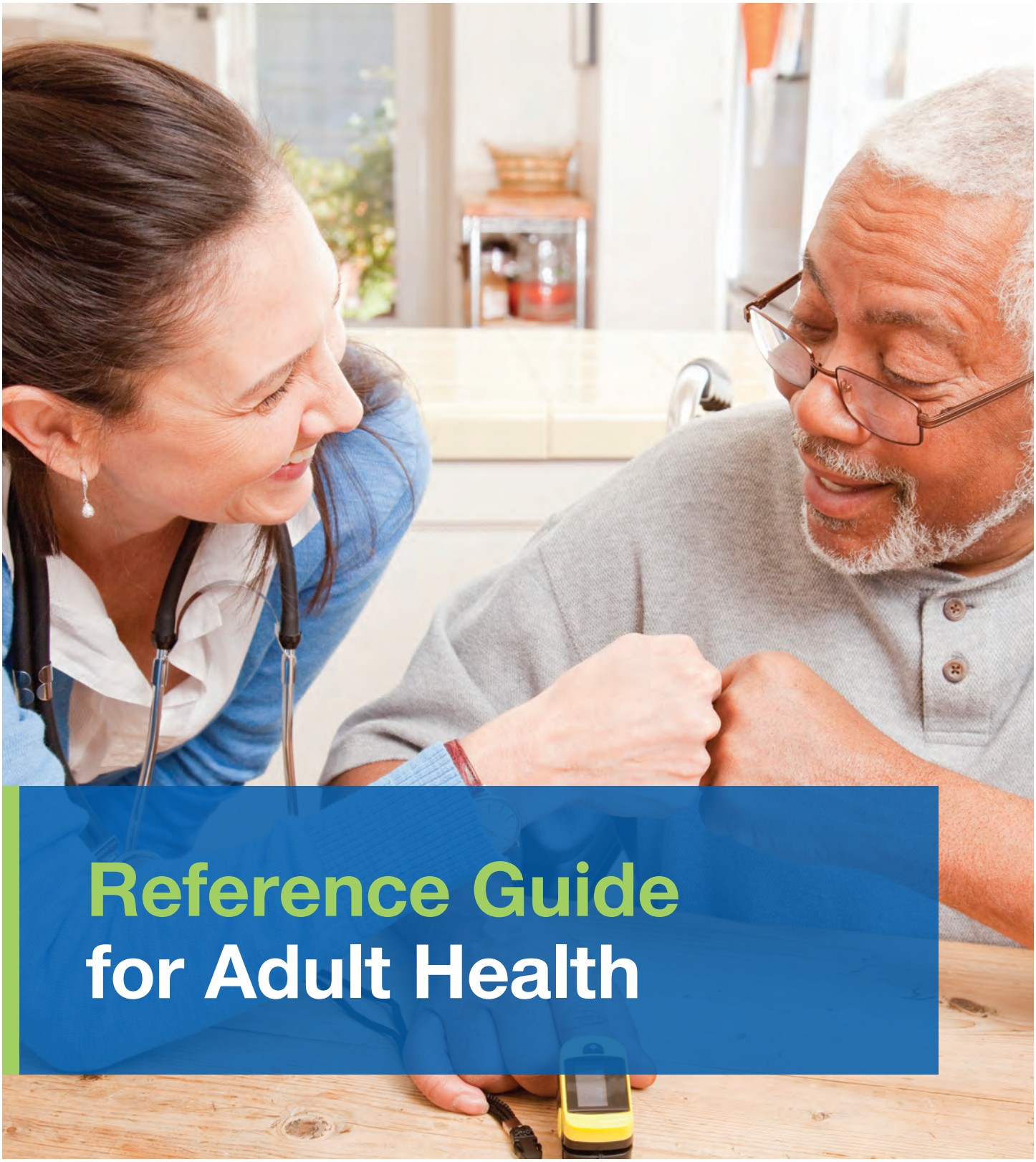

# Reference Guide for Adult Health

## 2018 HEDIS®, CMS Part D, CAHPS® and HOS Measures



Information contained in this guide is based on NCQA HEDIS technical specifications. For more details, please visit **ncqa.org.**

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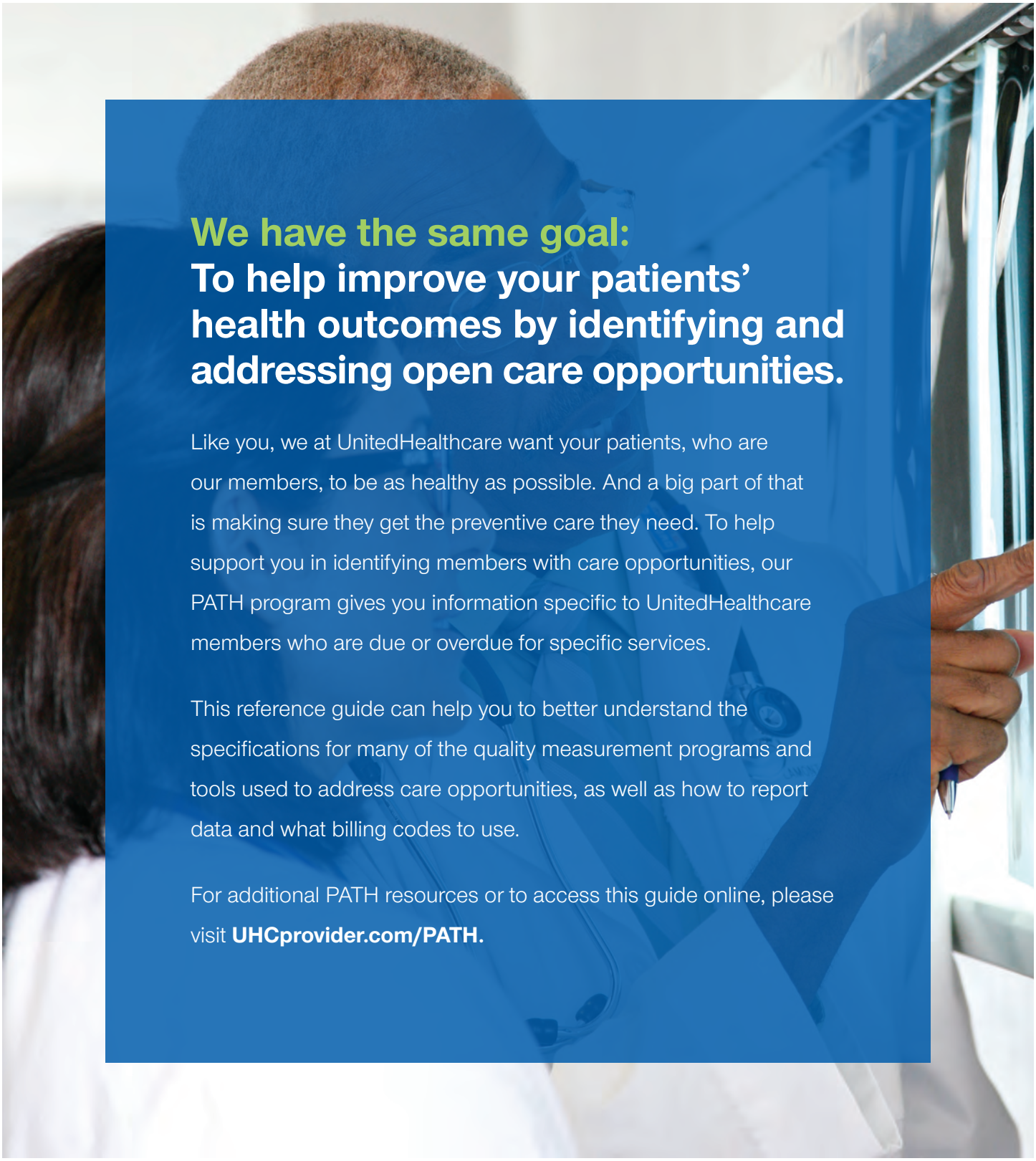

## We have the same goal:

# To help improve your patients' health outcomes by identifying and addressing open care opportunities.

Like you, we at UnitedHealthcare want your patients, who are our 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 support you in identifying members with care opportunities, our PATH program gives you information specific to UnitedHealthcare members who are due or overdue for specific services.

This reference guide can help you to better understand the specifications for many of the quality measurement programs and tools used to address 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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## HEDIS Measures

Healthcare Effectiveness Data and Information Set (HEDIS) is a National Committee for Quality Assurance (NCQA) tool used by more than 90 percent of America's health plans to measure performance on important dimensions of care and service.

- 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 HEDIS numerator by the HEDIS denominator.

HEDIS terms are explained in the Glossary.

## CMS Measures

Centers for Medicare & Medicaid Services (CMS) Part D medication adherence measures are used to help increase the number of Medicare members taking their cholesterol (statin), diabetes and/or hypertension (RAS antagonist) medications as prescribed. Members are eligible for a measure if their medication appears on a targeted list provided by the Pharmacy Quality Alliance (PQA). Their adherence is then evaluated using the proportion of days covered (PDC), which is defined in the Glossary.

- CMS considers Medicare members adherent if their PDC is 80 percent or more at the end of the measurement period.
- Member eligibility and performance within the Part D medication adherence measures is ***based entirely on prescription claims processed at the pharmacy under the Part D benefit.***
- Supplemental data from medical records or patient assessments can't be used to affect these measures.

## CAHPS Measures

Consumer Assessment of Healthcare Providers and Systems (CAHPS) is an annual survey that asks consumers and members to report on and evaluate their experiences with health care. It's managed by the U.S. Department of Health and Human Services Agency of Healthcare Research and Quality.

- The survey is given annually between February and June to adults ages 18 and older who have been enrolled in a health plan during a continuous six-month period for Medicare and Medicaid, or a 12-month period for Commercial.
- Respondents are asked a core set of questions determined by NCQA and CMS in addition to a series of optional supplemental questions designed by the health plan and approved by NCQA and CMS.
- If a member doesn't respond to the survey, they're given the option to complete it by phone.
- Results are calculated and released between July and October.

**For a list of sample CAHPS questions, please see Page 96 in this guide.**

## HOS Measures

Health Outcomes Survey (HOS) is a health plan member survey by CMS that gathers health status data specific to the Medicare Advantage program. Respondents are given a baseline survey between late April and July and then asked to complete a follow-up survey two years later between April through July.

Baseline survey results are calculated and released in May of the following year, while results for the follow-up survey are provided during the summer of the following year.

**For a list of sample HOS questions, please see Page 99 in this guide.**

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# Glossary of Terms

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

**Reporting Year**
The reporting year is the timeframe when data is collected and reported. The data is from the measurement year, which is usually the year prior.

**Example:** The 2018 reporting year would include a review of data from services rendered during the measurement year, which would be 2017 and/or any time prior. Reporting year data would likely be released in June 2018, depending on the measure.

**HEDIS Numerator**
The number of members who meet the eligibility criteria based on NCQA technical specifications and receive the appropriate care, treatment or service.

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

**Medical Record Data**
This is the information taken directly from a member's medical record to validate services rendered that weren't captured through 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.

**Proportion of days covered (PDC)**
The Pharmacy Quality Alliance (PQA) defines PDC as the proportion of days in the measurement period "covered" by prescription claims for the same medication or another in its therapeutic category. At a high level, the PDC calculation uses the days' supply dispensed and refill dates for qualifying medications to assess how many days a member has medication on hand during the measurement period.

**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.

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## OptumHealth Education — Learn More Online.

OptumHealth Education, a UnitedHealth Group company offering services and solutions to help improve patient care delivery, provides continuing education classes with credits for several of the physical and mental health conditions included in this reference guide. Care providers can learn about patient treatment, best practices, trends and more. To learn about OptumHealth Education or register for classes, visit **optumhealtheducation.com.**

# 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.

## Patient Care Opportunity Report — Check Often for Preventive Care 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 these types of measures included in this reference guide:

- Pharmacy compliance
- HEDIS
- CMS Star Ratings

Simply follow these instructions to view your PCOR:

- Go to **UHCprovider.com/PCOR.**
- Click on **Go to PPBC Reports** and sign in to access your 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.
  - 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 or need help, please contact your UnitedHealthcare representative.



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## 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 patient/member clinical data. 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.**

## UHCTransitions™ (Health BI) — Access to Address Open Care Opportunities.

UnitedHealthcare is pleased to offer UHCTransitions, 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. Review UHCTransitions every day to see which HEDIS and CMS measures need to be addressed by member, and use it to keep your patients on target for adherence to their diabetes, hypertension (RAS antagonists) or cholesterol (statin) medications. **We're working to build this tool for Commercial and UnitedHealthcare Community Plan members, too.**

To log on to UHCTransitions, go directly to the tool's website at **uhc.healthcollaborate.com.** Then:

- Click the **Quality** tab at the top of the page and select **Member Summary** to look through the day's open care opportunities.
- If you see opportunities that need to be addressed, please reach out to members to make an appointment and complete follow-up care as necessary.
- If you've addressed a care opportunity that isn't shown in the tool or your PCOR, simply upload the correct documentation from your electronic medical record system to UHCTransitions.

We've 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.

## UHC On Air — Tune In to What's New.

With more than 550 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.

To get started, go to **UHCprovider.com** and sign in to Link. Then, click the UHC On Air app 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.

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# Adult Body Mass Index Assessment (ABA)

## Definition

**Percentage of members ages 18–74 who had an outpatient visit and whose body mass index (BMI) was documented during the measurement year or the year prior to the measurement year**

### Plan(s) Affected

- Commercial
- Medicaid
- Medicare

### Quality Program(s) Affected

- CMS Star Ratings
- CMS Quality Rating System
- NCQA Accreditation

### Collection and Reporting Method

- **Hybrid** Claim/Encounter Data and Medical Record Documentation

## Codes

See Appendix for codes that include descriptions.

| BMI Percentile | |
|---|---|
| **ICD-10 Diagnosis** | Z68.51, Z68.52, Z68.53, Z68.54 |

| Body Mass Index | |
|---|---|
| **ICD-10 Diagnosis** | Z68.1, Z68.20, Z68.21, Z68.22, Z68.23, Z68.24, Z68.25, Z68.26, Z68.27, Z68.28, Z68.29, Z68.30, Z68.31, Z68.32, Z68.33, Z68.34, Z68.35, Z68.36, Z68.37, Z68.38, Z68.39, Z68.41, Z68.42, Z68.43, Z68.44, Z68.45 |

## 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 |
|---|---|
| **Female members with a diagnosis of pregnancy** | Measurement year or year prior to measurement year |

## Important Notes

| | Test, Service or Procedure to Close Care Opportunity |
|---|---|
| **For ages 18–19** | Height, weight, BMI percentile |
| **For ages 20 and older** | Weight, BMI value |

**Medical Record Detail Including, But Not Limited to:**

- Growth chart
- Progress notes
- Vitals sheet

# Adult Body Mass Index Assessment (ABA)

## 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 clearly document a date of service with the height, weight, and BMI value or percentile. The measurements must be from the same medical record.**
- For members ages 18–19, please use pediatric coding guidelines for BMI percentile.
- If your office documents within an electronic medical record (EMR) system:
  - Please ensure that the height, weight, and calculated BMI or percentile transfers to the vitals sheet or progress notes with a date of service.
  - Check that the "calculate BMI" function or reminder flags are turned on within the system.
- If your office documents within paper charts:
  - Please calculate and document the BMI or BMI percentile using a BMI wheel or BMI smartphone app.

# Care for Older Adults (COA) — Advance Care Planning

## Definition

**Percentage of adults ages 66 and older who had evidence of advance care planning in the measurement year**

**Plan(s) Affected**

- Medicare Special Needs Plans (SNP)

**Quality Program(s) Affected**

- None

**Collection and Reporting Method**

- **Hybrid**
  Claim/Encounter Data and Medical Record Documentation

## Codes

See Appendix for codes that include descriptions.

| Advance Care Planning | |
|---|---|
| **CPT/CPT II** | 99497, 1123F-24F, 1157F-58F |
| **HCPCS** | S0257 |

## 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 |

# Care for Older Adults (COA) — Advance Care Planning

## Important Notes

| | Test, Service or Procedure to Close Care Opportunity |
|---|---|
| **Measurement year** | Evidence of an advance care plan discussion with a physician, family, friend or other delegated decision maker |
| **Any time in a member's history through Dec. 31 of the measurement year** | An advance care plan including, but not limited to:<br>• Advance directive<br>• Physician orders for life-sustaining treatment (POLST) or other actionable medical orders<br>• Living will<br>• Power of attorney or other delegated decision maker |

**Medical Record Detail Including, But Not Limited to:**

- Advance care plan or discussion of one
- Progress notes
- SOAP notes
- Home health records
- Health history and physical
- Skilled nursing facility minimum data set (MDS) form

## 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 clearly document the date of service of advance care planning evidence.**
- The use of CPT Category II codes helps UnitedHealthcare identify clinical outcomes such as advance care planning. It can also reduce the need for some chart review.
- Advance care planning may be conducted over the phone by any care provider type including registered nurses, medical assistants, etc. If a practitioner or other health plan staff contacts a member by phone to just collect information for HEDIS data collection, then a service is not being rendered and doesn't meet the criteria.
  - Documentation in the medical record must include the date the telephonic advance care plan discussion took place — not the date of a follow-up visit.
- Documentation of a care provider asking a member if an advance care plan is in place and the member saying "No" will **not** meet compliance.

# Care for Older Adults (COA) — Functional Status Assessment

## Definition

**Percentage of adults ages 66 and older who had a functional status assessment in the measurement year**

**Plan(s) Affected**

- Medicare Special Needs Plans (SNP)

**Quality Program(s) Affected**

- CMS Star Ratings

**Collection and Reporting Method**

- **Hybrid**
  Claim/Encounter Data and Medical Record Documentation

## Codes

See Appendix for codes that include descriptions.

| Functional Status Assessment | |
|---|---|
| **CPT/CPT II** | 1170F |

## 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 |

# Care for Older Adults (COA) — Functional Status Assessment

## Important Notes

| | Test, Service or Procedure to Close Care Opportunity |
|---|---|
| **Functional status assessment must occur within the measurement year.** | • Standardized functional status assessment tool and results<br>• Assessment of at least four Instrumental Activities of Daily Living (IADL) including, but not limited to:<br>– Chores, such as laundry<br>– Cleaning<br>– Cooking<br>– Driving or using public transportation<br>– Grocery shopping<br>– Home repair<br>– Paying bills or other financial tasks<br>– Taking prescribed medications<br>– Using a phone<br>• Assessment of at least five Activities of Daily Living (ADL) including, but not limited to:<br>– Continence<br>– Dressing<br>– Eating meals/snacks<br>– Getting up and down from sitting or lying position<br>– Taking a bath or shower<br>– Using the restroom<br>– Walking<br>• Body systems assessment that includes three of the four:<br>– Ambulation status<br>– Cognitive status<br>– Functional independence (exercise, housework, work outside of the home)<br>– Sensory status – hearing vision and speech |

**Medical Record Detail Including, But Not Limited to:**

- Functional status assessment forms
- Progress notes
- SOAP notes
- Home health records
- Physical therapy notes
- Occupational therapy notes
- Health history and physical
- Skilled nursing facility minimum data set (MDS) form

# Care for Older Adults (COA) — Functional Status Assessment

## 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 clearly document the date of service of the functional status assessment.**
- The use of CPT Category II codes helps UnitedHealthcare identify clinical outcomes such as functional status assessment. It can also reduce the need for some chart review.
- A functional status assessment may be conducted over the phone by any care provider type including registered nurses, medical assistants, etc. If a practitioner or other health plan staff contacts a member by phone to just collect information for HEDIS data collection, then a service is not being rendered and doesn't meet the criteria.
- A functional status assessment limited to an acute or single condition, event or body system, such as lower back or leg, will **not** meet compliance.
- The following notations will **not** meet compliance:
  - "Functional status reviewed" doesn't indicate that a complete functional status assessment was performed.
  - "Reports," "denies," "stated" or "discussed" after talking with a member during a visit doesn't meet criteria for the speech sensory component.
  - Head, eyes, ears, nose and throat (HEENT) is not a sufficient assessment of the sensory component of the functional status assessment. HEENT is considered a physical exam.
  - "Cranial nerves intact" or "cranial nerves assessed" is not evidence of a full sensory exam because it's not clear that hearing, vision and speech were assessed. A cranial nerve assessment will meet compliance if it's documented as being specifically about hearing (cranial nerve VIII), vision (cranial nerve II) and speech (cranial nerve XII) and includes a result or finding.
- Documentation of "normal motor/sensory" during an exam or a checked box next to "normal motor/sensory" on a neurological exam isn't enough evidence for a functional status assessment.
- "Living independently" isn't sufficient documentation of ADL guidelines because only one of the four functional status assessment components was assessed. However, "living independently" is sufficient documentation for the "other functional independence" component.

# Care for Older Adults (COA) — Medication Review

## Definition

**Percentage of adults ages 66 and older who had a medication review by a clinical pharmacist or prescribing practitioner in the measurement year**

**Plan(s) Affected**

- Medicare Special Needs Plans (SNP)

**Quality Program(s) Affected**

- CMS Star Ratings

**Collection and Reporting Method**

- **Hybrid**
  Claim/Encounter Data and Medical Record Documentation

## Codes

See Appendix for codes that include descriptions.

| Medication List | |
|---|---|
| **CPT/CPT II** | 1159F |
| **HCPCS** | G8427 |

| Medication Review | |
|---|---|
| **CPT/CPT II** | 99605-06, 90863, 1160F |

| Transitional Care Management | |
|---|---|
| **CPT/CPT II** | 99495-96 |

## 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 |

# Care for Older Adults (COA) — Medication Review

## Important Notes

| | Test, Service or Procedure to Close Care Opportunity |
|---|---|
| • **Medication list must be included in the medical record <u>and</u> medication review must be completed by a prescribing provider or clinical pharmacist.**<br>• **Documentation that the medications aren't tolerated isn't an exclusion for this measure.** | Medication review **<u>or</u>** dated clinician's note that says the member is **<u>not</u>** taking any medications |

**Medical Record Detail Including, But Not Limited to:**

- Medication list
- Progress notes
- SOAP notes
- Health history and physical

## 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.
- **<u>Always clearly document the date of service of the medication review or notation of no medications</u>.**
- The use of CPT Category II codes helps UnitedHealthcare identify clinical outcomes such as medication reviews. It can also reduce the need for some chart review.
- A medication review may be conducted with a member over the phone if the clinician is a prescriber or clinical pharmacist. A registered nurse can collect the list of current medications from the member during the call, but there must be evidence that the appropriate practitioner reviewed the list.
  - For example: An electronic signature with credentials
- The medication review must include all of the member's medications, including prescription and over-the-counter medications and herbal or supplemental therapies.
- A medication list signed and dated within the measurement year by the prescribing practitioner or clinical pharmacist meets the criteria.
  - The practitioner's signature along with a medication list in the member's chart is considered evidence that the medications were reviewed.
  - A review of side effects for a single medication at the time of prescription alone will **<u>not</u>** meet compliance.

# Care for Older Adults (COA) — Pain Assessment

## Definition

**Percentage of adults ages 66 and older who were assessed for pain in the measurement year**

**Plan(s) Affected**

- Medicare Special Needs Plans (SNP)

**Quality Program(s) Affected**

- CMS Star Ratings

**Collection and Reporting Method**

- **Hybrid**
  Claim/Encounter Data and Medical Record Documentation

## Codes

See Appendix for codes that include descriptions.

| Pain Assessment | |
|---|---|
| **CPT/CPT II** | 1125F-26F |

## 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

| | Test, Service or Procedure to Close Care Opportunity |
|---|---|
| **Pain assessment must be completed within the measurement year.** | • Standardized pain assessment tool and results<br>• Date and notation of "no pain" in the medical record after the member's pain was assessed |

**Medical Record Detail Including, But Not Limited to:**

- Pain assessment forms
- Progress notes
- SOAP notes
- Home health records
- Physical therapy notes
- Occupational therapy notes
- Health history and physical
- Skilled nursing facility minimum data set (MDS) form

# Care for Older Adults (COA) — Pain Assessment

## 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 clearly document the date of service of the pain assessment or the notation that the member's pain was assessed.**
- The use of CPT Category II codes helps UnitedHealthcare identify clinical outcomes such as pain assessment. It can also reduce the need for some chart review.
- A pain assessment may be conducted over the phone by any care provider type including registered nurses, medical assistants, etc. If a practitioner or other health plan staff contacts a member by phone to just collect information for HEDIS data collection, then a service is not being rendered and doesn't meet the criteria.
- Documentation in a member's medical record of a pain management plan or pain treatment alone will **not** meet compliance.
- Documentation in a member's medical record of screening for chest pain or documentation of chest pain alone will **not** meet compliance.
- A pain assessment related to a single body part, with the exception of chest, meets compliance.
- Pain scales — numbers or faces — are an acceptable form of pain assessment and meet compliance.

# Colorectal Cancer Screening (COL)

## Definition

**Percentage of members ages 50–75 who had an appropriate screening for colorectal cancer**

### Plan(s) Affected

- Commercial
- Select Medicaid State Reporting
- Medicare

### Quality Program(s) Affected

- CMS Star Ratings
- CMS Quality Rating System
- NCQA Accreditation

### Collection and Reporting Method

- **Hybrid** Claim/Encounter Data and Medical Record Documentation

## Codes

See Appendix for codes that include descriptions. Codes in **bold** are the preferred billing code for this measure.

| Colonoscopy | |
|---|---|
| **CPT/CPT II** | 44388-94, 44397, 44401-08, 45355, 45378-93, 45398 |
| **HCPCS** | **G0105, G0121** |

| Computed Tomography (CT) Colonography | |
|---|---|
| **CPT/CPT II** | 74261-63<br>This service isn't covered for UnitedHealthcare Medicare Advantage members. |

| FIT-DNA Test | |
|---|---|
| **CPT/CPT II** | **81528**<br>This code is specific to the Cologuard® FIT-DNA test. |
| **HCPCS** | G0464<br>This code was retired and replaced with CPT code 81528 on Jan. 1, 2016. |
| **LOINC** | 77353-1, 77354-9 |

| Flexible Sigmoidoscopy | |
|---|---|
| **CPT/CPT II** | 45330-35, 45337-42, 45345-47, 45349-50 |
| **HCPCS** | **G0104** |

| FOBT | |
|---|---|
| **CPT/CPT II** | **82270,** 82274 |
| **HCPCS** | **G0328** |
| **LOINC** | 12503-9, 12504-7, 14563-1, 14564-9, 14565-6, 2335-8, 27396-1, 27401-9, 27925-7, 27926-5, 29771-3, 56490-6, 56491-4, 57905-2, 58453-2, 80372-6 |

# Colorectal Cancer Screening (COL)

## 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 |
| **Medicare members ages 65 and older as of Jan. 1 of the measurement year who are either:**<br>• Enrolled in an Institutional Special Needs Plan (I-SNP)<br>• Living long-term in an institution | Any time during the measurement year |

| Optional Exclusions | Timeframe |
|---|---|
| • **Total colectomy**<br>• **Colorectal cancer** | Any time in a member's history through Dec. 31 of the measurement year |

## Important Notes

| | Test, Service or Procedure to Close Care Opportunity |
|---|---|
| **Measurement year or nine years prior** | Colonoscopy |
| **Measurement year or four years prior** | • Flexible sigmoidoscopy<br>• CT colonography |
| **Measurement year or two years prior** | FIT-DNA test |
| **Measurement year** | iFOBT/gFOBT |

**Medical Record Detail Including, But Not Limited to:**

- Diagnostic reports
- Health history and physical
- Consultation reports
- Lab reports

# Colorectal Cancer Screening (COL)

## 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 include a date of service – year only is acceptable – when documenting a colonoscopy, flexible sigmoidoscopy, FIT-DNA test, CT colonography or FOBT.**
- It's important to submit any codes that reflect a member's history of malignancy for colorectal cancer, Z85.038 and Z85.048.
  - If a member is new to the care provider and the diagnosis is discovered during the history and physical, the code should be submitted with the initial visit claim.
  - If a member isn't new to the care provider, but the member's chart has documented history of the diagnosis, the ICD-10 diagnosis code should be submitted on any visit claim.
- Member refusal will **not** make them ineligible for this measure.
  - Please recommend a flexible sigmoidoscopy, FIT-DNA test or FOBT if a member refuses or can't tolerate a colonoscopy.
- There are two types of acceptable FOBT tests – guaiac (gFOBT) and immunochemical (iFOBT).
- If you have an account with LabCorp, UnitedHealthcare's laboratory services vendor, you can order iFOBT kits through them. The kit includes a take-home collection kit and a requisition form. If you don't have an account with LabCorp, you can get a limited contract that allows you to order the kits.
  - Physicians, nurse practitioners and physician assistants can provide the kit to members during their routine office visits. Members can then collect the sample at home and send the specimen and requisition form directly to the laboratory services vendor in a postage-paid envelope.
  - Instead of providing kits directly to members, you can also encourage them to call the Customer Service number on the back of their health plan ID card to request a kit.
- The U.S. Preventive Services Task Force (USPSTF) added CT colonography for colorectal cancer screening in July 2016. However, Medicare hasn't approved coverage for this colorectal cancer screening test, and it's **not** a covered benefit for UnitedHealthcare Medicare Advantage members.
  - **If you administer or refer out for this test, please confirm a member's eligibility and benefit coverage.**
- HCPCS G0464 was used to code the Cologuard FIT-DNA test through Dec. 31, 2015.

# Breast Cancer Screening (BCS)

## Definition

**Percentage of female members ages 50–74 who had a mammogram screening Oct. 1 two years prior to the measurement year through Dec. 31 of the measurement year**

### Plan(s) Affected

- Commercial
- Medicaid
- Medicare

### Quality Program(s) Affected

- CMS Star Ratings
- CMS Quality Rating System
- NCQA Accreditation

### Collection and Reporting Method

- **Administrative** Claim/Encounter Data

## Codes

See Appendix for codes that include descriptions. Codes in **bold** are the preferred billing code for this measure.

| Mammography | |
|---|---|
| **CPT/CPT II** | 77055-57, 77061-63, 77065-67 |
| **HCPCS** | **G0202,** G0204, G0206 |
| **UBREV** | 0401, 0403 |

## 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 |
| **Medicare members ages 65 and older as of Jan. 1 of the measurement year who are either:**<br>• Enrolled in an Institutional Special Needs Plan (I-SNP)<br>• Living long-term in an institution | Any time during the measurement year |

| Optional Exclusions | Timeframe |
|---|---|
| • **Any combination of codes that indicate a mastectomy on <u>both</u> the left and right sides on the same or different dates of service**<br>• **Bilateral mastectomy**<br>• **History of bilateral mastectomy**<br>• **Unilateral mastectomy with a bilateral modifier**<br>• **Two unilateral mastectomies with service dates 14 or more days apart**<br>• **Unilateral mastectomy with right side modifier on same claim**<br>• **Unilateral mastectomy with left side modifier on same claim** | Any time in a member's history through Dec. 31 of the measurement year |

# Breast Cancer Screening (BCS)

## Important Notes

| | Test, Service or Procedure to Close Care Opportunity |
|---|---|
| • **This measure does <u>not</u> include biopsies, breast ultrasounds or MRIs.**<br>• **If documenting a mammogram in a member's history, please include the month and year. The result is not required.** | Mammogram – all types and methods including screening, diagnostic, film, digital or digital breast tomosynthesis |

**Medical Record Detail Including, But Not Limited to:**

- Diagnostic reports
- Health history and physical
- Consultation 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.
- **<u>Always include a date of service — year and month is acceptable — when documenting a mammogram reported by a member</u>.**
- As an administrative measure, it's important to submit the appropriate ICD-10 diagnosis code that reflects a member's history of bilateral mastectomy, Z90.13.
  - If a member is new to the care provider and the diagnosis is discovered during the history and physical, the code should be submitted with the initial visit claim.
  - If a member isn't new to the care provider, but the member's chart has a documented history of the diagnosis, the ICD-10 diagnosis code should be submitted on any visit claim.

# Cervical Cancer Screening (CCS)

## Definition

**Percentage of female members ages 21–64 who were screened for cervical cancer using either of the following criteria:**

- Women ages 21–64 who had cervical cytology performed every three years
- Women ages 30–64 who had cervical cytology/human papillomavirus (HPV) co-testing performed every five years

**Plan(s) Affected**

- Commercial
- Medicaid

**Quality Program(s) Affected**

- CMS Quality Rating System
- NCQA Accreditation

**Collection and Reporting Method**

- **Administrative** Claim/Encounter Data
- **Hybrid** Claim/Encounter Data and Medical Record Documentation

## Codes

See Appendix for codes that include descriptions.

| Cervical Cytology | |
|---|---|
| **CPT/CPT II** | 88141-43, 88147-48, 88150, 88152-54, 88164-67, 88174-75 |
| **HCPCS** | G0123, G0124, G0141, G0143, G0144, G0145, G0147, G0148, P3000, P3001, Q0091 |
| **LOINC** | 10524-7, 18500-9, 19762-4, 19764-0, 19765-7, 19766-5, 19774-9, 33717-0, 47527-7, 47528-5 |
| **UBREV** | 0923 |

| HPV Test | |
|---|---|
| **CPT/CPT II** | 87620-22, 87624-25 |
| **HCPCS** | G0476 |
| **LOINC** | 21440-3, 30167-1, 38372-9, 59263-4, 59264-2, 59420-0, 69002-4, 71431-1, 75694-0, 77379-6, 77399-4, 77400-0, 82354-2, 82456-5, 82675-0 |

## 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 |
|---|---|
| **Hysterectomy with no residual cervix, cervical agenesis or acquired absence of cervix** | Any time in a member's history through Dec. 31 of the measurement year |

# Cervical Cancer Screening (CCS)

## Important Notes

| | Test, Service or Procedure to Close Care Opportunity |
|---|---|
| **Measurement year or two years prior** | Cervical cytology for women ages 21-64 |
| **Measurement year or four years prior — tests must be performed on the same day and results documented; reflex testing isn't acceptable** | Cervical cytology and HPV **co-testing** for women ages 30–64 |

**Medical Record Detail Including, But Not Limited to:**

- Diagnostic reports
- Consultation reports
- Lab reports
- Health history and physical

## 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.
- Documentation of a "hysterectomy" alone will **not** meet the intent of the exclusion.
  - The documentation must include the words "total", "complete" or "radical" abdominal or vaginal hysterectomy.
- Acceptable documentation of an exclusion must include:
  - Documentation of a "vaginal Pap smear" with documentation of "hysterectomy"
  - Documentation of hysterectomy and documentation that a member no longer needs Pap testing/cervical cancer screening
- Biopsies are diagnostic and therapeutic, and not valid for primary cervical cancer screening.
- Member reported information documented in the patient's medical record is acceptable as long as there is a date and result of the test or a date of the hysterectomy and acceptable documentation of no residual cervix. The member reported information must be logged in the patient's chart by a care provider.

# Chlamydia Screening in Women (CHL)

## Definition

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

**Plan(s) Affected**

- Commercial
- Medicaid

**Quality Program(s) Affected**

- CMS Quality Rating System
- NCQA Accreditation

**Collection and Reporting Method**

- **Administrative** 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, 14470-9, 14471-7, 14509-4, 14510-2, 16600-9, 21189-6, 21190-4, 21613-5, 23838-6, 31771-9, 31772-7, 31777-6, 36902-5, 36903-3, 43304-5, 43404-3, 43405-0, 43406-8, 44807-6, 45067-6, 45068-4, 45069-2, 45070-0, 45076-7, 45078-3, 45080-9, 45084-1, 45091-6, 45095-7, 45098-1, 45100-5, 47211-8, 47212-6, 49096-1, 4993-2, 50387-0, 53926-2, 557-9, 560-3, 6349-5, 6354-5, 6355-2, 6356-0, 80361-9, 80362-7 |

## 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 |
|---|---|
| **If a member qualified for the measure from a pregnancy test alone, they'll be excluded if they additionally have one of the following:**<br>• A prescription for isotretinoin<br>• An X-ray | On the date of the pregnancy test or six days after the pregnancy test |

# Chlamydia Screening in Women (CHL)

## Important Notes

| | Test, Service or Procedure to Close Care Opportunity |
|---|---|
| **Test must be performed within the measurement year.** | Chlamydia screening test |

**Medical Record Detail Including, But Not Limited to:**

- Health history and physical
- Consultation reports
- 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 Food & Drug Administration for collection in a clinical setting.
- Additional information on chlamydia screening is available at **brightfutures.aap.org.**

# Osteoporosis Management in Women Who Had a Fracture (OMW)

## Definition

**Percentage of women ages 67–85 who suffered a fracture and who had either a bone mineral density (BMD) test or prescription for a drug to treat osteoporosis within six months of the fracture (does not include fractures to the finger, toe, face or skull)**

### Plan(s) Affected

- Medicare

### Quality Program(s) Affected

- CMS Star Ratings

### Collection and Reporting Method

- **Administrative** Claim/Encounter Data and Pharmacy Data

## Codes

See Appendix for codes that include descriptions.

| Bone Mineral Density Tests | |
|---|---|
| **CPT/CPT II** | 76977, 77078, 77080-82, 77085-86 |
| **HCPCS** | G0130 |
| **ICD-10 Procedure** | BP48ZZ1, BP49ZZ1, BP4GZZ1, BP4HZZ1, BP4LZZ1, BP4MZZ1, BP4NZZ1, BP4PZZ1, BQ00ZZ1, BQ01ZZ1, BQ03ZZ1, BQ04ZZ1, BR00ZZ1, BR07ZZ1, BR09ZZ1, BR0GZZ1 |

| Osteoporosis Medications | |
|---|---|
| **HCPCS** | J0630, J0897, J1740, J3110, J3489 |

## Medications

**To comply with this measure, a member must be prescribed at least one of the following osteoporosis medications within 180 days of their discharge for a fracture:**

| Drug Category | Medications | |
|---|---|---|
| **Bisphosphonates** | • Alendronate<br>• Alendronate-cholecalciferol | • Ibandronate<br>• Risedronate<br>• Zoledronic acid |
| **Other agents** | • Calcitonin<br>• Denosumab | • Raloxifene<br>• Teriparatide |

# Osteoporosis Management in Women Who Had a Fracture (OMW)

## Exclusion(s)

If applicable, see Appendix for codes and descriptions.

| Exclusions | 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 |
| **Medicare members ages 65 and older as of Jan. 1 of the measurement year who are:**<br>• Enrolled in an Institutional Special Needs Plan (I-SNP)<br>• Living long-term in an institution | Any time during the measurement year |
| **Members who had a BMD test** | 24 months prior to the fracture |
| **Members who had osteoporosis therapy** | 12 months prior to the fracture |
| **Members who were dispensed a medication or had an active prescription* for medication to treat osteoporosis** | 12 months prior to the fracture |

## Important Notes

| | Test, Service or Procedure to Close Care Opportunity |
|---|---|
| • **BMD test must take place within six months of the fracture.**<br>• **If the fracture resulted in an inpatient stay, a BMD test administered during the stay will close the care opportunity.** | BMD test |
| • **Osteoporosis medication must be dispensed within six months of the fracture.**<br>• **Documentation that the medications aren't tolerated is not an exclusion for this measure.**<br>• **If the fracture resulted in an inpatient stay, long-acting osteoporosis therapy administered during the stay will close the care opportunity.** | Osteoporosis therapies identified through pharmacy data |

**Medical Record Detail Including, But Not Limited to:**

- Medication list
- Progress notes
- Lab results

*An active prescription is one that's noted as having available medication left in the "days' supply" through the episode date or further.

# Osteoporosis Management in Women Who Had a Fracture (OMW)

## 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 post-fracture treatment period to close this care opportunity is only six months. Please see members for an office visit as soon as possible after an event occurs.
- Osteoporosis medication must be filled using a member's Part D prescription drug benefit.
- To help prevent women from being included in this measure incorrectly, please check that fracture codes are used appropriately — and not before a fracture has been verified through diagnostic imaging. If a fracture code was submitted in error, please submit a corrected claim to fix the misdiagnosis and remove the member from this measure.
- A referral for a BMD will **not** close this care opportunity.
- Women at risk for osteoporosis should be prescribed a bone density screening every two years. At-risk women include those who are:
  - At increased risk for falls or have a history of falls
  - Being monitored to assess their response to, or efficacy of, a Federal Drug Administration (FDA) -approved osteoporosis drug therapy regime
  - Diagnosed with primary hyperparathyroidism
  - Estrogen deficient
  - On long-term steroid therapy
- Bone density screening is a covered benefit for most benefit plans.

# Prenatal and Postpartum Care (PPC)

## Definition

**Percentage of deliveries of live births on or between Nov. 6 of the year prior to the measurement year and Nov. 5 of the measurement year. For these women, the measure assesses the following facets of prenatal and postpartum care:**

- **Timeliness of prenatal care —** Percentage of women who had a live birth that received a prenatal care visit in the first trimester or within 42 days of enrollment in a UnitedHealthcare health plan
- **Postpartum care —** Percentage of women who had a live birth that had a postpartum visit on or between 21 and 56 days after delivery

### Plan(s) Affected

- Commercial
- Medicaid

### Quality Program(s) Affected

- CMS Quality Rating System
- NCQA Accreditation (Postpartum Only)

### Collection and Reporting Method

- **Hybrid** Claim/Encounter Data and Medical Record Documentation

## Codes

See Appendix for codes that include descriptions.

| Prenatal Bundled Services | |
|---|---|
| **CPT/CPT II** | 59400, 59425-26, 59510, 59610, 59618 |
| **HCPCS** | H1005 |

| Stand-Alone Prenatal Visits | |
|---|---|
| **CPT/CPT II** | 99500, 0500F-02F |
| **HCPCS** | H1000, H1001, H1002, H1003, H1004 |

| Prenatal Visits | |
|---|---|
| **CPT/CPT II** | 99201-05, 99211-15, 99241-45 |
| **HCPCS** | G0463, T1015 |
| **UBREV** | 0514 |

| Obstetric Panel | |
|---|---|
| **CPT/CPT II** | 80055, 80081 |

| Prenatal Ultrasound | |
|---|---|
| **CPT/CPT II** | 76801, 76805, 76811, 76813, 76815-21, 76825-28 |
| **ICD-10 Procedure** | BY49ZZZ, BY4BZZZ, BY4CZZZ, BY4DZZZ, BY4FZZZ, BY4GZZZ |

| ABO Group | |
|---|---|
| **CPT/CPT II** | 86900 |
| **LOINC** | 57743-7, 883-9 |

| Rh Type | |
|---|---|
| **CPT/CPT II** | 86901 |
| **LOINC** | 10331-7, 1305-2, 34961-3, 972-0, 978-7 |

| ABO Group and Rh Type | |
|---|---|
| **LOINC** | 77397-8, 882-1, 884-7 |

# Prenatal and Postpartum Care (PPC)

## Codes — continued

See Appendix for codes that include descriptions.

| Cytomegalovirus Antibody | |
|---|---|
| **CPT/CPT II** | 86644 |
| **LOINC** | 13225-8, 13949-3, 15377-5, 16714-8, 16715-5, 16716-3, 22239-8, 22241-4, 22244-8, 22246-3, 22247-1, 22249-7, 24119-0, 30325-5, 32170-3, 32791-6, 32835-1, 45326-6, 47307-4, 47363-7, 47430-4, 49539-0, 5121-9, 5122-7, 5124-3, 5125-0, 5126-8, 5127-6, 52976-8, 52984-2, 59838-3, 78445-4, 7851-9, 7852-7, 7853-5, 9513-3 |

| Herpes Simplex Antibody | |
|---|---|
| **CPT/CPT II** | 86694-96 |
| **LOINC** | 10350-7, 13323-1, 13324-9, 13501-2, 13505-3, 14213-3, 16942-5, 16944-1, 16949-0, 16950-8, 16954-0, 16955-7, 16957-3, 16958-1, 17850-9, 17851-7, 19106-4, 21326-4, 21327-2, 22339-6, 22341-2, 22343-8, 24014-3, 25435-9, 25837-6, 25839-2, 26927-4, 27948-9, 30355-2, 31411-2, 32687-6, 32688-4, 32790-8, 32831-0, 32834-4, 32846-8, 33291-6, 34152-9, 34613-0, 36921-5, 40466-5, 40728-8, 40729-6, 41149-6, 41399-7, 42337-6, 42338-4, 43028-0, 43030-6, 43031-4, 43111-4, 43180-9, 44008-1, 44480-2, 44494-3, 44507-2, 45210-2, 47230-8, 48784-3, 49848-5, 50758-2, 51915-7, 51916-5, 5202-7, 5203-5, 5204-3, 5205-0, 5206-8, 5207-6, 5208-4, 5209-2, 5210-0, 52977-6, 52981-8, 53377-8, 53560-9, 57321-2, 73559-7, 7907-9, 7908-7, 7909-5, 7910-3, 7911-1, 7912-9, 7913-7, 9422-7 |

| Rubella Antibody | |
|---|---|
| **CPT/CPT II** | 86762 |
| **LOINC** | 13729-5, 13280-3, 17550-5, 22496-4, 22497-2, 24116-6, 25298-1, 25420-1, 25514-1, 31616-6, 34421-8, 40667-8, 41763-4, 43810-1, 49107-6, 50694-9, 51931-4, 52986-7, 5330-6, 5331-4, 5332-2, 5333-0, 5334-8, 5335-5, 63462-6, 8013-5, 8014-3, 8015-0 |

| Toxoplasma Antibody | |
|---|---|
| **CPT/CPT II** | 86777-78 |
| **LOINC** | 11598-0, 12261-4, 12262-2, 13286-0, 17717-0, 21570-7, 22577-1, 22580-5, 22582-1, 22584-7, 23485-6, 23486-4, 23784-2, 24242-0, 25300-5, 25542-2, 33336-9, 34422-6, 35281-5, 35282-3, 40677-7, 40678-5, 40679-5, 40785-8, 40786-6, 42949-8, 47389-2, 47390-0, 5387-6, 5388-4, 5389-2, 5390-0, 5391-8, 56990-5, 56991-3, 8039-0, 8040-8, 83123-0 |

# Prenatal and Postpartum Care (PPC)

## Codes — continued

See Appendix for codes that include descriptions.

| Postpartum Bundled Services | |
|---|---|
| **CPT/CPT II** | 59400, 59410, 59510, 59515, 59610, 59614, 59618, 59622 |

| Postpartum Visits | |
|---|---|
| **CPT/CPT II** | 57170, 58300, 59430, 99501, 0503F |
| **HCPCS** | G0101 |
| **ICD-10 Diagnosis** | Z01.411, Z01.419, Z01.42, Z30.430, Z39.1, Z39.2 |

| Cervical Cytology | |
|---|---|
| **CPT/CPT II** | 88141-43, 88147-48, 88150, 88152-54, 88164-67, 88174-75 |
| **HCPCS** | G0123, G0124, G0141, G0143, G0144, G0145, G0147, G0148, P3000, P3001, Q0091 |
| **LOINC** | 15024-7, 18500-9, 19762-4, 19764-0, 19765-7, 19766-5, 19774-9, 33717-0, 47527-7, 47528-5 |
| **UBREV** | 0923 |

## Exclusion(s)

If applicable, see Appendix for codes and descriptions.

| Exclusions | 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 |
| • **Pregnancy didn't result in a live birth**<br>• **Member wasn't pregnant**<br>• **Delivery wasn't in date parameters** | Nov. 6 of the year prior to the measurement year through Nov. 5 of the measurement year |

# Prenatal and Postpartum Care (PPC)

## Important Notes

| | Test, Service or Procedure to Close Care Opportunity |
|---|---|
| • **Prenatal care visit must take place in the first trimester or within 42 days of enrollment with the health plan.**<br>• **For prenatal visits with a primary care provider, a diagnosis of pregnancy must be included with any of the tests listed at right.** | Prenatal care visit with an OB/GYN or prenatal care provider, which must include one of the following:<br>• Auscultation for fetal heart tone<br>• Documentation of last menstrual period (LMD) or estimated date of delivery (EDD) with a prenatal risk assessment and counseling, or a complete obstetrical history<br>• Fundal height<br>• Obstetric panel<br>• Pelvic exam with obstetric observations<br>• Prenatal lab results including toxoplasma, rubella antibody, cytomegalovirus and herpes simplex<br>• Ultrasound of pregnant uterus |
| • **Postpartum visit must take place between 21-56 days after delivery.**<br>• **For women who've had a C-section, an incision check two weeks after delivery will not meet compliance.** | Postpartum visit, which must include one of the following:<br>• Assessment of breasts or breast feeding, weight, blood pressure check, and abdomen<br>• Notation of postpartum care<br>• Pelvic exam |

**Medical Record Detail Including, But Not Limited to:**

- Prenatal flow sheets/ ACOG form
- Consultation reports
- Hospital delivery report
- Medical history
- SOAP notes
- Progress notes
- Diagnostic reports

# Prenatal and Postpartum Care (PPC)

## 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 use of CPT Category II codes helps UnitedHealthcare identify clinical outcomes such as prenatal and postpartum care. It can also reduce the need for some chart review.
- Ultrasound and lab results alone aren't considered a visit. They must be linked to an office visit with an appropriate practitioner to count for this measure.
- A Pap test alone doesn't count as a prenatal care visit.
- A visit with a registered nurse will **not** meet compliance. It must be with the following care provider types:
  - Midwife
  - OB/GYN
  - Prenatal care provider
  - Primary care provider, with a diagnosis of pregnancy documented
- When billing prenatal visit codes, the service claim must also include an appropriate code for any of the following to meet compliance:
  - Obstetric panel
  - Pregnancy diagnosis
  - Prenatal ultrasound
  - Rubella antibody test and ABO group test
    - May be on same or different dates of service
  - Rubella antibody test and Rh type test
    - May be on same or different dates of service
  - Rubella antibody test and ABO group and Rh type test
    - May be on same or different dates of service
  - Toxoplasma, rubella, cytomegalovirus and herpes simplex
    - May be on same or different dates of service

# Asthma Medication Ratio (AMR)

## 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

- Commercial
- Medicaid

### Quality Program(s) Affected

- NCQA Accreditation

### Collection and Reporting Method

- **Administrative** Claim/Encounter Data and 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** | • Dyphylline-guaifenesin | • Guaifenesin-theophylline |
| **Antibody inhibitors** | • Omalizumab | |
| **Anti-interleukin-5 antibody therapies** | • Mepolizumab | • Reslizumab |
| **Inhaled corticosteroids** | • Beclomethasone<br>• Budesonide<br>• Ciclesonide | • Flunisolide<br>• Fluticasone CFC free<br>• Mometasone |
| **Inhaled steroid combinations** | • Budesonide-formoterol<br>• Fluticasone-salmeterol | • Fluticasone-vilanterol<br>• Mometasone-formoterol |
| **Leukotriene modifiers** | • Montelukast<br>• Zafirlukast | • Zileuton |
| **Mast cell stabilizers** | • Cromolyn | |
| **Methylxanthines** | • Dyphylline | • Theophylline |

### Asthma Reliever Medications

| Drug Category | Medications | |
|---|---|---|
| **Short-acting, inhaled beta-2 agonists** | • Albuterol<br>• Levalbuterol | • Pirbuterol |

# Asthma Medication Ratio (AMR)

## Exclusion(s)

If applicable, see Appendix for codes and descriptions.

| Exclusions | 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 |
| • **Acute respiratory failure**<br>• **Chronic obstructive pulmonary disease**<br>• **Chronic respiratory conditions due to fumes/vapors**<br>• **Cystic fibrosis**<br>• **Emphysema**<br>• **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.

# Comprehensive Diabetes Care (CDC) — Blood Pressure Control

## Definition

**Percentage of members ages 18–75 with diabetes (Types 1 and 2) who have a blood pressure (BP) reading of <140/90 mmHg in the measurement year**

**Plan(s) Affected**

- Commercial
- Medicaid
- Medicare

**Quality Program(s) Affected**

- NCQA Accreditation

**Collection and Reporting Method**

- **Hybrid**
  Claim/Encounter Data and Medical Record Documentation

## Codes

See Appendix for codes that include descriptions.

| Diastolic Blood Pressure Levels | |
|---|---|
| **CPT/CPT II** | 3078-79F |

| Systolic Blood Pressure Levels | |
|---|---|
| **CPT/CPT II** | 3074F-75F |

## 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 |
|---|---|
| **Members who have no diagnosis of diabetes in any setting and a diagnosis of gestational or steroid-induced diabetes** | Any time between Jan. 1 and Dec. 31 of the measurement year and the year prior |

# Comprehensive Diabetes Care (CDC) — Blood Pressure Control

## Important Notes

| | Test, Service or Procedure to Close Care Opportunity |
|---|---|
| • **BP reading must be performed within the measurement year — <u>last</u> BP result of the year is the one measured.**<br>• **Readings taken in the following situations will <u>not</u> count toward compliance:**<br>– During an acute inpatient stay or an emergency department visit<br>– On the same day as a diagnostic test, or diagnostic or therapeutic procedure that requires a change in diet or medication on or one day before the day of the test or procedure — with the exception of a fasting blood test. Examples include, but are not limited to:<br>• Colonoscopy<br>• Dialysis, infusions and chemotherapy<br>• Nebulizer treatment with albuterol<br>– Reported by or taken by the member | BP reading |

**Medical Record Detail Including, But Not Limited to:**

- Diabetic flow sheets
- Consultation reports
- Progress notes
- Vitals sheet

## 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.
- **<u>Always list the date of service and BP reading together.</u>**
  - If BP is listed on the vital flow sheet, it must have a date of service.
- The use of CPT Category II codes helps UnitedHealthcare identify clinical outcomes such as diastolic and systolic readings. It can also reduce the need for some chart review.
- If multiple BP readings were taken on the same day, the lowest diastolic and lowest systolic will be used to document the overall reading.

# Comprehensive Diabetes Care (CDC) — Eye Exam

## Definition

**Percentage of members ages 18–75 with diabetes (Types 1 and 2) who had any one of the following:**

- Retinal or dilated eye exam by an optometrist or ophthalmologist in the measurement year
- Negative retinal or dilated eye exam by an optometrist or ophthalmologist in the year prior to the measurement year
- Two unilateral eye enucleations with service dates 14 or more days apart – for example, one on Feb. 1 of the measurement year, and the other on or after Feb. 15.

### Plan(s) Affected

- Commercial
- Medicaid
- Medicare

### Quality Program(s) Affected

- CMS Star Ratings
- CMS Quality Rating System
- NCQA Accreditation

### Collection and Reporting Method

- **Hybrid** Claim/Encounter Data and Medical Record Documentation

## Codes

See Appendix for codes that include descriptions.

| Diabetic Eye Exam | |
|---|---|
| **CPT/CPT II** | 67028, 67030-31, 67036, 67039-43, 67101, 67105, 67107-08, 67110, 67112-13, 67121, 67141, 67145, 67208, 67210, 67218, 67220-21, 67227-28, 92002, 92004, 92012, 92014, 92018-19, 92134, 92225-28, 92230, 92235, 92240, 92250, 92260, 99203-05, 99213-15, 99242-45, 2022F, 2024F, 2026F, 3072F |
| **HCPCS** | S0620, S0621, S3000 |

| Unilateral Eye Enucleation | |
|---|---|
| **CPT/CPT II** | 65091, 65093, 65101, 65103, 65105, 65110, 65112, 65114 |
| **ICD-10 Diagnosis** | 08B10ZX, 08B10ZZ, 08B13ZX, 08B13ZZ, 08B1XZX, 08B1XZZ, 08B00ZX, 08B00ZZ, 08B03ZX, 08B03ZZ, 08B0XZX, 08B0XZZ |

| Bilateral Modifier | |
|---|---|
| **CPT/CPT II** | 50, 09950 |

## 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 |
|---|---|
| **Members who have no diagnosis of diabetes in any setting and a diagnosis of gestational or steroid-induced diabetes** | Any time between Jan. 1 and Dec. 31 of the measurement year and the year prior |

# Comprehensive Diabetes Care (CDC) — Eye Exam

## Important Notes

| | Test, Service or Procedure to Close Care Opportunity |
|---|---|
| • **Members <u>without retinopathy</u> should have an eye exam every <u>two</u> years.**<br>• **Members <u>with retinopathy</u> should have an eye exam <u>every</u> year.** | • Bilateral eye enucleation or acquired absence of both eyes<br>• Dilated or retinal eye exam<br>• Fundus photography |

**Medical Record Detail Including, But Not Limited to:**

- Eye exam report
- Diabetic flow sheets
- Consultation 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.
- **<u>Always list the date of service, test, result and eye care professional's name and credentials together if you're documenting the history of a dilated eye exam in a member's chart and don't have the eye exam report from an eye care professional</u>.**
  - For example: "Last diabetic eye exam with John Smith, OD, was June 201X with no retinopathy."
- The use of CPT Category II codes helps UnitedHealthcare identify clinical outcomes such as diabetic retinal screening with an eye care professional. It can also reduce the need for some chart review.
- Documentation of a diabetic eye exam by an optometrist or ophthalmologist isn't specific enough to meet the criteria. The medical record must indicate that a **<u>dilated or retinal exam</u>** was performed. If the words "dilated" or "retinal" are missing in the medical record, a notation of "dilated drops used" and findings for macula and vessels will meet the criteria for a dilated exam.
- If history of a dilated retinal eye exam and result is in your progress notes, please ensure that a date of service, the test or result, and the care provider's credentials is documented. The care provider must be an optometrist or ophthalmologist, and including only the date of the progress note will not count.
- A slit-lamp examination will **<u>not</u>** meet the criteria for the dilated eye exam measure. There must be additional documentation of dilation or evidence that the retina was examined for a slit-lamp exam to be considered compliant.
- A chart or photograph of retinal abnormalities indicating the date when the fundus photography was performed and evidence that an optometrist or ophthalmologist reviewed the results will be compliant. Alternatively, results may be read by a qualified reading center that operates under the direction of a medical director who is a retinal specialist.
- To be reimbursable, billing of fundus photography code 92250 must be submitted globally by an optometrist or ophthalmologist and meet disease state criteria.
- Documentation of hypertensive retinopathy should be considered the same as diabetic retinopathy.

# Comprehensive Diabetes Care (CDC) — HbA1c Control

## Definition

**Percentage of members ages 18–75 with diabetes (Types 1 and 2) who had an HbA1c lab test during the measurement year that showed their blood sugar is under control (< 9%; good control is < 8%)**

### Plan(s) Affected

- Commercial
- Medicaid
- Medicare

### Quality Program(s) Affected

- CMS Star Ratings
- CMS Quality Rating System
- NCQA Accreditation

### Collection and Reporting Method

- **Hybrid** Claim/Encounter Data, Medical Record Documentation or Automated Lab Data

## Codes

See Appendix for codes that include descriptions.

| HbA1c Test | |
|---|---|
| **CPT/CPT II** | 83036-37, 3044F-3046F |
| **LOINC** | 17856-6, 4548-4, 4549-2 |

| HbA1c Level < 7 | |
|---|---|
| **CPT/CPT II** | 3044F |

| HbA1c > 9 | |
|---|---|
| **CPT/CPT II** | 3046F |

## 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 |
|---|---|
| **Members who have no diagnosis of diabetes in any setting and a diagnosis of gestational or steroid-induced diabetes** | Any time between Jan. 1 and Dec. 31 of the measurement year and the year prior |

# Comprehensive Diabetes Care (CDC) — HbA1c Control

## Important Notes

| | Test, Service or Procedure to Close Care Opportunity |
|---|---|
| **HbA1c test must be performed during the measurement year. If multiple tests were performed in the measurement year, the result from the last test is used.** | • A1c, HbA1c, HgbA1c<br>• Glycohemoglobin<br>• Glycohemoglobin A1c<br>• Glycated hemoglobin<br>• Glycosylated hemoglobin<br>• Hemoglobin A1c |

**Medical Record Detail Including, But Not Limited to:**

- Diabetic flow sheets
- Consultation reports
- Lab reports
- Progress notes
- Vitals sheet

## 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 list the date of service, result and test together.**
- If test result(s) are documented in the vitals section of your progress notes, please include the date of the blood draw with the result. The date of the progress notes will not count.
- 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.

# Comprehensive Diabetes Care (CDC) — Medical Attention for Nephropathy

## Definition

**Percentage of members ages 18–75 with diabetes (Types 1 and 2) who had medical attention for nephropathy during the measurement year**

### Plan(s) Affected

- Commercial
- Medicaid
- Medicare

### Quality Program(s) Affected

- CMS Star Ratings
- CMS Quality Rating System
- NCQA Accreditation

### Collection and Reporting Method

- **Hybrid** Claim/Encounter Data, Pharmacy Data and Medical Record Documentation

## Codes

See Appendix for codes that include descriptions.

| Evidence of Treatment for Nephropathy | |
|---|---|
| **CPT/CPT II** | 3066F, 4010F |
| **ICD-10 Diagnosis** | E08.21, E08.22, E08.29, E09.21, E09.22, E09.29, E10.21, E10.22, E10.29, E11.21, E11.22, E11.29, E13.21, E13.22, E13.29, I12.0, I12.9, I13.0, I13.10, I13.11, I13.2, I15.0, I15.1, N00.0, N00.1, N00.2, N00.3, N00.4, N00.5, N00.6, N00.7, N00.8, N00.9, N01.0, N01.1, N01.2, N01.3, N01.4, N01.5, N01.6, N01.7, N01.8, N01.9, N02.0, N02.1, N02.2, N02.3, N02.4, N02.5, N02.6, N02.7, N02.8, N02.9, N03.0, N03.1, N03.2, N03.3, N03.4, N03.5, N03.6, N03.7, N03.8, N03.9, N04.0, N04.1, N04.2, N04.3, N04.4, N04.5, N04.6, N04.7, N04.8, N04.9, N05.0, N05.1, N05.2, N05.3, N05.4, N05.5, N05.6, N05.7, N05.8, N05.9, N06.0, N06.1, N06.2, N06.3, N06.4, N06.5, N06.6, N06.7, N06.8, N06.9, N07.0, N07.1, N07.2, N07.3, N07.4, N07.5, N07.6, N07.7, N07.8, N07.9, N08, N14.0, N14.1, N14.2, N14.3, N14.4, N17.0, N17.1, N17.2, N17.8, N17.9, N18.1, N18.2, N18.3, N18.4, N18.5, N18.6, N18.9, N19, N25.0, N25.1, N25.81, N25.89, N25.9, N26.1, N26.2, N26.9, Q60.0, Q60.1, Q60.2, Q60.3, Q60.4, Q60.5, Q60.6, Q61.00, Q61.01, Q61.02, Q61.11, Q61.19, Q61.2, Q61.3, Q61.4, Q61.5, Q61.8, Q61.9, R80.0, R80.1, R80.2, R80.3, R80.8, R80.9 |

| Urine Protein Test | |
|---|---|
| **CPT/CPT II** | 81000-03, 81005, 82042-44, 84156, 3060F-62F |
| **LOINC** | 11218-5, 12842-1, 13705-9, 13801-6, 13986-5, 13992-3, 14956-7, 14957-5, 14958-3, 14959-1, 1753-3, 1754-1, 1755-8, 1757-4, 17819-4, 18373-1, 20454-5, 20621-9, 21059-1, 21482-5, 26801-1, 27298-9, 2887-8, 2888-6, 2889-4, 2890-2, 30000-4, 30001-2, 30003-8, 32209-9, 32294-1, 32551-4, 34366-5, 35663-4, 40486-3, 40662-9, 40663-7, 43605-5, 43606-3, 43607-1, 44292-1, 47558-2, 49002-9, 49023-5, 50209-6, 50561-0, 50949-7, 51190-7, 53121-0, 53525-2, 53530-2, 53531-0, 53532-8, 56553-1, 57369-1, 57735-3, 5804-0, 58448-2, 58992-9, 59159-4, 60678-0, 63474-1, 6941-9, 6942-1, 76401-9, 77253-3, 77254-1, 77940-5, 9318-7 |

# Comprehensive Diabetes Care (CDC) — Medical Attention for Nephropathy

## Medications

**To comply with this measure, a member must have at least one prescription during the measurement year for any of the following angiotensin-converting enzyme (ACE) inhibitor or angiotensin II receptor blocker (ARB) medications:**

| Drug Category | Medications | |
|---|---|---|
| **ACE inhibitors** | • Benazepril<br>• Captopril<br>• Enalapril<br>• Fosinopril<br>• Lisinopril | • Moexipril<br>• Perindopril<br>• Quinapril<br>• Ramipril<br>• Trandolapril |
| **ARBs** | • Azilsartan<br>• Candesartan<br>• Eprosartan<br>• Irbesartan | • Losartan<br>• Olmesartan<br>• Telmisartan<br>• Valsartan |
| **Antihypertensive combinations** | • Aliskiren-valsartan<br>• Amlodipine-benazepril<br>• Amlodipine-hydrochlorothiazide-valsartan<br>• Amlodipine-hydrochlorothiazide-olmesartan<br>• Amlodipine-olmesartan<br>• Amlodipine-perindopril<br>• Amlodipine-telmisartan<br>• Amlodipine-valsartan<br>• Azilsartan-chlorthalidone<br>• Benazepril-hydrochlorothiazide<br>• Candesartan-hydrochlorothiazide<br>• Captopril-hydrochlorothiazide | • Enalapril-hydrochlorothiazide<br>Eprosartan-hydrochlorothiazide<br>• Fosinopril-hydrochlorothiazide<br>• Hydrochlorothiazide-irbesartan<br>• Hydrochlorothiazide-lisinopril<br>• Hydrochlorothiazide-losartan<br>• Hydrochlorothiazide-moexipril<br>• Hydrochlorothiazide-olmesartan<br>• Hydrochlorothiazide-quinapril<br>• Hydrochlorothiazide-telmisartan<br>• Hydrochlorothiazide-valsartan<br>• Sacubitril-valsartan<br>• Trandolapril-verapamil |

## Exclusion(s)

If applicable, see Appendix for codes and descriptions.

| Exclusions | 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 |
| **Members who have no diagnosis of diabetes in any setting and a diagnosis of gestational or steroid-induced diabetes** | Any time between Jan. 1 and Dec. 31 of the measurement year and the year prior |

# Comprehensive Diabetes Care (CDC) — Medical Attention for Nephropathy

## Important Notes

| | Test, Service or Procedure to Close Care Opportunity |
|---|---|
| **Urine test, visit with nephrologist or ACE/ ARB dispensing must be performed within the measurement year.** | • Member prescribed and taking an ACE inhibitor or ARB<br>• Urine test for protein or albumin:<br>– 24-hour urine to test for albumin or protein<br>– Timed urine to test for albumin or protein<br>– Spot urine to test for albumin or protein — for example, urine dipstick or test strip<br>– Urine to test for albumin/creatinine ratio<br>– 24-hour urine to test for total protein<br>– Random urine to test for protein/creatinine ratio<br>• A visit with a nephrologist<br>• Member has one of the following diagnoses:<br>– Acute renal failure<br>– Albuminuria<br>– Chronic kidney disease<br>– Chronic renal failure<br>– Diabetic nephropathy<br>– Dialysis<br>– End-stage renal disease (ESRD)<br>– Hemodialysis<br>– Peritoneal dialysis<br>– Proteinuria<br>– Renal dysfunction<br>– Renal insufficiency<br>• Member has had a renal transplant |

**Medical Record Detail Including, But Not Limited to:**

- Diabetic flow sheets
- Consultation reports
- Lab reports
- Progress notes
- Medication list

# Comprehensive Diabetes Care (CDC) — Medical Attention for Nephropathy

## 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 list the date of service and test together. Results of urine tests are no longer necessary for this measure to be compliant**.
- The use of CPT Category II codes helps UnitedHealthcare identify clinical outcomes such as +/- microalbuminuria test or + macroalbuminuria test. It can also reduce the need for some chart review.
- If you use an in-house lab service and the urine test appears in the vitals section of your progress notes, please ensure that a date of service is documented with the test. The date of the progress note will not count.
- Glomerular filtration rate (GFR) test will not meet the intent of the nephropathy screening measure.

# Controlling High Blood Pressure (CBP)

## Definition

**Percentage of members ages 18–85 who had a diagnosis of hypertension (HTN) and whose blood pressure (BP) was adequately controlled during the measurement year based on the following criteria:**

- Members ages 18–59 whose BP was <140/90 mmHg
- Members ages 60–85 with a diagnosis of diabetes whose BP was <140/90 mmHg
- Members ages 60–85 without a diagnosis of diabetes whose BP was <150/90 mmHg

### Plan(s) Affected

- Commercial
- Medicaid
- Medicare

### Quality Program(s) Affected

- CMS Star Ratings
- CMS Quality Rating System
- NCQA Accreditation

### Collection and Reporting Method

- **Hybrid**
  100 Percent Medical Record Review

## Codes

No codes apply to the numerator for this measure because the result is reported as 100 percent medical record collection — no claims data contributes to the numerator.

## 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 |
| **Medicare members ages 65 and older as of Jan. 1 of the measurement year who are either:**<br>• Enrolled in an Institutional Special Needs Plan (I-SNP)<br>• Living long-term in an institution | Any time during the measurement year |

| Optional Exclusion | Timeframe |
|---|---|
| • **End-stage renal disease (ESRD)**<br>• **Kidney transplant** | On or before Dec. 31 of the measurement year |
| • **Female members with a diagnosis of pregnancy**<br>• **Non-acute inpatient admission** | Between Jan. 1 and Dec. 31 of the measurement year |

# Controlling High Blood Pressure (CBP)

## Important Notes

| | Test, Service or Procedure to Close Care Opportunity |
|---|---|
| • **BP reading must be performed within the measurement year — last BP result of the year is the one measured.**<br>• **Diagnosis must not be on the same day as the BP reading.**<br>• **Diagnosis and BP reading can come from different care providers, so long as both pieces of information are in the member's medical record at the managing care provider's office.**<br>• **Readings taken in the following situations will not count toward compliance:**<br>– During an acute inpatient stay or an emergency department visit<br>– On the same day as a diagnostic test, or diagnostic or therapeutic procedure that requires a change in diet or medication on or one day before the day of the test or procedure — with the exception of a fasting blood test. Examples include, but are not limited to:<br>• Colonoscopy<br>• Dialysis, infusions and chemotherapy<br>• Nebulizer treatment with albuterol<br>– Reported by or taken by the member | Diagnosis of hypertension on or before June 30 of the measurement year **and** last BP reading taken on a separate day than the diagnosis |

**Medical Record Detail Including, But Not Limited to:**

- Consultation reports
- Progress notes
- Vitals sheet
- Medical history
- SOAP notes

# Controlling High Blood Pressure (CBP)

## 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.
- **It's essential that the hypertension diagnosis date and BP reading be on different dates of service.**
  - A member will not be compliant without both pieces of medical documentation and a BP reading within the recommended thresholds.
- If hypertension is documented in a member's problem list, it must be a stand-alone document.
- If a problem list is embedded in your progress notes, the date of the visit must be used for confirmation of the diagnosis.
- If a member's initial BP reading is elevated, multiple readings can be taken during the same visit and you can use the lowest diastolic and lowest systolic to document the overall reading.
  - For example: **If a member's first BP reading was 160/80 mmHg and the second reading was 120/90 mmHg, use the 120 systolic of the second reading and the 80 diastolic of the first reading to show a blood pressure result of 120/80 mmHg.**
- If a member's BP is elevated at the start of an office visit, retake their BP after they've had time to rest. Document readings throughout the same visit to determine if the member's BP is still elevated.
- It's critical to follow up with a member for a BP check after their initial diagnosis.
- If a member is seeing a cardiologist for their hypertension, please encourage them to also have their records transferred to their primary care provider's office.
- **Be sure to date your diagnosis and add it to the member's medical record. It's acceptable to list a hypertension diagnosis code with a date of service to confirm hypertension.**
- If a member is new to your office, please get their medical record from their previous care provider to properly document the transfer of care.

# Disease-Modifying Anti-Rheumatic Drug Therapy for Rheumatoid Arthritis (ART)

## Definition

**Percentage of members ages 18 and older who were diagnosed with rheumatoid arthritis and were dispensed at least one ambulatory prescription(s) for a disease-modifying anti-rheumatic drug (DMARD) during the measurement year**

### Plan(s) Affected

- Commercial
- Medicaid
- Medicare

### Quality Program(s) Affected

- CMS Star Ratings

### Collection and Reporting Method

- **Administrative** Claim/Encounter Data and Pharmacy Data

## Codes

See Appendix for codes that include descriptions.

| DMARD | |
|---|---|
| **HCPCS** | J0129, J0135, J0717, J1438, J1600, J1602, J1745, J3262, J7502, J7515-18, J9250, J9260, J9310 |

## Medications

**To comply with this measure, a member must have at least one prescription during the measurement year for any of the following disease-modifying anti-rheumatic drugs:**

| Drug Category | Medications | |
|---|---|---|
| **5-Aminosalicylates** | • Sulfasalazine | |
| **Alkylating agents** | • Cyclophosphamide | |
| **Aminoquinolines** | • Hydroxychloroquine | |
| **Anti-rheumatics** | • Auranofin<br>• Leflunomide | • Methotrexate<br>• Penicillamine |
| **Immunomodulators** | • Abatacept<br>• Adalimumab<br>• Anakinra<br>• Certolizumab<br>• Certolizumab pegol | • Etanercept<br>• Golimumab<br>• Infliximab<br>• Rituximab<br>• Tocilizumab |
| **Immunosuppressive agents** | • Azathioprine<br>• Cyclosporine | • Mycophenolate |
| **Janus kinase (JAK) inhibitor** | • Tofacitinib | |
| **Tetracyclines** | • Minocycline | |

# Disease-Modifying Anti-Rheumatic Drug Therapy for Rheumatoid Arthritis (ART)

## 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 |
|---|---|
| **HIV diagnosis** | Any time during a member's history through Dec. 31 of the measurement year |
| **Female members with a diagnosis of pregnancy** | 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.
- **Proper coding for this measure is important because it helps avoid non-applicable members from appearing in the measure.**
  - Miscoding issues commonly seen with this measure:
    - Coding for rheumatoid arthritis when it's a "rule out work up"
    - Coding for rheumatoid arthritis when a member has another condition such as psoriatic arthritis or rheumatism
    - Confusion over which code to use — more than 300 ICD-10 diagnosis codes are attributed to rheumatoid arthritis
- If you suspect **any** previously submitted codes were billed incorrectly, please check your UnitedHealthcare Provider Administrative Guide at **UHCprovider.com** > Menu > Administrative Guides for more details including where to send a paper claim reconsideration request.
- If you need to correct a claim to remove an incorrect rheumatoid arthritis diagnosis, please:
  - Review the information on the claim reconsideration process at **UHCprovider.com** > Menu > Claims, Billing and Payments > Submit a Claim Reconsideration.
  - Complete a corrected claim for each claim submitted in the calendar year with the incorrect diagnosis, along with a claim reconsideration form.
  - If using a paper reconsideration form, check the box that says "Resubmission of a corrected claim" and write in the comments section "Resubmitted for diagnosis code change – DO NOT DENY."

# Medication Management for People With Asthma (MMA)

## 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

- Commercial
- Medicaid

### Quality Program(s) Affected

- CMS Quality Rating System
- NCQA Accreditation (75 percent of treatment period only)

### Collection and Reporting Method

- **Administrative** Claim/Encounter Data and Pharmacy Data

## 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** | • Dyphylline-guaifenesin | • Guaifenesin-theophylline |
| **Antibody inhibitors** | • Omalizumab | |
| **Anti-interleukin-5 antibody therapies** | • Mepolizumab | • Reslizumab |
| **Inhaled corticosteroids** | • Beclomethasone<br>• Budesonide<br>• Ciclesonide | • Flunisolide<br>• Fluticasone CFC free<br>• Mometasone |
| **Inhaled steroid combinations** | • Budesonide-formoterol<br>• Fluticasone-salmeterol | • Fluticasone-vilanterol<br>• Mometasone-formoterol |
| **Leukotriene modifiers** | • Montelukast<br>• Zafirlukast | • Zileuton |
| **Mast cell stabilizers** | • Cromolyn | |
| **Methylxanthines** | • Dyphylline | • Theophylline |

# Medication Management for People With Asthma (MMA)

## 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 |
| • **Acute respiratory failure**<br>• **Chronic obstructive pulmonary disease**<br>• **Chronic respiratory conditions due to fumes/vapors**<br>• **Cystic fibrosis**<br>• **Emphysema**<br>• **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.

# Pharmacotherapy Management of COPD Exacerbation (PCE)

## Definition

**Percentage of COPD exacerbations for members ages 40 and older who had an acute inpatient discharge or emergency department visit on or between Jan. 1 – Nov. 30 of the measurement year and were dispensed appropriate medications. Two rates are reported:**

1. Percentage of members dispensed a systemic corticosteroid – or with evidence of an active prescription* – within 14 days of the event

2. Percentage of members dispensed a bronchodilator – or with evidence of an active prescription – within 30 days of the event

### Plan(s) Affected

- Commercial
- Medicaid
- Medicare

### Quality Program(s) Affected

- NCQA Accreditation

### Collection and Reporting Method

- **Administrative** Claim/Encounter Data and Pharmacy Data

## Medications

**To comply with this measure, a member must have been dispensed, or have an active prescription for, one of the following systemic corticosteroids within 14 days of the COPD exacerbation:**

| Drug Category | Medications | |
|---|---|---|
| **Glucocorticoids** | • Cortisone-acetate<br>• Dexamethasone<br>• Hydrocortisone | • Methylprednisolone<br>• Prednisolone<br>• Prednisone |

**To comply with this measure, a member must have been dispensed, or have an active prescription for, one of the following bronchodilators within 30 days of the COPD exacerbation:**

| Drug Category | Medications | |
|---|---|---|
| **Anticholinergic agents** | • Albuterol-ipratropium<br>• Aclidinium-bromide | • Ipratropium<br>• Tiotropium<br>• Umeclidinium |
| **Beta 2-agonists** | • Albuterol<br>• Arformoterol<br>• Budesonide-formoterol<br>• Fluticasone-salmeterol<br>• Fluticasone-vilanterol<br>• Formoterol<br>• Formoterol-glycopyrrolate<br>• Indacaterol<br>• Indacaterol-glycopyrrolate | • Levalbuterol<br>• Mometasone-formoterol<br>• Metaproterenol<br>• Olodaterol hydrochloride<br>• Olodaterol-tiotropium<br>• Pirbuterol<br>• Salmeterol<br>• Umeclidinium-vilanterol |
| **Methylxanthines** | • Dyphylline | • Guaifenesin-theophylline |

*An active prescription is one that's noted as having available medication left in the "days' supply" through the episode date or further.

# Pharmacotherapy Management of COPD Exacerbation (PCE)

## 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 |

## Tips and Best Practices to Help Close This Care Opportunity

- The denominator for this measure is based on discharges and not members specifically.
- Members with active prescriptions for these medications are administratively compliant with the measure.
  - An active prescription is one that's noted as having available medication left in the "days' supply" through the episode date or further.
    - The "episode date" for an acute inpatient stay is the admission date.
    - The "episode date" for the emergency department visit is the date of service.
- Please follow up with members to make sure any new prescriptions are filled post-discharge.

# Avoidance of Antibiotic Treatment in Adults With Acute Bronchitis (AAB)

## Definition

**Percentage of adults ages 18–64 with a diagnosis of acute bronchitis who were not dispensed an antibiotic medication**

**Plan(s) Affected**

- Commercial
- Medicaid

**Quality Program(s) Affected**

- CMS Quality Rating System
- NCQA Accreditation

**Collection and Reporting Method**

- **Administrative** Claim/Encounter Data and Pharmacy Data

## Medications

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

| Medications |
|---|

- Amikacin
- Amoxicillin
- Amoxicillin-clavulanate
- Ampicillin
- Ampicillin-sulbactam
- Azithromycin
- Aztreonam
- Cefaclor
- Cefadroxil
- Cefazolin
- Cefdinir
- Cefditoren
- Cefepime
- Cefixime
- Cefotaxime
- Cefotetan
- Cefoxitin
- Cefpodoxime
- Cefprozil
- Ceftazidime
- Ceftibuten
- Ceftriaxone
- Cefuroxime
- Cephalexin
- Chloramphenicol
- Ciprofloxacin
- Clarithromycin
- Clindamycin
- Dalfopristin-quinupristin
- Daptomycin
- Dicloxacillin
- Doxycycline
- Erythromycin
- Erythromycin ethylsuccinate
- Erythromycin lactobionate
- Erythromycin stearate
- Erythromycin-sulfisoxazole
- Fosfomycin
- Gemifloxacin
- Gentamicin
- Levofloxacin
- Lincomycin
- Linezolid
- Metronidazole
- Minocycline
- Moxifloxacin
- Nafcillin
- Nitrofurantoin
- Nitrofurantoin macrocrystals
- Nitrofurantoin macrocrystals-monohydrate
- Norfloxacin
- Ofloxacin
- Oxacillin
- Penicillin G benzathine
- Penicillin G benzathine-procaine
- Penicillin G potassium
- Penicillin G procaine
- Penicillin G sodium
- Penicillin V potassium
- Piperacillin-tazobactam
- Rifampin
- Streptomycin
- Sulfadiazine
- Sulfamethoxazole-trimethoprim
- Telithromycin
- Tetracycline
- Ticarcillin-clavulanate
- Tobramycin
- Trimethoprim
- Vancomycin

*An active prescription is one that's noted as having available medication left in the "days' supply" through the episode date or further.

# Avoidance of Antibiotic Treatment in Adults With Acute Bronchitis (AAB)

## 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 |

## 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.
- A member won't be included in the denominator if they were diagnosed with one of the following conditions within the 12 months before their acute bronchitis diagnosis:
  - Chronic obstructive pulmonary disease
  - Cystic fibrosis
  - Disorders of the immune system
  - Emphysema
  - HIV
  - Malignant neoplasms
  - Other malignant neoplasms of the skin
- A member won't be included in the denominator if they were diagnosed with pharyngitis within 30 days before through seven days after their acute bronchitis diagnosis.

# Hospitalization for Potentially Preventable Complications (HPC)

## Definition

**Rate of discharges for an ambulatory care sensitive condition (ACSC) per 1,000 members ages 67 and older, taking into account the risk-adjusted ratio of observed to expected discharges for an ACSC by chronic and acute condition**

**The rate is adjusted for factors such as a member's age, gender or comorbid condition(s).**

### Plan(s) Affected

- Medicare

### Quality Program(s) Affected

- CMS Star Ratings

### Collection and Reporting Method

- **Administrative** Claim/Encounter Data and Pharmacy Data

## Important Notes

- **Every inpatient hospitalization for an ACSC during the year counts toward the measure. The primary diagnosis on the inpatient hospital claim is used to determine which hospitalizations are included.**
- **NCQA defines ACSC as an acute or chronic health condition that can be managed or treated in an outpatient setting. There are 13 conditions that are considered as part of this measure — four acute and nine chronic.**

**The four health conditions considered acute ACSC include:**

- Bacterial pneumonia
- Cellulitis
- Pressure ulcers
- Urinary tract infections

**The nine health conditions meeting chronic ACSC criteria are:**

- Diabetes short-term complications
- Diabetes long-term complications
- Uncontrolled diabetes
- Lower-extremity amputation among patients with diabetes
- Chronic obstructive pulmonary disease (COPD)
- Asthma
- Acute bronchitis with COPD
- Hypertension
- Heart failure

**The classification period is the year prior to the measurement year.**

*An active prescription is one that's noted as having available medication left in the "days' supply" through the episode date or further.

# Hospitalization for Potentially Preventable Complications (HPC)

## 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 |
| **Medicare members ages 65 and older as of Jan. 1 of the measurement year who are either:**<br>• Enrolled in an Institutional Special Needs Plan (I-SNP)<br>• Living long-term in an institution | 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.
- Some members may be at increased risk for complications from an ACSC. In these cases, it's important to make sure they're adhering to your treatment plan including following up on any referrals.
- Issues can arise despite your best interventions. If this happens, consider these suggestions:
  - **Urgent care** – If you can't immediately see a member and it's medically appropriate, direct them to a nearby in-network urgent care center. This can help prevent the member's health condition from getting worse and avoid a costly emergency room visit. Follow up with them as soon as possible and adjust their treatment plan as needed.
  - **Transitional care management (TCM)** – If recently discharged from a hospital or skilled nursing facility, provide the member with transitional care management (TCM) outreach and services. TCM, which includes medication reconciliation, can help prevent unnecessary inpatient readmissions.
- **Schedule follow-up appointments with members to manage and track their health status. At each visit, provide an opportunity for them to ask questions.**
- Create early intervention processes to help prevent complications and address exacerbations of ACSCs including diabetes, COPD, asthma and congestive heart failure.
- Make sure hospitalists you partner with are familiar with this measure.

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

## 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-assisted treatment (MAT) 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 MAT within 34 days of their initiation visit

### Plan(s) Affected

- Commercial
- Medicaid
- Medicare

### Quality Program(s) Affected

- CMS Quality Rating System
- NCQA Accreditation

### Collection and Reporting Method

- **Administrative** Claim/Encounter Data

## Codes

See Appendix for codes that include descriptions.

| IET Stand-Alone Visits | |
|---|---|
| **CPT/CPT II** | 98960-62, 99078, 99201-05, 99211-15, 99217-20, 99241-45, 99341-45, 99347-49, 99350, 99384-87, 99394-97, 99401-04, 99408-09, 99411-12, 99510 |
| **HCPCS** | G0155, G0176, G0177, G0396, G0397, G0409, G0410, G0411, G0443, G0463, H0001, H0002, H0004, H0005, H0007, H0015, H0016, H0022, H0031, H0034, H0035, H0036, H0037, H0039, H0040, H0047, H2000, H2001, H2010, H2011, H2012, H2013, H2014, H2015, H2016, H2017, H2018, H2019, H2020, H2035, H2036, M0064, S0201, S9480, S9484, S9485, T1006, T1012, T1015 |
| **UBREV** | 0510, 0513, 0515, 0516, 0517, 0519, 0520, 0521, 0522, 0523, 0526, 0527, 0528, 0529, 0900, 0902, 0903, 0904, 0905, 0906, 0907, 0911, 0912, 0913, 0914, 0915, 0916, 0917, 0919, 0944, 0945, 0982, 0983 |

# 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 Codes**
**(Place of Service Code and Diagnosis of Alcohol or Other Drug Dependence Must Be Billed With Visit Code.)**

**Scenario #1**

| | |
|---|---|
| **CPT/CPT II** | 90791-92, 90832-34, 90836-40, 90845, 90847, 90849, 90853, 90875-76 |
| **AND** | |
| **Place of Service Codes/Location** | 02 Telehealth<br>03 School<br>05 Indian Health Service free-standing facility<br>07 Tribal 638 free-standing facility<br>09 Prison/correctional facility<br>11 Office<br>12 Home<br>13 Assisted living facility<br>14 Group home<br>15 Mobile unit<br>16 Temporary lodging<br>17 Walk-in retail health clinic<br>18 Place of employment – worksite<br>19 Off-campus outpatient hospital<br>20 Urgent care facility<br>22 On-campus outpatient hospital<br>33 Custodial care facility<br>49 Independent clinic<br>50 Federally qualified health center<br>52 Psychiatric facility-partial hospitalization<br>53 Community mental health center<br>57 Non-residential substance abuse treatment facility<br>71 Public health clinic<br>72 Rural health clinic |

**Scenario #2**

| | |
|---|---|
| **CPT/CPT II** | 99221-23, 99231-33, 99238-39, 99251-55 |
| **AND** | |
| **Place of Service Codes/Location** | 02 Telehealth<br>52 Psychiatric facility-partial hospitalization<br>53 Community mental health center |

## 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 |
|---|---|
| • **Initiation of AOD Treatment must take place within 14 days of the episode date.**<br>• **Episode date is the earliest date of service for an inpatient, intensive outpatient, partial hospitalization, outpatient, telehealth, detoxification or emergency department visit with an AOD abuse or dependence diagnosis between Jan. 1 – Nov. 14 of the measurement year.** | Initiation of AOD Treatment through:<br>• Acute or non-acute inpatient stay<br>• Stand-alone visits with an appropriate place of service code<br>• Group visits with an appropriate place of service code |
| • **Engagement of AOD Treatment must be one of these two scenarios:**<br>1. Within 29 days of the initiation date if the treatment visits are inpatient, outpatient, telehealth, intensive outpatient or partial hospitalizations with the same originating diagnosis<br>**OR**<br>2. Within 34 days of the initiation date if the initiation of AOD was based on a diagnosis of alcohol or opioid abuse or dependence, or one or more MAT dispensing event(s) or MAT claim(s)<br>• **Multiple visits may occur on the same day, but they must be with different care providers to count.**<br>• **Initiation date is determined based on the scenario criteria listed above.** | Engagement of AOD Treatment when a member meets the criteria for initiation of treatment and proceeds with two or more of the following:<br>• Acute or non-acute inpatient stay<br>• Group visits with an appropriate place of service code<br>• Online assessment<br>• Stand-alone visits with an appropriate place of service code<br>• Telephonic visits |

# Plan All-Cause Readmissions (PCR)

## Definition

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

**A lower rate constitutes a better score for this measure.**

### Plan(s) Affected

- Commercial
- Medicaid
- Medicare

### Quality Program(s) Affected

- CMS Star Ratings
- CMS Quality Rating System
- NCQA Accreditation

### Collection and Reporting Method

- **Administrative** Claim/Encounter Data

## 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 |
| **Member died during the inpatient stay** | Jan. 1 – Dec. 1 of the measurement year |
| **Acute inpatient hospital admission for a principal diagnosis of female with a pregnancy or a principal diagnosis originating in the perinatal period** | Jan. 1 – Dec. 1 of the measurement year |
| **Planned hospital stays for:**<br>• Organ transplant<br>• Potentially planned procedure without a principal acute diagnosis<br>• Principal diagnosis of chemotherapy maintenance<br>• Principal diagnosis of rehabilitation | Within 30 days after the acute inpatient discharge — acute inpatient discharge can be any time between Jan. 3 – Dec. 31 of the measurement year |

# Plan All-Cause Readmissions (PCR)

## 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 denominator for this measure is based on discharges and not members specifically.
- An acute discharge can be from any type of facility, including behavioral health facilities.
- Please help members avoid readmission by:
  - Following up with them within one week of their discharge
  - Making sure they filled their new prescriptions post-discharge
  - Implementing a robust, safe discharge plan that includes a post-discharge phone call to discuss these questions:
    - Do you completely understand all of the instructions that you were given at discharge?
    - Do you completely understand the medications and your medication instructions? Have you filled all of your prescriptions?
    - Have you made your follow-up appointments? Do you need help scheduling them?
    - Do you have transportation to the appointment and/or do you need help arranging transportation?
    - Do you have any questions?

# Use of Imaging Studies for Low Back Pain (LBP)

## Definition

**Percentage of members with a primary diagnosis of low back pain who did not have an imaging study (plain X-ray, MRI, CT scan) within 28 days of the diagnosis**

**Plan(s) Affected**

- Commercial
- Medicaid

**Quality Program(s) Affected**

- CMS Quality Rating System
- NCQA Accreditation

**Collection and Reporting Method**

- **Administrative** Claim/Encounter Data

## Codes

See Appendix for codes that include descriptions.

**Use of Imaging for Low Back Studies**

This measure is reported as an inverted measure and a higher score indicates appropriate treatment of low back pain. The following codes are imaging studies that should be avoided with a diagnosis of **low back pain**.

| Imaging Studies | |
|---|---|
| **CPT/CPT II** | 72010, 72020, 72052, 72100, 72110, 72114, 72120, 72131-33, 72141-42, 72146-49, 72156, 72158, 72200, 72202, 72220 |
| **UBREV** | 0320, 0329, 0350, 0352, 0359, 0610, 0612, 0614, 0619, 0972 |

## 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 |

# Use of Imaging Studies for Low Back Pain (LBP)

## Exclusion(s)

If applicable, see Appendix for codes and descriptions.

**Any member who had a diagnosis where imaging is clinically appropriate including:**

| Exclusions | Timeframe |
|---|---|
| • **Cancer**<br>• **HIV**<br>• **Major organ transplant** | Any time in a member's history through 28 days after the principal diagnosis of low back pain between Jan. 1 – Dec. 3 of the measurement year |
| • **Trauma** | Any time 90 days prior to or 28 days after the principal diagnosis of low back pain between Jan. 1 – Dec. 3 of the measurement year |
| • **Prolonged use of corticosteroids — 90 consecutive days of corticosteroid treatment** | Dispensed any time 12 months prior to the principal diagnosis of low back pain between Jan. 1 – Dec. 3 of the measurement year |
| • **Intravenous drug abuse**<br>• **Neurologic impairment**<br>• **Spinal infection** | Any time 12 months prior to or 28 days after the principal diagnosis of low back pain between Jan. 1 – Dec. 3 of the measurement year |

## Important Notes

| | Test, Service or Procedure to Avoid |
|---|---|
| **The imaging studies listed in the column at right are not clinically appropriate for a diagnosis of uncomplicated back pain.** | • CT scan<br>• MRI<br>• X-ray |

| | Test, Service or Procedure to Close Care Opportunity |
|---|---|
| **The principal diagnosis of uncomplicated low back pain can come from any of the services listed in the column at right for a member to be included in this measure.** | • Observation or emergency department visit<br>• Online assessment<br>• Osteopathic or chiropractic manipulative treatment<br>• Outpatient visit<br>• Physical therapy visit<br>• Telephone visit |

## 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.

# Adherence to Antipsychotic Medications for Individuals With Schizophrenia (SAA)

## Definition

**Percentage of members ages 19–64 during the measurement year with schizophrenia who were dispensed and remained on an antipsychotic medication for at least 80 percent of the treatment period**

**Plan(s) Affected**

- Medicaid

**Quality Program(s) Affected**

- NCQA Accreditation

**Collection and Reporting Method**

- **Administrative** Claim/Encounter Data and Pharmacy Data

## Medications

**To comply with this measure, a member must remain on one of the following medications for the required duration of time:**

### Oral Antipsychotic Medications

| Drug Category | Medications | |
|---|---|---|
| **Miscellaneous antipsychotic agents (oral)** | • Aripiprazole<br>• Asenapine<br>• Brexpiprazole<br>• Cariprazine<br>• Clozapine<br>• Haloperidol<br>• Iloperidone<br>• Loxapine<br>• Lurisadone | • Molindone<br>• Olanzapine<br>• Paliperidone<br>• Pimozide<br>• Quetiapine<br>• Quetiapine fumarate<br>• Risperidone<br>• Ziprasidone |
| **Phenothiazine antipsychotics (oral)** | • Chlorpromazine<br>• Fluphenazine<br>• Perphenazine | • Prochlorperazine<br>• Thioridazine<br>• Trifluoperazine |
| **Psychotherapeutic combinations (oral)** | • Fluoxetine-olanzapine | • Amitriptyline-perphenazine |
| **Thioxanthenes (oral)** | • Thiothixene | |

### Long-Acting Injections 28-Day Supply Medications

| Drug Category | Medications | |
|---|---|---|
| **Long-acting injections 28-day supply** | • Aripiprazole<br>• Fluphenazine decanoate<br>• Haloperidol decanoate | • Olanzapine<br>• Paliperidone palmitate |

### Long-Acting Injections 14-Day Supply Medications

| Drug Category | Medications |
|---|---|
| **Long-acting injections 14-day supply** | • Risperidone |

# Adherence to Antipsychotic Medications for Individuals With Schizophrenia (SAA)

## 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 |
| **Dementia** | Any time during the measurement year |

# Antidepressant Medication Management (AMM)

## Definition

**Percentage of members ages 18 and older who were treated with antidepressant medication, had a diagnosis of major depression and remained on an antidepressant medication treatment. Two rates are reported:**

**1. Effective Acute Phase Treatment —** Percentage of members who remained on an antidepressant medication for at least 84 days (12 weeks)

**2. Effective Continuation Phase Treatment —** Percentage of members who remained on an antidepressant medication for at least 180 days (6 months)

### Plan(s) Affected

- Commercial
- Medicaid
- Medicare

### Quality Program(s) Affected

- CMS Quality Rating System
- NCQA Accreditation

### Collection and Reporting Method

- **Administrative** Claim/Encounter Data and Pharmacy Data

## Medications

**To comply with this measure, a member must remain on one of the following medications for the required duration of time:**

| Drug Category | Medications | |
|---|---|---|
| **Miscellaneous antidepressants** | • Bupropion<br>• Vilazodone | • Vortioxetine |
| **Monoamine oxidase inhibitors** | • Isocarboxazid<br>• Phenelzine | • Selegiline<br>• Tranylcypromine |
| **Phenylpiperazine antidepressants** | • Nefazodone | • Trazodone |
| **Psychotherapeutic combinations** | • Amitriptyline-chlordiazepoxide<br>• Amitriptyline-perphenazine | • Fluoxetine-olanzapine |
| **SNRI antidepressants** | • Desvenlafaxine<br>• Duloxetine | • Levomilnacipran<br>• Venlafaxine |
| **SSRI antidepressants** | • Citalopram<br>• Escitalopram<br>• Fluoxetine | • Fluvoxamine<br>• Paroxetine<br>• Sertraline |
| **Tetracyclic antidepressants** | • Maprotiline | • Mirtazapine |
| **Tricyclic antidepressants** | • Amitriptyline<br>• Amoxapine<br>• Clomipramine<br>• Desipramine<br>• Doxepin (>6 mg) | • Imipramine<br>• Nortriptyline<br>• Protriptyline<br>• Trimipramine |

## 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 measurement year |

# Cardiovascular Monitoring for People With Cardiovascular Disease and Schizophrenia (SMC)

## Definition

**Percentage of members ages 18–64 with schizophrenia and cardiovascular disease who had a low-density lipoprotein cholesterol (LDL-C) test during the measurement year**

**Plan(s) Affected**

- Medicare

**Quality Program(s) Affected**

- Select Medicaid State Reporting

**Collection and Reporting Method**

- **Administrative** Claim/Encounter Data and Pharmacy Data

## Codes

See Appendix for codes that include descriptions.

| 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 |

## 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 Note

**A calculated or direct LDL may be used to report compliance.**

## Tips and Best Practices to Help Close This Care Opportunity

- The use of CPT Category II codes helps UnitedHealthcare identify clinical outcomes such as LDL-C. It can also reduce the need for some chart review.

# Diabetes Monitoring for People With Diabetes and Schizophrenia (SMD)

## Definition

**Percentage of members ages 18–64 with schizophrenia and diabetes who had both an HbA1c test and a low-density lipoprotein cholesterol (LDL-C) test during the measurement year**

**Plan(s) Affected**

- Medicaid

**Quality Program(s) Affected**

- Select Medicaid State Reporting

**Collection and Reporting Method**

- **Administrative** Claim/Encounter Data and Pharmacy Data

## Codes

See Appendix for codes that include descriptions.

| HbA1c Test | |
|---|---|
| **CPT/CPT II** | 83036-37, 3044F-46F |
| **LOINC** | 17856-6, 4548-4, 4549-2 |

| 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 |

## 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 |

# Diabetes Monitoring for People With Diabetes and Schizophrenia (SMD)

## Important Notes

| | Test, Service or Procedure to Close Care Opportunity |
|---|---|
| **Individual tests to measure cholesterol and blood glucose levels can be done on the same or different dates of service.** | • HbA1c test<br>• LDL-C test<br><br>**HbA1c tests may include:**<br>• A1c, HbA1c, HgbA1c<br>• Glycohemoglobin<br>• Glycohemoglobin A1c<br>• Glycated hemoglobin<br>• Glycosylated hemoglobin<br>• Hemoglobin A1c |

## 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.

# Diabetes Screening for People With Schizophrenia or Bipolar Disorder Who Are Using Antipsychotic Medications (SSD)

## Definition

**Percentage of members ages 18–64 with schizophrenia or bipolar disorder who were dispensed an antipsychotic medication and had a diabetes screening test during the measurement year**

**Plan(s) Affected**

- Medicaid

**Quality Program(s) Affected**

- NCQA Accreditation

**Collection and Reporting Method**

- **Administrative** Claim/Encounter Data and 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, 17865-7, 20436-2, 20437-0, 20438-8, 20440-4, 26554-6, 41024-1, 6749-6, 9375-7 |

| HbA1c Test | |
|---|---|
| **CPT/CPT II** | 83036-37, 3044F-46F |
| **LOINC** | 17856-6, 4548-4, 4549-2 |

## 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 |
| **Members with diabetes** | Measurement year or year prior to measurement year |

# Diabetes Screening for People With Schizophrenia or Bipolar Disorder Who Are Using Antipsychotic Medications (SSD)

## Important Notes

| | Test, Service or Procedure to Close Care Opportunity |
|---|---|
| **HbA1c test must be performed during the measurement year.** | • Glucose test<br>• HbA1c test<br><br>**HbA1c tests may include:**<br>• A1c, HbA1c, HgbA1c<br>• Glycohemoglobin<br>• Glycohemoglobin A1c<br>• Glycated hemoglobin<br>• Glycosylated hemoglobin<br>• Hemoglobin A1c |

## 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.

# Follow-Up After Hospitalization for Mental Illness (FUH)

## Definition

**Percentage of discharges for members ages 6 and older who were hospitalized for treatment of select mental illness diagnoses and had a follow-up visit with a mental health practitioner. Two rates are reported:**

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

### Plan(s) Affected

- Commercial
- Medicaid
- Medicare

### Quality Program(s) Affected

- NCQA Accreditation

### Collection and Reporting Method

- **Administrative** Claim/Encounter Data and Pharmacy Data

## Codes

See Appendix for codes that include descriptions.

| Scenario 1: FUH Stand-Alone Visits, With or Without a Telehealth Modifier | |
|---|---|
| **FUH Stand-Alone Visits** | |
| **CPT/CPT II** | 98960-62, 99078, 99201-05, 99211-15, 99217-20, 99241-45, 99341-45, 99347-50, 99383-87, 99393-97, 99401-04, 99411-12, 99510 |
| **HCPCS** | G0155, G0176-77, G0409-11, G0463, H0002, H0004, H0031, H0034-37, H0039-40, H2000-01, H2010-20, M0064, S0201, S9480, S9484-85, T1015 |

**AND**

| Telehealth Modifier | |
|---|---|
| **CPT/CPT II** | 95, GT |

# Follow-Up After Hospitalization for Mental Illness (FUH)

## Codes — continued

See Appendix for codes that include descriptions.

**Scenario 2: FUH Group Visit With a Mental Health Practitioner and With Appropriate Place of Service Codes, With or Without a Telehealth Modifier**

**FUH Group Visits**

| | |
|---|---|
| **CPT/CPT II** | 90791-92, 90832-34, 90836-40, 90845, 90847, 90849, 90853, 90867-70, 90875-76 |
| **AND** | |
| **Place of Service Codes/Location** | 02 Telehealth<br>03 School<br>05 Indian Health Service free-standing facility<br>07 Tribal 638 free-standing facility<br>09 Prison/correctional facility<br>11 Office<br>12 Home<br>13 Assisted living facility<br>14 Group home<br>15 Mobile unit<br>16 Temporary lodging<br>17 Walk-in retail health clinic<br>18 Place of employment – worksite<br>19 Off-campus outpatient hospital<br>20 Urgent care facility<br>22 On-campus outpatient hospital<br>24 Ambulatory surgical center<br>33 Custodial care facility<br>49 Independent clinic<br>50 Federally qualified health center<br>52 Psychiatric facility-partial hospitalization<br>53 Community mental health center<br>71 Public health clinic<br>72 Rural health clinic |

**Scenario 3: FUH Group Visit With a Mental Health Practitioner and With Appropriate Place of Service Codes, With or Without a Telehealth Modifier**

**FUH Group Visits**

| | |
|---|---|
| **CPT/CPT II** | 99221-23, 99231-33, 99238-39, 99251-55 |
| **AND** | |
| **Place of Service Codes/Location** | 02 Telehealth<br>52 Psychiatric facility-partial hospitalization<br>53 Community mental health center |

**Scenario 4: Visit in a Behavioral Health Care Setting**

| | |
|---|---|
| **UBREV** | 0513, 0900-05, 0907, 0911-17, 0919 |

# Follow-Up After Hospitalization for Mental Illness (FUH)

## Codes — continued

See Appendix for codes that include descriptions.

| Scenario 5: Visit in a Non-Behavioral Health Care Setting With a Mental Health Practitioner | |
|---|---|
| **UBREV** | 0510, 0515-17, 0519-23, 0526-29, 0982-83 |

| Scenario 6: Visit in a Non-Behavioral Health Care Setting With a Diagnosis of Mental Illness | |
|---|---|
| **UBREV** | 0510, 0515-17, 0519-23, 0526-29, 0982-83 |

| Scenario 7: Transitional Care Management Services, With or Without a Telehealth Modifier | |
|---|---|
| **CPT/CPT II** | 99495-96 |

## 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.**

# Medication Reconciliation Post-Discharge (MRP)

## Definition

**Percentage of discharges from Jan. 1 – Dec. 1 of the measurement year for members ages 18 or older for whom medications were reconciled on the date of discharge through 30 days after discharge (31 days total)**

**Plan(s) Affected**

- Medicare

**Quality Program(s) Affected**

- CMS Star Ratings

**Collection and Reporting Method**

- **Hybrid**
  Claim/Encounter Data and Medical Record Documentation

## Codes

See Appendix for codes that include descriptions.

| Medication Reconciliation | |
|---|---|
| **CPT/CPT II** | 1111F, 99495-96 |

## 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 |
| **Members who remain in an acute or non-acute facility** | Through Dec. 1 of the measurement year |

# Medication Reconciliation Post-Discharge (MRP)

## Important Notes

| | Test, Service or Procedure to Close Care Opportunity |
|---|---|
| • **Medication reconciliation can be conducted by a prescribing practitioner, clinical pharmacist or registered nurse.**<br>• **Medication reconciliation must be completed on the date of discharge or 30 days afterward.**<br>• **Medication reconciliation can be documented if there is evidence that:**<br>– A member was seen for a post-discharge follow-up.<br>– Medication review or reconciliation was completed at the appointment. | Discharge medications and outpatient medications reconciled and documented<br><br>Current medications and medication list reviewed and documentation of any of the following:<br>• Status of discharge medications<br>• Notation that discharge medications were reviewed<br>• Review of discharge medication list<br>• Notation if no medications were prescribed at discharge |

**Medical Record Detail Including, But Not Limited to:**

- Medication list
- Progress notes
- SOAP notes
- Home health records
- Health history and physical
- Skilled nursing facility minimum data set (MDS) form

## 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.
- Medication reconciliation can help improve a member's adherence to their new medications and address any errors or duplication. Be sure to check UHCTransitions™ (Health BI) every day to identify and manage members who were recently discharged from an inpatient hospital stay.
  - See Page 6 for more information about UHCTransitions.
- Talk with members about any new medications and address possible side effects or interactions.
- **Always clearly document the date of service of a member's medication reconciliation.**
- The use of CPT Category II codes helps UnitedHealthcare identify clinical outcomes such as medication reconciliation. It can also reduce the need for some chart review.
- Medication reconciliation must clearly tie a member's discharge medications to the medications they were taking prior to an inpatient admission. A simple documentation of "medications reviewed" will **not** meet compliance.
- **Only documentation in the outpatient chart** meets the intent of the measure. An outpatient visit isn't required.
- Medication reconciliation may be done by phone, but documentation of its completion must be included in the outpatient chart.
- A discharge summary alone in the outpatient chart will **not** meet compliance for this measure.
- Inclusion of medication lists isn't required in the outpatient chart.

# Persistence of Beta-Blocker Treatment After a Heart Attack (PBH)

## Definition

**Percentage of members ages 18 and older who were hospitalized and discharged between July 1 of the year prior to the measurement year to June 30 of the measurement year with a diagnosis of acute myocardial infarction (AMI) and who received persistent beta-blocker treatment for six months after discharge**

### Plan(s) Affected

- Commercial
- Medicaid
- Medicare

### Quality Program(s) Affected

- NCQA Accreditation

### Collection and Reporting Method

- **Administrative** Claim/Encounter Data and Pharmacy Data

## Medications

**To comply with this measure, a member must have completed a 180-day course of one of the following beta-blockers:**

| Drug Category | Medications | |
|---|---|---|
| **Antihypertensive combinations** | • Atenolol-chlorthalidone<br>• Bendroflumethiazide-nadolol<br>• Bisoprolol-hydrochlorothiazide | • Hydrochlorothiazide-metoprolol<br>• Hydrochlorothiazide-propranolol |
| **Cardioselective beta-blockers** | • Acebutolol<br>• Atenolol<br>• Betaxolol | • Bisoprolol<br>• Metoprolol<br>• Nebivolol |
| **Non-cardioselective beta-blockers** | • Carvedilol<br>• Labetalol<br>• Nadolol<br>• Penbutolol | • Pindolol<br>• Propranolol<br>• Timolol<br>• Sotalol |

# Persistence of Beta-Blocker Treatment After a Heart Attack (PBH)

## 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 |
| • **Asthma**<br>• **Chronic obstructive pulmonary disease**<br>• **Chronic respiratory conditions due to fumes/vapors**<br>• **Hypotension, heart block >1 degree or sinus bradycardia**<br>• **Intolerance or allergy to beta-blocker therapy**<br>• **Medication dispensing event indicative of a history of asthma**<br>• **Obstructive chronic bronchitis** | Any time during a member's medical history through 179 days post-discharge 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.
- As an administrative measure, it's important to submit codes that reflect a member's history of any exclusion noted in the preceding chart.
  - If a member is new to your practice, you can submit the exclusion diagnoses through the initial visit claim.
  - If a member isn't new to your practice, but their chart has documented history of one of the exclusion diagnoses, you can submit the codes on any visit claim.
- At each office visit, please talk with members about compliance and/or barriers to taking their medications and encourage adherence.
- Please review members' prescription refill patterns and reinforce education and reminders. Consider:
  - Which members don't fill prescriptions, are always late to fill or quit refilling over time
  - Which members are already motivated to fill and refill, but may skip an occasional dose and simply need reminders

# Statin Therapy for Patients With Cardiovascular Disease (SPC)

## Definition

**Percentage of males ages 21-75 and females ages 40-75 during the measurement year who were identified as having clinical atherosclerotic cardiovascular disease (ASCVD) and met the following criteria:**

- **Received statin therapy —** Members who were dispensed at least one high- or moderate-intensity statin medication during the measurement year
- **Statin adherence 80 percent —** Members who remained on a high-or moderate-intensity statin medication for at least 80 percent of the treatment period

### Plan(s) Affected

- Commercial
- Medicaid
- Medicare

### Quality Program(s) Affected

- CMS Star Ratings — only includes the submeasure for "Received Statin Therapy"
- NCQA Accreditation

### Collection and Reporting Method

- **Administrative** Claim/Encounter Data and Pharmacy Data

## Medications

**To comply with this measure, one of the following medications must have been dispensed:**

| Drug Category | Medications | |
|---|---|---|
| **High-intensity statin therapy** | • Amlodipine-atorvastatin 40–80 mg*<br>• Atorvastatin 40–80 mg<br>• Ezetimibe-atorvastatin 40–80 mg | • Ezetimibe-simvastatin 80 mg**<br>• Rosuvastatin 20–40 mg<br>• Simvastatin 80 mg |
| **Moderate-intensity statin therapy** | • Amlodipine-atorvastatin 10–20 mg*<br>• Atorvastatin 10–20 mg<br>• Ezetimibe-atorvastatin 10–20 mg<br>• Ezetimibe-simvastatin 20–40 mg**<br>• Fluvastatin 40 mg bid<br>• Fluvastatin XL 80 mg<br>• Lovastatin 40 mg | • Niacin-lovastatin 40 mg<br>• Niacin-simvastatin 20–40 mg<br>• Pitavastatin 2–4 mg<br>• Pravastatin 40–80 mg<br>• Rosuvastatin 5–10 mg<br>• Simvastatin 20–40 mg<br>• Sitagliptin-simvastatin 20–40 mg |

*The 10-80 mg is referring to atorvastatin strength.
**The 20-80 mg is referring to simvastatin strength.

# Statin Therapy for Patients With Cardiovascular Disease (SPC)

## 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 |
| **Myalgia, myositis, myopathy or rhabdomyolysis diagnosis** | Any time during the measurement year |
| • **Cirrhosis**<br>• **Dispensed at least one prescription for clomiphene**<br>• **End-stage renal disease (ESRD)**<br>• **Female members with a diagnosis of pregnancy**<br>• **In vitro fertilization** | Any time during the measurement year or the year prior to the measurement year |

## Tips and Best Practices to Help Close "Received Statin Therapy" Care Opportunity for Medicare Advantage Members

- **Please check your Patient Care Opportunity Report (PCOR) often.** Look in the **Member Adherence** tab to find members with open care opportunities.
- Log in to UHCTransitions™ (Health BI) to review members with open care opportunities.
  - Under the **Quality** drop-down, select **Member Rx** Adherence to view your patient list.
  - Members without a high- or moderate-intensity statin fill this year will be marked with a "Gap" under the SPC measure.
- **Consider prescribing a high- or moderate-intensity statin, as appropriate.** If you determine medication is appropriate, please send a prescription to the member's preferred pharmacy.*
  - To address the SPC care opportunity, a member must use their insurance card to fill one of the statins or statin combinations in the strengths/doses listed in the "Medications" table on the previous page by the end of the measurement year.

*Member may use any pharmacy in the network, but may not receive preferred retail pharmacy pricing. Pharmacies in the Preferred Retail Pharmacy Network may not be available in all areas. Co-pays apply after deductible.

# Statin Therapy for Patients With Diabetes (SPD)

## Definition

**Percentage of members ages 40–75 during the measurement year with diabetes who do not have clinical atherosclerotic cardiovascular disease (ASCVD) who met the following criteria:**

- **Received statin therapy —** Members who were dispensed at least one statin medication of any intensity during the measurement year
- **Statin adherence 80 percent —** Members who remained on a statin medication of any intensity for at least 80 percent of the treatment period

### Plan(s) Affected

- Commercial
- Medicaid
- Medicare

### Quality Program(s) Affected

- NCQA Accreditation

### Collection and Reporting Method

- **Administrative** Claim/Encounter Data and Pharmacy Data

## Medications

**To comply with this measure, one of the following medications must have been dispensed:**

| Drug Category | Medications | |
|---|---|---|
| **High-intensity statin therapy** | • Amlodipine-atorvastatin 40–80 mg*<br>• Atorvastatin 40–80 mg<br>• Ezetimibe-atorvastatin 40–80 mg | • Ezetimibe-simvastatin 80 mg**<br>• Rosuvastatin 20–40 mg<br>• Simvastatin 80 mg |
| **Moderate-intensity statin therapy** | • Amlodipine-atorvastatin 10–20 mg*<br>• Atorvastatin 10–20 mg<br>• Ezetimibe-atorvastatin 10–20 mg<br>• Ezetimibe-simvastatin 20–40 mg**<br>• Fluvastatin 40 mg bid<br>• Fluvastatin XL 80 mg<br>• Lovastatin 40 mg | • Niacin-lovastatin 40 mg<br>• Niacin-simvastatin 20–40 mg<br>• Pitavastatin 2–4 mg<br>• Pravastatin 40–80 mg<br>• Rosuvastatin 5–10 mg<br>• Simvastatin 20–40 mg<br>• Sitagliptin-simvastatin 20–40 mg |
| **Low-intensity statin therapy** | • Ezetimibe-simvastatin 10 mg**<br>• Fluvastatin 20–40 mg<br>• Lovastatin 20 mg<br>• Niacin-lovastatin 20 mg | • Pitavastatin 1 mg<br>• Pravastatin 10–20 mg<br>• Simvastatin 10 mg<br>• Sitagliptin-simvastatin 10 mg |

* The 10–80 mg is referring to atorvastatin strength.
** The 10–80 mg is referring to simvastatin strength.

# Statin Therapy for Patients With Diabetes (SPD)

## 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 |
| **Myalgia, myositis, myopathy or rhabdomyolysis diagnosis** | Any time during the measurement year |
| • **Cirrhosis**<br>• **Dispensed at least one prescription for clomiphene**<br>• **End-stage renal disease (ESRD)**<br>• **Female members with a diagnosis of pregnancy**<br>• **In vitro fertilization** | Any time during the measurement year or year prior to the measurement year |
| • **Coronary artery bypass grafting (CABG)**<br>• **Myocardial infarction**<br>• **Other revascularization procedure**<br>• **Percutaneous coronary intervention (PCI)** | Any time during the year prior to the measurement year |
| **One or more acute inpatient or outpatient visits with a diagnosis of ischemic vascular disease (IVD)** | Any time during the year prior to the measurement year and the measurement year |

# Medication Adherence for Cholesterol (MAC)

## Definition

**Percentage of members ages 18 and older who adhere to their cholesterol (statin) medication at least 80 percent of the time in the measurement period**

**Plan(s) Affected**

- Medicare

**Quality Program(s) Affected**

- CMS Star Ratings

**Collection and Reporting Method**

- Part D Prescription Claims (Pharmacy Data)

**To comply with this measure, a member must have a proportion of days covered (PDC) of 80 percent or higher for their statin medication in the measurement period.**

## Exclusion(s)

| Exclusions | Timeframe |
|---|---|
| **None** | N/A |

## Tips and Best Practices to Help Improve Medication Adherence

- **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.
- Talk with members about why they're on a statin medication, and how it's important to take their medication as prescribed and get timely refills.
- Discuss medication adherence barriers at each visit and ask open-ended questions about concerns related to health benefits, side effects and cost.
- When clinically appropriate, consider writing 90-day prescriptions for chronic conditions to help improve adherence and minimize frequent trips to the pharmacy — especially if getting to the pharmacy is an issue. UnitedHealthcare Medicare Advantage benefit plans include coverage for a 90-day supply of prescriptions that can be delivered to a patient's home or picked up at a retail pharmacy.
- When clinically appropriate, prescribe low-cost generic medications to help reduce out-of-pocket costs.
- Check that the directions on members' prescriptions match your instructions. **If the dose or frequency is changed, please void the old prescription and send a new one to the member's pharmacy.**
- Remind your patients who are UnitedHealthcare members to use their health plan ID card at the pharmacy to get the best value. **Only prescription fills processed with a member's health plan ID card can be used to measure a member's adherence to their medication.**
- If getting to a pharmacy is difficult, ask members about the possibility of filling their prescriptions through a UnitedHealthcare network mail order pharmacy so they can get their medication delivered to their home. For more information, please call OptumRx® at **800-791-7658** or contact your UnitedHealthcare representative.
- Encourage members to use a pillbox to keep organized and to set an alarm on their phone or clock as a reminder to take their medication. Also ask them to sign up for a refill reminder program at their pharmacy, if available.

Broad formulary coverage available under UnitedHealthcare Medicare Advantage Prescription Drug Plan formularies. Please refer to specific plan formulary for coverage details.

U.S. Department of Health and Human Services Health/Resource Services Administration (HRSA) requirements say network pharmacy providers owned by a 340(b) participating entity may discount or waive the cost-sharing amounts owed by members if there's genuine financial need.

In these cases, Medicare rules and your agreement with OptumRx requires your pharmacy to:
1. Submit claims for Part D drugs for Medicare Part D members to OptumRx using the POS System.
2. If applicable, adjust the member's cost-sharing portion after submitting claims when collecting payment, using guidance on genuine financial need as described by HRSA.

# Medication Adherence for Diabetes Medications (MAD)

## Definition

**Percentage of members ages 18 or older who are adherent to their diabetes medications at least 80 percent of the time in the measurement period**

**These classes of diabetes medications are included in this measure: biguanides, dipeptidyl peptidase-4 (DPP-4) inhibitors, incretin mimetics, meglitinides, sodium-glucose cotransporter-2 (SGLT2) inhibitors, sulfonylureas and thiazolidinediones.**

### Plan(s) Affected

- Medicare

### Quality Program(s) Affected

- CMS Star Ratings

### Collection and Reporting Method

- Part D Prescription Claims (Pharmacy Data)

## Compliance

**To comply with this measure, a member must have a proportion of days covered (PDC) of 80 percent or higher for their diabetes medication(s) in the measurement period. These classes of diabetes medications are included in this measure:**

- Biguanides
- DPP-4 inhibitors
- Incretin mimetics
- Meglitinides
- SGLT2 inhibitors
- Sulfonylureas
- Thiazolidinediones

## Exclusion(s)

| Exclusion | Timeframe |
|---|---|
| • **End-stage renal disease (ESRD)**<br>• **One or more prescription claim for insulin** | Any time during the measurement year |

Broad formulary coverage available under UnitedHealthcare Medicare Advantage Prescription Drug Plan formularies. Please refer to specific plan formulary for coverage details.

U.S. Department of Health and Human Services Health/Resource Services Administration (HRSA) requirements say network pharmacy providers owned by a 340(b) participating entity may discount or waive the cost-sharing amounts owed by members if there's genuine financial need.

In these cases, Medicare rules and your agreement with OptumRx requires your pharmacy to:
1. Submit claims for Part D drugs for Medicare Part D members to OptumRx using the POS System.
2. If applicable, adjust the member's cost-sharing portion after submitting claims when collecting payment, using guidance on genuine financial need as described by HRSA.

# Medication Adherence for Diabetes Medications (MAD)

## 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.
- Talk with members about why they're on diabetes medication(s), and how it's important to take their medication(s) as prescribed and get timely refills.
- Discuss medication adherence barriers at each visit and ask open-ended questions about concerns related to health benefits, side effects and cost.
- When clinically appropriate, consider writing 90-day prescriptions for chronic conditions to help improve adherence and minimize frequent trips to the pharmacy — especially if getting to the pharmacy is an issue. UnitedHealthcare Medicare Advantage benefit plans include coverage for a 90-day supply of prescriptions that can be delivered to a patient's home or picked up at a retail pharmacy.
- When clinically appropriate, prescribe low-cost generic medications to help reduce out-of-pocket costs.
- Check that the directions on members' prescriptions match your instructions. **If the dose or frequency is changed, please void the old prescription and send a new one to the member's pharmacy.**
- Remind your patients who are UnitedHealthcare members to use their health plan ID card at the pharmacy to get the best value. **Only prescription fills processed with a member's health plan ID card can be used to measure a member's adherence to their medication.**
- If getting to a pharmacy is difficult, ask members about the possibility of filling their prescriptions through a UnitedHealthcare network mail order pharmacy so they can get their medication delivered to their home. For more information, please call OptumRx at **800-791-7658** or contact your UnitedHealthcare representative.
- Encourage members to use a pillbox to keep organized and to set an alarm on their phone or clock as a reminder to take their medication. Also ask them to sign up for a refill reminder program at their pharmacy, if available.

Broad formulary coverage available under UnitedHealthcare Medicare Advantage Prescription Drug Plan formularies. Please refer to specific plan formulary for coverage details.

U.S. Department of Health and Human Services Health/Resource Services Administration (HRSA) requirements say network pharmacy providers owned by a 340(b) participating entity may discount or waive the cost-sharing amounts owed by members if there's genuine financial need.

In these cases, Medicare rules and your agreement with OptumRx requires your pharmacy to:
1. Submit claims for Part D drugs for Medicare Part D members to OptumRx using the POS System.
2. If applicable, adjust the member's cost-sharing portion after submitting claims when collecting payment, using guidance on genuine financial need as described by HRSA.

# Medication Adherence for Hypertension (RAS antagonists) (MAH)

## Definition

**Percentage of members ages 18 or older who adhere to their hypertension (RAS antagonist) medication at least 80 percent of the time in the measurement period**

**Plan(s) Affected**

- Medicare

**Quality Program(s) Affected**

- CMS Star Ratings

**Collection and Reporting Method**

- Part D Prescription Claims (Pharmacy Data)

## Compliance

**To comply with this measure, a member must have a proportion of days covered (PDC) of 80 percent or higher for their hypertension (RAS antagonist) medication in the measurement period. RAS antagonist medications include:**

- Angiotensin II receptor blockers (ARBs)
- Angiotensin-converting enzyme (ACE) inhibitors
- Direct renin inhibitors

## Exclusion(s)

| Exclusion | Timeframe |
|---|---|
| • **End-stage renal disease (ESRD)**<br>• **One or more prescription claim for sacubitril/valsartan (Entresto®)** | Any time during the measurement year |

Broad formulary coverage available under UnitedHealthcare Medicare Advantage Prescription Drug Plan formularies. Please refer to specific plan formulary for coverage details.

U.S. Department of Health and Human Services Health/Resource Services Administration (HRSA) requirements say network pharmacy providers owned by a 340(b) participating entity may discount or waive the cost-sharing amounts owed by members if there's genuine financial need.

In these cases, Medicare rules and your agreement with OptumRx requires your pharmacy to:
1. Submit claims for Part D drugs for Medicare Part D members to OptumRx using the POS System.
2. If applicable, adjust the member's cost-sharing portion after submitting claims when collecting payment, using guidance on genuine financial need as described by HRSA.

# Medication Adherence for Hypertension (RAS antagonists) (MAH)

## 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.
- Talk with members about why they're on a RAS antagonist for hypertension, and how it's important to take their medication as prescribed and get timely refills.
- Discuss medication adherence barriers at each visit and ask open-ended questions about concerns related to health benefits, side effects and cost.
- When clinically appropriate, consider writing 90-day prescriptions for chronic conditions to help improve adherence and minimize frequent trips to the pharmacy — especially if getting to the pharmacy is an issue. UnitedHealthcare Medicare Advantage benefit plans include coverage for a 90-day extended supply of prescriptions that can be delivered to a patient's home or picked up at a retail pharmacy.
- When clinically appropriate, prescribe low-cost generic medications to help reduce out-of-pocket costs.
- Check that the directions on members' prescriptions match your instructions. **If the dose or frequency is changed, please void the old prescription and send a new one to the member's pharmacy.**
- Remind your patients who are UnitedHealthcare members to use their health plan ID card at the pharmacy to get the best value. **Only prescription fills processed with a member's health plan ID card can be used to measure a member's adherence to their medication.**
- If getting to a pharmacy is difficult, ask members about the possibility of filling their prescriptions through a UnitedHealthcare network mail order pharmacy so they can get their medication delivered to their home. For more information, please call OptumRx at **800-791-7658** or contact your UnitedHealthcare representative.
- Encourage members to use a pillbox to keep organized and to set an alarm on their phone or clock as a reminder to take their medication. Also ask them to sign up for a refill reminder program at their pharmacy, if available.

Broad formulary coverage available under UnitedHealthcare Medicare Advantage Prescription Drug Plan formularies. Please refer to specific plan formulary for coverage details.

U.S. Department of Health and Human Services Health/Resource Services Administration (HRSA) requirements say network pharmacy providers owned by a 340(b) participating entity may discount or waive the cost-sharing amounts owed by members if there's genuine financial need.

In these cases, Medicare rules and your agreement with OptumRx requires your pharmacy to:
1. Submit claims for Part D drugs for Medicare Part D members to OptumRx using the POS System.
2. If applicable, adjust the member's cost-sharing portion after submitting claims when collecting payment, using guidance on genuine financial need as described by HRSA.

# Medication Therapy Management Program Completion Rate for Comprehensive Medication Reviews (CMR)

## Definition

**Percentage of members ages 18 or older who were enrolled in a medication therapy management (MTM) program for at least 60 days during the reporting period and received a comprehensive medication review (CMR)**

**Plan(s) Affected**

- Medicare Part D

**Quality Program(s) Affected**

- CMS Star Ratings

**Collection and Reporting Method**

- Part D Prescription Claims (Pharmacy Data)
- Medical Claim Data
- Part D Reporting

## 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 |
| **Members who were enrolled in a MTM program for less than 60 days during the reporting period** | Any time during the measurement year |

## Important Notes

| | Timeframe |
|---|---|
| **CMR must be completed by a pharmacist or other health care professional during a member's enrollment in a MTM program.** | Within the reporting period |
| • **To be enrolled in a MTM program, a member must meet certain eligibility requirements that include:**<br>– Diagnosis of three of these five chronic conditions: diabetes, heart failure, high blood pressure, high cholesterol or rheumatoid arthritis<br>– Prescription fills of at least eight Medicare Part D-covered medications for chronic conditions<br>– Total prescription costs of at least $3,967 for Medicare Part D-covered drugs this year<br>• **UnitedHealthcare identifies members who may be eligible every quarter, and automatically enrolls them in our MTM program called MyMedsReview.**<br>– Participants are contacted by mail or phone, and asked to schedule a personal medication review with a pharmacist. A written summary and action plan are sent following each CMR. | |

# Medication Therapy Management Program Completion Rate for Comprehensive Medication Reviews (CMR)

## Tips and Best Practices to Help Close This Care Opportunity

- MyMedsReview, UnitedHealthcare's MTM program, is offered at no additional cost to eligible plan members with Medicare Part D coverage. Once enrolled, members can complete a CMR with one of our pharmacists.
- To identify members who may be eligible for MyMedsReview, check the CMR flag within the UHCTransitions™ (Health BI) tool. Your UnitedHealthcare representative can show you how.
- At office visits, ask eligible members to call MyMedsReview at **866-216-0198,** TTY **711.** Or, call "live" during a visit so they can do their CMR right from your office or schedule for a later date.
  - Pharmacists are available Monday – Thursday, 9 a.m. to 10 p.m. Eastern time, and Friday, 9 a.m. – 6:30 p.m. Eastern time, and can often do a review right away.
- Let eligible members know the program can help them:
  - Take their medications as you prescribed.
  - Recognize the benefits of their medications.
  - Better understand side effects to help lower the risk for adverse reactions.
- If your practice has clinical pharmacists who are interested in completing CMRs, please contact our vendor partner, OutcomesMTM, at **clinics@outcomesmtm.com** to request a network agreement or learn more.
- At every appointment, remind members about the importance of taking their medications as prescribed.

# Statin Use in Persons With Diabetes (SUPD)

## Definition

**Percentage of Medicare members with diabetes ages 40–75 who receive at least one fill of a statin medication in the measurement year**

**Members with diabetes are defined as those who have at least two fills of diabetes medications during the measurement year.**

### Plan(s) Affected

- Medicare

### Quality Program(s) Affected

- CMS Star Ratings

### Collection and Reporting Method

- Part D Prescription Claims (Pharmacy Data)

## Compliance

**To comply with this measure, a member with diabetes must have a fill for at least one statin or statin combination medication in any strength or dose using their Part D benefit during the measurement year. The statins shown here are on a member's UnitedHealthcare Medicare Advantage formulary:[i,ii]**

| Formulary Tier | Medications | |
|---|---|---|
| Tier 1* | • Atorvastatin<br>• Fluvastatin<br>• Lovastatin<br>• Pravastatin | • Rosuvastatin<br>• Simvastatin<br>• Amlodipine-atorvastatin |
| Tier 3 | • Ezetimibe-simvastatin<br>• Livalo® | |

*Lowest copay of all tier levels

[i] All product names are registered® trademarks of their respective holders. Use of them does not imply any affiliation with or endorsement by them.

[ii] The formulary and pharmacy network may change at any time.

## Exclusion(s)

| 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 |
| **End-stage renal disease (ESRD)** | Any time during the measurement year |

# Statin Use in Persons With Diabetes (SUPD)

## Tips and Best Practices to Help Close This Care Opportunity

- **Please check your Patient Care Opportunity Report (PCOR) often.** Look in the **Pharmacy Detail** tab for members with open care opportunities.
- Log in to UHCTransitions™ (Health BI) to review members with open care opportunities.
  - Under the **Quality** drop-down, select **Member Rx Adherence** to view your patient list.
  - Members without a statin fill this year will be marked with a "Gap" under the SUPD measure.
- **Consider prescribing a statin, as appropriate.** If you determine a statin medication is appropriate, please send a prescription to the member's preferred pharmacy.**

**Member may use any pharmacy in the network, but may not receive preferred retail pharmacy pricing. Pharmacies in the Preferred Retail Pharmacy Network may not be available in all areas. Co-pays apply after deductible.

# Consumer Assessment of Healthcare Providers and Systems (CAHPS)

## Definition

**This health plan member survey is a multi-year survey that evaluates consumer/member experiences. We use CAHPS results to compare data on members' experience of care between UnitedHealthcare and prescription drug plans.**

**The example survey questions here use the Medicare and Medicaid look-back period of six months. The questions for Commercial members use a 12-month look-back.**

### Frequency

- Annually between February and June

### Target Population

- Medicare Advantage, Commercial and Medicaid members

### Measurement Year Look-Back

- Six months for Medicare and Medicaid, 12 months for Commercial


## Annual Flu Vaccine

### Survey Question

Have you had a flu shot since July 1 (of the previous year)?

### Compliance Needed to Meet the Intent of the Measure for Medicare Advantage Plan Members

Percentage of sampled UnitedHealthcare members who received a flu vaccination during the measurement year.

**For the following survey questions, Medicare and Health Care Exchange members use the case-mix adjusted calculations. Commercial and Medicaid members don't use case-mix adjustment.**

## Care Coordination

### Survey Questions Address

- Whether the personal doctor is informed and up-to-date about specialist care
- Whether the doctor had medical records and other information about the member's care (Medicare only)
- Whether there was follow-up with the member to provide test results (Medicare only)
- How quickly the member got the test results (Medicare only)
- Whether the doctor spoke with the member about prescription medicines (Medicare only)
- Whether the member received help managing care (Medicare only)

### Compliance Needed to Meet the Intent of the Measure for Medicare Advantage Plan Members

This case-mix adjusted composite measure is used to assess care coordination. The CAHPS score uses the mean of the distribution of responses converted to a scale of 0 to 100.

# Consumer Assessment of Healthcare Providers and Systems (CAHPS)

## Customer Service

### Survey Questions

- In the last six months, how often did your health plan's customer service give you the information or help you needed?
- In the last six months, how often did your health plan's customer service treat you with courtesy and respect?
- In the last six months, how often were the forms for your health plan easy to fill out (Medicare only)?

### Compliance Needed to Meet the Intent of the Measure for Medicare Advantage Plan Members

This case-mix adjusted composite measure is used to assess how easy it was for members to get information and help when needed. The CAHPS score uses the mean of the distribution of responses converted to a scale from 0 to 100.

## Getting Appointments and Care Quickly

### Survey Questions

- In the last six months, when you needed care right away, how often did you get care as soon as you needed it?
- In the last six months, how often did you get an appointment for a check-up or routine care as soon as you needed?
- Wait time includes time spent in the waiting room and exam room. In the last six months, how often did you see the person you came to see within 15 minutes of your appointment time? **(Medicare only)**

### Compliance Needed to Meet the Intent of the Measure for Medicare Advantage Plan Members

This case-mix adjusted composite measure is used to assess how quickly members were able to get appointments and care. The CAHPS score uses the mean of the distribution of responses converted to a scale from 0 to 100.

## Getting Needed Care

### Survey Questions

- How often did you get an appointment to see a specialist as soon as you needed?
- In the last six months, how often was it easy to get the care, tests or treatments you needed?

### Compliance Needed to Meet the Intent of the Measure for Medicare Advantage Plan Members

This case-mix adjusted composite measure is used to assess how easy it was for members to get needed care and see specialists. The CAHPS score uses the mean of the distribution of responses converted to a scale from 0 to 100.

# Consumer Assessment of Healthcare Providers and Systems (CAHPS)

## Rating of Health Care

### Survey Questions

Using any number from 0 to 10, where 0 is the worst health care possible and 10 is the best health care possible, what number would you use to rate all your health care in the last six months?

### Compliance Needed to Meet the Intent of the Measure

This case-mix adjusted measure is used to assess members' view of the quality of care received from the health plan. The CAHPS score uses the mean of the distribution of responses converted to a scale from 0 to 100.

## Rating of Health Plan

### Survey Questions

Using any number from 0 to 10, where 0 is the worst health plan possible and 10 is the best health plan possible, what number would you use to rate your health plan?

### Compliance Needed to Meet the Intent of the Measure

This case-mix adjusted measure is used to assess the overall view members have of their health plan. The CAHPS score uses the mean of the distribution of responses converted to a scale from 0 to 100.

## Rating of Personal Doctor — Commercial and Medicaid only

### Survey Questions

Using any number from 0 to 10, where 0 is the worst personal doctor possible and 10 is the best personal doctor possible, what number would you use to rate your personal doctor?

### Compliance Needed to Meet the Intent of the Measure

This measure is used to assess the overall view members have of their personal doctor.

## Rating of Specialist Seen Most Often — Commercial and Medicaid only

### Survey Questions

We want to know your rating of the specialist you saw most often in the last six to 12 months. Using any number from 0 to 10, where 0 is the worst specialist possible and 10 is the best specialist possible, what number would you use to rate that specialist?

### Compliance Needed to Meet the Intent of the Measure

This measure is used to assess the overall view members have of the specialist they see most often.

# Health Outcomes Survey (HOS)

## Definition

**This health plan member survey is used to gather valid, reliable and clinically meaningful health status data in the Medicare Advantage program for use in quality improvement activities, pay for performance, program oversight, public reporting and improving health. All managed care organizations with Medicare Advantage contracts must participate. The survey looks at physical and mental health outcomes measures, urinary incontinence in older adults, physical activity in older adults, fall risk management, and osteoporosis testing in older women.**

### Frequency

- Annually between April and July

### Target Population

- Medicare Advantage

## Improving Bladder Control — HOS Data Only

**Cohort follow-up data collection and cohort baseline data collection:**

- **HOS Question 42:** Many people experience leakage of urine, also called urinary incontinence. In the past six months, have you experienced leaking of urine?
- **HOS Question 43:** During the past six months, how much did leaking of urine make you change your daily activities or interfere with your sleep?
- **HOS Question 45:** There are many ways to control or manage the leaking of urine, including bladder training exercises, medication and surgery. Have you ever talked with a doctor, nurse or other health care provider about any of these approaches?

### Compliance Needed to Meet the Intent of the Measure

Percentage of Medicare members 65 and older who reported having urine leakage in the past six months (Question 42) and who discussed treatment options for their urinary incontinence with a health care provider (Question 45).

## Improving or Maintaining Mental Health — HOS Data Only

**Cohort follow-up data collection and cohort baseline data collection:**

- **HOS Question 4a:** During the past four weeks, have you had any of the following problems with your work or other regular daily activities as a result of any emotional problems (such as feeling depressed or anxious)? Accomplished less than you would like: none of the time, a little of the time, some of the time, most of the time, all of the time
- **HOS Question 4b:** During the past four weeks, have you had any of the following problems with your work or other regular daily activities as a result of any emotional problems (such as feeling depressed or anxious)? Didn't do work or other activities as carefully as usual: none of the time, a little of the time, some of the time, most of the time, all of the time
- **HOS Question 6a:** How much of the time during the past four weeks have you felt calm and peaceful? None of the time, a little of the time, some of the time, most of the time, all of the time
- **HOS Question 6b:** How much of the time during the past four weeks did you have a lot of energy? None of the time, a little of the time, some of the time, most of the time, all of the time

# Health Outcomes Survey (HOS)

- **HOS Question 6c:** How much of the time during the past four weeks have you felt downhearted and blue? None of the time, a little of the time, some of the time, most of the time, all of the time
- **HOS Question 7:** During the past four weeks, how much of the time has your physical health or emotional problems interfered with your social activities (like visiting with friends, relatives, etc.)? None of the time, a little of the time, some of the time, most of the time, all of the time

### Compliance Needed to Meet the Intent of the Measure

Percentage of sampled Medicare members whose mental health status was the same or better than expected (Questions 4a–b, 6a–c and 7).

## Improving or Maintaining Physical Health — HOS Data Only

### Cohort follow-up data collection and cohort baseline data collection:

- **HOS Question 1:** In general, would you say your health is excellent, very good, good, fair or poor?
- **HOS Question 2a:** The following items are about activities you might do during a typical day. Does your health now limit you in these activities? If so, how much? Moderate activities, such as moving a table, pushing a vacuum cleaner, bowling or playing golf: limited a lot, limited a little, not limited at all
- **HOS Question 2b:** The following items are about activities you might do during a typical day. Does your health now limit you in these activities? If so, how much? Climbing several flights of stairs: limited a lot, limited a little, not limited at all
- **HOS Question 3a:** During the past four weeks, have you had any of the following problems with your work or other regular daily activities as a result of your physical health? Accomplished less than you would like: none of the time, a little of the time, some of the time, most of the time, all of the time
- **HOS Question 3b:** During the past four weeks, have you had any of the following problems with your work or other regular daily activities as a result of your physical health? Were limited in the kind of work or other activities: none of the time, a little of the time, some of the time, most of the time, all of the time
- **HOS Question 5:** During the past four weeks, how much did pain interfere with your normal work (including both work outside the home and housework)? Not at all, a little bit, moderately, quite a bit, extremely

### Compliance Needed to Meet the Intent of the Measure

Percentage of sampled Medicare members whose physical health status was the same, or better than expected (Questions 1, 2a-b, 3a-b and 5).

# Health Outcomes Survey (HOS)

## Monitoring Physical Activity — HOS Data Only

**Cohort follow-up data collection and cohort baseline data collection:**

- **HOS Question 46:** In the past 12 months, did you talk with a doctor or other health provider about your level of exercise or physical activity? For example, a doctor or other health provider may ask if you exercise regularly or take part in physical exercise.
- **HOS Question 47:** In the past 12 months, did a doctor or other health care provider advise you to start, increase or maintain your level of exercise or physical activity? For example, in order to improve your health, your doctor or other health provider may advise you to start taking the stairs, increase walking from 10 to 20 minutes every day or maintain your current exercise program.

### Compliance Needed to Meet the Intent of the Measure

Percentage of sampled Medicare members 65 or older who had a doctor's visit in the past 12 months and who received advice to start, increase, or maintain their level of exercise or physical activity (Question 47).

## Reducing the Risk of Falling — HOS Data Only

**Cohort follow-up data collection and cohort baseline data collection:**

- **HOS Question 48:** A fall is when your body goes to the ground without being pushed. In the past 12 months, did your doctor or other health provider talk with you about falling or problems with balance or walking?
- **HOS Question 49:** Did you fall in the past 12 months?
- **HOS Question 50:** In the past 12 months, have you had a problem with balance or walking?
- **HOS Question 51:** Has your doctor or other health provider done anything to help prevent falls or treat problems with balance or walking? Some things they might do include:
  - Suggest you use a cane or walker.
  - Suggest you take vitamin D.
  - Suggest you do an exercise or physical therapy program.
  - Suggest vision or hearing testing.

### Compliance Needed to Meet the Intent of the Measure

Percentage of Medicare members 65 or older who had a fall or had problems with balance or walking in the past 12 months (Question 49), who were seen by a practitioner in the past 12 months, and who received fall risk intervention from their current practitioner (Question 48 and 51).

**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.

# Appendix

The following is a list of the primary services and codes that 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.**

| Measure | Service | Code | Description | Numerator* | Exclusion** | Page |
|---|---|---|---|---|---|---|
| ABA | BMI | Z68.1 | [Z68.1] Body mass index (BMI) 19 or less, adult | • | | 8–9 |
| ABA | BMI | Z68.20 | [Z68.20] Body mass index (BMI) 20.0-20.9, adult | • | | 8–9 |
| ABA | BMI | Z68.21 | [Z68.21] Body mass index (BMI) 21.0-21.9, adult | • | | 8–9 |
| ABA | BMI | Z68.22 | [Z68.22] Body mass index (BMI) 22.0-22.9, adult | • | | 8–9 |
| ABA | BMI | Z68.23 | [Z68.23] Body mass index (BMI) 23.0-23.9, adult | • | | 8–9 |
| ABA | BMI | Z68.24 | [Z68.24] Body mass index (BMI) 24.0-24.9, adult | • | | 8–9 |
| ABA | BMI | Z68.25 | [Z68.25] Body mass index (BMI) 25.0-25.9, adult | • | | 8–9 |
| ABA | BMI | Z68.26 | [Z68.26] Body mass index (BMI) 26.0-26.9, adult | • | | 8–9 |
| ABA | BMI | Z68.27 | [Z68.27] Body mass index (BMI) 27.0-27.9, adult | • | | 8–9 |
| ABA | BMI | Z68.28 | [Z68.28] Body mass index (BMI) 28.0-28.9, adult | • | | 8–9 |
| ABA | BMI | Z68.29 | [Z68.29] Body mass index (BMI) 29.0-29.9, adult | • | | 8–9 |
| ABA | BMI | Z68.30 | [Z68.30] Body mass index (BMI) 30.0-30.9, adult | • | | 8–9 |
| ABA | BMI | Z68.31 | [Z68.31] Body mass index (BMI) 31.0-31.9, adult | • | | 8–9 |
| ABA | BMI | Z68.32 | [Z68.32] Body mass index (BMI) 32.0-32.9, adult | • | | 8–9 |
| ABA | BMI | Z68.33 | [Z68.33] Body mass index (BMI) 33.0-33.9, adult | • | | 8–9 |
| ABA | BMI | Z68.34 | [Z68.34] Body mass index (BMI) 34.0-34.9, adult | • | | 8–9 |
| ABA | BMI | Z68.35 | [Z68.35] Body mass index (BMI) 35.0-35.9, adult | • | | 8–9 |
| ABA | BMI | Z68.36 | [Z68.36] Body mass index (BMI) 36.0-36.9, adult | • | | 8–9 |
| ABA | BMI | Z68.37 | [Z68.37] Body mass index (BMI) 37.0-37.9, adult | • | | 8–9 |
| ABA | BMI | Z68.38 | [Z68.38] Body mass index (BMI) 38.0-38.9, adult | • | | 8–9 |
| ABA | BMI | Z68.39 | [Z68.39] Body mass index (BMI) 39.0-39.9, adult | • | | 8–9 |
| ABA | BMI | Z68.41 | [Z68.41] Body mass index (BMI) 40.0-44.9, adult | • | | 8–9 |
| ABA | BMI | Z68.42 | [Z68.42] Body mass index (BMI) 45.0-49.9, adult | • | | 8–9 |
| ABA | BMI | Z68.43 | [Z68.43] Body mass index (BMI) 50-59.9 , adult | • | | 8–9 |
| ABA | BMI | Z68.44 | [Z68.44] Body mass index (BMI) 60.0-69.9, adult | • | | 8–9 |
| ABA | BMI | Z68.45 | [Z68.45] Body mass index (BMI) 70 or greater, adult | • | | 8–9 |
| ABA | BMI Percentile | Z68.51 | [Z68.51] Body mass index (BMI) pediatric, less than 5th percentile for age | • | | 8–9 |
| ABA | BMI Percentile | Z68.52 | [Z68.52] Body mass index (BMI) pediatric, 5th percentile to less than 85th percentile for age | • | | 8–9 |
| ABA | BMI Percentile | Z68.53 | [Z68.53] Body mass index (BMI) pediatric, 85th percentile to less than 95th percentile for age | • | | 8–9 |
| ABA | BMI Percentile | Z68.54 | [Z68.54] Body mass index (BMI) pediatric, greater than or equal to 95th percentile for age | • | | 8–9 |
| AMR/MMA | Cystic Fibrosis | 277 | Cystic fibrosis without ileus | | • | 36–37/ 53–54 |
| AMR/MMA | Cystic Fibrosis | 277.01 | Cystic fibrosis with ileus | | • | 36–37/ 53–54 |
| AMR/MMA | Cystic Fibrosis | 277.02 | Cystic fibrosis with pulmonary manifestations | | • | 36–37/ 53–54 |

*Code closes member care opportunity
**Code removes member from measure

| Measure | Service | Code | Description | Numerator* | Exclusion** | Page |
|---|---|---|---|---|---|---|
| AMR/MMA | Cystic Fibrosis | 277.03 | Cystic fibrosis with gastrointestinal manifestations | | • | 36–37/ 53–54 |
| AMR/MMA | Cystic Fibrosis | 277.09 | Cystic fibrosis with general manifestations | | • | 36–37/ 53–54 |
| AMR/MMA | Obstructive Chronic Bronchitis | 491.2 | Obstructive chronic bronchitis without exacerbation | | • | 36–37/ 53–54 |
| AMR/MMA | Obstructive Chronic Bronchitis | 491.21 | Obstructive chronic bronchitis with acute exacerbation | | • | 36–37/ 53–54 |
| AMR/MMA | Obstructive Chronic Bronchitis | 491.22 | Obstructive chronic bronchitis with acute bronchitis | | • | 36–37/ 53–54 |
| AMR/MMA | Emphysema | 492 | Emphysematous bleb | | • | 36–37/ 53–54 |
| AMR/MMA | Emphysema | 492.8 | Emphysema | | • | 36–37/ 53–54 |
| AMR/MMA | COPD | 493.2 | Chronic obstructive asthma | | • | 36–37/ 53–54 |
| AMR/MMA | COPD | 493.21 | Chronic obstructive asthma with status asthmaticus | | • | 36–37/ 53–54 |
| AMR/MMA | COPD | 493.22 | Chronic obstructive asthma with acute exacerbation | | • | 36–37/ 53–54 |
| AMR/MMA | COPD | 496 | Chronic obstructive pulmonary disease | | • | 36–37/ 53–54 |
| AMR/MMA | Chronic Respiratory Conditions Due To Fumes/Vapors | 506.4 | Fumes/vapors chronic respiratory condition | | • | 36–37/ 53–54 |
| AMR/MMA | Acute Respiratory Failure | 518.81 | Acute respiratory failure | | • | 36–37/ 53–54 |
| AMR/MMA | Cystic Fibrosis | E84.0 | [E84.0] Cystic fibrosis with pulmonary manifestations | | • | 36–37/ 53–54 |
| AMR/MMA | Cystic Fibrosis | E84.11 | [E84.11] Meconium ileus in cystic fibrosis | | • | 36–37/ 53–54 |
| AMR/MMA | Cystic Fibrosis | E84.19 | [E84.19] Cystic fibrosis with other intestinal manifestations | | • | 36–37/ 53–54 |
| AMR/MMA | Cystic Fibrosis | E84.8 | [E84.8] Cystic fibrosis with other manifestations | | • | 36–37/ 53–54 |
| AMR/MMA | Cystic Fibrosis | E84.9 | [E84.9] Cystic fibrosis, unspecified | | • | 36–37/ 53–54 |
| AMR/MMA | Emphysema | J43.0 | [J43.0] Unilateral pulmonary emphysema [MacLeod's syndrome] | | • | 36–37/ 53–54 |
| AMR/MMA | Emphysema | J43.1 | [J43.1] Panlobular emphysema | | • | 36–37/ 53–54 |
| AMR/MMA | Emphysema | J43.2 | [J43.2] Centrilobular emphysema | | • | 36–37/ 53–54 |
| AMR/MMA | Emphysema | J43.8 | [J43.8] Other emphysema | | • | 36–37/ 53–54 |
| AMR/MMA | Emphysema | J43.9 | [J43.9] Emphysema, unspecified | | • | 36–37/ 53–54 |
| AMR/MMA | COPD | J44.0 | [J44.0] Chronic obstructive pulmonary disease with acute lower respiratory infection | | • | 36–37/ 53–54 |
| AMR/MMA | COPD | J44.1 | [J44.1] Chronic obstructive pulmonary disease with (acute) exacerbation | | • | 36–37/ 53–54 |
| AMR/MMA | COPD | J44.9 | [J44.9] Chronic obstructive pulmonary disease, unspecified | | • | 36–37/ 53–54 |
| AMR/MMA | Chronic Respiratory Conditions Due To Fumes/Vapors | J68.4 | [J68.4] Chronic respiratory conditions due to chemicals, gases, fumes and vapors | | • | 36–37/ 53–54 |

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| AMR/MMA | Acute Respiratory Failure | J96.00 | [J96.00] Acute respiratory failure, unspecified whether with hypoxia or hypercapnia | | • | 36–37/ 53–54 |
| AMR/MMA | Acute Respiratory Failure | J96.01 | [J96.01] Acute respiratory failure with hypoxia | | • | 36–37/ 53–54 |
| AMR/MMA | Acute Respiratory Failure | J96.02 | [J96.02] Acute respiratory failure with hypercapnia | | • | 36–37/ 53–54 |
| AMR/MMA | Acute Respiratory Failure | J96.20 | [J96.20] Acute and chronic respiratory failure, unspecified whether with hypoxia or hypercapnia | | • | 36–37/ 53–54 |
| AMR/MMA | Acute Respiratory Failure | J96.21 | [J96.21] Acute and chronic respiratory failure with hypoxia | | • | 36–37/ 53–54 |
| AMR/MMA | Acute Respiratory Failure | J96.22 | [J96.22] Acute and chronic respiratory failure with hypercapnia | | • | 36–37/ 53–54 |
| ART | HIV | B20 | [B20] Human immunodeficiency virus [HIV] disease | | • | 51–52 |
| ART | HIV | Z21 | [Z21] Asymptomatic human immunodeficiency virus [HIV] infection status | | • | 51–52 |
| ART | DMARD | J0129 | Injection, abatacept, 10 mg (code may be used for Medicare when drug administered under the direct supervision of a physician; not for use when drug is self-administered) (J0129) | • | | 51–52 |
| ART | DMARD | J0135 | Injection, adalimumab, 20 mg (J0135) | • | | 51–52 |
| ART | DMARD | J0717 | Injection, certolizumab pegol, 1 mg (code may be used for Medicare when drug administered under the direct supervision of a physician; not for use when drug is self-administered) (J0717) | • | | 51–52 |
| ART | DMARD | J1438 | Injection, etanercept, 25 mg (code may be used for medicare when drug administered under the direct supervision of a physician; not for use when drug is self-administered) (J1438) | • | | 51–52 |
| ART | DMARD | J1600 | Injection, gold sodium thiomalate, up to 50 mg (J1600) | • | | 51–52 |
| ART | DMARD | J1602 | Injection, golimumab, 1 mg, for intravenous use (J1602) | • | | 51–52 |
| ART | DMARD | J1745 | Injection infliximab, 10 mg (J1745) | • | | 51–52 |
| ART | DMARD | J3262 | Injection, tocilizumab, 1 mg (J3262) | • | | 51–52 |
| ART | DMARD | J7502 | Cyclosporine, oral, 100 mg (J7502) | • | | 51–52 |
| ART | DMARD | J7515 | Cyclosporine, oral, 25 mg (J7515) | • | | 51–52 |
| ART | DMARD | J7516 | Cyclosporin, parenteral, 250 mg (J7516) | • | | 51–52 |
| ART | DMARD | J7517 | Mycophenolate mofetil, oral, 250 mg (J7517) | • | | 51–52 |
| ART | DMARD | J7518 | Mycophenolic acid, oral, 180 mg (J7518) | • | | 51–52 |
| ART | DMARD | J9250 | Methotrexate sodium, 5 mg (J9250) | • | | 51–52 |
| ART | DMARD | J9260 | Methotrexate sodium, 50 mg (J9260) | • | | 51–52 |
| ART | DMARD | J9310 | Injection, rituximab, 100 mg (J9310) | • | | 51–52 |
| BCS | Unilateral Mastectomy Right | 0HTT0ZZ | [0HTT0ZZ] Resection of right breast, open approach | | • | 22–23 |
| BCS | Unilateral Mastectomy Left | 0HTU0ZZ | [0HTU0ZZ] Resection of left breast, open approach | | • | 22–23 |
| BCS | Bilateral Mastectomy | 0HTV0ZZ | [0HTV0ZZ] Resection of bilateral breast, open approach | | • | 22–23 |
| BCS | Absence of Right Breast | Z90.11 | [Z90.11] Acquired absence of right breast and nipple | | • | 22–23 |
| BCS | Absence of Left Breast | Z90.12 | [Z90.12] Acquired absence of left breast and nipple | | • | 22–23 |
| BCS | History of Bilateral Mastectomy | Z90.13 | [Z90.13] Acquired absence of bilateral breasts and nipples | | • | 22–23 |
| BCS | Mammography | G0202 | Screening mammography, producing direct digital image, bilateral, all views (G0202) | • | | 22–23 |
| BCS | Mammography | G0204 | Diagnostic mammography, producing direct 2D digital image, bilateral, all views (G0204) | • | | 22–23 |

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| BCS | Mammography | G0206 | Diagnostic mammography, producing direct 2D digital image, unilateral, all views (G0206) | • | | 22–23 |
| CCS | Absence of Cervix | 0UTC0ZZ | [0UTC0ZZ] Resection of cervix, open approach | | • | 24–25 |
| CCS | Absence of Cervix | 0UTC4ZZ | [0UTC4ZZ] Resection of cervix, percutaneous endoscopic approach | | • | 24–25 |
| CCS | Absence of Cervix | 0UTC7ZZ | [0UTC7ZZ] Resection of cervix, via natural or artificial opening | | • | 24–25 |
| CCS | Absence of Cervix | 0UTC8ZZ | [0UTC8ZZ] Resection of cervix, via natural or artificial opening endoscopic | | • | 24–25 |
| CCS | Absence of Cervix | Q51.5 | [Q51.5] Agenesis and aplasia of cervix | | • | 24–25 |
| CCS | Absence of Cervix | Z90.710 | [Z90.710] Acquired absence of both cervix and uterus | | • | 24–25 |
| CCS | Absence of Cervix | Z90.712 | [Z90.712] Acquired absence of cervix with remaining uterus | | • | 24–25 |
| CCS | Cervical Cytology | 10524-7 | Microscopic observation [identifier] in cervix by cyto stain | • | | 24–25 |
| CCS | Cervical Cytology | 18500-9 | Microscopic observation [identifier] in cervix by cyto stain thin prep | • | | 24–25 |
| CCS | Cervical Cytology | 19762-4 | General categories [interpretation] of cervical or vaginal smear or scraping by cyto stain | • | | 24–25 |
| CCS | Cervical Cytology | 19764-0 | Statement of adequacy [interpretation] of cervical or vaginal smear or scraping by cyto stain | • | | 24–25 |
| CCS | Cervical Cytology | 19765-7 | Microscopic observation [identifier] in cervical or vaginal smear or scraping by cyto stain | • | | 24–25 |
| CCS | Cervical Cytology | 19766-5 | Microscopic observation [identifier] in cervical or vaginal smear or scraping by cyto stain narrative | • | | 24–25 |
| CCS | Cervical Cytology | 19774-9 | Cytology study comment cervical or vaginal smear or scraping cyto stain | • | | 24–25 |
| CCS | HPV Tests | 21440-3 | Human papillomavirus 16+18+31+33+35+45+51+52+56 DNA [presence] in cervix by DNA probe | • | | 24–25 |
| CCS | HPV Tests | 30167-1 | Human papillomavirus 16+18+31+33+35+39+45+51+52+5 6+58+59+68 DNA [presence] in cervix by probe and signal amplification method | • | | 24–25 |
| CCS | Cervical Cytology | 33717-0 | Cytology cervical or vaginal smear or scraping study | • | | 24–25 |
| CCS | HPV Tests | 38372-9 | Human papillomavirus 6+11+16+18+31+33+35+39+42+43 +44+45+51+52+56+58+59+68 DNA [presence] in cervix by probe and signal amplification method | • | | 24–25 |
| CCS | Cervical Cytology | 47527-7 | Cytology report of cervical or vaginal smear or scraping cyto stain thin prep | • | | 24–25 |
| CCS | Cervical Cytology | 47528-5 | Cytology report of cervical or vaginal smear or scraping cyto stain | • | | 24–25 |
| CCS | HPV Tests | 49896-4 | Human papillomavirus 16+18+31+33+35+39+45+51+52+5 6+58+59+68 DNA [presence] in unspecified specimen by probe and target amplification method | • | | 24–25 |
| CCS | HPV Tests | 59263-4 | Human papillomavirus 16 DNA [presence] in cervix by probe and signal amplification method | • | | 24–25 |
| CCS | HPV Tests | 59264-2 | Human papillomavirus 18 DNA [presence] in cervix by probe and signal amplification method | • | | 24–25 |
| CCS | HPV Tests | 59420-0 | Human papillomavirus 16+18+31+33+35+39+45+51+52+ 56+58+59+66+68 DNA [presence] in cervix by probe and signal amplification method | • | | 24–25 |
| CCS | HPV Tests | 69002-4 | Human papillomavirus E6+E7 mRNA [presence] in cervix by probe and target amplification method | • | | 24–25 |
| CCS | HPV Tests | 71431-1 | Human papillomavirus 31+33+35+39+45+51+52+56+58 +59+66+68 DNA [presence] in cervix by probe and target amplification method | • | | 24–25 |
| CCS | HPV Tests | 75406-9 | Human papillomavirus 16 and 18+45 E6+E7 mRNA [presence] in cervix by probe with amplification | • | | 24–25 |
| CCS | HPV Tests | 75694-0 | Human papillomavirus 18+45 E6+E7 mRNA [presence] in cervix by probe and signal amplification method | • | | 24–25 |

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| CCS | HPV Tests | 77379-6 | Human papilomavirus 16 and 18 and 31+33+35+39+45+51 +52+56+58+59+66+68 DNA [interpretation] in cervix | • | | 24–25 |
| CCS | HPV Tests | 77399-4 | Human papillomavirus 16 DNA [presence] in cervix by probe and target amplification method | • | | 24–25 |
| CCS | HPV Tests | 77400-0 | Human papillomavirus 18 DNA [presence] in cervix by probe and target amplification method | • | | 24–25 |
| CCS | Cervical Cytology | G0123 | Screening cytopathology, cervical or vaginal (any reporting system), collected in preservative fluid, automated thin layer preparation, screening by cytotechnologist under physician supervision (G0123) | • | | 24–25 |
| CCS | Cervical Cytology | G0124 | Screening cytopathology, cervical or vaginal (any reporting system), collected in preservative fluid, automated thin layer preparation, requiring interpretation by physician (G0124) | • | | 24–25 |
| CCS | Cervical Cytology | G0141 | Screening cytopathology smears, cervical or vaginal, performed by automated system, with manual rescreening, requiring interpretation by physician (G0141) | • | | 24–25 |
| CCS | Cervical Cytology | G0143 | Screening cytopathology, cervical or vaginal (any reporting system), collected in preservative fluid, automated thin layer preparation, with manual screening and rescreening by cytotechnologist under physician supervision (G0143) | • | | 24–25 |
| CCS | Cervical Cytology | G0144 | Screening cytopathology, cervical or vaginal (any reporting system), collected in preservative fluid, automated thin layer preparation, with screening by automated system, under physician supervision (G0144) | • | | 24–25 |
| CCS | Cervical Cytology | G0145 | Screening cytopathology, cervical or vaginal (any reporting system), collected in preservative fluid, automated thin layer preparation, with screening by automated system and manual rescreening under physician supervision (G0145) | • | | 24–25 |
| CCS | Cervical Cytology | G0147 | Screening cytopathology smears, cervical or vaginal, performed by automated system under physician supervision (G0147) | • | | 24–25 |
| CCS | Cervical Cytology | G0148 | Screening cytopathology smears, cervical or vaginal, performed by automated system with manual rescreening (G0148) | • | | 24–25 |
| CCS | HPV Tests | G0476 | Infectious agent detection by nucleic acid (DNA or RNA); human papillomavirus (HPV), high-risk types (e.g., 16, 18, 31, 33, 35, 39, 45, 51, 52, 56, 58, 59, 68) for cervical cancer screening, must be performed in addition to Pap test (G0476) | • | | 24–25 |
| CCS | Cervical Cytology | P3000 | Screening papanicolaou smear, cervical or vaginal, up to three smears, by technician under physician supervision (P3000) | • | | 24–25 |
| CCS | Cervical Cytology | P3001 | Screening papanicolaou smear, cervical or vaginal, up to three smears, requiring interpretation by physician (P3001) | • | | 24–25 |
| CCS | Cervical Cytology | Q0091 | Screening papanicolaou smear; obtaining, preparing and conveyance of cervical or vaginal smear to laboratory (Q0091) | • | | 24–25 |
| CDC A1c Level | HbA1c Level Less Than 7.0 | 3044F | HbA1c level less than 7.0 | • | | 42–43 |
| CDC A1c Screening | HbA1c Tests | 17856-6 | Hemoglobin A1c/hemoglobin total in blood by HPLC | • | | 42–43 |
| CDC A1c Screening | HbA1c Tests | 4548-4 | Hemoglobin A1c/hemoglobin total in blood | • | | 42–43 |
| CDC A1c Screening | HbA1c Tests | 4549-2 | Hemoglobin A1c/hemoglobin total in blood by electrophoresis | • | | 42–43 |
| CDC Eye | Diabetic Retinal Screening With Eye Care Professional | 2022F | Diabetic retinal screening with eye care professional | • | | 40–41 |
| CDC Eye | Diabetic Retinal Screening With Eye Care Professional | 2024F | Diabetic retinal screening with eye care professional | • | | 40–41 |

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| CDC Eye | Diabetic Retinal Screening With Eye Care Professional | 2026F | Diabetic retinal screening with eye care professional | • | | 40–41 |
| CDC Eye | Diabetic Retinal Screening Negative | 3072F | Diabetic retinal screening negative | • | | 40–41 |
| CDC Eye | Diabetic Retinal Screening | S0620 | Routine ophthalmological examination including refraction; new patient (S0620) | • | | 40–41 |
| CDC Eye | Diabetic Retinal Screening | S0621 | Routine ophthalmological examination including refraction; established patient (S0621) | • | | 40–41 |
| CDC Eye | Diabetic Retinal Screening | S3000 | Diabetic indicator; retinal eye exam, dilated, bilateral (S3000) | • | | 40–41 |
| CDC Neph | Kidney Transplant | 0TY00Z0 | [0TY00Z0] Transplantation of right kidney, allogeneic, open approach | • | | 44–47 |
| CDC Neph | Kidney Transplant | 0TY00Z1 | [0TY00Z1] Transplantation of right kidney, syngeneic, open approach | • | | 44–47 |
| CDC Neph | Kidney Transplant | 0TY00Z2 | [0TY00Z2] Transplantation of right kidney, zooplastic, open approach | • | | 44–47 |
| CDC Neph | Kidney Transplant | 0TY10Z0 | [0TY10Z0] Transplantation of left kidney, allogeneic, open approach | • | | 44–47 |
| CDC Neph | Kidney Transplant | 0TY10Z1 | [0TY10Z1] Transplantation of left kidney, syngeneic, open approach | • | | 44–47 |
| CDC Neph | Kidney Transplant | 0TY10Z2 | [0TY10Z2] Transplantation of left kidney, zooplastic, open approach | • | | 44–47 |
| CDC Neph | Urine Protein Tests | 11218-5 | Microalbumin [mass/volume] in urine by test strip | • | | 44–47 |
| CDC Neph | Urine Protein Tests | 12842-1 | Protein [mass/volume] in 12-hour urine | • | | 44–47 |
| CDC Neph | Urine Protein Tests | 13705-9 | Albumin/creatinine [mass ratio] in 24-hour urine | • | | 44–47 |
| CDC Neph | Urine Protein Tests | 13801-6 | Protein/creatinine [mass ratio] in 24-hour urine | • | | 44–47 |
| CDC Neph | Urine Protein Tests | 14585-4 | Albumin/creatinine [molar ratio] in urine | • | | 44–47 |
| CDC Neph | Urine Protein Tests | 14956-7 | Microalbumin [mass/time] in 24-hour urine | • | | 44–47 |
| CDC Neph | Urine Protein Tests | 14957-5 | Microalbumin [mass/volume] in urine | • | | 44–47 |
| CDC Neph | Urine Protein Tests | 14958-3 | Microalbumin/creatinine [mass ratio] in 24-hour urine | • | | 44–47 |
| CDC Neph | Urine Protein Tests | 14959-1 | Microalbumin/creatinine [mass ratio] in urine | • | | 44–47 |
| CDC Neph | Urine Protein Tests | 1753-3 | Albumin [presence] in urine | • | | 44–47 |
| CDC Neph | Urine Protein Tests | 1754-1 | Albumin [mass/volume] in urine | • | | 44–47 |
| CDC Neph | Urine Protein Tests | 1755-8 | Albumin [mass/time] in 24-hour urine | • | | 44–47 |
| CDC Neph | Urine Protein Tests | 1757-4 | Albumin renal clearance in 24-hour urine | • | | 44–47 |
| CDC Neph | Urine Protein Tests | 18373-1 | Protein [mass/time] in 6-hour urine | • | | 44–47 |
| CDC Neph | Urine Protein Tests | 20454-5 | Protein [presence] in urine by test strip | • | | 44–47 |
| CDC Neph | Urine Protein Tests | 20621-9 | Albumin/creatinine [presence] in urine by test strip | • | | 44–47 |

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| CDC Neph | Urine Protein Tests | 21059-1 | Albumin [mass/volume] in 24-hour urine | • | | 44–47 |
| CDC Neph | Urine Protein Tests | 21482-5 | Protein [mass/volume] in 24-hour urine | • | | 44–47 |
| CDC Neph | Urine Protein Tests | 26801-1 | Protein [mass/time] in 12-hour urine | • | | 44–47 |
| CDC Neph | Urine Protein Tests | 27298-9 | Protein [units/volume] in urine | • | | 44–47 |
| CDC Neph | Urine Protein Tests | 2887-8 | Protein [presence] in urine | • | | 44–47 |
| CDC Neph | Urine Protein Tests | 2888-6 | Protein [mass/volume] in urine | • | | 44–47 |
| CDC Neph | Urine Protein Tests | 2889-4 | Protein [mass/time] in 24-hour urine | • | | 44–47 |
| CDC Neph | Urine Protein Tests | 2890-2 | Protein/creatinine [mass ratio] in urine | • | | 44–47 |
| CDC Neph | Urine Protein Tests | 30000-4 | Microalbumin/creatinine [ratio] in urine | • | | 44–47 |
| CDC Neph | Urine Protein Tests | 30001-2 | Microalbumin/creatinine [ratio] in urine by test strip | • | | 44–47 |
| CDC Neph | Urine Protein Tests | 30003-8 | Microalbumin [mass/volume] in 24-hour urine | • | | 44–47 |
| CDC Neph | Urine Protein Tests | 32209-9 | Protein [presence] in 24-hour urine by test strip | • | | 44–47 |
| CDC Neph | Urine Protein Tests | 32294-1 | Albumin/creatinine [ratio] in urine | • | | 44–47 |
| CDC Neph | Urine Protein Tests | 32551-4 | Protein [mass] in urine collected for unspecified duration | • | | 44–47 |
| CDC Neph | Urine Protein Tests | 34366-5 | Protein/creatinine [ratio] in urine | • | | 44–47 |
| CDC Neph | Urine Protein Tests | 35663-4 | Protein [mass/volume] in urine collected for unspecified duration | • | | 44–47 |
| CDC Neph | ESRD | 3E1M39Z | [3E1M39Z] Irrigation of peritoneal cavity using cialysate, percutaneous approach | • | | 44–47 |
| CDC Neph | Urine Protein Tests | 40486-3 | Protein/creatinine [ratio] in 24-hour urine | • | | 44–47 |
| CDC Neph | Urine Protein Tests | 40662-9 | Protein [mass/time] in 12-hour urine - resting | • | | 44–47 |
| CDC Neph | Urine Protein Tests | 40663-7 | Protein [mass/time] in 12-hour urine - upright | • | | 44–47 |
| CDC Neph | Urine Protein Tests | 43605-5 | Microalbumin [mass/volume] in 4-hour urine | • | | 44–47 |
| CDC Neph | Urine Protein Tests | 43606-3 | Microalbumin [mass/time] in 4-hour urine | • | | 44–47 |
| CDC Neph | Urine Protein Tests | 43607-1 | Microalbumin [mass/time] in 12-hour urine | • | | 44–47 |
| CDC Neph | Urine Protein Tests | 44292-1 | Microalbumin/creatinine [mass ratio] in 12-hour urine | • | | 44–47 |
| CDC Neph | Urine Protein Tests | 47558-2 | Microalbumin/protein total in 24-hour urine | • | | 44–47 |
| CDC Neph | Urine Protein Tests | 49023-5 | Microalbumin [mass/time] in urine collected for unspecified duration | • | | 44–47 |
| CDC Neph | Urine Protein Tests | 50561-0 | Protein [mass/volume] in urine by automated test strip | • | | 44–47 |
| CDC Neph | Urine Protein Tests | 50949-7 | Albumin [presence] in urine by test strip | • | | 44–47 |

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| CDC Neph | Urine Protein Tests | 53121-0 | Protein [mass/time] in 1-hour urine | • | | 44–47 |
| CDC Neph | Urine Protein Tests | 53525-2 | Protein [presence] in urine by SSA method | • | | 44–47 |
| CDC Neph | Urine Protein Tests | 53530-2 | Microalbumin [mass/volume] in 24-hour urine by detection limit <= 1.0 mg/L | • | | 44–47 |
| CDC Neph | Urine Protein Tests | 53531-0 | Microalbumin [mass/volume] in urine by detection limit <= 1.0 mg/L | • | | 44–47 |
| CDC Neph | Urine Protein Tests | 53532-8 | Microalbumin [mass/time] in 24-hour urine by detection limit <= 1.0 mg/L | • | | 44–47 |
| CDC Neph | Urine Protein Tests | 56553-1 | Microalbumin [mass/time] in 8-hour urine | • | | 44–47 |
| CDC Neph | Urine Protein Tests | 57369-1 | Microalbumin [mass/volume] in 12-hour urine | • | | 44–47 |
| CDC Neph | Urine Protein Tests | 57735-3 | Protein [presence] in urine by automated test strip | • | | 44–47 |
| CDC Neph | Urine Protein Tests | 5804-0 | Protein [mass/volume] in urine by test strip | • | | 44–47 |
| CDC Neph | Urine Protein Tests | 58448-2 | Microalbumin ug/min [mass/time] in 24-hour urine | • | | 44–47 |
| CDC Neph | Urine Protein Tests | 58992-9 | Protein [mass/time] in 18-hour urine | • | | 44–47 |
| CDC Neph | Urine Protein Tests | 59159-4 | Microalbumin/creatinine [ratio] in 24-hour urine | • | | 44–47 |
| CDC Neph | ESRD | 5A1D00Z | [5A1D00Z] Performance of urinary filtration, single | • | | 44–47 |
| CDC Neph | ESRD | 5A1D60Z | [5A1D60Z] Performance of urinary filtration, multiple | • | | 44–47 |
| CDC Neph | Urine Protein Tests | 60678-0 | Protein/creatinine [mass ratio] in 12-hour urine | • | | 44–47 |
| CDC Neph | Urine Protein Tests | 63474-1 | Microalbumin [mass/time] in 18-hour urine | • | | 44–47 |
| CDC Neph | ESRD | 65 | End-stage renal disease treatment facility | • | | 44–47 |
| CDC Neph | Urine Protein Tests | 76401-9 | Albumin/creatinine [ratio] in 24-hour urine | • | | 44–47 |
| CDC Neph | Urine Protein Tests | 77158-4 | Albumin [moles/volume] in urine by detection limit <= 3.0 mg/L | • | | 44–47 |
| CDC Neph | Urine Protein Tests | 77253-3 | Microalbumin/creatinine [ratio] in urine by detection limit <= 1.0 mg/L | • | | 44–47 |
| CDC Neph | Urine Protein Tests | 77254-1 | Microalbumin/creatinine [ratio] in 24-hour urine by detection limit <= 1.0 mg/L | • | | 44–47 |
| CDC Neph | Urine Protein Tests | 9318-7 | Albumin/creatinine [mass ratio] in urine | • | | 44–47 |
| CDC Neph | Nephropathy Treatment | E08.21 | [E08.21] Diabetes mellitus due to underlying condition with diabetic nephropathy | • | | 44–47 |
| CDC Neph | Nephropathy Treatment | E08.22 | [E08.22] Diabetes mellitus due to underlying condition with diabetic chronic kidney disease | • | | 44–47 |
| CDC Neph | Nephropathy Treatment | E08.29 | [E08.29] Diabetes mellitus due to underlying condition with other diabetic kidney complication | • | | 44–47 |
| CDC Neph | Nephropathy Treatment | E09.21 | [E09.21] Drug- or chemical-induced diabetes mellitus with diabetic nephropathy | • | | 44–47 |
| CDC Neph | Nephropathy Treatment | E09.22 | [E09.22] Drug- or chemical-induced diabetes mellitus with diabetic chronic kidney disease | • | | 44–47 |
| CDC Neph | Nephropathy Treatment | E09.29 | [E09.29] Drug- or chemical-induced diabetes mellitus with other diabetic kidney complication | • | | 44–47 |
| CDC Neph | Nephropathy Treatment | E10.21 | [E10.21] Type 1 diabetes mellitus with diabetic nephropathy | • | | 44–47 |
| CDC Neph | Nephropathy Treatment | E10.22 | [E10.22] Type 1 diabetes mellitus with diabetic chronic kidney disease | • | | 44–47 |

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| CDC Neph | Nephropathy Treatment | E10.29 | [E10.29] Type 1 diabetes mellitus with other diabetic kidney complication | • | | 44–47 |
| CDC Neph | Nephropathy Treatment | E11.21 | [E11.21] Type 2 diabetes mellitus with diabetic nephropathy | • | | 44–47 |
| CDC Neph | Nephropathy Treatment | E11.22 | [E11.22] Type 2 diabetes mellitus with diabetic chronic kidney disease | • | | 44–47 |
| CDC Neph | Nephropathy Treatment | E11.29 | [E11.29] Type 2 diabetes mellitus with other diabetic kidney complication | • | | 44–47 |
| CDC Neph | Nephropathy Treatment | E13.21 | [E13.21] Other specified diabetes mellitus with diabetic nephropathy | • | | 44–47 |
| CDC Neph | Nephropathy Treatment | E13.22 | [E13.22] Other specified diabetes mellitus with diabetic chronic kidney disease | • | | 44–47 |
| CDC Neph | Nephropathy Treatment | E13.29 | [E13.29] Other specified diabetes mellitus with other diabetic kidney complication | • | | 44–47 |
| CDC Neph | ESRD | G0257 | Unscheduled or emergency dialysis treatment for an ESRD patient in a hospital outpatient department that is not certified as an ESRD facility (G0257) | • | | 44–47 |
| CDC Neph | Nephropathy Treatment | I12.0 | [I12.0] Hypertensive chronic kidney disease with stage 5 chronic kidney disease or end-stage renal disease | • | | 44–47 |
| CDC Neph | Nephropathy Treatment | I12.9 | [I12.9] Hypertensive chronic kidney disease with stage 1 through stage 4 chronic kidney disease, or unspecified chronic kidney disease | • | | 44–47 |
| CDC Neph | Nephropathy Treatment | I13.0 | [I13.0] Hypertensive heart and chronic kidney disease with heart failure and stage 1 through stage 4 chronic kidney disease, or unspecified chronic kidney disease | • | | 44–47 |
| CDC Neph | Nephropathy Treatment | I13.10 | [I13.10] Hypertensive heart and chronic kidney disease without heart failure, with stage 1 through stage 4 chronic kidney disease, or unspecified chronic kidney disease | • | | 44–47 |
| CDC Neph | Nephropathy Treatment | I13.11 | [I13.11] Hypertensive heart and chronic kidney disease without heart failure, with stage 5 chronic kidney disease, or end-stage renal disease | • | | 44–47 |
| CDC Neph | Nephropathy Treatment | I13.2 | [I13.2] Hypertensive heart and chronic kidney disease with heart failure and with stage 5 chronic kidney disease, or end-stage renal disease | • | | 44–47 |
| CDC Neph | Nephropathy Treatment | I15.0 | [I15.0] Renovascular hypertension | • | | 44–47 |
| CDC Neph | Nephropathy Treatment | I15.1 | [I15.1] Hypertension secondary to other renal disorders | • | | 44–47 |
| CDC Neph | Nephropathy Treatment | N00.0 | [N00.0] Acute nephritic syndrome with minor glomerular abnormality | • | | 44–47 |
| CDC Neph | Nephropathy Treatment | N00.1 | [N00.1] Acute nephritic syndrome with focal and segmental glomerular lesions | • | | 44–47 |
| CDC Neph | Nephropathy Treatment | N00.2 | [N00.2] Acute nephritic syndrome with diffuse membranous glomerulonephritis | • | | 44–47 |
| CDC Neph | Nephropathy Treatment | N00.3 | [N00.3] Acute nephritic syndrome with diffuse mesangial proliferative glomerulonephritis | • | | 44–47 |
| CDC Neph | Nephropathy Treatment | N00.4 | [N00.4] Acute nephritic syndrome with diffuse endocapillary proliferative glomerulonephritis | • | | 44–47 |
| CDC Neph | Nephropathy Treatment | N00.5 | [N00.5] Acute nephritic syndrome with diffuse mesangiocapillary glomerulonephritis | • | | 44–47 |
| CDC Neph | Nephropathy Treatment | N00.6 | [N00.6] Acute nephritic syndrome with dense deposit disease | • | | 44–47 |
| CDC Neph | Nephropathy Treatment | N00.7 | [N00.7] Acute nephritic syndrome with diffuse crescentic glomerulonephritis | • | | 44–47 |
| CDC Neph | Nephropathy Treatment | N00.8 | [N00.8] Acute nephritic syndrome with other morphologic changes | • | | 44–47 |
| CDC Neph | Nephropathy Treatment | N00.9 | [N00.9] Acute nephritic syndrome with unspecified morphologic changes | • | | 44–47 |

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| CDC Neph | Nephropathy Treatment | N01.0 | [N01.0] Rapidly progressive nephritic syndrome with minor glomerular abnormality | • | | 44–47 |
| CDC Neph | Nephropathy Treatment | N01.1 | [N01.1] Rapidly progressive nephritic syndrome with focal and segmental glomerular lesions | • | | 44–47 |
| CDC Neph | Nephropathy Treatment | N01.2 | [N01.2] Rapidly progressive nephritic syndrome with diffuse membranous glomerulonephritis | • | | 44–47 |
| CDC Neph | Nephropathy Treatment | N01.3 | [N01.3] Rapidly progressive nephritic syndrome with diffuse mesangial proliferative glomerulonephritis | • | | 44–47 |
| CDC Neph | Nephropathy Treatment | N01.4 | [N01.4] Rapidly progressive nephritic syndrome with diffuse endocapillary proliferative glomerulonephritis | • | | 44–47 |
| CDC Neph | Nephropathy Treatment | N01.5 | [N01.5] Rapidly progressive nephritic syndrome with diffuse mesangiocapillary glomerulonephritis | • | | 44–47 |
| CDC Neph | Nephropathy Treatment | N01.6 | [N01.6] Rapidly progressive nephritic syndrome with dense deposit disease | • | | 44–47 |
| CDC Neph | Nephropathy Treatment | N01.7 | [N01.7] Rapidly progressive nephritic syndrome with diffuse crescentic glomerulonephritis | • | | 44–47 |
| CDC Neph | Nephropathy Treatment | N01.8 | [N01.8] Rapidly progressive nephritic syndrome with other morphologic changes | • | | 44–47 |
| CDC Neph | Nephropathy Treatment | N01.9 | [N01.9] Rapidly progressive nephritic syndrome with unspecified morphologic changes | • | | 44–47 |
| CDC Neph | Nephropathy Treatment | N02.0 | [N02.0] Recurrent and persistent hematuria with minor glomerular abnormality | • | | 44–47 |
| CDC Neph | Nephropathy Treatment | N02.1 | [N02.1] Recurrent and persistent hematuria with focal and segmental glomerular lesions | • | | 44–47 |
| CDC Neph | Nephropathy Treatment | N02.2 | [N02.2] Recurrent and persistent hematuria with diffuse membranous glomerulonephritis | • | | 44–47 |
| CDC Neph | Nephropathy Treatment | N02.3 | [N02.3] Recurrent and persistent hematuria with diffuse mesangial proliferative glomerulonephritis | • | | 44–47 |
| CDC Neph | Nephropathy Treatment | N02.4 | [N02.4] Recurrent and persistent hematuria with diffuse endocapillary proliferative glomerulonephritis | • | | 44–47 |
| CDC Neph | Nephropathy Treatment | N02.5 | [N02.5] Recurrent and persistent hematuria with diffuse mesangiocapillary glomerulonephritis | • | | 44–47 |
| CDC Neph | Nephropathy Treatment | N02.6 | [N02.6] Recurrent and persistent hematuria with dense deposit disease | • | | 44–47 |
| CDC Neph | Nephropathy Treatment | N02.7 | [N02.7] Recurrent and persistent hematuria with diffuse crescentic glomerulonephritis | • | | 44–47 |
| CDC Neph | Nephropathy Treatment | N02.8 | [N02.8] Recurrent and persistent hematuria with other morphologic changes | • | | 44–47 |
| CDC Neph | Nephropathy Treatment | N02.9 | [N02.9] Recurrent and persistent hematuria with unspecified morphologic changes | • | | 44–47 |
| CDC Neph | Nephropathy Treatment | N03.0 | [N03.0] Chronic nephritic syndrome with minor glomerular abnormality | • | | 44–47 |
| CDC Neph | Nephropathy Treatment | N03.1 | [N03.1] Chronic nephritic syndrome with focal and segmental glomerular lesions | • | | 44–47 |
| CDC Neph | Nephropathy Treatment | N03.2 | [N03.2] Chronic nephritic syndrome with diffuse membranous glomerulonephritis | • | | 44–47 |
| CDC Neph | Nephropathy Treatment | N03.3 | [N03.3] Chronic nephritic syndrome with diffuse mesangial proliferative glomerulonephritis | • | | 44–47 |
| CDC Neph | Nephropathy Treatment | N03.4 | [N03.4] Chronic nephritic syndrome with diffuse endocapillary proliferative glomerulonephritis | • | | 44–47 |
| CDC Neph | Nephropathy Treatment | N03.5 | [N03.5] Chronic nephritic syndrome with diffuse mesangiocapillary glomerulonephritis | • | | 44–47 |
| CDC Neph | Nephropathy Treatment | N03.6 | [N03.6] Chronic nephritic syndrome with dense deposit disease | • | | 44–47 |
| CDC Neph | Nephropathy Treatment | N03.7 | [N03.7] Chronic nephritic syndrome with diffuse crescentic glomerulonephritis | • | | 44–47 |

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| CDC Neph | Nephropathy Treatment | N03.8 | [N03.8] Chronic nephritic syndrome with other morphologic changes | • | | 44–47 |
| CDC Neph | Nephropathy Treatment | N03.9 | [N03.9] Chronic nephritic syndrome with unspecified morphologic changes | • | | 44–47 |
| CDC Neph | Nephropathy Treatment | N04.0 | [N04.0] Nephrotic syndrome with minor glomerular abnormality | • | | 44–47 |
| CDC Neph | Nephropathy Treatment | N04.1 | [N04.1] Nephrotic syndrome with focal and segmental glomerular lesions | • | | 44–47 |
| CDC Neph | Nephropathy Treatment | N04.2 | [N04.2] Nephrotic syndrome with diffuse membranous glomerulonephritis | • | | 44–47 |
| CDC Neph | Nephropathy Treatment | N04.3 | [N04.3] Nephrotic syndrome with diffuse mesangial proliferative glomerulonephritis | • | | 44–47 |
| CDC Neph | Nephropathy Treatment | N04.4 | [N04.4] Nephrotic syndrome with diffuse endocapillary proliferative glomerulonephritis | • | | 44–47 |
| CDC Neph | Nephropathy Treatment | N04.5 | [N04.5] Nephrotic syndrome with diffuse mesangiocapillary glomerulonephritis | • | | 44–47 |
| CDC Neph | Nephropathy Treatment | N04.6 | [N04.6] Nephrotic syndrome with dense deposit disease | • | | 44–47 |
| CDC Neph | Nephropathy Treatment | N04.7 | [N04.7] Nephrotic syndrome with diffuse crescentic glomerulonephritis | • | | 44–47 |
| CDC Neph | Nephropathy Treatment | N04.8 | [N04.8] Nephrotic syndrome with other morphologic changes | • | | 44–47 |
| CDC Neph | Nephropathy Treatment | N04.9 | [N04.9] Nephrotic syndrome with unspecified morphologic changes | • | | 44–47 |
| CDC Neph | Nephropathy Treatment | N05.0 | [N05.0] Unspecified nephritic syndrome with minor glomerular abnormality | • | | 44–47 |
| CDC Neph | Nephropathy Treatment | N05.1 | [N05.1] Unspecified nephritic syndrome with focal and segmental glomerular lesions | • | | 44–47 |
| CDC Neph | Nephropathy Treatment | N05.2 | [N05.2] Unspecified nephritic syndrome with diffuse membranous glomerulonephritis | • | | 44–47 |
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| CDC Neph | Nephropathy Treatment | N05.4 | [N05.4] Unspecified nephritic syndrome with diffuse endocapillary proliferative glomerulonephritis | • | | 44–47 |
| CDC Neph | Nephropathy Treatment | N05.5 | [N05.5] Unspecified nephritic syndrome with diffuse mesangiocapillary glomerulonephritis | • | | 44–47 |
| CDC Neph | Nephropathy Treatment | N05.6 | [N05.6] Unspecified nephritic syndrome with dense deposit disease | • | | 44–47 |
| CDC Neph | Nephropathy Treatment | N05.7 | [N05.7] Unspecified nephritic syndrome with diffuse crescentic glomerulonephritis | • | | 44–47 |
| CDC Neph | Nephropathy Treatment | N05.8 | [N05.8] Unspecified nephritic syndrome with other morphologic changes | • | | 44–47 |
| CDC Neph | Nephropathy Treatment | N05.9 | [N05.9] Unspecified nephritic syndrome with unspecified morphologic changes | • | | 44–47 |
| CDC Neph | Nephropathy Treatment | N06.0 | [N06.0] Isolated proteinuria with minor glomerular abnormality | • | | 44–47 |
| CDC Neph | Nephropathy Treatment | N06.1 | [N06.1] Isolated proteinuria with focal and segmental glomerular lesions | • | | 44–47 |
| CDC Neph | Nephropathy Treatment | N06.2 | [N06.2] Isolated proteinuria with diffuse membranous glomerulonephritis | • | | 44–47 |
| CDC Neph | Nephropathy Treatment | N06.3 | [N06.3] Isolated proteinuria with diffuse mesangial proliferative glomerulonephritis | • | | 44–47 |
| CDC Neph | Nephropathy Treatment | N06.4 | [N06.4] Isolated proteinuria with diffuse endocapillary proliferative glomerulonephritis | • | | 44–47 |
| CDC Neph | Nephropathy Treatment | N06.5 | [N06.5] Isolated proteinuria with diffuse mesangiocapillary glomerulonephritis | • | | 44–47 |

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| CDC Neph | Nephropathy Treatment | N06.6 | [N06.6] Isolated proteinuria with dense deposit disease | • | | 44–47 |
| CDC Neph | Nephropathy Treatment | N06.7 | [N06.7] Isolated proteinuria with diffuse crescentic glomerulonephritis | • | | 44–47 |
| CDC Neph | Nephropathy Treatment | N06.8 | [N06.8] Isolated proteinuria with other morphologic lesion | • | | 44–47 |
| CDC Neph | Nephropathy Treatment | N06.9 | [N06.9] Isolated proteinuria with unspecified morphologic lesion | • | | 44–47 |
| CDC Neph | Nephropathy Treatment | N07.0 | [N07.0] Hereditary nephropathy, not elsewhere classified with minor glomerular abnormality | • | | 44–47 |
| CDC Neph | Nephropathy Treatment | N07.1 | [N07.1] Hereditary nephropathy, not elsewhere classified with focal and segmental glomerular lesions | • | | 44–47 |
| CDC Neph | Nephropathy Treatment | N07.2 | [N07.2] Hereditary nephropathy, not elsewhere classified with diffuse membranous glomerulonephritis | • | | 44–47 |
| CDC Neph | Nephropathy Treatment | N07.3 | [N07.3] Hereditary nephropathy, not elsewhere classified with diffuse mesangial proliferative glomerulonephritis | • | | 44–47 |
| CDC Neph | Nephropathy Treatment | N07.4 | [N07.4] Hereditary nephropathy, not elsewhere classified with diffuse endocapillary proliferative glomerulonephritis | • | | 44–47 |
| CDC Neph | Nephropathy Treatment | N07.5 | [N07.5] Hereditary nephropathy, not elsewhere classified with diffuse mesangiocapillary glomerulonephritis | • | | 44–47 |
| CDC Neph | Nephropathy Treatment | N07.6 | [N07.6] Hereditary nephropathy, not elsewhere classified with dense deposit disease | • | | 44–47 |
| CDC Neph | Nephropathy Treatment | N07.7 | [N07.7] Hereditary nephropathy, not elsewhere classified with diffuse crescentic glomerulonephritis | • | | 44–47 |
| CDC Neph | Nephropathy Treatment | N07.8 | [N07.8] Hereditary nephropathy, not elsewhere classified with other morphologic lesions | • | | 44–47 |
| CDC Neph | Nephropathy Treatment | N07.9 | [N07.9] Hereditary nephropathy, not elsewhere classified with unspecified morphologic lesions | • | | 44–47 |
| CDC Neph | Nephropathy Treatment | N08 | [N08] Glomerular disorders in diseases classified elsewhere | • | | 44–47 |
| CDC Neph | Nephropathy Treatment | N14.0 | [N14.0] Analgesic nephropathy | • | | 44–47 |
| CDC Neph | Nephropathy Treatment | N14.1 | [N14.1] Nephropathy induced by other drugs, medicaments and biological substances | • | | 44–47 |
| CDC Neph | Nephropathy Treatment | N14.2 | [N14.2] Nephropathy induced by unspecified drug, medicament or biological substance | • | | 44–47 |
| CDC Neph | Nephropathy Treatment | N14.3 | [N14.3] Nephropathy induced by heavy metals | • | | 44–47 |
| CDC Neph | Nephropathy Treatment | N14.4 | [N14.4] Toxic nephropathy, not elsewhere classified | • | | 44–47 |
| CDC Neph | Nephropathy Treatment | N17.0 | [N17.0] Acute kidney failure with tubular necrosis | • | | 44–47 |
| CDC Neph | Nephropathy Treatment | N17.1 | [N17.1] Acute kidney failure with acute cortical necrosis | • | | 44–47 |
| CDC Neph | Nephropathy Treatment | N17.2 | [N17.2] Acute kidney failure with medullary necrosis | • | | 44–47 |
| CDC Neph | Nephropathy Treatment | N17.8 | [N17.8] Other acute kidney failure | • | | 44–47 |
| CDC Neph | Nephropathy Treatment | N17.9 | [N17.9] Acute kidney failure, unspecified | • | | 44–47 |
| CDC Neph | Nephropathy Treatment | N18.1 | [N18.1] Chronic kidney disease, stage 1 | • | | 44–47 |
| CDC Neph | Nephropathy Treatment | N18.2 | [N18.2] Chronic kidney disease, stage 2 (mild) | • | | 44–47 |
| CDC Neph | Nephropathy Treatment | N18.3 | [N18.3] Chronic kidney disease, stage 3 (moderate) | • | | 44–47 |
| CDC Neph | CKD Stage 4 | N18.4 | [N18.4] Chronic kidney disease, stage 4 (severe) | • | | 44–47 |

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| CDC Neph | Nephropathy Treatment | N18.4 | [N18.4] Chronic kidney disease, stage 4 (severe) | • | | 44–47 |
| CDC Neph | ESRD | N18.5 | [N18.5] Chronic kidney disease, stage 5 | • | | 44–47 |
| CDC Neph | Nephropathy Treatment | N18.5 | [N18.5] Chronic kidney disease, stage 5 | • | | 44–47 |
| CDC Neph | ESRD | N18.6 | [N18.6] End-stage renal disease | • | | 44–47 |
| CDC Neph | Nephropathy Treatment | N18.6 | [N18.6] End-stage renal disease | • | | 44–47 |
| CDC Neph | Nephropathy Treatment | N18.9 | [N18.9] Chronic kidney disease, unspecified | • | | 44–47 |
| CDC Neph | Nephropathy Treatment | N19 | [N19] Unspecified kidney failure | • | | 44–47 |
| CDC Neph | Nephropathy Treatment | N25.0 | [N25.0] Renal osteodystrophy | • | | 44–47 |
| CDC Neph | Nephropathy Treatment | N25.1 | [N25.1] Nephrogenic diabetes insipidus | • | | 44–47 |
| CDC Neph | Nephropathy Treatment | N25.81 | [N25.81] Secondary hyperparathyroidism of renal origin | • | | 44–47 |
| CDC Neph | Nephropathy Treatment | N25.89 | [N25.89] Other disorders resulting from impaired renal tubular function | • | | 44–47 |
| CDC Neph | Nephropathy Treatment | N25.9 | [N25.9] Disorder resulting from impaired renal tubular function, unspecified | • | | 44–47 |
| CDC Neph | Nephropathy Treatment | N26.1 | [N26.1] Atrophy of kidney (terminal) | • | | 44–47 |
| CDC Neph | Nephropathy Treatment | N26.2 | [N26.2] Page kidney | • | | 44–47 |
| CDC Neph | Nephropathy Treatment | N26.9 | [N26.9] Renal sclerosis, unspecified | • | | 44–47 |
| CDC Neph | Nephropathy Treatment | Q60.0 | [Q60.0] Renal agenesis, unilateral | • | | 44–47 |
| CDC Neph | Nephropathy Treatment | Q60.1 | [Q60.1] Renal agenesis, bilateral | • | | 44–47 |
| CDC Neph | Nephropathy Treatment | Q60.2 | [Q60.2] Renal agenesis, unspecified | • | | 44–47 |
| CDC Neph | Nephropathy Treatment | Q60.3 | [Q60.3] Renal hypoplasia, unilateral | • | | 44–47 |
| CDC Neph | Nephropathy Treatment | Q60.4 | [Q60.4] Renal hypoplasia, bilateral | • | | 44–47 |
| CDC Neph | Nephropathy Treatment | Q60.5 | [Q60.5] Renal hypoplasia, unspecified | • | | 44–47 |
| CDC Neph | Nephropathy Treatment | Q60.6 | [Q60.6] Potter's syndrome | • | | 44–47 |
| CDC Neph | Nephropathy Treatment | Q61.00 | [Q61.00] Congenital renal cyst, unspecified | • | | 44–47 |
| CDC Neph | Nephropathy Treatment | Q61.01 | [Q61.01] Congenital single renal cyst | • | | 44–47 |
| CDC Neph | Nephropathy Treatment | Q61.02 | [Q61.02] Congenital multiple renal cysts | • | | 44–47 |
| CDC Neph | Nephropathy Treatment | Q61.11 | [Q61.11] Cystic dilatation of collecting ducts | • | | 44–47 |
| CDC Neph | Nephropathy Treatment | Q61.19 | [Q61.19] Other polycystic kidney, infantile type | • | | 44–47 |
| CDC Neph | Nephropathy Treatment | Q61.2 | [Q61.2] Polycystic kidney, adult type | • | | 44–47 |
| CDC Neph | Nephropathy Treatment | Q61.3 | [Q61.3] Polycystic kidney, unspecified | • | | 44–47 |

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| CDC Neph | Nephropathy Treatment | Q61.5 | [Q61.5] Medullary cystic kidney | • | | 44–47 |
| CDC Neph | Nephropathy Treatment | Q61.8 | [Q61.8] Other cystic kidney diseases | • | | 44–47 |
| CDC Neph | Nephropathy Treatment | Q61.9 | [Q61.9] Cystic kidney disease, unspecified | • | | 44–47 |
| CDC Neph | Nephropathy Treatment | R80.0 | [R80.0] Isolated proteinuria | • | | 44–47 |
| CDC Neph | Nephropathy Treatment | R80.1 | [R80.1] Persistent proteinuria, unspecified | • | | 44–47 |
| CDC Neph | Nephropathy Treatment | R80.2 | [R80.2] Orthostatic proteinuria, unspecified | • | | 44–47 |
| CDC Neph | Nephropathy Treatment | R80.3 | [R80.3] Bence Jones proteinuria | • | | 44–47 |
| CDC Neph | Nephropathy Treatment | R80.8 | [R80.8] Other proteinuria | • | | 44–47 |
| CDC Neph | Nephropathy Treatment | R80.9 | [R80.9] Proteinuria, unspecified | • | | 44–47 |
| CDC Neph | Kidney Transplant | S2065 | Simultaneous pancreas kidney transplantation (S2065) | • | | 44–47 |
| CDC Neph | ESRD | S9339 | Home therapy; peritoneal dialysis, administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (drugs and nursing visits coded separately), per diem (S9339) | • | | 44–47 |
| CDC Neph | ESRD | Z91.15 | [Z91.15] Patient's noncompliance with renal dialysis | • | | 44–47 |
| CDC Neph | Kidney Transplant | Z94.0 | [Z94.0] Kidney transplant status | • | | 44–47 |
| CDC Neph | ESRD | Z99.2 | [Z99.2] Dependence on renal dialysis | • | | 44–47 |
| CHL | Chlamydia Tests | 14463-4 | Chlamydia trachomatis [presence] in cervix by organism specific culture | • | | 26–27 |
| CHL | Chlamydia Tests | 14464-2 | Chlamydia trachomatis [presence] in vaginal fluid by organism specific culture | • | | 26–27 |
| CHL | Chlamydia Tests | 14467-5 | Chlamydia trachomatis [presence] in urine sediment by organism specific culture | • | | 26–27 |
| CHL | Chlamydia Tests | 14470-9 | Chlamydia trachomatis Ag [presence] in cervix by immunoassay | • | | 26–27 |
| CHL | Chlamydia Tests | 14471-7 | Chlamydia trachomatis Ag [presence] in vaginal fluid by immunoassay | • | | 26–27 |
| CHL | Chlamydia Tests | 14474-1 | Chlamydia trachomatis Ag [presence] in urine sediment by immunoassay | • | | 26–27 |
| CHL | Chlamydia Tests | 14509-4 | Chlamydia trachomatis Ag [presence] in cervix by immunofluorescence | • | | 26–27 |
| CHL | Chlamydia Tests | 14510-2 | Chlamydia trachomatis Ag [presence] in vaginal fluid by immunofluorescence | • | | 26–27 |
| CHL | Chlamydia Tests | 14513-6 | Chlamydia trachomatis Ag [presence] in urine sediment by immunofluorescence | • | | 26–27 |
| CHL | Chlamydia Tests | 16600-9 | Chlamydia trachomatis rRNA [presence] in genital specimen by DNA probe | • | | 26–27 |
| CHL | Chlamydia Tests | 16601-7 | Chlamydia trachomatis rRNA [presence] in urine by DNA probe | • | | 26–27 |
| CHL | Chlamydia Tests | 21189-6 | Chlamydia trachomatis DNA [presence] in cervical mucus by probe and target amplification method | • | | 26–27 |
| CHL | Chlamydia Tests | 21190-4 | Chlamydia trachomatis DNA [presence] in cervix by probe and target amplification method | • | | 26–27 |
| CHL | Chlamydia Tests | 21191-2 | Chlamydia trachomatis DNA [presence] in urethra by probe and target amplification method | • | | 26–27 |

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| CHL | Chlamydia Tests | 21192-0 | Chlamydia trachomatis rRNA [presence] in urethra by DNA probe | • | | 26–27 |
| CHL | Chlamydia Tests | 21613-5 | Chlamydia trachomatis DNA [presence] in unspecified specimen by probe and target amplification method | • | | 26–27 |
| CHL | Chlamydia Tests | 23838-6 | Chlamydia trachomatis rRNA [presence] in genital fluid by DNA probe | • | | 26–27 |
| CHL | Chlamydia Tests | 31771-9 | Chlamydia trachomatis Ag [presence] in cervix | • | | 26–27 |
| CHL | Chlamydia Tests | 31772-7 | Chlamydia trachomatis Ag [presence] in vaginal fluid | • | | 26–27 |
| CHL | Chlamydia Tests | 31775-0 | Chlamydia trachomatis Ag [presence] in urine sediment | • | | 26–27 |
| CHL | Chlamydia Tests | 31777-6 | Chlamydia trachomatis Ag [presence] in unspecified specimen | • | | 26–27 |
| CHL | Chlamydia Tests | 36902-5 | Chlamydia trachomatis + Neisseria gonorrhoeae DNA [presence] in unspecified specimen by probe and target amplification method | • | | 26–27 |
| CHL | Chlamydia Tests | 36903-3 | Chlamydia trachomatis + Neisseria gonorrhoeae DNA [identifier] in unspecified specimen by probe and target amplification method | • | | 26–27 |
| CHL | Chlamydia Tests | 42931-6 | Chlamydia trachomatis rRNA [presence] in urine by probe and target amplification method | • | | 26–27 |
| CHL | Chlamydia Tests | 43304-5 | Chlamydia trachomatis rRNA [presence] in unspecified specimen by probe and target amplification method | • | | 26–27 |
| CHL | Chlamydia Tests | 43404-3 | Chlamydia trachomatis DNA [presence] in unspecified specimen by probe and signal amplification method | • | | 26–27 |
| CHL | Chlamydia Tests | 43406-8 | Chlamydia trachomatis + Neisseria gonorrhoeae DNA [presence] in unspecified specimen by probe and signal amplification method | • | | 26–27 |
| CHL | Chlamydia Tests | 44806-8 | Chlamydia trachomatis + Neisseria gonorrhoeae DNA [presence] in urine by probe and target amplification method | • | | 26–27 |
| CHL | Chlamydia Tests | 44807-6 | Chlamydia trachomatis + Neisseria gonorrhoeae DNA [presence] in genital specimen by probe and target amplification method | • | | 26–27 |
| CHL | Chlamydia Tests | 45067-6 | Chlamydia trachomatis + Neisseria gonorrhoeae rRNA [presence] in cervix by DNA probe | • | | 26–27 |
| CHL | Chlamydia Tests | 45068-4 | Chlamydia trachomatis + Neisseria gonorrhoeae DNA [presence] in cervix by probe and target amplification method | • | | 26–27 |
| CHL | Chlamydia Tests | 45069-2 | Chlamydia trachomatis + Neisseria gonorrhoeae rRNA [presence] in genital specimen by DNA probe | • | | 26–27 |
| CHL | Chlamydia Tests | 45070-0 | Chlamydia trachomatis + Neisseria gonorrhoeae rRNA [presence] in vaginal fluid by DNA probe | • | | 26–27 |
| CHL | Chlamydia Tests | 45074-2 | Chlamydia trachomatis + Neisseria gonorrhoeae rRNA [presence] in urine by DNA probe | • | | 26–27 |
| CHL | Chlamydia Tests | 45076-7 | Chlamydia trachomatis + Neisseria gonorrhoeae rRNA [presence] in unspecified specimen by DNA probe | • | | 26–27 |
| CHL | Chlamydia Tests | 45078-3 | Chlamydia trachomatis rRNA [presence] in cervix by DNA probe | • | | 26–27 |
| CHL | Chlamydia Tests | 45080-9 | Chlamydia trachomatis rRNA [presence] in vaginal fluid by DNA probe | • | | 26–27 |
| CHL | Chlamydia Tests | 45084-1 | Chlamydia trachomatis DNA [presence] in vaginal fluid by probe and target amplification method | • | | 26–27 |
| CHL | Chlamydia Tests | 45091-6 | Chlamydia trachomatis Ag [presence] in genital specimen | • | | 26–27 |
| CHL | Chlamydia Tests | 45095-7 | Chlamydia trachomatis [presence] in genital specimen by organism specific culture | • | | 26–27 |
| CHL | Chlamydia Tests | 45098-1 | Chlamydia sp identified in cervix by organism specific culture | • | | 26–27 |
| CHL | Chlamydia Tests | 45100-5 | Chlamydia sp identified in vaginal fluid by organism specific culture | • | | 26–27 |

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| CHL | Chlamydia Tests | 47211-8 | Chlamydia trachomatis L2 DNA [presence] in unspecified specimen by probe and target amplification method | • | | 26–27 |
| CHL | Chlamydia Tests | 47212-6 | Chlamydia trachomatis DNA [identifier] in unspecified specimen by probe and target amplification method | • | | 26–27 |
| CHL | Chlamydia Tests | 49096-1 | Chlamydia trachomatis DNA [units/volume] in unspecified specimen by probe and target amplification method | • | | 26–27 |
| CHL | Chlamydia Tests | 4993-2 | Chlamydia trachomatis rRNA [presence] in unspecified specimen by DNA probe | • | | 26–27 |
| CHL | Chlamydia Tests | 50387-0 | Chlamydia trachomatis rRNA [presence] in cervix by probe and target amplification method | • | | 26–27 |
| CHL | Chlamydia Tests | 53925-4 | Chlamydia trachomatis rRNA [presence] in urethra by probe and target amplification method | • | | 26–27 |
| CHL | Chlamydia Tests | 53926-2 | Chlamydia trachomatis rRNA [presence] in vaginal fluid by probe and target amplification method | • | | 26–27 |
| CHL | Chlamydia Tests | 557-9 | Chlamydia sp identified in genital specimen by organism specific culture | • | | 26–27 |
| CHL | Chlamydia Tests | 560-3 | Chlamydia sp identified in unspecified specimen by organism specific culture | • | | 26–27 |
| CHL | Chlamydia Tests | 6349-5 | Chlamydia trachomatis [presence] in unspecified specimen by organism specific culture | • | | 26–27 |
| CHL | Chlamydia Tests | 6354-5 | Chlamydia trachomatis Ag [presence] in unspecified specimen by immunoassay | • | | 26–27 |
| CHL | Chlamydia Tests | 6355-2 | Chlamydia trachomatis Ag [presence] in unspecified specimen by immunofluorescence | • | | 26–27 |
| CHL | Chlamydia Tests | 6356-0 | Chlamydia trachomatis DNA [presence] in genital specimen by probe and target amplification method | • | | 26–27 |
| CHL | Chlamydia Tests | 6357-8 | Chlamydia trachomatis DNA [presence] in urine by probe and target amplification method | • | | 26–27 |
| CHL | Chlamydia Tests | 80360-1 | Chlamydia trachomatis + Neisseria gonorrhoeae rRNA [presence] in urine by probe and target amplification method | • | | 26–27 |
| CHL | Chlamydia Tests | 80361-9 | Chlamydia trachomatis + Neisseria gonorrhoeae rRNA [presence] in cervix by probe and target amplification method | • | | 26–27 |
| CHL | Chlamydia Tests | 80362-7 | Chlamydia trachomatis + Neisseria gonorrhoeae rRNA [presence] in vaginal fluid by probe and target amplification method | • | | 26–27 |
| CHL | Chlamydia Tests | 80363-5 | Chlamydia trachomatis DNA [presence] in rectum by probe and target amplification method | • | | 26–27 |
| CHL | Chlamydia Tests | 80364-3 | Chlamydia trachomatis rRNA [presence] in rectum by probe and target amplification method | • | | 26–27 |
| CHL | Chlamydia Tests | 80365-0 | Chlamydia trachomatis + Neisseria gonorrhoeae rRNA [presence] in rectum by probe and target amplification method | • | | 26–27 |
| CHL | Chlamydia Tests | 80367-6 | Chlamydia trachomatis [presence] in rectum by organism specific culture | • | | 26–27 |
| COL | Total Colectomy | 0DTE0ZZ | [0DTE0ZZ] Resection of large intestine, open approach | | • | 19–21 |
| COL | Total Colectomy | 0DTE4ZZ | [0DTE4ZZ] Resection of large intestine, percutaneous endoscopic approach | | • | 19–21 |
| COL | Total Colectomy | 0DTE7ZZ | [0DTE7ZZ] Resection of large intestine, via natural or artificial opening | | • | 19–21 |
| COL | Total Colectomy | 0DTE8ZZ | [0DTE8ZZ] Resection of large intestine, via natural or artificial opening endoscopic | | • | 19–21 |
| COL | Colorectal Cancer | C18.0 | [C18.0] Malignant neoplasm of cecum | | • | 19–21 |
| COL | Colorectal Cancer | C18.1 | [C18.1] Malignant neoplasm of appendix | | • | 19–21 |
| COL | Colorectal Cancer | C18.2 | [C18.2] Malignant neoplasm of ascending colon | | • | 19–21 |
| COL | Colorectal Cancer | C18.3 | [C18.3] Malignant neoplasm of hepatic flexure | | • | 19–21 |

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| COL | Colorectal Cancer | C18.4 | [C18.4] Malignant neoplasm of transverse colon | | • | 19–21 |
| COL | Colorectal Cancer | C18.5 | [C18.5] Malignant neoplasm of splenic flexure | | • | 19–21 |
| COL | Colorectal Cancer | C18.6 | [C18.6] Malignant neoplasm of descending colon | | • | 19–21 |
| COL | Colorectal Cancer | C18.7 | [C18.7] Malignant neoplasm of sigmoid colon | | • | 19–21 |
| COL | Colorectal Cancer | C18.8 | [C18.8] Malignant neoplasm of overlapping sites of colon | | • | 19–21 |
| COL | Colorectal Cancer | C18.9 | [C18.9] Malignant neoplasm of colon, unspecified | | • | 19–21 |
| COL | Colorectal Cancer | C19 | [C19] Malignant neoplasm of rectosigmoid junction | | • | 19–21 |
| COL | Colorectal Cancer | C20 | [C20] Malignant neoplasm of rectum | | • | 19–21 |
| COL | Colorectal Cancer | C21.2 | [C21.2] Malignant neoplasm of cloacogenic zone | | • | 19–21 |
| COL | Colorectal Cancer | C21.8 | [C21.8] Malignant neoplasm of overlapping sites of rectum, anus and anal canal | | • | 19–21 |
| COL | Colorectal Cancer | C78.5 | [C78.5] Secondary malignant neoplasm of large intestine and rectum | | • | 19–21 |
| COL | Colorectal Cancer | G0213 | PET imaging whole body; diagnosis; colorectal [G0213] | | • | 19–21 |
| COL | Colorectal Cancer | G0214 | PET imaging whole body; initial staging; colorectal [G0214] | | • | 19–21 |
| COL | Colorectal Cancer | G0215 | PET imaging whole body; restaging; colorectal cancer [G0215] | | • | 19–21 |
| COL | Colorectal Cancer | G0231 | PET imaging whole body, for recurrence of colorectal or colorectal metastatic cancer; gamma cameras only [G0231] | | • | 19–21 |
| COL | Colorectal Cancer | Z85.038 | [Z85.038] Personal history of other malignant neoplasm of large intestine | | • | 19–21 |
| COL | Colorectal Cancer | Z85.048 | [Z85.048] Personal history of other malignant neoplasm of rectum, rectosigmoid junction and anus | | • | 19–21 |
| COL | FOBT | 12503-9 | Hemoglobin gastrointestinal [presence] in stool - 4th specimen | • | | 19–21 |
| COL | FOBT | 12504-7 | Hemoglobin gastrointestinal [presence] in stool - 5th specimen | • | | 19–21 |
| COL | FOBT | 14563-1 | Hemoglobin gastrointestinal [presence] in stool - 1st specimen | • | | 19–21 |
| COL | FOBT | 14564-9 | Hemoglobin gastrointestinal [presence] in stool - 2nd specimen | • | | 19–21 |
| COL | FOBT | 14565-6 | Hemoglobin gastrointestinal [presence] in stool - 3rd specimen | • | | 19–21 |
| COL | FOBT | 2335-8 | Hemoglobin gastrointestinal [presence] in stool | • | | 19–21 |
| COL | FOBT | 27396-1 | Hemoglobin gastrointestinal [mass/mass] in stool | • | | 19–21 |
| COL | FOBT | 27401-9 | Hemoglobin gastrointestinal [presence] in stool - 6th specimen | • | | 19–21 |
| COL | FOBT | 27925-7 | Hemoglobin gastrointestinal [presence] in stool - 7th specimen | • | | 19–21 |
| COL | FOBT | 27926-5 | Hemoglobin gastrointestinal [presence] in stool - 8th specimen | • | | 19–21 |
| COL | FOBT | 29771-3 | Hemoglobin gastrointestinal [presence] in stool by immunologic method | • | | 19–21 |
| COL | FOBT | 56490-6 | Hemoglobin gastrointestinal [presence] in stool by immunologic method - 2nd specimen | • | | 19–21 |
| COL | FOBT | 56491-4 | Hemoglobin gastrointestinal [presence] in stool by immunologic method - 3rd specimen | • | | 19–21 |
| COL | FOBT | 57905-2 | Hemoglobin gastrointestinal [presence] in stool by immunologic method - 1st specimen | • | | 19–21 |
| COL | FOBT | 58453-2 | Hemoglobin gastrointestinal [mass/volume] in stool by immunologic method | • | | 19–21 |
| COL | FIT-DNA | 77353-1 | Noninvasive colorectal cancer DNA and occult blood screening [interpretation] in stool narrative | • | | 19–21 |

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| COL | FIT-DNA | 77354-9 | Noninvasive colorectal cancer DNA and occult blood screening [presence] in stool | • | | 19–21 |
| COL | FOBT | 80372-6 | Hemoglobin gastrointestinal [presence] in stool by rapid immunoassay | • | | 19–21 |
| COL | Flexible Sigmoidoscopy | G0104 | Colorectal cancer screening; flexible sigmoidoscopy (G0104) | • | | 19–21 |
| COL | Colonoscopy | G0105 | Colorectal cancer screening; colonoscopy on individual at high risk (G0105) | • | | 19–21 |
| COL | Colonoscopy | G0121 | Colorectal cancer screening; colonoscopy on individual not meeting criteria for high risk (G0121) | • | | 19–21 |
| COL | FOBT | G0328 | Colorectal cancer screening; fecal occult blood test, immunoassay, 1-3 simultaneous (G0328) | • | | 19–21 |
| COL | FIT-DNA | G0464 | Colorectal cancer screening; stool-based DNA and fecal occult hemoglobin (e.g., kras, ndrg4 and bmp3) (G0464) | • | | 19–21 |
| OMW | Bone Mineral Density Tests | BP48ZZ1 | [BP48ZZ1] Ultrasonography of right shoulder, densitometry | • | | 28–30 |
| OMW | Bone Mineral Density Tests | BP49ZZ1 | [BP49ZZ1] Ultrasonography of left shoulder, densitometry | • | | 28–30 |
| OMW | Bone Mineral Density Tests | BP4GZZ1 | [BP4GZZ1] Ultrasonography of right elbow, densitometry | • | | 28–30 |
| OMW | Bone Mineral Density Tests | BP4HZZ1 | [BP4HZZ1] Ultrasonography of left elbow, densitometry | • | | 28–30 |
| OMW | Bone Mineral Density Tests | BP4LZZ1 | [BP4LZZ1] Ultrasonography of right wrist, densitometry | • | | 28–30 |
| OMW | Bone Mineral Density Tests | BP4MZZ1 | [BP4MZZ1] Ultrasonography of left wrist, densitometry | • | | 28–30 |
| OMW | Bone Mineral Density Tests | BP4NZZ1 | [BP4NZZ1] Ultrasonography of right hand, densitometry | • | | 28–30 |
| OMW | Bone Mineral Density Tests | BP4PZZ1 | [BP4PZZ1] Ultrasonography of left hand, densitometry | • | | 28–30 |
| OMW | Bone Mineral Density Tests | BQ00ZZ1 | [BQ00ZZ1] Plain radiography of right hip, densitometry | • | | 28–30 |
| OMW | Bone Mineral Density Tests | BQ01ZZ1 | [BQ01ZZ1] Plain radiography of left hip, densitometry | • | | 28–30 |
| OMW | Bone Mineral Density Tests | BQ03ZZ1 | [BQ03ZZ1] Plain radiography of right femur, densitometry | • | | 28–30 |
| OMW | Bone Mineral Density Tests | BQ04ZZ1 | [BQ04ZZ1] Plain radiography of left femur, densitometry | • | | 28–30 |
| OMW | Bone Mineral Density Tests | BR00ZZ1 | [BR00ZZ1] Plain radiography of cervical spine, densitometry | • | | 28–30 |
| OMW | Bone Mineral Density Tests | BR07ZZ1 | [BR07ZZ1] Plain radiography of thoracic spine, densitometry | • | | 28–30 |
| OMW | Bone Mineral Density Tests | BR09ZZ1 | [BR09ZZ1] Plain radiography of lumbar spine, densitometry | • | | 28–30 |
| OMW | Bone Mineral Density Tests | BR0GZZ1 | [BR0GZZ1] Plain radiography of whole spine, densitometry | • | | 28–30 |
| OMW | Bone Mineral Density Tests | G0130 | Single energy X-ray absorptiometry (sexa) bone density study, one or more sites; appendicular skeleton (peripheral) (e.g., radius, wrist, heel) (G0130) | • | | 28–30 |
| OMW | Osteoporosis Medications | J0630 | Injection, calcitonin salmon, up to 400 units (J0630) | • | | 28–30 |
| OMW | Osteoporosis Medications | J0897 | Injection, denosumab, 1 mg (J0897) | • | | 28–30 |
| OMW | Osteoporosis Medications | J1740 | Injection, ibandronate sodium, 1 mg (J1740) | • | | 28–30 |
| OMW | Osteoporosis Medications | J3110 | Injection, teriparatide, 10 mcg (J3110) | • | | 28–30 |

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| OMW | Osteoporosis Medications | J3487 | Injection, zoledronic acid (zometa), 1 mg (J3487) | • | | 28–30 |
| OMW | Osteoporosis Medications | J3488 | Injection, zoledronic acid (reclast), 1 mg (J3488) | • | | 28–30 |
| OMW | Osteoporosis Medications | J3489 | Injection, zoledronic acid, 1 mg (J3489) | • | | 28–30 |
| OMW | Osteoporosis Medications | Q2051 | Injection, zoledronic acid, not otherwise specified, 1mg (Q2051) | • | | 28–30 |
| PBH | Beta-Blocker Contraindications | I44.1 | [I44.1] Atrioventricular block, second degree | | • | 81–82 |
| PBH | Beta-Blocker Contraindications | I44.2 | [I44.2] Atrioventricular block, complete | | • | 81–82 |
| PBH | Beta-Blocker Contraindications | I44.4 | [I44.4] Left anterior fascicular block | | • | 81–82 |
| PBH | Beta-Blocker Contraindications | I44.5 | [I44.5] Left posterior fascicular block | | • | 81–82 |
| PBH | Beta-Blocker Contraindications | I44.60 | [I44.60] Unspecified fascicular block | | • | 81–82 |
| PBH | Beta-Blocker Contraindications | I44.69 | [I44.69] Other fascicular block | | • | 81–82 |
| PBH | Beta-Blocker Contraindications | I44.7 | [I44.7] Left bundle-branch block, unspecified | | • | 81–82 |
| PBH | Beta-Blocker Contraindications | I45.0 | [I45.0] Right fascicular block | | • | 81–82 |
| PBH | Beta-Blocker Contraindications | I45.10 | [I45.10] Unspecified right bundle-branch block | | • | 81–82 |
| PBH | Beta-Blocker Contraindications | I45.19 | [I45.19] Other right bundle-branch block | | • | 81–82 |
| PBH | Beta-Blocker Contraindications | I45.2 | [I45.2] Bifascicular block | | • | 81–82 |
| PBH | Beta-Blocker Contraindications | I45.3 | [I45.3] Trifascicular block | | • | 81–82 |
| PBH | Beta-Blocker Contraindications | I45.6 | [I45.6] Pre-excitation syndrome | | • | 81–82 |
| PBH | Beta-Blocker Contraindications | I49.5 | [I49.5] Sick sinus syndrome | | • | 81–82 |
| PBH | Beta-Blocker Contraindications | I95.0 | [I95.0] Idiopathic hypotension | | • | 81–82 |
| PBH | Beta-Blocker Contraindications | I95.1 | [I95.1] Orthostatic hypotension | | • | 81–82 |
| PBH | Beta-Blocker Contraindications | I95.2 | [I95.2] Hypotension due to drugs | | • | 81–82 |
| PBH | Beta-Blocker Contraindications | I95.3 | [I95.3] Hypotension of hemodialysis | | • | 81–82 |
| PBH | Beta-Blocker Contraindications | I95.81 | [I95.81] Postprocedural hypotension | | • | 81–82 |
| PBH | Beta-Blocker Contraindications | I95.89 | [I95.89] Other hypotension | | • | 81–82 |
| PBH | Beta-Blocker Contraindications | I95.9 | [I95.9] Hypotension, unspecified | | • | 81–82 |
| PBH | COPD | J44.0 | [J44.0] Chronic obstructive pulmonary disease with acute lower respiratory infection | | • | 81–82 |
| PBH | COPD | J44.1 | [J44.1] Chronic obstructive pulmonary disease with (acute) exacerbation | | • | 81–82 |
| PBH | COPD | J44.9 | [J44.9] Chronic obstructive pulmonary disease, unspecified | | • | 81–82 |
| PBH | Asthma | J45.20 | [J45.20] Mild intermittent asthma, uncomplicated | | • | 81–82 |
| PBH | Asthma | J45.21 | [J45.21] Mild intermittent asthma with (acute) exacerbation | | • | 81–82 |

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| PBH | Asthma | J45.22 | [J45.22] Mild intermittent asthma with status asthmaticus | | • | 81–82 |
| PBH | Asthma | J45.30 | [J45.30] Mild persistent asthma, uncomplicated | | • | 81–82 |
| PBH | Asthma | J45.31 | [J45.31] Mild persistent asthma with (acute) exacerbation | | • | 81–82 |
| PBH | Asthma | J45.32 | [J45.32] Mild persistent asthma with status asthmaticus | | • | 81–82 |
| PBH | Asthma | J45.40 | [J45.40] Moderate persistent asthma, uncomplicated | | • | 81–82 |
| PBH | Asthma | J45.41 | [J45.41] Moderate persistent asthma with (acute) exacerbation | | • | 81–82 |
| PBH | Asthma | J45.42 | [J45.42] Moderate persistent asthma with status asthmaticus | | • | 81–82 |
| PBH | Asthma | J45.50 | [J45.50] Severe persistent asthma, uncomplicated | | • | 81–82 |
| PBH | Asthma | J45.51 | [J45.51] Severe persistent asthma with (acute) exacerbation | | • | 81–82 |
| PBH | Asthma | J45.52 | [J45.52] Severe persistent asthma with status asthmaticus | | • | 81–82 |
| PBH | Asthma | J45.901 | [J45.901] Unspecified asthma with (acute) exacerbation | | • | 81–82 |
| PBH | Asthma | J45.902 | [J45.902] Unspecified asthma with status asthmaticus | | • | 81–82 |
| PBH | Asthma | J45.909 | [J45.909] Unspecified asthma, uncomplicated | | • | 81–82 |
| PBH | Asthma | J45.990 | [J45.990] Exercise induced bronchospasm | | • | 81–82 |
| PBH | Asthma | J45.991 | [J45.991] Cough variant asthma | | • | 81–82 |
| PBH | Asthma | J45.998 | [J45.998] Other asthma | | • | 81–82 |
| PBH | Chronic Respiratory Conditions Due To Fumes/Vapors | J68.4 | [J68.4] Chronic respiratory conditions due to chemicals, gases, fumes and vapors | | • | 81–82 |
| PBH | Beta-Blocker Contraindications | R00.1 | [R00.1] Bradycardia, unspecified | | • | 81–82 |
| PPC | Rh | 10331-7 | Rh [type] in blood | • | | 31–35 |
| PPC | Herpes Simplex Antibody | 10350-7 | Herpes simplex virus IgM Ab [titer] in serum by immunoassay | • | | 31–35 |
| PPC | Toxoplasma Antibody | 11598-0 | Toxoplasma gondii Ab [units/volume] in serum | • | | 31–35 |
| PPC | Toxoplasma Antibody | 12261-4 | Toxoplasma gondii IgG Ab [titer] in serum by immunoassay | • | | 31–35 |
| PPC | Toxoplasma Antibody | 12262-2 | Toxoplasma gondii IgM Ab [titer] in serum by immunoassay | • | | 31–35 |
| PPC | Rh | 1305-2 | D Ag [presence] in blood | • | | 31–35 |
| PPC | Cytomegalovirus Antibody | 13225-8 | Cytomegalovirus IgG Ab [units/volume] in serum - 1st specimen | • | | 31–35 |
| PPC | Rubella Antibody | 13279-5 | Rubella virus IgG Ab [units/volume] in serum - 1st specimen | • | | 31–35 |
| PPC | Rubella Antibody | 13280-3 | Rubella virus IgG Ab [units/volume] in serum - 2nd specimen | • | | 31–35 |
| PPC | Toxoplasma Antibody | 13286-0 | Toxoplasma gondii IgG Ab [units/volume] in serum - 2nd specimen | • | | 31–35 |
| PPC | Herpes Simplex Antibody | 13323-1 | Herpes simplex virus 2 Ab [units/volume] in serum by immunofluorescence | • | | 31–35 |
| PPC | Herpes Simplex Antibody | 13324-9 | Herpes simplex virus 1 Ab [units/volume] in serum by immunofluorescence | • | | 31–35 |
| PPC | Herpes Simplex Antibody | 13501-2 | Herpes simplex virus 2 Ab pattern [interpretation] in serum | • | | 31–35 |
| PPC | Herpes Simplex Antibody | 13505-3 | Herpes simplex virus 1+2 Ab pattern [interpretation] in serum | • | | 31–35 |
| PPC | Cytomegalovirus Antibody | 13949-3 | Cytomegalovirus IgG Ab [presence] in serum by immunoassay | • | | 31–35 |
| PPC | Herpes Simplex Antibody | 14213-3 | Herpes simplex virus IgM Ab [titer] in serum by immunofluorescence | • | | 31–35 |

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| PPC | Cytomegalovirus Antibody | 15377-5 | Cytomegalovirus Ab [presence] in serum by latex agglutination | • | | 31–35 |
| PPC | Cytomegalovirus Antibody | 16714-8 | Cytomegalovirus Ab [units/volume] in serum by latex agglutination | • | | 31–35 |
| PPC | Cytomegalovirus Antibody | 16715-5 | Cytomegalovirus IgG Ab [units/volume] in serum by immunofluorescence | • | | 31–35 |
| PPC | Cytomegalovirus Antibody | 16716-3 | Cytomegalovirus IgG Ab [units/volume] in serum by immunoassay - 2nd specimen | • | | 31–35 |
| PPC | Herpes Simplex Antibody | 16944-1 | Herpes simplex virus IgM Ab [units/volume] in serum | • | | 31–35 |
| PPC | Herpes Simplex Antibody | 16949-0 | Herpes simplex virus 1 IgG Ab [units/volume] in serum - 1st specimen | • | | 31–35 |
| PPC | Herpes Simplex Antibody | 16950-8 | Herpes simplex virus 1 IgG Ab [units/volume] in serum - 2nd specimen | • | | 31–35 |
| PPC | Herpes Simplex Antibody | 16954-0 | Herpes simplex virus 2 Ab [presence] in serum | • | | 31–35 |
| PPC | Herpes Simplex Antibody | 16955-7 | Herpes simplex virus 2 IgG Ab [presence] in serum by immunoblot (IB) | • | | 31–35 |
| PPC | Herpes Simplex Antibody | 16957-3 | Herpes simplex virus 2 IgG Ab [units/volume] in serum - 1st specimen | • | | 31–35 |
| PPC | Herpes Simplex Antibody | 16958-1 | Herpes simplex virus 2 IgG Ab [units/volume] in serum - 2nd specimen | • | | 31–35 |
| PPC | Rubella Antibody | 17550-5 | Rubella virus Ab [units/volume] in serum by latex agglutination | • | | 31–35 |
| PPC | Toxoplasma Antibody | 17717-0 | Toxoplasma gondii IgG + IgM Ab [presence] in serum | • | | 31–35 |
| PPC | Herpes Simplex Antibody | 17850-9 | Herpes simplex virus 1 IgG Ab [presence] in serum | • | | 31–35 |
| PPC | Herpes Simplex Antibody | 17851-7 | Herpes simplex virus 2 IgG Ab [presence] in serum | • | | 31–35 |
| PPC | Herpes Simplex Antibody | 19106-4 | Herpes simplex virus IgG Ab [presence] in serum | • | | 31–35 |
| PPC | Herpes Simplex Antibody | 21326-4 | Herpes simplex virus 1 IgM Ab [titer] in serum | • | | 31–35 |
| PPC | Herpes Simplex Antibody | 21327-2 | Herpes simplex virus 2 IgM Ab [titer] in serum | • | | 31–35 |
| PPC | Toxoplasma Antibody | 21570-7 | Toxoplasma gondii IgG Ab [presence] in serum by Sabin dye test | • | | 31–35 |
| PPC | Cytomegalovirus Antibody | 22239-8 | Cytomegalovirus Ab [presence] in serum | • | | 31–35 |
| PPC | Cytomegalovirus Antibody | 22241-4 | Cytomegalovirus Ab [titer] in serum | • | | 31–35 |
| PPC | Cytomegalovirus Antibody | 22244-8 | Cytomegalovirus IgG Ab [presence] in serum | • | | 31–35 |
| PPC | Cytomegalovirus Antibody | 22246-3 | Cytomegalovirus IgG Ab [titer] in serum | • | | 31–35 |
| PPC | Cytomegalovirus Antibody | 22247-1 | Cytomegalovirus IgG Ab [units/volume] in serum - 2nd specimen | • | | 31–35 |
| PPC | Cytomegalovirus Antibody | 22249-7 | Cytomegalovirus IgM Ab [titer] in serum | • | | 31–35 |
| PPC | Herpes Simplex Antibody | 22339-6 | Herpes simplex virus Ab [presence] in serum | • | | 31–35 |
| PPC | Herpes Simplex Antibody | 22341-2 | Herpes simplex virus Ab [titer] in serum | • | | 31–35 |
| PPC | Herpes Simplex Antibody | 22343-8 | Herpes simplex virus IgM Ab [titer] in serum | • | | 31–35 |
| PPC | Rubella Antibody | 22496-4 | Rubella virus Ab [presence] in serum | • | | 31–35 |

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| PPC | Rubella Antibody | 22497-2 | Rubella virus Ab [titer] in serum | • | | 31–35 |
| PPC | Toxoplasma Antibody | 22577-1 | Toxoplasma gondii Ab [presence] in serum | • | | 31–35 |
| PPC | Toxoplasma Antibody | 22580-5 | Toxoplasma gondii IgG Ab [presence] in serum | • | | 31–35 |
| PPC | Toxoplasma Antibody | 22582-1 | Toxoplasma gondii IgG Ab [titer] in serum | • | | 31–35 |
| PPC | Toxoplasma Antibody | 22584-7 | Toxoplasma gondii IgM Ab [titer] in serum | • | | 31–35 |
| PPC | Toxoplasma Antibody | 23485-6 | Toxoplasma gondii Ab [presence] in serum by agglutination | • | | 31–35 |
| PPC | Toxoplasma Antibody | 23486-4 | Toxoplasma gondii Ab [presence] in serum by latex agglutination | • | | 31–35 |
| PPC | Toxoplasma Antibody | 23784-2 | Toxoplasma gondii Ab [titer] in serum by hemagglutination | • | | 31–35 |
| PPC | Herpes Simplex Antibody | 24014-3 | Herpes simplex virus 2 IgG Ab [titer] in serum | • | | 31–35 |
| PPC | Rubella Antibody | 24116-6 | Rubella virus IgM Ab [presence] in serum or plasma by immunoassay | • | | 31–35 |
| PPC | Cytomegalovirus Antibody | 24119-0 | Cytomegalovirus IgM Ab [presence] in serum or plasma by immunoassay | • | | 31–35 |
| PPC | Toxoplasma Antibody | 24242-0 | Toxoplasma gondii IgG Ab [units/volume] in serum - 1st specimen | • | | 31–35 |
| PPC | Rubella Antibody | 25298-1 | Rubella virus IgG Ab [ratio] in serum - 1st specimen/2nd specimen | • | | 31–35 |
| PPC | Toxoplasma Antibody | 25300-5 | Toxoplasma gondii IgG Ab [ratio] in serum - 1st specimen/2nd specimen | • | | 31–35 |
| PPC | Rubella Antibody | 25420-1 | Rubella virus IgM Ab [presence] in serum by latex agglutination | • | | 31–35 |
| PPC | Herpes Simplex Antibody | 25435-9 | Herpes simplex virus IgM Ab [presence] in serum | • | | 31–35 |
| PPC | Rubella Antibody | 25514-1 | Rubella virus IgG Ab [presence] in serum | • | | 31–35 |
| PPC | Toxoplasma Antibody | 25542-2 | Toxoplasma gondii IgM Ab [presence] in serum | • | | 31–35 |
| PPC | Herpes Simplex Antibody | 25837-6 | Herpes simplex virus 1 Ab [titer] in serum by immunofluorescence | • | | 31–35 |
| PPC | Herpes Simplex Antibody | 25839-2 | Herpes simplex virus 2 Ab [titer] in serum by immunofluorescence | • | | 31–35 |
| PPC | Herpes Simplex Antibody | 26927-4 | Herpes simplex virus 2 IgM Ab [titer] in serum by immunofluorescence | • | | 31–35 |
| PPC | Herpes Simplex Antibody | 27948-9 | Herpes simplex virus 1 + 2 IgG Ab [units/volume] in serum by immunoassay | • | | 31–35 |
| PPC | Cytomegalovirus Antibody | 30325-5 | Cytomegalovirus IgM Ab [presence] in serum | • | | 31–35 |
| PPC | Herpes Simplex Antibody | 30355-2 | Herpes simplex virus 1 + 2 IgM Ab [presence] in serum by immunofluorescence | • | | 31–35 |
| PPC | Herpes Simplex Antibody | 31411-2 | Herpes simplex virus 1 + 2 IgG Ab [units/volume] in serum | • | | 31–35 |
| PPC | Rubella Antibody | 31616-6 | Rubella virus IgM Ab [presence] in serum | • | | 31–35 |
| PPC | Cytomegalovirus Antibody | 32170-3 | Cytomegalovirus Ab [titer] in serum by immunofluorescence | • | | 31–35 |
| PPC | Herpes Simplex Antibody | 32687-6 | Herpes simplex virus 1 IgM Ab [presence] in serum | • | | 31–35 |
| PPC | Herpes Simplex Antibody | 32688-4 | Herpes simplex virus 2 IgM Ab [presence] in serum | • | | 31–35 |
| PPC | Herpes Simplex Antibody | 32790-8 | Herpes simplex virus 2 IgG Ab [ratio] in serum by immunoassay - 1st specimen/2nd specimen | • | | 31–35 |

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| PPC | Cytomegalovirus Antibody | 32791-6 | Cytomegalovirus IgG Ab [ratio] in serum by immunoassay - 1st specimen/2nd specimen | • | | 31–35 |
| PPC | Herpes Simplex Antibody | 32831-0 | Herpes simplex virus 1 IgG Ab [ratio] in serum by immunoassay - 1st specimen/2nd specimen | • | | 31–35 |
| PPC | Herpes Simplex Antibody | 32834-4 | Herpes simplex virus 2 IgG Ab [ratio] in serum - 1st specimen/2nd specimen | • | | 31–35 |
| PPC | Cytomegalovirus Antibody | 32835-1 | Cytomegalovirus IgG Ab [ratio] in serum - 1st specimen/2nd specimen | • | | 31–35 |
| PPC | Herpes Simplex Antibody | 32846-8 | Herpes simplex virus 1 IgG Ab [ratio] in serum - 1st specimen/2nd specimen | • | | 31–35 |
| PPC | Herpes Simplex Antibody | 33291-6 | Herpes simplex virus 1 IgG Ab [presence] in serum by immunoblot (IB) | • | | 31–35 |
| PPC | Toxoplasma Antibody | 33336-9 | Toxoplasma gondii IgM Ab [presence] in serum by agglutination | • | | 31–35 |
| PPC | Herpes Simplex Antibody | 34152-9 | Herpes simplex virus 1 + 2 IgM Ab [titer] in serum | • | | 31–35 |
| PPC | Rubella Antibody | 34421-8 | Rubella virus IgG Ab avidity [ratio] in serum | • | | 31–35 |
| PPC | Toxoplasma Antibody | 34422-6 | Toxoplasma gondii IgG Ab avidity [ratio] in serum | • | | 31–35 |
| PPC | Herpes Simplex Antibody | 34613-0 | Herpes simplex virus 1 + 2 IgG Ab [titer] in serum | • | | 31–35 |
| PPC | Rh | 34961-3 | Rh [type] in blood by confirmatory method | • | | 31–35 |
| PPC | Toxoplasma Antibody | 35281-5 | Toxoplasma gondii IgG Ab [presence] in serum by immunofluorescence | • | | 31–35 |
| PPC | Toxoplasma Antibody | 35282-3 | Toxoplasma gondii IgM Ab [presence] in serum or plasma by immunofluorescence | • | | 31–35 |
| PPC | Herpes Simplex Antibody | 36921-5 | Herpes simplex virus 1 + 2 IgG Ab [presence] in serum | • | | 31–35 |
| PPC | Herpes Simplex Antibody | 40466-5 | Herpes simplex virus 1 IgM Ab [presence] in serum by immunofluorescence | • | | 31–35 |
| PPC | Rubella Antibody | 40667-8 | Rubella virus IgG Ab [presence] in serum or plasma by immunoassay | • | | 31–35 |
| PPC | Toxoplasma Antibody | 40677-7 | Toxoplasma gondii IgG Ab [presence] in serum by immunoassay | • | | 31–35 |
| PPC | Toxoplasma Antibody | 40678-5 | Toxoplasma gondii IgM Ab [presence] in serum or plasma by immunoassay | • | | 31–35 |
| PPC | Toxoplasma Antibody | 40697-5 | Toxoplasma gondii IgM Ab index [units/volume] in serum and CSF | • | | 31–35 |
| PPC | Herpes Simplex Antibody | 40728-8 | Herpes simplex virus IgG Ab [presence] in serum by immunoassay | • | | 31–35 |
| PPC | Herpes Simplex Antibody | 40729-6 | Herpes simplex virus IgM Ab [presence] in serum by immunoassay | • | | 31–35 |
| PPC | Toxoplasma Antibody | 40785-8 | Toxoplasma gondii IgM Ab [titer] in serum - 1st specimen | • | | 31–35 |
| PPC | Toxoplasma Antibody | 40786-6 | Toxoplasma gondii IgG Ab [titer] in serum - 2nd specimen | • | | 31–35 |
| PPC | Toxoplasma Antibody | 41123-1 | Toxoplasma gondii HS Ab [units/volume] in serum | • | | 31–35 |
| PPC | Toxoplasma Antibody | 41124-9 | Toxoplasma gondii AC Ab [units/volume] in serum | • | | 31–35 |
| PPC | Herpes Simplex Antibody | 41149-6 | Herpes simplex virus 1 + 2 IgM Ab [presence] in serum | • | | 31–35 |
| PPC | Herpes Simplex Antibody | 41399-7 | Herpes simplex virus 1 + 2 IgM Ab [units/volume] in serum by immunoassay | • | | 31–35 |
| PPC | Rubella Antibody | 41763-4 | Rubella virus IgG Ab [titer] in serum | • | | 31–35 |
| PPC | Herpes Simplex Antibody | 42337-6 | Herpes simplex virus 1 glycoprotein G IgG Ab [units/volume] in serum | • | | 31–35 |

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| PPC | Herpes Simplex Antibody | 42338-4 | Herpes simplex virus 2 glycoprotein G IgG Ab [units/volume] in serum | • | | 31–35 |
| PPC | Toxoplasma Antibody | 42949-8 | Toxoplasma gondii Ab [titer] in serum | • | | 31–35 |
| PPC | Herpes Simplex Antibody | 43028-0 | Herpes simplex virus 2 Ab [titer] in serum | • | | 31–35 |
| PPC | Herpes Simplex Antibody | 43030-6 | Herpes simplex virus 1 + 2 IgM Ab [units/volume] in serum | • | | 31–35 |
| PPC | Herpes Simplex Antibody | 43031-4 | Herpes simplex virus 1 Ab [titer] in serum | • | | 31–35 |
| PPC | Herpes Simplex Antibody | 43111-4 | Herpes simplex virus 1 Ab [presence] in serum | • | | 31–35 |
| PPC | Herpes Simplex Antibody | 43180-9 | Herpes simplex virus 2 IgG Ab [presence] in serum or plasma by immunoassay | • | | 31–35 |
| PPC | Rubella Antibody | 43810-1 | Rubella virus Ab [presence] in serum by immunoassay | • | | 31–35 |
| PPC | Herpes Simplex Antibody | 44008-1 | Herpes simplex virus 1 and 2 IgM Ab [interpretation] in serum | • | | 31–35 |
| PPC | Herpes Simplex Antibody | 44480-2 | Herpes simplex virus 1 + 2 Ab [presence] in serum | • | | 31–35 |
| PPC | Herpes Simplex Antibody | 44494-3 | Herpes simplex virus 2 IgM Ab [presence] in serum by immunoassay | • | | 31–35 |
| PPC | Herpes Simplex Antibody | 44507-2 | Herpes simplex virus IgM Ab [presence] in serum by immunofluorescence | • | | 31–35 |
| PPC | Herpes Simplex Antibody | 45210-2 | Herpes simplex virus 2 IgM Ab [presence] in serum by immunofluorescence | • | | 31–35 |
| PPC | Cytomegalovirus Antibody | 45326-6 | Cytomegalovirus IgG Ab avidity [ratio] in serum | • | | 31–35 |
| PPC | Herpes Simplex Antibody | 47230-8 | Herpes simplex virus glycoprotein G IgG Ab [presence] in serum | • | | 31–35 |
| PPC | Cytomegalovirus Antibody | 47307-4 | Cytomegalovirus IgG Ab index [units/volume] in serum and CSF | • | | 31–35 |
| PPC | Cytomegalovirus Antibody | 47363-7 | Cytomegalovirus Ab [presence] in serum from donor by hemagglutination | • | | 31–35 |
| PPC | Toxoplasma Antibody | 47389-2 | Toxoplasma gondii IgG Ab avidity [presence] in serum | • | | 31–35 |
| PPC | Toxoplasma Antibody | 47390-0 | Toxoplasma gondii IgG Ab [units/volume] in serum by Sabin dye test | • | | 31–35 |
| PPC | Cytomegalovirus Antibody | 47430-4 | Cytomegalovirus Ab [presence] in serum from donor | • | | 31–35 |
| PPC | Herpes Simplex Antibody | 48784-3 | Herpes simplex virus 2 Ab [presence] in serum by immunoassay | • | | 31–35 |
| PPC | Rubella Antibody | 49107-6 | Rubella virus IgM Ab [titer] in serum | • | | 31–35 |
| PPC | Cytomegalovirus Antibody | 49539-0 | Cytomegalovirus IgM Ab [presence] in serum by immunofluorescence | • | | 31–35 |
| PPC | Herpes Simplex Antibody | 49848-5 | Herpes simplex virus 1 + 2 IgG Ab [presence] in serum by immunoblot (IB) | • | | 31–35 |
| PPC | Rubella Antibody | 50694-9 | Rubella virus Ab [titer] in serum by hemagglutination inhibition | • | | 31–35 |
| PPC | Herpes Simplex Antibody | 50758-2 | Herpes simplex virus 1 IgM Ab [titer] in serum by immunofluorescence | • | | 31–35 |
| PPC | Cytomegalovirus Antibody | 5121-9 | Cytomegalovirus Ab [titer] in serum by latex agglutination | • | | 31–35 |
| PPC | Cytomegalovirus Antibody | 5122-7 | Cytomegalovirus Ab [units/volume] in serum by immunofluorescence | • | | 31–35 |
| PPC | Cytomegalovirus Antibody | 5124-3 | Cytomegalovirus IgG Ab [units/volume] in serum or plasma by immunoassay | • | | 31–35 |

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| PPC | Cytomegalovirus Antibody | 5125-0 | Cytomegalovirus IgG Ab [titer] in serum by immunofluorescence | • | | 31–35 |
| PPC | Cytomegalovirus Antibody | 5126-8 | Cytomegalovirus IgM Ab [units/volume] in serum by immunoassay | • | | 31–35 |
| PPC | Cytomegalovirus Antibody | 5127-6 | Cytomegalovirus IgM Ab [titer] in serum by immunofluorescence | • | | 31–35 |
| PPC | Herpes Simplex Antibody | 51915-7 | Herpes simplex virus IgG Ab [titer] in serum by immunoassay | • | | 31–35 |
| PPC | Herpes Simplex Antibody | 51916-5 | Herpes simplex virus 1 IgG Ab [presence] in serum or plasma by immunoassay | • | | 31–35 |
| PPC | Rubella Antibody | 51931-4 | Rubella virus Ab [units/volume] in serum by immunoassay | • | | 31–35 |
| PPC | Herpes Simplex Antibody | 5202-7 | Herpes simplex virus Ab [units/volume] in serum by immunoassay | • | | 31–35 |
| PPC | Herpes Simplex Antibody | 5203-5 | Herpes simplex virus Ab [units/volume] in serum by latex agglutination | • | | 31–35 |
| PPC | Herpes Simplex Antibody | 5204-3 | Herpes simplex virus Ab [titer] in serum by complement fixation | • | | 31–35 |
| PPC | Herpes Simplex Antibody | 5205-0 | Herpes simplex virus 1 Ab [units/volume] in serum by immunoassay | • | | 31–35 |
| PPC | Herpes Simplex Antibody | 5206-8 | Herpes simplex virus 1 IgG Ab [units/volume] in serum by immunoassay | • | | 31–35 |
| PPC | Herpes Simplex Antibody | 5207-6 | Herpes simplex virus 1 IgM Ab [units/volume] in serum by immunoassay | • | | 31–35 |
| PPC | Herpes Simplex Antibody | 5208-4 | Herpes simplex virus 2 Ab [units/volume] in serum by immunoassay | • | | 31–35 |
| PPC | Herpes Simplex Antibody | 5209-2 | Herpes simplex virus 2 IgG Ab [units/volume] in serum by immunoassay | • | | 31–35 |
| PPC | Herpes Simplex Antibody | 5210-0 | Herpes simplex virus 2 IgM Ab [units/volume] in serum by immunoassay | • | | 31–35 |
| PPC | Cytomegalovirus Antibody | 52976-8 | Cytomegalovirus Ab [units/volume] in serum by complement fixation | • | | 31–35 |
| PPC | Herpes Simplex Antibody | 52977-6 | Herpes simplex virus Ab [units/volume] in serum by complement fixation | • | | 31–35 |
| PPC | Herpes Simplex Antibody | 52981-8 | Herpes simplex virus IgG Ab [units/volume] in serum by immunoassay | • | | 31–35 |
| PPC | Cytomegalovirus Antibody | 52984-2 | Cytomegalovirus IgG Ab avidity [ratio] in serum by immunoassay | • | | 31–35 |
| PPC | Rubella Antibody | 52986-7 | Rubella virus IgG Ab avidity [ratio] in serum by immunoassay | • | | 31–35 |
| PPC | Rubella Antibody | 5330-6 | Rubella virus Ab [units/volume] in serum by hemagglutination inhibition | • | | 31–35 |
| PPC | Rubella Antibody | 5331-4 | Rubella virus Ab [presence] in serum by hemagglutination inhibition | • | | 31–35 |
| PPC | Rubella Antibody | 5332-2 | Rubella virus Ab [presence] in serum by latex agglutination | • | | 31–35 |
| PPC | Rubella Antibody | 5333-0 | Rubella virus Ab [titer] in serum by latex agglutination | • | | 31–35 |
| PPC | Rubella Antibody | 5334-8 | Rubella virus IgG Ab [units/volume] in serum or plasma by immunoassay | • | | 31–35 |
| PPC | Rubella Antibody | 5335-5 | Rubella virus IgM Ab [units/volume] in serum by immunoassay | • | | 31–35 |
| PPC | Herpes Simplex Antibody | 53377-8 | Herpes simplex virus IgG Ab [titer] in serum | • | | 31–35 |
| PPC | Herpes Simplex Antibody | 53560-9 | Herpes simplex virus IgM Ab [units/volume] in serum by immunoassay | • | | 31–35 |
| PPC | Toxoplasma Antibody | 5387-6 | Toxoplasma gondii Ab [presence] in serum by Sabin dye test | • | | 31–35 |

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| PPC | Toxoplasma Antibody | 5388-4 | Toxoplasma gondii IgG Ab [units/volume] in serum or plasma by immunoassay | • | | 31–35 |
| PPC | Toxoplasma Antibody | 5389-2 | Toxoplasma gondii IgG Ab [titer] in serum by immunofluorescence | • | | 31–35 |
| PPC | Toxoplasma Antibody | 5390-0 | Toxoplasma gondii IgM Ab [units/volume] in serum by immunoassay | • | | 31–35 |
| PPC | Toxoplasma Antibody | 5391-8 | Toxoplasma gondii IgM Ab [titer] in serum or plasma by immunofluorescence | • | | 31–35 |
| PPC | Toxoplasma Antibody | 56990-5 | Toxoplasma gondii IgG Ab avidity [ratio] in serum by immunoassay | • | | 31–35 |
| PPC | Toxoplasma Antibody | 56991-3 | Toxoplasma gondii IgG Ab avidity [presence] in serum or plasma by immunoassay | • | | 31–35 |
| PPC | Herpes Simplex Antibody | 57321-2 | Herpes simplex virus 2 IgG Ab [units/volume] in serum by immunoassay - 2nd specimen | • | | 31–35 |
| PPC | ABO | 57743-7 | ABO group [type] in blood by confirmatory method | • | | 31–35 |
| PPC | Cytomegalovirus Antibody | 59838-3 | Cytomegalovirus Ab [presence] in serum or plasma by latex agglutination | • | | 31–35 |
| PPC | Rubella Antibody | 63462-6 | Rubella virus IgG Ab [presence] in serum by latex agglutination | • | | 31–35 |
| PPC | Herpes Simplex Antibody | 73559-7 | Herpes simplex virus 1 IgG Ab [titer] in serum by immunofluorescence | • | | 31–35 |
| PPC | ABO and Rh | 77397-8 | ABO and Rh group [type] in blood by confirmatory method | • | | 31–35 |
| PPC | Cytomegalovirus Antibody | 78445-4 | Cytomegalovirus IgG Ab avidity [presence] in serum or plasma by immunoassay | • | | 31–35 |
| PPC | Cytomegalovirus Antibody | 7851-9 | Cytomegalovirus Ab [units/volume] in serum | • | | 31–35 |
| PPC | Cytomegalovirus Antibody | 7852-7 | Cytomegalovirus IgG Ab [units/volume] in serum | • | | 31–35 |
| PPC | Cytomegalovirus Antibody | 7853-5 | Cytomegalovirus IgM Ab [units/volume] in serum | • | | 31–35 |
| PPC | Herpes Simplex Antibody | 7907-9 | Herpes simplex virus Ab [units/volume] in serum | • | | 31–35 |
| PPC | Herpes Simplex Antibody | 7908-7 | Herpes simplex virus 1 Ab [units/volume] in serum | • | | 31–35 |
| PPC | Herpes Simplex Antibody | 7909-5 | Herpes simplex virus 1 IgG Ab [units/volume] in serum | • | | 31–35 |
| PPC | Herpes Simplex Antibody | 7910-3 | Herpes simplex virus 1 IgM Ab [units/volume] in serum | • | | 31–35 |
| PPC | Herpes Simplex Antibody | 7911-1 | Herpes simplex virus 2 Ab [units/volume] in serum | • | | 31–35 |
| PPC | Herpes Simplex Antibody | 7912-9 | Herpes simplex virus 2 IgG Ab [units/volume] in serum | • | | 31–35 |
| PPC | Herpes Simplex Antibody | 7913-7 | Herpes simplex virus 2 IgM Ab [units/volume] in serum | • | | 31–35 |
| PPC | Rubella Antibody | 8013-5 | Rubella virus Ab [units/volume] in serum | • | | 31–35 |
| PPC | Rubella Antibody | 8014-3 | Rubella virus IgG Ab [units/volume] in serum | • | | 31–35 |
| PPC | Rubella Antibody | 8015-0 | Rubella virus IgM Ab [units/volume] in serum | • | | 31–35 |
| PPC | Toxoplasma Antibody | 8039-0 | Toxoplasma gondii IgG Ab [units/volume] in serum | • | | 31–35 |
| PPC | Toxoplasma Antibody | 8040-8 | Toxoplasma gondii IgM Ab [units/volume] in serum | • | | 31–35 |
| PPC | ABO and Rh | 882-1 | ABO and Rh group [type] in blood | • | | 31–35 |
| PPC | ABO | 883-9 | ABO group [type] in blood | • | | 31–35 |
| PPC | ABO and Rh | 884-7 | ABO and Rh group [type] in capillary blood | • | | 31–35 |
| PPC | Herpes Simplex Antibody | 9422-7 | Herpes simplex virus IgG Ab [units/volume] in serum | • | | 31–35 |

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| PPC | Cytomegalovirus Antibody | 9513-3 | Cytomegalovirus Ab [titer] in serum by complement fixation | • | | 31–35 |
| PPC | Rh | 972-0 | Du Ag [presence] on red blood cells | • | | 31–35 |
| PPC | Rh | 978-7 | D Ag [presence] on red blood cells | • | | 31–35 |
| PPC | Prenatal Ultrasound | BY49ZZZ | [BY49ZZZ] Ultrasonography of first trimester, single fetus | • | | 31–35 |
| PPC | Prenatal Ultrasound | BY4BZZZ | [BY4BZZZ] Ultrasonography of first trimester, multiple gestation | • | | 31–35 |
| PPC | Prenatal Ultrasound | BY4CZZZ | [BY4CZZZ] Ultrasonography of second trimester, single fetus | • | | 31–35 |
| PPC | Prenatal Ultrasound | BY4DZZZ | [BY4DZZZ] Ultrasonography of second trimester, multiple gestation | • | | 31–35 |
| PPC | Prenatal Ultrasound | BY4FZZZ | [BY4FZZZ] Ultrasonography of third trimester, single fetus | • | | 31–35 |
| PPC | Prenatal Ultrasound | BY4GZZZ | [BY4GZZZ] Ultrasonography of third trimester, multiple gestation | • | | 31–35 |
| PPC | Postpartum Visits | G0101 | Cervical or vaginal cancer screening; pelvic and clinical breast examination (G0101) | • | | 31–35 |
| PPC | Prenatal Visits | G0463 | Hospital outpatient clinic visit for assessment and management of a patient (G0463) | • | | 31–35 |
| PPC | Prenatal Bundled Services | H1005 | Prenatal care, at-risk enhanced service package (includes H1001-H1004) (H1005) | • | | 31–35 |
| PPC | Prenatal Visits | T1015 | Clinic visit/encounter, all-inclusive (T1015) | • | | 31–35 |
| PPC | Postpartum Visits | Z01.411 | [Z01.411] Encounter for gynecological examination (general) (routine) with abnormal findings | • | | 31–35 |
| PPC | Postpartum Visits | Z01.419 | [Z01.419] Encounter for gynecological examination (general) (routine) without abnormal findings | • | | 31–35 |
| PPC | Postpartum Visits | Z01.42 | [Z01.42] Encounter for cervical smear to confirm findings of recent normal smear following initial abnormal smear | • | | 31–35 |
| PPC | Postpartum Visits | Z30.430 | [Z30.430] Encounter for insertion of intrauterine contraceptive device | • | | 31–35 |
| PPC | Postpartum Visits | Z39.1 | [Z39.1] Encounter for care and examination of lactating mother | • | | 31–35 |
| PPC | Postpartum Visits | Z39.2 | [Z39.2] Encounter for routine postpartum follow-up | • | | 31–35 |
| SPC | ESRD | 3E1M39Z | [3E1M39Z] Irrigation of peritoneal cavity using dialysate, percutaneous approach | | • | 83–84 |
| SPC | ESRD | 5A1D00Z | [5A1D00Z] Performance of urinary filtration, single | | • | 83–84 |
| SPC | ESRD | 5A1D60Z | [5A1D60Z] Performance of urinary filtration, multiple | | • | 83–84 |
| SPC | ESRD | 65 | End-stage renal disease treatment facility | | • | 83–84 |
| SPC | ESRD | G0257 | Unscheduled or emergency dialysis treatment for an ESRD patient in a hospital outpatient department that isn't certified as an ESRD facility (G0257) | | • | 83–84 |
| SPC | Muscular Pain and Disease | G72.0 | [G72.0] Drug-induced myopathy | | • | 83–84 |
| SPC | Muscular Pain and Disease | G72.2 | [G72.2] Myopathy due to other toxic agents | | • | 83–84 |
| SPC | Muscular Pain and Disease | G72.9 | [G72.9] Myopathy, unspecified | | • | 83–84 |
| SPC | Cirrhosis | K70.30 | [K70.30] Alcoholic cirrhosis of liver without ascites | | • | 83–84 |
| SPC | Cirrhosis | K70.31 | [K70.31] Alcoholic cirrhosis of liver with ascites | | • | 83–84 |
| SPC | Cirrhosis | K71.7 | [K71.7] Toxic liver disease with fibrosis and cirrhosis of liver | | • | 83–84 |
| SPC | Cirrhosis | K74.3 | [K74.3] Primary biliary cirrhosis | | • | 83–84 |
| SPC | Cirrhosis | K74.4 | [K74.4] Secondary biliary cirrhosis | | • | 83–84 |
| SPC | Cirrhosis | K74.5 | [K74.5] Biliary cirrhosis, unspecified | | • | 83–84 |

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| SPC | Cirrhosis | K74.60 | [K74.60] Unspecified cirrhosis of liver | | • | 83–84 |
| SPC | Cirrhosis | K74.69 | [K74.69] Other cirrhosis of liver | | • | 83–84 |
| SPC | Muscular Pain and Disease | M62.82 | [M62.82] Rhabdomyolysis | | • | 83–84 |
| SPC | Muscular Pain and Disease | M79.1 | [M79.1] Myalgia | | • | 83–84 |
| SPC | ESRD | N18.5 | [N18.5] Chronic kidney disease, stage 5 | | • | 83–84 |
| SPC | ESRD | N18.6 | [N18.6] End-stage renal disease | | • | 83–84 |
| SPC | Cirrhosis | P78.81 | [P78.81] Congenital cirrhosis (of liver) | | • | 83–84 |
| SPC | IVF | S4015 | Complete in vitro fertilization cycle, not otherwise specified, case rate (S4015) | | • | 83–84 |
| SPC | IVF | S4016 | Frozen in vitro fertilization cycle, case rate (S4016) | | • | 83–84 |
| SPC | IVF | S4018 | Frozen embryo transfer procedure cancelled before transfer, case rate (S4018) | | • | 83–84 |
| SPC | IVF | S4020 | In vitro fertilization procedure cancelled before aspiration, case rate (S4020) | | • | 83–84 |
| SPC | IVF | S4021 | In vitro fertilization procedure cancelled after aspiration, case rate (S4021) | | • | 83–84 |
| SPC | ESRD | S9339 | Home therapy; peritoneal dialysis, administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (drugs and nursing visits coded separately), per diem (S9339) | | • | 83–84 |
| SPC | ESRD | Z91.15 | [Z91.15] Patient's noncompliance with renal dialysis | | • | 83–84 |
| SPC | ESRD | Z99.2 | [Z99.2] Dependence on renal dialysis | | • | 83–84 |
| SPD | CABG | 0210093 | [0210093] Bypass coronary artery, one site to coronary artery with autologous venous tissue, open approach | | • | 85–86 |
| SPD | CABG | 0210098 | [0210098] Bypass coronary artery, one site to right internal mammary with autologous venous tissue, open approach | | • | 85–86 |
| SPD | CABG | 0210099 | [0210099] Bypass coronary artery, one site to left internal mammary with autologous venous tissue, open approach | | • | 85–86 |
| SPD | CABG | 021009C | [021009C] Bypass coronary artery, one site to thoracic artery with autologous venous tissue, open approach | | • | 85–86 |
| SPD | CABG | 021009F | [021009F] Bypass coronary artery, one site to abdominal artery with autologous venous tissue, open approach | | • | 85–86 |
| SPD | CABG | 021009W | [021009W] Bypass coronary artery, one site to aorta with autologous venous tissue, open approach | | • | 85–86 |
| SPD | CABG | 02100A3 | [02100A3] Bypass coronary artery, one site to coronary artery with autologous arterial tissue, open approach | | • | 85–86 |
| SPD | CABG | 02100A8 | [02100A8] Bypass coronary artery, one site to right internal mammary with autologous arterial tissue, open approach | | • | 85–86 |
| SPD | CABG | 02100A9 | [02100A9] Bypass coronary artery, one site to left internal mammary with autologous arterial tissue, open approach | | • | 85–86 |
| SPD | CABG | 02100AC | [02100AC] Bypass coronary artery, one site to thoracic artery with autologous arterial tissue, open approach | | • | 85–86 |
| SPD | CABG | 02100AF | [02100AF] Bypass coronary artery, one site to abdominal artery with autologous arterial tissue, open approach | | • | 85–86 |
| SPD | CABG | 02100AW | [02100AW] Bypass coronary artery, one site to aorta with autologous arterial tissue, open approach | | • | 85–86 |
| SPD | CABG | 02100J3 | [02100J3] Bypass coronary artery, one site to coronary artery with synthetic substitute, open approach | | • | 85–86 |
| SPD | CABG | 02100J8 | [02100J8] Bypass coronary artery, one site to right internal mammary with synthetic substitute, open approach | | • | 85–86 |
| SPD | CABG | 02100J9 | [02100J9] Bypass coronary artery, one site to left internal mammary with synthetic substitute, open approach | | • | 85–86 |
| SPD | CABG | 02100JC | [02100JC] Bypass coronary artery, one site to thoracic artery with synthetic substitute, open approach | | • | 85–86 |

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| SPD | CABG | 02100JF | [02100JF] Bypass coronary artery, one site to abdominal artery with synthetic substitute, open approach | | • | 85–86 |
| SPD | CABG | 02100JW | [02100JW] Bypass coronary artery, one site to aorta with synthetic substitute, open approach | | • | 85–86 |
| SPD | CABG | 02100K3 | [02100K3] Bypass coronary artery, one site to coronary artery with nonautologous tissue substitute, open approach | | • | 85–86 |
| SPD | CABG | 02100K8 | [02100K8] Bypass coronary artery, one site to right internal mammary with nonautologous tissue substitute, open approach | | • | 85–86 |
| SPD | CABG | 02100K9 | [02100K9] Bypass coronary artery, one site to left internal mammary with nonautologous tissue substitute, open approach | | • | 85–86 |
| SPD | CABG | 02100KC | [02100KC] Bypass coronary artery, one site to thoracic artery with nonautologous tissue substitute, open approach | | • | 85–86 |
| SPD | CABG | 02100KF | [02100KF] Bypass coronary artery, one site to abdominal artery with nonautologous tissue substitute, open approach | | • | 85–86 |
| SPD | CABG | 02100KW | [02100KW] Bypass coronary artery, one site to aorta with nonautologous tissue substitute, open approach | | • | 85–86 |
| SPD | CABG | 02100Z3 | [02100Z3] Bypass coronary artery, one site to coronary artery, open approach | | • | 85–86 |
| SPD | CABG | 02100Z8 | [02100Z8] Bypass coronary artery, one site to right internal mammary, open approach | | • | 85–86 |
| SPD | CABG | 02100Z9 | [02100Z9] Bypass coronary artery, one site to left internal mammary, open approach | | • | 85–86 |
| SPD | CABG | 02100ZC | [02100ZC] Bypass coronary artery, one site to thoracic artery, open approach | | • | 85–86 |
| SPD | CABG | 02100ZF | [02100ZF] Bypass coronary artery, one site to abdominal artery, open approach | | • | 85–86 |
| SPD | CABG | 0211093 | [0211093] Bypass coronary artery, two sites to coronary artery with autologous venous tissue, open approach | | • | 85–86 |
| SPD | CABG | 0211098 | [0211098] Bypass coronary artery, two sites to right internal mammary with autologous venous tissue, open approach | | • | 85–86 |
| SPD | CABG | 0211099 | [0211099] Bypass coronary artery, two sites to left internal mammary with autologous venous tissue, open approach | | • | 85–86 |
| SPD | CABG | 021109C | [021109C] Bypass coronary artery, two sites to thoracic artery with autologous venous tissue, open approach | | • | 85–86 |
| SPD | CABG | 021109F | [021109F] Bypass coronary artery, two sites to abdominal artery with autologous venous tissue, open approach | | • | 85–86 |
| SPD | CABG | 021109W | [021109W] Bypass coronary artery, two sites to aorta with autologous venous tissue, open approach | | • | 85–86 |
| SPD | CABG | 02110A3 | [02110A3] Bypass coronary artery, two sites to coronary artery with autologous arterial tissue, open approach | | • | 85–86 |
| SPD | CABG | 02110A8 | [02110A8] Bypass coronary artery, two sites to right internal mammary with autologous arterial tissue, open approach | | • | 85–86 |
| SPD | CABG | 02110A9 | [02110A9] Bypass coronary artery, two sites to left internal mammary with autologous arterial tissue, open approach | | • | 85–86 |
| SPD | CABG | 02110AC | [02110AC] Bypass coronary artery, two sites to thoracic artery with autologous arterial tissue, open approach | | • | 85–86 |
| SPD | CABG | 02110AF | [02110AF] Bypass coronary artery, two sites to abdominal artery with autologous arterial tissue, open approach | | • | 85–86 |
| SPD | CABG | 02110AW | [02110AW] Bypass coronary artery, two sites to aorta with autologous arterial tissue, open approach | | • | 85–86 |
| SPD | CABG | 02110J3 | [02110J3] Bypass coronary artery, two sites to coronary artery with synthetic substitute, open approach | | • | 85–86 |
| SPD | CABG | 02110J8 | [02110J8] Bypass coronary artery, two sites to right internal mammary with synthetic substitute, open approach | | • | 85–86 |
| SPD | CABG | 02110J9 | [02110J9] Bypass coronary artery, two sites to left internal mammary with synthetic substitute, open approach | | • | 85–86 |

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| SPD | CABG | 02110JC | [02110JC] Bypass coronary artery, two sites to thoracic artery with synthetic substitute, open approach | | • | 85–86 |
| SPD | CABG | 02110JF | [02110JF] Bypass coronary artery, two sites to abdominal artery with synthetic substitute, open approach | | • | 85–86 |
| SPD | CABG | 02110JW | [02110JW] Bypass coronary artery, two sites to aorta with synthetic substitute, open approach | | • | 85–86 |
| SPD | CABG | 02110K3 | [02110K3] Bypass coronary artery, two sites to coronary artery with nonautologous tissue substitute, open approach | | • | 85–86 |
| SPD | CABG | 02110K8 | [02110K8] Bypass coronary artery, two sites to right internal mammary with nonautologous tissue substitute, open approach | | • | 85–86 |
| SPD | CABG | 02110K9 | [02110K9] Bypass coronary artery, two sites to left internal mammary with nonautologous tissue substitute, open approach | | • | 85–86 |
| SPD | CABG | 02110KC | [02110KC] Bypass coronary artery, two Sites to thoracic artery with nonautologous tissue substitute, open approach | | • | 85–86 |
| SPD | CABG | 02110KF | [02110KF] Bypass coronary artery, two sites to abdominal artery with nonautologous tissue substitute, open approach | | • | 85–86 |
| SPD | CABG | 02110KW | [02110KW] Bypass coronary artery, two sites to aorta with nonautologous tissue substitute, open approach | | • | 85–86 |
| SPD | CABG | 02110Z3 | [02110Z3] Bypass coronary artery, two sites to coronary artery, open approach | | • | 85–86 |
| SPD | CABG | 02110Z8 | [02110Z8] Bypass coronary artery, two sites to right internal mammary, open approach | | • | 85–86 |
| SPD | CABG | 02110Z9 | [02110Z9] Bypass coronary artery, two sites to left internal mammary, open approach | | • | 85–86 |
| SPD | CABG | 02110ZC | [02110ZC] Bypass coronary artery, two sites to thoracic artery, open approach | | • | 85–86 |
| SPD | CABG | 02110ZF | [02110ZF] Bypass coronary artery, two sites to abdominal artery, open approach | | • | 85–86 |
| SPD | CABG | 0212093 | [0212093] Bypass coronary artery, three sites to coronary artery with autologous venous tissue, open approach | | • | 85–86 |
| SPD | CABG | 0212098 | [0212098] Bypass coronary artery, three sites to right internal mammary with autologous venous tissue, open approach | | • | 85–86 |
| SPD | CABG | 0212099 | [0212099] Bypass coronary artery, three sites to left internal mammary with autologous venous tissue, open approach | | • | 85–86 |
| SPD | CABG | 021209C | [021209C] Bypass coronary artery, three sites to thoracic artery with autologous venous tissue, open approach | | • | 85–86 |
| SPD | CABG | 021209F | [021209F] Bypass coronary artery, three sites to abdominal artery with autologous venous tissue, open approach | | • | 85–86 |
| SPD | CABG | 021209W | [021209W] Bypass coronary artery, three sites to aorta with autologous venous tissue, open approach | | • | 85–86 |
| SPD | CABG | 02120A3 | [02120A3] Bypass coronary artery, three sites to coronary artery with autologous arterial tissue, open approach | | • | 85–86 |
| SPD | CABG | 02120A8 | [02120A8] Bypass coronary artery, three sites to right internal mammary with autologous arterial tissue, open approach | | • | 85–86 |
| SPD | CABG | 02120A9 | [02120A9] Bypass coronary artery, three sites to left internal mammary with autologous arterial tissue, open approach | | • | 85–86 |
| SPD | CABG | 02120AC | [02120AC] Bypass coronary artery, three sites to thoracic artery with autologous arterial tissue, open approach | | • | 85–86 |
| SPD | CABG | 02120AF | [02120AF] Bypass coronary artery, three sites to abdominal artery with autologous arterial tissue, open approach | | • | 85–86 |
| SPD | CABG | 02120AW | [02120AW] Bypass coronary artery, three sites to aorta with autologous arterial tissue, open approach | | • | 85–86 |
| SPD | CABG | 02120J3 | [02120J3] Bypass coronary artery, three sites to coronary artery with synthetic substitute, open approach | | • | 85–86 |

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| SPD | CABG | 02120J8 | [02120J8] Bypass coronary artery, three sites to right internal mammary with synthetic substitute, open approach | | • | 85–86 |
| SPD | CABG | 02120J9 | [02120J9] Bypass coronary artery, three sites to left internal mammary with synthetic substitute, open approach | | • | 85–86 |
| SPD | CABG | 02120JC | [02120JC] Bypass coronary artery, three sites to thoracic artery with synthetic substitute, open approach | | • | 85–86 |
| SPD | CABG | 02120JF | [02120JF] Bypass coronary artery, three sites to abdominal artery with synthetic substitute, open approach | | • | 85–86 |
| SPD | CABG | 02120JW | [02120JW] Bypass coronary artery, three sites to aorta with synthetic substitute, open approach | | • | 85–86 |
| SPD | CABG | 02120K3 | [02120K3] Bypass coronary artery, three sites to coronary artery with nonautologous tissue substitute, open approach | | • | 85–86 |
| SPD | CABG | 02120K8 | [02120K8] Bypass coronary artery, three sites to right internal mammary with nonautologous tissue substitute, open approach | | • | 85–86 |
| SPD | CABG | 02120K9 | [02120K9] Bypass coronary artery, three sites to left internal mammary with nonautologous tissue substitute, open approach | | • | 85–86 |
| SPD | CABG | 02120KC | [02120KC] Bypass coronary artery, three sites to thoracic artery with nonautologous tissue substitute, open approach | | • | 85–86 |
| SPD | CABG | 02120KF | [02120KF] Bypass coronary artery, three sites to abdominal artery with nonautologous tissue substitute, open approach | | • | 85–86 |
| SPD | CABG | 02120KW | [02120KW] Bypass coronary artery, three sites to aorta with nonautologous tissue substitute, open approach | | • | 85–86 |
| SPD | CABG | 02120Z3 | [02120Z3] Bypass coronary artery, three sites to coronary artery, open approach | | • | 85–86 |
| SPD | CABG | 02120Z8 | [02120Z8] Bypass coronary artery, three sites to right internal mammary, open approach | | • | 85–86 |
| SPD | CABG | 02120Z9 | [02120Z9] Bypass coronary artery, three sites to left internal mammary, open approach | | • | 85–86 |
| SPD | CABG | 02120ZC | [02120ZC] Bypass coronary artery, three sites to thoracic artery, open approach | | • | 85–86 |
| SPD | CABG | 02120ZF | [02120ZF] Bypass coronary artery, three sites to abdominal artery, open approach | | • | 85–86 |
| SPD | CABG | 0213093 | [0213093] Bypass coronary artery, four or more sites to coronary artery with autologous venous tissue, open approach | | • | 85–86 |
| SPD | CABG | 0213098 | [0213098] Bypass coronary artery, four or more sites to right internal mammary with autologous venous tissue, open approach | | • | 85–86 |
| SPD | CABG | 0213099 | [0213099] Bypass coronary artery, four or more sites to left internal mammary with autologous venous tissue, open approach | | • | 85–86 |
| SPD | CABG | 021309C | [021309C] Bypass coronary artery, four or more sites to thoracic artery with autologous venous tissue, open approach | | • | 85–86 |
| SPD | CABG | 021309F | [021309F] Bypass coronary artery, four or more sites to abdominal artery with autologous venous tissue, open approach | | • | 85–86 |
| SPD | CABG | 021309W | [021309W] Bypass coronary artery, four or more sites to aorta with autologous venous tissue, open approach | | • | 85–86 |
| SPD | CABG | 02130A3 | [02130A3] Bypass coronary artery, four or more sites to coronary artery with autologous arterial tissue, open approach | | • | 85–86 |
| SPD | CABG | 02130A8 | [02130A8] Bypass coronary artery, four or more sites to right internal mammary with autologous arterial tissue, open approach | | • | 85–86 |
| SPD | CABG | 02130A9 | [02130A9] Bypass coronary artery, four or more sites to left internal mammary with autologous arterial tissue, open approach | | • | 85–86 |

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| SPD | CABG | 02130AC | [02130AC] Bypass coronary artery, four or more sites to thoracic artery with autologous arterial tissue, open approach | | • | 85–86 |
| SPD | CABG | 02130AF | [02130AF] Bypass coronary artery, four or more sites to abdominal artery with autologous arterial tissue, open approach | | • | 85–86 |
| SPD | CABG | 02130AW | [02130AW] Bypass coronary artery, four or more sites to aorta with autologous arterial tissue, open approach | | • | 85–86 |
| SPD | CABG | 02130J3 | [02130J3] Bypass coronary artery, four or more sites to coronary artery with synthetic substitute, open approach | | • | 85–86 |
| SPD | CABG | 02130J8 | [02130J8] Bypass coronary artery, four or more sites to right internal mammary with synthetic substitute, open approach | | • | 85–86 |
| SPD | CABG | 02130J9 | [02130J9] Bypass coronary artery, four or more sites to left internal mammary with synthetic substitute, open approach | | • | 85–86 |
| SPD | CABG | 02130JC | [02130JC] Bypass coronary artery, four or more sites to thoracic artery with synthetic substitute, open approach | | • | 85–86 |
| SPD | CABG | 02130JF | [02130JF] Bypass coronary artery, four or more sites to abdominal artery with synthetic substitute, open approach | | • | 85–86 |
| SPD | CABG | 02130JW | [02130JW] Bypass coronary artery, four or more sites to aorta with synthetic substitute, open approach | | • | 85–86 |
| SPD | CABG | 02130K3 | [02130K3] Bypass coronary artery, four or more sites to coronary artery with nonautologous tissue substitute, open approach | | • | 85–86 |
| SPD | CABG | 02130K8 | [02130K8] Bypass coronary artery, four or more sites to right internal mammary with nonautologous tissue substitute, open approach | | • | 85–86 |
| SPD | CABG | 02130K9 | [02130K9] Bypass coronary artery, four or more sites to left internal mammary with nonautologous tissue substitute, open approach | | • | 85–86 |
| SPD | CABG | 02130KC | [02130KC] Bypass coronary artery, four or more sites to thoracic artery with nonautologous tissue substitute, open approach | | • | 85–86 |
| SPD | CABG | 02130KF | [02130KF] Bypass coronary artery, four or more sites to abdominal artery with nonautologous tissue substitute, open approach | | • | 85–86 |
| SPD | CABG | 02130KW | [02130KW] Bypass coronary artery, four or more sites to aorta with nonautologous tissue substitute, open approach | | • | 85–86 |
| SPD | CABG | 02130Z3 | [02130Z3] Bypass coronary artery, four or more sites to coronary artery, open approach | | • | 85–86 |
| SPD | CABG | 02130Z8 | [02130Z8] Bypass coronary artery, four or more sites to right internal mammary, open approach | | • | 85–86 |
| SPD | CABG | 02130Z9 | [02130Z9] Bypass coronary artery, four or more sites to left internal mammary, open approach | | • | 85–86 |
| SPD | CABG | 02130ZC | [02130ZC] Bypass coronary artery, four or more sites to thoracic artery, open approach | | • | 85–86 |
| SPD | CABG | 02130ZF | [02130ZF] Bypass coronary artery, four or more sites to abdominal artery, open approach | | • | 85–86 |
| SPD | PCI | 0270346 | [0270346] Dilation of coronary artery, one site, bifurcation, with drug-eluting intraluminal device, percutaneous approach | | • | 85–86 |
| SPD | PCI | 027034Z | [027034Z] Dilation of coronary artery, one site with drug-eluting intraluminal device, percutaneous approach | | • | 85–86 |
| SPD | PCI | 02703D6 | [02703D6] Dilation of coronary artery, one site, bifurcation, with intraluminal device, percutaneous approach | | • | 85–86 |
| SPD | PCI | 02703DZ | [02703DZ] Dilation of coronary artery, one site with intraluminal device, percutaneous approach | | • | 85–86 |
| SPD | PCI | 02703T6 | [02703T6] Dilation of coronary artery, one site, bifurcation, with radioactive intraluminal device, percutaneous approach | | • | 85–86 |

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| SPD | PCI | 02703TZ | [02703TZ] Dilation of coronary artery, one site with radioactive intraluminal device, percutaneous approach | | • | 85–86 |
| SPD | PCI | 02703Z6 | [02703Z6] Dilation of coronary artery, one site, bifurcation, percutaneous approach | | • | 85–86 |
| SPD | PCI | 02703ZZ | [02703ZZ] Dilation of coronary artery, one site, percutaneous approach | | • | 85–86 |
| SPD | PCI | 0270446 | [0270446] Dilation of coronary artery, one site, bifurcation, with drug-eluting intraluminal device, percutaneous endoscopic approach | | • | 85–86 |
| SPD | PCI | 027044Z | [027044Z] Dilation of coronary artery, one site with drug-eluting intraluminal device, percutaneous endoscopic approach | | • | 85–86 |
| SPD | PCI | 02704D6 | [02704D6] Dilation of coronary artery, one site, bifurcation, with intraluminal device, percutaneous endoscopic approach | | • | 85–86 |
| SPD | PCI | 02704DZ | [02704DZ] Dilation of coronary artery, one site with intraluminal device, percutaneous endoscopic approach | | • | 85–86 |
| SPD | PCI | 02704T6 | [02704T6] Dilation of coronary artery, one site, bifurcation, with radioactive intraluminal device, percutaneous endoscopic approach | | • | 85–86 |
| SPD | PCI | 02704TZ | [02704TZ] Dilation of coronary artery, one site with radioactive intraluminal device, percutaneous endoscopic approach | | • | 85–86 |
| SPD | PCI | 02704Z6 | [02704Z6] Dilation of coronary artery, one site, bifurcation, percutaneous endoscopic approach | | • | 85–86 |
| SPD | PCI | 02704ZZ | [02704ZZ] Dilation of coronary artery, one site, percutaneous endoscopic approach | | • | 85–86 |
| SPD | PCI | 0271346 | [0271346] Dilation of coronary artery, two sites, bifurcation, with drug-eluting intraluminal device, percutaneous approach | | • | 85–86 |
| SPD | PCI | 027134Z | [027134Z] Dilation of coronary artery, two sites with drug-eluting intraluminal device, percutaneous approach | | • | 85–86 |
| SPD | PCI | 02713D6 | [02713D6] Dilation of coronary artery, two sites, bifurcation, with intraluminal device, percutaneous approach | | • | 85–86 |
| SPD | PCI | 02713DZ | [02713DZ] Dilation of coronary artery, two sites with intraluminal device, percutaneous approach | | • | 85–86 |
| SPD | PCI | 02713T6 | [02713T6] Dilation of coronary artery, two sites, bifurcation, with radioactive intraluminal device, percutaneous approach | | • | 85–86 |
| SPD | PCI | 02713TZ | [02713TZ] Dilation of coronary artery, two sites with radioactive intraluminal device, percutaneous approach | | • | 85–86 |
| SPD | PCI | 02713Z6 | [02713Z6] Dilation of coronary artery, two sites, bifurcation, percutaneous approach | | • | 85–86 |
| SPD | PCI | 02713ZZ | [02713ZZ] Dilation of coronary artery, two sites, percutaneous approach | | • | 85–86 |
| SPD | PCI | 0271446 | [0271446] Dilation of coronary artery, two sites, bifurcation, with drug-eluting intraluminal device, percutaneous endoscopic approach | | • | 85–86 |
| SPD | PCI | 027144Z | [027144Z] Dilation of coronary artery, two sites with drug-eluting intraluminal device, percutaneous endoscopic approach | | • | 85–86 |
| SPD | PCI | 02714D6 | [02714D6] Dilation of coronary artery, two sites, bifurcation, with intraluminal device, percutaneous endoscopic approach | | • | 85–86 |
| SPD | PCI | 02714DZ | [02714DZ] Dilation of coronary artery, two sites with intraluminal device, percutaneous endoscopic approach | | • | 85–86 |
| SPD | PCI | 02714T6 | [02714T6] Dilation of coronary artery, two sites, bifurcation, with radioactive intraluminal device, percutaneous endoscopic approach | | • | 85–86 |

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| SPD | PCI | 02714TZ | [02714TZ] Dilation of coronary artery, two sites with radioactive intraluminal device, percutaneous endoscopic approach | | • | 85–86 |
| SPD | PCI | 02714Z6 | [02714Z6] Dilation of coronary artery, two sites, bifurcation, percutaneous endoscopic approach | | • | 85–86 |
| SPD | PCI | 02714ZZ | [02714ZZ] Dilation of coronary artery, two sites, percutaneous endoscopic approach | | • | 85–86 |
| SPD | PCI | 0272346 | [0272346] Dilation of coronary artery, three sites, bifurcation, with drug-eluting intraluminal device, percutaneous approach | | • | 85–86 |
| SPD | PCI | 027234Z | [027234Z] Dilation of coronary artery, three sites with drug-eluting intraluminal device, percutaneous approach | | • | 85–86 |
| SPD | PCI | 02723D6 | [02723D6] Dilation of coronary artery, three sites, bifurcation, with intraluminal device, percutaneous approach | | • | 85–86 |
| SPD | PCI | 02723DZ | [02723DZ] Dilation of coronary artery, three sites with intraluminal device, percutaneous approach | | • | 85–86 |
| SPD | PCI | 02723T6 | [02723T6] Dilation of coronary artery, three sites, bifurcation, with radioactive intraluminal device, percutaneous approach | | • | 85–86 |
| SPD | PCI | 02723TZ | [02723TZ] Dilation of coronary artery, three sites with radioactive intraluminal device, percutaneous approach | | • | 85–86 |
| SPD | PCI | 02723Z6 | [02723Z6] Dilation of coronary artery, three sites, bifurcation, percutaneous approach | | • | 85–86 |
| SPD | PCI | 02723ZZ | [02723ZZ] Dilation of coronary artery, three sites, percutaneous approach | | • | 85–86 |
| SPD | PCI | 0272446 | [0272446] Dilation of coronary artery, three sites, bifurcation, with drug-eluting intraluminal device, percutaneous endoscopic approach | | • | 85–86 |
| SPD | PCI | 027244Z | [027244Z] Dilation of coronary artery, three sites with drug-eluting intraluminal device, percutaneous endoscopic approach | | • | 85–86 |
| SPD | PCI | 02724D6 | [02724D6] Dilation of coronary artery, three sites, bifurcation, with intraluminal device, percutaneous endoscopic approach | | • | 85–86 |
| SPD | PCI | 02724DZ | [02724DZ] Dilation of coronary artery, three sites with intraluminal device, percutaneous endoscopic approach | | • | 85–86 |
| SPD | PCI | 02724T6 | [02724T6] Dilation of coronary artery, three sites, bifurcation, with radioactive intraluminal device, percutaneous endoscopic approach | | • | 85–86 |
| SPD | PCI | 02724TZ | [02724TZ] Dilation of coronary artery, three sites with radioactive intraluminal device, percutaneous endoscopic approach | | • | 85–86 |
| SPD | PCI | 02724Z6 | [02724Z6] Dilation of coronary artery, three sites, bifurcation, percutaneous endoscopic approach | | • | 85–86 |
| SPD | PCI | 02724ZZ | [02724ZZ] Dilation of coronary artery, three sites, percutaneous endoscopic approach | | • | 85–86 |
| SPD | PCI | 0273346 | [0273346] Dilation of coronary artery, four or more sites, bifurcation, with drug-eluting intraluminal device, percutaneous approach | | • | 85–86 |
| SPD | PCI | 027334Z | [027334Z] Dilation of coronary artery, four or more sites with drug-eluting intraluminal device, percutaneous approach | | • | 85–86 |
| SPD | PCI | 02733D6 | [02733D6] Dilation of coronary artery, four or more sites, bifurcation, with intraluminal device, percutaneous approach | | • | 85–86 |
| SPD | PCI | 02733DZ | [02733DZ] Dilation of coronary artery, four or more sites with intraluminal device, percutaneous approach | | • | 85–86 |

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| SPD | PCI | 02733T6 | [02733T6] Dilation of coronary artery, four or more sites, bifurcation, with radioactive intraluminal device, percutaneous approach | | • | 85–86 |
| SPD | PCI | 02733TZ | [02733TZ] Dilation of coronary artery, four or more sites with radioactive intraluminal device, percutaneous approach | | • | 85–86 |
| SPD | PCI | 02733Z6 | [02733Z6] Dilation of coronary artery, four or more sites, bifurcation, percutaneous approach | | • | 85–86 |
| SPD | PCI | 02733ZZ | [02733ZZ] Dilation of coronary artery, four or more sites, percutaneous approach | | • | 85–86 |
| SPD | PCI | 0273446 | [0273446] Dilation of coronary artery, four or more sites, bifurcation, with drug-eluting intraluminal device, percutaneous endoscopic approach | | • | 85–86 |
| SPD | PCI | 027344Z | [027344Z] Dilation of coronary artery, four or more sites with drug-eluting intraluminal device, percutaneous endoscopic approach | | • | 85–86 |
| SPD | PCI | 02734D6 | [02734D6] Dilation of coronary artery, four or more sites, bifurcation, with intraluminal device, percutaneous endoscopic approach | | • | 85–86 |
| SPD | PCI | 02734DZ | [02734DZ] Dilation of coronary artery, four or more sites with intraluminal device, percutaneous endoscopic approach | | • | 85–86 |
| SPD | PCI | 02734T6 | [02734T6] Dilation of coronary artery, four or more sites, bifurcation, with radioactive intraluminal device, percutaneous endoscopic approach | | • | 85–86 |
| SPD | PCI | 02734TZ | [02734TZ] Dilation of coronary artery, four or more sites with radioactive intraluminal device, percutaneous endoscopic approach | | • | 85–86 |
| SPD | PCI | 02734Z6 | [02734Z6] Dilation of coronary artery, four or more sites, bifurcation, percutaneous endoscopic approach | | • | 85–86 |
| SPD | PCI | 02734ZZ | [02734ZZ] Dilation of coronary artery, four or more sites, percutaneous endoscopic approach | | • | 85–86 |
| SPD | ESRD | 3E1M39Z | [3E1M39Z] Irrigation of peritoneal cavity using dialysate, percutaneous approach | | • | 85–86 |
| SPD | ESRD | 5A1D00Z | [5A1D00Z] Performance of urinary filtration, single | | • | 85–86 |
| SPD | ESRD | 5A1D60Z | [5A1D60Z] Performance of urinary filtration, multiple | | • | 85–86 |
| SPD | ESRD | 65 | End-stage renal disease treatment facility | | • | 85–86 |
| SPD | PCI | C9600 | Percutaneous transcatheter placement of drug-eluting intracoronary stent(s), with coronary angioplasty when performed; single major coronary artery or branch (C9600) | | • | 85–86 |
| SPD | PCI | C9602 | Percutaneous transluminal coronary atherectomy, with drug-eluting intracoronary stent, with coronary angioplasty when performed; single major coronary artery or branch (C9602) | | • | 85–86 |
| SPD | PCI | C9604 | Percutaneous transluminal revascularization of or through coronary artery bypass graft (internal mammary, free arterial, venous), any combination of drug-eluting intracoronary stent, atherectomy and angioplasty, including distal protection when performed; single vessel (C9604) | | • | 85–86 |
| SPD | PCI | C9606 | Percutaneous transluminal revascularization of acute total/subtotal occlusion during acute myocardial infarction, coronary artery or coronary artery bypass graft, any combination of drug-eluting intracoronary stent, atherectomy and angioplasty, including aspiration thrombectomy when performed, single vessel (C9606) | | • | 85–86 |
| SPD | PCI | C9607 | Percutaneous transluminal revascularization of chronic total occlusion, coronary artery, coronary artery branch, or coronary artery bypass graft, any combination of drug-eluting intracoronary stent, atherectomy and angioplasty; single vessel (C9607) | | • | 85–86 |

*Code closes member care opportunity
**Code removes member from measure

| Measure | Service | Code | Description | Numerator* | Exclusion** | Page |
|---|---|---|---|---|---|---|
| SPD | ESRD | G0257 | Unscheduled or emergency dialysis treatment for an ESRD patient in a hospital outpatient department that is not certified as an ESRD facility (G0257) | | • | 85–86 |
| SPD | Muscular Pain and Disease | G72.0 | [G72.0] Drug-induced myopathy | | • | 85–86 |
| SPD | Muscular Pain and Disease | G72.2 | [G72.2] Myopathy due to other toxic agents | | • | 85–86 |
| SPD | Muscular Pain and Disease | G72.9 | [G72.9] Myopathy, unspecified | | • | 85–86 |
| SPD | MI | I21.01 | [I21.01] ST elevation (STEMI) myocardial infarction involving left main coronary artery | | • | 85–86 |
| SPD | MI | I21.02 | [I21.02] ST elevation (STEMI) myocardial infarction involving left anterior descending coronary artery | | • | 85–86 |
| SPD | MI | I21.09 | [I21.09] ST elevation (STEMI) myocardial infarction involving other coronary artery of anterior wall | | • | 85–86 |
| SPD | MI | I21.11 | [I21.11] ST elevation (STEMI) myocardial infarction involving right coronary artery | | • | 85–86 |
| SPD | MI | I21.19 | [I21.19] ST elevation (STEMI) myocardial infarction involving other coronary artery of inferior wall | | • | 85–86 |
| SPD | MI | I21.21 | [I21.21] ST elevation (STEMI) myocardial infarction involving left circumflex coronary artery | | • | 85–86 |
| SPD | MI | I21.29 | [I21.29] ST elevation (STEMI) myocardial infarction involving other sites | | • | 85–86 |
| SPD | MI | I21.3 | [I21.3] ST elevation (STEMI) myocardial infarction of unspecified site | | • | 85–86 |
| SPD | MI | I21.4 | [I21.4] Non-ST elevation (NSTEMI) myocardial infarction | | • | 85–86 |
| SPD | MI | I22.0 | [I22.0] Subsequent ST elevation (STEMI) myocardial infarction of anterior wall | | • | 85–86 |
| SPD | MI | I22.1 | [I22.1] Subsequent ST elevation (STEMI) myocardial infarction of inferior wall | | • | 85–86 |
| SPD | MI | I22.2 | [I22.2] Subsequent non-ST elevation (NSTEMI) myocardial infarction | | • | 85–86 |
| SPD | MI | I22.8 | [I22.8] Subsequent ST elevation (STEMI) myocardial infarction of other sites | | • | 85–86 |
| SPD | MI | I22.9 | [I22.9] Subsequent ST elevation (STEMI) myocardial infarction of unspecified site | | • | 85–86 |
| SPD | MI | I23.0 | [I23.0] Hemopericardium as current complication following acute myocardial infarction | | • | 85–86 |
| SPD | MI | I23.1 | [I23.1] Atrial septal defect as current complication following acute myocardial infarction | | • | 85–86 |
| SPD | MI | I23.2 | [I23.2] Ventricular septal defect as current complication following acute myocardial infarction | | • | 85–86 |
| SPD | MI | I23.3 | [I23.3] Rupture of cardiac wall without hemopericardium as current complication following acute myocardial infarction | | • | 85–86 |
| SPD | MI | I23.4 | [I23.4] Rupture of chordae tendineae as current complication following acute myocardial infarction | | • | 85–86 |
| SPD | MI | I23.5 | [I23.5] Rupture of papillary muscle as current complication following acute myocardial infarction | | • | 85–86 |
| SPD | MI | I23.6 | [I23.6] Thrombosis of atrium, auricular appendage and ventricle as current complications following acute myocardial infarction | | • | 85–86 |
| SPD | MI | I23.7 | [I23.7] Postinfarction angina | | • | 85–86 |
| SPD | MI | I23.8 | [I23.8] Other current complications following acute myocardial infarction | | • | 85–86 |
| SPD | MI | I25.2 | [I25.2] Old myocardial infarction | | • | 85–86 |
| SPD | Cirrhosis | K70.30 | [K70.30] Alcoholic cirrhosis of liver without ascites | | • | 85–86 |
| SPD | Cirrhosis | K70.31 | [K70.31] Alcoholic cirrhosis of liver with ascites | | • | 85–86 |

*Code closes member care opportunity
**Code removes member from measure

| Measure | Service | Code | Description | Numerator* | Exclusion** | Page |
|---|---|---|---|---|---|---|
| SPD | Cirrhosis | K71.7 | [K71.7] Toxic liver disease with fibrosis and cirrhosis of liver | | • | 85–86 |
| SPD | Cirrhosis | K74.3 | [K74.3] Primary biliary cirrhosis | | • | 85–86 |
| SPD | Cirrhosis | K74.4 | [K74.4] Secondary biliary cirrhosis | | • | 85–86 |
| SPD | Cirrhosis | K74.5 | [K74.5] Biliary cirrhosis, unspecified | | • | 85–86 |
| SPD | Cirrhosis | K74.60 | [K74.60] Unspecified cirrhosis of liver | | • | 85–86 |
| SPD | Cirrhosis | K74.69 | [K74.69] Other cirrhosis of liver | | • | 85–86 |
| SPD | Muscular Pain and Disease | M62.82 | [M62.82] Rhabdomyolysis | | • | 85–86 |
| SPD | Muscular Pain and Disease | M79.1 | [M79.1] Myalgia | | • | 85–86 |
| SPD | ESRD | N18.5 | [N18.5] Chronic kidney disease, stage 5 | | • | 85–86 |
| SPD | ESRD | N18.6 | [N18.6] End-stage renal disease | | • | 85–86 |
| SPD | Cirrhosis | P78.81 | [P78.81] Congenital cirrhosis (of liver) | | • | 85–86 |
| SPD | CABG | S2205 | Minimally invasive direct coronary artery bypass surgery involving mini-thoracotomy or mini-sternotomy surgery, performed under direct vision; using arterial graft(s), single coronary arterial graft (S2205) | | • | 85–86 |
| SPD | CABG | S2206 | Minimally invasive direct coronary artery bypass surgery involving mini-thoracotomy or mini-sternotomy surgery, performed under direct vision; using arterial graft(s), two coronary arterial grafts (S2206) | | • | 85–86 |
| SPD | CABG | S2207 | Minimally invasive direct coronary artery bypass surgery involving mini-thoracotomy or mini-sternotomy surgery, performed under direct vision; using venous graft only, single coronary venous graft (S2207) | | • | 85–86 |
| SPD | CABG | S2208 | Minimally invasive direct coronary artery bypass surgery involving mini-thoracotomy or mini-sternotomy surgery, performed under direct vision; using single arterial and venous graft(s), single venous graft (S2208) | | • | 85–86 |
| SPD | CABG | S2209 | Minimally invasive direct coronary artery bypass surgery involving mini-thoracotomy or mini-sternotomy surgery, performed under direct vision; using two arterial grafts and single venous graft (S2209) | | • | 85–86 |
| SPD | IVF | S4015 | Complete in vitro fertilization cycle, not otherwise specified, case rate (S4015) | | • | 85–86 |
| SPD | IVF | S4016 | Frozen in vitro fertilization cycle, case rate (S4016) | | • | 85–86 |
| SPD | IVF | S4018 | Frozen embryo transfer procedure cancelled before transfer, case rate (S4018) | | • | 85–86 |
| SPD | IVF | S4020 | In vitro fertilization procedure cancelled before aspiration, case rate (S4020) | | • | 85–86 |
| SPD | IVF | S4021 | In vitro fertilization procedure cancelled after aspiration, case rate (S4021) | | • | 85–86 |
| SPD | ESRD | S9339 | Home therapy; peritoneal dialysis, administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (drugs and nursing visits coded separately), per diem (S9339) | | • | 85–86 |
| SPD | ESRD | Z91.15 | [Z91.15] Patient's noncompliance with renal dialysis | | • | 85–86 |
| SPD | ESRD | Z99.2 | [Z99.2] Dependence on renal dialysis | | • | 85–86 |

*Code closes member care opportunity
**Code removes member from measure