HEDIS Benchmarks and Coding Guidelines for Quality Care

Electronic Clinical Data Systems (ECDS)

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Electronic Clinical Data Systems

HEDIS® is a widely used set of performance measures developed and maintained by NCQA. These are used to drive improvement efforts surrounding best practices.

The HEDIS quality measures reported using the Electronic Clinical Data Systems (ECDS) inspire innovative use of electronic clinical data to document high-quality patient care that demonstrates commitment to evidence-based practices. Organizations that report HEDIS using ECDS encourage the electronic exchange of the information needed to provide high-quality services, ensuring that the information reaches the right people at the right time:

- ECDS reporting is part of the National Committee for Quality Assurance's (NCQA) larger strategy to enable a digital quality system and is aligned with the industry's move to digital measures.
- The ECDS reporting standard provides a method to collect and report structured electronic clinical data for HEDIS quality measurement and improvement.
- According to the NCQA, the HEDIS hybrid data collection (medical record collection) will be phased-out in the coming years.
- Health plans and healthcare providers will need to take advantage of electronic data streams to ensure accurate reporting of measures that require data not typically found in claims.
- CPT® Category II codes can be used for performance measurement. **The use of the CPT II may decrease the need for medical record abstraction and chart review.**
- CVX codes (vaccine administered code set) represent the type of product used in an immunization. Every immunization that used a given type of product will have the same CVX, regardless of who received it.

- Logical Observation Identifiers Names and Codes (LOINC) and SNOMED CT codes (supports the development of comprehensive high-quality clinical content in electronic health records) do not appear on claims and are quickly becoming vital to HEDIS reporting, especially for ECDS measures:
    - LOINC codes — While typically associated with lab data, there are several behavioral health screenings that can only be represented by LOINC codes for the purposes of HEDIS reporting and can be extracted from electronic medical record (EMR) systems.
    - SNOMED CT codes represent both diagnoses and procedures as well as clinical findings. SNOMED CT codes are the industry standard for classifying clinical data in EMR systems and can be extracted from EMR systems.
    - Because LOINC codes and SNOMED CT codes can only be obtained through supplemental data feeds, it is important that health plans and the provider community embrace the sharing of these EMR data to ensure the quality of care our patients are receiving.

How can we help?

- Use this booklet as a reference to understand the ECDS measures and the coding associated with electronic data transmission.
- Contact your health plan representative to establish an electronic data transfer with the plan if your organization does not already have one.
- Make full use of CPT II codes to submit care quality findings; many HEDIS gaps could be closed via claims if CPT II codes were fully used.
- Members may be eligible for transportation assistance at no cost:
    - For transportation benefits, members can contact Member Services for help with getting a ride to nonemergent medically necessary appointments and treatments.
- Offering current *Clinical Practice Guidelines* on our provider self-service website.
- Other social health need resources, such as assistance with food, may also be available at no cost. Contact Member Services for more information.
- Ensure the EMR systems are set up to link the clinical and behavior health entries to LOINC codes and SNOMED CT codes:

— Ensure that the extracts are inclusive of LOINC codes for BH screenings among other things and SNOMED CT codes.

Our Supplemental Data team is here to help.

For additional support in submitting supplemental data for ECDS measures, send inquiries to supplementaldata@anthem.com.

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

This measure looks at the percentage of children ages 6 to 12 years old who were newly prescribed attention-deficit/hyperactivity disorder (ADHD) medication who had at least three follow-up care visits within a 300-day (10-month) period, one of which was within 30 days of when the first ADHD medication was dispensed during the measurement year. Two rates are reported:

- **Initiation phase:** the percentage of patients who had one follow-up visit with a practitioner with prescribing authority within 30 days of their medication dispense date
- **Continuation and maintenance (C&M) phase**: the percentage of patients who remained on the medication for at least 210 days and who, in addition to the visit in the Initiation Phase, had at least two follow-up visits with a practitioner within 270 days (9 months) after the initiation phase ended

Record your efforts

When prescribing a new ADHD medication:

- Be sure to schedule a follow-up visit right away — within 30 days of ADHD medication initially prescribed or restarted after a 120-day break.
- Schedule follow-up visits while patients are still in the office.
- Have your office staff call patients at least three days before appointments.
- After the initial follow-up visits, schedule at least two more office visits in the next nine months to monitor patient's progress.
- Be sure that follow-up visits include the diagnosis of ADHD.

Exclusions:

- Patients who use hospice services or elect to use a hospice benefit any time during the measurement year
- Patients who die any time during the measurement year
- Patients with a diagnosis of narcolepsy any time during the member's history through the end of the measurement period. Do not include laboratory claims (claims with POS code 81)

Adult Immunization Status (AIS-E)

This measure looks at the percentage of patients 19 years of age and older who are up to date on recommended routine vaccines for influenza, tetanus and diphtheria (Td) or tetanus, diphtheria, and acellular pertussis (Tdap), zoster and pneumococcal and hepatitis B during the measurement year.

Record your efforts:
Document the required age vaccines were received according to the time interval specified in the measure.

Influenza:

- Patients who received an influenza vaccine on or between July 1 of the year prior to the measurement period and June 30 of the measurement period

or

- Patients with anaphylaxis due to the influenza vaccine any time before or during the measurement period

Td/Tdap:

- Patients who received at least one Td vaccine or one Tdap vaccine between 9 years prior to the start of the measurement period and the end of the measurement period

or

- Patients with a history of at least one of the following contraindications any time before or during the measurement period:
    - — Anaphylaxis due to the diphtheria, tetanus, or pertussis vaccine.
    - — Encephalitis due to the diphtheria, tetanus, or pertussis vaccine.

Herpes zoster:

- Patients who received 2 doses of the herpes zoster recombinant vaccine at least 28 days apart, on October 1, 2017, through the end of the measurement period

or

- Patients with anaphylaxis due to the herpes zoster vaccine any time before or during the measurement period.

Pneumococcal:

- Patients who received at least one dose of an adult pneumococcal vaccine on or after their 19th birthday and before or during the measurement period or patients with

anaphylaxis due to the pneumococcal vaccine any time before or during the measurement period

or

- Patients with anaphylaxis due to the pneumococcal vaccine any time before or during the measurement period.

Hepatitis B:

- Patients who received at least three doses of the childhood hepatitis B vaccine with different dates of service on or before their 19th birthday.
  - One of the three vaccinations can be a newborn hepatitis B vaccination (ICD-10-PCS code 3E0234Z) during the 8-day period that begins on the date of birth and ends 7 days after the date of birth.
- Patients who received a hepatitis B vaccine series on or after their 19th birthday, before or during the measurement period, including either of the following:
  - At least two doses of the recommended two-dose adult hepatitis B vaccine administered at least 28 days apart;

  or
  - At least three doses of any other recommended adult hepatitis B vaccine administered on different days of service.
- Patients who had a hepatitis B surface antigen, hepatitis B surface antibody or total antibody to hepatitis B core antigen test, with a positive result any time before or during the measurement period. Any of the following meet criteria:
  - A test with a result greater than 10 mIU/mL
  - A test with a finding of immunity
- Patients with a history of hepatitis B illness any time before or during the measurement period; do not include laboratory claims (POS 81)
- Patients with anaphylaxis due to the hepatitis B any time before or during the measurement period

Exclusions:

- Patients who use hospice services or elect to use a hospice benefit any time during the measurement year
- Patients who die any time during the measurement year

Metabolic Monitoring for Children and Adolescents on Antipsychotics (APM-E)

This measure looks at the percentage of children and adolescents 1 to 17 years of age who had two or more antipsychotic prescriptions and had metabolic testing during the measurement year. Three rates are reported:

- The percentage of children and adolescents on antipsychotics who received blood glucose testing (blood glucose or HbA1c)
- The percentage of children and adolescents on antipsychotics who received cholesterol testing (LDL-C or cholesterol)
- The percentage of children and adolescents on antipsychotics who received **both** blood glucose and cholesterol testing

Record your efforts:

- Patients who received at least one test for blood glucose or HbA1c during the measurement period
- Patients who received at least one test for LDL-C or cholesterol during the measurement period
- Patients who were compliant for both the blood glucose and cholesterol indicators:
    - At least one test for blood glucose or HbA1c
    - At least one test for LDL-C or cholesterol

Exclusions:

- Patients who use hospice services or elect to use a hospice benefit any time during the measurement year.
- Patients who die any time during the measurement year

Breast Cancer Screening (BCS-E)

This measure looks at patients 50 to 74 years of age who were recommended for routine breast cancer screening and had a mammogram to screen for breast cancer from October 1, two years prior to the measurement period through the end of the measurement period.

Record your efforts

Include documentation of all types and methods of mammograms including:

- Screening
- Diagnostic
- Film
- Digital
- Digital breast tomosynthesis

In establishing health history with new patients, please make sure you ask about when patient's last mammogram was performed, and document at a minimum the year performed in your health history.

Gaps in care are not closed by the following, as they are performed as an adjunct to mammography:

- Breast ultrasounds
- MRIs
- Biopsies

Exclusions:

- Patients who use hospice services or elect to use a hospice benefit any time during the measurement year.
- Patients who die any time during the measurement year.
- Patients who had a bilateral mastectomy or both right and left unilateral mastectomies any time during the member's history through the end of the measurement period. Any of the following meet the criteria for bilateral mastectomy:
    - Bilateral mastectomy
    - Unilateral mastectomy with a bilateral modifier
    - Unilateral mastectomy found in clinical data with a bilateral qualifier value
    - History of bilateral mastectomy

- Patients who had gender-affirming chest surgery with a diagnosis of gender dysphoria any time during the member's history through the end of the measurement period
- Patients 66 years of age and older as of December 31 of the measurement year (all product lines) with frailty and advanced illness; patients must meet ***both*** frailty and advanced illness criteria to be excluded
- Patients receiving palliative care any time during the measurement year
- Patients who had an encounter for palliative anytime during the measurement year; do not include laboratory claims (claims with POS code 81)

Blood Pressure Control for Patients with Hypertension (BPC-E)

This measure looks at the percentage of patients 18 to 85 years of age who had a diagnosis of hypertension (HTN) and whose most recent blood pressure (BP) was <140/90 mm Hg during the measurement period.

Record your efforts

Patients who are 18 to 85 years old as of the last day of the measurement period who meet either of the following criteria:

- At least two outpatient visits, telephone visits, e-visits or virtual check-ins on different dates of service with a diagnosis of hypertension on or between January 1 of the year prior to the measurement period and June 30 of the measurement period
- At least one outpatient visit, telephone visit, e-visit or virtual check-in with a diagnosis of hypertension and at least one dispensed antihypertensive medication on or between January 1 of the year prior to the measurement period and June 30 of the measurement period

Exclusions:

- Patients who use hospice services or elect to use a hospice benefit any time during the measurement period.
- Patients who die any time during the measurement period
- Patients receiving palliative care any time during the measurement period.
- Patients who had an encounter for palliative care (ICD-10-CM code Z51.5) any time during the measurement period; do not include laboratory claims (claims with POS code 81)
- Patients with a nonacute inpatient admission during the measurement period. To identify nonacute inpatient admissions:
    - — Identify all acute and nonacute inpatient stays (Inpatient Stay Value Set).
    - — Confirm the stay was for nonacute care based on the presence of a nonacute code the claim.
    - — Identify the admission date for the stay.

- Patients with a diagnosis that indicates end-stage renal disease (ESRD) any time during the member's history on or prior to the last day of the measurement period. Do not include laboratory claims (claims with POS code 81)
- Patients with a procedure that indicates ESRD: dialysis or kidney transplant any time during the member's history on or prior to the last day of the measurement period
- Patients with a diagnosis of pregnancy (Pregnancy Value Set) any time during the measurement period; do not include laboratory claims (claims with POS code 81)
- Patients 66–80 years of age as of the last day of the measurement period (all product lines) with frailty and advanced illness; patients must meet both frailty and advanced illness criteria to be excluded:
    - Frailty: At least two indications of with different dates of service during the measurement period. Do not include laboratory claims (claims with POS code 81)
    - Advanced Illness: Either of the following during the measurement period or the year prior to the measurement period:
        - Advanced illness on at least two different dates of service; do not include laboratory claims (claims with POS code 81)
    - Dispensed dementia medication
- Patients 81 years of age and older as of the last day of the measurement period (all product lines) with at least two indications of frailty with different dates of service during the measurement period; do not include laboratory claims (claims with POS code 81).

Cervical Cancer Screening (CCS-E)

This measure looks at the percentage of patients 21-64 years of age who were recommended for routine cervical cancer screening and were screened for cervical cancer using any of the following criteria:

- Patients 21 to 64 years of age who were recommended for routine cervical cancer screening and had cervical cytology performed within the last 3 years
- Patients 30 to 64 years of age who were recommended for routine cervical cancer screening and had cervical high-risk human papillomavirus (hrHPV) testing performed within the last 5 years
- Patients 30 to 64 to years of age who were recommended for routine cervical cancer screening and had cervical cytology/high-risk human papillomavirus (hrHPV) cotesting within the last 5 years

Record your efforts

Make sure your medical records reflect:

- The date when the cervical cytology was performed
- The results or findings
- Notes in patient's chart if patient has a history of hysterectomy:
    - Complete details if it was a complete, total, or radical abdominal, vaginal, or unspecified hysterectomy with no residual cervix; also, document history of cervical agenesis or acquired absence of cervix. Include, at a minimum, the year the surgical procedure was performed.

Exclusions:

- Patients who use hospice services or elect to use a hospice benefit any time during the measurement year
- Patients who die any time during the measurement year
- Hysterectomy with no residual cervix any time during the member's history through December 31 of the measurement year
- Cervical agenesis or acquired absence of cervix any time during the member's history through the end of the measurement period; do not include laboratory claims (claims with POS code 81)
- Patients receiving palliative care any time during the measurement period

- Patients who had an encounter for palliative care any time during the measurement period; do not include laboratory claims (claims with POS code 81)
- Patients with Sex Assigned at Birth of Male at any time during the patient's history

Childhood Immunization Status (CIS-E)

This measure looks at the percentage of children turning 2 years of age who had who had appropriate doses of the following vaccines on or before their second birthday:

- 4 diphtheria, tetanus, and acellular pertussis, DTaP vaccine with different dates of service; do not count a vaccination administered prior to 42 days after birth.
  - Anaphylaxis due to the diphtheria, tetanus or pertussis vaccine
  - Encephalitis due to the diphtheria, tetanus or pertussis vaccine
- 3 polio, IPV vaccine with different dates of service; do not count a vaccination administered prior to 42 days after birth
  - Anaphylaxis due to the IPV vaccine
- 1 measles, mumps and rubella, MMR vaccine (can only be given on or between first and second birthday to close the gap)
  - All of the following any time on or before the child's second birthday (on the same or different date of service); do not include laboratory claims (claims with POS code 81)
    - History of measles illness
    - History of mumps illness
    - History of rubella illness
  - Anaphylaxis due to the MMR vaccine on or before the child's second birthday
- 3 haemophilus influenza type B, ***Hib*** vaccine with different dates of service; do not count a vaccination administered prior to 42 days after birth
  - Anaphylaxis due to the HiB vaccine
- 3 hepatitis B, ***HepB*** vaccine (One of the three vaccinations can be a newborn hepatitis B vaccination during the eight-day period that begins on the date of birth and ends 7 days after the date of birth
  - History of hepatitis B illness; do not include laboratory claims (claims with POS code 81
  - Anaphylaxis due to hepatitis B vaccine
- 1 chicken pox, ***VZV*** vaccine with a date of service on or between first and second birthdays
  - History of varicella zoster (chicken pox) illness on or before the child's second birthday; do not include laboratory claims (claims with POS code 81)

    - — Anaphylaxis due to the VZV vaccine (SNOMED CT code 471341000124104) on or before the child's second birthday
- 4 pneumococcal conjugate, ***PCV*** vaccine with different dates of service; do not count a vaccination administered prior to 42 days after birth
    - — Anaphylaxis due to the pneumococcal vaccine
- 1 hepatitis A**,** ***HepA*** vaccine with a date of service on or between first and second birthday
    - — History of hepatitis A illness on or before the child's second birthday; do not include laboratory claims (claims with POS code 81)
    - — Anaphylaxis due to the hepatitis A vaccine (SNOMED CT code 471311000124103) on or before the child's second birthday
- 2 or 3 doses of the ***RV*** vaccine series:
    - — 2 of the two-dose rotavirus, ***RV*** vaccine, on different dates of service on or before the child's second birthday; do not count a vaccination administered prior to 42 days after birth
    - — 3 doses of the three-dose rotavirus, ***RV*** vaccine on different dates of service on or before the child's second birthday; do not count a vaccination administered prior to 42 days after birth
    - — At least one dose of the two-dose rotavirus, ***RV*** vaccine and at least two doses of the three-dose rotavirus, ***RV*** vaccine all on different dates of service, on or before the child's second birthday; do not count a vaccination administered prior to 42 days after birth
    - — Anaphylaxis due to the rotavirus vaccine (SNOMED CT code 428331000124103) on or before the child's second birthday
- 2 influenza, ***Flu*** vaccine with different dates of service; do not count a vaccination administered prior to 180 days after birth
    - — An influenza vaccination recommended for children 2 years and older (LAIV) administered on the child's second birthday meets criteria for one of the two required vaccinations
    - — Anaphylaxis due to the influenza vaccine

Record your efforts

Once you give our patients their needed immunizations, let us and the state know by:

- Recording the immunizations in your state registry

- Documenting the immunizations (historic and current) within medical records to include:
  - A note indicating the name of the specific antigen and the date of the immunization
  - The certificate of immunization prepared by an authorized healthcare provider or agency
  - Parent refusal, documented history of anaphylactic reaction to serum/vaccinations, illnesses, or seropositive test result
  - The date of the first hepatitis B vaccine given at the hospital and name of the hospital if available
  - A note that the *member is up to date* with all immunizations but does not list the dates of all immunizations and the names of the immunization agents does not constitute sufficient evidence of immunization for HEDIS reporting

Exclusions:

- Patients who use hospice services or elect to use a hospice benefit any time during the measurement year
- Patients who die any time during the measurement year
- Patients who had a contraindication to a childhood vaccine on or before their second birthday

Colorectal Cancer Screening (COL-E)

This measure looks at the percentage of patients 45 to 75 years of age who had appropriate screening for colorectal cancer.

Record your efforts:

- Patients with one or more screenings for colorectal cancer. Any of the following meet criteria:
  - Fecal occult blood test (FOBT) during the measurement period
  - Flexible sigmoidoscopy during the measurement period or the 4 years prior to the measurement period
  - Colonoscopy during the measurement period or the 9 years prior to the measurement period
  - CT colonography during the measurement period or the 4 years prior to the measurement period
  - Stool DNA (sDNA) with fecal immunochemical test (FIT) test during the measurement period or the 2 years prior to the measurement period

Exclusions:

- Patients who use hospice services or elect to use a hospice benefit any time during the measurement year.
- Patients who die any time during the measurement year
- Patients 66 years of age and older as of December 31 of the measurement year (all product lines) with frailty and advanced illness; patients must meet BOTH frailty and advanced illness criteria to be excluded
- Patients receiving palliative care any time during the measurement year
- Patients who had an encounter for palliative care any time during the measurement year; do not include laboratory claims (claims with POS code 81)
- Patients who had colorectal cancer any time during the member's history through December 31 of the measurement year; do not include laboratory claims (claims with POS code 81)
- Patients who had a total colectomy any time during the member's history through December 31 of the measurement period

Immunizations for Adolescents (IMA-E)

This measure looks at patients turning 13 years in the measurement year who had one dose of meningococcal vaccine, one tetanus, diphtheria toxoids and acellular pertussis (Tdap) vaccine, and completed the human papillomavirus (HPV) vaccine series by their 13th birthday. The measure calculates a rate for each vaccine and two combination rates.

Vaccines administered on or before their 13th birthday:

Meningococcal:

- At least one meningococcal vaccine with the date of service on or between the 11th and 13th birthdays
- Anaphylaxis due to the meningococcal vaccine (SNOMED CT code 428301000124106) any time on or before the member's 13th birthday

Tetanus, diptheria toxoids, and acellular pertussis:

- At least one **tetanus, diphtheria toxoids and acellular pertussis** (Tdap) vaccine with a date of service on or between the member's 10th and 13th birthdays
- Anaphylaxis due to the tetanus, diphtheria or pertussis vaccine any time on or before the member's 13th birthday
- Encephalitis due to the tetanus, diphtheria or pertussis vaccine any time on or before the member's 13th birthday

HPV:

- At least two doses of **HPV** vaccine on or between the patient's 9th and 13th birthdays and with dates of service at least 146 days apart
- At least three HPV vaccines with different dates of service on or between the member's 9th and 13th birthdays
- Anaphylaxis due to the HPV vaccine (SNOMED CT code 428241000124101) any time on or before the member's 13th birthday

Record your efforts

Immunization information obtained from the medical record:

- A note indicating the name of the specific antigen and the date of the immunization
- A certificate of immunization prepared by an authorized healthcare provider or agency, including the specific dates and types of immunizations administered
- Document in the medical record parent or guardian refusal

Exclusions:

- Patients who use hospice services or elect to use a hospice benefit any time during the measurement year
- Patients who die any time during the measurement year

Prenatal Immunization Status (PRS-E)

This measure assesses the percentage of deliveries in the measurement period (January 1 to December 31) in which women had received influenza and tetanus, diphtheria toxoids, and acellular pertussis (Tdap) vaccinations.

Record your efforts:

- Educate expectant mothers on the importance of vaccines during pregnancy. If you do not have flu vaccines available, refer the patient to another healthcare provider, pharmacy, or community vaccination center.
- Educate expectant mothers that influenza can result in serious illness, including a higher chance of progressing to pneumonia, when it occurs during the antepartum or postpartum period.
- Educate mother on how the flu vaccine will protect both her and her baby.
- Educate mothers on passive immunity that the maternal immunization will pass on to their newborns.
- The Tdap vaccine is recommended in the third trimester as this will boost the neonatal antibody levels in the baby. Babies whose mothers had the Tdap vaccine during pregnancy are better protected against whooping cough during the first two months of life.
- Explain to expectant mothers that the Tdap vaccine will protect them and their baby from pertussis and its life-threatening complications.

Description	CPT/CVX/SNOMED CT
Deliveries	**CPT** 59400, 59409, 59410, 59510, 59514, 59515, 59610, 59612, 59614, 59618, 59620, 59622 SNOMED CT 2321005: Delivery by Ritgen maneuver (procedure) 199771001: Piper forceps delivery by application to aftercoming head (procedure)
37 Weeks Gestation	SNOMED CT 43697006: Gestation period, 37 weeks (finding)
38 Weeks Gestation	SNOMED CT

Description	CPT/CVX/SNOMED CT
	13798002: Gestation period, 38 weeks (finding)
39 Weeks Gestation	SNOMED CT 80487005: Gestation period, 39 weeks (finding)
40 Weeks Gestation	SNOMED CT 46230007: Gestation period, 40 weeks (finding)
41 Weeks Gestation	SNOMED CT 63503002: Gestation period, 41 weeks (finding)
42 Weeks Gestation	SNOMED CT 36428009: Gestation period, 42 weeks (finding)
Adult Influenza Immunization	CVX 88: influenza virus vaccine, unspecified formulation 135: influenza, high dose seasonal, preservative-free 140: Influenza, seasonal, injectable, preservative free 141: Influenza, seasonal, injectable 144: seasonal influenza, intradermal, preservative free 150: Influenza, injectable, quadrivalent, preservative free 153: Influenza, injectable, Madin Darby Canine Kidney, preservative free 155: Seasonal, trivalent, recombinant, injectable influenza vaccine, preservative free 158: influenza, injectable, quadrivalent, contains preservative 166: influenza, intradermal, quadrivalent, preservative free, injectable 168: Seasonal trivalent influenza vaccine, adjuvanted, preservative free 171: Influenza, injectable, Madin Darby Canine Kidney, preservative free, quadrivalent 185: Seasonal, quadrivalent, recombinant, injectable influenza vaccine, preservative free 186: Influenza, injectable, Madin Darby Canine Kidney, quadrivalent with preservative 197: influenza, high-dose seasonal, quadrivalent, 0.7mL dose, preservative free 205: influenza, seasonal vaccine, quadrivalent, adjuvanted, 0.5mL dose, preservative free

Description	CPT/CVX/SNOMED CT
Adult Influenza Vaccine Procedure	CPT90653, 90656, 90658, 90661, 90662, 90673, 90674, 90682, 90686, 90688, 90689, 90694, 90756 SNOMED CT 86198006: Administration of vaccine product containing only Influenza virus antigen (procedure)
Tdap Vaccine Procedure	CPT 90715 SNOMED CT 390846000: Administration of booster dose of vaccine product containing only acellular Bordetella pertussis and Clostridium tetani and Corynebacterium diphtheriae antigens (procedure) 412755006: Administration of first dose of vaccine product containing only acellular Bordetella pertussis and Clostridium tetani and Corynebacterium diphtheriae antigens (procedure) 412756007: Administration of second dose of vaccine product containing only acellular Bordetella pertussis and Clostridium tetani and Corynebacterium diphtheriae antigens (procedure) 412757003: Administration of third dose of vaccine product containing only acellular Bordetella pertussis and Clostridium tetani and Corynebacterium diphtheriae antigens (procedure) 428251000124104: Tetanus, diphtheria and acellular pertussis vaccination (procedure) 571571000119105: Administration of vaccine product containing only acellular Bordetella pertussis and Clostridium tetani and Corynebacterium diphtheriae antigens (procedure)
CDC Race and Ethnicity	1002-5: American Indian or Alaska Native 2028-9: Asian 2054-5: Black or African American 2076-8: Native Hawaiian or Other Pacific Islander 2106-3: White 2135-2: Hispanic or Latino 2186-5: Not Hispanic or Latino

Exclusions:

- Patients who use hospice services or elect to use a hospice benefit any time during the measurement year
- Patients who die any time during the measurement year

The codes and measure tips listed are informational only, not clinical guidelines or standards of medical care, and do not guarantee reimbursement. All member care and related treatment decisions are the provider's sole responsibility. This information does not dictate or control your clinical decisions regarding the appropriate care of members. Your state/provider contract(s), Medicaid, member benefits, and several other guidelines determine reimbursement for the applicable codes. Proper coding and providing appropriate care decrease the need for high volume of medical record review requests and provider audits. It also helps us review your performance on the quality of care that is provided to our members and meet the HEDIS measure for quality reporting based on the care you provide our members. Note: The information provided is based on HEDIS 2025 technical specifications and is subject to change based on guidance given by the National Committee for Quality Assurance (NCQA), the Centers for Medicare & Medicaid Services (CMS), and state recommendations. Please refer to the appropriate agency for additional guidance.

- Deliveries that occurred at less than 37 weeks gestation; length of gestation in weeks is identified by one of two methods:
    - Gestational age assessment (SNOMED CT code 412726003; value <37 weeks)
    - Gestational age diagnosis (Weeks of Gestation Less Than 37 Value Set)

Social Need Screening and Intervention (SNS-E)

This measure assesses the percentage of patients who were screened, using prespecified instruments, at least once during the measurement period (January 1-December 31) for unmet food, housing and transportation needs, and received a corresponding intervention if they screened positive:

- **Food Screening.** The percentage of patients who were screened for food insecurity
- **Food Intervention.** The percentage of patients who received a corresponding intervention within 30 days (1 month) of screening positive for food insecurity
- **Housing Screening.** The percentage of patients who were screened for housing instability, homelessness, or housing inadequacy
- **Housing Intervention.** The percentage of patients who received a corresponding intervention within 30 days (1 month) of screening positive for housing instability, homelessness, or housing inadequacy
- **Transportation Screening.** The percentage of patients who were screened for transportation insecurity
- **Transportation Intervention.** The percentage of patients who received a corresponding intervention within 30 days (1 month) of screening positive for transportation insecurity

Record your efforts:

- **Food insecurity:** Uncertain, limited, or unstable access to food that is: adequate in quantity and in nutritional quality; culturally acceptable; safe and acquired in socially acceptable ways
- **Housing instability**: Currently consistently housed but experiencing any of the following circumstances in the past 12 months: being behind on rent or mortgage, multiple moves, cost burden or risk of eviction
- **Homelessness:** Currently living in an environment that is not meant for permanent human habitation (for example, cars, parks, sidewalks, abandoned buildings, on the street), not having a consistent place to sleep at night, or because of economic difficulties, currently living in a shelter, motel, temporary or transitional living situation.
- **Housing inadequacy:** Housing does not meet habitability standards
- **Transportation insecurity:** Uncertain, limited or no access to safe, reliable, accessible, affordable, and socially acceptable transportation infrastructure and modalities necessary for maintaining one’s health, well-being, or livelihood

Eligible screening instruments with thresholds for positive findings include:

Food insecurity instruments	Screening item LOINC codes	Positive finding LOINC codes
Accountable Health Communities (AHC) Health-Related Social Needs (HRSN) Screening Tool	88122-7	LA28397-0 LA6729-3
	88123-5	LA28397-0 LA6729-3
American Academy of Family Physicians (AAFP) Social Needs Screening Tool	88122-7	LA28397-0 LA6729-3
	88123-5	LA28397-0 LA6729-3
American Academy of Family Physicians (AAFP) Social Needs Screening Tool—short form	88122-7	LA28397-0 LA6729-3
	88123-5	LA28397-0 LA6729-3
Health Leads Screening Panel®1	95251-5	LA33-6
Hunger Vital Sign™1 (HVS)	88124-3	LA19952-3
Protocol for Responding to and Assessing Patients' Assets, Risks and Experiences PRAPARE®1	93031-3	LA30125-1
Safe Environment for Every Kid (SEEK)®1	95400-8	LA33-6
	95399-2	LA33-6
U.S. Household Food Security Survey (U.S. FSS)	95264-8	LA30985-8 LA30986-6
U.S. Adult Food Security Survey (U.S. FSS)	95264-8	LA30985-8 LA30986-6
U.S. Child Food Security Survey (U.S. FSS)	95264-8	LA30985-8 LA30986-6
U.S. Household Food Security Survey–Six-Item Short Form (U.S. FSS)	95264-8	LA30985-8 LA30986-6
We Care Survey	96434-6	LA32-8
WellRx Questionnaire	93668-2	LA33-6

Housing instability and homelessness instruments	Screening item LOINC codes	Positive finding LOINC codes
Accountable Health Communities (AHC) Health-Related Social Needs (HRSN) Screening Tool	71802-3	LA31994-9 LA31995-6

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Housing instability and homelessness instruments	Screening item LOINC codes	Positive finding LOINC codes
American Academy of Family Physicians (AAFP) Social Needs Screening Tool	99550-6	LA33-6
American Academy of Family Physicians (AAFP) Social Needs Screening Tool—short form	71802-3	LA31994-9 LA31995-6
Children's Health Watch Housing Stability Vital Signs™[1]	98976-4	LA33-6
	98977-2	≥3
	98978-0	LA33-6
Health Leads Screening Panel®[1]	99550-6	LA33-6
Protocol for Responding to and Assessing Patients' Assets, Risks and Experiences (PRAPARE)®[1]	93033-9	LA33-6
	71802-3	LA30190-5
We Care Survey	96441-1	LA33-6
WellRx Questionnaire	93669-0	LA33-6

Housing inadequacy instruments	Screening item LOINC codes	Positive finding LOINC codes
Accountable Health Communities (AHC) Health-Related Social Needs (HRSN) Screening Tool	96778-6	LA31996-4 LA28580-1 LA31997-2 LA31998-0 LA31999-8 LA32000-4 LA32001-2
American Academy of Family Physicians (AAFP) Social Needs Screening Tool	96778-6	LA32691-0 LA28580-1 LA32693-6 LA32694-4 LA32695-1 LA32696-9 LA32001-2
American Academy of Family Physicians (AAFP) Social Needs Screening Tool—short form	96778-6	LA31996-4 LA28580-1 LA31997-2 LA31998-0 LA31999-8

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Housing inadequacy instruments	Screening item LOINC codes	Positive finding LOINC codes
		LA32000-4 LA32001-2
Norwalk Community Health Center Screening Tool NCHC	99134-9	LA33-6
	99135-6	LA31996-4 LA28580-1 LA31997-2 LA31998-0 LA31999-8 LA32000-4 LA32001-2

Transportation insecurity instruments	Screening item LOINC codes	Positive finding LOINC codes
Accountable Health Communities (AHC) Health-Related Social Needs (HRSN) Screening Tool	93030-5	LA33-6
American Academy of Family Physicians (AAFP) Social Needs Screening Tool	99594-4	LA33-6
American Academy of Family Physicians (AAFP) Social Needs Screening Tool—short form	99594-4	LA33093-8 LA30134-3
Comprehensive Universal Behavior Screen (CUBS)	89569-8	LA29232-8 LA29233-6 LA29234-4
Health Leads Screening Panel®[1]	99553-0	LA33-6
Inpatient Rehabilitation Facility - Patient Assessment Instrument (IRF-PAI)—version 4.0 CMS Assessment	93030-5	LA30133-5 LA30134-3
Outcome and assessment information set (OASIS) form—version E—Discharge from Agency CMS Assessment	93030-5	LA30133-5 LA30134-3
Outcome and assessment information set (OASIS) form—version E—Resumption of Care CMS Assessment	93030-5	LA30133-5 LA30134-3
Outcome and assessment information set (OASIS) form—version E—Start of Care CMS Assessment	93030-5	LA30133-5 LA30134-3

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Transportation insecurity instruments	Screening item LOINC codes	Positive finding LOINC codes
Protocol for Responding to and Assessing Patients' Assets, Risks and Experiences (PRAPARE)®1	93030-5	LA30133-5 LA30134-3
PROMIS®1	92358-1	LA30024-6 LA30026-1 LA30027-9
WellRx Questionnaire	93671-6	LA33-6

1 Proprietary; may be cost or licensing requirement associated with use.
Note: The SNS-E screening numerator counts only screenings that use instruments in the measure specification as identified by the associated LOINC code(s). Allowed screening instruments and LOINC codes for each social need domain are listed above.

Exclusions:

- Patients who use hospice services or elect to use a hospice benefit any time during the measurement year
- Patients who die any time during the measurement year

Appendix

Coding for ECDS measures

There are many approved NCQA codes used to identify the services included in the measures listed below. The following are just a few of the approved codes. Please see the NCQA website for a complete list **ncqa.org/**.

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

Description	CPT/HCPCS/POS
Outpatient POS	**POS** **03:** School **05:** Indian Health Service Free-standing Facility **07:** Tribal 638 Free-standing Facility **09:** Prison / Correctional Facility **11:** Office **12:** Home **13:** Assisted Living Facility **14:** Group Home **15:** Mobile Unit **16:** Temporary Lodging **17:** Walk-in Retail Clinic **18:** Place of Employment-Worksite **19:** Off Campus-Outpatient Hospital **20:** Urgent Care Facility **22:** On-Campus Outpatient Hospital **33:** Custodial Care Facility **49:** Independent Clinic **50:** Federally Qualified Health Center **71:** Public Health Clinic **72:** Rural Health Clinic
Health and Behavioral	**CPT** 96156, 96158, 96159, 96164, 96165, 96167, 96168, 96170, 96171

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Description	CPT/HCPCS/POS
Assessment or Intervention	
Online Assessments	**CPT** 98970, 98971, 98972, 98980, 98981, 99421, 99422, 99423, 99457, 99458 **HCPCS** **G0071**: Payment for communication technology-based services for 5 minutes or more of a virtual (non-face-to-face) communication between an rural health clinic (RHC) or federally qualified health center (FQHC) practitioner and RHC or FQHC patient, or 5 minutes or more of remote evaluation of recorded video and/or images by an RHC or FQHC practitioner, occurring in lieu of an office visit; RHC or FQHC only **G2010**: Remote evaluation of recorded video and/or images submitted by an established patient (e.g., store and forward), including interpretation with follow-up with the patient within 24 business hours, not originating from a related e/m service provided within the previous 7 days nor leading to an e/m service or procedure within the next 24 hours or soonest available appointment **G2250**: Remote assessment of recorded video and/or images submitted by an established patient (e.g., store and forward), including interpretation with follow-up with the patient within 24 business hours, not originating from a related service provided within the previous 7 days nor leading to a service or procedure within the next 24 hours or soonest available appointment **G2251**: Brief communication technology-based service, e.g., virtual check-in, by a qualified health care professional who cannot report evaluation and management services, provided to an established patient, not originating from a related service provided within the previous 7 days nor leading to a service or procedure within the next 24 hours or soonest available appointment; 5-10 minutes of clinical discussion

Description	CPT/HCPCS/POS
	G2252: Brief communication technology-based service, e.g. virtual check-in, by a physician or other qualified health care professional who can report evaluation and management services, provided to an established patient, not originating from a related e/m service provided within the previous 7 days nor leading to an e/m service or procedure within the next 24 hours or soonest available appointment; 11-20 minutes of medical discussion
Telephone Visits	**CPT** 98966, 98967, 98968
Telehealth POS	**POS** **02:** Telehealth Provided Other than in Patient's Home **10:** Telehealth Provided in Patient's Home
Visit Setting Unspecified	**CPT** 90791, 90792, 90832, 90833, 90834, 90836, 90837, 90838, 90839, 90840, 90845, 90847, 90849, 90853, 90875, 90876, 99221, 99222, 99223, 99231, 99232, 99233, 99238, 99239, 99252, 99253, 99254, 99255

Note: The codes listed are informational only; this information does not guarantee reimbursement.

Adult Immunization Status (AIS-E)

Immunization	CPT/HCPCS/CVX/SNOMED CT/LOINC
Adult Influenza Vaccine procedure	**CPT** 90630, 9065390656, 90658, 90661, 90662, 90673, 90674, 90882, 90686, 90688, 90689, 90694, 90756 **SNOMED CT** **86198006:** Administration of vaccine product containing only Influenza virus antigen (procedure)
Adult Influenza Immunization	**CVX** **88:** influenza virus vaccine, unspecified formulation **135:** influenza, high dose seasonal, preservative-free **140:** Influenza, seasonal, injectable, preservative free

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Immunization	CPT/HCPCS/CVX/SNOMED CT/LOINC
	141: Influenza, seasonal, injectable **144:** seasonal influenza, intradermal, preservative free **150:** Influenza, injectable, quadrivalent, preservative free **153:** Influenza, injectable, Madin Darby Canine Kidney, preservative free **155:** Seasonal, trivalent, recombinant, injectable influenza vaccine, preservative free **158:** influenza, injectable, quadrivalent, contains preservative **166:** influenza, intradermal, quadrivalent, preservative free, injectable **168:** Seasonal trivalent influenza vaccine, adjuvanted, preservative free **171:** Influenza, injectable, Madin Darby Canine Kidney, preservative free, quadrivalent **185:** Seasonal, quadrivalent, recombinant, injectable influenza vaccine, preservative free **186:** Influenza, injectable, Madin Darby Canine Kidney, quadrivalent with preservative **197:** influenza, high-dose seasonal, quadrivalent, 0.7mL dose, preservative free **205:** influenza, seasonal vaccine, quadrivalent, adjuvanted, 0.5mL dose, preservative free
Adult Pneumococcal Immunization	**CVX** **33:** pneumococcal polysaccharide vaccine, 23 valent **109:** pneumococcal vaccine, unspecified formulation **133:** pneumococcal conjugate vaccine, 13 valent **152:** Pneumococcal Conjugate, unspecified formulation **215:** Pneumococcal conjugate vaccine 15-valent (PCV15), polysaccharide CRM197 conjugate, adjuvant, preservative free **216:** Pneumococcal conjugate vaccine 20-valent (PCV20), polysaccharide CRM197 conjugate, adjuvant, preservative free
Adult Pneumococcal Vaccine Procedure	**CPT** 90670, 90671, 90677, 90732

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Immunization	CPT/HCPCS/CVX/SNOMED CT/LOINC
	HCPCS **G0009:** Administration of pneumococcal vaccine **SNOMED CT** **12866006:** Administration of vaccine product containing only Streptococcus pneumoniae antigen (procedure) **394678003:** Administration of booster dose of vaccine product containing only Streptococcus pneumoniae antigen (procedure) **871833000:** Subcutaneous injection of pneumococcal vaccine (procedure) **1119366009:** Administration of vaccine product containing only Streptococcus pneumoniae Danish serotype 1, 3, 4, 5, 6A, 6B, 7F, 9V, 14, 18C, 19A, 19F, and 23F capsular polysaccharide antigens (procedure) **1119367000:** Administration of vaccine product containing only Streptococcus pneumoniae Danish serotype 1, 2, 3, 4, 5, 6B, 7F, 8, 9N, 9V, 10A, 11A, 12F, 14, 15B, 17F, 18C, 19A, 19F, 20, 22F, 23F, and 33F capsular polysaccharide antigens (procedure) **1119368005:** Administration of vaccine product containing only Streptococcus pneumoniae Danish serotype 4, 6B, 9V, 14, 18C, 19F, and 23F capsular polysaccharide antigens conjugated (procedure) **1296904008:** Administration of vaccine product containing only Streptococcus pneumoniae Danish serotype 1, 3, 4, 5, 6A, 6B, 7F, 9V, 14, 18C, 19A, 19F, and 23F capsular polysaccharide antigens conjugated (procedure) **434751000124102:** Pneumococcal conjugate vaccination (procedure)
Influenza Virus LAIV Vaccine Procedure	**CPT** 90660, 90672 **SNOMED CT** **787016008:** Administration of vaccine product containing only Influenza virus antigen in nasal dose form (procedure)

Immunization	CPT/HCPCS/CVX/SNOMED CT/LOINC
Influenza Virus LAIV Immunization	**CVX** **111:** influenza virus vaccine, live, attenuated, for intranasal use **149:** influenza, live, intranasal, quadrivalent
Td Vaccine Procedure	**CPT** 90714 **SNOMED CT** **73152006:** Administration of vaccine product containing only Clostridium tetani and Corynebacterium diphtheriae antigens (procedure) **312869001:** Administration of vaccine product containing only Clostridium tetani and Corynebacterium diphtheriae and Haemophilus influenzae type b and Human poliovirus antigens (procedure) **395178008:** Administration of first dose of vaccine product containing only Clostridium tetani and low dose Corynebacterium diphtheriae antigens (procedure) **395179000:** Administration of second dose of vaccine product containing only Clostridium tetani and low dose Corynebacterium diphtheriae antigens (procedure) **395180002:** Administration of third dose of vaccine product containing only Clostridium tetani and low dose Corynebacterium diphtheriae antigens (procedure) **395181003:** Administration of booster dose of vaccine product containing only Clostridium tetani and low dose Corynebacterium diphtheriae antigens (procedure) **414619005:** Administration of vaccine product containing only Clostridium tetani and low dose Corynebacterium diphtheriae and inactivated Human poliovirus antigens (procedure) **416144004:** Administration of third dose of vaccine product containing only Clostridium tetani and low dose Corynebacterium diphtheriae and inactivated Human poliovirus antigens (procedure)

Immunization	CPT/HCPCS/CVX/SNOMED CT/LOINC
	416591003: Administration of first dose of vaccine product containing only Clostridium tetani and low dose Corynebacterium diphtheriae and inactivated Human poliovirus antigens (procedure) **417211006:** Administration of first booster of vaccine product containing only Clostridium tetani and low dose Corynebacterium diphtheriae and inactivated Human poliovirus antigens (procedure) **417384007:** Administration of second booster of vaccine product containing only Clostridium tetani and low dose Corynebacterium diphtheriae and inactivated Human poliovirus antigens (procedure) **417615007:** Administration of second dose of vaccine product containing only Clostridium tetani and low dose Corynebacterium diphtheriae and inactivated Human poliovirus antigens (procedure) **866161006:** Administration of booster dose of vaccine product containing only Clostridium tetani and Corynebacterium diphtheriae antigens (procedure) **866184004:** Administration of second dose of vaccine product containing only Clostridium tetani and Corynebacterium diphtheriae antigens (procedure) **866185003:** Administration of first dose of vaccine product containing only Clostridium tetani and Corynebacterium diphtheriae antigens (procedure) **866186002**: Administration of vaccine product containing only Clostridium tetani and Corynebacterium diphtheriae and Human poliovirus antigens (procedure**)** **866227002:** Administration of booster dose of vaccine product containing only Clostridium tetani and Corynebacterium diphtheriae and Human poliovirus antigens (procedure) **868266002:** Administration of second dose of vaccine product containing only Clostridium tetani and Corynebacterium diphtheriae and Human poliovirus antigens (procedure)

Immunization	CPT/HCPCS/CVX/SNOMED CT/LOINC
	868267006: Administration of first dose of vaccine product containing only Clostridium tetani and Corynebacterium diphtheriae and Human poliovirus antigens (procedure) **868268001:** Administration of third dose of vaccine product containing only Clostridium tetani and Corynebacterium diphtheriae and Human poliovirus antigens (procedure) **870668008:** Administration of third dose of vaccine product containing only Clostridium tetani and Corynebacterium diphtheriae antigens (procedure) **870669000:** Preschool administration of vaccine product containing only Clostridium tetani and Corynebacterium diphtheriae antigens (procedure) **870670004:** Preschool administration of vaccine product containing only Clostridium tetani and Corynebacterium diphtheriae and Human poliovirus antigens (procedure) **871828004:** Administration of vaccine product containing only Clostridium tetani and low dose Corynebacterium diphtheriae antigens (procedure) **632481000119106:** Administration of vaccine product containing only Clostridium tetani and Corynebacterium diphtheriae antigens, less than 7 years of age (procedure)
Td Immunization	**CVX** **09:** tetanus and diphtheria toxoids, adsorbed, preservative free, for adult use (2 Lf of tetanus toxoid and 2 Lf of diphtheria toxoid) **113:** tetanus and diphtheria toxoids, adsorbed, preservative free, for adult use (5 Lf of tetanus toxoid and 2 Lf of diphtheria toxoid) **138:** tetanus and diphtheria toxoids, not adsorbed, for adult use **139:** Td(adult) unspecified formulation
Tdap Vaccine Procedure	**CPT** 90715 **SNOMED CT**

Immunization	CPT/HCPCS/CVX/SNOMED CT/LOINC
	390846000: Administration of booster dose of vaccine product containing only acellular Bordetella pertussis and Clostridium tetani and Corynebacterium diphtheriae antigens (procedure) **412755006:** Administration of first dose of vaccine product containing only acellular Bordetella pertussis and Clostridium tetani and Corynebacterium diphtheriae antigens (procedure) **412756007:** Administration of second dose of vaccine product containing only acellular Bordetella pertussis and Clostridium tetani and Corynebacterium diphtheriae antigens (procedure) **412757003:** Administration of third dose of vaccine product containing only acellular Bordetella pertussis and Clostridium tetani and Corynebacterium diphtheriae antigens (procedure) **428251000124104:** Tetanus, diphtheria, and acellular pertussis vaccination (procedure) **571571000119105:** Administration of vaccine product containing only acellular Bordetella pertussis and Clostridium tetani and Corynebacterium diphtheriae antigens (procedure)
Herpes Zoster Live Vaccine Procedure	**CPT** 90736 **SNOMED CT** **871898007:** Administration of vaccine product containing only live attenuated Human alphaherpesvirus 3 antigen (procedure) **871899004:** Administration of vaccine product containing only live attenuated Human alphaherpesvirus 3 antigen via subcutaneous route (procedure)
Herpes Zoster Recombinant Vaccine Procedure	**CPT** 90750 **SNOMED CT** **722215002:** Administration of vaccine product containing only Human alphaherpesvirus 3 antigen for shingles (procedure)

Immunization	CPT/HCPCS/CVX/SNOMED CT/LOINC
CDC Race and Ethnicity	**1002-5:** American Indian or Alaska Native **2028-9:** Asian **2054-5**: Black or African American **2076-8:** Native Hawaiian or Other Pacific Islander **2106-3:** White **2135-2:** Hispanic or Latino **2186-5:** Not Hispanic or Latino

Note: The codes listed are informational only; this information does not guarantee reimbursement.

Metabolic Monitoring for Children and Adolescents on Antipsychotics (APM-E)

Description	CPT/CAT II/LOINC/SNOMED CT
Cholesterol Lab Test	**CPT** 82465, 83718, 83722, 84478 **LOINC** **2085-9:** Cholesterol in HDL Mass/volume in Serum or Plasma **2093-3:** Cholesterol Mass/volume in Serum or Plasma **2571-8:** Triglyceride Mass/volume in Serum or Plasma **3043-7:** Triglyceride Mass/volume in Blood **9830-1:** Cholesterol. Total/Cholesterol in HDL Mass Ratio in Serum or Plasma **SNOMED CT** **14740000:** Triglycerides measurement (procedure) **28036006:** High density lipoprotein cholesterol measurement (procedure) **77068002:** Cholesterol measurement (procedure) **104583003:** High density lipoprotein/total cholesterol ratio measurement (procedure) **104584009:** Intermediate density lipoprotein cholesterol measurement (procedure) **104586006:** Cholesterol/triglyceride ratio measurement (procedure) **104784006:** Lipids, triglycerides measurement (procedure)

Description	CPT/CAT II/LOINC/SNOMED CT
	104990004: Triglyceride and ester in high density lipoprotein measurement (procedure) **104991000:** Triglyceride and ester in intermediate density lipoprotein measurement (procedure) **121868005:** Total cholesterol measurement (procedure) **166832000:** Serum high density lipoprotein cholesterol measurement (procedure) **166838001:** Serum fasting high density lipoprotein cholesterol measurement (procedure) **166839009:** Serum random high density lipoprotein cholesterol measurement (procedure) **166849007:** Serum fasting triglyceride measurement (procedure) **166850007:** Serum random triglyceride measurement (procedure) **167072001:** Plasma random high density lipoprotein cholesterol measurement (procedure) **167073006:** Plasma fasting high density lipoprotein cholesterol measurement (procedure) **167082000:** Plasma triglyceride measurement (procedure) **167083005:** Plasma random triglyceride measurement (procedure) **167084004:** Plasma fasting triglyceride measurement (procedure) **271245006:** Measurement of serum triglyceride level (procedure) **275972003:** Cholesterol screening (procedure) **314035000:** Plasma high density lipoprotein cholesterol measurement (procedure) **315017003:** Fasting cholesterol level (procedure) **390956002:** Plasma total cholesterol level (procedure) **412808005:** Serum total cholesterol measurement (procedure) **412827004:** Fluid sample triglyceride measurement (procedure) **443915001:** Measurement of total cholesterol and triglycerides (procedure)
Cholesterol Test Result or Finding	**SNOMED CT** **166830008:** Serum cholesterol above reference range (finding)

Description	CPT/CAT II/LOINC/SNOMED CT
	166848004: Serum triglycerides above reference range (finding) **259557002:** High density lipoprotein triglyceride (substance) **365793008:** Finding of cholesterol level (finding) **365794002:** Finding of serum cholesterol level (finding) **365795001:** Finding of triglyceride level (finding) **365796000:** Finding of serum triglyceride levels (finding) **439953004:** Cholesterol/high density lipoprotein ratio above reference range (finding) **707122004:** Triglyceride in high density lipoprotein subfraction 2 (substance) **707123009:** Triglyceride in high density lipoprotein subfraction 3 (substance) **1162800007:** Cholesterol esters within reference range (finding) **1172655006**: Low density lipoprotein cholesterol below reference range (finding) **1172656007:** Low density lipoprotein cholesterol within reference range (finding) **67991000119104:** Serum cholesterol outside reference range (finding)
Glucose Lab Test	**CPT** 80047, 80048, 80050, 80053, 80069, 82947, 82950, 82951 **LOINC** **10450-5:** Glucose Mass/volume in Serum or Plasma --10 hours fasting **1492-8:** Glucose Mass/volume in Serum or Plasma --1.5 hours post 0.5 g/kg glucose IV **1494-4:** Glucose Mass/volume in Serum or Plasma --1.5 hours post 100 g glucose PO **1496-9:** Glucose Mass/volume in Serum or Plasma --1.5 hours post 75 g glucose PO **1499-3:** Glucose Mass/volume in Serum or Plasma --1 hour post 0.5 g/kg glucose IV **1501-6:** Glucose Mass/volume in Serum or Plasma --1 hour post 100 g glucose PO **1504-0:** Glucose Mass/volume in Serum or Plasma --1 hour post 50 g glucose PO

Description	CPT/CAT II/LOINC/SNOMED CT
	1507-3: Glucose Mass/volume in Serum or Plasma --1 hour post 75 g glucose PO **1514-9:** Glucose Mass/volume in Serum or Plasma --2 hours post 100 g glucose PO **1518-0:** Glucose Mass/volume in Serum or Plasma --2 hours post 75 g glucose PO **1530-5:** Glucose Mass/volume in Serum or Plasma --3 hours post 100 g glucose PO **1533-9:** Glucose Mass/volume in Serum or Plasma --3 hours post 75 g glucose PO 1554-5: Glucose Mass/volume in Serum or Plasma --12 hours fasting **1557-8:** Fasting glucose Mass/volume in Venous blood **1558-6:** Fasting glucose Mass/volume in Serum or Plasma **17865-7**: Glucose Mass/volume in Serum or Plasma --8 hours fasting **20436-2**: Glucose Mass/volume in Serum or Plasma --2 hours post dose glucose **20437-0:** Glucose Mass/volume in Serum or Plasma --3 hours post dose glucose **20438-8:** Glucose Mass/volume in Serum or Plasma --1 hour post dose glucose **20440-4:** Glucose Mass/volume in Serum or Plasma --1.5 hours post dose glucose **2345-7:** Glucose Mass/volume in Serum or Plasma **26554-6:** Glucose Mass/volume in Serum or Plasma --2.5 hours post dose glucose **41024-1:** Glucose Mass/volume in Serum or Plasma --2 hours post 50 g glucose PO **49134-0:** Glucose Mass/volume in Blood --2 hours post dose glucose **6749-6:** Glucose Mass/volume in Serum or Plasma --2.5 hours post 75 g glucose PO **9375-7:** Glucose Mass/volume in Serum or Plasma --2.5 hours post 100 g glucose PO **SNOMED CT** **22569008**: Glucose measurement, serum (procedure) **33747003:** Glucose measurement, blood (procedure) **52302001:** Glucose measurement, fasting (procedure) 7**2191006**: Glucose measurement, plasma (procedure) **73128004**: Glucose measurement, random (procedure)

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Description	CPT/CAT II/LOINC/SNOMED CT
	88856000: Glucose measurement, 2 hour post prandial (procedure) **104686004:** Glucose measurement, blood, test strip (procedure) **167086002:** Serum random glucose measurement (procedure) **167087006:** Serum fasting glucose measurement (procedure) **167088001:** Serum 2-hr post-prandial glucose measurement (procedure) **167095005:** Plasma random glucose measurement (procedure) **167096006:** Plasma fasting glucose measurement (procedure) **167097002:** Plasma 2-hr post-prandial glucose measurement (procedure) **250417005:** Glucose concentration, test strip measurement (procedure) **271061004:** Random blood glucose measurement (procedure) **271062006:** Fasting blood glucose measurement (procedure) **271063001:** Lunch time blood sugar measurement (procedure) **271064007:** Supper time blood sugar measurement (procedure) **271065008:** Bedtime blood sugar measurement (procedure) **275810004:** BM stix glucose measurement (procedure) **302788006:** Post-prandial blood glucose measurement (procedure) **302789003:** Capillary blood glucose measurement (procedure) **308113006:** Self-monitoring of blood glucose (procedure) **313474007:** 60-minute blood glucose measurement (procedure) **313545000:** 120-minute blood glucose measurement (procedure) **313546004:** 90-minute blood glucose measurement (procedure) **313624000:** 150-minute blood glucose measurement (procedure) **313626003:** 60-minute plasma glucose measurement (procedure) **313627007:** 120-minute plasma glucose measurement (procedure) **313628002:** 150-minute plasma glucose measurement (procedure) **313630000:** 60-minute serum glucose measurement (procedure) **313631001:** 120-minute serum glucose measurement (procedure) **313697000:** 90-minute plasma glucose measurement (procedure) **313698005:** 90-minute serum glucose measurement (procedure) **313810002:** 150-minute serum glucose measurement (procedure) **412928005:** Blood glucose series (procedure) **440576000:** 240-minute plasma glucose measurement (procedure) **443780009:** Quantitative measurement of mass concentration of glucose in serum or plasma specimen 120 minutes after 75-gram oral glucose challenge (procedure)

Description	CPT/CAT II/LOINC/SNOMED CT
	444008003: Quantitative measurement of mass concentration of glucose in serum or plasma specimen 6 hours after glucose challenge (procedure) **444127006:** Quantitative measurement of mass concentration of glucose in postcalorie fasting serum or plasma specimen (procedure)
Glucose Test Result or Finding	**SNOMED CT** **166890005:** Random blood glucose within reference range (finding) **166891009:** Random blood sugar below reference range (finding) **166892002:** Random blood sugar above reference range (finding) **166914001:** Blood glucose 0-1.4 mmol/L (finding) **166915000:** Blood glucose 1.5-2.4 mmol/L (finding) **166916004:** Blood glucose 2.5-4.9 mmol/L (finding) **166917008:** Blood glucose 5-6.9 mmol/L (finding) **166918003:** Blood glucose 7-9.9 mmol/L (finding) **166919006:** Blood glucose 10-13.9 mmol/L (finding) **166921001:** Blood glucose within reference range (finding) **166922008:** Blood glucose outside reference range (finding) **166923003:** Blood glucose 14+ mmol/L (finding) **442545002:** Random blood glucose outside reference range (finding) **444780001:** Glucose in blood specimen above reference range (finding) **1179458001:** Blood glucose below reference range (finding)
HbA1c Lab Test	**CPT** 83036, 83037 **LOINC** **17855-8:** Hemoglobin A1c/Hemoglobin. Total in Blood by calculation **17856-6:** Hemoglobin A1c/Hemoglobin. Total in Blood by HPLC **4548-4:** Hemoglobin A1c/Hemoglobin. Total in Blood **4549-2:** Hemoglobin A1c/Hemoglobin. Total in Blood by Electrophoresis **96595-4:** Hemoglobin A1c/Hemoglobin. Total in DBS **SNOMED CT** **43396009:** Hemoglobin A1c measurement (procedure)

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Description	CPT/CAT II/LOINC/SNOMED CT
	313835008: Hemoglobin A1c measurement aligned to the Diabetes Control and Complications Trial (procedure)
HbA1c Test Result or Finding	**CPT** 83036, 83037 **CAT II** 3044F: Most recent hemoglobin A1c (HbA1c) level less than 7.0% (DM) **3046F**: Most recent hemoglobin A1c level greater than 9.0% (DM) **3051F:** Most recent hemoglobin A1c (HbA1c) level greater than or equal to 7.0% and less than 8.0% (DM) **3052F**: Most recent hemoglobin A1c (HbA1c) level greater than or equal to 8.0% and less than or equal to 9.0% (DM) **SNOMED CT** **451051000124101:** Hemoglobin A1c less than 7 percent indicating good diabetic control (finding) **451061000124104:** Hemoglobin A1c greater than nine percent indicating poor diabetic control (finding)
LDL-C Lab Test	**CPT** 80061, 83700, 83701, 83704, 83721 **LOINC** **12773-8:** Cholesterol in LDL Units/volume in Serum or Plasma by Electrophoresis **13457-7:** Cholesterol in LDL Mass/volume in Serum or Plasma by calculation **18261-8:** Cholesterol in LDL Mass/volume in Serum or Plasma ultracentrifugate **18262-6:** Cholesterol in LDL Mass/volume in Serum or Plasma by Direct assay **2089-1:** Cholesterol in LDL Mass/volume in Serum or Plasma **49132-4:** Cholesterol in LDL Mass/volume in Serum or Plasma by Electrophoresis

Description	CPT/CAT II/LOINC/SNOMED CT
	55440-2: Cholesterol.in LDL (real) Mass/volume in Serum or Plasma by VAP **96259-7:** Cholesterol in LDL Mass/volume in Serum or Plasma by Calculated by Martin-Hopkins **SNOMED CT** **113079009:** Low density lipoprotein cholesterol measurement (procedure) **166833005:** Serum low density lipoprotein cholesterol measurement (procedure) **166840006:** Serum fasting low density lipoprotein cholesterol measurement (procedure) **166841005:** Serum random low density lipoprotein cholesterol measurement (procedure**)** **167074000:** Plasma random low density lipoprotein cholesterol measurement (procedure) **167075004:** Plasma fasting low density lipoprotein cholesterol measurement (procedure) **314036004:** Plasma low density lipoprotein cholesterol measurement (procedure)
LDL-C Test Result or Finding	**CAT II** 3048F, 3049F, 3050F

Note: The codes listed are informational only; this information does not guarantee reimbursement.

Breast Cancer Screening (BCS-E)

Description	CPT/LOINC/SNOMED CT
Mammography	**CPT** 77061, 77062, 77063, 77065, 77066, 77067 **LOINC** **24604-1:** MG Breast Diagnostic Limited Views **24605-8:** MG Breast Diagnostic **24606-6:** MG Breast Screening

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Description	CPT/LOINC/SNOMED CT
	24610-8: MG Breast Limited Views
	26175-0: MG Breast - bilateral Screening
	26176-8: MG Breast - left Screening
	26177-6: MG Breast - right Screening
	26287-3: MG Breast - bilateral Limited Views
	26289-9: MG Breast - left Limited Views
	26291-5: MG Breast - right Limited Views
	26346-7: MG Breast - bilateral Diagnostic
	26347-5: MG Breast - left Diagnostic
	26348-3: MG Breast - right Diagnostic
	26349-1: MG Breast - bilateral Diagnostic Limited Views
	26350-9: MG Breast - left Diagnostic Limited Views
	26351-7: MG Breast - right Diagnostic Limited Views
	36319-2: MG Breast 4 Views
	36625-2: MG Breast Views
	36626-0: MG Breast - bilateral Views
	36627-8: MG Breast - left Views
	36642-7: MG Breast - left 2 Views
	36962-9: MG Breast Axillary
	37005-6: MG Breast - left Magnification
	37006-4: MG Breast - bilateral MLO
	37016-3: MG Breast - bilateral Rolled Views
	37017-1: MG Breast - left Rolled Views
	37028-8: MG Breast Tangential
	37029-6: MG Breast - bilateral Tangential
	37030-4: MG Breast - left Tangential
	37037-9: MG Breast True lateral
	37038-7: MG Breast - bilateral True lateral
	37052-8: MG Breast - bilateral XCCL
	37053-6: MG Breast - left XCCL
	37539-4: MG Breast Grid Views
	37542-8: MG Breast Magnification Views

Description	CPT/LOINC/SNOMED CT
	37543-6: MG Breast - bilateral Magnification Views
	37551-9: MG Breast Spot Views
	37552-7: MG Breast - bilateral Spot Views
	37553-5: MG Breast - left Spot Views compression
	37554-3: MG Breast - bilateral Magnification and Spot
	37768-9: MG Breast - right 2 Views
	37769-7: MG Breast - right Magnification and Spot
	37770-5: MG Breast - right Tangential
	37771-3: MG Breast - right True lateral
	37772-1: MG Breast - right XCCL
	37773-9: MG Breast - right Magnification
	37774-7: MG Breast - right Views
	37775-4: MG Breast - right Rolled Views
	38070-9: MG Breast Views for implant
	38071-7: MG Breast - bilateral Views for implant
	38072-5: MG Breast - left Views for implant
	38090-7: MG Breast - bilateral Air gap Views
	38091-5: MG Breast - left Air gap Views
	38807-4: MG Breast - right Spot Views
	38820-7: MG Breast - right Views for implant
	38854-6: MG Breast - left Magnification and Spot
	38855-3: MG Breast - left True lateral
	42415-0: MG Breast - bilateral Views Post Wire Placement
	42416-8: MG Breast - left Views Post Wire Placement
	46335-6: MG Breast - bilateral Single view
	46336-4: MG Breast - left Single view
	46337-2: MG Breast - right Single view
	46338-0: MG Breast - unilateral Single view
	46339-8: MG Breast - unilateral Views
	46350-5: MG Breast - unilateral Diagnostic
	46351-3: MG Breast - bilateral Displacement Views for Implant
	46356-2: MG Breast - unilateral Screening

Description	CPT/LOINC/SNOMED CT
	46380-2: MG Breast - unilateral Views for implant **48475-8:** MG Breast - bilateral Diagnostic for implant **48492-3:** MG Breast - bilateral Screening for implant **69150-1:** MG Breast - left Diagnostic for implant **69251-7:** MG Breast Views Post Wire Placement **69259-0:** MG Breast - right Diagnostic for implant **72137-3:** DBT Breast - right diagnostic **72138-1:** DBT Breast - left diagnostic **72139-9:** DBT Breast - bilateral diagnostic **72140-7:** DBT Breast - right screening **72141-5:** DBT Breast - left screening **72142-3:** DBT Breast - bilateral screening **86462-9:** DBT Breast - unilateral **86463-7:** DBT Breast - bilateral **91517-3:** DBT Breast - right diagnostic for implant **91518-1:** DBT Breast - left diagnostic for implant **91519-9:** DBT Breast - bilateral diagnostic for implant **91520-7:** DBT Breast - right screen for implant **91521-5:** DBT Breast - left screen for implant **91522-3:** DBT Breast - bilateral screen for implant **103885-0:** MG Breast - left Screening for implant **103886-8:** MG Breast - right Screening for implant **103892-6:** DBT Breast screening **103893-4:** MG Breast Screening for implant **103894-2:** MG Breast Diagnostic for implant **SNOMED CT** **12389009**: Xeromammography (procedure) **24623002:** Screening mammography (procedure) **43204002:** Mammography of bilateral breasts (procedure) **71651007:** Mammography (procedure) **241055006:** Mammogram - symptomatic (procedure) **241057003:** Mammogram coned (procedure)

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Description	CPT/LOINC/SNOMED CT
	241058008: Mammogram magnification (procedure) **258172002**: Stereotactic mammography (procedure) **439324009:** Mammogram in compression view (procedure) 4**50566007**: Digital breast tomosynthesis (procedure) **723778004:** Digital tomosynthesis of right breast (procedure) **723779007:** Digital tomosynthesis of left breast (procedure) **723780005:** Digital tomosynthesis of bilateral breasts (procedure) **726551006:** Contrast enhanced spectral mammography (procedure) **833310007:** Contrast enhanced dual energy spectral mammography (procedure) **866234000:** Mammography of breast implant (procedure) **866235004:** Mammography of bilateral breast implants (procedure) **866236003:** Mammography of left breast implant (procedure) **866237007:** Mammography of right breast implant (procedure) **384151000119104:** Screening mammography of bilateral breasts (procedure) **392521000119107:** Screening mammography of right breast (procedure) **392531000119105:** Screening mammography of left breast (procedure) **566571000119105:** Mammography of right breast (procedure) **572701000119102:** Mammography of left breast (procedure)
CDC race and ethnicity	**1002-5:** American Indian or Alaska Native **2028-9:** Asian **2054-5:** Black or African American **2076-8:** Native Hawaiian or Other Pacific Islander **2106-3:** White **2135-2:** Hispanic or Latino **2186-5:** Not Hispanic or Latino

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Blood Pressure Control for Members With Hypertension (BPC-E)

Description	CPT/CVX/SNOMED CT/LOINC
Diastolic Blood Pressure	**CAT II** **3079F:** Most recent diastolic blood pressure 80-89 mm Hg **(HTN, CKD, CAD) (DM)** **3080F:** Most recent diastolic blood pressure greater than or equal to 90 mm Hg **(HTN, CKD, CAD) (DM)** **3078F:** Most recent diastolic blood pressure less than 80 mm Hg mm Hg (HTN, CKD, CAD) (DM) **LOINC** **8514-2:** Brachial artery - left Diastolic blood pressure **8515-9:** Brachial artery - right Diastolic blood pressure **8496-2:** Brachial artery Diastolic blood pressure **8462-4:** Diastolic blood pressure **75995-1: Dia**stolic blood pressure by Continuous non-invasive monitoring **89267-9:** Diastolic blood pressure--lying in L-lateral position **8453-3:** Diastolic blood pressure--sitting **8454-1:** Diastolic blood pressure--standing **8455-8:** Diastolic blood pressure—supine **SNOMED CT** **271650006:** Diastolic blood pressure (observable entity)
Diastolic Less Than 90	**CAT II** **3079F:** Most recent diastolic blood pressure 80-89 mm Hg (HTN, CKD, CAD) (DM) **3078F:** Most recent diastolic blood pressure less than 80 mm Hg (HTN, CKD, CAD) (DM)
Systolic and Diastolic Result	**CAT II** **3079F**: Most recent diastolic blood pressure 80-89 mm Hg **3080F:** Most recent diastolic blood pressure greater than or equal to 90 mm Hg (HTN, CKD, CAD) (DM) **3078F:** Most recent diastolic blood pressure less than 80 mm Hg (HTN, CKD, CAD) (DM)

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Description	CPT/CVX/SNOMED CT/LOINC
	3075F: Most recent systolic blood pressure 130-139 mm Hg (HTN, CKD, CAD) (DM) **3077F:** Most recent systolic blood pressure greater than or equal to 140 mm Hg (HTN, CKD, CAD) (DM) **3074F**: Most recent systolic blood pressure less than 130 mm Hg (HTN, CKD, CAD) (DM)
Systolic Blood Pressure	**CAT II** **3075F:** Most recent systolic blood pressure 130-139 mm Hg (HTN, CKD, CAD) (DM) **3077F:** Most recent systolic blood pressure greater than or equal to 140 mm Hg (HTN, CKD, CAD) (DM) **3074F**: Most recent systolic blood pressure less than 130 mm Hg (HTN, CKD, CAD) (DM) **LOINC** **8546-4**: Brachial artery - left Systolic blood pressure **8547-2**: Brachial artery - right Systolic blood pressure **8508-4:** Brachial artery Systolic blood pressure **8480-6**: Systolic blood pressure **75997-7**: Systolic blood pressure by Continuous non-invasive monitoring **89268-7:** Systolic blood pressure--lying in L-lateral position **8459-0:** Systolic blood pressure--sitting **8460-8:** Systolic blood pressure--standing **8461-6:** Systolic blood pressure—supine **SNOMED CT** **271649006:** Systolic blood pressure (observable entity)
Systolic Less Than 140	**CAT II** **3075:** Most recent systolic blood pressure 130-139 mm Hg **3074:** Most recent systolic blood pressure less than 130 mm Hg
Essential Hypertension	I**CD10CM** **I10:** Essential (primary) hypertension **SNOMED CT** **1201005:** Benign essential hypertension (disorder) **71874008:** Benign essential hypertension complicating AND/OR reason for care during childbirth (disorder) **23717007:** Benign essential hypertension complicating AND/OR reason for care during pregnancy (disorder)

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Description	CPT/CVX/SNOMED CT/LOINC
	35303009: Benign essential hypertension complicating AND/OR reason for care during puerperium (disorder) **63287004:** Benign essential hypertension in obstetric context (disorder) **59621000:** Essential hypertension (disorder) **18416000:** Essential hypertension complicating AND/OR reason for care during childbirth (disorder) **78808002:** Essential hypertension complicating AND/OR reason for care during pregnancy (disorder) **9901000:** Essential hypertension complicating AND/OR reason for care during puerperium (disorder) **72022006:** Essential hypertension in obstetric context (disorder) **19769006:** High-renin essential hypertension (disorder) **371125006:** Labile essential hypertension (disorder) **46481004:** Low-renin essential hypertension (disorder) **78975002:** Malignant essential hypertension (disorder) **40511000119107:** Postpartum pre-existing essential hypertension (disorder) **429457004:** Systolic essential hypertension (disorder)
CDC Race and Ethnicity	**1002-5:** American Indian or Alaska Native **2028-9:** Asian **2054-5:** Black or African American **2076-8:** Native Hawaiian or Other Pacific Islander **2106-3:** White **2135-2:** Hispanic or Latino **2186-5:** Not Hispanic or Latino

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Cervical Cancer Screening (CCS-E)

Description	CPT/HCPCS/LOINC/SNOMED CT
Cervical Cytology Lab Test	**CPT** 88141, 88142, 88143, 88147, 88148, 88150, 88152, 88153, 88164, 88165, 88166, 88167, 88174, 88175 **HCPCS** **G0123:** Screening cytopathology, cervical or vaginal (any reporting system), collected in preservative fluid, automated thin layer preparation, screening by cytotechnologist under physician supervision **G0124:** Screening cytopathology, cervical or vaginal (any reporting system), collected in preservative fluid, automated thin layer preparation, requiring interpretation by physician **G0141:** Screening cytopathology smears, cervical or vaginal, performed by automated system, with manual rescreening, requiring interpretation by physician **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 **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 **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 **G0147**: Screening cytopathology smears, cervical or vaginal, performed by automated system under physician supervision **G0148**: Screening cytopathology smears, cervical or vaginal, performed by automated system with manual rescreening **P3000:** Screening papanicolaou smear, cervical or vaginal, up to three smears, by technician under physician supervision **P3001**: Screening papanicolaou smear, cervical or vaginal, up to three

Description	CPT/HCPCS/LOINC/SNOMED CT
	LOINC **10524-7:** Microscopic observation Identifier in Cervix by Cyto stain **18500-9:** Microscopic observation Identifier in Cervix by Cyto stain.thin prep **19762-4:** General categories Interpretation of Cervical or vaginal smear or scraping by Cyto stain **19764-0:** Statement of adequacy Interpretation of Cervical or vaginal smear or scraping by Cyto stain **19765-7:** Microscopic observation Identifier in Cervical or vaginal smear or scraping by Cyto stain **19766-5:** Microscopic observation Identifier in Cervical or vaginal smear or scraping by Cyto stain Narrative **19774-9:** Cytology study comment Cervical or vaginal smear or scraping Cyto stain **33717-0** Cervical AndOr vaginal cytology study **47527-7:** Cytology report of Cervical or vaginal smear or scraping Cyto stain.thin prep **47528-5:** Cytology report of Cervical or vaginal smear or scraping Cyto stain **SNOMED CT** **171149006:** Screening for malignant neoplasm of cervix (procedure) **416107004:** Cervical cytology test (procedure) **417036008:** Liquid based cervical cytology screening (procedure) **440623000:** Microscopic examination of cervical Papanicolaou smear (procedure) **448651000124104**: Microscopic examination of cervical Papanicolaou smear and Human papillomavirus deoxyribonucleic acid detection cotesting (procedure)

Description	CPT/HCPCS/LOINC/SNOMED CT
Cervical Cytology Result or Finding	**SNOMED CT** **168406009:** Severe dyskaryosis on cervical smear cannot exclude invasive carcinoma (finding) **168407000:** Cannot exclude glandular neoplasia on cervical smear (finding) **168408005:** Cervical smear - atrophic changes (finding) **168410007:** Cervical smear - borderline changes (finding) **168414003:** Cervical smear - inflammatory change (finding) **168415002:** Cervical smear - no inflammation (finding) **168416001:** Cervical smear - severe inflammation (finding) **168424006:** Cervical smear - koilocytosis (finding) **250538001:** Dyskaryosis on cervical smear (finding) **269957009:** Cervical smear result (finding) **275805003:** Viral changes on cervical smear (finding) **281101005:** Smear: no abnormality detected - no endocervical cells (finding) **309081009:** Abnormal cervical smear (finding) **310841002:** Cervical smear - mild inflammation (finding) **310842009:** Cervical smear - moderate inflammation (finding) **416030007:** Cervicovaginal cytology: Low grade squamous intraepithelial lesion (finding) **416032004:** Cervicovaginal cytology normal or benign (finding) **416033009:** Cervicovaginal cytology: High grade squamous intraepithelial lesion or carcinoma (finding) **439074000**: Dysplasia on cervical smear (finding) **439776006:** Cervical Papanicolaou smear positive for malignant neoplasm (finding) **439888000:** Abnormal cervical Papanicolaou smear (finding) **441087007:** Atypical squamous cells of undetermined significance on cervical Papanicolaou smear (finding) **441088002:** Atypical squamous cells on cervical Papanicolaou smear cannot exclude high grade squamous intraepithelial lesion (finding)

Description	CPT/HCPCS/LOINC/SNOMED CT
	441094005: Atypical endocervical cells on cervical Papanicolaou smear (finding) **441219009:** Atypical glandular cells on cervical Papanicolaou smear (finding) **441667007:** Abnormal cervical Papanicolaou smear with positive human papillomavirus deoxyribonucleic acid test (finding) **700399008:** Cervical smear - borderline change in squamous cells (finding) **700400001:** Cervical smear - borderline change in endocervical cells (finding) **1155766001:** Nuclear abnormality in cervical smear (finding) **62051000119105:** Low grade squamous intraepithelial lesion on cervical Papanicolaou smear (finding) **62061000119107:** High grade squamous intraepithelial lesion on cervical Papanicolaou smear (finding) **98791000119102:** Cytological evidence of malignancy on cervical Papanicolaou smear (finding)
High Risk HPV Lab Test	**CPT** 87624, 87625 **HCPCS** **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
	LOINC **21440-3:** Human papilloma virus 16+18+31+33+35+45+51+52+56 DNA Presence in Cervix by Probe **30167-1:** Human papilloma virus 16+18+31+33+35+39+45+51+52+56+58+59+68 DNA Presence in Cervix by Probe with signal amplification **38372-9:** Human papilloma virus 6+11+16+18+31+33+35+39+42+43+44+45+51+52+56+58+59+68 DNA Presence in Cervix by Probe with signal amplification

Description	CPT/HCPCS/LOINC/SNOMED CT
	59263-4: Human papilloma virus 16 DNA Presence in Cervix by Probe with signal amplification **59264-2:** Human papilloma virus 18 DNA Presence in Cervix by Probe with signal amplification **59420-0:** Human papilloma virus 16+18+31+33+35+39+45+51+52+56+58+59+66+68 DNA Presence in Cervix by Probe with signal amplification **69002-4:** Human papilloma virus E6+E7 mRNA Presence in Cervix by NAA with probe detection **71431-1:** Human papilloma virus 31+33+35+39+45+51+52+56+58+59+66+68 DNA Presence in Cervix by NAA with probe detection **75694-0:** Human papilloma virus 18+45 E6+E7 mRNA Presence in Cervix by NAA with probe detection **77379-6** Human papilloma virus 16 and 18 and 31+33+35+39+45+51+52+56+58+59+66+68 DNA Interpretation in Cervix **77399-4:** Human papilloma virus 16 DNA Presence in Cervix by NAA with probe detection **77400-0:** Human papilloma virus 18 DNA Presence in Cervix by NAA with probe detection **82354-2:**Human papilloma virus 16 and 18+45 E6+E7 mRNA Identifier in Cervix by NAA with probe detection **82456-5:** Human papilloma virus 16 E6+E7 mRNA Presence in Cervix by NAA with probe detection **82675-0:**Human papilloma virus 16+18+31+33+35+39+45+51+52+56+58+59+66+68 DNA Presence in Cervix by NAA with probe detection **95539-3:** Human papilloma virus 31 DNA Presence in Cervix by NAA with probe detection

Description	CPT/HCPCS/LOINC/SNOMED CT
	SNOMED CT **35904009:** Human papillomavirus deoxyribonucleic acid detection (procedure) **44865100012410:** Microscopic examination of cervical Papanicolaou smear and Human papillomavirus deoxyribonucleic acid detection cotesting (procedure)
	104132-6: Human papilloma virus 16 and 18 and 31 and 45+33+52+58 and 35+39+51+56+59+66+68 DNA Interpretation in Cervix by NAA with probe detection **104170-6:** Human papilloma virus 31+33+52+58 DNA Presence in Cervix by NAA with probe detection
CDC Race and Ethnicity	**1002-5:** American Indian or Alaska Native **2028-9:** Asian **2054-5:** Black or African American **2076-8:** Native Hawaiian or Other Pacific Islander **2106-3:** White **2135-2:** Hispanic or Latino **2186-5:** Not Hispanic or Latino

Note: The codes listed are informational only; this information does not guarantee reimbursement.

Childhood Immunization Status (CIS-E)

Codes to identify immunizations:

Description	CPT/HCPCS/SNOMED CT/CVX
DTaP Immunization	**CVX** **20:** diphtheria, tetanus toxoids and acellular pertussis vaccine **50:** DTaP-Haemophilus influenzae type b conjugate vaccine **106:** diphtheria, tetanus toxoids and acellular pertussis vaccine, 5 pertussis antigens

Description	CPT/HCPCS/SNOMED CT/CVX
	107: diphtheria, tetanus toxoids and acellular pertussis vaccine, unspecified formulation **110:** DTaP-hepatitis B and poliovirus vaccine **120:** diphtheria, tetanus toxoids and acellular pertussis vaccine, Haemophilus influenzae type b conjugate, and poliovirus vaccine, inactivated (DTaP-Hib-IPV) **146:** Diphtheria and Tetanus Toxoids and Acellular Pertussis Adsorbed, Inactivated Poliovirus, Haemophilus b Conjugate (Meningococcal Protein Conjugate), and Hepatitis B (Recombinant) Vaccine. **198:** Diphtheria, pertussis, tetanus, hepatitis B, Haemophilus Influenza Type b, (Pentavalent)
DTaP Vaccine Procedure	**CPT** 90697, 90698, 90700, 90723 **SNOMED CT** **310306005:** Administration of first dose of vaccine product containing only Bordetella pertussis and Clostridium tetani and Corynebacterium diphtheriae and Haemophilus influenzae type b and Human poliovirus antigens (procedure) **310307001:** Administration of second dose of vaccine product containing only Bordetella pertussis and Clostridium tetani and Corynebacterium diphtheriae and Haemophilus influenzae type b and Human poliovirus antigens (procedure) **310308006:** Administration of third dose of vaccine product containing only Bordetella pertussis and Clostridium tetani and Corynebacterium diphtheriae and Haemophilus influenzae type b and Human poliovirus antigens (procedure) **312870000:** Administration of vaccine product containing only Bordetella pertussis and Clostridium tetani and Corynebacterium diphtheriae and Haemophilus influenzae type b and Human poliovirus antigens (procedure) **313383003:** Administration of fourth dose of vaccine product containing only Bordetella pertussis and Clostridium tetani and Corynebacterium

Description	CPT/HCPCS/SNOMED CT/CVX
	diphtheriae and Haemophilus influenzae type b and Human poliovirus antigens (procedure) **390846000:** Administration of booster dose of vaccine product containing only acellular Bordetella pertussis and Clostridium tetani and Corynebacterium diphtheriae antigens (procedure) **390865008:** Administration of booster dose of vaccine product containing only acellular Bordetella pertussis and Clostridium tetani and Corynebacterium diphtheriae and Human poliovirus antigens (procedure) **399014008:** Administration of vaccine product containing only Bordetella pertussis and Clostridium tetani and Corynebacterium diphtheriae antigens (procedure) **412755006:** Administration of first dose of vaccine product containing only acellular Bordetella pertussis and Clostridium tetani and Corynebacterium diphtheriae antigens (procedure) **412756007:** Administration of second dose of vaccine product containing only acellular Bordetella pertussis and Clostridium tetani and Corynebacterium diphtheriae antigens (procedure) **412757003:** Administration of third dose of vaccine product containing only acellular Bordetella pertussis and Clostridium tetani and Corynebacterium diphtheriae antigens (procedure) **412762002:** Administration of first dose of vaccine product containing only acellular Bordetella pertussis and Clostridium tetani and Corynebacterium diphtheriae and Human poliovirus antigens (procedure) **412763007:** Administration of second dose of vaccine product containing only acellular Bordetella pertussis and Clostridium tetani and Corynebacterium diphtheriae and Human poliovirus antigens (procedure) **412764001:** Administration of third dose of vaccine product containing only acellular Bordetella pertussis and Clostridium tetani and Corynebacterium diphtheriae and Human poliovirus antigens (procedure) **414001002:** Administration of vaccine product containing only five component acellular Bordetella pertussis and Clostridium tetani and

Description	CPT/HCPCS/SNOMED CT/CVX
	Corynebacterium diphtheriae and Haemophilus influenzae type b and inactivated whole Human poliovirus antigens (procedure) **414259000:** Administration of first dose of vaccine product containing only five component acellular Bordetella pertussis, Clostridium tetani, Corynebacterium diphtheriae, Haemophilus influenzae type b and inactivated whole Human poliovirus antigens (procedure) **414620004:** Administration of vaccine product containing only acellular Bordetella pertussis five component and Clostridium tetani and low dose Corynebacterium diphtheriae and inactivated whole Human poliovirus antigens (procedure) **415507003:** Administration of second dose of vaccine product containing only five component acellular Bordetella pertussis, Clostridium tetani, Corynebacterium diphtheriae, Haemophilus influenzae type b and inactivated whole Human poliovirus antigens (procedure) **415712004:** Administration of third dose of vaccine product containing only five component acellular Bordetella pertussis, Clostridium tetani, Corynebacterium diphtheriae, Haemophilus influenzae type b and inactivated whole Human poliovirus antigens (procedure) **770608009:** Administration of vaccine product containing only Bordetella pertussis and Clostridium tetani and Corynebacterium diphtheriae and Haemophilus influenzae type b and Hepatitis B virus antigens (procedure) **770616000:** Administration of first dose of vaccine product containing only Bordetella pertussis and Clostridium tetani and Corynebacterium diphtheriae and Haemophilus influenzae type b and Hepatitis B virus antigens (procedure) **770617009:** Administration of second dose of vaccine product containing only Bordetella pertussis and Clostridium tetani and Corynebacterium diphtheriae and Haemophilus influenzae type b and Hepatitis B virus antigens (procedure) **770618004:** Administration of third dose of vaccine product containing only Bordetella pertussis and Clostridium tetani and Corynebacterium

Description	CPT/HCPCS/SNOMED CT/CVX
	diphtheriae and Haemophilus influenzae type b and Hepatitis B virus antigens (procedure) **787436003:** Administration of vaccine product containing only Bordetella pertussis and Clostridium tetani and Corynebacterium diphtheriae and Haemophilus influenzae type b antigens (procedure) **866158005:** Administration of first dose of vaccine product containing only Bordetella pertussis and Clostridium tetani and Corynebacterium diphtheriae antigens (procedure) **866159002:** Administration of second dose of vaccine product containing only Bordetella pertussis and Clostridium tetani and Corynebacterium diphtheriae antigens (procedure) **866226006:** Administration of third dose of vaccine product containing only Bordetella pertussis and Clostridium tetani and Corynebacterium diphtheriae antigens (procedure) **868273007:** Administration of vaccine product containing only Bordetella pertussis and Clostridium tetani and Corynebacterium diphtheriae and Human poliovirus antigens (procedure) **868274001:** Administration of second dose of vaccine product containing only Bordetella pertussis and Clostridium tetani and Corynebacterium diphtheriae and Human poliovirus antigens (procedure) **868276004:** Administration of third dose of vaccine product containing only Bordetella pertussis and Clostridium tetani and Corynebacterium diphtheriae and Human poliovirus antigens (procedure) **868277008:** Administration of first dose of vaccine product containing only Bordetella pertussis and Clostridium tetani and Corynebacterium diphtheriae and Human poliovirus antigens (procedure) **1162640003**: Administration of vaccine product containing only acellular Bordetella pertussis and Clostridium tetani and Corynebacterium diphtheriae and Haemophilus influenzae type b and Hepatitis B virus and inactivated Human poliovirus antigens (procedure) **428251000124104:** Tetanus, diphtheria, and acellular pertussis vaccination (procedure)

Description	CPT/HCPCS/SNOMED CT/CVX
	571571000119105: Administration of vaccine product containing only acellular Bordetella pertussis and Clostridium tetani and Corynebacterium diphtheriae antigens (procedure) **572561000119108:** Administration of vaccine product containing only acellular Bordetella pertussis and Clostridium tetani and Corynebacterium diphtheriae and Hepatitis B virus and inactivated whole Human poliovirus antigens (procedure) **16290681000119103 :** Administration of vaccine product containing only acellular Bordetella pertussis and Clostridium tetani and Corynebacterium diphtheriae and inactivated whole Human poliovirus antigens (procedure)
Haemophilus Influenzae Type B (HiB) Immunization	**CVX** **17:** Haemophilus influenzae type b vaccine, conjugate unspecified formulation **46:** Haemophilus influenzae type b vaccine, PRP-D conjugate **47:** Haemophilus influenzae type b vaccine, HbOC conjugate **48:** Haemophilus influenzae type b vaccine, PRP-T conjugate **49:** Haemophilus influenzae type b vaccine, PRP-OMP conjugate **50:** DTaP-Haemophilus influenzae type b conjugate vaccine **51:** Haemophilus influenzae type b conjugate and Hepatitis B vaccine **120:** diphtheria, tetanus toxoids and acellular pertussis vaccine, Haemophilus influenzae type b conjugate, and poliovirus vaccine, inactivated (DTaP-Hib-IPV) **146:** Diphtheria and Tetanus Toxoids and Acellular Pertussis Adsorbed, Inactivated Poliovirus, Haemophilus b Conjugate (Meningococcal Protein Conjugate), and Hepatitis B (Recombinant) Vaccine. **148:** Meningococcal Groups C and Y and Haemophilus b Tetanus Toxoid Conjugate Vaccine **198:** Diphtheria, pertussis, tetanus, hepatitis B, Haemophilus Influenza Type b, (Pentavalent)
Haemophilus Influenzae Type B	**CPT** 90644, 90647, 90648, 90697, 90698, 90748

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Description	CPT/HCPCS/SNOMED CT/CVX
(HiB) Vaccine Procedure	**SNOMED CT** **127787002:** Administration of vaccine product containing only Haemophilus influenzae type b antigen (procedure) **170343007:** Administration of first dose of vaccine product containing only Haemophilus influenzae type b antigen (procedure) **170344001:** Administration of second dose of vaccine product containing only Haemophilus influenzae type b antigen (procedure) **170345000:** Administration of third dose of vaccine product containing only Haemophilus influenzae type b antigen (procedure) **170346004:** Administration of booster dose of vaccine product containing only Haemophilus influenzae type b antigen (procedure) **310306005:** Administration of first dose of vaccine product containing only Bordetella pertussis and Clostridium tetani and Corynebacterium diphtheriae and Haemophilus influenzae type b and Human poliovirus antigens (procedure) **310307001:** Administration of second dose of vaccine product containing only Bordetella pertussis and Clostridium tetani and Corynebacterium diphtheriae and Haemophilus influenzae type b and Human poliovirus antigens (procedure) **310308006:** Administration of third dose of vaccine product containing only Bordetella pertussis and Clostridium tetani and Corynebacterium diphtheriae and Haemophilus influenzae type b and Human poliovirus antigens (procedure) **312869001:** Administration of vaccine product containing only Clostridium tetani and Corynebacterium diphtheriae and Haemophilus influenzae type b and Human poliovirus antigens (procedure) **312870000:** Administration of vaccine product containing only Bordetella pertussis and Clostridium tetani and Corynebacterium diphtheriae and Haemophilus influenzae type b and Human poliovirus antigens (procedure) **313383003:** Administration of fourth dose of vaccine product containing only Bordetella pertussis and Clostridium tetani and Corynebacterium

Description	CPT/HCPCS/SNOMED CT/CVX
	diphtheriae and Haemophilus influenzae type b and Human poliovirus antigens (procedure) **414001002:** Administration of vaccine product containing only five component acellular Bordetella pertussis and Clostridium tetani and Corynebacterium diphtheriae and Haemophilus influenzae type b and inactivated whole Human poliovirus antigens (procedure) **414259000:** Administration of first dose of vaccine product containing only five component acellular Bordetella pertussis, Clostridium tetani, Corynebacterium diphtheriae, Haemophilus influenzae type b and inactivated whole Human poliovirus antigens (procedure) **415507003:** Administration of second dose of vaccine product containing only five component acellular Bordetella pertussis, Clostridium tetani, Corynebacterium diphtheriae, Haemophilus influenzae type b and inactivated whole Human poliovirus antigens (procedure) **415712004:** Administration of third dose of vaccine product containing only five component acellular Bordetella pertussis, Clostridium tetani, Corynebacterium diphtheriae**,** Haemophilus influenzae type b and inactivated whole Human poliovirus antigens (procedure) **428975001:** Administration of vaccine product containing only Haemophilus influenzae type b and Neisseria meningitidis serogroup C antigens (procedure) **712833000:** Administration of second dose of vaccine product containing only Haemophilus influenzae type b and Neisseria meningitidis serogroup C antigens (procedure) **712834006:** Administration of first dose of vaccine product containing only Haemophilus influenzae type b and Neisseria meningitidis serogroup C antigens (procedure) **770608009:** Administration of vaccine product containing only Bordetella pertussis and Clostridium tetani and Corynebacterium diphtheriae and Haemophilus influenzae type b and Hepatitis B virus antigens (procedure) **770616000:** Administration of first dose of vaccine product containing only Bordetella pertussis and Clostridium tetani and Corynebacterium

Description	CPT/HCPCS/SNOMED CT/CVX
	diphtheriae and Haemophilus influenzae type b and Hepatitis B virus antigens (procedure) **770617009:** Administration of second dose of vaccine product containing only Bordetella pertussis and Clostridium tetani and Corynebacterium diphtheriae and Haemophilus influenzae type b and Hepatitis B virus antigens (procedure) **770618004:** Administration of third dose of vaccine product containing only Bordetella pertussis and Clostridium tetani and Corynebacterium diphtheriae and Haemophilus influenzae type b and Hepatitis B virus antigens (procedure) **786846001:** Administration of vaccine product containing only Haemophilus influenzae type b and Hepatitis B virus antigens (procedure) **787436003:** Administration of vaccine product containing only Bordetella pertussis and Clostridium tetani and Corynebacterium diphtheriae and Haemophilus influenzae type b antigens (procedure) **1119364007:** Administration of vaccine product containing only Haemophilus influenzae type b and Neisseria meningitidis serogroup C and Y antigens (procedure) **1162640003:** Administration of vaccine product containing only acellular Bordetella pertussis and Clostridium tetani and Corynebacterium diphtheriae and Haemophilus influenzae type b and Hepatitis B virus and inactivated Human poliovirus antigens (procedure) **16292241000119109 :** Administration of booster dose of vaccine product containing only Haemophilus influenzae type b capsular polysaccharide polyribosylribitol phosphate conjugated to Clostridium tetani toxoid protein (procedure)
Hepatitis A Immunization	**CVX** **31:** hepatitis A vaccine, pediatric dosage, unspecified formulation **83**: hepatitis A vaccine, pediatric/adolescent dosage, 2 dose schedule **85:** hepatitis A vaccine, unspecified formulation
Hepatitis A Vaccine Procedure	**CPT** 90633

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Description	CPT/HCPCS/SNOMED CT/CVX
	SNOMED CT **17037+D909+D90971:E185331:** Administration of first dose of pediatric vaccine product containing only Hepatitis A virus antigen (procedure) **170379004:** Administration of second dose of vaccine product containing only Hepatitis A virus antigen (procedure) **170380001:** Administration of third dose of vaccine product containing only Hepatitis A virus antigen (procedure) **170381002:** Administration of booster dose of vaccine product containing only Hepatitis A virus antigen (procedure) **170434002:** Administration of first dose of vaccine product containing only Hepatitis A and Hepatitis B virus antigens (procedure) **170435001:** Administration of second dose of vaccine product containing only Hepatitis A and B virus antigens (procedure) **170436000:** Administration of third dose of vaccine product containing only Hepatitis A and Hepatitis B virus antigens (procedure) **170437009:** Administration of booster dose of vaccine product containing only Hepatitis A and Hepatitis B virus antigens (procedure) **243789007:** Administration of vaccine product containing only Hepatitis A virus antigen (procedure) **312868009:** Administration of vaccine product containing only Hepatitis A and Hepatitis B virus antigens (procedure) **314177003:** Administration of vaccine product containing only Hepatitis A virus and Salmonella enterica subspecies enterica serovar Typhi antigens (procedure) **314178008:** Administration of first dose of vaccine product containing only Hepatitis A virus and Salmonella enterica subspecies enterica serovar Typhi antigens (procedure) **314179000:** Administration of second dose of vaccine product containing only Hepatitis A virus and Salmonella enterica subspecies enterica serovar Typhi antigens (procedure)

Description	CPT/HCPCS/SNOMED CT/CVX
	394691002: Administration of booster dose of vaccine product containing only Hepatitis A virus and Salmonella enterica subspecies enterica serovar Typhi antigens (procedure) **871752004:** Administration of second dose of pediatric vaccine product containing only Hepatitis A virus antigen (procedure) **871753009:** Administration of third dose of pediatric vaccine product containing only Hepatitis A virus antigen (procedure) **871754003:** Administration of booster dose of pediatric vaccine product containing only Hepatitis A virus antigen (procedure) **571511000119102:** Administration of adult vaccine product containing only Hepatitis A virus antigen (procedure)
Hepatitis B Immunization	**CVX** **08:** hepatitis B vaccine, pediatric or pediatric/adolescent dosage **44:** hepatitis B vaccine, dialysis patient dosage **45:** hepatitis B vaccine, unspecified formulation **51:** Haemophilus influenzae type b conjugate and Hepatitis B vaccine **110:** DTaP-hepatitis B and poliovirus vaccine **146:** Diphtheria and Tetanus Toxoids and Acellular Pertussis Adsorbed, Inactivated Poliovirus, Haemophilus b Conjugate (Meningococcal Protein Conjugate), and Hepatitis B (Recombinant) Vaccine. **198:** Diphtheria, pertussis, tetanus, hepatitis B, Haemophilus Influenza Type b, (Pentavalent)
Hepatitis B Vaccine Procedure	**CPT** 90697, 90723, 90740, 90744, 90747, 90748 **HCPCS** **G0010:** Administration of hepatitis b vaccine **SNOMED CT** **16584000:** Administration of vaccine product containing only Hepatitis B virus antigen (procedure) **170370000:** Administration of first dose of vaccine product containing only Hepatitis B virus antigen (procedure)

Description	CPT/HCPCS/SNOMED CT/CVX
	170371001: Administration of second dose of vaccine product containing only Hepatitis B virus antigen (procedure) **170372008:** Administration of third dose of vaccine product containing only Hepatitis B virus antigen (procedure) **170373003:** Administration of booster dose of vaccine product containing only Hepatitis B virus antigen (procedure) **170374009:** Administration of fourth dose of vaccine product containing only Hepatitis B virus antigen (procedure) **170375005:** Administration of fifth dose of vaccine product containing only Hepatitis B virus antigen (procedure) **170434002:** Administration of first dose of vaccine product containing only Hepatitis A and Hepatitis B virus antigens (procedure) **170435001:** Administration of second dose of vaccine product containing only Hepatitis A and B virus antigens (procedure) **170436000:** Administration of third dose of vaccine product containing only Hepatitis A and Hepatitis B virus antigens (procedure) **170437009:** Administration of booster dose of vaccine product containing only Hepatitis A and Hepatitis B virus antigens (procedure) **312868009:** Administration of vaccine product containing only Hepatitis A and Hepatitis B virus antigens (procedure) **396456003:** Administration of vaccine product containing only acellular Bordetella pertussis and Corynebacterium diphtheriae and Hepatitis B virus and inactivated whole Human poliovirus antigens (procedure) **416923003:** Administration of sixth dose of vaccine product containing only Hepatitis B virus antigen (procedure) **770608009:** Administration of vaccine product containing only Bordetella pertussis and Clostridium tetani and Corynebacterium diphtheriae and Haemophilus influenzae type b and Hepatitis B virus antigens (procedure) **770616000:** Administration of first dose of vaccine product containing only Bordetella pertussis and Clostridium tetani and Corynebacterium diphtheriae and Haemophilus influenzae type b and Hepatitis B virus antigens (procedure)

Description	CPT/HCPCS/SNOMED CT/CVX
	770617009: Administration of second dose of vaccine product containing only Bordetella pertussis and Clostridium tetani and Corynebacterium diphtheriae and Haemophilus influenzae type b and Hepatitis B virus antigens (procedure) **770618004:** Administration of third dose of vaccine product containing only Bordetella pertussis and Clostridium tetani and Corynebacterium diphtheriae and Haemophilus influenzae type b and Hepatitis B virus antigens (procedure) **786846001:** Administration of vaccine product containing only Haemophilus influenzae type b and Hepatitis B virus antigens (procedure) **1162640003:** Administration of vaccine product containing only acellular Bordetella pertussis and Clostridium tetani and Corynebacterium diphtheriae and Haemophilus influenzae type b and Hepatitis B virus and inactivated Human poliovirus antigens (procedure) **572561000119108:** Administration of vaccine product containing only acellular Bordetella pertussis and Clostridium tetani and Corynebacterium diphtheriae and Hepatitis B virus and inactivated whole Human poliovirus antigens (procedure)
Inactivated polio vaccine (IPV) immunization	**CVX** **10:** poliovirus vaccine, inactivated **89:** poliovirus vaccine, unspecified formulation **110:** DTaP-hepatitis B and poliovirus vaccine **120:** diphtheria, tetanus toxoids and acellular pertussis vaccine, Haemophilus influenzae type b conjugate, and poliovirus vaccine, inactivated (DTaP-Hib-IPV) **146:** Diphtheria and Tetanus Toxoids and Acellular Pertussis Adsorbed, Inactivated Poliovirus, Haemophilus b Conjugate (Meningococcal Protein Conjugate), and Hepatitis B (Recombinant) Vaccine.
Inactivated polio vaccine (IPV) procedure	**CPT** 90697, 90698, 90713, 90723 **SNOMED CT**

Description	CPT/HCPCS/SNOMED CT/CVX
	310306005: Administration of first dose of vaccine product containing only Bordetella pertussis and Clostridium tetani and Corynebacterium diphtheriae and Haemophilus influenzae type b and Human poliovirus antigens (procedure) **310307001:** Administration of second dose of vaccine product containing only Bordetella pertussis and Clostridium tetani and Corynebacterium diphtheriae and Haemophilus influenzae type b and Human poliovirus antigens (procedure) **310308006:** Administration of third dose of vaccine product containing only Bordetella pertussis and Clostridium tetani and Corynebacterium diphtheriae and Haemophilus influenzae type b and Human poliovirus antigens (procedure) **312869001:** Administration of vaccine product containing only Clostridium tetani and Corynebacterium diphtheriae and Haemophilus influenzae type b and Human poliovirus antigens (procedure) **312870000:** Administration of vaccine product containing only Bordetella pertussis and Clostridium tetani and Corynebacterium diphtheriae and Haemophilus influenzae type b and Human poliovirus antigens (procedure) **313383003**: Administration of fourth dose of vaccine product containing only Bordetella pertussis and Clostridium tetani and Corynebacterium diphtheriae and Haemophilus influenzae type b and Human poliovirus antigens (procedure) **390865008:** Administration of booster dose of vaccine product containing only acellular Bordetella pertussis and Clostridium tetani and Corynebacterium diphtheriae and Human poliovirus antigens (procedure) **396456003:** Administration of vaccine product containing only acellular Bordetella pertussis and Corynebacterium diphtheriae and Hepatitis B virus and inactivated whole Human poliovirus antigens (procedure) **412762002:** Administration of first dose of vaccine product containing only acellular Bordetella pertussis and Clostridium tetani and Corynebacterium diphtheriae and Human poliovirus antigens (procedure)

Description	CPT/HCPCS/SNOMED CT/CVX
	412763007: Administration of second dose of vaccine product containing only acellular Bordetella pertussis and Clostridium tetani and Corynebacterium diphtheriae and Human poliovirus antigens (procedure) **412764001**: Administration of third dose of vaccine product containing only acellular Bordetella pertussis and Clostridium tetani and Corynebacterium diphtheriae and Human poliovirus antigens (procedure) **414001002:** Administration of vaccine product containing only five component acellular Bordetella pertussis and Clostridium tetani and Corynebacterium diphtheriae and Haemophilus influenzae type b and inactivated whole Human poliovirus antigens (procedure) **414259000:** Administration of first dose of vaccine product containing only five component acellular Bordetella pertussis, Clostridium tetani, Corynebacterium diphtheriae, Haemophilus influenzae type b and inactivated whole Human poliovirus antigens (procedure) **414619005:** Administration of vaccine product containing only Clostridium tetani and low dose Corynebacterium diphtheriae and inactivated Human poliovirus antigens (procedure) **414620004:** Administration of vaccine product containing only acellular Bordetella pertussis five component and Clostridium tetani and low dose Corynebacterium diphtheriae and inactivated whole Human poliovirus antigens (procedure) **415507003**: Administration of second dose of vaccine product containing only five component acellular Bordetella pertussis, Clostridium tetani, Corynebacterium diphtheriae, Haemophilus influenzae type b and inactivated whole Human poliovirus antigens (procedure) **415712004**: Administration of third dose of vaccine product containing only five component acellular Bordetella pertussis, Clostridium tetani, Corynebacterium diphtheriae, Haemophilus influenzae type b and inactivated whole Human poliovirus antigens (procedure) **416144004:** Administration of third dose of vaccine product containing only Clostridium tetani and low dose Corynebacterium diphtheriae and inactivated Human poliovirus antigens (procedure)

Description	CPT/HCPCS/SNOMED CT/CVX
	416591003: Administration of first dose of vaccine product containing only Clostridium tetani and low dose Corynebacterium diphtheriae and inactivated Human poliovirus antigens (procedure) **417211006:** Administration of first booster of vaccine product containing only Clostridium tetani and low dose Corynebacterium diphtheriae and inactivated Human poliovirus antigens (procedure) **417384007**: Administration of second booster of vaccine product containing only Clostridium tetani and low dose Corynebacterium diphtheriae and inactivated Human poliovirus antigens (procedure) **417615007:** Administration of second dose of vaccine product containing only Clostridium tetani and low dose Corynebacterium diphtheriae and inactivated Human poliovirus antigens (procedure) **866186002:** Administration of vaccine product containing only Clostridium tetani and Corynebacterium diphtheriae and Human poliovirus antigens (procedure) **866227002:** Administration of booster dose of vaccine product containing only Clostridium tetani and Corynebacterium diphtheriae and Human poliovirus antigens (procedure) **868266002:** Administration of second dose of vaccine product containing only Clostridium tetani and Corynebacterium diphtheriae and Human poliovirus antigens (procedure) **868267006:** Administration of first dose of vaccine product containing only Clostridium tetani and Corynebacterium diphtheriae and Human poliovirus antigens (procedure) **868268001:** Administration of third dose of vaccine product containing only Clostridium tetani and Corynebacterium diphtheriae and Human poliovirus antigens (procedure) **868273007**: Administration of vaccine product containing only Bordetella pertussis and Clostridium tetani and Corynebacterium diphtheriae and Human poliovirus antigens (procedure)

Description	CPT/HCPCS/SNOMED CT/CVX
	868274001: Administration of second dose of vaccine product containing only Bordetella pertussis and Clostridium tetani and Corynebacterium diphtheriae and Human poliovirus antigens (procedure) **868276004:** Administration of third dose of vaccine product containing only Bordetella pertussis and Clostridium tetani and Corynebacterium diphtheriae and Human poliovirus antigens (procedure) **868277008**: Administration of first dose of vaccine product containing only Bordetella pertussis and Clostridium tetani and Corynebacterium diphtheriae and Human poliovirus antigens (procedure) **870670004**: Preschool administration of vaccine product containing only Clostridium tetani and Corynebacterium diphtheriae and Human poliovirus antigens (procedure) **572561000119108**: Administration of vaccine product containing only acellular Bordetella pertussis and Clostridium tetani and Corynebacterium diphtheriae and Hepatitis B virus and inactivated whole Human poliovirus antigens (procedure) **16290681000119103 :** Administration of vaccine product containing only acellular Bordetella pertussis and Clostridium tetani and Corynebacterium diphtheriae and inactivated whole Human poliovirus antigens (procedure)
Influenza Immunization	**CVX** **88:** influenza virus vaccine, unspecified formulation **140:** Influenza, seasonal, injectable, preservative free **141:** Influenza, seasonal, injectable **150:** Influenza, injectable, quadrivalent, preservative free **153:** Influenza, injectable, Madin Darby Canine Kidney, preservative free **155:** Seasonal, trivalent, recombinant, injectable influenza vaccine, preservative free **158:** influenza, injectable, quadrivalent, contains preservative **161:** Influenza, injectable, quadrivalent, preservative free, pediatric **171:** Influenza, injectable, Madin Darby Canine Kidney, preservative free, quadrivalent

Description	CPT/HCPCS/SNOMED CT/CVX
	186: Influenza, injectable, Madin Darby Canine Kidney, quadrivalent with preservative88, 140, 141, 150, 153, 155, 158, 161
Influenza Vaccine Procedure	**CPT** 90655, 90657, 90661, 90673, 90674, 90685, 90686, 90687, 90688, 90689, 90756 **SNOMED CT** **86198006:** Administration of vaccine product containing only Influenza virus antigen (procedure)
Influenza Virus LAIV Immunization	**CVX** **111:** influenza virus vaccine, live, attenuated, for intranasal use **149:** influenza, live, intranasal, quadrivalent
Influenza Virus LAIV Vaccine Procedure	**CPT** 90660, 90672 **SNOMED CT** **787016008:** Administration of vaccine product containing only Influenza virus antigen in nasal dose form (procedure)
Measles, Mumps and Rubella (MMR) Immunization	**CVX:** 03, 94
Measles, Mumps and Rubella (MMR) Vaccine Procedure	**CPT:** 90707, 90710 **SNOMED CT:** 38598009, 170433008, 432636005, 433733003, 150971000119104, 571591000119106 572511000119105
Pneumococcal Conjugate Immunization	**CVX** **109:** pneumococcal vaccine, unspecified formulation **133:** pneumococcal conjugate vaccine, 13 valent **152:** Pneumococcal Conjugate, unspecified formulation **215:** Pneumococcal conjugate vaccine 15-valent (PCV15), polysaccharide CRM197 conjugate, adjuvant, preservative free

Description	CPT/HCPCS/SNOMED CT/CVX
Pneumococcal Conjugate Vaccine Procedure	**CPT** 90670, 90671 **HCPCS** **G0009:** Administration of pneumococcal vaccine **SNOMED CT** **1119368005:** Administration of vaccine product containing only Streptococcus pneumoniae Danish serotype 4, 6B, 9V, 14, 18C, 19F, and 23F capsular polysaccharide antigens conjugated (procedure) **1296904008:** Administration of vaccine product containing only Streptococcus pneumoniae Danish serotype 1, 3, 4, 5, 6A, 6B, 7F, 9V, 14, 18C, 19A, 19F, and 23F capsular polysaccharide antigens conjugated (procedure) **434751000124102:** Pneumococcal conjugate vaccination (procedure)
Rotavirus (3 Dose Schedule) Immunization	**CVX** **116:** rotavirus, live, pentavalent vaccine **122:** rotavirus vaccine, unspecified formulation
Rotavirus Vaccine (2 Dose Schedule) Procedure	**CPT** 90681 **SNOMED CT** **434741000124104:** Rotavirus vaccination, 2 dose schedule (procedure)
Rotavirus Vaccine (3 Dose Schedule) Procedure	**CPT** 90680 **SNOMED CT** **434731000124109:** Rotavirus vaccination, 3 dose schedule (procedure)
Varicella zoster (VZV) immunization	**CVX** **21:** varicella virus vaccine **94:** measles, mumps, rubella, and varicella virus vaccine
Varicella zoster (VZV) vaccine procedure	**CPT** 90710, 90716 **SNOMED CT** **425897001:** Administration of first dose of vaccine product containing only Human alphaherpesvirus 3 antigen for chickenpox (procedure)

Description	CPT/HCPCS/SNOMED CT/CVX
	428502009: Administration of second dose of vaccine product containing only Human alphaherpesvirus 3 antigen for chickenpox (procedure) **432636005:** Administration of vaccine product containing only Human alphaherpesvirus 3 and Measles morbillivirus and Mumps orthorubulavirus and Rubella virus antigens (procedure) **433733003:** Administration of second dose of vaccine product containing only Human alphaherpesvirus 3 and Measles morbillivirus and Mumps orthorubulavirus and Rubella virus antigens (procedure) **737081007:** Administration of vaccine product containing only Human alphaherpesvirus 3 antigen for chickenpox (procedure) **871898007:** Administration of vaccine product containing only live attenuated Human alphaherpesvirus 3 antigen (procedure) **871899004:** Administration of vaccine product containing only live attenuated Human alphaherpesvirus 3 antigen via subcutaneous route (procedure) **871909005:** Administration of first dose of vaccine product containing only Human alphaherpesvirus 3 and Measles morbillivirus and Mumps orthorubulavirus and Rubella virus antigens (procedure) **572511000119105:** Administration of vaccine product containing only live attenuated Measles morbillivirus and Mumps orthorubulavirus and Rubella virus and Human alphaherpesvirus 3 antigens (procedure)
CDC Race and Ethnicity	**1002-5:** American Indian or Alaska Native **2028-9:** Asian **2054-5:** Black or African American **2076-8:** Native Hawaiian or Other Pacific Islander **2106-3:** White **2135-2:** Hispanic or Latino **2186-5:** Not Hispanic or Latino

Note: The codes listed are informational only; this information does not guarantee reimbursement.

Colorectal Cancer Screening (COL-E)

Description	CPT/HCPCS/LOINC/SNOMED CT
Colonoscopy	**CPT** 44388, 44389, 44390, 44391, 44392, 44394, 44401, 44402, 44403, 44404, 44405, 44406, 44407, 44408, 45378, 45379, 45380, 45381, 45382,45384, 45385, 45386, 45388, 45389, 45390, 45391, 45392, 45393, 45398 **HCPCS** **G0105:** Colorectal cancer screening; colonoscopy on individual at high risk **G0121:** Colorectal cancer screening; colonoscopy on individual not meeting criteria for high risk **SNOMED CT** **8180007:** Fiberoptic colonoscopy through colostomy (procedure) **12350003:** Colonoscopy with rigid sigmoidoscope through colotomy (procedure) **25732003:** Fiberoptic colonoscopy with biopsy (procedure) **34264006:** Intraoperative colonoscopy (procedure) **73761001:** Colonoscopy (procedure) **174158000:** Open colonoscopy (procedure) **174185007:** Diagnostic fiberoptic endoscopic examination of colon and biopsy of lesion of colon (procedure) **235150006:** Total colonoscopy (procedure) **235151005:** Limited colonoscopy (procedure**)** **275251008:** Diagnostic endoscopic examination of colon using fiberoptic sigmoidoscope (procedure) **302052009:** Endoscopic biopsy of lesion of colon (procedure) **367535003:** Fiberoptic colonoscopy (procedure) 367535003 **443998000:** Colonoscopy through colostomy with endoscopic biopsy of colon (procedure) **444783004:** Screening colonoscopy (procedure) **446521004:** Colonoscopy and excision of mucosa of colon (procedure)

Description	CPT/HCPCS/LOINC/SNOMED CT
	446745002: Colonoscopy and biopsy of colon (procedure) **447021001:** Colonoscopy and tattooing (procedure) **709421007:** Colonoscopy and dilatation of stricture of colon (procedure) **710293001:** Colonoscopy using fluoroscopic guidance (procedure) **711307001:** Colonoscopy using X-ray guidance (procedure) **789778002:** Colonoscopy and fecal microbiota transplantation (procedure) **1209098000:** Fiberoptic colonoscopy with biopsy of lesion of colon (procedure) **48021000087103:** Colonoscopy using cecal retroflexion technique (procedure) **48031000087101:** Colonoscopy using rectal retroflexion technique (procedure)
CT Colonography	**CPT** 74261, 74262, 74263 **LOINC** **60515-4:** CT Colon and Rectum W air contrast PR **72531-7:** CT Colon and Rectum W contrast IV and W air contrast PR **79069-1:** CT Colon and Rectum for screening WO contrast IV and W air contrast PR **79071-7:** CT Colon and Rectum WO contrast IV and W air contrast PR **79101-2:** CT Colon and Rectum for screening W air contrast PR **82688-3:** CT Colon and Rectum WO and W contrast IV and W air contrast PR **SNOMED CT** **418714002:** Virtual computed tomography colonoscopy (procedure)
Flexible sigmoidoscopy	**CPT** 45330, 45331, 45332, 45333, 45334, 45335, 45337, 45338, 45340, 45341, 45342, 45346, 45347, 45349, 45350 **HCPCS** **G0104:** Colorectal cancer screening; flexible sigmoidoscopy

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Description	CPT/HCPCS/LOINC/SNOMED CT
	SNOMED CT **44441009:** Flexible fiberoptic sigmoidoscopy (procedure) **396226005:** Flexible fiberoptic sigmoidoscopy with biopsy (procedure) **425634007:** Diagnostic endoscopic examination of lower bowel and sampling for bacterial overgrowth using fiberoptic sigmoidoscope (procedure)
FOBT Lab Test	**CPT** 82270, 82274 **HCPCS** **G0328:** Colorectal cancer screening; fecal occult blood test, immunoassay, 1-3 simultaneous **LOINC** **12503-9**: Hemoglobin.gastrointestinal Presence in Stool --4th specimen **12504-7**: Hemoglobin. Gastrointestinal Presence in Stool --5th specimen **14563-1:** Hemoglobin. Gastrointestinal Presence in Stool --1st specimen **14564-9:** Hemoglobin. Gastrointestinal Presence in Stool --2nd specimen **14565-6:** Hemoglobin. Gastrointestinal Presence in Stool --3rd specimen **2335-8:** Hemoglobin. Gastrointestinal Presence in Stool **27396-1:** Hemoglobin. Gastrointestinal Mass/mass in Stool **27401-9**: Hemoglobin. Gastrointestinal Presence in Stool --6th specimen **27925-7:** Hemoglobin. Gastrointestinal Presence in Stool --7th specimen **27926-5:** Hemoglobin. Gastrointestinal Presence in Stool --8th specimen **29771-3:** Hemoglobin.gastrointestinal.lower Presence in Stool by Immunoassay

Description	CPT/HCPCS/LOINC/SNOMED CT
	56490-6: Hemoglobin.gastrointestinal.lower Presence in Stool by Immunoassay --2nd specimen **56491-4:** Hemoglobin.gastrointestinal.lower Presence in Stool by Immunoassay --3rd specimen **57905-2:** Hemoglobin.gastrointestinal.lower Presence in Stool by Immunoassay --1st specimen **58453-2:** Hemoglobin.gastrointestinal.lower Mass/volume in Stool by Immunoassay **80372-6:** Hemoglobin. Gastrointestinal Presence in Stool by Rapid immunoassay **SNOMED CT** **104435004:** Screening for occult blood in feces (procedure) **441579003:** Measurement of occult blood in stool specimen using immunoassay (procedure) **442067009:** Measurement of occult blood in two separate stool specimens (procedure) **442516004:** Measurement of occult blood in three separate stool specimens (procedure) **442554004:** Guaiac test for occult blood in feces specimen (procedure) **442563002:** Measurement of occult blood in single stool specimen (procedure)
FOBT Test Result or Finding	**SNOMED CT** **59614000:** Occult blood in stools (finding) **167667006:** Fecal occult blood: negative (finding) **389076003:** Fecal occult blood: trace (finding) **71711000112103:** Occult blood detected in feces by immunoassay (finding)
sDNA FIT Lab Test	**CPT** 81528 **LOINC** **77353-1:** Noninvasive colorectal cancer DNA and occult blood screening Interpretation in Stool Narrative

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Description	CPT/HCPCS/LOINC/SNOMED CT
	77354-9: Noninvasive colorectal cancer DNA and occult blood screening Presence in Stool
CDC Race and Ethnicity	**1002-5:** American Indian or Alaska Native **2028-9:** Asian **2054-5:** Black or African American **2076-8:** Native Hawaiian or Other Pacific Islander **2106-3:** White **2135-2:** Hispanic or Latino **2186-5:** Not Hispanic or Latino

Note: The codes listed are informational only; this information does not guarantee reimbursement.

Immunizations for Adolescents (IMA-E)

Description	CPT/CVX/SNOMED CT
Meningococcal Immunization	**CVX** **32:** meningococcal polysaccharide vaccine (MPSV4) **108:** meningococcal ACWY vaccine, unspecified formulation **114:** meningococcal polysaccharide (groups A, C, Y and W-135) diphtheria toxoid conjugate vaccine (MCV4P) **136:** meningococcal oligosaccharide (groups A, C, Y and W-135) diphtheria toxoid conjugate vaccine (MCV4O) **147:** Meningococcal, MCV4, unspecified conjugate formulation(groups A, C, Y and W-135) **167:** meningococcal vaccine of unknown formulation and unknown serogroups **203:** Meningococcal polysaccharide (groups A, C, Y, W-135) tetanus toxoid conjugate vaccine 0.5mL dose, preservative free **316:** Meningococcal polysaccharide (groups A, C, Y, W) tetanus toxoid conjugate, meningococcal B recombinant vaccine, 0.5mL, preservative free

Description	CPT/CVX/SNOMED CT
Meningococcal Vaccine Procedure	**CPT** 90619, 90623, 90733, 90734 **SNOMED CT** **871874000:** Administration of vaccine product containing only Neisseria meningitidis serogroup A, C, W135 and Y antigens (procedure) **428271000124109:** Meningococcal conjugate vaccination (procedure) **16298691000119102:** Administration of vaccine product containing only Neisseria meningitidis serogroup A, C, W135 and Y capsular oligosaccharide conjugated antigens (procedure)
Tdap Vaccine Procedure	**CPT** 90715 **SNOMED CT** **390846000:** Administration of booster dose of vaccine product containing only acellular Bordetella pertussis and Clostridium tetani and Corynebacterium diphtheriae antigens (procedure) **412755006:** Administration of first dose of vaccine product containing only acellular Bordetella pertussis and Clostridium tetani and Corynebacterium diphtheriae antigens (procedure) **412756007:** Administration of second dose of vaccine product containing only acellular Bordetella pertussis and Clostridium tetani and Corynebacterium diphtheriae antigens (procedure) **412757003:** Administration of third dose of vaccine product containing only acellular Bordetella pertussis and Clostridium tetani and Corynebacterium diphtheriae antigens (procedure) **428251000124104:** Tetanus, diphtheria, and acellular pertussis vaccination (procedure) **571571000119105:** Administration of vaccine product containing only acellular Bordetella pertussis and Clostridium tetani and Corynebacterium diphtheriae antigens (procedure)
HPV Immunization	**CVX** **62:** Human papilloma virus vaccine, quadrivalent

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Description	CPT/CVX/SNOMED CT
	118: Human papilloma virus vaccine, bivalent **137:** HPV, unspecified formulation **165:** Human Papillomavirus 9-valent vaccine
HPV Vaccine Procedure	**CPT** 90649, 90650, 90651 **SNOMED CT** **428741008:** Administration of first dose of vaccine product containing only Human papillomavirus antigen (procedure) **428931000:** Administration of third dose of vaccine product containing only Human papillomavirus antigen (procedure) **429396009:** Administration of second dose of vaccine product containing only Human papillomavirus antigen (procedure) **717953009:** Administration of vaccine product containing only Human papillomavirus 16 and 18 antigens (procedure) **724332002:** Administration of vaccine product containing only Human papillomavirus 9 antigen (procedure) **734152003:** Administration of vaccine product containing only Human papillomavirus 6, 11, 16 and 18 antigens (procedure) **761841000:** Administration of vaccine product containing only Human papillomavirus antigen (procedure) **1209198003:** Administration of vaccine product containing only Human papillomavirus 6, 11, 16, 18, 31, 33, 45, 52 and 58 antigen (procedure)
CDC Race and Ethnicity	**1002-5**: American Indian or Alaska Native **2028-9:** Asian **2054-5:** Black or African American **2076-8:** Native Hawaiian or Other Pacific Islander **2106-3:** White **2135-2:** Hispanic or Latino **2186-5: Not Hispanic or Latino**

Note: The codes listed are informational only; this information does not guarantee reimbursement.

Prenatal Immunization Status (PRS-E)

Description	CPT/CVX/SNOMED CT
Deliveries	**CPT** 59400, 59409, 59410, 59510, 59514, 59515, 59610, 59612, 59614, 59618, 59620, 59622 **SNOMED CT** **2321005:** Delivery by Ritgen maneuver (procedure) **199771001:** Piper forceps delivery by application to aftercoming head (procedure)
37 Weeks Gestation	**SNOMED CT** **43697006:** Gestation period, 37 weeks (finding)
38 Weeks Gestation	**SNOMED CT** **13798002:** Gestation period, 38 weeks (finding)
39 Weeks Gestation	**SNOMED CT** **80487005:** Gestation period, 39 weeks (finding)
40 Weeks Gestation	**SNOMED CT** **46230007:** Gestation period, 40 weeks (finding)
41 Weeks Gestation	**SNOMED CT** **63503002:** Gestation period, 41 weeks (finding)
42 Weeks Gestation	**SNOMED CT** **36428009:** Gestation period, 42 weeks (finding)
Adult Influenza Immunization	**CVX** **88:** influenza virus vaccine, unspecified formulation **135:** influenza, high dose seasonal, preservative-free **140:** Influenza, seasonal, injectable, preservative free **141:** Influenza, seasonal, injectable **144:** seasonal influenza, intradermal, preservative free **150:** Influenza, injectable, quadrivalent, preservative free **153:** Influenza, injectable, Madin Darby Canine Kidney, preservative free **155:** Seasonal, trivalent, recombinant, injectable influenza vaccine, preservative free **158:** influenza, injectable, quadrivalent, contains preservative

Description	CPT/CVX/SNOMED CT
	166: Influenza, intradermal, quadrivalent, preservative free, injectable **168:** Seasonal trivalent influenza vaccine, adjuvanted, preservative free **171:** Influenza, injectable, Madin Darby Canine Kidney, preservative free, quadrivalent **185:** Seasonal, quadrivalent, recombinant, injectable influenza vaccine, preservative free **186:** Influenza, injectable, Madin Darby Canine Kidney, quadrivalent with preservative **197:** Influenza, high-dose seasonal, quadrivalent, 0.7mL dose, preservative free **205:** Influenza, seasonal vaccine, quadrivalent, adjuvanted, 0.5mL dose, preservative free
Adult Influenza Vaccine Procedure	**CPT** 9065390656, 90658, 90661, 90662, 90673, 90674, 90682, 90686, 90688, 90689, 90694, 90756 **SNOMED CT** **86198006:** Administration of vaccine product containing only Influenza virus antigen (procedure)
Tdap Vaccine Procedure	**CPT** 90715 **SNOMED CT** **390846000:** Administration of booster dose of vaccine product containing only acellular Bordetella pertussis and Clostridium tetani and Corynebacterium diphtheriae antigens (procedure) **412755006:** Administration of first dose of vaccine product containing only acellular Bordetella pertussis and Clostridium tetani and Corynebacterium diphtheriae antigens (procedure) **412756007:** Administration of second dose of vaccine product containing only acellular Bordetella pertussis and Clostridium tetani and Corynebacterium diphtheriae antigens (procedure)

Description	CPT/CVX/SNOMED CT
	412757003: Administration of third dose of vaccine product containing only acellular Bordetella pertussis and Clostridium tetani and Corynebacterium diphtheriae antigens (procedure) **428251000124104:** Tetanus, diphtheria, and acellular pertussis vaccination (procedure) **571571000119105:** Administration of vaccine product containing only acellular Bordetella pertussis and Clostridium tetani and Corynebacterium diphtheriae antigens (procedure)
CDC Race and Ethnicity	**1002-5**: American Indian or Alaska Native **2028-9:** Asian **2054-5:** Black or African American **2076-8:** Native Hawaiian or Other Pacific Islander **2106-3:** White **2135-2:** Hispanic or Latino **2186-5:** Not Hispanic or Latino

Additional codes

Description	CPT/CAT II/HCPCS
Prenatal Bundled Services	**CPT** 59400, 59425, 59426, 59510, 59618 **HCPCS** **H1005:** Prenatal care, at-risk enhanced service package (includes h1001-h1004)
Prenatal Visits	**CPT** 99202-99205, 99211-99215, 99242-99245, 99483 **HCPCS** **G0463:** Hospital outpatient clinic visit for assessment and management of a patient **T1015**: Clinic visit/encounter, all-inclusive
Stand-Alone Prenatal Visits	**CPT** 99500 **CAT II**

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Description	CPT/CAT II/HCPCS
	0500F: Initial prenatal care visit (report at first prenatal encounter with health care professional providing obstetrical care. Report also date of visit and, in a separate field, the date of the last menstrual period LMP) (Prenatal) **0501F:** Prenatal flow sheet documented in medical record by first prenatal visit (documentation includes at minimum blood pressure, weight, urine protein, uterine size, fetal heart tones, and estimated date of delivery). Report also: date of visit and, in a separate field, the date of the last menstrual period LMP (Note: If reporting 0501F Prenatal flow sheet, it is not necessary to report 0500F Initial prenatal care visit) (Prenatal) **0502F:** Subsequent prenatal care visit (Prenatal) Excludes: patients who are seen for a condition unrelated to pregnancy or prenatal care (e.g., an upper respiratory infection; patients seen for consultation only, not for continuing care) **HCPCS** **H1000**: Prenatal care, at-risk assessment **H1001:** Prenatal care, at-risk enhanced service; antepartum management **H1002:** Prenatal care, at risk enhanced service; care coordination **H1003:** Prenatal care, at-risk enhanced service; education **H1004:** Prenatal care, at-risk enhanced service; follow-up home visit **SNOMED CT** **169600002:** Antenatal care assessment (procedure) **169602005:** Antenatal care: 10 years plus since last pregnancy (regime/therapy) **169603000:** Antenatal care: primiparous, under 17 years (regime/therapy)
Postpartum Bundles Services	**CPT** 59400, 59410, 59510, 59515, 59610, 59614, 59618, 59622

Description	CPT/CAT II/HCPCS
Home Visit Prenatal Monitoring	**CPT** 99500
Postpartum Visit	**CPT** 57170, 58300, 59430, 99501 **CAT II** **0503F:** Postpartum care visit (Prenatal) **HCPCS** **G0101:** Cervical or vaginal cancer screening; pelvic and clinical breast examination (G0101)
Online Assessments	**CPT** 98970, 98971, 98972, 98980, 98981, 99421, 99422, 99423, 99457, 99458 **HCPCS** **G0071:** Payment for communication technology-based services for 5 minutes or more of a virtual (non-face-to-face) communication between an rural health clinic (RHC) or federally qualified health center (FQHC) practitioner and RHC or FQHC patient, or 5 minutes or more of remote evaluation of recorded video and/or images by an RHC or FQHC practitioner, occurring in lieu of an office visit; RHC or FQHC only **G2010:** Remote evaluation of recorded video and/or images submitted by an established patient (e.g., store and forward), including interpretation with follow-up with the patient within 24 business hours, not originating from a related e/m service provided within the previous 7 days nor leading to an e/m service or procedure within the next 24 hours or soonest available appointment **G2251:** Brief communication technology-based service, e.g., virtual check-in, by a qualified health care professional who cannot report evaluation and management services, provided to an established patient, not originating from a related service

Description	CPT/CAT II/HCPCS
	provided within the previous 7 days nor leading to a service or procedure within the next 24 hours or soonest available appointment; 5-10 minutes of clinical discussion **G2252:** Brief communication technology-based service, e.g. virtual check-in, by a physician or other qualified health care professional who can report evaluation and management services, provided to an established patient, not originating from a related e/m service provided within the previous 7 days nor leading to an e/m service or procedure within the next 24 hours or soonest available appointment; 11-20 minutes of medical discussion
Telephone Visits	**CPT** 98966, 98967, 98968, 99441, 99442, 99443

Note: The codes listed are informational only; this information does not guarantee reimbursement.

Social Need Screening and Intervention (SNS-E)

Description	CPT/HCPCS/SNOMED CT
Food insecurity procedures	**CPT** 96156, 96160, 96161, 97802, 97803, 97804 **HCPCS** **S5170:** Home delivered meals, including preparation; per meal **S9470:** Nutritional counseling, dietitian visit **SNOMED CT** **1759002:** Assessment of nutritional status (procedure) **61310001:** Nutrition education (procedure) **103699006:** Patient referral to dietitian (procedure) **308440001:** Referral to social worker (procedure) **385767005:** Meals on wheels provision education (procedure) **710824005:** Assessment of health and social care needs (procedure) **710925007:** Provision of food (procedure)

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Description	CPT/HCPCS/SNOMED CT
	711069006: Coordination of care plan (procedure) **713109004:** Referral to community meals service (procedure) **1002223009:** Assessment of progress toward goals to achieve food security (procedure) **1002224003:** Assessment for food insecurity (procedure) **1002225002:** Assessment of barriers in food insecurity care plan (procedure) **1004109000**: Assessment of goals to achieve food security (procedure) **1004110005**: Coordination of resources to address food insecurity (procedure) 1**148446004**: Education about legal aid (procedure) **1162436000**: Referral to legal aid (procedure) **1230338004:** Referral to charitable organization (procedure) **441041000124100:** Counseling about nutrition (regime/therapy) **441201000124108**: Counseling about nutrition using cognitive behavioral theoretical approach (regime/therapy) **441231000124100:** Counseling about nutrition using health belief model (regime/therapy) **441241000124105:** Counseling about nutrition using social learning theory approach (regime/therapy) **441251000124107:** Counseling about nutrition using transtheoretical model and stages of change approach (regime/therapy) **441261000124109:** Counseling about nutrition using motivational interviewing technique (regime/therapy) **441271000124102:** Counseling about nutrition using goal setting strategy (regime/therapy) **441281000124104**: Counseling about nutrition using self-monitoring strategy (regime/therapy) **441291000124101:** Counseling about nutrition using problem solving strategy (regime/therapy)

Description	CPT/HCPCS/SNOMED CT
	441301000124100: Counseling about nutrition using social support strategy (regime/therapy) **441311000124102:** Counseling about nutrition using stress management strategy (regime/therapy) **441321000124105:** Counseling about nutrition using stimulus control strategy (regime/therapy) **441331000124108:** Counseling about nutrition using cognitive restructuring strategy (regime/therapy) **441341000124103:** Counseling about nutrition using relapse prevention strategy (regime/therapy) **441351000124101:** Counseling about nutrition using rewards and contingency management strategy (regime/therapy) **445291000124103:** Nutrition-related skill education (procedure) **445301000124102:** Content-related nutrition education (procedure) **445641000124105:** Technical nutrition education (procedure) **461481000124109:** Referral to peer support (procedure) **462481000124102:** Referral to Community Action Agency program (procedure) **462491000124104:** Referral to benefits enrollment assistance program (procedure) **464001000124109**: Referral to case manager (procedure) **464011000124107:** Referral to care manager (procedure) **464021000124104**: Referral to care navigator (procedure) **464031000124101:** Referral to food pantry program (procedure) **464041000124106:** Referral to Child and Adult Care Food Program (procedure) **464051000124108:** Referral to Gus Schumacher Nutrition Incentive Program (procedure) **464061000124105:** Referral to food prescription program (procedure) **464071000124103:** Referral to garden program (procedure)

Description	CPT/HCPCS/SNOMED CT
	464081000124100: Referral to home-delivered meals program (procedure) **464091000124102:** Referral to medically tailored meal program (procedure) **464101000124108:** Referral to Supplemental Nutrition Assistance Program (procedure) 464111000124106: Referral to Special Supplemental Nutrition Program for Women, Infants and Children (procedure) **464121000124103:** Referral to Summer Food Service Program (procedure) **464131000124100:** Referral to community health worker (procedure) **464141000124105:** Referral to Meals on Wheels Program (procedure) **464151000124107:** Referral to congregate meal program (procedure) **464161000124109**: Referral to community resource network program (procedure) **464171000124102:** Referral to Senior Farmers' Market Nutrition Program (procedure) **464181000124104:** Referral to Farmers' Market Nutrition Program for Women, Infants and Children (procedure) **464191000124101:** Referral to Food Distribution Program on Indian Reservations (procedure) **464201000124103:** Education about Child and Adult Care Food Program (procedure) **464211000124100:** Education about Community Meals Program (procedure) **464221000124108:** Education about Gus Schumacher Nutrition Incentive Program (procedure) **464231000124106:** Education about food pantry program (procedure)

Description	CPT/HCPCS/SNOMED CT
	464241000124101: Education about food prescription program (procedure) **464251000124104:** Education about garden program (procedure) **464261000124102:** Education about home-delivered meals program (procedure) **464271000124109:** Education about medically tailored meal program (procedure) **464281000124107**: Education about Special Supplement Nutrition Program for Women, Infants and Children (procedure) **464291000124105:** Education about community resource network program (procedure) **464301000124106**: Education about benefits enrollment assistance program (procedure) **464311000124109:** Education about Community Action Agency program (procedure) **464321000124101:** Education about Food Distribution Program on Indian Reservations (procedure) **464331000124103:** Education about Farmers' Market Nutrition Program for Women, Infants and Children (procedure) **464341000124108:** Education about Senior Farmers' Market Nutrition Program (procedure) **464351000124105:** Education about congregate meal program (procedure) **464361000124107:** Education about Supplemental Nutrition Assistance Program (procedure) **464371000124100:** Education about Summer Food Service Program (procedure) **464381000124102:** Provision of prescription for infant formula (procedure) **464401000124102:** Provision of fresh fruit and vegetable voucher (procedure

Description	CPT/HCPCS/SNOMED CT
	464411000124104: Provision of food voucher (procedure) **464421000124107:** Provision of home-delivered meals (procedure) **464431000124105**: Provision of medically tailored meals (procedure) **464611000124102:** Coordination of care team (procedure) **464621000124105:** Evaluation of eligibility for home-delivered meals program (procedure) **464631000124108:** Evaluation of eligibility for Meals on Wheels program (procedure) **464641000124103:** Evaluation of eligibility for medically tailored meals program (procedure) **464651000124101:** Evaluation of eligibility for Senior Farmers' Market Nutrition Program (procedure) **464661000124104:** Evaluation of eligibility for Special Supplemental Nutrition Program for Women, Infants and Children (procedure) **464671000124106:** Counseling for readiness to implement food insecurity care plan (procedure) **464681000124109:** Counseling for food insecurity care plan participation barriers (procedure) **464691000124107:** Counseling for barriers to achieving food security (procedure) **464701000124107:** Counseling for readiness to achieve food security goals (procedure) **464721000124102:** Provision of food prescription (procedure) **467591000124102:** Evaluation of eligibility for food pantry program (procedure) **467601000124105:** Evaluation of eligibility for Food Distribution Program on Indian Reservations (procedure) **467611000124108:** Evaluation of eligibility for Farmers' Market Nutrition Program for Women, Infants and Children (procedure)

Description	CPT/HCPCS/SNOMED CT
	467621000124100: Evaluation of eligibility for Supplemental Nutrition Assistance Program (procedure) **467631000124102**: Evaluation of eligibility for Summer Food Service Program (procedure) **467641000124107:** Evaluation of eligibility for Gus Schumacher Nutrition Incentive funded program (procedure) **467651000124109:** Evaluation of eligibility for garden program (procedure) **467661000124106:** Evaluation of eligibility for Community Meal Program (procedure) **467671000124104:** Evaluation of eligibility for Child and Adult Care Food Program (procedure) **467681000124101:** Assistance with application for Summer Food Service Program (procedure) **467691000124103:** Assistance with application for Special Supplemental Nutrition Program for Women, Infants and Children (procedure) **467711000124100:** Assistance with application for Senior Farmers' Market Nutrition Program (procedure) **467721000124108**: Assistance with application for Medically Tailored Meals Program (procedure) **467731000124106:** Assistance with application for Home-Delivered Meals Program (procedure) **467741000124101**: Assistance with Application for Gus Schumacher Nutrition Incentive Program (procedure) **467751000124104:** Assistance with application for garden program (procedure) **467761000124102:** Assistance with application for food prescription program (procedure) **467771000124109:** Assistance with application for food pantry program (procedure)

Description	CPT/HCPCS/SNOMED CT
	467781000124107: Assistance with application for Child and Adult Care Food Program (procedure) **467791000124105:** Assistance with application for Food Distribution Program on Indian Reservations (procedure) **467801000124106:** Assistance with application for Community Meal Program (procedure) **467811000124109:** Assistance with application for Farmers' Market Nutrition Program for Women, Infants and Children (procedure) **467821000124101:** Assistance with application for Supplemental Nutrition Assistance Program (procedure) **468401000124109:** Evaluation of eligibility for food prescription program (procedure) **470231000124107:** Counseling for social determinant of health risk (procedure) **470241000124102:** Assistance with application for national school lunch program (procedure) **470261000124103:** Assistance with application for school breakfast program (procedure) **470281000124108:** Evaluation of eligibility for school breakfast program (procedure) **470291000124106:** Referral to national school lunch program (procedure) **470301000124107:** Referral to school breakfast program (procedure) **470311000124105:** Education about national school lunch program (procedure) **470321000124102:** Education about school breakfast program (procedure) **470591000124109:** Education about community development financial institution (procedure)

Description	CPT/HCPCS/SNOMED CT
	470601000124101: Education about community development corporation (procedure) **470611000124103:** Education about area agency on aging program (procedure) **471111000124101:** Referral to community development financial institution (procedure) **471121000124109**: Referral to community development corporation (procedure) **471131000124107:** Referral to area agency on aging (procedure) **472151000124109:** Referral to medical legal partnership program (procedure) **472331000124100:** Education about medical legal partnership program (procedure) **551101000124107:** Referral to lawyer (procedure)
Homelessness Procedures	**CPT** 96156, 96160, 96161 **SNOMED CT** **308440001:** Referral to social worker (procedure) **710824005:** Assessment of health and social care needs (procedure) **711069006:** Coordination of care plan (procedure) **1148446004:** Education about legal aid (procedure) **1148447008:** Assessment for housing insecurity (procedure) **1148812007:** Assessment of progress toward goals to achieve housing security (procedure) **1148814008:** Assessment of goals to achieve housing security (procedure) **1148817001:** Assessment of barriers in housing insecurity care plan (procedure) **1148818006:** Coordination of services to assist with maintaining housing security (procedure)

Description	CPT/HCPCS/SNOMED CT
	1162436000: Referral to legal aid (procedure) **1162437009:** Coordination of resources to address housing instability (procedure) **1230338004:** Referral to charitable organization (procedure) **461481000124109:** Referral to peer support (procedure) **462481000124102**: Referral to Community Action Agency program (procedure) **462491000124104:** Referral to benefits enrollment assistance program (procedure) **464001000124109:** Referral to case manager (procedure) **464011000124107:** Referral to care manager (procedure) **464021000124104:** Referral to care navigator (procedure) **464131000124100:** Referral to community health worker (procedure) **464161000124109:** Referral to community resource network program (procedure) **464291000124105:** Education about community resource network program (procedure) **464301000124106:** Education about benefits enrollment assistance program (procedure) **464311000124109:** Education about Community Action Agency program (procedure) **464611000124102:** Coordination of care team (procedure) **470231000124107:** Counseling for social determinant of health risk (procedure) **470471000124109:** Assistance with application for rental assistance program (procedure) **470481000124107:** Assistance with application for subsidized housing program (procedure) **470491000124105:** Evaluation of eligibility for subsidized housing program (procedure)

Description	CPT/HCPCS/SNOMED CT
	470501000124102: Education about subsidized housing program (procedure) **470581000124106:** Education about healthcare for the homeless program (procedure) **470591000124109**: Education about community development financial institution (procedure) **470601000124101:** Education about community development corporation (procedure) **470611000124103:** Education about area agency on aging program (procedure) **470781000124104:** Evaluation of eligibility for permanent supportive housing program (procedure) **470791000124101:** Assistance with application for permanent supportive housing program (procedure) **470801000124100:** Education about permanent supportive housing program (procedure) **470811000124102:** Evaluation of eligibility for transitional housing program (procedure) **470821000124105**: Education about transitional housing program (procedure) **470831000124108:** Assistance with application for transitional housing program (procedure) **470841000124103:** Referral to healthcare for the homeless program (procedure) **471021000124108**: Referral to street outreach program (procedure) **471031000124106:** Education about street outreach program (procedure) **471041000124101**: Referral to rental assistance program (procedure) **471071000124109:** Referral to fair housing assistance program (procedure)

Description	CPT/HCPCS/SNOMED CT
	471081000124107: Referral to Day Shelter program (procedure) **471091000124105:** Referral to Emergency Shelter program (procedure) **471101000124104:** Referral to coordinated entry program (procedure) **471111000124101**: Referral to community development financial institution (procedure) **471121000124109:** Referral to community development corporation (procedure) **471131000124107:** Referral to area agency on aging (procedure) **472031000124103:** Evaluation of eligibility for Safe Haven Program (procedure) **472041000124108:** Referral to subsidized housing service (procedure) **472051000124105:** Education about Safe Haven program (procedure) **472081000124102:** Education about rental assistance program (procedure) **472091000124104:** Evaluation of eligibility for rental assistance program (procedure) **472101000124105:** Evaluation of eligibility for Rapid Re-housing program (procedure) **472111000124108:** Education about Rapid Re-housing program (procedure) **472121000124100:** Assistance with application for Rapid Re-housing program (procedure) **472131000124102**: Provision of rental assistance voucher (procedure) **472141000124107:** Referral to medical respite for homeless program (procedure)

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Description	CPT/HCPCS/SNOMED CT
	472151000124109: Referral to medical legal partnership program (procedure) **472161000124106**: Referral to housing support program (procedure) **472191000124103:** Counseling for readiness to achieve housing security goals (procedure) **472221000124105:** Counseling for readiness to implement housing insecurity care plan (procedure) **472241000124103**: Counseling for barriers to achieve housing security (procedure) **472261000124104:** Counseling for housing insecurity care plan participation barriers (procedure) **472301000124108:** Evaluation of eligibility for medical respite for homeless program (procedure) **472311000124106:** Education about medical respite for homeless program (procedure) **472321000124103:** Assistance with application for medical respite for homeless program (procedure) **472331000124100:** Education about medical legal partnership program (procedure) **472341000124105**: Evaluation of eligibility for Housing with Services program (procedure) **472351000124107**: Assistance with application for Housing with Services (procedure) **472361000124109**: Education about Housing with Services program (procedure) **480791000124106**: Evaluation of eligibility for Street Outreach program (procedure) **480801000124107:** Assistance with application for Safe Haven program (procedure) **480811000124105**: Evaluation of eligibility for Housing Only program (procedure)

Description	CPT/HCPCS/SNOMED CT
	480821000124102: Education about Housing Only program (procedure) **480831000124104:** Assistance with application for Housing Only program (procedure) **480871000124101:** Evaluation of eligibility for healthcare for homeless program (procedure) **480901000124101:** Education about fair housing assistance program (procedure) **480921000124106:** Assistance with application to Emergency Shelter program (procedure) **480931000124109**: Evaluation of eligibility for Emergency Shelter program (procedure) **480941000124104**: Education about Emergency Shelter program (procedure) **480961000124100**: Education about Day Shelter program (procedure) **480971000124107**: Education about Coordinated Entry program (procedure) **480981000124105**: Assistance with application for Day Shelter program (procedure) **551101000124107**: Referral to lawyer (procedure)
Housing Instability Procedures	**CPT** 96156, 96160, 96161 **SNOMED CT** **308440001: Referral to social worker (procedure)** **710824005:** Assessment of health and social care needs (procedure) **711069006:** Coordination of care plan (procedure) **1148446004:** Education about legal aid (procedure) **1148447008:** Assessment for housing insecurity (procedure) **1148812007:** Assessment of progress toward goals to achieve housing security (procedure)

Description	CPT/HCPCS/SNOMED CT
	1148814008: Assessment of goals to achieve housing security (procedure) **1148817001:** Assessment of barriers in housing insecurity care plan (procedure) **1148818006:** Coordination of services to assist with maintaining housing security (procedure) **1156869006:** Education about tenant rights organization (procedure) **1162436000:** Referral to legal aid (procedure) **1162437009:** Coordination of resources to address housing instability (procedure) **1230338004:** Referral to charitable organization (procedure) **461481000124109:** Referral to peer support (procedure) **462481000124102:** Referral to Community Action Agency program (procedure) **462491000124104:** Referral to benefits enrollment assistance program (procedure) **464001000124109:** Referral to case manager (procedure) **464011000124107:** Referral to care manager (procedure**)** **464021000124104:** Referral to care navigator (procedure**)** **464131000124100:** Referral to community health worker (procedure) **464161000124109:** Referral to community resource network program (procedure) **464291000124105:** Education about community resource network program (procedure) **464301000124106:** Education about benefits enrollment assistance program (procedure) **464311000124109:** Education about Community Action Agency program (procedure) **464611000124102:** Coordination of care team (procedure)

Description	CPT/HCPCS/SNOMED CT
	470231000124107: Counseling for social determinant of health risk (procedure) **470471000124109:** Assistance with application for rental assistance program (procedure) **470481000124107:** Assistance with application for subsidized housing program (procedure) **470491000124105:** Evaluation of eligibility for subsidized housing program (procedure) **470501000124102:** Education about subsidized housing program (procedure) **470591000124109:** Education about community development financial institution (procedure) **470601000124101:** Education about community development corporation (procedure) **470611000124103:** Education about area agency on aging program (procedure) **471041000124101:** Referral to rental assistance program (procedure) **471051000124104**: Referral to Homelessness Prevention program (procedure) **471061000124102:** Referral to mortgage assistance program (procedure) **471071000124109:** Referral to fair housing assistance program (procedure) **471111000124101:** Referral to community development financial institution (procedure) **471121000124109:** Referral to community development corporation (procedure) **471131000124107**: Referral to area agency on aging (procedure) **472021000124101:** Referral to tenants' rights organization program (procedure)

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Description	CPT/HCPCS/SNOMED CT
	472041000124108: Referral to subsidized housing service (procedure) **472081000124102:** Education about rental assistance program (procedure) **472091000124104:** Evaluation of eligibility for rental assistance program (procedure) **472131000124102:** Provision of rental assistance voucher (procedure) **472151000124109:** Referral to medical legal partnership program (procedure) **472161000124106:** Referral to housing support program (procedure) **472191000124103:** Counseling for readiness to achieve housing security goals (procedure) **472221000124105:** Counseling for readiness to implement housing insecurity care plan (procedure) **472241000124103:** Counseling for barriers to achieve housing security (procedure) **472261000124104:** Counseling for housing insecurity care plan participation barriers (procedure) **472271000124106:** Provision of mortgage assistance voucher (procedure) **472281000124109:** Evaluation of eligibility for mortgage assistance program (procedure) **472291000124107:** Education about mortgage assistance program (procedure) **472331000124100:** Education about medical legal partnership program (procedure) **472381000124104:** Provision of emergency housing fund voucher (procedure) **480841000124109:** Education about Homelessness Prevention program (procedure)

Description	CPT/HCPCS/SNOMED CT
	480851000124106: Evaluation of eligibility for Homelessness Prevention program (procedure) **480861000124108:** Assistance with application to Homelessness Prevention program (procedure) **480901000124101:** Education about fair housing assistance program (procedure) **551091000124101:** Referral to emergency housing fund program (procedure) **551101000124107:** Referral to lawyer (procedure)
Inadequate Housing Procedures	**CPT** 96156, 96160, 96161 **SNOMED CT** **49919000:** Home safety education (procedure) **308440001:** Referral to social worker (procedure) **710824005:** Assessment of health and social care needs (procedure) **711069006:** Coordination of care plan (procedure) **1148446004:** Education about legal aid (procedure) **1148813002:** Assessment of barriers in inadequate housing care plan (procedure) **1148815009:** Assessment of goals to achieve adequate housing (procedure) **1148823006:** Assessment of progress toward goals to achieve adequate housing (procedure) **1162436000:** Referral to legal aid (procedure) **1230338004:** Referral to charitable organization (procedure) **461481000124109:** Referral to peer support (procedure) **462481000124102:** Referral to Community Action Agency program (procedure) **462491000124104:** Referral to benefits enrollment assistance program (procedure) **464001000124109:** Referral to case manager (procedure)

Description	CPT/HCPCS/SNOMED CT
	464011000124107: Referral to care manager (procedure) **464021000124104:** Referral to care navigator (procedure) **464131000124100:** Referral to community health worker (procedure) **464161000124109:** Referral to community resource network program (procedure) **464291000124105:** Education about community resource network program (procedure) **464301000124106:** Education about benefits enrollment assistance program (procedure) **464311000124109:** Education about Community Action Agency program (procedure) **464611000124102:** Coordination of care team (procedure) **470231000124107:** Counseling for social determinant of health risk (procedure) **470431000124106:** Referral to weatherization assistance program (procedure) **470441000124101:** Evaluation of eligibility for weatherization assistance program (procedure) **470451000124104:** Education about weatherization assistance program (procedure) **470461000124102:** Assistance with application for weatherization assistance program (procedure) **470591000124109:** Education about community development financial institution (procedure) **470601000124101:** Education about community development corporation (procedure) **470611000124103:** Education about area agency on aging program (procedure) **471111000124101:** Referral to community development financial institution (procedure)

Description	CPT/HCPCS/SNOMED CT
	471121000124109: Referral to community development corporation (procedure) **471131000124107:** Referral to area agency on aging (procedure) **472151000124109:** Referral to medical legal partnership program (procedure) **472201000124100:** Counseling for readiness to achieve adequate housing goals (procedure) **472211000124102:** Counseling for readiness to implement inadequate housing care plan (procedure) **472231000124108:** Counseling for barriers to achieve adequate housing (procedure) **472251000124101:** Counseling for inadequate housing care plan participation barriers (procedure) **472331000124100:** Education about medical legal partnership program (procedure) **472371000124102:** Provision of voucher for repair of place of residence (procedure) **480881000124103:** Referral to environmental hazard testing of residence program (procedure) **480891000124100:** Evaluation of eligibility for environmental hazard testing of residence program (procedure) **480911000124103:** Education about environmental hazard testing of residence program (procedure) **480951000124102:** Assistance with application for environmental hazard testing of residence program (procedure) **551041000124105:** Referral to housing repair program (procedure) **551051000124107:** Referral for housing repair assessment program (procedure) **551061000124109:** Evaluation of eligibility for housing repair program (procedure)

Description	CPT/HCPCS/SNOMED CT
	551071000124102: Education about housing repair program (procedure) **551081000124104:** Assistance with application for housing repair program (procedure) **551101000124107:** Referral to lawyer (procedure)
Transportation Insecurity Procedures	**CPT** 96156, 96160, 96161 **SNOMED CT** **308440001:** Referral to social worker (procedure) **710824005:** Assessment of health and social care needs (procedure) **711069006:** Coordination of care plan (procedure) **1148446004:** Education about legal aid (procedure) **1162436000:** Referral to legal aid (procedure) **1230338004:** Referral to charitable organization (procedure) **461481000124109:** Referral to peer support (procedure) **462481000124102:** Referral to Community Action Agency program (procedure) **462491000124104:** Referral to benefits enrollment assistance program (procedure) **464001000124109:** Referral to case manager (procedure) **464011000124107:** Referral to care manager (procedure) **464021000124104:** Referral to care navigator (procedure) **464131000124100:** Referral to community health worker (procedure) **464161000124109:** Referral to community resource network program (procedure) **464291000124105:** Education about community resource network program (procedure) **464301000124106:** Education about benefits enrollment assistance program (procedure)

Description	CPT/HCPCS/SNOMED CT
	464311000124109: Education about Community Action Agency program (procedure) **464611000124102:** Coordination of care team (procedure) **470231000124107:** Counseling for social determinant of health risk (procedure) **470591000124109:** Education about community development financial institution (procedure) **470601000124101:** Education about community development corporation (procedure) **470611000124103:** Education about area agency on aging program (procedure) **471111000124101:** Referral to community development financial institution (procedure) **471121000124109:** Referral to community development corporation (procedure) **471131000124107:** Referral to area agency on aging (procedure) **472151000124109:** Referral to medical legal partnership program (procedure) **472331000124100:** Education about medical legal partnership program (procedure) **551101000124107:** Referral to lawyer (procedure) **551111000124105:** Provision of taxi voucher (procedure) **551121000124102:** Referral to taxi voucher program (procedure) **551141000124109:** Evaluation of eligibility for taxi voucher program (procedure) **551161000124108:** Education about taxi voucher program (procedure) **551191000124100:** Assistance with application for taxi voucher program (procedure)

Description	CPT/HCPCS/SNOMED CT
	551231000124105: Referral to vehicle donation program (procedure) **551251000124103:** Evaluation of eligibility for vehicle donation program (procedure) **551261000124101:** Education about vehicle donation program (procedure) **551271000124108** Assistance with application for vehicle donation program (procedure) **551281000124106:** Referral to transportation network company program (procedure) **551291000124109:** Assistance with application for transportation network company program (procedure) **551301000124105:** Education about transportation network company program (procedure) **551311000124108:** Evaluation of eligibility for transportation network company program (procedure) **551321000124100:** Referral to volunteer driver program (procedure) **551331000124102:** Referral to rideshare program (procedure) **551341000124107:** Referral to public transportation voucher program (procedure) **551351000124109:** Referral to paratransit program (procedure) **551361000124106:** Referral to microtransit program (procedure) **551371000124104** Referral to Non-Emergency Medical Transportation program (procedure) **551381000124101:** Referral to automobile share program (procedure) **551401000124101:** Referral to vehicle repair program (procedure) **551421000124106:** Assistance with application for bicycle share program (procedure)

The codes and measure tips listed are informational only, not clinical guidelines or standards of medical care, and do not guarantee reimbursement. All member care and related treatment decisions are the provider's sole responsibility. This information does not dictate or control your clinical decisions regarding the appropriate care of members. Your state/provider contract(s), Medicaid, member benefits, and several other guidelines determine reimbursement for the applicable codes. Proper coding and providing appropriate care decrease the need for high volume of medical record review requests and provider audits. It also helps us review your performance on the quality of care that is provided to our members and meet the HEDIS measure for quality reporting based on the care you provide our members. Note: The information provided is based on HEDIS 2025 technical specifications and is subject to change based on guidance given by the National Committee for Quality Assurance (NCQA), the Centers for Medicare & Medicaid Services (CMS), and state recommendations. Please refer to the appropriate agency for additional guidance.

Description	CPT/HCPCS/SNOMED CT
	551431000124109: Referral to bicycle share program (procedure) **610961000124100:** Assistance with application for volunteer driver program (procedure) **610971000124107:** Assistance with application for rideshare program (procedure) **610981000124105:** Assistance with application for public transportation voucher program (procedure) **610991000124108:** Assistance with application for paratransit program (procedure) **611001000124109:** Assistance with application for microtransit program (procedure) **611011000124107:** Assistance with application for Non-Emergency Medical Transportation program (procedure) **611021000124104:** Assistance with application for automobile share program (procedure) **611031000124101:** Education about rideshare program (procedure) **611041000124106:** Education about volunteer driver program (procedure) **611051000124108:** Education about microtransit program (procedure) **611061000124105:** Education about public transportation voucher program (procedure) **611071000124103:** Education about paratransit program (procedure) **611081000124100:** Education about Non-Emergency Medical Transportation program (procedure) **611101000124108:** Education about vehicle repair program (procedure) **611121000124103:** Education about automobile share program (procedure)

Description	CPT/HCPCS/SNOMED CT
	611281000124107: Counseling for readiness to achieve transportation security (procedure) **611291000124105:** Counseling for barriers to achieve transportation security (procedure) **611301000124106:** Counseling for readiness for engagement in transportation insecurity care plan (procedure) **611311000124109:** Counseling for barriers to engagement in transportation insecurity care plan (procedure) **611321000124101:** Assessment of progress toward goals to achieve transportation security (procedure) **611331000124103:** Assessment of goals to achieve transportation security (procedure) **611341000124108:** Assessment of barriers in transportation insecurity care plan (procedure) **611351000124105:** Assessment for transportation insecurity (procedure) **611361000124107:** Evaluation of eligibility for rideshare program (procedure) **611371000124100:** Evaluation of eligibility for volunteer driver program (procedure) **611381000124102:** Provision of public transportation voucher (procedure) **611391000124104:** Evaluation of eligibility for public transportation voucher program (procedure) **611401000124102:** Evaluation of eligibility for paratransit program (procedure) **611411000124104:** Evaluation of eligibility for microtransit program (procedure) **611421000124107:** Evaluation of eligibility for automobile share program (procedure) **611431000124105:** Evaluation of eligibility for vehicle repair program (procedure)

Description	CPT/HCPCS/SNOMED CT
	611441000124100: Evaluation of eligibility for Non-Emergency Medical Transportation program (procedure)

Note: The codes listed are informational only; this information does not guarantee reimbursement.

Please visit **My Diverse Members** for additional information about eLearning experiences on provider cultural competency and health equity.

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