

**MEDI-CAL MCAS 2026 HEDIS QUALITY MEASURES  
REFERENCE GUIDE**



Measure Description	HEDIS MEASURES AND REQUIREMENTS	DOCUMENTATION NEEDED (Name and DOB required on each document)	CPT/CPTII CODES
<b>Behavioral Health Domain Measures</b>			
<b>Follow up After ED Visit for Mental Illness (FUM) 30-days</b>	The percentage of emergency department (ED) visits for members 6 years of age and older with a principal diagnosis of mental illness or intentional self-harm, who had a follow-up visit for mental illness. Two rates are reported: 1. The percentage of ED visits for which the member received follow-up within 30 days of the ED visit (31 days total)	For both indicators 30-Day Follow-Up, any of the following meet criteria for a follow up visit (with principal diagnosis of a mental health disorder) and not limited to.  *Outpatient visit, Intensive outpatient, Community mental health center, Electroconvulsive therapy, Telehealth visit, Telephone visit, e-visit or virtual check-in	<b>Please refer to Place of Service Code to apply the required codes</b>
<b>Follow up After ED Visit for Substance Abuse (FUA) 30-days</b>	The percentage of emergency department (ED) visits among members age 13 years and older with a principal diagnosis of substance use disorder (SUD), or any diagnosis of drug overdose, for which there was follow-up. The following rates are reported: 1. The percentage of ED visits for which the member received follow-up within 30 days of the ED visit (31 days total)	For both indicators 30-Day Follow-Up, any of the following meet criteria for a follow up visit (any diagnosis of SUD (AOD Abuse and Dependence Value Set), substance use (Substance Induced Disorders Value Set) or drug overdose (Unintentional Drug Overdose Value Set), with mental health provider, (Non-residential Substance Abuse Treatment Facility POS Value Set) and not limited to.  *Outpatient visit, Intensive outpatient, Non-residential substance abuse treatment facility visit, Peer support, Opioid treatment service, Telehealth visit, Telephone visit, e-visit or virtual check-in, substance use disorder service, behavioral health, pharmacotherapy dispensing event.	<b>Please refer to Place of Service Code to apply the required codes</b>
<b>Depression Screening and Follow-Up for Adolescents and Adults (DSF-E-DS)</b>  <b>ECDS- Electronic Clinical Data Systems submission only</b>	Members 12 years of age and older who were screened for clinical depression using a standardized instrument and, if screened positive, received follow-up care. •Depression Screening. The percentage of members who were screened for clinical depression using a standardized instrument. •Follow-Up on Positive Screen. The percentage of members who received follow-up care within 30 days of a positive depression screen finding.	Depression Screening: Members with a documented result for depression screening, using an age-appropriate standardized instrument, performed between January 1 and December 31 of the measurement period. Follow-Up on Positive Screen: Members who received follow-up care on or up to 30 days after the date of the first positive screen (31 total days).	<b>Behavioral Health Encounter CPT Codes;</b> <b>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</b> <b>Follow up visit CPT codes;</b> <b>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, 99402, 99403, 99404, 99411, 99412, 99421, 99422, 99423, 99441, 99442, 99443, 99457, 99458, 99483</b>

**MEDI-CAL MCAS 2026 HEDIS QUALITY MEASURES  
REFERENCE GUIDE**



Measure Description	HEDIS MEASURES AND REQUIREMENTS	DOCUMENTATION NEEDED (Name and DOB required on each document)	CPT/CPTII CODES
<b>Children's Health Domain Measures</b>			
<b>Child and Adolescent Well Care Visits (WCV)</b>	Children and adolescents ages 3–21 with at least one well-care visit with a PCP or OB/GYN completed annually	Documentation must include a note indicating a visit with a PCP or OB/GYN practitioner, the date when the well-care visit occurred and evidence of all of the following: 1. Physical exam: Assessment of multiple body systems, Vital signs. 2. Health history: Birth hx, Family hx, Allergies, Status since last visit 3. Physical development history: Diet, Physical fitness, Puberty, School activities, Body image 4. Mental developmental history: Peer relationships, Smoking, Alcohol, Drug use, Sexual activity, Depression, Grades, School issues, Decision making 5. Health education/Anticipatory guidance: Safety, Poison control, Nutrition, Sees a dentist, Interacts with others, Discipline, Physical activity, Oral health, Safe sex, Self-exams – breast or testicular ** Telehealth option removed starting 2025.	<b>Well-Care Visits</b> <b>ICD-10: Z00.00, Z00.01, Z00.110, Z00.111, Z00.121, Z00.129, Z00.2, Z00.3, Z01.411, Z01.419, Z02.5, Z76.1, Z76.2</b> <b>CPT Codes: 99381-99385, 99391-99395, 99461</b> <b>HCPCS: G0438, G0439, S0302, S0610, S0612, S0613</b>
<b>Childhood Immunization Status (CIS-10-E)</b>  <b>ECDS- Electronic Clinical Data Systems submission only</b>	Children 2 years of age who had the following vaccines by their second birthday: • Four (4) Diphtheria, Tetanus and Acellular Pertussis (DTaP) vaccines • Three (3) Polio (IPV) vaccines • One (1) Measles, Mumps and Rubella (MMR) vaccine • Three (3) Haemophilus Influenza Type B (HiB) vaccines • Three (3) Hepatitis B (HepB) vaccines • One (1) Varicella Zoster Vaccine (VZV) • Four (4) Pneumococcal Conjugate (PCV) vaccines • One (1) Hepatitis A (HepA) vaccine • Two (2) or three (3) Rotavirus (RV) vaccines • Two (2) Influenza (flu) vaccines	Documentation must include <u>any</u> of the following: Specific for: MMR, HepB, VZV, and HepA 1. Evidence of the antigen or combination vaccine (include specific dates) 2. Documented history of the illness 3. A seropositive test result Specific for: DTaP, HiB, IPV, PCV, rotavirus, and influenza 1. Evidence of the antigen or combination vaccine (include specific dates) OR 2. Notation indicating contraindication for a specific vaccine: • Any Particular Vaccine: Anaphylactic reaction to the vaccine or its components 4. Parent refusal	<b>DTaP CPT: 90697,90698, 90700, 90723</b> <b>IPV CPT: 90697, 90698, 90713, 90723</b> <b>Measles, Mumps and Rubella(MMR) CPT: 90707, 90710</b> <b>Measles/Rubella: CPT 90708</b> <b>Measles CPT: 90705</b> <b>Mumps CPT: 90704</b> <b>Rubella CPT: 90706</b> <b>HiB CPT: 90644-90648, 90698, 90721, 90748</b> <b>Hepatitis B CPT: 90723, 90740, 90744, 90747, 90748</b> <b>ICD-10: B16.0, B16.1, B16.2, B16.9, B17.0, B18.0, B18.1, B19.0, B19.11/ Newborn Hepatitis B: ICD-10 3E0234Z/ HCPCS: G0010</b> <b>VZV CPT: 90710, 90716/ HCPCS: B01.0, B01.11, B01.12, B01.2, B01.81, B01.89, B01.9, B02.0, B02.1, B02.21, B02.22, B02.23, B02.24, B02.29, B02.30, B02.31, B02.32, B02.33, B02.34, B02.39, B02.7, B02.8, B02.9</b> <b>PCV CPT: 90670/ HCPCS: G0009</b> <b>Hepatitis A CPT: 90633/ HCPCS: B15.0, B15.9.</b> <b>Rotavirus CPT 1 dose: 90680, 90681/ 2dose: 90681/ 3dose: 90680</b> <b>Influenza CPT: 90655, 90657, 90660, 90661,90662, 90673, 90672, 90685–90689/ HCPCS G0008</b>
<b>Developmental Screening in the First Three Years of Life (DEV-CH)</b>	This measure looks at the percentage of children screened for risk of developmental, behavioral and social delays using a standardized screening tool in the 12 months preceding or on their 1st, 2nd, or 3rd birthday.	Documentation in the medical record must include all of the following: • A note indicating the date on which the test was preformed. • The standardized tool used (see tools that meet criteria below). • Evidence of a screening result or screening score. Tools must meet the following criteria: • Developmental domains: The following domains must be included in the standardized developmental screening tool: motor, language, cognitive, and social-emotional. • Established Reliability: Reliability scores of approximately 0.70 or above. • Established Findings Regarding the Validity: Validity scores for the tool must be approximately 0.70 or above. Measures of validity must be conducted on a significant number of children and using an appropriate standardized developmental or social-emotional assessment instrument(s). • Established Sensitivity/Specificity: Sensitivity and specificity scores of approximately 0.70 or above.	<b>DEV screening code: 96110</b>

**MEDI-CAL MCAS 2026 HEDIS QUALITY MEASURES  
REFERENCE GUIDE**



Measure Description	HEDIS MEASURES AND REQUIREMENTS	DOCUMENTATION NEEDED (Name and DOB required on each document)	CPT/CPTII CODES
<p><b>Immunizations for Adolescents (IMA-2-E)</b></p> <p><b>ECDS- Electronic Clinical Data Systems submission only</b></p>	<p>Adolescents who had the following vaccines <u>done by their 13th birthday</u>.</p> <ul style="list-style-type: none"> <li>• One (1) Meningococcal Conjugate Vaccine(MCV)</li> <li>• One (1) Tetanus, diphtheria toxoids and acellular pertussis (Tdap) vaccine.</li> <li>• Human Papillomavirus (HPV) vaccine series.</li> </ul>	<p>Documentation in the medical record must include the following:</p> <ul style="list-style-type: none"> <li>• A note indicating the name of specific antigen and the date of the immunization</li> <li>• A certificate of immunization that includes specific dates and types of immunization administered</li> <li>• Anaphylactic reaction to the vaccine or its components any time on or before the child's 13th birthday</li> </ul> <p>Meningococcal vaccine- given between child's 10th and 13th birthday Tdap vaccine- at age 11th or 12th birthday HPV vaccine- 2-doses (given 146 days apart) or 3 doses given between child's 9th and 13th birthday</p>	<p><b>CPT Codes:</b> <b>MCV Vaccine: 90619, 90733, 90734</b> <b>Tdap Vaccine: 90715</b> <b>HPV Vaccine: 90649-90651</b></p>
<p><b>Lead Screening in Children (LSC-E)</b></p> <p><b>ECDS- Electronic Clinical Data Systems submission only</b></p>	<p>Children who turned age 2 during the measurement year had at least one lead blood testing for lead poisoning by their 2nd birthday</p>	<p>Date of service and result must be documented with the notation of the lead screening test or reasons for not performing the lead test including:</p> <ul style="list-style-type: none"> <li>• History and physical</li> <li>• Lab results</li> <li>• Progress notes</li> <li>• Provider's professional judgment that the testing posed a greater risk to child's health or safety.</li> <li>• Child's parent or guardian refused the lead testing with a signed statement of voluntary refusal.</li> </ul>	<p><b>Lead test CPT Code: 83655</b></p>
<p><b>Topical Fluoride for Children (TFL-CH), (TFC)</b></p>	<p>DHCS- follows Dental Guidelines of 1-20 years of age who received at least two fluoride varnish applications within the measure year.</p>	<ul style="list-style-type: none"> <li>• Two or more fluoride varnish applications on different dates of services</li> </ul>	<p><b>TFL-CH code:</b> <b>Service: Application of Fluoride Varnish, CPT 99188,</b></p>
<p><b>Well-Child Visits in the First 30 Months of Life (W30)</b></p>	<p>1. <b>(W30-6+)</b> Well-Child Visits in the First 15 Months. Children who turned 15 months old during the measurement year. Must complete Six or more well-child visits to be compliant for this measure.</p> <p>2. <b>(W30-2+)</b> Well-Child Visits for Age 15 Months-30 Months. Children who turned 30 months old during the measurement year. Must complete Two or more well-child visits to be compliant for this measure.</p>	<p>Documentation of well-child visits must include ALL elements:</p> <ol style="list-style-type: none"> <li>1. Physical exam: Assessment of multiple body, Vital signs, Chronic condition.</li> <li>2. Health history: Birth hx, Medical, Surgical hx, History of illness, Allergies.</li> <li>3. Physical development: Follows parents with eyes, Sits, Crawls, Walks, Pulls self up, Turns face to side when on stomach</li> <li>4. Mental development: Coos, Babbles, Easily consoled, Fears strangers, Experiences separation anxiety, Looks for toys that fall out of sight</li> <li>5. Anticipatory guidance: Safety, Nutrition, Weaning from bottle or breast, Development milestones, Sleep patterns</li> </ol> <p>** Telehealth option removed starting 2025.</p>	<p><b>Well-Care Visits:</b> <b>ICD-10: Z00.00, Z00.01, Z00.110, Z00.111, Z00.121, Z00.129, Z00.2, Z00.3, Z02.5, Z76.1, Z76.2</b> <b>CPT Codes: 99381-99385, 99391-99395, 99461</b> <b>HCPCS: G0438, G0439, S0302, S0610, S0612, S0613</b></p>



Measure Description	HEDIS MEASURES AND REQUIREMENTS	DOCUMENTATION NEEDED (Name and DOB required on each document)	CPT/CPTII CODES
<b>Chronic Disease Management Domain Measures</b>			
<b>Controlling Blood Pressure (CBP)</b>	Patients 18-85 years of age: The percentage of members 18–85 years of age who had a diagnosis of hypertension (HTN) and whose blood pressure (BP) was adequately controlled (<140/90 mm Hg) during the measurement year.	Notation of the lowest systolic and lowest diastolic BP reading from the most recent BP notation in the medical record during the measurement year.  - BP reading must occur on or after the date when the second diagnosis of hypertension occurred. - BP readings taken and reported by member using <u>any</u> digital device and reported or transmitted to the provider are acceptable. (Note: ALWAYS recheck BP if initial reading is at or ≥ 140/90 mm Hg)	<b>Hypertension: ICD-10: I10</b>  <b>Systolic BP less than 130 mm Hg: CPT II Codes 3074F</b> <b>Systolic BP 130-139 mm: CPT II Codes 3075F</b> <b>Systolic BP greater than or equal to 140: CPT II Codes 3077F</b>  <b>Diastolic BP less than 80: CPT II Codes 3078F</b> <b>Diastolic BP 80-89: CPT II Codes 3079F</b> <b>Diastolic BP greater than or equal to 90: CPT II Codes 3080F</b>
<b>Glycemic Status Assessment for Patients with Diabetes (GSD)</b>	Patients 18-75 years of age with diabetes (type 1 & 2) whose most recent glycemic status (hemoglobin A1C [HbA1c] or glucose management indicator [GMI] was at the following levels during the measurement year: • HbA1c or glucose management indicator <b>poor control</b> >9.0%	HbA1c or glucose management indicator (GMI) test must be performed during the measurement year. For results >9%, repeat the test later in the measurement year. Medical records accepted; Diabetic flow sheets, Consultation reports, Lab reports, Progress notes, Vital sheet, Continuous glucose monitoring data. Test, services or procedure to close care opportunity; • A1c, HbA1c, HgbA1c • Glycohemoglobin • Glycohemoglobin A1c • Glycated hemoglobin • Glycosylated hemoglobin • HB1c • Hemoglobin A1c • Continuous glucose monitors (CGM)	<b>HbA1c Level &lt; 7 .0%: CPT II 3044F</b> <b>HbA1c ≥ 7 .0% and &lt;8 .0%: CPT II 3051F</b> <b>HbA1c ≥ 8 .0% and ≤ 9 .0%: CPT II 3052F</b> <b>HbA1c &gt; 9 .0%: CPT II 3046F</b>
<b>Reproductive Health Domain Measures</b>			
<b>Prenatal and Postpartum Care (PPC)</b>  * <b>PPC-Pre Timeliness of Prenatal Care</b>  * <b>PPC-Pst Postpartum Care</b>	Women who delivered between Oct. 8 of the year prior to the measurement year and Oct. 7 of the measurement year. For these women, the measure assesses the following facets of prenatal and postpartum care:  • <b>(PPC-Pre) Timeliness of Prenatal Care</b> – Women who had a live birth that received a prenatal care visit in the first trimester, on or before the enrollment start date or within 42 days of enrollment. • <b>(PPC-Pst) Postpartum Care</b> – Women who had a live birth that had a postpartum visit on or between 7–84 days after delivery	<b>PPC Prenatal Care Visit</b> 1. Documentation diagnosis or references of pregnancy as either of the following: (standardized prenatal flow sheet, or last menstrual period, estimated due date, or gestational age, positive pregnancy test result, gravidity and parity, complete obstetrical history, or risk assessment, education, or counseling of pregnancy) 2. Physical obstetrical examination that includes auscultation for fetal heart tone, pelvic exam with obstetric observations, or measurement of fundus height 3. Evidence of prenatal care procedures performed, such as: a. Screening test in the form of an obstetric panel ( <u>must include</u> all of the following: hematocrit, differential WBC count, platelet count, hepatitis B surface antigen, rubella antibody, syphilis test, RBC antibody screen, Rh and ABO blood typing), <u>or</u> b. TORCH antibody panel alone, <u>or</u> c. a rubella antibody test/titer with an Rh incompatibility (ABO/Rh) blood typing, <u>or</u> d. Ultrasound of a pregnant uterus.	<b>Prenatal visit during first trimester with a pregnancy diagnosis code: CPT 99201– 99205, 99211–99215, 99241–99245, 99483; HCPCS G0463, T1015</b> <b>Online assessments (e-visits or virtual check-ins) with pregnancy diagnosis code: CPT 98969–98972, 99421–99423, 99444, 99457, 99458; HCPCS G2010, G2012, G2061–G2063</b> <b>Phone visit with pregnancy diagnosis code: CPT 98966–98968, 99441–99443</b> <b>Standalone prenatal visits: CPT 99500; CPT Cat. II 0500F, 0501F, 0502F; HCPCS H1000–H1004</b> <b>Prenatal bundled services: CPT 59400, 59425, 59426, 59510, 59610, 59618; HCPCS H1005</b>

**MEDI-CAL MCAS 2026 HEDIS QUALITY MEASURES  
REFERENCE GUIDE**



Measure Description	HEDIS MEASURES AND REQUIREMENTS	DOCUMENTATION NEEDED (Name and DOB required on each document)	CPT/CPTII CODES
		<p><b>PPC Post-partum Visit</b> Document date of postpartum visit with evidence of one of the following:</p> <ul style="list-style-type: none"> <li>• Notation of "postpartum care," PP check, PP care, 6-week check, etc. .</li> <li>• Pelvic exam i.e.; Pap test</li> <li>• Evaluation of weight, blood pressure, breasts and abdomen .</li> <li>• Perineal or cesarean incision/wound check .</li> <li>• Documentation of infant care, breastfeeding, family planning, sleep/fatigue and/or resumption of physical activity</li> <li>• Screening for glucose for patients with gestational diabetes.</li> <li>• Screening for behavioral or mental health disorders including depression, anxiety, tobacco or substance use.</li> </ul> <p>Note: Can also use a Pap test completed within 7–84 days after delivery</p>	<p>Postpartum visit: CPT 57170, 58300, 59430, 99501; CPT Cat. II 0503F; HCPCS G0101; ICD-10 Z01 .411, Z01 .419, Z01 .42, Z30 .430, Z39 .1, Z39 .2 Cervical cytology: CPT 88141–88143, 88147, 88148, 88150, 88152–88154, 88164–88167, 88174, 88175; HCPCS G0123, G0124, G0141, G0143–G0145, G0147, G0148, P3000, P3001, Q0091 Postpartum bundled services: CPT 59400, 59410, 59425, 59426, 59510, 59515, 59610, 59614, 59618, 59622</p>
<p><b>Postpartum Depression Screening and Follow-Up (PDS-E-DS)</b></p> <p><b>ECDS- Electronic Clinical Data Systems submission only</b></p>	<p>Members were screened for clinical depression during the postpartum period, and if screened positive, received follow-up care.</p> <ul style="list-style-type: none"> <li>• Depression Screening- members were screened for clinical depression using a standardized instrument during the postpartum period.</li> <li>• Follow-Up on Positive Screen- members received follow-up care within 30 days of a positive depression screen finding.</li> </ul>	<p>Depression Screening-Deliveries in which members had a documented result for depression screening, using an age-appropriate standardized instrument, performed during the 7–84 days following the date of delivery.</p> <p>Follow-Up on Positive Screen-Deliveries in which members received follow-up care on or up to 30 days after the date of the first positive screen (31 total days).</p>	<p>Behavioral Health Encounter CPT@/CPT II 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</p> <p>Depression Case Management Encounter CPT@/CPT II 99366, 99492, 99493, 99494</p> <p>Follow-Up Visit- CPT@/CPT II 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, 99402, 99403, 99404, 99411, 99412, 99421, 99422, 99423, 99441, 99442, 99443, 99457, 99458, 99483</p>
<p><b>Prenatal Depression Screening and Follow-Up (PND-E-DS)</b></p> <p><b>ECDS- Electronic Clinical Data Systems submission only</b></p>	<p>Members who had a live birth in the measurement year and who received the following during their pregnancy in the measurement period (January 1 to December 1 of the measurement year)</p> <ul style="list-style-type: none"> <li>• Depression Screening: Clinical depression screening using a standardized instrument</li> <li>• Follow-up: Upon documentation of a positive depression screening, members receive follow-up within 30 days of the positive screening</li> </ul>	<p>Submit evidence of a full-length screening tool (e.g., PHQ-9, PROMIS Depression).</p> <p>Submit evidence of follow-up visit within 30 days of the positive screening.</p>	<p>Behavioral Health Encounter CPT@/CPT II 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</p> <p>Follow-Up Visit CPT@/CPT II 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, 99402, 99403, 99404, 99411, 99412, 99421, 99422, 99423, 99441, 99442, 99443, 99457, 99458, 99483</p>

**MEDI-CAL MCAS 2026 HEDIS QUALITY MEASURES  
REFERENCE GUIDE**



Measure Description	HEDIS MEASURES AND REQUIREMENTS	DOCUMENTATION NEEDED (Name and DOB required on each document)	CPT/CPTII CODES
<b>Cancer Prevention Domain Measures</b>			
<b>Breast Cancer Screening (BCS-E)</b>  <b>ECDS- Electronic Clinical Data Systems submission only</b>	Women 40-74 years of age who were recommended for routine breast cancer screening and had a mammogram to screen for breast cancer.  The U.S. Preventive Services Task Force (USPSTF) recommends biennial screening mammography for women aged 40–74 years. (B recommendation)	Document date of mammogram along with proof of completion: • Providing results or findings will indicate screening was ordered and completed • Screening Mammography between 10/1/2023 - 12/31/2025 • Digital Breast Tomosynthesis between 10/1/2023- 12/31/2025 * Recommendation screening for transgender member as female at birth and gender diverse people.	<b>Mammography: CPT 77055–77057, 77061–77063, 77065–77067</b> <b>History of bilateral mastectomy: ICD-10, Z90.13</b> <b>Unilateral mastectomy with bilateral modifier: CPT 19180, 19200, 19220, 19240, 19303–19307; Modifier: RT, LT</b> <b>Absence of both right and left breasts: ICD 10 Z90 .11, Z90 .12</b>
<b>Cervical Cancer Screening (CCS-E)</b>  <b>ECDS- Electronic Clinical Data Systems submission only</b>	Women ages 21–64 who had the following age-appropriate cervical cancer screenings: • Women ages 21–64 : a cervical cytology is performed every three years. • Women ages 30–64 : a cervical cytology and human papillomavirus co-testing is performed every five years, (use five-year time frame only if HPV co-testing was completed on the same day and includes results . Reflex testing will not count), or • Women ages 30–64 : a cervical high-risk human papillomavirus (hrHPV) testing is performed every five years.	Document for history of total hysterectomy (TAH or TVH), or radical abdominal or vaginal hysterectomy and bill ICD-10 codes for any of the following: • Acquired absence of: both cervix and uterus, cervix with remaining uterus, or agenesis and aplasia of cervix . (Documentation of a "hysterectomy" alone does not count. Do not count lab results that explicitly state the sample was inadequate or that "no cervical cells were present" this is not considered appropriate screening. Tests must have results to ensure that the screenings were completed and not merely ordered). * Recommendation screening for transgender member as female at birth and gender diverse people.	<b>Cervical Cytology CPT: 88141-88143, 88147, 88148, 88150, 88152-88154, 88164-88167, 88174, 88175</b> <b>HCPCS: G0123, G0124, G0141, G0143-G0145, G0147, G0148, P3000, P3001</b> <b>Hysterectomy with no residual cervix: CPT 51925, 56308, 57530, 57531 57540, 57545, 57550, 57555, 57556, 58150, 58152, 58200, 58210, 58240, 58260, 58262, 58263, 58267, 58270, 58275, 58280, 58285, 58290–58294, 58548, 58550, 58552–58554, 58570–58573, 58575, 58951, 58953, 58954, 58956, 59135;</b> <b>ICD-10 0UTC0ZZ, 0UTC4ZZ, 0UTC7ZZ, 0UTC8ZZ</b> <b>Absence of cervix diagnosis: ICD-10 Q51 .5, Z90 .710, Z90 .712</b>
<b>Colorectal cancer screening (COL-E)</b>  <b>ECDS- Electronic Clinical Data Systems submission only</b>	Patients 45-75 years of age who had one or more appropriate screenings for colorectal cancer.	Documentation in the medical record must include a note indicating the date the colorectal cancer screening was performed. Appropriate screenings are defined by <u>any</u> of the following: • Fecal Occult Blood Test (FOBT); guaiac (gFOBT) or immunochemical FIT: in Measurement year • Flexible sigmoidoscopy: performed in Measurement year or four years prior. • Colonoscopy: in Measurement year or nine years prior. • CT colonography: performed in Measurement year or four years prior. • FIT-DNA Test or Cologuard: report in Measurement year or two years prior.	<b>FOBT CPT codes: 82270, 82274/ HCPCS codes: G0328</b> <b>Flexible Sigmoidoscopy CPT codes: 45330-45335, 45337-45342, 45345-45347, 45349, 45350/ HCPCS codes: G0104</b> <b>Colonoscopy CPT codes: 44388-44394, 44397, 44401-44408, 45355, 45378-45393, 45398/ HCPCS codes: G0105, G0121</b> <b>CT Colonography CPT codes: 74261-74263</b> <b>Colorectal Cancer (PET scan) HCPCS codes: G0213-G0215, G0231</b> <b>FIT-DNA CPT codes: 81528/ HCPCS codes: G0464</b>