







DOCUMENTATION/DATA
ELEMENTS

CPT/CPTII CODES

HEDIS MEASURES AND REQUIREMENTS

<p>Preventative Physical Examination Assessment Codes and Procedures</p> <p>Physical Examination</p> <p>Lines: Commercial Age: 0-64 Yrs</p>	<p>Service is coded based on beneficiary age. Once per Calendar year. Face to Face Visit. Comprehensive, multisystem physical exam based on the patient's age, gender and identified risk factors. Includes system review, family and social history, comprehensive assessment. Is not problem oriented and does not involve a chief complaint or present illness.</p> <p>For Telehealth use the Place of Service: 02: Telehealth Provided Other than in Patient's Home 10: Telehealth Provided in Patient's Home The use of Telehealth was extended to 12.31.2027 by CMS.</p>	<p>ICD-10: Z00.00, Z00.01</p> <p>CPT: NEW PATIENTS 99381 (Ages 0-1) 99382 (Ages 1-4) 99383 (Ages 5-11) 99384 (Ages 12-17) 99385 (Age 18-39) 99386 (Age 40-64) 99387 (Age 65 +) ESTABLISHED PATIENTS 99391 (Ages 0-1) 99392 (Ages 1-4) 99393 (Ages 5-11) 99394 (Ages 12-17) 99395 (Age 18-39) 99396 (Age 40-64) 99397 (Age 65 +)</p>
<p>Blood Pressure Control</p> <p>Measure ID: CBP</p> <p>PRIORITY MEASURE </p> <p><u>Description:</u> BP reading taken in the office. Compliant BP of Systoli >140, Diastolic>90 for hypertensive & diabetic patients.</p> <p>Documentation Requirements: EVERY VISIT</p> <p>Lines: Commercial Age: 18 yrs - 75 yrs</p>	<ul style="list-style-type: none"> • Progress notes • Vitals sheet • The advanced illness exclusion can be identified from a telephone visit, e-visit or virtual check-in. <p>For Telehealth use the Place of Service: 02: Telehealth Provided Other than in Patient's Home 10: Telehealth Provided in Patient's Home The use of Telehealth was extended to 12.31.2027 by CMS.</p>	<p>Both Diastolic & Systolic Codes must be reported</p> <p>Systolic <130 3074F Systolic 130-139 3075F Systolic >=140 3077F</p> <p>Diastolic <80 3078F Diastolic 80-89 3079F Diastolic >=90 3080F</p> <p>Telephone Visit: 98966-68, 99441-43</p>
<p>Colorectal Cancer Screening</p> <p>Measure ID: COL</p> <p>PRIORITY MEASURE </p> <p><u>Description:</u> Cancer prevention screening.</p> <p>Documentation Requirements: Colonoscopy = 10yrs Colonagraphy/Sigmoidoscopy = 5yrs FIT-DNA test = 2yrs FOBT = Every Year (LAB Test)</p> <p>Lines: Commercial Age: 45 yrs - 75 yrs</p>	<ul style="list-style-type: none"> • Consultation reports • Diagnostic reports • Health history & physical • Lab reports • Pathology reports <p>Exclusion: • Diagnosis of Colorectal Cancer or total Colectomy • Advanced illness and Frailty • Members who use hospice services or elect to use hospice benefit, regardless of when the services began in the measurement year.</p>	<p>CPT/CPTII: 44388-44394, 44397, 44401-44408, 45355, 45378-45393, 45398</p> <p>Fit-DNA Test: 81528, G0464</p> <p>FOBT: 82270, 82274, G0328</p> <p>Sigmoidoscopy: 45330-45335, 45337-45342, 45345-45347, 45349-45350</p>



<p>Childhood Immunization Status</p> <p>Measure ID: CIS-10</p> <p>PRIORITY MEASURE </p> <p><u>Description:</u> Members 2 years of age who had the following vaccines by their second birthday:</p> <ul style="list-style-type: none"> • Four (4) - (DTaP) vaccines • Three (3) - Polio (IPV) vaccines • One (1) - (MMR) vaccine • Three (3) - (HiB) vaccines • Three (3) - (HepB) vaccines • One (1) - (VZV) vaccine • Four (4) - (PCV) vaccines • One (1) - (HepA) vaccine • Two (2) or three (3) - (RV) vaccines • Two (2) - (flu) vaccines <p><u>Documentation Requirements:</u> By Age 2</p> <p>Lines: Commercial Age: 1 mon - 2 yrs</p>	<ul style="list-style-type: none"> • A note indicating the name of the specific antigen and the date of the immunization or service, or • A certificate of immunization prepared by an authorized health care provider or agency including the specific dates and types of immunizations administered. • For documented history of illness or a seropositive test result, there must be a note indicating the date of the event, which must have occurred on or before the member's second birthday. • Added organ and bone marrow transplants to the exclusions. 	<p>DTaP CPT: 90698, 90700, 90721, 90723</p> <p>IPV CPT: 90698, 90713, 90723</p> <p>MMR CPT: 90707, 90710</p> <p>Measles & Rubella CPT: 90708</p> <p>Measles CPT: 90705</p> <p>Mumps CPT: 90704</p> <p>Rubella CPT: 90706</p> <p>HiB CPT: 90644-90648, 90698, 90721, 90748</p> <p>Hepatitis B CPT: 90723, 90740, 90744, 90747, 90748/ HCPCS: G0010</p> <p>VZV CPT: 90710, 90716</p> <p>Pneumococcal conjugate CPT: 90669, 90670/ HCPCS: G0009</p> <p>Hepatitis A CPT: 90633</p> <p>Rotavirus (2-3 dose schedules) CPT: 2 dose: 90681 / CPT: 3-dose: 90680</p> <p>Influenza CPT: 90655, 90657, 90661, 90662, 90673, 90685-90688/ HCPCS: G0008</p>
<p>Glycemic Status Assessment for Patients with Diabetes</p> <p>Measure ID: GSD</p> <p>PRIORITY MEASURE </p> <p><u>Description:</u> Diabetes Monitoring - Complete Lab Requisition form and refer to Lab</p> <p><u>Documentation Requirements:</u> Measurement Year</p> <p>Lines: Commercial Age: 18 yrs - 75 yrs</p>	<ul style="list-style-type: none"> • A1c, HbA1c, HgbA1c • Glycohemoglobin • Glycohemoglobin A1c • Glycated hemoglobin • Glycosylated hemoglobin • Hemoglobin A1c <p>The advanced illness exclusion can be identified from a telephone visit, e-visit or virtual check-in.</p>	<p>HbA1c CPT/CPTII:</p> <p>Less than 6.9% = 3044F</p> <p>Between 7.0-7.9% = 3051F</p> <p>Between 8.0-9.0% = 3052F</p> <p>Greater than 9.1% = 3046F</p> <p>>9.1% = NOT in-control</p>



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<p>Pharmacotherapy for Opioid Use Disorder</p> <p>Measure ID: POD</p> <p><u>Description:</u> Percentage of new opioid use disorder pharmacotherapy events that lasted 180 days among members 16 years of age and older with a diagnosis of opioid use disorder and a new opioid use disorder pharmacotherapy event.</p> <p><u>Documentation Requirements:</u> Measurement Year</p> <p>Lines: Age: Commercial 16yrs & Older</p>	<p>Exclusion: Members in hospice or using Members who died</p>	<ul style="list-style-type: none"> • This measure focuses on treatment for members with opioid use disorder • Evidence suggests that people who see multiple prescribers and use multiple pharmacies are at higher risk of overdose • Our Medical Groups are committed to working with care providers to help: <ul style="list-style-type: none"> – Prevent opioid misuse and addiction – Treat those who are addicted – Support long-term recovery
<p>Breast Cancer Screening</p> <p>Measure ID: BCSE</p> <p><u>Description:</u> Cancer prevention screening IMAGING</p> <p><u>Documentation Requirements:</u> Mammogram -Refer to Imaging Center between Oct. 1, 2024, and Dec. 31, 2026</p> <p>Lines: Age: Commercial 40yrs - 74yrs</p>	<ul style="list-style-type: none"> • Diagnostic reports • Health history and physical • Radiology Report <p>Exclusion:</p> <ul style="list-style-type: none"> • Bilateral Mastectomy • Two unilateral mastectomies • Absence of right or left breast • Advanced illness and Frailty 	<p>Mammography: CPT 77061–77063, 77065–77067; HCPCS G0202, G0204, G0206</p>
<p>Cervical Cancer Screening</p> <p>Measure ID: CCS</p> <p><u>Description:</u> Cancer prevention screening.</p> <p><u>Documentation Requirements:</u> Women 21-64 cervical cytology = 3yrs Women 30-64 cervical cytology or HPV testing = 5yrs</p> <p>Lines: Age: Commercial 21yrs - 64yrs</p>	<ul style="list-style-type: none"> • Consultation reports • Health history and physical • Lab reports <p>Exclusion: Total abdominal hysterectomy</p>	<p>CPT/CPTII: Cervical Cytology 88141-88143, 88147-88148, 88150, 88152-88154, 88164-88167, 88174- 88175, G0123-G0124, G0141, G0143-G0145, G0147-G0148, P3000, P3001, Q0091 HPV Test: 87620-87622, 87624-87625, G0476</p>
<p>Chlamydia Screening in Women</p> <p>Measure ID: CHL</p> <p><u>Description:</u> Chlamydia screening. Refer to Lab</p> <p><u>Documentation Requirements:</u> Every Year</p> <p>Lines: Age: Commercial 16yrs - 24yrs</p>	<ul style="list-style-type: none"> • Lab reports 	<p>CPT/CPTII: 87110, 87270, 87320, 87490- 87492, 87810</p>



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HEDIS MEASURES AND REQUIREMENTS

<p>Comprehensive Diabetes Care Kidney Health Evaluation for Patients with Diabetes Measured ID: (KED) - Complete Lab Requisition form and refer to Lab Documentation Requirements: Lab Results Measurement Year Lines: Age: Commercial 18yrs-85yrs</p> <p style="text-align: center;"></p>	<p>Percentage of members ages 18-85 with diabetes (Type 1 or type 2) who received a kidney health evaluation, defined by eGFR blood and uACR urine tests, BOTH are required in the measurement year. The uACR test are required on same or with service dates four or less days apart.</p>	<p>TWO SEPARATED TEST REQUIRED CPT/CPTII: 1. (eGFR) Blood Test - 80047, 80048, 80050, 80053, 80069, 82565 AND 2. (uACR) Urine Test - 82043 AND 82570</p>
<p>Eye Exam for Patients with Diabetes Measure ID: EEDB</p> <p><u>Description:</u> <i>Diabetes Monitoring - Refer to Optometrist or Ophthalmologist</i></p> <p><u>Documentation Requirements:</u> Positive for Retinopathy = Annually Negative for Retinopathy = Every 2yrs</p> <p>Lines: Age: Commercial 18yrs - 75yrs</p>	<ul style="list-style-type: none"> • Bilateral eye enucleation or acquired absence of both eyes • Dilated or retinal eye exam • Fundus photography • Note: the presence or absence of retinopathy must be documented. • The advanced illness exclusion can be identified from a telephone visit, e-visit or virtual check-in. <p>Exclusion:</p> <ul style="list-style-type: none"> • Members who use hospice services or elect to use hospice benefit, regardless of when the services began in the measurement year. • Members receiving pallative care <p>Exclusion Myaglia/muscular reaction to stains</p>	<p>CPT: 67028, 67030, 67031, 67036, 67039-67043, 67101, 67105, 67107, 67108, 67110, 67113, 67121, 67141, 67145, 67208, 67210, 67218, 67220, 67221, 67227, 67228, 92002, 92004, 92012, 92014, 92018, 92019, 92134, 92225, 92226, 92227, 92228, 92230, 92235, 92240, 92250, 92260, 99203-99205, 99213-99215, 99242-99245</p> <p>CPTII w/Retinopathy: 2022F, 2024F, 2026F Negative for Retinopathy: 2023F, 2025F, 2033F, 3072F</p> <p>Fundus Photography: 92250</p>



<p>Immunization for Adolescents</p> <p>Measure ID: IMA, IMA-2</p> <p><u>Description:</u> Adolescents 13yrs of age and have had the following vaccines done by their 13th birthday.</p> <ul style="list-style-type: none"> • One (1) - (MCV) vaccine • One (1) - (Tdap) vaccine • Three (3) - (HPV) vaccines • Combo 1 - (Meningococcal, Tdap) • Combo 2 - (Meningococcal, Tdap, HPV) <p><u>Documentation Requirements:</u> Measurement Year</p> <p>Lines: Age: Commercial 13 yrs old</p>	<p><u>IMMUNIZATION RECORDS:</u></p> <p>Meningococcal Vaccine- given between member's 11th and 13th birthday</p> <p>Tdap vaccine- given between member's 10th and 13th birthday</p> <p>HPV vaccine- 3 doses given between member's 9th and 13th birthday</p> <ul style="list-style-type: none"> •Added to pentavalent meningococcal vaccine & expanded the age range from 11-13 to 10-13 	<p><u>Meningococcal Vaccine:</u> 90734</p> <p><u>Tdap Vaccine:</u> 90715</p> <p><u>HPV Vaccine:</u> 90649-90651</p>
<p>Prenatal Care</p> <p>Measure ID: PPC-Prenatal</p> <p><u>Description:</u> Prenatal: women who delivered (EDD) between October 8, 2025 and October 7, 2026 and who had a prenatal care visit in the 1st trimester, on date of enrollment, or within 42 days of enrollment in the health plan</p> <p><u>Documentation Requirements:</u> See Description Above</p> <p>Lines: Age: Commercial Pregnant Women</p>	<p>Prenatal Care Visit (First Trimester, on date of enrollment, or within 42 days of enrollment)</p> <ul style="list-style-type: none"> • ACOG • Progress notes with basic physical OB exam that includes auscultation for fetal heart tone or pelvic exam with OB observations or measurement of fundus height • Lab report - OB panel (must include all labs within the panel), TORCH antibody panel with an office visit. • Echography of a pregnant uterus/Pelvic ultrasound with an office visit • Documentation of LMP or EDD in conjunction with either: prenatal risk assessment and counseling/education or complete OB history 	<p><u>CPT Delivery codes:</u> 59400, 59409, 59410, 59510, 59514, 59515, 59610, 59612, 59614, 59618, 59620, 59622</p> <p><u>Prenatal Care CPT Lab codes:</u> <u>Obstetric Panel:</u> 80055, 80081 <u>ABO:</u> 86900 <u>Cytomegalovirus Antibody:</u> 86644 <u>Herpes Simplex Antibody:</u> 86694, 86695, 86696 <u>Rh:</u> 86901 <u>Rubella Antibody:</u> 86762 <u>Toxoplasma Antibody:</u> 86777, 86778</p> <p><u>CPT Prenatal Ultrasound codes</u> 76801, 76805, 76811, 76813, 76815-76821, 76825-76828</p>
<p>Postpartum Care</p> <p>Measure ID: PPC_Postpartum</p> <p><u>Description:</u> Post-partum: women who delivered (EDD) between November 6, 2025 and November 5, 2026 and had a postpartum visit on or between 21 and 56 days after delivery</p> <p><u>Documentation Requirements:</u> See Description Above</p> <p>Lines: Age: Commercial Pregnant Women</p>	<p>Post-partum Visit (21-56 days after delivery)</p> <p>Progress note with documentation of:</p> <ul style="list-style-type: none"> • Pelvic exam • Evaluation of weight, BP, breast and abdomen • Any documentation of: Post-Partum Care, PP care, PP check, 6-week check, or a preprinted postpartum • Pap smear within post-partum timeframe 	<p><u>CPT Postpartum Visit:</u> 57170, 58300, 59430, 99501</p> <p><u>CPT II:</u> 0503F</p> <p><u>HCPCS:</u> G0101</p>



Plan All-Cause Readmissions

Measure ID: PCR

Description:

Members 18 years of age and older, the number of acute inpatient and observation stays during the measurement year that were followed by an

Star Weight: 3



Lines:

Commercial

Age:

18yrs - 64 yrs

Exclusions:

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

- Work the four elements of the Transitions of Care (TRC) measure: 1) Medication Reconciliation Post Discharge, 2) Notification of Inpatient Admission, 3) Patient Engagement After Inpatient Discharge, and 4) Receipt of Discharge Information.
- Keep in mind that PCR is an event-based measure that patients can be in multiple times for each admission/discharge.
- Ensure a follow-up appointment is made before the patient leaves the hospital and is scheduled within 7 days of discharge. Contact Molina Case Management if assistance is needed to obtain a follow-up appointment.
- Review medications with patients (and/or parent/caregiver as appropriate) to ensure they understand the purpose and appropriate frequency and method of administration.
- Ensure accurate dates are documented for hospital discharge, scheduled outpatient appointments, and kept appointments.

Weight Assessment and Counseling for Nutrition & Physical Activity for Children/Adolescents

Measure ID: WCC-BMI, WCC-Nutr, WCC-PhyAct

Description:

Members 3-17 years of age who has an outpatient visit with a PCP or OB/GYN and who had evidence of BMI percentile with height and weight documentation for Counseling for Nutrition & Counseling for Physical Activity; within measurement year.

Measurement Year

Documentation Requirements:

Measurement Year

Lines:

Commercial

Age:

3yrs - 17yrs

- BMI percentile documented as a value (e.g., 85th percentile).
- BMI percentile plotted on an age-growth chart.
- Documentation in the medical record must include a note indicating the date of the office visit and evidence at least one of the following:
 - Discussion of current nutrition behaviors (e.g., eating habits, dieting behaviors).
 - Checklist indicating nutrition was addressed.
 - Counseling or referral for nutrition education.
 - Member received educational materials on nutrition during a face-to-face visit.
 - Anticipatory guidance for nutrition.
 - Weight or obesity counseling.
 - Counseling for Physical Activity
 - Physical Activity check list
 - Discussion of Physical Activities behavior

BMI Percentile: Z68.51-Z68.54

Nutrition Counseling: Z71.3

Physical Activity Counseling: Z02.5, Z71.82

Nutrition Counseling: 97802-97804

Nutrition Counseling: G0270, G0271, G0447, S9449, S9452, S9470

Physical Activity Counseling: G0447, S9451

**Physical Activity Counseling: ICD-10 Codes: Z02.5, Z71.82
HCPS: G0447, S9451**



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<p>Well-Child Visits in the 3rd, 4th, 5th, and 6th Years of Life</p> <p>Measure ID: W34</p> <p><u>Description:</u> Members 3-6 years of age who had one or more well-child visits with a PCP within calendar year.</p> <p><u>Documentation Requirements:</u> Measurement Year</p> <p>Lines: Commercial Age: 3yrs - 6yrs</p>	<p>Documentation must include a note indicating a visit with a PCP, the date when the well-child visit occurred and evidence of all the following:</p> <ol style="list-style-type: none"> 1. A health history (allergies, birth hx, family hx, status since last visit, hospitalizations). 2. A physical development history (diet, climbs stairs, rides tricycle.) 3. A mental development history (socialization, school readiness, vocabulary increasing). 4. A physical exam (vital signs & review of systems). 5. Health education/anticipatory guidance (completed Staying Healthy Assessment, car seat, seat belt use, diet, exercise, home safety, bike safety, helmet use). 	<p>ICD-10: Z00.110, Z00.111, Z00.121, Z00.129, Z00.5, Z00.8, Z02.0, Z02.1, Z02.2, Z02.3, Z02.4, Z02.5, Z02.6, Z02.71, Z02.79, Z02.81, Z02.82, Z02.83, Z02.89, Z02.9</p> <p>CPT: 99381 - 99385, 99391 - 99395, 99461</p> <p>HCPCS: G0438, G0439</p>
<p>Depression Screening and Follow-Up for Adolescents and Adults</p> <p>Measure ID: DSF-E</p> <p><u>Description:</u> Members ages 12 and over as of January 1 of the measurement year</p> <p><u>Documentation Requirements:</u> Measurement Year</p> <p>Lines: Commercial Age: 12yrs & Older</p>	<ul style="list-style-type: none"> • Documented result of depression in the measurement year using a age-appropriate standardized instrument such as PHQ2, PHQ9. • Upon documentation of a positive depression screening, members receive follow-up (medication or treatment) within 30 days of the positive screening 	<ul style="list-style-type: none"> • Initial Screening CPT: 96127 • Behavioral Health Encounter CPT/CPTII: 90791, 90792, 90832, 90833, 90834, 90836, 90837, 90838, 90839, 90845, 90846, 90847, 90849, 90853, 90865, 90867, 90868, 90869, 90870, 90875, 90876, 90880, 90887, 99484, 99492, 99493 • HCPCS: G0155, G0176, G0177, G0409, G0410, G0411, G0511, G0512, H0002, H0004, H0031, H0034, H0035, H0036, H0037, H0039, H0040, H2000, H2001, H2010, H2011, H2012, H2013, H2014, H2015, H2016, H2017, H2018, H2019, H2020, S0201, S9480, S9484, S9485 • Depression Case Management Encounter CPT/CPTII: 99366, 99492, 99493, 99494 • HCPCS: G0512, T1016, T1017, T2022, T2024



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<p>Depression Screening and Follow-Up for Adolescents and Adults (cont.)</p> <p>Measure ID: DSF-E</p> <p><u>Description:</u> <i>Members ages 12 and over as of January 1 of the measurement year</i></p> <p><u>Documentation Requirements:</u> Measurement Year</p> <p>Lines: Age: Commercial 12yrs & Older</p>	<ul style="list-style-type: none"> • Documented result of depression in the measurement year using a age-appropriate standardized instrument such as PHQ2, PHQ9. • Upon documentation of a positive depression screening, members receive follow-up (medication or treatment) within 30 days of the positive screening 	<p>• Follow-Up Visits <u>CPT/CPTII:</u> 98960, 98961, 98962, 98966, 98967, 98968, 98970, 98971, 98972, 98980, 98981, 99078, 99202, 99203, 99204, 99205, 99211, 99212, 99213, 99214, 99215, 99242, 99243, 99244, 99245, 99341, 99342, 99344, 99345, 99347, 99348, 99349, 99350, 99381, 99382, 99383, 99384, 99385, 99386, 99387, 99391, 99392, 99393, 99394, 99395, 99396, 99397, 99401, 9940 <u>HCPCS:</u> G0071, G0463, G2010, G2012, G2061, G2062, G2063, G2250, G2251, G2252, T1015</p>
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