		16-18
	HPV Vaccine Procedure	734152003	Administration of human papilloma virus type 6, 11, 16, and 18 vaccine (procedure)	SNOMED CT US Edition	•		16-18
	HPV Vaccine Procedure	734154002	Administration of human papilloma virus type 6, 11, 16, and 18 vaccine done (situation)	SNOMED CT US Edition	•		16-18
	HPV Vaccine Procedure	99501000119107	Human papilloma virus vaccination given (situation)	SNOMED CT US Edition	•		16-18
	Meningococcal Vaccine Procedure	390892002	Meningitis ACW & Y vaccination (procedure)	SNOMED CT US Edition	•		16-18
	Tdap Vaccine Procedure	428251000124104	Tetanus, diphtheria and acellular pertussis vaccination (procedure)	SNOMED CT US Edition	•		16-18
LSC	Lead Tests	10368-9	Lead [Mass/volume] in Capillary blood	LOINC	•		21-22
	Lead Tests	10912-4	Lead [Mass/volume] in Serum or Plasma	LOINC	•		21-22
	Lead Tests	14807-2	Lead [Moles/volume] in Blood	LOINC	•		21-22
	Lead Tests	17052-2	Lead [Presence] in Blood	LOINC	•		21-22
	Lead Tests	25459-9	Lead [Moles/volume] in Serum or Plasma	LOINC	•		21-22
	Lead Tests	27129-6	Lead [Mass/mass] in Red Blood Cells	LOINC	•		21-22
	Lead Tests	32325-3	Lead [Moles/volume] in Red Blood Cells	LOINC	•		21-22
	Lead Tests	5671-3	Lead [Mass/volume] in Blood	LOINC	•		21-22
	Lead Tests	5674-7	Lead [Mass/volume] in Red Blood Cells	LOINC	•		21-22
	Lead Tests	77307-7	Lead [Mass/volume] in Venous blood	LOINC	•		21-22
	Lead Tests	8655006	Lead measurement, quantitative, blood (procedure)	SNOMED CT US Edition	•		21-22
	Lead Tests	35833009	Lead screening, blood (procedure)	SNOMED CT US Edition	•		21-22
URI, AAB	Pharyngitis	J02.0	Streptococcal pharyngitis	ICD10CM		•	77-78
	Pharyngitis	J02.8	Acute pharyngitis due to other specified organisms	ICD10CM		•	77-78
	Pharyngitis	J02.9	Acute pharyngitis, unspecified	ICD10CM		•	77-78
	Pharyngitis	J03.00	Acute streptococcal tonsillitis, unspecified	ICD10CM		•	77-78
	Pharyngitis	J03.01	Acute recurrent streptococcal tonsillitis	ICD10CM		•	77-78
	Pharyngitis	J03.80	Acute tonsillitis due to other specified organisms	ICD10CM		•	77-78
	Pharyngitis	J03.81	Acute recurrent tonsillitis due to other specified organisms	ICD10CM		•	77-78
	Pharyngitis	J03.90	Acute tonsillitis, unspecified	ICD10CM		•	77-78
	Pharyngitis	J03.91	Acute recurrent tonsillitis, unspecified	ICD10CM		•	77-78
	Pharyngitis	140004	Chronic pharyngitis (disorder)	SNOMED CT US Edition		•	77-78
Pharyngitis	652005	Gangrenous tonsillitis (disorder)	SNOMED CT US Edition		•	77-78	

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**Exclusion - Code removes member from measure (may be in conjunction with other codes)

Measure	Service	Code	Description	Code Type	N*	E**	Pg
URI, AAB	Pharyngitis	1532007	Viral pharyngitis (disorder)	SNOMED CT US Edition		•	77-78
	Pharyngitis	2365002	Chronic granular pharyngitis (disorder)	SNOMED CT US Edition		•	77-78
	Pharyngitis	10351008	Suppurative tonsillitis (disorder)	SNOMED CT US Edition		•	77-78
	Pharyngitis	11461005	Staphylococcal tonsillitis (disorder)	SNOMED CT US Edition		•	77-78
	Pharyngitis	14465002	Ulcerative tonsillitis (disorder)	SNOMED CT US Edition		•	77-78
	Pharyngitis	17741008	Acute tonsillitis (disorder)	SNOMED CT US Edition		•	77-78
	Pharyngitis	27878001	Follicular tonsillitis (disorder)	SNOMED CT US Edition		•	77-78
	Pharyngitis	31309002	Respiratory syncytial virus pharyngitis (disorder)	SNOMED CT US Edition		•	77-78
	Pharyngitis	39271004	Ulcerative pharyngitis (disorder)	SNOMED CT US Edition		•	77-78
	Pharyngitis	40766000	Enteroviral lymphonodular pharyngitis (disorder)	SNOMED CT US Edition		•	77-78
	Pharyngitis	41582007	Streptococcal tonsillitis (disorder)	SNOMED CT US Edition		•	77-78
	Pharyngitis	43878008	Streptococcal sore throat (disorder)	SNOMED CT US Edition		•	77-78
	Pharyngitis	51209006	Viral tonsillitis (disorder)	SNOMED CT US Edition		•	77-78
	Pharyngitis	55355000	Acute laryngopharyngitis (disorder)	SNOMED CT US Edition		•	77-78
	Pharyngitis	58031004	Suppurative pharyngitis (disorder)	SNOMED CT US Edition		•	77-78
	Pharyngitis	59471009	Phlegmonous pharyngitis (disorder)	SNOMED CT US Edition		•	77-78
	Pharyngitis	63866002	Atrophic pharyngitis (disorder)	SNOMED CT US Edition		•	77-78
Pharyngitis	72430001	Gangrenous pharyngitis (disorder)	SNOMED CT US Edition		•	77-78	

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URI, AAB	Pharyngitis	76651006	Pneumococcal pharyngitis (disorder)	SNOMED CT US Edition		•	77-78
	Pharyngitis	78430008	Adenoviral pharyngitis (disorder)	SNOMED CT US Edition		•	77-78
	Pharyngitis	78911000	Parainfluenza virus pharyngitis (disorder)	SNOMED CT US Edition		•	77-78
	Pharyngitis	82228008	Staphylococcal pharyngitis (disorder)	SNOMED CT US Edition		•	77-78
	Pharyngitis	87326000	Hypertrophic pharyngitis (disorder)	SNOMED CT US Edition		•	77-78
	Pharyngitis	90176007	Tonsillitis (disorder)	SNOMED CT US Edition		•	77-78
	Pharyngitis	90979004	Chronic tonsillitis (disorder)	SNOMED CT US Edition		•	77-78
	Pharyngitis	95885008	Mycoplasmal pharyngitis (disorder)	SNOMED CT US Edition		•	77-78
	Pharyngitis	111816002	Pneumococcal tonsillitis (disorder)	SNOMED CT US Edition		•	77-78
	Pharyngitis	126664009	Exudative pharyngitis (disorder)	SNOMED CT US Edition		•	77-78
	Pharyngitis	164256007	On examination - follicular tonsillitis (disorder)	SNOMED CT US Edition		•	77-78
	Pharyngitis	164260005	On examination - granular pharyngitis (disorder)	SNOMED CT US Edition		•	77-78
	Pharyngitis	186659004	Herpangina (disorder)	SNOMED CT US Edition		•	77-78
	Pharyngitis	186963008	Vincent's angina - pharyngitis (disorder)	SNOMED CT US Edition		•	77-78
	Pharyngitis	195655000	Acute gangrenous pharyngitis (disorder)	SNOMED CT US Edition		•	77-78
	Pharyngitis	195656004	Acute phlegmonous pharyngitis (disorder)	SNOMED CT US Edition		•	77-78
Pharyngitis	195657008	Acute ulcerative pharyngitis (disorder)	SNOMED CT US Edition		•	77-78	
Pharyngitis	195658003	Acute bacterial pharyngitis (disorder)	SNOMED CT US Edition		•	77-78	

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Measure	Service	Code	Description	Code Type	N*	E**	Pg
URI, AAB	Pharyngitis	195659006	Acute pneumococcal pharyngitis (disorder)	SNOMED CT US Edition		•	77-78
	Pharyngitis	195660001	Acute staphylococcal pharyngitis (disorder)	SNOMED CT US Edition		•	77-78
	Pharyngitis	195662009	Acute viral pharyngitis (disorder)	SNOMED CT US Edition		•	77-78
	Pharyngitis	195663004	Allergic pharyngitis (disorder)	SNOMED CT US Edition		•	77-78
	Pharyngitis	195666007	Acute erythematous tonsillitis (disorder)	SNOMED CT US Edition		•	77-78
	Pharyngitis	195667003	Acute follicular tonsillitis (disorder)	SNOMED CT US Edition		•	77-78
	Pharyngitis	195668008	Acute ulcerative tonsillitis (disorder)	SNOMED CT US Edition		•	77-78
	Pharyngitis	195669000	Acute catarrhal tonsillitis (disorder)	SNOMED CT US Edition		•	77-78
	Pharyngitis	195670004	Acute gangrenous tonsillitis (disorder)	SNOMED CT US Edition		•	77-78
	Pharyngitis	195671000	Acute bacterial tonsillitis (disorder)	SNOMED CT US Edition		•	77-78
	Pharyngitis	195672007	Acute pneumococcal tonsillitis (disorder)	SNOMED CT US Edition		•	77-78
	Pharyngitis	195673002	Acute staphylococcal tonsillitis (disorder)	SNOMED CT US Edition		•	77-78
	Pharyngitis	195676005	Acute viral tonsillitis (disorder)	SNOMED CT US Edition		•	77-78
	Pharyngitis	195677001	Recurrent acute tonsillitis (disorder)	SNOMED CT US Edition		•	77-78
	Pharyngitis	195779005	Pharyngitis keratosa (disorder)	SNOMED CT US Edition		•	77-78
	Pharyngitis	195780008	Pharyngitis sicca (disorder)	SNOMED CT US Edition		•	77-78
	Pharyngitis	195782000	Chronic follicular pharyngitis (disorder)	SNOMED CT US Edition		•	77-78
	Pharyngitis	195803003	Caseous tonsillitis (disorder)	SNOMED CT US Edition		•	77-78

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Measure	Service	Code	Description	Code Type	N*	E**	Pg
URI, AAB	Pharyngitis	195804009	Lingual tonsillitis (disorder)	SNOMED CT US Edition		•	77-78
	Pharyngitis	195924009	Influenza with pharyngitis (disorder)	SNOMED CT US Edition		•	77-78
	Pharyngitis	232399005	Acute herpes simplex pharyngitis (disorder)	SNOMED CT US Edition		•	77-78
	Pharyngitis	232400003	Acute herpes zoster pharyngitis (disorder)	SNOMED CT US Edition		•	77-78
	Pharyngitis	232401004	Glandular fever pharyngitis (disorder)	SNOMED CT US Edition		•	77-78
	Pharyngitis	232402006	Meningococcal pharyngitis (disorder)	SNOMED CT US Edition		•	77-78
	Pharyngitis	232403001	Chlamydial pharyngitis (disorder)	SNOMED CT US Edition		•	77-78
	Pharyngitis	232405008	Chronic ulcerative pharyngitis (disorder)	SNOMED CT US Edition		•	77-78
	Pharyngitis	232406009	Chronic pharyngeal candidiasis (disorder)	SNOMED CT US Edition		•	77-78
	Pharyngitis	232417005	Vincent's tonsillitis (disorder)	SNOMED CT US Edition		•	77-78
	Pharyngitis	240444009	Fusobacterial necrotizing tonsillitis (disorder)	SNOMED CT US Edition		•	77-78
	Pharyngitis	240547000	Lymphonodular coxsackie pharyngitis (disorder)	SNOMED CT US Edition		•	77-78
	Pharyngitis	302911003	Acute lingual tonsillitis (disorder)	SNOMED CT US Edition		•	77-78
	Pharyngitis	312422001	Infective pharyngitis (disorder)	SNOMED CT US Edition		•	77-78
	Pharyngitis	363746003	Acute pharyngitis (disorder)	SNOMED CT US Edition		•	77-78
	Pharyngitis	405737000	Pharyngitis (disorder)	SNOMED CT US Edition		•	77-78
	Pharyngitis	415724006	Tonsillitis caused by Gram negative bacteria (disorder)	SNOMED CT US Edition		•	77-78
Pharyngitis	703468005	Bacterial tonsillitis (disorder)	SNOMED CT US Edition		•	77-78	

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Measure	Service	Code	Description	Code Type	N*	E**	Pg
URI, AAB	Pharyngitis	721586007	Pharyngotonsillitis caused by Human herpes simplex virus (disorder)	SNOMED CT US Edition		•	77-78
	Pharyngitis	106292000000000000	Recurrent acute streptococcal tonsillitis (disorder)	SNOMED CT US Edition		•	77-78
	Pharyngitis	106293000000000000	Acute tonsillitis caused by Streptococcus (disorder)	SNOMED CT US Edition		•	77-78
W15, W34, AWC	Well-Care	G0438	Annual wellness visit; includes a personalized prevention plan of service (pps), initial visit (G0438)	HCPCS		•	23-26, 31-34, 35-38
	Well-Care	G0439	Annual wellness visit, includes a personalized prevention plan of service (pps), subsequent visit (G0439)	HCPCS		•	
	Well-Care	Z00.00	Encounter for general adult medical examination without abnormal findings	ICD10CM		•	
	Well-Care	Z00.01	Encounter for general adult medical examination with abnormal findings	ICD10CM		•	
	Well-Care	Z00.110	Health examination for newborn under 8 days old	ICD10CM		•	
	Well-Care	Z00.111	Health examination for newborn 8 to 28 days old	ICD10CM		•	
	Well-Care	Z00.121	Encounter for routine child health examination with abnormal findings	ICD10CM		•	
	Well-Care	Z00.129	Encounter for routine child health examination without abnormal findings	ICD10CM		•	
	Well-Care	Z00.5	Encounter for examination of potential donor of organ and tissue	ICD10CM		•	
	Well-Care	Z00.8	Encounter for other general examination	ICD10CM		•	
	Well-Care	Z02.0	Encounter for examination for admission to educational institution	ICD10CM		•	
	Well-Care	Z02.1	Encounter for pre-employment examination	ICD10CM		•	
	Well-Care	Z02.2	Encounter for examination for admission to residential institution	ICD10CM		•	
	Well-Care	Z02.3	Encounter for examination for recruitment to armed forces	ICD10CM		•	
	Well-Care	Z02.4	Encounter for examination for driving license	ICD10CM		•	
	Well-Care	Z02.5	Encounter for examination for participation in sport	ICD10CM		•	
	Well-Care	Z02.6	Encounter for examination for insurance purposes	ICD10CM		•	
	Well-Care	Z02.71	Encounter for disability determination	ICD10CM		•	
	Well-Care	Z02.82	Encounter for adoption services	ICD10CM		•	
	Well-Care	Z76.1	Encounter for health supervision and care of foundling	ICD10CM		•	
	Well-Care	Z76.2	Encounter for health supervision and care of other healthy infant and child	ICD10CM		•	
	Well-Care	103740001	Periodic physical examination (procedure)	SNOMED CT US Edition		•	
	Well-Care	170099002	Child examination - birth (procedure)	SNOMED CT US Edition		•	

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Measure	Service	Code	Description	Code Type	N*	E**	Pg
W15, W34, AWC	Well-Care	170107008	Child examination - 10 days (procedure)	SNOMED CT US Edition	•		23-26, 31-34, 35-38
	Well-Care	170114005	Child examination - 6 weeks (procedure)	SNOMED CT US Edition	•		
	Well-Care	170123008	Child 8-9 month examination (procedure)	SNOMED CT US Edition	•		
	Well-Care	170132005	Child 18 month examination (procedure)	SNOMED CT US Edition	•		
	Well-Care	170141000	Child 2.5 year examination (procedure)	SNOMED CT US Edition	•		
	Well-Care	170150003	Child 3.5 year examination (procedure)	SNOMED CT US Edition	•		
	Well-Care	170159002	Child 4.5 year examination (procedure)	SNOMED CT US Edition	•		
	Well-Care	170168000	Child 10 year examination (procedure)	SNOMED CT US Edition	•		
	Well-Care	170177007	15 year examination (procedure)	SNOMED CT US Edition	•		
	Well-Care	170250008	Child 3 month examination (procedure)	SNOMED CT US Edition	•		
	Well-Care	170254004	Child 1 year examination (procedure)	SNOMED CT US Edition	•		
	Well-Care	170263002	Child 6 month examination (procedure)	SNOMED CT US Edition	•		
	Well-Care	170272005	Child 21 month examination (procedure)	SNOMED CT US Edition	•		
	Well-Care	170281004	Child 3 year examination (procedure)	SNOMED CT US Edition	•		
	Well-Care	170290006	Child 39 month examination (procedure)	SNOMED CT US Edition	•		
	Well-Care	170300004	Child 8 week examination (procedure)	SNOMED CT US Edition	•		
	Well-Care	170309003	Child 7 month exam (procedure)	SNOMED CT US Edition	•		
	Well-Care	171387006	School admission medical examination (procedure)	SNOMED CT US Edition	•		

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Measure	Service	Code	Description	Code Type	N*	E**	Pg
W15, W34, AWC	Well-Care	171394009	Armed forces medical examination (procedure)	SNOMED CT US Edition	•		23-26, 31-34, 35-38
	Well-Care	171395005	University admission medical (procedure)	SNOMED CT US Edition	•		
	Well-Care	171409007	Individual health examination (procedure)	SNOMED CT US Edition	•		
	Well-Care	171410002	Individual general health examination (procedure)	SNOMED CT US Edition	•		
	Well-Care	171416008	Student health examination (procedure)	SNOMED CT US Edition	•		
	Well-Care	171417004	Pre-school child health examination (procedure)	SNOMED CT US Edition	•		
	Well-Care	243788004	Child examination (procedure)	SNOMED CT US Edition	•		
	Well-Care	268563000	Child health medical examination (procedure)	SNOMED CT US Edition	•		
	Well-Care	270356004	MOD F/MED/1 - Forces recruitment medical (procedure)	SNOMED CT US Edition	•		
	Well-Care	401140000	Child 2 year examination (procedure)	SNOMED CT US Edition	•		
	Well-Care	410620009	Well-child visit (procedure)	SNOMED CT US Edition	•		
	Well-Care	410621008	Well-child visit, newborn (procedure)	SNOMED CT US Edition	•		
	Well-Care	410622001	Child examination - 2 weeks (procedure)	SNOMED CT US Edition	•		
	Well-Care	410623006	Well-child visit, 2 week (procedure)	SNOMED CT US Edition	•		
	Well-Care	410624000	Well-child visit, 2 month (procedure)	SNOMED CT US Edition	•		
	Well-Care	410625004	Child 4 month examination (procedure)	SNOMED CT US Edition	•		
	Well-Care	410626003	Well-child visit, 4 month (procedure)	SNOMED CT US Edition	•		
	Well-Care	410627007	Well-child visit, 6 month (procedure)	SNOMED CT US Edition	•		

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Measure	Service	Code	Description	Code Type	N*	E**	Pg
W15, W34, AWC	Well-Care	410628002	Well-child visit, 9 month (procedure)	SNOMED CT US Edition	•		23-26, 31-34, 35-38
	Well-Care	410629005	Well-child visit, 12 month (procedure)	SNOMED CT US Edition	•		
	Well-Care	410630000	Child 15 month examination (procedure)	SNOMED CT US Edition	•		
	Well-Care	410631001	Well-child visit, 15 month (procedure)	SNOMED CT US Edition	•		
	Well-Care	410632008	Well-child visit, 18 month (procedure)	SNOMED CT US Edition	•		
	Well-Care	410633003	Well-child visit, 2 years (procedure)	SNOMED CT US Edition	•		
	Well-Care	410634009	Well-child visit, 3 years (procedure)	SNOMED CT US Edition	•		
	Well-Care	410635005	Child 4 year examination (procedure)	SNOMED CT US Edition	•		
	Well-Care	410636006	Well-child visit, 4 years (procedure)	SNOMED CT US Edition	•		
	Well-Care	410637002	Well-child visit, 5 years (procedure)	SNOMED CT US Edition	•		
	Well-Care	410638007	Well-child visit, 6 years (procedure)	SNOMED CT US Edition	•		
	Well-Care	410639004	Well-child visit, 7 years (procedure)	SNOMED CT US Edition	•		
	Well-Care	410640002	Well-child visit, 8 years (procedure)	SNOMED CT US Edition	•		
	Well-Care	410641003	Well-child visit, 9 years (procedure)	SNOMED CT US Edition	•		
	Well-Care	410642005	Well-child visit, 10 years (procedure)	SNOMED CT US Edition	•		
	Well-Care	410643000	Well-child visit, 11 years (procedure)	SNOMED CT US Edition	•		
	Well-Care	410644006	Well-child visit, 12 years (procedure)	SNOMED CT US Edition	•		
	Well-Care	410645007	Well-child visit, 13 years (procedure)	SNOMED CT US Edition	•		

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Measure	Service	Code	Description	Code Type	N*	E**	Pg
W15, W34, AWC	Well-Care	410646008	Well-child visit, 14 years (procedure)	SNOMED CT US Edition	•		23-26, 31-34, 35-38
	Well-Care	410647004	Well-child visit, 15 years (procedure)	SNOMED CT US Edition	•		
	Well-Care	410648009	Well-child visit, 16 years (procedure)	SNOMED CT US Edition	•		
	Well-Care	410649001	Well-child visit, 17 years (procedure)	SNOMED CT US Edition	•		
	Well-Care	410650001	Well-child visit, 18 years (procedure)	SNOMED CT US Edition	•		
	Well-Care	442162000	Child 6 to 8 week examination (procedure)	SNOMED CT US Edition	•		
	Well-Care	444971000000000	Annual wellness visit (procedure)	SNOMED CT US Edition	•		
	Well-Care	446301000000000	Well-child visit, newborn less than 8 days old (procedure)	SNOMED CT US Edition	•		
	Well-Care	446381000000000	Well-child visit, newborn 8 to 28 days old (procedure)	SNOMED CT US Edition	•		
	Well-Care	669251000000000	Defense force post-deployment medical examination (procedure)	SNOMED CT US Edition	•		
	Well-Care	669261000000000	Defense force preliminary post-deployment medical examination (procedure)	SNOMED CT US Edition	•		
	Well-Care	669271000000000	Defense force pre-deployment medical examination (procedure)	SNOMED CT US Edition	•		
	Well-Care	669281000000000	Defense force preliminary pre-deployment medical examination (procedure)	SNOMED CT US Edition	•		
WCC BMI	BMI Percentile	Z68.51	[Z68.51] Body mass index (BMI) pediatric, less than 5th percentile for age	ICD10CM	•		23-26
	BMI Percentile	Z68.52	[Z68.52] Body mass index (BMI) pediatric, 5th percentile to less than 85th percentile for age	ICD10CM	•		23-26
	BMI Percentile	Z68.53	[Z68.53] Body mass index (BMI) pediatric, 85th percentile to less than 95th percentile for age	ICD10CM	•		23-26
	BMI Percentile	Z68.54	[Z68.54] Body mass index (BMI) pediatric, greater than or equal to 95th percentile for age	ICD10CM	•		23-26
	BMI Percentile	59574-4	Body mass index (BMI) [Percentile]	LOINC	•		23-26
	BMI Percentile	59575-1	Body mass index (BMI) [Percentile] Per age	LOINC	•		23-26
	BMI Percentile	59576-9	Body mass index (BMI) [Percentile] Per age and gender	LOINC	•		23-26

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Measure	Service	Code	Description	Code Type	N*	E**	Pg
WCC Nut	Nutrition Counseling	G0270	Medical nutrition therapy; reassessment and subsequent intervention(s) following second referral in same year for change in diagnosis, medical condition or treatment regimen (including additional hours needed for renal disease), individual, face to face with the patient, each 15 minutes (G0270)	HCPCS	•		23-26
	Nutrition Counseling	G0271	Medical nutrition therapy, reassessment and subsequent intervention(s) following second referral in same year for change in diagnosis, medical condition, or treatment regimen (including additional hours needed for renal disease), group (2 or more individuals), each 30 minutes (G0271)	HCPCS	•		23-26
	Nutrition Counseling	G0447	Face-to-face behavioral counseling for obesity, 15 minutes (G0447)	HCPCS	•		23-26
	Nutrition Counseling	S9449	Weight management classes, non-physician provider, per session (S9449)	HCPCS	•		23-26
	Nutrition Counseling	S9452	Nutrition classes, non-physician provider, per session (S9452)	HCPCS	•		23-26
	Nutrition Counseling	S9470	Nutritional counseling, dietitian visit (S9470)	HCPCS	•		23-26
	Nutrition Counseling	Z71.3	[Z71.3] Dietary counseling and surveillance	ICD10CM	•		23-26
	Nutrition Counseling	11816003	Diet education (procedure)	SNOMED CT US Edition	•		23-26
	Nutrition Counseling	11816003	Diet education (procedure)	SNOMED CT US Edition	•		23-26
	Nutrition Counseling	61310001	Nutrition education (procedure)	SNOMED CT US Edition	•		23-26
	Nutrition Counseling	61310001	Nutrition education (procedure)	SNOMED CT US Edition	•		23-26
	Nutrition Counseling	103699006	Patient referral to dietitian (procedure)	SNOMED CT US Edition	•		23-26
	Nutrition Counseling	183059007	High fiber diet education (procedure)	SNOMED CT US Edition	•		23-26
	Nutrition Counseling	183059007	High fiber diet education (procedure)	SNOMED CT US Edition	•		23-26
	Nutrition Counseling	183060002	Low residue diet education (procedure)	SNOMED CT US Edition	•		23-26
	Nutrition Counseling	183060002	Low residue diet education (procedure)	SNOMED CT US Edition	•		23-26
Nutrition Counseling	183061003	Low fat diet education (procedure)	SNOMED CT US Edition	•		23-26	
Nutrition Counseling	183061003	Low fat diet education (procedure)	SNOMED CT US Edition	•		23-26	

***Numerator** - Code closes member care opportunity (may be in conjunction with other codes)

****Exclusion** - Code removes member from measure (may be in conjunction with other codes)

Measure	Service	Code	Description	Code Type	N*	E**	Pg
WCC Nut	Nutrition Counseling	183062005	Low cholesterol diet education (procedure)	SNOMED CT US Edition	•		23-26
	Nutrition Counseling	183062005	Low cholesterol diet education (procedure)	SNOMED CT US Edition	•		23-26
	Nutrition Counseling	183063000	Low salt diet education (procedure)	SNOMED CT US Edition	•		23-26
	Nutrition Counseling	183063000	Low salt diet education (procedure)	SNOMED CT US Edition	•		23-26
	Nutrition Counseling	183065007	Low carbohydrate diet education (procedure)	SNOMED CT US Edition	•		23-26
	Nutrition Counseling	183065007	Low carbohydrate diet education (procedure)	SNOMED CT US Edition	•		23-26
	Nutrition Counseling	183066008	Low protein diet education (procedure)	SNOMED CT US Edition	•		23-26
	Nutrition Counseling	183066008	Low protein diet education (procedure)	SNOMED CT US Edition	•		23-26
	Nutrition Counseling	183067004	High protein diet education (procedure)	SNOMED CT US Edition	•		23-26
	Nutrition Counseling	183067004	High protein diet education (procedure)	SNOMED CT US Edition	•		23-26
	Nutrition Counseling	183068009	Milk-free diet education (procedure)	SNOMED CT US Edition	•		23-26
	Nutrition Counseling	183069001	Egg-free diet patient education (procedure)	SNOMED CT US Edition	•		23-26
	Nutrition Counseling	183070000	Vegetarian diet education (procedure)	SNOMED CT US Edition	•		23-26
	Nutrition Counseling	183070000	Vegetarian diet education (procedure)	SNOMED CT US Edition	•		23-26
	Nutrition Counseling	183071001	Vegan diet education (procedure)	SNOMED CT US Edition	•		23-26
	Nutrition Counseling	183071001	Vegan diet education (procedure)	SNOMED CT US Edition	•		23-26
Nutrition Counseling	226067002	Food hygiene education (procedure)	SNOMED CT US Edition	•		23-26	
Nutrition Counseling	229807004	Recommendation to change food and drink intake (procedure)	SNOMED CT US Edition	•		23-26	

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****Exclusion** - Code removes member from measure (may be in conjunction with other codes)

Measure	Service	Code	Description	Code Type	N*	E**	Pg
WCC Nut	Nutrition Counseling	229808009	Recommendation to change food intake (procedure)	SNOMED CT US Edition	•		23-26
	Nutrition Counseling	230089004	Recommendation to change nutrient intake (procedure)	SNOMED CT US Edition	•		23-26
	Nutrition Counseling	266724001	Weight-reducing diet education (procedure)	SNOMED CT US Edition	•		23-26
	Nutrition Counseling	266724001	Weight-reducing diet education (procedure)	SNOMED CT US Edition	•		23-26
	Nutrition Counseling	275919002	Weight loss advised (situation)	SNOMED CT US Edition	•		23-26
	Nutrition Counseling	281085002	Sugar-free diet education (procedure)	SNOMED CT US Edition	•		23-26
	Nutrition Counseling	284352003	Obesity diet education (procedure)	SNOMED CT US Edition	•		23-26
	Nutrition Counseling	284352003	Obesity diet education (procedure)	SNOMED CT US Edition	•		23-26
	Nutrition Counseling	285390004	Recommendation to change carbohydrate intake (procedure)	SNOMED CT US Edition	•		23-26
	Nutrition Counseling	285392007	Recommendation to change dietary fiber intake (procedure)	SNOMED CT US Edition	•		23-26
	Nutrition Counseling	305849009	Seen by dietetics service (finding)	SNOMED CT US Edition	•		23-26
	Nutrition Counseling	305850009	Seen by community-based dietetics service (finding)	SNOMED CT US Edition	•		23-26
	Nutrition Counseling	305851008	Seen by hospital-based dietetics service (finding)	SNOMED CT US Edition	•		23-26
	Nutrition Counseling	306163007	Referral to dietetics service (procedure)	SNOMED CT US Edition	•		23-26
	Nutrition Counseling	306163007	Referral to dietetics service (procedure)	SNOMED CT US Edition	•		23-26
	Nutrition Counseling	306164001	Referral to community-based dietetics service (procedure)	SNOMED CT US Edition	•		23-26
Nutrition Counseling	306164001	Referral to community-based dietetics service (procedure)	SNOMED CT US Edition	•		23-26	
Nutrition Counseling	306165000	Referral to hospital-based dietetics service (procedure)	SNOMED CT US Edition	•		23-26	

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Measure	Service	Code	Description	Code Type	N*	E**	Pg
WCC Nut	Nutrition Counseling	306165000	Referral to hospital-based dietetics service (procedure)	SNOMED CT US Edition	•		23-26
	Nutrition Counseling	306353006	Referral to community-based dietitian (procedure)	SNOMED CT US Edition	•		23-26
	Nutrition Counseling	306354000	Referral to hospital-based dietitian (procedure)	SNOMED CT US Edition	•		23-26
	Nutrition Counseling	306626002	Discharge from dietetics service (procedure)	SNOMED CT US Edition	•		23-26
	Nutrition Counseling	306627006	Discharge from hospital dietetics service (procedure)	SNOMED CT US Edition	•		23-26
	Nutrition Counseling	306628001	Discharge from community dietetics service (procedure)	SNOMED CT US Edition	•		23-26
	Nutrition Counseling	313076000	Counseling for eating disorder (procedure)	SNOMED CT US Edition	•		23-26
	Nutrition Counseling	313210009	Fluid intake education (procedure)	SNOMED CT US Edition	•		23-26
	Nutrition Counseling	361232005	Recommendation to change dietary intake (procedure)	SNOMED CT US Edition	•		23-26
	Nutrition Counseling	370847001	Dietary needs education (procedure)	SNOMED CT US Edition	•		23-26
	Nutrition Counseling	370847001	Dietary needs education (procedure)	SNOMED CT US Edition	•		23-26
	Nutrition Counseling	386264009	Eating disorders management (procedure)	SNOMED CT US Edition	•		23-26
	Nutrition Counseling	386464006	Prescribed diet education (procedure)	SNOMED CT US Edition	•		23-26
	Nutrition Counseling	386464006	Prescribed diet education (procedure)	SNOMED CT US Edition	•		23-26
	Nutrition Counseling	386469001	Toddler nutrition education (procedure)	SNOMED CT US Edition	•		23-26
	Nutrition Counseling	398752005	Referral to weight maintenance regimen service (procedure)	SNOMED CT US Edition	•		23-26
	Nutrition Counseling	400973003	Referral to eating disorders clinic (procedure)	SNOMED CT US Edition	•		23-26
Nutrition Counseling	404923009	Weight gain advised (situation)	SNOMED CT US Edition	•		23-26	

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****Exclusion** - Code removes member from measure (may be in conjunction with other codes)

Measure	Service	Code	Description	Code Type	N*	E**	Pg
WCC Nut	Nutrition Counseling	408289007	Refer to weight management program (procedure)	SNOMED CT US Edition	•		23-26
	Nutrition Counseling	408430003	Recommendation to carer regarding child's diet (procedure)	SNOMED CT US Edition	•		23-26
	Nutrition Counseling	408910007	Enteral feeding education (procedure)	SNOMED CT US Edition	•		23-26
	Nutrition Counseling	410171007	Nutrition care education (procedure)	SNOMED CT US Edition	•		23-26
	Nutrition Counseling	410177006	Special diet education (procedure)	SNOMED CT US Edition	•		23-26
	Nutrition Counseling	410200000	Weight control education (procedure)	SNOMED CT US Edition	•		23-26
	Nutrition Counseling	410200000	Weight control education (procedure)	SNOMED CT US Edition	•		23-26
	Nutrition Counseling	410270001	Nutritionist education, guidance, and counseling (procedure)	SNOMED CT US Edition	•		23-26
	Nutrition Counseling	410293007	Food education, guidance, and counseling (procedure)	SNOMED CT US Edition	•		23-26
	Nutrition Counseling	410402005	Nutrition surveillance (regime/therapy)	SNOMED CT US Edition	•		23-26
	Nutrition Counseling	419155003	Recommendation to change diet (procedure)	SNOMED CT US Edition	•		23-26
	Nutrition Counseling	424753004	Dietary management education, guidance, and counseling (procedure)	SNOMED CT US Edition	•		23-26
	Nutrition Counseling	428754001	Dietary education for food intolerance (procedure)	SNOMED CT US Edition	•		23-26
	Nutrition Counseling	429095004	Dietary education for weight gain (procedure)	SNOMED CT US Edition	•		23-26
	Nutrition Counseling	429095004	Dietary education for weight gain (procedure)	SNOMED CT US Edition	•		23-26
	Nutrition Counseling	431482008	Dietary education for competitive athlete (procedure)	SNOMED CT US Edition	•		23-26
	Nutrition Counseling	443288003	Lifestyle education regarding diet (procedure)	SNOMED CT US Edition	•		23-26
Nutrition Counseling	443288003	Lifestyle education regarding diet (procedure)	SNOMED CT US Edition	•		23-26	

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Measure	Service	Code	Description	Code Type	N*	E**	Pg
WCC Nut	Nutrition Counseling	609104008	Educated about weight management (situation)	SNOMED CT US Edition	•		23-26
	Nutrition Counseling	698471002	Patient advised about weight management (situation)	SNOMED CT US Edition	•		23-26
	Nutrition Counseling	699827002	Dietary education about fluid restriction (procedure)	SNOMED CT US Edition	•		23-26
	Nutrition Counseling	699829004	High energy diet education (procedure)	SNOMED CT US Edition	•		23-26
	Nutrition Counseling	699830009	Food fortification education (procedure)	SNOMED CT US Edition	•		23-26
	Nutrition Counseling	699849008	Healthy eating education (procedure)	SNOMED CT US Edition	•		23-26
	Nutrition Counseling	700154005	Seen in weight management clinic (finding)	SNOMED CT US Edition	•		23-26
	Nutrition Counseling	700258004	Dietary education about vitamin intake (procedure)	SNOMED CT US Edition	•		23-26
	Nutrition Counseling	705060005	Diet education about mineral intake (procedure)	SNOMED CT US Edition	•		23-26
	Nutrition Counseling	710881000	Education about eating pattern (procedure)	SNOMED CT US Edition	•		23-26
	Nutrition Counseling	428461000124101	Referral to nutrition professional (procedure)	SNOMED CT US Edition	•		23-26
	Nutrition Counseling	428691000124107	Vitamin K dietary intake education (procedure)	SNOMED CT US Edition	•		23-26
	Nutrition Counseling	441041000124100	Counseling about nutrition (procedure)	SNOMED CT US Edition	•		23-26
	Nutrition Counseling	441201000124108	Counseling about nutrition using cognitive-behavioral theoretical approach (procedure)	SNOMED CT US Edition	•		23-26
	Nutrition Counseling	441231000124100	Counseling about nutrition using health belief model (procedure)	SNOMED CT US Edition	•		23-26
	Nutrition Counseling	441241000124105	Counseling about nutrition using social learning theory approach (procedure)	SNOMED CT US Edition	•		23-26
Nutrition Counseling	441251000124107	Counseling about nutrition using transtheoretical model and stages of change approach (procedure)	SNOMED CT US Edition	•		23-26	
Nutrition Counseling	441261000124109	Counseling about nutrition using motivational interviewing strategy (procedure)	SNOMED CT US Edition	•		23-26	

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Measure	Service	Code	Description	Code Type	N*	E**	Pg
WCC Nut	Nutrition Counseling	441271000124102	Counseling about nutrition using goal setting strategy (procedure)	SNOMED CT US Edition	•		23-26
	Nutrition Counseling	441281000124104	Counseling about nutrition using self-monitoring strategy (procedure)	SNOMED CT US Edition	•		23-26
	Nutrition Counseling	441291000124101	Counseling about nutrition using problem solving strategy (procedure)	SNOMED CT US Edition	•		23-26
	Nutrition Counseling	441301000124100	Counseling about nutrition using social support strategy (procedure)	SNOMED CT US Edition	•		23-26
	Nutrition Counseling	441311000124102	Counseling about nutrition using stress management strategy (procedure)	SNOMED CT US Edition	•		23-26
	Nutrition Counseling	441321000124105	Counseling about nutrition using stimulus control strategy (procedure)	SNOMED CT US Edition	•		23-26
	Nutrition Counseling	441331000124108	Counseling about nutrition using cognitive restructuring strategy (procedure)	SNOMED CT US Edition	•		23-26
	Nutrition Counseling	441341000124103	Counseling about nutrition using relapse prevention strategy (procedure)	SNOMED CT US Edition	•		23-26
	Nutrition Counseling	441351000124101	Counseling about nutrition using rewards and contingency management strategy (procedure)	SNOMED CT US Edition	•		23-26
	Nutrition Counseling	445291000124103	Nutrition-related skills education (procedure)	SNOMED CT US Edition	•		23-26
	Nutrition Counseling	445301000124102	Content-related nutrition education (procedure)	SNOMED CT US Edition	•		23-26
	Nutrition Counseling	445331000124105	Nutrition-related laboratory result interpretation education (procedure)	SNOMED CT US Edition	•		23-26
	Nutrition Counseling	445641000124105	Technical nutrition education (procedure)	SNOMED CT US Edition	•		23-26
WCC PA	Physical Activity Counseling	G0447	Face-to-face behavioral counseling for obesity, 15 minutes (G0447)	HCPCS	•		23-26
	Physical Activity Counseling	S9451	Exercise classes, non-physician provider, per session (S9451)	HCPCS	•		23-26
	Physical Activity Counseling	Z02.5	[Z02.5] Encounter for examination for participation in sport	ICD10CM	•		23-26
	Physical Activity Counseling	Z71.82	[Z71.82] Exercise counseling	ICD10CM	•		23-26
	Physical Activity Counseling	103736005	History and physical examination, sports participation (procedure)	SNOMED CT US Edition	•		23-26
	Physical Activity Counseling	103736005	History and physical examination, sports participation (procedure)	SNOMED CT US Edition	•		23-26

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****Exclusion** - Code removes member from measure (may be in conjunction with other codes)

Measure	Service	Code	Description	Code Type	N*	E**	Pg
WCC PA	Physical Activity Counseling	171356009	Boxing medical examination (procedure)	SNOMED CT US Edition	•		23-26
	Physical Activity Counseling	171357000	Shooting medical examination (procedure)	SNOMED CT US Edition	•		23-26
	Physical Activity Counseling	171358005	Diving medical examination (procedure)	SNOMED CT US Edition	•		23-26
	Physical Activity Counseling	171359002	Gliding medical examination (procedure)	SNOMED CT US Edition	•		23-26
	Physical Activity Counseling	171360007	Parachuting medical examination (procedure)	SNOMED CT US Edition	•		23-26
	Physical Activity Counseling	171361006	Camping medical examination (procedure)	SNOMED CT US Edition	•		23-26
	Physical Activity Counseling	183073003	Patient advised about exercise (situation)	SNOMED CT US Edition	•		23-26
	Physical Activity Counseling	183075005	Recommendation to mobilize part (procedure)	SNOMED CT US Edition	•		23-26
	Physical Activity Counseling	223415003	Recommendation regarding activity (procedure)	SNOMED CT US Edition	•		23-26
	Physical Activity Counseling	223440005	Recommendation to undertake activity (procedure)	SNOMED CT US Edition	•		23-26
	Physical Activity Counseling	281090004	Recommendation to exercise (procedure)	SNOMED CT US Edition	•		23-26
	Physical Activity Counseling	281090004	Recommendation to exercise (procedure)	SNOMED CT US Edition	•		23-26
	Physical Activity Counseling	304507003	Exercise education (procedure)	SNOMED CT US Edition	•		23-26
	Physical Activity Counseling	304507003	Exercise education (procedure)	SNOMED CT US Edition	•		23-26
	Physical Activity Counseling	304517008	Recommendation to undertake functional activity (procedure)	SNOMED CT US Edition	•		23-26
	Physical Activity Counseling	304549008	Giving encouragement to exercise (procedure)	SNOMED CT US Edition	•		23-26
	Physical Activity Counseling	304549008	Giving encouragement to exercise (procedure)	SNOMED CT US Edition	•		23-26
Physical Activity Counseling	304558001	Reassuring about exercise (procedure)	SNOMED CT US Edition	•		23-26	

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Measure	Service	Code	Description	Code Type	N*	E**	Pg
WCC PA	Physical Activity Counseling	304558001	Reassuring about exercise (procedure)	SNOMED CT US Edition	•		23-26
	Physical Activity Counseling	310882002	Exercise on prescription (regime/therapy)	SNOMED CT US Edition	•		23-26
	Physical Activity Counseling	310882002	Exercise on prescription (regime/therapy)	SNOMED CT US Edition	•		23-26
	Physical Activity Counseling	386291006	Exercise promotion: strength training (procedure)	SNOMED CT US Edition	•		23-26
	Physical Activity Counseling	386291006	Exercise promotion: strength training (procedure)	SNOMED CT US Edition	•		23-26
	Physical Activity Counseling	386292004	Exercise promotion: stretching (procedure)	SNOMED CT US Edition	•		23-26
	Physical Activity Counseling	386292004	Exercise promotion: stretching (procedure)	SNOMED CT US Edition	•		23-26
	Physical Activity Counseling	386463000	Prescribed activity/exercise education (procedure)	SNOMED CT US Edition	•		23-26
	Physical Activity Counseling	386463000	Prescribed activity/exercise education (procedure)	SNOMED CT US Edition	•		23-26
	Physical Activity Counseling	390864007	Referral for exercise therapy (procedure)	SNOMED CT US Edition	•		23-26
	Physical Activity Counseling	390864007	Referral for exercise therapy (procedure)	SNOMED CT US Edition	•		23-26
	Physical Activity Counseling	390893007	Referral to physical activity program (procedure)	SNOMED CT US Edition	•		23-26
	Physical Activity Counseling	390893007	Referral to physical activity program (procedure)	SNOMED CT US Edition	•		23-26
	Physical Activity Counseling	398636004	Physical activity assessment (procedure)	SNOMED CT US Edition	•		23-26
	Physical Activity Counseling	398636004	Physical activity assessment (procedure)	SNOMED CT US Edition	•		23-26
	Physical Activity Counseling	398752005	Referral to weight maintenance regimen service (procedure)	SNOMED CT US Edition	•		23-26
	Physical Activity Counseling	398752005	Referral to weight maintenance regimen service (procedure)	SNOMED CT US Edition	•		23-26
	Physical Activity Counseling	408289007	Refer to weight management program (procedure)	SNOMED CT US Edition	•		23-26

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****Exclusion** - Code removes member from measure (may be in conjunction with other codes)

Measure	Service	Code	Description	Code Type	N*	E**	Pg
WCC PA	Physical Activity Counseling	408289007	Refer to weight management program (procedure)	SNOMED CT US Edition	•		23-26
	Physical Activity Counseling	410200000	Weight control education (procedure)	SNOMED CT US Edition	•		23-26
	Physical Activity Counseling	410200000	Weight control education (procedure)	SNOMED CT US Edition	•		23-26
	Physical Activity Counseling	410289001	Exercises education, guidance, and counseling (procedure)	SNOMED CT US Edition	•		23-26
	Physical Activity Counseling	410289001	Exercises education, guidance, and counseling (procedure)	SNOMED CT US Edition	•		23-26
	Physical Activity Counseling	410335001	Exercises case management (procedure)	SNOMED CT US Edition	•		23-26
	Physical Activity Counseling	410335001	Exercises case management (procedure)	SNOMED CT US Edition	•		23-26
	Physical Activity Counseling	426866005	Determination of physical activity tolerance (procedure)	SNOMED CT US Edition	•		23-26
	Physical Activity Counseling	429095004	Dietary education for weight gain (procedure)	SNOMED CT US Edition	•		23-26
	Physical Activity Counseling	429778002	Patient given written advice on benefits of physical activity (situation)	SNOMED CT US Edition	•		23-26
	Physical Activity Counseling	710849009	Assessment of exercise behavior (procedure)	SNOMED CT US Edition	•		23-26
	Physical Activity Counseling	435551000124105	Counseling about physical activity (procedure)	SNOMED CT US Edition	•		23-26

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