Priority Medicaid Quality Measures for Measurement Year 2026

Managed Care Accountability Set (MCAS) Educational Deck with Codes – Telehealth & HEDIS®

March 2026

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The Managed Care Accountability Sets (MCAS) / External Accountability Set (EAS) is a set of performance measures that DHCS selects for annual reporting by Medi-Cal MCPs (Managed Care Plans). MCAS measures align with Centers for Medicare and Medicaid Services' (CMS) Child and Adult Core Sets, as well as with the National Committee for Quality Assurance's (NCQA) HEDIS quality measures.

MCAS and HEDIS

- **What is HEDIS?**
  - Introduced by the NCQA in 1996
  - Stands for Healthcare Effectiveness Data and Information Set
  - Standardized measurement tool to evaluate the quality of care
  - MPL stands for minimum performance level and is adjusted every year based on a median value of combined scores from all health plans.

- **What is MCAS?**
  - Stands for Managed Care Accountability Set
  - Identifies targeted quality improvement opportunities
  - Performance is publicly reported
  - Regional reporting is required by DHCS
  - Directly affects the health plans auto assignment

- **What is the difference between Administrative and Hybrid Measures?**
  - Administrative measures report rates for an **entire** eligible population and comes only from claims, encounter or supplemental file data. Chlamydia Screening (CHL) is an example of administrative data measure.
  - Hybrid measures report rates for a **sample** of the eligible population and that information can come from claims, encounters, supplemental files and medical record review. Controlling High-Blood Pressure (CBP) is an example of a hybrid measure

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Telehealth Service Billing

- **Stratification for Telehealth Services:** A measure that allows the use of synchronous telehealth visits, telephone visits and asynchronous telehealth (e-visits, virtual check-ins) may be stratified to identify services performed via telehealth.

  Note: This adjustment is not allowed for event/diagnosis, numerators and exclusions that do not allow the use of telehealth.

  - A large proportion of HEDIS measures allow the use of telehealth modality.
  - More flexibility to determine if a service or benefit is applicable to a telehealth visit.
  - Unless otherwise specified, telehealth visits require real-time interactive audio and video telecommunications.
  - E-visit or virtual check-in telehealth visits are not "real-time" but still requires two-way interaction between the member and provider.

- **Synchronous telehealth** requires real-time interactive audio and video telecommunications.

- **Asynchronous telehealth**, sometimes referred to as an "e-visit" or "virtual check-in," is not in real-time, but still requires two-way interaction between the member and provider. For example, asynchronous telehealth can occur through a patient portal, secure text messaging or email.

Telehealth	Code/MCAS Measure
Telehealth POS	**POS:** 02, 10
Telehealth Modifier	**CPT Modifier:** 95
Telephone Visits	**CPT:** 98966-98968, 98970,-98972, 98980, 98981, 99441-99443, 99202-99215, 99221-99223, 99231-99236, 99238-99245, 99251-99255, 99291, 99341-99345, 99347-99350, 99381-99387, 99401-99404, 99411, 99412, 99421-99423, 99429, 99441-99443, 99455-99458, 99483 **HCPCS:** G0071, G0402, G0438, G0439, G0463, G2010, G2012, G2250-G2252, T1015

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MCAS Measures by Domain

Title	HEDIS® Measure	DCHS Measure Domain
FUM	Follow-Up After ED Visit for Mental Illness—30 days	Behavioral Health
FUA	Follow-Up After ED Visit for Substance Use—30 days	Behavioral Health
DSF-E-DS	Depression Screening and Follow-Up for Adolescents and Adults	Behavioral Health
WCV	Child and Adolescent Well-Care Visits	Children's Health
CIS-10-E	Childhood Immunization Status—Combination 10	Children's Health
DEV-CH	Developmental Screening in the First Three Years of Life	Children's Health
IMA-2-E	Immunizations for Adolescents—Combination 2	Children's Health
LSC	Lead Screening in Children	Children's Health
TFL-CH	Topical Fluoride for Children	Children's Health
W30-6+	Well-Child Visits in the First 30 Months of Life—0 to 15 Months—Six or More Well-Child Visits	Children's Health
W30-2+	Well-Child Visits in the First 30 Months of Life—15 to 30 Months—Two or More Well-Child Visits	Children's Health
CBP	Controlling High Blood Pressure*	Chronic Disease
GSD	Glycemic Status Assessment for Patients With Diabetes (>9%)	Chronic Disease
PPC-Post	Prenatal and Postpartum Care: Postpartum Care	Reproductive Health
PPC-Pre	Prenatal and Postpartum Care: Timeliness of Prenatal Care	Reproductive Health
PDS-E	Postpartum Depression Screening and Follow Up	Reproductive Health
PND-E	Prenatal Depression Screening and Follow Up	Reproductive Health
BCS-E	Breast Cancer Screening	Cancer Prevention
CCS-E	Cervical Cancer Screening	Cancer Prevention
COL-E	Colorectal Cancer Screening	Cancer Prevention
DSF-E-FU	Depression Follow-up for Adolescents and Adults	Report Only to DHCS
AAF-E	Follow-Up after Acute Care Visit for Asthma	Report Only to DHCS
DRR-E	Depression Remission or Response for Adolescents and Adults	Report Only Measure

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

HEDIS® Measure Name (Acronym)	HEDIS® Measure Specs	Telehealth Allowance	Required exclusion
• **Follow-Up After Emergency Department Visit for Mental Illness (FUM)**	• The percentage of members 6 years of age and older with a principal diagnosis of mental illness or intentional self-harm, who had a follow-up visit for mental illness. 1. *The denominator age range may be expanded. Age determination dates may be changed (6 years as of the date of the ED visit).* 2. *The percentage of ED visits for which the member received follow-up for mental illness within the 7 days after the visit (8 days total)* 3. *The percentage of ED visits for which the member received follow-up for mental illness within the 30 days after the visit (31 days total)*	• Video visits, telephone visits, e-visits, and virtual check-ins are *acceptable for the 7-day and 30-day follow-up windows.* • A telephone visit, e-visit, or virtual check-in, with any diagnosis of a mental health disorder. • Documentation must include Date of Service, Diagnosis, Type of encounter (telehealth). Ensure the visit meets the clinical intent of the measure.	• Updated the race and ethnicity stratification categories to align with OMB SPD 15 2024. • Added instructions on allowable adjustments to the race and ethnicity stratification.

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

Description	Codes
Mental Diagnosis	• <u>Mental Health Diagnosis</u> **ICD-10:** F03.xxx, F20-25.xx, F28-34.xx, F39-45.xx, F48.xx, F50-53.xx, F59-60.xx, F63-66.xx, F68-69.xx, F80-82.xx, F84.x, F88-F95.xx, F98-99.xx • <u>Mental Illness</u> **ICD-10:** F20-F25.xx, F28-F34.xx, F39-F44.xx, F53.xx, F60.xx, F63.xx, F68.xx, F84.xx, F90-F91.xx, F93-94.xx • <u>Intentional Self Harm</u> **ICD-10:** R45.851, T14.xxxx, T36-65.xxxx, T71.xxxx
Outpatient	• <u>Outpatient Visit</u> **CPT Visit Setting Unspecified:** 90791, 90792, 90832-90834, 90836-90840, 90845, 90847, 90849, 90853, 90875, 90876, 99221-99223, 99231-99233, 99238, 99239, 99252-99255 **with Outpatient POS:** 03, 05, 07, 09, 11-20, 22, 33, 49-50, 71-72 • <u>Behavioral Healthcare Outpatient Visit</u> **CPT:** 98000-98007, 98960-98962, 99078, 99202-99205, 99211-99215, 99242-99245, 99341, 99342, 99344, 99345, 99347-99350, 99381-99387, 99391-99397, 99401-99404, 99411, 99412, 99483, 99492-99494, 99510 **HCPCS:** G0176, G0177, G0409, G0463, G0512, G0560, H0002, H0004, H0031, H0034, H0036, H0037, H0039, H0040, H2000, H2010, H2011, H2013-H2020, T1015 **UBREV:** 0510, 0513, 0515-0517, 0519-0523, 0526-0529, 0900, 0902-0904, 0911, 0914-0917, 0919, 0982, 0983 • <u>Partial Hospitalization or Intensive Outpatient</u> **CPT Visit Setting Unspecified:** 90791, 90792, 90832-90834, 90836-90840, 90845, 90847, 90849, 90853, 90875, 90876, 99221-99223, 99231-99233, 99238, 99239, 99252-99255 **with POS:** 52 • <u>HCPCS Partial Hospitalization</u> G0410, G0411, H0035, H2001, H2012, S0201, S9480, S9484-S9485 **UBREV:** 0905, 0907, 0912, 0913
Community Mental Health Center Visit	**CPT Visit Setting Unspecified:** 90791, 90792, 90832-90834, 90836-90840, 90845, 90847, 90849, 90853, 90875, 90876, 99221-99223, 99231-99233, 99238, 99239, 99252-99255 **with POS:** 53
Electroconvulsive Therapy	**CPT:** 90870 **ICD-10:** GZB0ZZZ, GZB2ZZZ, GZB4ZZZ **with Outpatient POS:** 03, 05, 07, 09, 11-20, 22, 33, 49, 50, 71, 72 or **POS:** 24, 52, 53
Telehealth Visit	**CPT Visit Setting Unspecified:** 90791, 90792, 90832-90834, 90836-90840, 90845, 90847, 90849, 90853, 90875, 90876, 99221-99223, 99231-99233, 99238, 99239, 99252-99255 with **Telehealth POS:** 02, 10
Telephone Visit	**CPT:** 98008-98015, 98966-98968, 99441-99443
Online Assessment (E-visit or Virtual- Check-in)	**CPT:** 98016, 98970-98972, 98980, 98981, 99421-99423, 99457, 99458 **HCPCS:** G0071, G2010, G2012, G2250-G2252
Peer Support	**HCPCS:** G0140, G0177, H0024, H0025, H0038-H0040, H0046, H2014, H2023, S9445, T1012, T1016, T1017
Psychiatric Collaborative Care Management	**CPT:** 99492-99494 **HCPCS:** G0512
Residential Behavioral Health Treatment	**HCPCS:** H0017-H0019, T2048 **CPT Visit Setting Unspecified:** 90791, 90792, 90832-90834, 90836-90840, 90845, 90847, 90849, 90853, 90875, 90876, 99221-99223, 99231-99233, 99238, 99239, 99252-99255 **with POS:** 56
Behavioral Healthcare Setting	**UBREV:** 0513, 0900-0905, 0907, 0911-0917, 0919, 1001

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

✓ Schedule patients within 7 days from an emergency visit, bill with a mental health diagnosis; patient must be scheduled within 30 days of discharge from emergency visit.

✓ Utilize telehealth when appropriate

✓ Provide patients with resources, patient education, educational material, etc.

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Follow-Up After Emergency Department Visit for Substance Use (FUA)

HEDIS® Measure Name (Acronym)

- **Follow-Up After Emergency Department Visit for Substance Use (FUA)**

HEDIS® Measure Specs

- The percentage of emergency department (ED) visits among members age 13 years and older with a principal diagnosis of substance use disorder (SUD), or any diagnosis of drug overdose, for which there was follow-up.

- Two rates are reported:
  1. The percentage of ED visits for which the member received follow-up for SUD within the 7 days after the visit (8 days total)
  2. The percentage of visits or discharges for which the member received follow-up for SUD within the 30 days after the visit (31 days total)

Telehealth Allowance

- Telehealth visits count for follow-up after ED visit for substance use. Must happen within 7 days or 30 days. Visit must include substance use or overdose diagnosis.

- A telehealth that counts is video call, phone call, e-visit or virtual check ins. Substance use treatment or medication-assisted treatment.

Required exclusion

- Updated the race and ethnicity stratification categories to align with OMB SPD 15 2024.

- Added instructions on allowable adjustments to the race and ethnicity stratification.

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Follow-Up After Emergency Department Visit for Substance Use (FUA) Codes

Description	Codes
Mental Diagnosis	• <u>AOD Abuse and Dependence</u> **ICD-10:** F10-16.xxx, F18.xxx, F19.xxx • <u>Substance Induced Disorders</u> **ICD-10:** F10.90, F10.920-F10.99, F11.90, F11.920-F11.99, F12.90, F12.920-F12.99, F13.90, F13.920-F13.99, F14.90, F14.920-F14.99, F15.90, F15.920- F15.99, F16.90, F16.920-F16.99, F18.90, F18.920-F18.900, F19.90, F19.920-F19.99 • <u>Unintentional Drug Overdose</u> **ICD-10:** T40.xxxx-T43.xxxx, T51.xxxx
ED Visit	**CPT:** 99281-99285 **UBREV:** 0450-0452, 0456, 0459, 0981
Outpatient	• <u>Outpatient Visit with any diagnosis of SUD, substance use, or drug overdose or with a mental health provider</u> CPT Visit Setting Unspecified: 90791, 90792, 90832-90834, 90836-90840, 90845, 90847, 90849, 90853, 90875, 90876, 99221-99223, 99231-99233, 99238, 99239, 99252-99255 with Outpatient **POS:** 03, 05, 07, 09, 11-20, 22, 33, 49, 50, 71, 72 • <u>BH Outpatient Visit with any diagnosis of SUD, substance use, or drug overdose or with a mental health provider</u> **CPT:** 98000-98007, 98960-98962, 99078, 99202-99205, 99211-99215, 99242-99245, 99341, 99342, 99344, 99345, 99347-99350, 99381-99387, 99391-99397, 99401-99404, 99411, 99412, 99483, 99492-99494, 99510 **HCPCS:** G0176, G0177, G0409, G0463, G0512, G0560, H0002, H0004, H0031, H0034, H0036, H0037, H0039, H0040, H2000, H2010, H2011, H2013-H2020, T1015 **UBREV:** 0510, 0513, 0515-0517, 0519-0523, 0526-0529, 0900, 0902-0904, 0911, 0914-0917, 0919, 0982, 0983 • <u>Partial Hospitalization or Intensive Outpatient with any diagnosis of SUD, substance use, or drug overdose or with a mental health provider</u> CPT Visit Setting Unspecified: 90791, 90792, 90832-90834, 90836-90840, 90845, 90847, 90849, 90853, 90875, 90876, 99221-99223, 99231-99233, 99238, 99239, 99252-99255 with **POS: 52** **HCPCS:** G0410, G0411, H0035, H2001, H2012, S0201, S9480, S9484, S9485 **UBREV:** 0905, 0907, 0912, 0913
Nonresidential Substance Abuse Treatment Facility Visit with any diagnosis of SUD, substance use, or drug overdose or with a mental health provider	**CPT Visit Setting Unspecified:** 90791, 90792, 90832-90834, 90836-90840, 90845, 90847, 90849, 90853, 90875, 90876, 99221-99223, 99231-99233, 99238, 99239, 99252-99255 with Non-residential Substance Abuse Treatment Facility **POS:** 57, 58
Community Mental Health Center Visit with any diagnosis of SUD, substance use, or drug overdose or with a mental health provider	**CPT Visit Setting Unspecified:** 90791, 90792, 90832-90834, 90836-90840, 90845, 90847, 90849, 90853, 90875, 90876, 99221-99223, 99231-99233, 99238, 99239, 99252-99255 with **POS:** 53

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Follow-Up After Emergency Department Visit for Substance Use (FUA) Codes (cont.)

Description	Codes
Peer Support Service with any diagnosis of SUD, substance use, or drug overdose	**HCPCS:** G0140, G0177, H0024, H0025, H0038-H0040, H0046, H2014, H2023, S9445, T1012, T1016, T1017
Opioid Treatment Services Billed Monthly or Weekly with any diagnosis of SUD, substance use, or drug overdose	**HCPCS OUD Monthly Office Based Treatment:** G2069, G2086, G2087 **HCPCS OUD Weekly Non-Drug Service:** G2074-G2077, G2080
Telehealth Visit	• <u>with any diagnosis of SUD, substance use, or drug overdose or with a mental health provider</u> **CPT Visit Setting Unspecified:** 90791, 90792, 90832-90834, 90836-90840, 90845, 90847, 90849, 90853, 90875, 90876, 99221-99223, 99231-99233, 99238, 99239, 99252-99255 **with Telehealth POS:** 02,10 • <u>with any diagnosis of SUD, substance use, or drug overdose or with a mental health provider</u> **CPT:** 98008-98015, 98966-98968, 99441-99443 • <u>Online Assessments (E-visit or Virtual Check-in) with any diagnosis of SUD, substance use, or drug overdose or with a mental health provider</u> **CPT:** 98016, 98970-98972, 98980, 98981, 99421-99423, 99457, 99458 **HCPCS:** G0071, G2010, G2012, G2250-G2252
Substance Use Disorder Services	• <u>Substance Use Disorder Services</u> **CPT**: 99408, 99409 **HCPCS:** G0396, G0397, G0443, H0001, H0005, H0007, H0015, H0016, H0022, H0047, H0050, H2035, H2036, T1006, T1012 **UBREV:** 0906, 0944, 0945 <u>ICD-10 Substance Abuse Counseling and Surveillance:</u> Z71.41. Z71.51 • <u>Substance Use Services</u> **HCPCS:** H0006, H0028
Behavioral Health Assessment	**CPT:** 99408, 99409 **HCPCS:** G0396, G0397, G0442, G2011, H0001, H0002, H0031, H0049
Medication Treatment Event	• <u>HCPCS AOD Medication Treatment:</u> G0533, G2069, G2073, H0020, H0033, J0571-J0575, J0577, J0578, J2315, Q9991, Q9992, S0109 • <u>HCPCS OUD Weekly Drug Treatment Service:</u> G0533, G2067, G2068

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Follow-Up After Emergency Department Visit for Substance Use (FUA) Provider Best Practices

✓ Schedule patients within 7 days from an emergency visit, bill with a mental health diagnosis; patient must be scheduled within 30 days of discharge from emergency visit.

✓ Utilize telehealth when appropriate

✓ Provide patients with resources, patient education, educational material, etc.

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Depression Screening and Follow-Up for Adolescents and Adults (DSF-E-DS)

HEDIS® Measure Name (Acronym)	HEDIS® Measure Specs	Telehealth Allowance	Required exclusion
• Depression Screening and Follow-Up for Adolescents and Adults (DSF-E-DS)	• The percentage of persons 12 years of age and older who were screened for clinical depression using a standardized instrument and, if screened positive, received follow-up care. – *Depression Screening. The percentage of persons who were screened for clinical depression using a standardized instrument.* – *Follow-Up on Positive Screen. The percentage of persons who received follow-up care within 30 days of a positive depression screen finding.*	• An outpatient, telephone, e-visit or virtual check-in follow-up visit (Follow Up Visit Value Set) with a diagnosis of depression or other behavioral health condition (Depression or Other Behavioral Health Condition Value Set). • Services/events that allow the use of synchronous telehealth visits, telephone visits and asynchronous telehealth (e-visits, virtual check-ins) may be stratified to identify services performed via telehealth. This adjustment is not allowed for events, numerators and exclusions that do not allow the use of telehealth.	• Removed the definitions of "participation" and "participation period." • Added the PROMIS Emotional Distress—Depression—Short Form instrument to the list of depression screening instruments for adults 18+ years of age. • Removed the SSoR data elements from the data element tables.

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Depression Screening and Follow-Up for Adolescents and Adults (DSF-E-DS) Codes

Codes to Identify Depression and Follow-Up Visits

Description	Codes
Depression or Other Behavioral Health Condition	**ICD-10:** F01.511, F01.518, F06.4, F10.xxx-F16.xxx, F18.xxx, F19.xxx, F20.0-F20.5, F20.81, F20.89, F20.9, F21-F24, F25.x, F28, F29, F30.xx, F30.x, F31.x, F31.xx, F32.x, F32.xx, F33.x, F33.xx, F34.x, F34.xx, F39, F40.xx, F40.xxx, F40.x, F41.x-F43.x, F43.xx, F42, F42.x, F44.89, F45.21, F51.5, F53, F53.x, F60.x, F60.xx, F63.x, F63.xx, F68.xx, F68.x, F84.x, F90.x, F91.x, F93.x, F94.x, O90.6, O99.340, O99.341-O99.345
Depression Case Management Encounter	**CPT:** 99366, 99492-99494 **HCPCS:** G0512, T1016, T1017, T2022, T2023
Behavioral Health Encounter	**CPT:** 90791, 90792, 90832-90834, 90836-90839, 90845-90847, 90849, 90853, 90865, 90867-90870, 90875, 90876, 90880, 90887, 99484, 99492, 99493 **HCPCS:** G0155, G0176, G0177, G0409-G0411, G0511, G0512, H0002, H0004, H0031, H0034-H0037, H0039, H0040, H2000, H2001, H2010-H2020, S0201, S9480, S9484, S9485 **UBREV:** 0900-0905, 0907, 0911-0917, 0919
Follow Up Visit with a diagnosis of depression or other behavioral health condition	**CPT:** 98000-98016, 98960-98962, 98966-98968, 98970-98972, 98980, 98981, 99078, 99202-99205, 99211-99215, 99242-99245, 99341, 99342, 99344, 99345, 99347-99349, 99350, 99381-99387, 99391-99397, 99401-99404, 99411, 99412, 99421-99423, 99441-99443, 99457, 99458, 99483 **HCPCS:** G0071, G0463, G2010, G2012, G2250-G2252, T1015 **UBREV:** 0510, 0513, 0516, 0517, 0519-0523, 0526-0529, 0982, 0983

Exclusions

Description	Codes
Depression - Exclusion	**ICD-10:** F01.511, F01.518, F32.0-F32.5, F32.81, F32.89, F32.9, F32.A, F33.0-F33.3, F33.40-F33.42, F33.8, F33.9, F34.1, F34.81, F34.89, F43.21, F43.23, F53.0, F53.1, O90.6, O99.340-O99.345
Bipolar Disorder - Exclusion	**ICD-10:** F30.10-F30.13, F30.2-F30.4, F30.8, F30.9, F31.0, F31.10-F31.13, F31.2, F31.30-F31.32, F31.4, F31.5, F31.60-F31.64, F31.70-F31.78
Other Bipolar Disorder - Exclusion	**ICD-10:** F31.81, F31.89, F31.9

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Depression Screening and Follow-Up for Adolescents and Adults (DSF-E-DS) Codes (cont.)

Depression Screening Instruments

Description	Codes
Instruments for Adolescents (≤17 years)	**Patient Health Questionnaire (PHQ-9)®** LOINC:44261-6 Total score ≥10, **Patient Health Questionnaire Modified for Teens (PHQ-9M)®** LOINC:89204-2 Total score ≥10 , **Patient Health Questionnaire-2 (PHQ-2)®1** 55758-7 Total score ≥3, **Beck Depression Inventory-Fast Screen (BDI-FS)®1,2** LOINC:89208-3 Total score ≥8 , **Center for Epidemiologic Studies Depression Scale – Revised, (CESD-R)** LOINC:89205-9 Total score ≥17, **Edinburgh Postnatal Depression Scale (EPDS)** LOINC:99046-5 Total score ≥10, **PROMIS Depression** LOINC:71965-8 Total score (T Score) ≥60
Instruments for Adults (18+ years)	**Patient Health Questionnaire (PHQ-9)®** LOINC:44261-6 Total score ≥10, **Patient Health Questionnaire-2 (PHQ-2)®1** LOINC:55758-7 Total score ≥3, **Beck Depression Inventory-Fast Screen (BDI-FS)®1,2** LOINC:89208-3 Total score ≥8, **Beck Depression Inventory (BDI-II)** LOINC:89209-1 Total score ≥20, **Center for Epidemiologic Studies Depression Scale-Revised (CESD-R)** LOINC:89205-9 Total score ≥17, **Duke Anxiety-Depression Scale (DUKE-AD)®2** LOINC:90853-3 Total score ≥30, **Geriatric Depression Scale Short Form (GDS)1** LOINC:48545-8 Total score ≥5, **Geriatric Depression Scale Long Form (GDS)** LOINC:48544-1 Total score ≥10, **Edinburgh Postnatal Depression Scale (EPDS)** LOINC:99046-5 Total score ≥10, **My Mood Monitor (M-3)®** LOINC:71777-7 Total score ≥5, **PROMIS Depression** LOINC:71965-8 Total score (T Score) ≥60, **PROMIS Emotional Distress – Depression – Short Form** LOINC:77861-3 Total score (T Score) ≥60, **Clinically Useful Depression Outcome Scale (CUDOS)** LOINC:90221-3 Total score ≥31

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Depression Screening and Follow-Up for Adolescents and Adults (DSF-E-DS) Provider Best Practices

- ✓ Screen all patients 12+ annually using a validated depression tool.

- ✓ Document the screening date, instrument, score, and interpretation in the EHR.

- ✓ Provide follow-up care within 30 days for any positive screen.

- ✓ Acceptable follow-up includes visits, telehealth, case management, therapy, or medication.

- ✓ Use correct diagnosis and procedure codes for all screenings and follow-ups.

- ✓ Exclude patients with bipolar disorder or prior depression diagnosis from the measure.

- ✓ Integrate screening into routine visits and wellness exams.

- ✓ Set EHR alerts for positive screens to trigger timely follow-up.

- ✓ Train staff on documentation and coding requirements for compliance.

- ✓ Monitor performance using electronic clinical data systems (ECDS).

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Child and Adolescent Well-Care Visits (WCV)

HEDIS® Measure Name (Acronym)	HEDIS® Measure Specs	Telehealth Allowance	Changes for MY 2026
• **Child and Adolescent Well-Care Visits (WCV)**	• The percentage of members aged 3–21 who had at least one comprehensive well-care visit with a PCP or OB/GYN during the measurement year, based on administrative claims only, excluding members in hospice or deceased.	• Organizations may not include telehealth services for this measure.	• Updated the race and ethnicity stratification categories to align with OMB SPD 15 2024. • Added instructions on allowable adjustments to the race and ethnicity stratifications.

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Child and Adolescent Well-Care Visits (WCV) Codes

Description	Codes
Well-Child Visits	**CPT:** 99381-99385, 99391-99395, 99461 **HCPCS:** G0438, G0439, S0302, S0610, S0612, S0613 **ICD-10:** Z00.00, Z00.01, Z00.110, Z00.111, Z00.121, Z00.129, Z00.2, Z00.3, Z01.411, Z01.419, Z02.5, Z76.1, Z76.2
BMI Percentile <5% for age **BMI Percentile 5% to <85% for age** **BMI Percentile 85% to <95% for age** **BMI Percentile ≥95% for age** **BMI Percentile 120% of the 95th percentile for age** **BMI Percentile >140% of the 95th percentile for age**	**ICD-10:** Z68.51 **CD-10:** Z68.52 **ICD-10:** Z68.53 **ICD-10:** Z68.54 **ICD-10:** Z68.55 **ICD-10:** Z68.56
Nutrition Counseling	**CPT:** 97802-97804 **ICD-10:** Z71.3 **HCPCS:** G0270, G0271, G0447, S9449, S9452, S9470
Physical Activity Counseling	**ICD-10:** Z02.5, Z71.82 **HCPCS:** S9451, G0447

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Child and Adolescent Well-Care Visits (WCV) Provider Best Practices

✓ Avoid missed opportunities by taking advantage of every office visit (including sick visits) to provide a well-care visit, immunizations, and BMI percentile calculations.

✓ To meet administrative measure requirements, well-care visits can be done in conjunction with sports/daycare physicals, permitting they are billed appropriately. Any health education/anticipatory guidance provided should be included in the medical record.

✓ Use standardized templates in charts and in EMRs that allow checkboxes for standard counseling activities.

✓ Trauma screening is recommended once per year using the Pediatric ACEs and Related Life-events Screener (PEARLS) tool.

MOLINA HEALTHCARE

Childhood Immunization Status (CIS-10-E)

HEDIS® Measure Name (Acronym)	HEDIS® Measure Specs	Telehealth Allowance	Changes for MY 2026
• Childhood Immunization Status (CIS-E) - Combination 10	• The percentage of persons 2 years of age who had: − Four diphtheria, tetanus and acellular pertussis (DTaP) Three polio (IPV) − One measles, mumps and rubella (MMR) − Three haemophilus influenza type B (HiB) − Three hepatitis B (HepB) − One chicken pox (VZV); four pneumococcal conjugate (PCV) − One hepatitis A (HepA) − Two or three rotavirus (RV) − Two influenza (flu) vaccines by their second birthday. • The measure calculates a rate for each vaccine and three combination rates.	• Telehealth visits are excluded from the numerator for WCV. This policy was implemented starting MY 2025 and continues in MY 2026.	• Updated the citation for clinical recommendation statement and rationale. • Updated the race and ethnicity stratification categories to align with OMB SPD 15 2024. • Removed the definitions of "participation" and "participation period." • Removed the SSoR data elements from the data element tables. • Added instructions on allowable adjustments to the race and ethnicity stratification.

MOLINA HEALTHCARE®

Childhood Immunization Status (CIS-10-E) Codes

Description	CPT/HCPCS/ICD/CVX Codes
DTaP	**CPT:** 90697, 90698, 90700, 90723 **CVX:** 20, 50, 106, 107, 110, 120, 146, 198 **SNOMED:** 428281000124107, 42829100124105 (anaphylaxis) **SNOMED:** 192710009, 192711008, 192712001 (encephalitis)
IPV	**CPT:** 90697, 90698, 90713, 90723 **CVX:** 10, 89, 110, 120, 146 **SNOMED:** 471321000124106 (anaphylaxis)
MMR	**CPT:** 90707, 90710, **CVX:** 94, 03 **SNOMED:** 471331000124109 (anaphylaxis)
Measles	See next slide
Mumps	See next slide
Rubella	See next slide
HiB	**CPT:** 90644, 90647, 90648, 90697, 90698, 90748 **CVX:** 17, 46-51, 120, 146, 148
Hepatitis B	**CPT:** 90697, 90723, 90740, 90744, 90747, 90748 **HCPCS:** G0010 **CVX:** 08, 44, 45 51, 110, 146
Newborn/Birth Hepatitis B	**CPT:** 90697, 90723, 90740, 90744, 90747, 90748 **CVX:** 08, 44, 45, 51, 110, 146, 198 **HCPCS:** G0010 **ICD-10:** B16.0-B16.2, B16.9, B17.0, B18.0, B18.1, B19.10, B19.11 **SNOMED:** 428321000124101 (anaphylaxis)
VZV	**CPT:** 90710, 90716 **CVX:** 21, 94 **ICD-10:** B01.0, B01.11, B01.12, B01.2, B01.81, B01.89, B01.9, B02.0, B02.1, B02.21-B02.24, B02.29-B02.34, B02.39, B02.7 B02.9 **SNOMED:** 471341000124104 (anaphylaxis)
Pneumococcal conjugate	**CPT:** 90670, 90671, 90677 **HCPCS:** G0009 **CVX:** 109, 133, 152, 215, 216 **SNOMED:** 471141000124102 (anaphylaxis)
Hepatitis A	**CPT:** 90633 **CVX:** 31, 83, 85 **ICD-10:** B15.0, B15.9 **SNOMED:** 471311000124103 (anaphylaxis)
Rotavirus (two-dose schedule)	**CPT:** 90681 **CVX:** 119 **SNOMED:** 428331000124103 (anaphylaxis)
Rotavirus (three-dose schedule)	**CPT:** 90680 **SNOMED:** 428331000124103 (anaphylaxis)
Influenza	**Influenza Immunization - CPT:** 90655-90658, 90661, 90674, 90685-90689, 90756 CVX: 88, 140, 141, 150, 153, 155, 158, 161, 171, 186, 320. **Influenza LAIV Immunization - CPT:** 90660, 90672 CVX: 111, 149 **SNOMED:** 471361000124100 (anaphylaxis)

MOLINA HEALTHCARE

Childhood Immunization Status (CIS-10-E) MMR Exclusion

Description	Codes
Measles	**ICD-10:** B05.0-B05.4, B05.81, B05.89, B05.9
Mumps	**ICD-10:** B26.0-B26.3, B26.81-B26.85, B26.89
Rubella	**ICD-10:** B06.00-B06.02, B06.09, B06.81, B06.82, B06.89, B.06.9

Any of the following meet criteria:

- At least one MMR vaccination (Measles, Mumps and Rubella (MMR) Immunization Value Set; Measles, Mumps and Rubella (MMR) Vaccine Procedure Value Set) on or between the child's first and second birthdays.

- All the following any time on or before the child's second birthday (on the same or different date of service):
  - History of measles illness (Measles Value Set).
  - History of mumps illness (Mumps Value Set).
  - History of rubella illness (Rubella Value Set).

- Anaphylaxis due to the MMR vaccine on or before the child's second birthday.

Childhood Immunization Status (CIS-10-E) Provider Best Practices

✓ Use the State immunization registry. Disclose the member's record within the registry; if records are not disclosed, the Health Plan has no access to the record of immunizations in the registry.

✓ Review immunization record before every visit and administer needed vaccines.

✓ Recommend immunizations to parents. Parents are more likely to agree with vaccinations when supported by the provider. Address common misconception about vaccinations, e.g., MMR causes autism (now completely disproven).

✓ Have a system for patient reminders.

✓ Some vaccines may have been given before patients were Molina members. Include these on the members' vaccination record even if your office did not provide the vaccine.

MOLINA® HEALTHCARE

Developmental Screening in the First Three Years of Life (DEV-CH)

HEDIS® Measure Name (Acronym)	HEDIS® Measure Specs	Telehealth Allowance	Changes for MY 2026
• Developmental Screening in the First Three Years of Life (DEV)	• The percentage of children screened for risk of developmental, behavioral and social delays using a standardized screening tool in the 12 months preceding or on their first, second, or third birthday.	• N/A	• No changes for this measure.

DEV-CH Codes

Description	Codes
Developmental screening	CPT: 96110

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Developmental Screening in the First Three Years of Life (DEV-CH) Provider Best Practices

✓ Medical record documentation should include:

- Date indicating when the screening was performed
- Evidence that the screening was completed and scored
- Evidence that the screening tool was used

✓ The American Academy of Pediatrics (AAP) recommends developmental and behavioral screening for all children during regular well-child visits at ages:

- 9 months
- 18 months
- 30 months

✓ In addition, AAP recommends that all children be screened specifically for autism spectrum disorder (ASD) during regular well-child visits at:

- 18 months
- 24 months

MOLINA HEALTHCARE

Developmental Screening in the First Three Years of Life (DEV-CH) Provider Best Practices (cont.)

- **Tools:** A standardized screening tool that meets the criteria set forth by the American Academy of Pediatrics (AAP) and the Centers for Medicare and Medicaid Services will be used. See below:
    - Ages and Stages Questionnaire (ASQ) - 4 months to age 5
    - Ages and Stages Questionnaire - 3rd Edition (ASQ-3)
    - Battelle Developmental Inventory Screening Tool (BDI-ST) - Birth to 95 months
    - Bayley Infant Neuro-developmental Screen (BINS) - 3 months to age 2
    - Brigance Screens-II - Birth to 90 months
    - Child Development Inventory (CDI) - 18 months to age 6
    - Infant Development Inventory - Birth to 18 months
    - Parents' Evaluation of Developmental Status (PEDS) - Birth to age 8
    - Parent's Evaluation of Developmental Status - Developmental Milestones (PEDS-DM)

- For more information, please visit:
    - *aap.org/en-us/advocacy-and-policy/aap-health-initiatives/Screening/Pages/Screening-Tools.aspx*
    - *healthychildren.org/english/ages-stages/pages/default.aspx*

MOLINA® HEALTHCARE

Immunization for Adolescents – Combination 2 (IMA-2-E)

HEDIS® Measure Name (Acronym)	HEDIS® Measure Specs	Telehealth Allowance	Changes for MY 2026
• **Immunization for Adolescents (IMA-2-E)-Combination 2**	• The percentage of adolescents 13 years of age who had the following: – One dose of meningococcal vaccine – One tetanus, diphtheria toxoids and acellular pertussis (Tdap) vaccine – Have completed the human papillomavirus (HPV) vaccine series (Two- Three) by their 13th birthday. • The measure calculates a rate for each vaccine and two combination rates.	• Telehealth is allowed (video/phone call) only for identifying the history of a vaccine, anaphylaxis, and encephalitis due to a vaccine.	• Updated citations for clinical recommendation statement and rationale. • Updated the race and ethnicity stratification categories to align with OMB SPD 15 2024. • Removed the definitions of "participation" and "participation period." • Removed the SSoR data elements from the data elements tables. • Added instructions on allowable adjustments to the race and ethnicity stratifications.

IMA-2-E Codes →

Description	Codes
Meningococcal	**CPT:** 90619, 90623, 90624, 90733, 90734 **CVX:** 32, 108, 114, 136, 147, 167, 203, 316, 328 **SNOMED:** 428301000124106 (anaphylaxis)
Tdap	**CPT:** 90715 **CVX:** 115 **SNOMED:** 428291000124105, 428281000124107 (anaphylaxis) **SNOMED:** 192710009, 192711008, 192712001 (encephalitis)
HPV	**CPT:** 90649, 90650, 90651 **CVX:** 62, 118, 137, 165 **SNOMED:** 428241000124101 (anaphylaxis)

MOLINA HEALTHCARE

Immunization for Adolescents – Combination 2 (IMA-2-E) Provider Best Practices

✓ Use the State immunization registry.

✓ Review missing vaccines with parents.

✓ Recommend immunizations to parents. Parents are more likely to agree with vaccinations when supported by the provider. Address common misconceptions about vaccinations.

✓ Train office staff to prep the chart in advance of the visit and identify overdue immunizations.

✓ Make every office visit count - take advantage of sick visits for catching up on needed vaccines.

✓ Institute a system for patient reminders.

✓ Some vaccines may have been given before patients were Molina members. Include these on the members' vaccination record even if your office did not provide the vaccine.

✓ Administer the HPV vaccine at the same time as other vaccines. Inform parents that the full HPV vaccine series requires 2 or 3 shots and have a system for patient reminders.   - HPV must be administered at least 146 days apart

✓ Recommend the HPV vaccine series the same way you recommend other adolescent vaccines. Parents are more likely to agree with vaccinations when supported by the provider. Address common misconceptions about the HPV vaccine.

MOLINA® HEALTHCARE

Children's Health

Lead Screening in Children (LSC)

HEDIS® Measure Name (Acronym)	HEDIS® Measure Specs	Telehealth Allowance	Changes for MY 2026
• **Lead Screening in Children (LSC)**	• Children who turn two during the measurement year must have at least one capillary or venous blood lead test on or before their second birthday, documented through claims, EHR, or registry data, as visual or questionnaire screenings do not count. • Medicaid EPSDT requirements and CDC guidelines for lead testing at 12 and 24 months.	• Telehealth visits can be used to document lead screening history, but the actual blood test (capillary or venous) must be performed in person; questionnaire-based or visual assessments via telehealth do not meet the measure requirements.	• No changes to this measure.

LSC Codes

Description	Codes
Lead Test	**CPT:** 83655

Lead Screening in Children (LSC) Provider Best Practices

Point of Care testing is acceptable ensuring the following:

✓ Reporting all blood lead testing results to the California Lead Poisoning Prevention Branch (CLPPB). Report Results

✓ Proper collection and processing of the specimen mitigating contamination/false positive.

✓ Filter paper is not an acceptable blood lead testing method. Filter paper testing

✓ Date of service and result is documented within notation of completed lead screening test.

✓ Medical record documentation includes date of lab test, test results, delivery of anticipatory guidance, progress note including care guidelines (see below) that were followed, physical exam and medical history.

✓ Standard of Care Guidelines on Childhood Lead Poisoning for California Health Care Providers

✓ California Management Guidelines on Childhood Lead Poisoning for Health Care Providers

MOLINA® HEALTHCARE

Topical Fluoride for Children (TFL-CH)

Children's Health

Topical Fluoride for Children (TFL - CH)

HEDIS® Measure Name (Acronym)	HEDIS® Measure Specs	Telehealth Allowance	Changes for MY 2026

• Topical Fluoride for Children (TFL)	• The percentage of members 1–20 years of age who received at least two fluoride varnish applications during the measurement year.
	• Clinical Recommendations:
	  − Fluoride varnish every 6 months for all children
	  − Every 3 months for children at high risk for dental caries
		• Telehealth encounters to count toward measure compliance are not allowed.	• No changes to this measure.

TFL-CH Codes
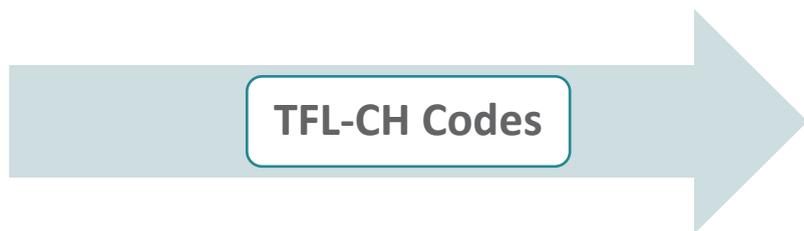
Description	Codes
Application of Fluoride Varnish	**CPT**: 99188 **CDT**: D1206

MOLINA® HEALTHCARE

Topical Fluoride for Children (TFL - CH) Provider Best Practices

✓ Annual dental visit will help in promoting fluoride varnish treatments for children ages 1-4 years.

✓ Fluoride Varnish does not take the place of:

- A dental visit
- Brushing with fluoride toothpaste twice a day
- Limiting sweets or sugary snacks
- Drinking fluoridated tap water

Who can apply?

- Medical Doctors can apply during a well child exam, follow-up visit, or stand-alone appointment.

- Trained nurses and assistants with MD/NP Order can apply fluoride varnish

- Any trained person in a community setting (School, health fair or government program)

- With signed parent/guardian permission

- Under a doctor's (or dentist's) prescription

- Following doctor's (or dentist's) protocol

- After the first fluoride varnish treatment, subsequent treatments can be applied every 3-4 months.

MOLINA HEALTHCARE

Topical Fluoride for Children (TFL - CH) Provider Best Practices (cont.)

Fluoride Varnish

- **General Information**
    - *astdd.org/www/docs/fl-varnish-research-brief.pdf*
    - *aap.org/en/patient-care/oral-health/oral-health-practice-tools/*
    - *cdc.gov/fluoridation/basics/fluoride-products.html*
    - *cdc.gov/mmwr/preview/mmwrhtml/rr5014a1.htm*

- **Who can apply?**
    - *cda.org/Portals/0/pdfs/ab667_topical_fluoride_faq.pdf*

- **For more information, please visit:**
    - *dhcs.ca.gov/services/chdp/Pages/Training.aspx*

Well-Child Visits in the First 30 Months of Life—0 to 15 Months—Six or More Well-Child Visits (W30-6+)

| HEDIS® Measure Name (Acronym)	HEDIS® Measure Specs	Telehealth Allowance	Changes for MY 2026
• Well-Child Visits in the First 30 Months of Life—0 to 15 Months—Six or More Well-Child Visits (W30-6+)	• Well-Child Visits in the First 30 Months of Life – 0 to 15 Months (Six or More Visits). • The percentage of children who turned 15 months old during the measurement year and had six or more well-child visits with a primary care provider (PCP) during their first 15 months of life.	• Organizations may not include telehealth services for this measure.	• Updated the race and ethnicity stratification categories to align with OMB SPD 15 2024. • Added instructions on allowable adjustments to the race and ethnicity stratifications.
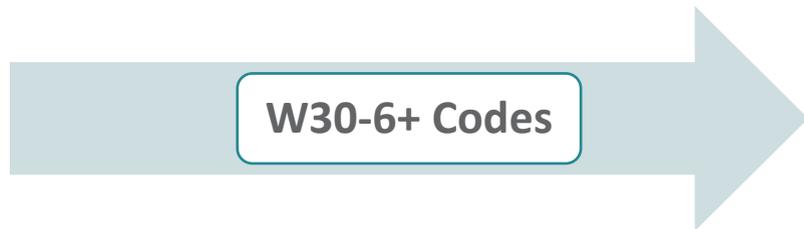
W30-6+ Codes

Description	Codes
Well-Child Visits in the First 30 Months of Life—0 to 15 Months—Six or More Well-Child Visits(W30-6+)	**CPT:** 99381–99385, 99391–99395 **HCPCS:** G0438, G0439 **ICD-10:** Z00.121, Z00.129

MOLINA® HEALTHCARE

Well-Child Visits in the First 30 Months of Life—0 to 15 Months—Six or More Well-Child Visits (W30-6+) Provider Best Practices

✓ Make day care physicals into well-care visits by performing the required services and submitting appropriate codes.

✓ To meet administrative measure requirements, well-care visits can be done in conjunction with sick visit, permitting they are billed appropriately. Any health education/anticipatory guidance provided should be included in the medical record.

✓ Use standardized templates in charts and in EMRs that allow checkboxes for standard counseling activities.

✓ Trauma screening is recommended once per year using the Pediatric ACEs and Related Life-Events Screener (PEARLS) tool.

✓ Reduce the need for chart review, well-care visits can be accepted as supplemental data.

MOLINA HEALTHCARE®

Well-Child Visits in the First 30 Months of Life—15 to 30 Months—Two or More Well-Child Visits (W30-2+)

HEDIS® Measure Name (Acronym)	HEDIS® Measure Specs	Telehealth Allowance	Changes for MY 2026
• **Well-Child Visits in the First 30 Months of Life—15 to 30 Months—Two or More Well-Child Visits (W30-2+)**	• Well-Child Visits for Age 15 Months-30 months. Children who turned 30 months old during the measurement year: Two or more well-child visits. • Allowable gap: One gap of up to 45 days in each year of continuous enrollment. Two or more well-child visits with a PCP during the specified age range. Visits must be at least 14 days apart to count.	• Organizations may not include telehealth services for this measure.	• Removed telehealth well visits from the numerator. • Removed the data source reporting requirement from the race and ethnicity stratification.

W30-2+ Codes ➡

Description	Codes
Well-Child Visits in the First 30 Months of Life (W30-2+)	**CPT:** 99381-99385, 99391-99395, 99461 **HCPCS:** G0438, G0439, G2010, G2012, G2250 S0302, S0610, S0612, S0613 **ICD-10:** Z00.00, Z00.01, Z00.110, Z00.111, Z00.121, Z00.129, Z00.2, Z00.3, Z01.411, Z01.419, Z02.5, Z76.1, Z76.2

MOLINA HEALTHCARE

Well-Child Visits in the First 30 Months of Life—15 to 30 Months—Two or More Well-Child Visits (W30-2+) Provider Best Practices

✓ Make day care physicals into well-care visits by performing the required services and submitting appropriate codes.

✓ To meet administrative measure requirements, well-care visits can be done in conjunction with sick visit, permitting they are billed appropriately. Any health education/anticipatory guidance provided should be included in the medical record.

✓ Use standardized templates in charts and in EMRs that allow checkboxes for standard counseling activities.

✓ Trauma screening is recommended once per year using the Pediatric ACEs and Related Life-events Screener (PEARLS) tool.

✓ Reduce the need for chart review, well-care visits can be accepted as supplemental data.

MOLINA HEALTHCARE

Controlling Blood Pressure (CBP)

HEDIS® Measure Name (Acronym)	HEDIS® Measure Specs	Telehealth Allowance	Changes for MY 2026
• **Controlling Blood Pressure (CBP)**	• The percentage of persons 18-85 years of age who had a diagnosis of hypertension (HTN) and whose blood pressure (BP) was adequately controlled (<140/90 mm Hg) during the measurement period.	• Services/events that allow the use of synchronous telehealth visits, telephone visits and asynchronous telehealth (e-visits, virtual check-ins) may be stratified to identify services performed via telehealth. This adjustment is not allowed for events, numerators and exclusions that do not allow the use of telehealth. • Note: CBP (transitioning to BPC-E) allows blood pressure readings obtained during telehealth visits to count toward compliance, provided they meet measure specifications.	• Updated the race and ethnicity stratification categories to align with OMB SPD 15 2024. • Added instructions on allowable adjustments to the race and ethnicity stratification.

MOLINA® HEALTHCARE

Chronic Disease
Controlling Blood Pressure (CBP) Codes

Codes to Identify Hypertension

Description	Codes
Hypertension	**ICD-10:** I10
Outpatient and Telehealth without UBREV	**CPT:** 98000-98016, 98966-98968, 98970-98972, 98980, 98981, 99202-99205, 99211-99215, 99242-99245, 99341, 99342, 99344, 99345, 99347-99350, 99381-99387, 99391-99397, 99401-99404, 99411, 99412, 99421-99423, 99429, 99441-99443, 99455-99458, 99483 **HCPCS:** G0071, G0402, G0438, G0439, G0463, G2010, G2012, G2250- G2252, T1015

Codes to Identify Controlled Blood Pressure Readings

Description	Codes
Systolic Blood Pressure	**CPT II:** 3074F *(Less than 130 mm Hg)* **CPT II:** 3075F *(Between 130-139 mm Hg)* **CPT II:** 3077F *(Greater than/equal to 140 mm Hg)* Note: Do not include CPT CAT II codes with a modifier: 1P-3P or 8P. Do not include BPs taken in an acute inpatient setting or during an ED visit with POS code 23.
Diastolic Blood Pressure	**CPT II:** 3078F *(Less than 80 mm Hg)* **CPT II:** 3079F *(Between 80-89 mm Hg)* **CPT II:** 3080F *(Greater than/equal to 90 mm Hg)* Note: Do not include CPT CAT II codes with a modifier: 1P-3P or 8P. Do not include BPs taken in an acute inpatient setting or during an ED visit with POS code 23.

Exclusions

Description	Codes
Inpatient Stay (exclusion)	**UBREV:** 0100, 0101, 0110-0114, 0116-0124, 0126-0134, 0136-0144, 0146-0154, 0156-0160, 0164, 0167, 0169-0174, 0179, 0190-0194, 0199-0204, 0206-0214, 0219, 1000-1002
Nonacute Inpatient Stay (exclusion)	**UBREV:** 0022, 0024, 0118, 0128, 0138, 0148, 0158, 0190-0194, 0199, 0524, 0525, 0550-0552, 0559, 0660-0663, 0669, 1000-1002

MOLINA HEALTHCARE

Controlling Blood Pressure (CBP) Provider Best Practices

✓ Schedule telehealth appointments to follow-up with patients and acquire controlled blood pressure readings.

✓ Calibrate the sphygmomanometer annually.

✓ Upgrade to an automated blood pressure machine.

✓ Select appropriately sized BP cuff.

✓ Retake the BP if it is high at the office visit (140/90 mm Hg or greater) (HEDIS® allows us to use the lowest systolic and lowest diastolic readings in the same day) and oftentimes the second reading is lower. Taking multiple BP readings during a visit also helps ensure the lowest reading is documented.

✓ Do not round BP values up. If using an automated machine, record exact values.

✓ Review hypertensive medication history and patient compliance, and consider modifying treatment plans for uncontrolled blood pressure, as needed. Have the patient return in three months.

✓ Start two BP drugs at first visit if initial reading is very high and is unlikely to respond to a single drug and lifestyle modification.

✓ Contact Molina Healthcare to address medication issues.

MOLINA® HEALTHCARE

Glycemic Status Assessment for Patients with Diabetes (GSD)

HEDIS® Measure Name (Acronym)	HEDIS® Measure Specs	Telehealth Allowance	Changes for MY 2026

• **Glycemic Status Assessment for Patients with Diabetes (>9%) (GSD)**	• The percentage of persons 18–75 years of age with diabetes (type 1 or type 2) whose most recent glycemic status (hemoglobin A1c [HbA1c] or glucose management indicator [GMI]) was at the following levels during the measurement period:
	  − **Glycemic Status <8.0%.**
	  − **Glycemic Status >9.0%.**
	• If multiple tests occur on the same date, use the lowest result. The most recent test closest to December 31 of the measurement year is used.
	• Note: Organizations must use the same data collection method (Administrative or Hybrid) to report these indicators. For ECDS reporting, GMI values must include CGM data date range; the terminal date is used as the assessment date.
		• Services/events that allow the use of synchronous telehealth visits, telephone visits and asynchronous telehealth (e-visits, virtual check-ins) may be stratified to identify services performed via telehealth. This adjustment is not allowed for events, numerators and exclusions that do not allow the use of telehealth.
		• Note: Telehealth visits are allowed for GSD if results are reviewed and documented during the encounter. HbA1c or GMI testing must still be completed in person, but counseling and documentation can occur via telehealth. Ensure the lab result or CGM data is recorded within the measurement year.
			• Updated the race and ethnicity stratification categories to align with OMB SPD 15 2024.
			• Added instructions on allowable adjustments to the race and ethnicity stratification.

MOLINA HEALTHCARE

Glycemic Status Assessment for Patients with Diabetes (GSD) Codes

Description	Codes
Codes to Identify Diabetes	**ICD-10:** E10.xxxx, E11.xxxx, E13.xxxx, O24.xxxx
Codes to Identify HbA1c Tests	**CPT:** 83036, 83037
HbA1c Test Result or Findings	**CPT II:** 3044F – Results HbA1c < 7.0 **CPT II:** 3046F – Results HbA1c > 9% **CPT II:** 3051F – Results HbA1c ≥ 7.0% to < 8.0% **CPT II:** 3052F – Results HbA1c > 8.0% to ≤ 9.0% *Do not include codes with CPT CAT II Modifier: 1P, 2P, 3P, 8P*

MOLINA® HEALTHCARE

Glycemic Status Assessment for Patients with Diabetes (GSD) Provider Best Practices

✓ Review diabetes services needed at each office visit.

✓ Order labs prior to patient appointments.

✓ Bill for point of care testing if completed in office and Ensure HbA1c result, and date are documented in the chart.

✓ Adjust therapy to improve HbA1c and BP levels; follow-up with patients to monitor changes.

✓ Make sure a digital eye exam, remote imaging, and fundus photography are read by an eye care professional (optometrist or ophthalmologist) so the results count.

✓ Prescribe statin therapy to all diabetics ages 40 to 75 years.

✓ Refer patients for Health Management interventions and coaching by contacting Health Care Services at your affiliated Molina Healthcare State plan.

MOLINA HEALTHCARE

Prenatal and Postpartum Care: Postpartum Care (PCC-Post)

HEDIS® Measure Name (Acronym)	HEDIS® Measure Specs	Telehealth Allowance	Changes for MY 2026
• Prenatal and Post Partum Care – Postpartum (PPC-Post)	• The measure calculates the percentage of live births between October 8 of the prior year and October 7 of the measurement year where a postpartum visit occurred within 7–84 days after delivery, documenting at least one of the following: physical assessment, screening, or counseling.	• Services/events that allow the use of synchronous telehealth visits, telephone visits and asynchronous telehealth (e-visits, virtual check-ins) may be stratified to identify services performed via telehealth. This adjustment is not allowed for events, numerators and exclusions that do not allow the use of telehealth.	• Updated the race and ethnicity stratification categories to align with OMB SPD 15 2024. • Added instructions on allowable adjustments to the race and ethnicity stratifications. • Updated the allowable adjustments for the Numerator: Timeliness of Prenatal Care to allow visits any time during the pregnancy.

MOLINA® HEALTHCARE

Prenatal and Postpartum Care: Postpartum Care (PCC-Post) Codes

Codes to Identify Postpartum Visits

Description	Codes
Postpartum Visit	**CPT:** 57170, 58300, 59430, 99501 **CPT II:** 0503F **HCPCS:** G0101 **ICD-10-CM Diagnosis:** Z01.411, Z01.419, Z01.42, Z30.430, Z39.1, Z39.2
Postpartum Bundles	**CPT:** 59400, 59410, 59510, 59515, 59610, 59614, 59618, 59622

Codes to Identify Cervical Cytology

Description	Codes
Cervical Cytology	**CPT:** 88141-88143, 88147, 88148, 88150, 88152, 88153, 88164- 88167, 88174, 88175 **HCPCS:** G0123, G0124, G0141, G0143, G0144, G0145, G0147, G0148,P3000, P3001, Q0091

MOLINA® HEALTHCARE

Prenatal and Postpartum Care: Postpartum Care (PPC-Post) Provider Best Practices

✓ Schedule your patient for a postpartum visit within 7 to 84 days from delivery (please note that staple removal following a cesarean section does not count as a postpartum visit for HEDIS®).

✓ Use the postpartum calendar tool from Molina to ensure the visit is within the correct time frames.

✓ The American College of Obstetricians and Gynecologists (ACOG) recommends multiple postpartum visits no later than 12 weeks after birth that include a full assessment of psychological well-being, including screening for postpartum depression and anxiety with a validated instrument.

✓ The 2025 Recommendations for Preventative Pediatric Health Care has been approved by American Academy of Pediatrics (AAP). Developmental, psychosocial, and chronic disease issues for children and adolescents may require more frequent counseling and treatment visits separate from preventive care visits.

✓ To ensure that health care professionals have the most current recommendations, the Periodicity Schedule is not published in Pediatrics but is posted on the American Academy of Pediatrics website (aap.org/periodicityschedule).

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Prenatal and Postpartum Care: Timeliness of Prenatal Care (PPC-Pre)

HEDIS® Measure Name (Acronym)	HEDIS® Measure Specs	Telehealth Allowance	Changes for MY 2026
• **Prenatal and Post Partum Care – Timeliness of Prenatal Care (PPC-Pre)**	• The measure calculates the percentage of live births between October 8 of the prior year and October 7 of the measurement year where prenatal care was received in the first trimester, on or before enrollment, or within 42 days of enrollment.	• Services/events that allow the use of synchronous telehealth visits, telephone visits and asynchronous telehealth (e-visits, virtual check-ins) may be stratified to identify services performed via telehealth. This adjustment is not allowed for events, numerators and exclusions that do not allow the use of telehealth.	• Updated the race and ethnicity stratification categories to align with OMB SPD 15 2024. • Added instructions on allowable adjustments to the race and ethnicity stratifications. • Updated the allowable adjustments for the Numerator: Timeliness of Prenatal Care to allow visits any time during the pregnancy.

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Prenatal and Postpartum Care: Timeliness of Prenatal Care (PPC-Pre) Codes

Description	Codes
Prenatal bundles	**CPT:** 59400, 59425, 59426, 59510, 59610, 59618 **HCPCS:** H1005 (includes H1001-H1004)
Prenatal visits – first trimester	**CPT:** 99202-99205, 99211-99215, 99242-99245, 99483 **HCPCS:** G0463, T1015 **UB revenue:** 0514
Standalone	**CPT:** 99500, 0500F, 0501F, 0502F **CPT Cat II:** 0500F-0502F **HCPCS:** H1000, H1001, H1002, H1003, H1004
Telehealth	**Virtual Communication HCPCS:** G0071 **(RHC/FQHC only):** G2012, G2251 **Remote Evaluation HCPCS:** G2010, G2250
Obstetric Panel, Prenatal Ultrasound, TORCH, Must be documented in the medical record ABO and Rh CPT	**Must be documented in the medical record** *only counts for Hybrid reporting. Must submit medical record for abstraction to: MHCHEDISDepartment@MolinaHealthcare.com
Pregnancy Diagnosis (for PCP, use these codes and one of the codes above)	**ICD-10:** O09-O16, O20-O26, O28-O36, O40-O48, O60.0, O71, O88, O91, O92, O98, O99, O9A, Z03.7, Z33, Z34, Z36 **ICD10:** Z34.90 **HCPCS:** G0463, T1015

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Prenatal and Postpartum Care: Timeliness of Prenatal Care (PPC-Pre) Provider Best Practice

✓ Schedule your patient for a postpartum visit within 7 to 84 days from delivery (please note that staple removal following a cesarean section does not count as a postpartum visit for HEDIS®).

✓ Use the postpartum calendar tool from Molina to ensure the visit is within the correct time frames.

✓ The American College of Obstetricians and Gynecologists (ACOG) recommends multiple postpartum visits no later than 12 weeks after birth that include a full assessment of psychological well-being, including screening for postpartum depression and anxiety with a validated instrument.

✓ The 2025 Recommendations for Preventative Pediatric Health Care has been approved by American Academy of Pediatrics (AAP). Developmental, psychosocial, and chronic disease issues for children and adolescents may require more frequent counseling and treatment visits separate from preventive care visits.

✓ To ensure that health care professionals have the most current recommendations, the Periodicity Schedule is not published in Pediatrics but is posted on the American Academy of Pediatrics website (aap.org/periodicityschedule).

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Postpartum Depression Screening and Follow Up (PDS-E)

Reproductive Health

Postpartum Depression Screening and Follow Up (PDS-E)

HEDIS® Measure Name (Acronym)	HEDIS® Measure Specs	Telehealth Allowance	Changes for MY 2026
• Postpartum Depression Screening and Follow Up (PDS-E)	• The percentage of deliveries where individuals were screened for prenatal depression and, if positive, received follow-up care within 30 days.	• Services/events that allow the use of synchronous telehealth visits, telephone visits and asynchronous telehealth (e-visits, virtual check-ins) may be stratified to identify services performed via telehealth. This adjustment is not allowed for events, numerators and exclusions that do not allow the use of telehealth.	• Updated clinical recommendation language to be consistent with 2023 ACOG clinical practice guidelines. • Updated the race and ethnicity stratification categories to align with OMB SPD 15 2024. • Removed the definitions of "participation" and "participation period." • Added the PROMIS Emotional Distress instrument to the depression screening instrument for adults. • Removed the SSoR data elements from the data element tables. • Added instructions on allowable adjustments to the race and ethnicity stratifications.

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Postpartum Depression Screening and Follow Up (PDS-E) Codes

Description	Codes
Postpartum Depression Screening	**CPT:** 96160-96161 **ICD 10:** Z13.32, F53.0, F53.1
Follow-Up Visit with Depression Diagnosis	**CPT:** 99202–99215, 98960-98962, 98966-98968, 98970-98972, 99421-99423, 99441-99443, 99457, 99458 **HCPCS:** G0463, G0071, G2010, G2250-G2252, T1015 **UB revenue:** 0510, 0513, 0516–0517, 0519–0523, 0526–0529, 0982–0983
Behavioral Health Encounter (Therapy)	**CPT:** 90791–90834, 90836–90839, 90845–90847, 90849, 90853, 90865, 90867–90870, 90875–90876, 90880, 90887, 99484, 99492–99493 **HCPCS:** G0155, G0176, G0177, G0409–G0411, G0511, G0512, H0002, H0004, H0031, H0034–H0037, H0039, H0040, H2000, H2001, H2010–H2020, S0201, S9480, S9484, S9485
Telehealth	**Virtual Communication HCPCS:** G2012 **Remote Evaluation HCPCS:** G2010
Postpartum Depression Medication Management	**CPT:** 90863, 99202–99215, 99492–99494, 99484 **HCPCS:** S9453, G0511 –G0512, T1016 – T1017 **UB revenue:** 0900, 0910, 0510, 0513
Depression Case Management	**CPT:** 99366, 99492–99494 **HCPCS:** G0512, T1016, T1017, T2022, T2023

Postpartum Depression Screening and Follow Up (PDS-E) Provider Best Practices

✓ The measure requires screening for postpartum depression between 7 and 84 days after delivery and follow-up within 30 days if positive.

✓ Data collection uses ECDS and now explicitly includes telehealth and virtual check-ins.

✓ Approved screening instruments remain the same, but LOINC codes have been updated for accuracy.

✓ Positive score thresholds are unchanged but now clearly listed in the measure specifications.

✓ Follow-up options include outpatient visits, behavioral health encounters, medication management, and now exercise counseling and collaborative care.

✓ Billing guidance expands to include virtual care codes and collaborative care codes for compliance.

✓ Documentation requirements emphasize clear follow-up plans and accurate coding.

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Prenatal Depression Screening and Follow Up (PND-E)

HEDIS® Measure Name (Acronym)	HEDIS® Measure Specs	Telehealth Allowance	Changes for MY 2026
• Prenatal Depression Screening and Follow Up (PND-E)	• The percentage of deliveries where individuals were screened for depression during pregnancy using a standardized tool and, if positive, received follow-up care within 30 days.	• Services/events that allow the use of synchronous telehealth visits, telephone visits and asynchronous telehealth (e-visits, virtual check-ins) may be stratified to identify services performed via telehealth. This adjustment is not allowed for events, numerators and exclusions that do not allow the use of telehealth.	• Updated clinical recommendation language to be consistent with 2023 ACOG clinical practice guidelines. • Updated the race and ethnicity stratification categories to align with OMB SPD 15 2024. • Removed the definitions of "participation" and "participation period." • Added the PROMIS Emotional Distress instrument to the depression screening instruments for adults. • Removed the SSoR data elements from the data element tables. • Added instructions on allowable adjustments to the race and ethnicity stratifications.

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Prenatal Depression Screening and Follow Up (PND-E) Codes

Description	Codes
Prenatal Depression Screening	**CPT Codes:** 96160-96161 **ICD-10:** Z13.32 **UB Revenue:** 510, 513, 516,900–916
Follow-Up Visit with Depression Diagnosis	**CPT Codes:** 99202–99205, 99211–99215, 99381–99387, 99391–99397, 99341–99345, 99347–99350 **ICD-10:** O99.340–O99.345
Prenatal Behavioral Health Encounter	**CPT Codes:** 90791, 90792, 90832–90834, 90836–90839, 90845–90847, 90849, 90853 **HCPCS:** H0004, H0031, H0034–H0037, H0039, H0040, H2000–H2020
Prenatal Telehealth	**Virtual Communication HCPCS:** G2012 **Remote Evaluation HCPCS:** G2010 **CPT Codes:** 99457–99458, 98980–98981 **HCPCS:** G0511, G0512
Prenatal Depression Medication Management	**CPT Codes:** 90863, 99211–99215 **HCPCS:** G0155, G0176, G0177
Depression Case Management	**HCPCS:** T1016, S9480, S9484, S9485 **UB Revenue:** 510, 513, 516

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Prenatal Depression Screening and Follow Up (PND-E) Provider Best Practices

✓ Screen all pregnant patients once during pregnancy using a validated tool (PHQ-9, EPDS, PHQ-2). Document the instrument name, score, and interpretation in the EHR. Create a follow-up plan within 30 days for positive screens, including referral, counseling, or medication.

✓ Schedule behavioral health visits promptly and record care coordination. Offer telehealth options for follow-up and counseling when appropriate. Ensure all documentation meets MCAS standards for screening, follow-up, and referrals.

✓ Use accurate billing codes for all services: CPT 96127 for screening, CPT II 3725F for quality reporting, and LOINC codes for instruments. Bill medication management with CPT 90863 or appropriate office visit codes. Apply case management codes (T1016) for ongoing coordination. Assign ICD-10 codes correctly, such as Z13.32 for screening and O99.34x for mental disorders complicating pregnancy.

✓ Submit UB revenue codes for clinic and behavioral health services, including 510, 513, 516, and 900–916.

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Breast Cancer Screening (BCS-E)

HEDIS® Measure Name (Acronym)	HEDIS® Measure Specs	Telehealth Allowance	Changes for MY 2026
• Breast Cancer Screening (BCS-E)	• The percentage of persons 40–74 years of age who were recommended for routine breast cancer screening and had a mammogram to screen for breast cancer.	• Telehealth Services/events that allow the use of synchronous telehealth visits, telephone visits and asynchronous telehealth (e-visits, virtual check-ins) may be stratified to identify services performed via telehealth. This adjustment is not allowed for events, numerators and exclusions that do not allow the use of telehealth.	• Updated the race and ethnicity stratification categories to align with OMB SPD 15 2024. • Removed the definitions of "participation" and "participation period." • Removed the SSoR data elements from the data element tables. • The combination of unilateral mastectomy with a bilateral modifier was removed. • Added instructions on allowable adjustments to the race and ethnicity and SES stratifications.

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Breast Cancer Screening (BCS-E) Codes

Description	Codes
Breast Cancer Screening (Mammography)	**CPT:** 77061-77063, 77065-77067
BI-RADS Assessment **High Risk BI-RADS** **Inconclusive BI-RADS**	**RadLex Radiology Lexicon:** RID36028-RID36036, RID36041 **RadLex Radiology Lexicon:** RID36030-RID36034 **RadLex Radiology Lexicon:** RID36036
Breast Ultrasound	**Breast Ultrasound CPT:** 76641, 76642
Breast Biopsy	**Breast Biopsy CPT:** 19081, 19083, 19085, 19100, 19101

Measure exclusion	Codes
Absence of Left Breast	**ICD-10:** Z90.12
Absence of Right Breast	**ICD-10:** Z90.11
Bilateral Mastectomy	**ICD-10:** 0HTV0ZZ
History of Bilateral Mastectomy	**ICD-10:** Z90.13
Unilateral Mastectomy	**CPT:** 19180, 19200, 19220, 19240, 19303-19307
Unilateral Mastectomy Left	**ICD-10:** 0HTU0ZZ
Unilateral Mastectomy Right	**ICD-10:** 0HTT0ZZ

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Breast Cancer Screening (BCS-E) Provider Best Practices

✓ Educate female patients about the importance of early detection and encourage testing.

✓ Encourage patients to wait appropriate time before scheduling a mammogram after receiving a COVID-19 vaccination or complete mammogram before receiving their COVID-19 vaccine.

✓ Always include date of service (DOS) when documenting a member reported mammogram. Month and year are acceptable (e.g., June 2022)

✓ Document a bilateral mastectomy in the medical record and fax Molina Healthcare the chart.

✓ Schedule a mammogram for patient or send/give patient a referral/script (if needed).

✓ Have a list of mammogram facilities available to share with the patient (helpful to print on colored paper for easy reference).

✓ Discuss possible fears the patient may have about mammograms and inform women that currently available testing methods are less uncomfortable and require less radiation.

✓ Use standing orders or prepare referral for patients who need a breast cancer screening.

✓ Follow-up with patients.

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Cervical Cancer Screening (CCS-E)

HEDIS® Measure Name (Acronym)	HEDIS® Measure Specs	Telehealth Allowance	Changes for MY 2026
• Cervical Cancer Screening (CCS)	• The percentage of persons aged 21–64 who received recommended cervical cancer screening through cytology within 3 years, hrHPV testing within 5 years, or cotesting within 5 years.	• Services/events that allow the use of synchronous telehealth visits, telephone visits and asynchronous telehealth (e-visits, virtual check-ins) may be stratified to identify services performed via telehealth. This adjustment is not allowed for events, numerators and exclusions that do not allow the use of telehealth.	• Updated the race and ethnicity stratification categories to align with OMB SPD 15 2024. • Removed the definitions of "participation" and "participation period." • Removed the SSoR data elements from the data element tables. • Added instructions on allowable adjustments to the race and ethnicity stratifications.

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Cervical Cancer Screenings (CCS) Codes

Description	Codes
Cervical Cytology Lab Test	**CPT:** 88141-88143, 88147, 88148, 88150, 88152, 88153, 88164-88167, 88174, 88175 **HCPCS:** G0123, G0124, G0141, G0143-G0145, G0147, G0148, P3000, P3001
High Risk HPV Test	**CPT:** 87624-87626, 0502U **HCPCS:** G0476

Measure exclusion	Codes
Absence of Cervix or Hysterectomy with no Residual Cervix	**CPT:** 57530, 57531, 57540, 57545, 57550, 57555, 57556, 58150, 58152, 58200, 58210, 58240, 58260, 58262, 58263, 58267, 58270, 58275, 58280, 58285, 58290-58294, 58548, 58550, 58552-58554, 58570-58573, 58575, 58951, 58953, 58954, 58956, 59135 **ICD-10:** Q51.5, Z90.710, Z90.712

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Cervical Cancer Screening (CCS) Provider Best Practices

✓ Screen according to guidelines: Ages 21–29: Pap test every 3 years. Ages 30–64: Pap test every 3 years or Pap + hrHPV co-testing every 5 years.

✓ Use EMR alerts and pre-visit planning to identify patients due for screening.

✓ Complete Pap tests during routine visits (well-woman, sick visits, STI screenings) to avoid missed opportunities.

✓ Implement standing orders for cervical cancer screening.

✓ Offer flexible options: After-hours or weekend appointments. Self-collected hrHPV testing for eligible patients.

✓ Educate patients on screening importance and available options (Pap, hrHPV, co-testing).

✓ Document exclusions (e.g., total hysterectomy with no residual cervix) accurately in the medical record.

✓ Ensure cultural and language-appropriate communication during outreach and education.

✓ Use multiple reminder strategies: Letters, phone calls, texts before appointments. Persistent follow-up for unscheduled patients.

✓ Train staff on motivational interviewing and cultural competency to improve patient engagement.

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Colorectal Cancer Screening (COL-E)

HEDIS® Measure Name (Acronym)	HEDIS® Measure Specs	Telehealth Allowance	Changes for MY 2026
• Colorectal Cancer Screening (COL-E)	• The percentage of persons aged 45–75 who completed recommended colorectal cancer screening through any approved method within the appropriate time frame.	• Services/events that allow the use of synchronous telehealth visits, telephone visits and asynchronous telehealth (e-visits, virtual check-ins) may be stratified to identify services performed via telehealth. This adjustment is not allowed for events, numerators and exclusions that do not allow the use of telehealth.	• Updated the race and ethnicity stratification categories to align with OMB SPD 15 2024. • Removed the definitions of "participation" and "participation period." • Removed the SSoR data elements from the data elements tables. • Added instructions on allowable adjustments to the race and ethnicity and SES stratifications.

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Colorectal Cancer Screening (COL-E) Codes

Description	Codes
Stool DNAFIT Lab Test	**CPT:** 81528, 0464U **SNOMED:** 708699002
Fecal Occult Blood Test	**CPT:** 82270, 82274 **HCPCS:** G0328 **SNOMED:** 59614000, 167667006, 389076003, 71711000112103
Flexible Sigmoidoscopy	**CPT:** 45330-45335, 45337, 45338, 45340-45342, 45346, 45347, 45349, 45350 **HCPCS:** G0104 **SNOMED:** 841000119107
Colonoscopy	**CPT:** 44388-44392, 44394, 44401-44408, 45378-45382, 45384-45386, 45388-45393, 45398 **HCPCS:** G0105, G0121 **SNOMED:** 841000119109
CT Colonography	**CPT:** 74261-74263

Codes to Identify Exclusion

Description	Codes
Colorectal Cancer	**ICD-10:** C18.0-C18.9, C19, C20, C21.2, C21.8, C78.5, Z85.038, Z85.048
Total Colectomy	**ICD10:** 0DTE0ZZ, 0DTE4ZZ, 0DTE7ZZ, 0DTE8ZZ **CPT:** 44150-44153, 44155-44158, 44210-44212 **SNOMED:** 119771000119101

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Colorectal Cancer Screening (COL-E) Provider Best Practices

✓ Screen all adults ages 45–75 using recommended intervals: Colonoscopy every 10 years, Flexible sigmoidoscopy or CT colonography every 5 years, FIT/FOBT annually, sDNA-FIT every 3 years.

✓ Use EMR alerts and pre-visit planning to identify patients due for screening.

✓ Offer multiple screening options (colonoscopy, stool-based tests) to improve compliance.

✓ Mail stool-based test kits for patients unable to visit in person; follow up to ensure completion.

✓ Document screening type, date, and result clearly in the medical record.

✓ Accurately record exclusions (e.g., total colectomy, colorectal cancer history, hospice).

✓ Educate patients on screening importance and available options during visits and outreach.

✓ Leverage telehealth for counseling, ordering stool-based tests, and documentation.

✓ Implement reminder systems (calls, texts, letters) for patients overdue for screening.

✓ Train staff on cultural competency and motivational interviewing to improve patient engagement.

MOLINA HEALTHCARE

Depression Follow-up for Adolescents and Adults (DSF-E-FU)

Report Only to DHCS

Depression Follow-up for Adolescents and Adults (DSF-E-FU)

HEDIS® Measure Name (Acronym)	HEDIS® Measure Specs	Telehealth Allowance	Changes for MY 2026
• **Depression Follow-up for Adolescents and Adults (DSF-E-FU)**	•The percentage of persons 12 years of age and older who were screened for clinical depression using a standardized instrument and, if screened positive, received follow-up care. — **Depression Screening:** The percentage of persons who were screened for clinical depression using a standardized instrument. — **Follow-Up on Positive Screen:** The percentage of persons who received follow-up care within 30 days of a positive depression screen finding.	• Services/events that allow the use of synchronous telehealth visits, telephone visits and asynchronous telehealth (e-visits, virtual check-ins) may be stratified to identify services performed via telehealth. This adjustment is not allowed for events, numerators and exclusions that do not allow the use of telehealth.	• Removed the definitions of "participation" and "participation period." • Added the PROMIS Emotional Distress—Depression—Short Form instrument to the list of depression screening instruments for adults 18+ years of age. • Removed the SSoR data elements from the data element tables.

Depression Follow-up for Adolescents and Adults (DSF-E-FU) Codes

Description	Codes
BH Outpatient Visit (with a Mental Health Provider)	**Outpatient CPT Codes:** 90791, 90792, 90832, 90834, 90837, 90833, 90836, 90838 **HCPCS:** G0444
Outpatient Visit – (with a Mental Health Provider)	**Outpatient CPT Codes:** 96127, 90791, 90792, 90832, 90834, 90837, 90833, 90836, 90838
Intensive Outpatient Encounter or Partial Hospitalization	**Outpatient CPT Codes:** 96127, 90853, 90832, 90834, 90837, 90791, 90792 HCPCS: S9480, S9482 **Partial Hospitalization** 96127, 90791, 90792, 90853, 90832, 90834, 90837, 99354, 99355 **POS:** 2 or 10
Community Mental Health Center Visit	**Outpatient CPT Codes:** 96127, 90791, 90792, 90832, 90834, 90837, 90833, 90836, 90838 **Community Mental Health POS:** 95

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Depression Follow-up for Adolescents and Adults (DSF-E-FU) Provider Best Practices

✓ Use age-appropriate, validated screening tools with correct LOINC codes, such as PHQ-9 (44261-6), PHQ-2 (55758-7), PHQ-9M for teens (89204-2), BDI-FS (89208-3), CESD-R (89205-9), EPDS (71354-5 or 99046-5), PROMIS Depression (71965-8), and CUDOS (90221-3).

✓ Document follow-up within 30 days of a positive screen. Acceptable follow-up includes an outpatient visit, telehealth check-in, depression case management, behavioral health encounter, antidepressant medication, or a full-length screening showing no depression (if done the same day).

✓ Use correct billing codes by submitting claims with appropriate CPT, HCPCS, and ICD-10 codes for depression diagnosis, behavioral health services, follow-up visits, and case management.

✓ Avoid pitfalls: Don't count screenings after December 1, exclude members with bipolar disorder or prior-year depression, and ensure complete, timely documentation—especially for follow-up care.

✓ Coordinate teams by promoting collaboration among primary care, mental health specialists, and case managers. Use EMR alerts or care gap reports to identify patients needing follow-up.

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Follow-Up after Acute Care Visit for Asthma (AAF-E)

HEDIS® Measure Name (Acronym)	HEDIS® Measure Specs	Telehealth Allowance	Changes for MY 2026
• Follow-Up after Acute Care Visit for Asthma (AAF-E)	• The percentage of persons aged 5–64 with an asthma-related urgent care, inpatient, observation, or ED visit who had an outpatient asthma follow-up within 30 days.	• Services/events that allow the use of synchronous telehealth visits, telephone visits and asynchronous telehealth (e-visits, virtual check-ins) may be stratified to identify services performed via telehealth. This adjustment is not allowed for events, numerators and exclusions that do not allow the use of telehealth.	• No changes for this measure.

AAF-E Codes

Description	Codes
Outpatient Follow-Up Visits	**CPT Codes:** 99202–99205, 99211–99215, 99241–99245, 99381–99387, 99391–99397, 99401–99404, 99421–99423, 99441–99444. **HCPCS Codes:** G0463, G2010, G2012, G2250–G2252, T1015. **ICD-10:** J45.20–J45.998, J46

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Follow-Up after Acute Care Visit for Asthma (AAF-E) Provider Best Practices

✓ Schedule follow-up before discharge, arrange an outpatient appointment within 30 days before the patient leaves the ED or hospital. Provide clear instructions to patients and caregivers about the importance of follow-up.

✓ Use multiple follow-up options like, office visit with primary care or asthma specialist. Telehealth or virtual check-in if in-person visit is not feasible. Document all encounters in the EMR for ECDS reporting.

✓ Document asthma diagnosis and ensure the follow-up visit claim includes an ICD-10 asthma code (e.g., J45.xx, J46). Use correct CPT/HCPCS codes for outpatient visits (e.g., 99202–99215, G0463).

✓ Educate patients by review asthma action plan during follow-up. Reinforce controller medication adherence and inhaler technique. Discuss trigger avoidance and self-monitoring.

✓ Leverage EMR Alerts, set up care gap alerts for patients discharged after an acute asthma visit. Use automated reminders for scheduling follow-up appointments.

✓ Coordinate across care teams and communicate with primary care providers, specialists, and case managers. Share discharge summaries and care plans promptly.

✓ Avoid common pitfalls and do not delay scheduling—claims lag can shorten the 30-day window. Ensure documentation is complete and timely for ECDS reporting.

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Depression Remission or Response for Adolescents and Adults (DRR-E)

HEDIS® Measure Name (Acronym)	HEDIS® Measure Specs	Telehealth Allowance	Changes for MY 2026
• Depression Remission or Response for Adolescents and Adults(DRR-E)	• The percentage of persons aged 12 and older with depression and an elevated PHQ-9 score who had a documented follow-up, response, or remission within 120–240 days.	• Services/events that allow the use of synchronous telehealth visits, telephone visits and asynchronous telehealth (e-visits, virtual check-ins) may be stratified to identify services performed via telehealth. This adjustment is not allowed for events, numerators and exclusions that do not allow the use of telehealth.	• Removed the definitions of "participation" and "participation period." • Removed the SSoR data elements from the data element tables.

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Depression Remission or Response for Adolescents and Adults (DRR-E) Codes

Codes to Identify Depression

Description	Codes
Major Depression or Dysthymia	**ICD-10:** F32.0-F32.5, F32.9, F33.0-F33.3, F33.40-F33.42, F33.9, F34.1
Interactive Outpatient Encounter	**CPT:** 90791, 90792, 90832, 90834, 90837, 98000-98016, 98960-98962, 98966-98968, 98970-98972, 98980, 98981, 99078, 99202-99205, 99211-99215, 99242-99245, 99341, 99342, 99344, 99345, 99347-99350, 99381-99387, 99391-99397, 99401-99404, 99411, 99412, 99421-99423, 99441-99443, 99457, 99458, 99483, 99492-99494, 99510 **HCPCS:** G0071, G0155, G0176, G0177, G0409-G0411, G0463, G0512, G2010, G2012, G2250-G2252, H0002, H0004, H0031, H0034-H0037, H0039, H0040, H2000, H2001, H2010, H2011-H2020, S0201, S9480, S9484, S9485, T1015 **UBREV:** 0510, 0513, 0516, 0517, 0519-0523, 0526-0529, 0900-0905, 0907, 0911-0917, 0919, 0982, 0983

Codes to Identify PHQ-9 Total Score

Description	Codes
Patient Health Questionnaire 9 item (PHQ-9) total score [Reported]	**LOINC:** 44261-6
Patient Health Questionnaire-9: Modified for Teens total score [Reported PHQ Teen]	**LOINC:** 89204-2, 44261-6

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Depression Remission or Response for Adolescents and Adults (DRR-E) Provider Best Practices

✓ Offer telehealth options for follow-up assessments.

✓ Use secure portals or phone calls for PHQ-9 administration.

✓ Set EMR alerts to track the 4-to-8-month follow-up window.

✓ Educate patients on the importance of completing follow-up assessments.

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Tips to Improve Rates

- **Daily Huddles**: Print schedule one day prior. Gather information for each patient scheduled following day utilizing gaps in care reports. Team huddles in set location prior to first appointment. Present schedule and opportunity to close any gaps.

- **Standing Orders**: Physician approved standing orders streamline the assessment and delivery of needed services and immunizations in medical practices.

- **Reporting**:
  - Utilizing **Gaps In Care reports** notify practice of needed services a patient has at the time of scheduled well visits and unscheduled sick visits. Working the gaps in care report will identify patients to be outreached to, as well as identify any areas where data may not be transferring to the Health Plan.
  - Utilizing **Impact reports** from Practice Transformation Team will help to identify discrepancies in supplemental data and resolve the issues as soon as possible.
  - Utilizing **Medication Adherence reports** helps ensure members are educated and empowered to understand treatment and regimen, as well as reduce barriers to medication, and help members manage continuum of care and chronic conditions.

- **Every Visit Counts**: Use every opportunity you have with your patient to close out needed services. Turn sick visits and immunization appointments into well visits while you have the patient in the office.

- **Registries/Coding Tips**: Enter all immunization into CAIR so that Molina can capture data from any provider. Update billing codes annually as HEDIS specifications change. Be sure to code for each service completed in addition to visit code.

- **Billing**: Member will only fall off your Gaps in Care report if Molina receives a claim/encounter with appropriate billing codes. Please work with your IPA to ensure Molina is receiving all your billing timely.

- **Member Rosters**: Utilizing member rosters from the Web portal can help to outreach and establish care with your patients before they fall onto a gaps in care report.

MOLINA® HEALTHCARE

How to Contact Us

Region	Provider Services Questions	P4P, HEDIS, and Gaps in Care Questions
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