



Mercy Care Gap Closure Reference Guide – 2026

What is the Measure	How to Close the Gap	Codes and Medications
AAP - Adults' Access to Preventive/Ambulatory Health Services Persons 20 and older who had an ambulatory or preventive care visit in 2026. Exclusions*	Perform a preventive care or ambulatory visit in 2026.	Ambulatory Visits CPT: 92002, 92004, 92012, 92014, 98000-98016, 98966-98972, 98980, 98981, 99202-99205, 99211-99215, 99242-99245, 99304-99310, 99315, 99316, 99341-99345, 99347-99350, 99381-99387, 99391-99397, 99401-99404, 99411, 99412, 99421-99423, 99429, 99441-99443, 99457, 99458, 99483 HCPCS: G0071, G0402, G0438, G0439, G0463, G2010, G2012, G2250-G2252, S0620, S0621, T1015
ACP - Advance Care Planning Persons 66–80 with advanced illness, an indication of frailty, or who are receiving palliative care, and adults 81 and older who had advance care planning in 2026. Requirements: Evidence of advance care planning in 2026 using approved codes. Exclusions*	- Discuss and document preferences for resuscitation, life-sustaining treatment, and end-of-life care. - Documents include Living Will, DNR orders, Healthcare Power of Attorney, POLST forms, Five Wishes, etc.	Advance Care Planning CPT: 99483, 99497 CPT-CAT II: 1123F, 1124F, 1157F, 1158F HCPCS: S0257

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ADD-E – Follow-Up Care for Children Prescribed ADHD Medication ➤ Reminder: ADD-E is collected strictly through electronic data sources. Persons 6–12 with newly prescribed attention-deficit/hyperactivity disorder (ADHD) medication who had at least three follow-up care visits within a 10-month period, one of which was within 30 days of when the first ADHD medication was dispensed. Requirements: Dates of service in timeframes below. Initiation Phase - An office visit note, which includes the date of service, with a prescribing practitioner, within the 30-day initiation phase. Continuation and Maintenance (C&M) Phase - Two office visit notes, which include the date of service, with a practitioner, within the 9 months after the initiation phase has ended. Exclusions*including: - Persons with a diagnosis of narcolepsy any time during the person’s history through 2026.	- Schedule the first follow-up appointment before a member leaves the visit at which they were prescribed the new ADHD medication. - Schedule the two follow-up visits for the C&M phase once the member has completed their initiation phase follow-up visit. - Consider limiting the first prescription of an ADHD medication to a 30-day supply. - Provide education for appropriate follow-up visit time frames. - Discuss the importance of completing follow-up visits such as to determine whether the medication is working as intended and to monitor any side effects. - Verify understanding of the recommended follow-up visits and answer any questions or concerns.	Electronic Clinical Data Systems (ECDS) ➤ Since ADD-E compliance is collected strictly through electronic data sources, accurate coding is more critical than ever. BH Outpatient 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: G0155, G0176, G0177, G0409, G0463, G0512, G0560, H0002, H0004, H0031, H0034, H0036, H0037, H2000, H2010, H2011, H2013-H2020, T1015 Health & Behavior Assessment/ Intervention CPT: 96156, 96158-96159, 96164-96165, 96167-96168, 96170-96171 Online Assessments CPT: 98016, 98970-98972, 98980, 98981, 99421-99423, 99457, 99458 HCPCS: G0071, G2010, G2012, G2250-G2252 See ADD-E in Addendum for additional

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		codes
AIS-E - Adult Immunization Status ➤ Reminder: AIS-E is collected strictly through electronic data sources. Persons 19 years 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, pneumococcal, and hepatitis B. Requirements: Vaccine code and date of service. Exclusions*	• Educate the member and explain the importance of getting immunizations. • Use EMR prompts to remind staff to ask about immunization status; use the patient portal to send reminder messages to members. • Use standing orders to allow any of the vaccines to be given as soon as the member agrees.	Electronic Clinical Data Systems (ECDS) ➤ Since AIS-E compliance is collected strictly through electronic data sources, accurate coding is more critical than ever. Adult Influenza Vaccine CPT: 90653, 90656, 90658, 90660-90662, 90672-90674, 90682, 90686, 90688, 90689, 90694, 90756 Adult Pneumococcal Vaccine CPT: 90670, 90671, 90677, 90684, 90732 HCPCS: G0009 Hepatitis B Vaccine CPT: 90697, 90723, 90739, 90740, 90743, 90744, 90746-90748, 90759 HCPCS: G0010 Herpes Zoster Vaccine CPT: 90750 Td Vaccine CPT: 90714 Tdap Vaccine CPT: 90715

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APM-E - Metabolic Monitoring for Children and Adolescents on Antipsychotics ➤ Reminder: APM-E is collected strictly through electronic data sources. Persons 1-17 who had two or more antipsychotic prescriptions and had metabolic testing in 2026. Three rates are reported: - Blood glucose testing - Cholesterol testing - Blood glucose and cholesterol testing Requirements: Test code and date of service. Exclusions*	- Identify staff in the provider's office to initiate coordination of care with the behavioral health provider. Obtain a current medication list and a copy of the patient's most recent lab results. If the behavioral health provider prescribing the antipsychotic has not ordered metabolic screening, please ensure it is completed. - Educate the patient's parent/guardian on the importance of completing metabolic testing. - Ensure patients that are prescribed antipsychotic medications are referred (at minimum) on an annual basis to have their blood glucose or HbA1c, LDL-C or cholesterol levels monitored. - Schedule time to follow up with the patient's parent/guardian to educate and discuss the patient's lab results.	Electronic Clinical Data Systems (ECDS) ➤ Since APM-E compliance is collected strictly through electronic data sources, accurate coding is more critical than ever. Glucose Lab Test CPT: 80047, 80048, 80050, 80053, 80069, 82947, 82950, 82951 HbA1C Lab Test CPT: 83036, 83037 HbA1C Test Result or Finding CPT-CAT-II: 3044F, 3046F, 3051F, 3052F Cholesterol Lab Test CPT: 82465, 83718, 83722, 84478 LDL-C Lab Test CPT: 80061, 83700, 83701, 83704, 83721 LDL-C Test Result or Finding CPT-CAT-II: 3048F, 3049F, 3050F
APP - Use of First-Line Psychosocial Care for Children and Adolescents on Antipsychotics Persons 1-17 who had a new prescription for an antipsychotic medication and had documentation of psychosocial care as first-line treatment in	- Offer a safe, supportive, and culturally responsive setting. - Understand the child's and family's cultural beliefs and values to guide appropriate treatment options and	Psychosocial Care CPT: 90832-90834, 90836-90840, 90845-90847, 90849, 90853, 90875, 90876, 90880 HCPCS: G0176, G0177, G0409-G0411,

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2026. Requirements: Psychosocial care or residential behavioral health treatment in the 121-day period from 90 days prior to the IPSP (earliest prescription start date) through 30 days after the IPSP. Exclusions*including: Persons for whom first-line antipsychotic medications may be clinically appropriate: persons with a diagnosis of schizophrenia, schizoaffective disorder, bipolar disorder, other psychotic disorder, autism, or other developmental disorder on at least two different dates of service in 2026.	preferences. - Establish a collaborative relationship with the child and family and involve them in shared decision-making to foster trust and engagement in psychosocial care. - Provide credible, age-appropriate educational materials to reduce stigma and address concerns about psychosocial and pharmacological treatments. - Recognize that children and adolescents may engage at varying levels, depending on their readiness and developmental stage. Tailor psychological interventions accordingly, meeting each patient where they are in their willingness to participate. - Ensure a thorough evaluation is completed before initiating antipsychotic medication, especially for nonpsychotic conditions. - Provide referrals for behavioral health interventions, psychological therapies, skills training, family-based therapy. - Coordinate care with mental health professionals and community-based services.	H0004, H0035-H0038, H2000, H2001, H2011-H2014, H2017-H2020, S0201, S9480, S9484, S9485 Residential Behavioral Health Treatment HCPCS: H0017-H0019, T2048 See APP in Addendum for Antipsychotic medications

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	- Assess periodically the ongoing need for antipsychotic medication. Ensure psychosocial care remains a core component of the treatment plan. - Emphasizing adherence to the psychosocial care plan is essential for long-term success.	
AWV - Annual Wellness Visit The Annual Wellness Visit provides an excellent opportunity for members and their providers to collaborate on a Personalized Prevention Plan. The Annual Wellness Visit is a covered benefit for Mercy Care Advantage members and is a preventive wellness visit - NOT a “routine physical checkup.” Requirements: IPPE - A one-time Initial Preventive Physical Examination during the first 12 months of coverage. AWV and PPPS - If a member did not receive an IPPE during that time, they are eligible for the Initial Annual Wellness Visit and a Personalized Prevention Plan of Service. Subsequent AWV-PPPS - After receiving either the IPPE or the Initial AWV and PPPS,	For more information on the Annual Wellness Visit, please refer to the CMS Medicare Wellness Visits website which can be found at: https://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNProducts/preventive-services/medicare-wellness-visits.html	Annual Wellness Visit HCPCS: G0438, G0439 Advance Care Planning CPT: 99497 To include the explanation and discussion of advanced directives.

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members are eligible for the Subsequent Annual Wellness Visit and Personalized Prevention Plan of Service each year they are covered.		
BCS-E - Breast Cancer Screening ➤ Reminder: <i>Breast cancer screening is collected strictly through electronic data sources.</i> Persons 40-74 who had a mammogram any time in 2026. Exclusions*including: • Persons receiving palliative care or who had an encounter for palliative care any time during 2026. • Persons who had a bilateral mastectomy or both right and left unilateral mastectomies any time during the person's history through the end of 2026. • Persons who had gender-affirming chest surgery with a diagnosis of gender dysphoria any time during the person's history through the end of 2026.	• Educate members on the importance of early detection. • Encourage scheduling a screening every two years. • Consider engaging the member to discuss any fear they may have about mammograms and reassure them the test uses less radiation than in the past. • Educate members that biopsies, breast ultrasounds, and MRIs are not considered appropriate methods for primary breast cancer screenings. • Document the date of service (the month and year at a minimum) and the result of the most recent mammogram in the member's medical record. • Document mastectomy and date of service (the year performed at a minimum) in the member's medical record.	Electronic Clinical Data Systems (ECDS) ➤ <i>Since BCS-E compliance is collected strictly through electronic data sources, accurate coding is more critical than ever.</i> Mammography CPT: 77061-77063, 77065-77067 Unilateral Mastectomy CPT: 19180, 19200, 19220, 19240, 19303-19307 Absence of Right Breast ICD10CM: Z90.11 Absence of Left Breast ICD10CM: Z90.12 Bilateral Mastectomy ICD10CM: Z90.13

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BPD/BPD-E - Blood Pressure Control for Patients with Diabetes ➤ Note: <i>Blood Pressure Control for Patients with Diabetes is now also collected through electronic data sources.</i> Persons 18-75 with diabetes (types 1 or 2) whose blood pressure (BP) was adequately controlled (<140/<90) in 2026. ➤ <i>Adequate control is defined as both a systolic BP of 139 mm Hg or less and a diastolic BP of 89 mm Hg or less.</i> Requirement: The most recent blood pressure reading taken in 2026. Exclusions*including: Persons receiving palliative care or who had an encounter for palliative care any time during 2026.	- Consider taking a minimum of two blood pressure readings during every visit. - Retake blood pressure if a reading is greater than or equal to 140/90. - Have the member sit quietly for at least 5 minutes before measurement. - Ensure back and feet are supported, legs uncrossed, and arm supported at heart level during measurement. - No talking by member or staff during measurement. - Explain the importance of taking blood pressure medication as prescribed, and schedule follow-up visits to assess its effectiveness. - Reminder: Member-reported BP readings can be documented in the medical records and are acceptable. - Reminder: Blood pressure ranges or averages are compliant if they are documented as a distinct value - i.e., “BP at home has been 118-123/76-80.”	Electronic Clinical Data Systems (ECDS) ➤ <i>Since BPD-E compliance is now also collected through electronic data sources, accurate coding is more critical than ever.</i> Outpatient and Telehealth 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 Diastolic Blood Pressure CPT-CAT-II: 3078F, 3079F, 3080F Systolic Blood Pressure CPT-CAT-II: 3074F, 3075F, 3077F

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	○ “Average BP 139/70.”	
CBP - Controlling High Blood Pressure Persons 18-85 who had a diagnosis of hypertension (HTN) and whose blood pressure (BP) was adequately controlled (<140/<90) in 2026. ➤ <i>Adequate control is defined as both a systolic BP of 139 mm Hg or less and a diastolic BP of 89 mm Hg or less.</i> Requirement: The most recent blood pressure reading taken in 2026, on or after the date of the second diagnosis of hypertension. Exclusions*including: - Persons receiving palliative care or who had an encounter for palliative care any time during 2026. - Persons with a diagnosis that indicates end-stage renal disease (ESRD) any time during the person’s history on or prior to December 31, 2026. - Persons with a procedure that indicates ESRD: dialysis, nephrectomy, or kidney transplant at any time during the person’s history on or prior to December 31, 2026.	- Consider obtaining at least two blood pressure readings during each visit to ensure accuracy and consistency. - Retake all blood pressures that are greater than or equal to 140/90. - Have the member sit quietly for at least 5 minutes before measurement. - Ensure back and feet are supported, legs uncrossed, and arm supported at heart level during measurement. - No talking by member or staff during measurement. - Explain the importance of taking blood pressure medication as prescribed, and schedule follow-up visits to assess its effectiveness. - Reminder: Member-reported blood pressure documented in the medical record meets measure compliance. - Reminder: Blood pressure ranges or averages are compliant if they are documented as a distinct value - i.e., ○ “BP at home has been 118-	Outpatient and Telehealth 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 Diastolic Blood Pressure CPT-CAT-II: 3078F, 3079F, 3080F Systolic Blood Pressure CPT-CAT-II: 3074F, 3075F, 3077F

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Persons with diagnosis of pregnancy any time during 2026.	123/76-80.” “Average BP 139/70.”	
CCP – Contraceptive Care – Postpartum Persons 15 to 44 who had a live birth and were given access to effective contraceptive care during the postpartum period. Requirements: - Were provided a most effective or moderately effective method of contraception within 3 and 90 days of delivery OR - Were provided a long-acting reversible method of contraception (LARC) within 3 and 90 days of delivery Exclusions: - Deliveries that did not end in a live birth (i.e., miscarriage, ectopic, stillbirth, or pregnancy termination). - Had a live birth that occurred during the last 3 months of the measurement year, which may have limited the opportunity to provide the person with contraception.	- The first requirement reflects clinical quality – higher rates suggest better support for healthy birth spacing and maternal outcomes. - The second requirement focuses on access – specifically, whether postpartum women are offered long-acting reversible contraception (LARC). It helps identify gaps in availability or delivery of these methods. - Integrate counseling into a broader “contraceptive care continuum” where family planning is addressed by all those providing care to the member. - Provide easy to read educational tools regarding contraceptive options. - Significant racial and socioeconomic disparities exist in contraceptive access and use; tailor your approach to meet the unique needs of each individual member.	Pharmacy claims - Prior to prescribing a medication for CCP, please check the MC formulary to check coverage and whether prior authorization is needed as updates and changes occur frequently. You will find the formulary on our website: Mercy Care Providers Pharmacy - Examples of most effective methods of contraception include provision of female sterilization, contraceptive implants, or intrauterine devices or systems (IUS/IUS). - Examples of moderately effective methods of contraception include provision of injectables, oral pills, patch or ring. - Examples of long-acting reversible methods of contraception (LARC) include provision of contraceptive implants, intrauterine devices or systems (IUS/IUS).

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CCS-E – Cervical Cancer Screening ➤ Reminder: <i>Cervical Cancer Screening is collected strictly through electronic data sources.</i> Persons 21-64 who were screened for cervical cancer using any of the following criteria: • Ages 21-64: Recommended for routine cervical cancer screening and had cervical cytology performed within the last 3 years (2024-2026). • Ages 30-64: Recommended for routine cervical cancer screening and had cervical high-risk human papillomavirus (hrHPV) testing performed within the last 5 years (2022-2026). • Ages 30-64: Recommended for routine cervical cancer screening and had cervical cytology/high risk human papillomavirus (hrHPV) co-testing within the last 5 years (2022-2026). Exclusions*including: • Hysterectomy with no residual cervix, cervical agenesis, or acquired absences of cervix any time during the person’s history through December 31, 2026.	• Educate members on the importance of screening. • Provide easy to read educational tools. • Utilize EMR prompts to remind staff when services are due; use the patient portal to send reminder messages to members. • Note a member reported date and result in the medical record at any visit, even if the service was not provided in your office. • A lab report or vital sheet showing a cervical cancer screening (PAP Test) date with result including all gynecological history OR • An office note or lab report showing an HPV date with result (not biopsy results).	Electronic Clinical Data Systems (ECDS) ➤ <i>Since CCS-E compliance is collected strictly through electronic data sources, accurate coding is more critical than ever.</i> 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: 0502U, 87624, 87625, 87626 HCPCS: G0476 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 Absence of Cervix Diagnosis ICD10CM: Q51.5, Z90.710, Z90.712

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Persons receiving palliative care or who had an encounter for palliative care any time during 2026.		
CCW - Contraceptive Care Persons 15 to 44, who are at risk of unintended pregnancy. Requirements: - Were provided a most effective or moderately effective method contraception OR - Were provided a long-acting reversible method of contraction (LARC) Exclusions: - Were infecund due to non-contraceptive reasons such as natural menopause or oophorectomy. - Had a live birth in the last 3 months of the measurement year, which may have limited the opportunity to provide the person with contraception. - Were still pregnant at the end of the measurement year, as indicated by a pregnancy code and an absence of a	- Integrate counseling into a broader “contraceptive care continuum” where family planning is addressed by all those providing care to the member. - Provide easy to read educational tools regarding contraceptive options. - Significant racial and socioeconomic disparities exist in contraceptive access and use; tailor your approach to meet the unique needs of each individual member.	Pharmacy claims - Prior to prescribing a medication for CCW, please check the MC formulary to check coverage and whether prior authorization is needed as updates and changes occur frequently. You will find the formulary on our website: Mercy Care Providers Pharmacy - Examples of most effective methods of contraception include provision of female sterilization, contraceptive implants, or intrauterine devices or systems (IUS/IUS). - Examples of moderately effective methods of contraception include provision of injectables, oral pills, patch or ring. - Examples of long-acting reversible methods of contraception (LARC) include provision of contraceptive implants, intrauterine devices or

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pregnancy outcome code indicating a non-live birth or a live birth.		systems (IUS/IUS).
CHL – Chlamydia Screening Persons 16–24 identified as sexually active and who had at least one test for chlamydia in 2026. Requirements: At least one chlamydia test in 2026. Exclusions*	- Perform at least one chlamydia test during the measurement year. - Test can be from any source (vaginal, urine, cervix, anus, throat). - Screenings may be performed at routine annual preventive visits and at acute care visits. They should occur at any visit where oral contraceptives, STDs, or urinary symptoms are discussed.	Chlamydia Tests CPT: 87110, 87270, 87320, 87490, 87491, 87492, 87810
CIS-E - Childhood Immunization Status ➤ Reminder: <i>Childhood Immunization Status is collected strictly through electronic data sources.</i> Persons 2 years of age who had the following vaccines by their 2nd birthday: - four diphtheria, tetanus, and acellular pertussis (DTaP) - three polios (IPV) - one measles, mumps, and rubella (MMR) - three haemophilus influenza type B (HiB) - three hepatitis B (Hep B)	- Educate staff to schedule visits within the guideline time frames prior to 2nd birthday. - For documented history of illness, a seropositive test result, or anaphylaxis, there must be a note indicating the date of the event, which must have occurred by the member's 2nd birthday. - Ensure that all administered immunizations are reported to the Arizona State Immunization Information System (ASIIS). - Outreach parents to schedule their child's vaccination appointments.	Electronic Clinical Data Systems (ECDS) ➤ <i>Since CIS-E compliance is collected strictly through electronic data sources, accurate coding is more critical than ever.</i> DTaP Vaccine Procedure CPT: 90697, 90698, 90700, 90723 (IPV) Vaccine Procedure CPT: 90697, 90698, 90713, 90723 (MMR) Vaccine Procedure CPT: 90707, 90710 Haemophilus Influenzae Type B (HiB) Vaccine Procedure

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- one chicken pox (VZV) - four pneumococcal conjugates (PCV) - one hepatitis A (Hep A) - two or three rotaviruses (RV) - two influenzas (Flu) Requirements: Vaccine code and date of service. Exclusions*including: - Persons who had a contradiction to a childhood vaccine on or before their second birthday.	- Administer vaccinations during scheduled appointments. - At each appointment, review immunization records and encourage the opportunity to catch up on missing immunizations. - Educate parents/guardians on vaccinations, their side effects, and perceived links to autism. - Advise parents on the importance of completing each vaccine series. - Provide handouts on the diseases that the vaccines prevent.	CPT: 90644, 90647, 90648, 90697, 90698, 90748 (HEP-B) Vaccine Procedure CPT: 90697, 90723, 90740, 90744, 90747, 90748 HCPCS: G0010 (VZV) Vaccine Procedure CPT: 90710, 90716 (PCV) Vaccine Procedure CPT: 90670, 90671, 90677 HCPCS: G0009 (HEP-A) Vaccine Procedure CPT: 90633 See CIS-E in Addendum for additional codes
COA – Care for Older Adults Persons 66 and older who had each of the following in 2026: Medication Review - A list of all the member’s medications in the medical record. - Evidence of a medication review by prescribing provider or clinical pharmacist. - Date medication review was performed.	- Document a review and a list of the member’s medications in the medical record. The medication list may include medication names only or may include medication names, dosages, and frequency, over the counter (OTC) medications, and herbal or supplemental therapies. - Assess activities of daily living (ADL) or at least FIVE of the following, including, but	Medication Review-Presence of a Medication List CPT-CAT-II: 1159F HCPCS: G8427 ➤ Medication List must also include one of the medication review codes to meet criteria. Evidence of Medication Review CPT: 90863, 99483, 99605, 99606 CPT-CAT-II: 1160F

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What is the Measure	How to Close the Gap	Codes and Medications
Functional Status Assessment - At least one complete functional status exam. - Date assessment was performed. Exclusions*	not limited to: bathing, dressing, eating, transferring [e.g., getting in and out of chairs], using toilet, walking. - Assess instrumental activities of daily living (IADL) or at least FOUR of the following, including, but not limited to: shopping for groceries, driving or using public transportation, using the telephone, meal preparation, housework, home repair, laundry, taking medications, handling finances. - Document an assessment utilizing a standardized functional status assessment tool to satisfy functional status assessment.	Functional Status Assessment CPT: 99483 CPT-CAT-II: 1170F HCPCS: G0438, G0439
COB - Concurrent Use of Opioids and Benzodiazepines Persons 18 and older with concurrent use of prescription opioids and benzodiazepines. ➤ <i>A lower rate indicates better performance.</i> Goal: Decrease the number of persons 18 and older with concurrent use of prescription opioids and benzodiazepines. Exclusions*including: Persons receiving palliative care any time	- Support patients in exploring pain management options beyond medication. - Collaborate care with all involved providers to minimize the risk of co-prescribing. - Ensure high-risk patients and their caregivers have access to rescue medications, such as naloxone. - Follow CMS's five central principles for co-prescribing benzodiazepines and	Pharmacy claims

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What is the Measure	How to Close the Gap	Codes and Medications
during the measurement period. - Persons with a cancer diagnosis coded during the measurement period (the diagnosis code must be present during the measurement period). - Persons with sickle cell disease coded during the measurement period (the diagnosis code must be present during the measurement period).	opioids: - Avoid initial combination by offering alternative approaches such as cognitive behavioral therapy or other medication classes. - Offer alternative approaches: Do not prescribe benzodiazepines along with medication-assisted treatment (MAT) for opioid use disorder (OUD). - If new prescriptions are needed, limit the dose and duration and monitor closely. - Develop an individualized gradual tapering plan for long-standing medications and whenever possible, discontinue them. - Continue long-term co-prescribing only when necessary.	
COL-E - Colorectal Cancer Screening ➤ Reminder: <i>Colon Cancer Screening is collected strictly through electronic data sources.</i> Persons ages 45-75 who had appropriate screening for colorectal cancer. Requirements: Appropriate screenings are	- Educate on the importance of colorectal screening. - Discuss other screening methods when invasive options are declined. - Make a follow-up call if the patient is noncompliant after receiving an order	Electronic Clinical Data Systems (ECDS) ➤ <i>Since COL-E compliance is collected strictly through electronic data sources, accurate coding is more critical than ever.</i> FOBT Lab Test

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What is the Measure	How to Close the Gap	Codes and Medications
defined as: - Fecal occult blood test (FOBT) in 2026. - Stool DNA (sDNA) with FIT Test any time from January 1, 2024, through December 31, 2026. - CT colonography any time from January 1, 2022, through December 31, 2026. - Flexible sigmoidoscopy any time from January 1, 2022, through December 31, 2026. - Colonoscopy any time from January 1, 2017, through December 31, 2026. Exclusions*including: - Persons receiving palliative care or who had an encounter for palliative care any time during 2026. - History of colorectal cancer and/or total colectomy in 2026 or prior years.	for a colorectal cancer screening. - Document the date of the last colorectal cancer screening, type of screening, and the results of the screening in the chart. - Review the Gaps in Care Report often for opportunities to close gaps in care. - Encourage participation in the Annual Cologuard® Outreach.	CPT: 82270, 82274 HCPCS: G0328 Flexible Sigmoidoscopy CPT: 45330-45335, 45337, 45338, 45340-45342, 45346, 45347, 45349, 45350 HCPCS: G0104 Colonoscopy CPT: 44388-44392, 44394, 44401-44408, 45378-45382, 45384-45386, 45388-45393, 45398 HCPCS: G0105, G0121 sDNA FIT Lab Test CPT: 0464U, 81528 (Cologuard®) CT Colonography CPT: 74261-74263
DBO - Deprescribing of Benzodiazepines in Older Adults Persons 67 and older who were dispensed benzodiazepines and achieved a 20% or greater decrease in benzodiazepine dose (diazepam milligram equivalent [DME] dose) in 2026. Exclusions*including:	- Assess potentially inappropriate benzodiazepine use among Medicare beneficiaries by identifying members with two or more dispensing events during the measurement period. - Schedule regular follow-ups to monitor taper progress and symptom control.	Pharmacy claims

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What is the Measure	How to Close the Gap	Codes and Medications
- Persons with a diagnosis of seizure disorders, rapid eye movement sleep behavior disorder, benzodiazepine withdrawal, or ethanol withdrawal on or between January 1, 2025, and the ITE (index treatment episode) start date. - Persons receiving palliative care or had an encounter for palliative care any time during 2026.	Discuss medication risks vs benefits with members and caregivers.	
DEV – Developmental Screening in First Three Years of Life 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. Requirements: An office note showing documentation of administration of a standardized screening tool (including which tool was used), with the result or score and date performed, in the 12 months preceding or on the child’s first, second, or third birthday. Eligible screening tools include: - Parents’ Evaluation of Developmental Status (PEDS) - Ages and Stages Questionnaire – 3rd edition	- Complete the recommended developmental screenings in the 12 months preceding or on their first, second, or third birthday. - Ensure that the screening tool given is an approved developmental screening tool and that the score or results are included in the medical record. - Ensure that the M-CHAT and ASQ-SE are not the only tools utilized to conduct developmental screenings, as these are not approved screening tools. - Implement continual education and training to confirm providers know how to use the screening tools. - Provide education to parents or	Developmental Screening CPT: 96110 ➤ Note: Billing CPT code 96110 alone does not meet numerator compliance. Please include claims with a modifier that indicate a global developmental screening occurred. For example, Z13.42 can be used to indicate an “Encounter for screening for global developmental delays.”

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What is the Measure	How to Close the Gap	Codes and Medications
(ASQ-3) - Parents' Evaluation of Developmental Status – Developmental Milestones (PEDS-DM) - Survey of Well-Being in Young Children (SWYC) - Batelle Developmental Inventory Screening Tool (BDI-ST) - Bayley Infant Neuro-developmental Screen (BINS) - Brigance Screens-II - Child Developmental Inventory (CDI) - Infant Developmental Inventory Screening tools that are not accepted include: - Modified Checklist for Autism in Toddlers (M-CHAT-r) - ASQ:SE	guardians about the importance of developmental screenings. Visit The Bright Futures/American Academy of Pediatrics periodicity schedule for more information about the recommendations for developmental screening, which is available at https://downloads.aap.org/AAP/PDF/periodicity_schedule.pdf	
DSF-E – Depression Screening and Follow-up for Adolescents and Adults ➤ Reminder: <i>DSF-E is collected strictly through electronic data sources.</i> Persons 12 and older who were screened for clinical depression using standardized instruments and, if screened positive, received	Conduct appropriate screenings and follow-up: - Depression screening: Members who were screened for clinical depression using a standardized instrument. - Follow-up on Positive Screen: Members who received follow-up care within 30	Electronic Clinical Data Systems (ECDS) ➤ <i>Since DSF-E compliance is collected strictly through electronic data sources, accurate coding is more critical than ever.</i> Behavioral Health Encounter CPT: 90791, 90792, 90832-90834,

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What is the Measure	How to Close the Gap	Codes and Medications
follow-up care. Exclusions*including: - Persons with a history of bipolar disorder any time during the person's history through December 31st of the year prior to the measurement year. - Persons with depression that started in the year prior to the measurement year.	days of a positive depression screen finding.	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, H2000, H2001, H2010-H2020, S0201, S9480, S9484, S9485 See DSF-E in Addendum for additional codes
EED – Eye Exam for Patients with Diabetes Persons 18-75 with diabetes (type 1 and 2) who had a retinal eye exam. Requirements: A retinal or dilated eye exam by an eye care professional (optometrist or ophthalmologist) in 2026 OR A negative retinal or dilated eye exam (negative for retinopathy) by an eye care professional in 2025 Exclusions*including: - Persons receiving palliative care or who had	- Review chart annually for compliant eye exams. - Consider sourcing staff to call members who have gaps in care. - Encourage members to get their annual dilated eye exams, regardless of visual changes. - Suggest the free transportation services offered by Mercy Care to assist with appointments. - Implement programs that leverage retinal imaging with remote interpretation.	Eye Exam with Evidence of Retinopathy CPT-CAT-II: 2022F, 2024F, 2026F Eye Exam without Evidence of Retinopathy CPT-CAT-II: 2023F, 2025F, 2033F Retinal Eye Exams CPT: 92002, 92004, 92012, 92014, 92018, 92019, 92134, 92137, 92201, 92202, 92230, 92235, 92250, 99203-99205, 99213-99215, 99242-99245 HCPCS: S0620, S0621, S3000 Retinal Imaging CPT: 92227, 92228 Unilateral Eye Enucleation

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What is the Measure	How to Close the Gap	Codes and Medications
an encounter for palliative care any time during 2026. Bilateral absence of eyes or eye enucleation any time during the person's history through the last day of the measurement period.		CPT: 65091, 65093, 65101, 65103, 65105, 65110, 65112, 65114
FRM - Fall Risk Management (FRM) The percentage of Medicare members 65 and older who experience problems with falling, walking, or balancing. The measure tracks whether members discuss these issues with their healthcare provider and whether they receive recommendations to prevent falls or manage balance/walking difficulties. The two components of this measure assess different facets of fall risk management: Discussing Fall Risk. Members seen by a practitioner in the past 12 months and who reported discussing falls, balance, or walking problems with their provider. Managing Fall Risk. Members who had a fall or balance/walking difficulty in the past 12 months, were seen by a practitioner, and received a recommendation for fall prevention or treatment. Exclusions: Members in hospice are excluded	- Ask members 65 and older if, in the past 12 months, they have fallen or have had problems with balance or walking. - Discuss with members 65 and older ways in which they can help prevent falls or treat walking or balance problems. - Recommend the use of a cane or walker, distribute home safety checklists, refer to an exercise or physical therapy program, and/or suggest vision or hearing tests.	This measure is collected using survey methodology: the Medicare Health Outcomes Survey (HOS). HOS is a CMS-sponsored confidential patient reported survey. A random sample of members are measured on their physical and mental health status. Members are surveyed April-July and then re-surveyed two years later.

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What is the Measure	How to Close the Gap	Codes and Medications
from the eligible population.		
FUA – Follow-up After Emergency Department Visit for Substance Use Persons 13 and older seen in an emergency department (ED) with a principal diagnosis of substance use disorder (SUD), or any diagnosis of drug overdose, and received follow-up: • within 7 days of the ED visit • within 30 days of the ED visit Visits that occur on the same day as the ED visit are compliant. Requirements: Date of service of a follow-up visit or pharmacotherapy dispensing event with any diagnosis of SUD, substance use, or drug overdose; or with a mental health provider. Exclusions*	• Offer appointment availability for members with recent ED visits. • Contact members and schedule follow-up visits, preferably within 7 days of the ED visit; promptly reschedule any missed appointments. • Encourage members to bring ED discharge paperwork to their follow-up appointment; or request or retrieve ED discharge information (via HIE or portal). • Emphasize the importance of follow-up and adherence to treatment. • Discuss member preferences, address any concerns or treatment barriers, and adjust treatment plans as needed. • Coordinate care with all involved in the treatment process. • Refer as appropriate to health plan case management for high utilization or assistance with social determinants.	BH Outpatient 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: G0155, G0176, G0177, G0409, G0463, G0512, G0560, H0002, H0004, H0031, H0034, H0036, H0037, H2000, H2010, H2011, H2013-H2020, T1015 Behavioral Health Assessment CPT: 99408, 99409 HCPCS: G0396, G0397, G0442, G2011, H0001, H0002, H0031, H0049 See FUA in Addendum for additional codes

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What is the Measure	How to Close the Gap	Codes and Medications
FUH - Follow-up After Hospitalization for Mental Illness Persons 6 and older who were hospitalized in 2026 for a principal diagnosis of mental illness, or any diagnosis of intentional self-harm, and received a mental health follow-up service: • within 7 days after discharge • within 30 days after discharge Visits that occur on the same day of discharge are not compliant. Requirements: Date of service of follow-up with a mental health provider; or with any practitioner for any diagnosis of a mental health disorder OR Date of service of follow-up in any of the following settings: • An intensive outpatient encounter or partial hospitalization • A community mental health center visit • Psychiatric collaborative care management • Psychiatric residential treatment	• Contact members and schedule follow-up visits, preferably within 7 days after discharge; promptly reschedule any missed appointments. • Encourage members to bring discharge paperwork to their follow-up appointment; or request or retrieve discharge information (via HIE or portal). • Emphasize the importance of follow-up and adherence to treatment. • Discuss member preferences, address any concerns or treatment barriers, and adjust treatment plans as needed. • Coordinate care with all involved in the treatment process. • Refer as appropriate to health plan case management for high utilization or assistance with social determinants.	BH Outpatient 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: G0155, G0176, G0177, G0409, G0463, G0512, G0560, H0002, H0004, H0031, H0034, H0036, H0037, H2000, H2010, H2011, H2013-H2020, T1015 Partial Hospitalization or Intensive Outpatient HCPCS: G0410, G0411, H0035, H2001, H2012, S0201, S9480, S9484, S9485 Peer Support Services HCPCS: G0140, G0177, H0024, H0025, H0038, H0046, H2014, H2023, S9445, T1012, T1016, T1017 Psychiatric Collaborative Care Management CPT: 99492-99494 HCPCS: G0512 See FUH in Addendum for additional codes

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What is the Measure	How to Close the Gap	Codes and Medications
Exclusions* FUM – Follow-up After Emergency Department Visit for Mental Illness Persons 6 and older who had emergency department visits with a principal diagnosis of mental illness, or any diagnosis of intentional self-harm, and received a mental health follow-up service: • within 7 days after the ED visit • within 30 days after the ED visit Visits that occur on the same day as the ED visit are compliant. Requirements: Date of service of follow-up with any diagnosis of a mental health disorder OR Date of service of follow-up in any of the following settings: • An intensive outpatient encounter or partial hospitalization • A community mental health center visit • Psychiatric collaborative care management	• Offer appointment availability for members with recent ED visits. • Contact members and schedule follow-up visits, preferably within 7 days of the ED visit; promptly reschedule any missed appointments. • Encourage members to bring ED discharge paperwork to their follow-up appointment; or request or retrieve ED discharge information (via HIE or portal). • Emphasize the importance of follow-up and adherence to treatment. • Discuss member preferences, address any concerns or treatment barriers, and adjust treatment plans as needed. • Coordinate care with all involved in the treatment process. • Refer as appropriate to health plan case management for high utilization or assistance with social determinants.	BH Outpatient 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: G0155, G0176, G0177, G0409, G0463, G0512, G0560, H0002, H0004, H0031, H0034, H0036, H0037, H2000, H2010, H2011, H2013-H2020, T1015 Online Assessments CPT: 98016, 98970-98972, 98980, 98981, 99421-99423, 99457, 99458 HCPCS: G0071, G2010, G2012, G2250-G2252 See FUM in Addendum for additional codes

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What is the Measure	How to Close the Gap	Codes and Medications
Psychiatric residential treatment Exclusions*		
GSD – Glycemic Status Assessment for Patients with Diabetes Persons 18–75 with diabetes (types 1 and 2) whose most recent glycemic status (hemoglobin A1c [HbA1c] or glucose management indicator [GMI]) was at the following levels in 2026: Glycemic Status <8.0%. Compliance is met if the most recent glycemic status assessment has a result of <8.0%. Glycemic Status >9.0%. Compliance is met if the most recent glycemic status assessment has a result of >9.0%, is missing a result, or if a glycemic status assessment was not done. ➤ <i>Lower rates are better for this indicator.</i> Requirements: The most recent glycemic status assessment (HbA1c or GMI) completed in 2026, including a note with the date of the test and the result. - GMI values must include documentation of the continuous glucose monitoring data date range used to derive the value. The terminal date in the range should be used to assign an assessment date.	- Order a glycemic status assessment (HbA1c or GMI) for the member during the measurement year. - Educate the member about the importance of completing a glycemic status assessment. - Follow-up with the member about what their result was and review their treatment plan based on their result. - Discuss and address barriers the member may have to receiving a glycemic status assessment.	HbA1c lab test CPT: 83036, 83037 HbA1c level less than 7.0 CPT- CAT- II: 3044F HbA1c level greater than or equal to 7.0 and less than 8.0 CPT- CAT- II: 3051F HbA1C level greater than or equal to 8.0 and less than or equal to 9.0 CPT- CAT- II: 3052F HbA1c level greater than 9.0 CPT- CAT- II: 3046F

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What is the Measure	How to Close the Gap	Codes and Medications
- GMI results collected by the member and documented in the medical record are eligible for use in reporting. - Ranges and thresholds do not meet criteria for this indicator. A distinct numeric result is required. “Unknown” is not considered a result/finding. Exclusions*including: - Persons receiving palliative care or who had an encounter for palliative care any time during 2026.		
HPCMI – Diabetes Care for People with Serious Mental Illness: Glycemic Status >9.0% Persons 18 to 75 with a serious mental illness and diabetes (type 1 and type 2) who had a glycemic status assessment result of >9.0%. ➤ <i>A lower rate indicates better performance.</i> Requirements: The most recent glycemic status assessment (HbA1c or GMI) completed in the measurement year, including a note with the date of the test and the result. GMI values must include documentation of the continuous glucose monitoring data date range used to derive the value. The terminal date in the range should be used to assign an	- Order a glycemic status assessment (HbA1c and GMI) for the member during the measurement year. - Educate the member about the importance of completing a glycemic status assessment. - Follow-up with the member about what their result was and review their treatment plan based on their result. - Discuss and address barriers the member may have to receiving a glycemic status assessment.	HbA1c lab test CPT: 83036, 83037 HbA1c level less than 7.0 CPT- CAT- II: 3044F HbA1c level greater than or equal to 7.0 and less than 8.0 CPT- CAT- II: 3051F HbA1C level greater than or equal to 8.0 and less than or equal to 9.0 CPT- CAT- II: 3052F HbA1c level greater than 9.0 CPT- CAT- II: 3046F

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What is the Measure	How to Close the Gap	Codes and Medications
assessment date. - GMI results collected by the member and documented in the medical record are eligible for use in reporting. - Ranges and thresholds do not meet criteria for this indicator. A distinct numeric result is required. “Unknown” is not considered a result/finding. Exclusions*including: - Persons receiving palliative care any time during the measurement year.		
IET – Initiation and Engagement of Substance Use Disorder Treatment New substance use disorder (SUD) episodes that result in treatment initiation and engagement for persons 13 and older. Two rates are reported: Initiation of SUD Treatment. The percentage of new SUD episodes that result in treatment initiation through an inpatient SUD admission, outpatient visit, intensive outpatient encounter, partial hospitalization, telehealth visit or medication treatment within 14 days. Engagement of SUD Treatment. The	- Identify a staff member within the provider’s location to: - initiate care coordination upon receipt of an inpatient admission notification, and - schedule discharge appointments prior to the day of discharge. - If scheduling discharge appointments prior to the member discharge is not feasible: - upon receipt of discharge notification, identify a staff member to initiate care coordination	BH Outpatient 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: G0155, G0176, G0177, G0409, G0463, G0512, G0560, H0002, H0004, H0031, H0034, H0036, H0037, H2000, H2010, H2011, H2013-H2020, T1015 Online Assessments CPT: 98016, 98970-98972, 98980, 98981, 99421-99423, 99457, 99458 HCPCS: G0071, G2010, G2012, G2250-

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What is the Measure	How to Close the Gap	Codes and Medications
percentage of new SUD episodes that have evidence of treatment engagement within 34 days of initiation. Requirements: • Evidence of initiation of SUD treatment within 14 days of the SUD episode. • Evidence of SUD episodes with treatment engagement within 34 days of initiation. Documentation (including date of service/code) in the OP record of at least one of the following with a diagnosis of Alcohol Abuse or Dependence, Opioid Use and Dependence, or Other Drug Abuse and Dependence: • Inpatient SUD admission with a diagnosis on the discharge claim • Outpatient visit • Intensive Outpatient encounter • Partial hospitalization • Telehealth visit • Medication treatment Exclusions*	between the patient’s providers. ○ attempt to contact the member to schedule discharge follow-up appointments. • Be prepared to provide or offer should the member express interest in behavioral health services during their appointment: ○ the most current and available behavioral health resources. ○ access to current RBHA referral forms.	G2252 See IET in Addendum for additional codes and Alcohol and Opioid Use Disorder medications

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What is the Measure	How to Close the Gap	Codes and Medications
IMA-E – Immunizations for Adolescents ➤ Reminder: <i>Immunizations for Adolescents is collected strictly through electronic data sources.</i> Persons 13 years of age who had the following vaccines by their 13th birthday: • one (1) dose of meningococcal vaccine (MCV) with a date of service on or between the member’s 10th and 13th birthdays. • one (1) tetanus, diphtheria toxoids and acellular pertussis (Tdap) with date of service on or between the member’s 10th and 13th birthdays. • Human papillomavirus (HPV) vaccine series (either of the following meet) ○ At least (2) two HPV vaccines on or between the member’s 9th and 13th birthdays and with dates of service at least 146 days apart. ○ At least (3) three HPV vaccines with different dates of service on or between the member’s 9th and 13th birthdays. • Encephalitis due to the vaccine. Requirements: Vaccine code and date of service.	• A copy of the immunization flow sheet (shot records) with dates and types of vaccines or • A copy of the progress notes with dates and types of vaccines administered. • Ensure that all administered immunizations are reported to the Arizona State Immunization Information System (ASIIS). • For meningococcal, <u>do not count</u> meningococcal recombinant (serogroup B) (MenB) vaccines. • For documented history of anaphylaxis, there must be a note indicating the date of the event, which must have occurred by the member’s 13th birthday. • A note indicating the name of the specific antigen and the date of the immunization. • Immunizations documented using a generic header of “Tdap/Td” can be counted as evidence of Tdap.	Electronic Clinical Data Systems (ECDS) ➤ <i>Since IMA-E compliance is collected strictly through electronic data sources, accurate coding is more critical than ever.</i> (Meningococcal) Vaccine Procedure CPT: 90619, 90623, 90733, 90734 (TDAP) Vaccine Procedure CPT: 90715 (HPV) Vaccine Procedure CPT: 90649, 90650, 90651

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What is the Measure	How to Close the Gap	Codes and Medications
Exclusions* KED – Kidney Health Evaluation for Patients with Diabetes Persons 18–85 years of age with diabetes (type 1 and type 2) who received a kidney health evaluation, defined by an estimated glomerular filtration rate (eGFR) and a urine albumin-creatinine ratio (uACR) in 2026. Requirements: Kidney health evaluation is defined as persons who received both an eGFR and a uACR during 2026 on the same or different dates of service: • At least one eGFR • At least one uACR identified by either of the following: ○ Both a quantitative urine albumin test and a urine creatinine test with service dates four days or less apart ○ A uACR Exclusions*including: • Persons with a diagnosis of ESRD or who had dialysis any time during the person’s history on or prior to the last day of the measurement period.	• Ensure members are receiving the necessary kidney health evaluation. • Guidelines recommend measuring both albumin and creatinine simultaneously from a random spot urine sample to assess uACR. • Discuss the importance of receiving a kidney health evaluation for members with diabetes (type 1 and 2) annually. • Answer any questions the member may have about kidney health evaluation and review results of testing.	Estimated Glomerular Filtration Rate Lab Test CPT: 80047, 80048, 80050, 80053, 80069, 82565 Quantitative Urine Albumin Lab Test CPT: 82043 Urine Creatinine Lab Test CPT: 82570

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What is the Measure	How to Close the Gap	Codes and Medications
Persons receiving palliative care or who had an encounter for palliative care any time during 2026.		
LSC-E - Lead Screening in Children ➤ <i>Lead Screening in Children is now collected strictly through electronic data sources.</i> Persons 2 years of age who had one or more capillary or venous lead blood test for lead poisoning by their 2nd birthday. Requirements: Date of service and lead test code. Exclusions*	- In accordance with the Arizona Health Care Cost Containment System (AHCCCS) guidelines blood lead testing is required for all members at age 1 and again at age 2. - It is not necessary to refer a child to a separate lab; instead, draw a blood sample using a point of service blood lead screening test in the provider office. - Initiate lead screening for all children starting at 6 months at each well visit, beginning with a verbal risk assessment. Conduct earlier blood lead screenings for children who may be at increased risk; otherwise, adhere to the required testing schedule at ages 1 and 2. - Visit Arizona Department of Health Services (AZDHS) for more information, recommendations, and screening tools: https://www.azdhs.gov/preparedness/epidemiology-disease-control/lead-poisoning/index.php#health-care-	Electronic Clinical Data Systems (ECDS) ➤ <i>Since LSC-E compliance is now collected strictly through electronic data sources, accurate coding is more critical than ever.</i> Lead Tests CPT: 83655

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What is the Measure	How to Close the Gap	Codes and Medications
	provider	
MUI – Management of Urinary Incontinence in Older Adults Members with a urine leakage problem in the past 6 months who discussed treatment options with a provider. Three-Part Goal: Discussing Urinary Incontinence - To increase the percentage of Medicare members 65 and older who reported having urine leakage in the past 6 months and who discussed their urinary leakage problem with a health care provider. Discussing Treatment of Urinary Incontinence - To increase the percentage of Medicare members 65 and older who reported having urine leakage in the past 6 months and who discussed treatment options for their urinary incontinence with a health care provider. Impact of Urinary Incontinence - To increase the percentage of Medicare members 65 and older who reported having urine leakage in the past 6 months and who reported that urine leakage made them	- Ask patients if their symptoms are interfering with their daily activities or sleep. - Ask patients if they have experienced any leakage of urine or urinary incontinence. - Recommend ways to control or manage urinary incontinence such as bladder training exercises, medication, and/or surgery.	This measure is collected using survey methodology: the Medicare Health Outcomes Survey (HOS). HOS is a CMS-sponsored confidential patient reported survey. A random sample of members are measured on their physical and mental health status. Members are surveyed April-July and then re-surveyed two years later.

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What is the Measure	How to Close the Gap	Codes and Medications
change their daily activities or frequently interfered with their sleep. Exclusions: Members in hospice are excluded from the eligible population.		
OED – Oral Evaluation, Dental Services Persons under 21 who received a comprehensive or periodic oral evaluation with a dental provider in 2026. Requirements: Date of service and code. Exclusions*	• Increase the availability of outpatient appointments with your practice: ○ Keep a few open appointment slots each day to see patients the day they call. ○ Offer evening and weekend hours to accommodate school schedules. ○ Avoid long wait times on the phone, which may cause patients to seek care elsewhere. ○ Consider alternative methods for scheduling appointments, such as patient portals, to avoid long wait times on the phone.	Oral Evaluation CPT: D0120, D0145, D0150
OMW – Osteoporosis Management in Women Who Had a Fracture Women 67-85 who suffered a fracture and who had either a bone mineral density (BMD) test or prescription for a drug to treat osteoporosis in the 180 days (6 months) after the fracture.	• Fractures of face, skull, fingers, and toes are not included in this measure. • Educate women about the benefits of a bone mineral density test: ○ Learn if you have weak bones or osteoporosis	Bone Mineral Density Tests CPT: 76977, 77080, 77081, 77085, 77086 Bone Mineral Density Tests ICD10PCS: BP48ZZ1, BP49ZZ1, BP4GZZ1, BP4HZZ1, BP4LZZ1, BP4MZZ1, BP4NZZ1, BP4PZZ1, BQ00ZZ1, BQ01ZZ1, BQ03ZZ1,

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What is the Measure	How to Close the Gap	Codes and Medications
Exclusions*including: Persons who received palliative care or who had an encounter for palliative care any time during the intake period through the end of 2026.	- Predict your risk of breaking a bone in the future - Monitor the status of your bone density (e.g., improving, maintaining, or declining) - Determine how well osteoporosis medication is working for you - Identify osteoporosis after experiencing a broken bone - Educate women on how to understand the results of their bone mineral density test.	BQ04ZZ1, BR00ZZ1, BR07ZZ1, BR09ZZ1, BR0GZZ1 Osteoporosis Medication Therapy HPCS: J0897, J1740, J3110, J3111, J3489, Q5136 Long-Acting Osteoporosis Medications HPCS: J0897, J1740, J3489, Q5136 Osteoporosis Medications** Abaloparatide, Alendronate, Alendronate/cholecalciferol, Denosumab, Ibandronate, Raloxifene, Risedronate, Romosozumab, Teriparatide, Zoledronic Acid
OSW – Osteoporosis Screening in Older Women Women 65-75 years who received osteoporosis screening. Exclusions*including: - Persons who had a claim/encounter for osteoporosis therapy any time in the person’s history through December 31, 2026. - Persons who had a dispensed prescription to treat osteoporosis any time on or between January 1, 2024, through December 31, 2026. - Persons who received palliative care or who	- Discuss risk factors and the importance of screening. - Promote bone health and prevent fractures through strategies such as proper nutrition, regular exercise, and healthy lifestyle choices.	Osteoporosis Screening Tests CPT: 76977, 77078, 77080, 77081, 77085

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What is the Measure	How to Close the Gap	Codes and Medications
had an encounter for palliative care any time during 2026.		
PAO – Physical Activity in Older Adults Two-Part Goal: Discussing physical activity - To increase percentage of Medicare members 65 and older who had a doctor’s visit in the past 12 months and who spoke with the doctor or other health providers about their level of exercise or physical activity. Advising physical activity - To increase the percentage of Medicare members 65 and older who had a doctor’s visit in the past 12 months and who received advice to start, increase, or maintain their level of exercise or physical activity. Exclusions: Members in hospice are excluded from the eligible population.	- Ask members 65 and older about their level of physical activity and if they exercise regularly. - Encourage members to start to increase or maintain their level of exercise or physical activity. - Recommend members start taking stairs, increase walking by 10 min/day, OR maintain current exercise program. - Educate members on the importance of exercise and the health benefits. - Recommend attending Mercy Care Advantage’s unique wellness program through the Foundation for Senior Living. The wellness program is offered at multiple locations throughout our service area. Members can call the numbers below to register for one or more of our programs in their county: - Maricopa: 602-285-0505, ext. 321 or ext. 177 - All other Arizona counties: 1-866-375-9779, ext. 321 or ext. 177	This measure is collected using survey methodology: the Medicare Health Outcomes Survey (HOS). HOS is a CMS-sponsored confidential patient reported survey. A random sample of members are measured on the physical and mental health status. Members are surveyed April-July and then re-surveyed two years later.

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What is the Measure	How to Close the Gap	Codes and Medications
PBH – Persistence of Beta-Blocker Treatment After a Heart Attack Persons 18 or older who were hospitalized and discharged from July 1, 2025, to June 30, 2026, with a diagnosis of AMI and who received persistent beta-blocker treatment for 180 days (six months) after discharge. Exclusions*including: • Persons with a medication dispensing event that indicates a contraindication to beta-blocker therapy any time during the person’s history through the end of the continuous enrollment period. • Persons with a diagnosis that indicates a contraindication to beta-blocker therapy any time during the person’s history through the end of the continuous enrollment period.	• Discuss with member the proper use of the medication and the importance of adherence. • Discuss potential side effects and ways to treat the side effects of medication. • Advise members that suddenly stopping medication can lead to serious complications, such as heart attack, increased blood pressure, or heightened anxiety. • Encourage converting prescriptions from 30-day to 90-day supplies to improve medication adherence. • Discuss the use of a pillbox to organize daily or weekly medications, reducing the risk of missed or double doses. • Encourage members to set reminders or alarms on phones, smart devices, or clocks to prompt timely medication intake.	Pharmacy claims Asthma Exclusions Medications** • Bronchodilator Combinations: Budesonide-formoterol, Fluticasone-vilanterol, Fluticasone-salmeterol, Formoterol-mometasone • Inhaled corticosteroids: Beclomethasone, Budesonide, Ciclesonide, Flunisolide, Fluticasone, Mometasone Beta-Blocker Medications** • Noncardioselective Beta-blockers: Carvedilol, Labetalol, Nadolol, Pindolol, Propranolol, Timolol, Sotalol • Cardioselective Beta-blockers: Acebutolol, Atenolol, Betaxolol, Bisoprolol, Metoprolol, Nnebivolol • Antihypertensive Combinations: Atenolol-chlorthalidone, Bisoprolol-hydrochlorothiazide, Hydrochlorothiazide-metoprolol, Hydrochlorothiazide-propranolol

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What is the Measure	How to Close the Gap	Codes and Medications
PCE – Pharmacotherapy Management of COPD exacerbation. Persons 40 and older with a COPD exacerbation who had an acute inpatient discharge or ED visit on or between January 1 through November 30 of 2026 and were dispensed appropriate medications. Two rates are reported: • Dispensed a systemic corticosteroid (or there was evidence of an active prescription) within 14 days of the event. • Dispensed a bronchodilator (or there was evidence of an active prescription) within 30 days of the event. Requirements: Documentation of systemic corticosteroid or bronchodilator prescribed. Exclusions*	• Contact members once they have been discharged to schedule a follow-up appointment as soon as possible. • Assess for any potential barriers before selecting the appropriate medication. • Educate members on the proper way to utilize their inhaler. • Consider standing orders for those discharged from the hospital or emergency room. • Remind members to fill their corticosteroid and bronchodilator prescriptions. • Coordinate care with specialists, such as cardiologists and pulmonologists. • Educate the member about any potential side effects of their medication. If they experience discomfort, inform them that alternative options may be available. • Talk to members about the importance of medication adherence and scheduling follow-up visits, even if they feel better.	Pharmacy claims Systemic Corticosteroid Medications** • Glucocorticoids: Cortisone, Dexamethasone, Hydrocortisone, Methylprednisolone, Prednisolone, Prednisone Bronchodilator Medications** • Anticholinergic agents: Acclidinium bromide, Ipratropium, • Beta 2-agonists: Albuterol, Arformoterol, Formoterol

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What is the Measure	How to Close the Gap	Codes and Medications
PCR – Plan All-Cause Readmissions For persons 18 and older, the number of unplanned acute readmissions (inpatient and observation stays) for any diagnosis within 30 days of an acute hospitalization (inpatient and observation stays) in 2026. Exclusions: Persons who use hospice services or elect to use a hospice benefit any time during 2026.	• Sign up for real-time admission and discharge alerts (HIE/ADT). • Utilize the HIE, portals, or contact the facility to obtain discharge information. • Contact members and schedule post-discharge visits – especially for high-risk members – and promptly reschedule any missed appointments. • Review discharge information for medication changes, pending tests, and recommended follow-up services. • Discuss an action plan for symptoms that require immediate attention. • Refer as appropriate to health plan case management for high utilization or assistance with social determinants.	Claims data only
POD – Pharmacotherapy for Opioid Use Disorder Opioid use disorder (OUD) pharmacotherapy events that lasted at least 180 days among persons 16 and older with a diagnosis of OUD and a new OUD pharmacotherapy event. Requirements: An opioid use disorder (OUD) pharmacotherapy event that lasted at least 180 days without any gaps of 8 or more consecutive	• Consider medication assisted treatment (MAT) for opioid abuse or dependence. • Inform members with OUD of the risks and benefits of pharmacotherapy, treatment without medication, and no treatment. • Monitor medication prescriptions and do not allow any gap in treatment of 8	Pharmacy claims Opioid Use Disorder Treatment Medications** • Antagonist: Naltrexone (oral), Naltrexone (injectable) • Partial agonist: Buprenorphine (sublingual tablet), Buprenorphine (injection), Buprenorphine

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What is the Measure	How to Close the Gap	Codes and Medications
days. Exclusions*	or more consecutive days. • Discuss the importance of follow-up to help the member engage in treatment. • Educate about side effects of medications and what to do if side effects occur. • Identify and address any barriers to keeping appointments.	(implant), Buprenorphine/ naloxone (sublingual tablet, buccal film, sublingual film) • Agonist: Methadone (oral)
PPC – Prenatal and Postpartum Care For persons with deliveries of live births on or between October 8, 2025, and October 7, 2026. This measure assesses the timeliness of a prenatal care visit and postpartum care. Requirements: See PPC in Addendum Exclusions*	• Educate office staff to schedule a first trimester appointment with the provider, or as soon as possible if late entry to care. • Documentation of a prenatal care visit must be by an OB/GYN, other prenatal care practitioner, or PCP. Visits to a PCP must include a diagnosis of pregnancy. • Consider a practice-level quality improvement project if you find many cancelled or “no-show” appointments. • Mercy Care pays for two postpartum visits, so submit claims for both visits even if you are using global billing.	Prenatal Stand-Alone Visits CPT: 99500 HCPCS: H1000-H1004 CPT-CAT-II: 0500F-0502F Prenatal Visits CPT: 98000-98016, 98966-98968, 98970-98972, 98980, 98981, 99202-99205, 99211- 99215, 99242-99245, 99421-99423, 99441-99443, 99457, 99458, 99483 HCPCS: G0071, G0463, G2010, G2012, G2250-G2252, T1015 Prenatal Bundled Services CPT: 59400, 59425, 59426, 59510, 59610, 59618 HCPCS: H1005 See PPC in Addendum for additional

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What is the Measure	How to Close the Gap	Codes and Medications
		codes
PSA – Non-recommended PSA-Based Screening in Older Men (PSA) Men 70 and older who were screened unnecessarily for prostate cancer using prostate-specific antigen (PSA)-based screening. ➤ <i>A lower rate indicates better performance.</i> Goal: To decrease the percentage of men 70 and older who were screened unnecessarily for prostate cancer using prostate-specific antigen (PSA)-based screening. Exclusions*including: Men who had a diagnosis or event for which PSA-based testing is clinically appropriate. Any of the following meet criteria: - Prostate cancer diagnosis any time during the person's history through December 31, 2026. - Dysplasia of the prostate in 2025 or 2026. - A PSA test in 2025, where laboratory data indicate an elevated result (>4.0 nanograms/milliliter [ng/mL]). - An abnormal PSA test result or finding in 2025. - Dispensed prescription for a 5-alpha	- Educate male patients 70 years and older that research shows that most men over the age of 70 do not benefit from PSA-based screening. Some of these reasons include: - Many factors, such as age, can affect PSA levels resulting in unnecessary procedures with resultant harms. - Biopsy-related complications and subsequent overtreatment may result in substantial morbidity, including psychological distress, erectile dysfunction, urinary incontinence, major cardiovascular events, deep-vein thrombosis, and pulmonary embolism.	PSA Lab Test check CPT: 84152, 84153, 84154 HCPCS: G0103 5 ARI-Medications Finasteride, Dutasteride

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What is the Measure	How to Close the Gap	Codes and Medications
reductase inhibitor (5-ARI) in 2026.		
SAA – Adherence to Antipsychotic Medications for Individuals with Schizophrenia Persons 18 and older, with schizophrenia or schizoaffective disorder, who were dispensed and remained on an antipsychotic medication for at least 80% of their treatment period during 2026. Requirements: Documentation of anti-psychotic medication prescribed. Exclusions*including: - Persons with a diagnosis of dementia during 2026. - Persons who did not have at least two antipsychotic medication dispensing events, either by claim/encounter data or by pharmacy data, in 2026.	- Explain the purpose of the medication and why it has been prescribed. - Provide education to include how to fill prescriptions, proper medication use, and potential side effects. - Advise patients not to discontinue the medication without first consulting their provider. - Actively listen to patients during office visits to better understand their stressors and barriers, helping to determine the most appropriate course of treatment. - Utilize motivational interviewing techniques to address any hesitancy a patient may have about taking their medication. - Refer patients to therapeutic support services that offer counseling and help identify barriers to medication adherence (e.g., substance abuse, stigma, adverse drug reactions, lack of support, forgetfulness, potential side effects).	Pharmacy claims Long-Acting Injections 14-Day Supply HCPCS: J2794, J2801 Long-Acting Injections 28-Day Supply HCPCS: J0401, J1631, J1943, J1944, J2358, J2426, J2680 See SAA in Addendum for Antipsychotic medications

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What is the Measure	How to Close the Gap	Codes and Medications
	Refer patients to specialists trained in Cognitive Behavioral Therapy (CBT) to address inaccurate beliefs and negative perceptions about medications and the need for treatment.	
SFM – Sealant Receipt on Permanent Molars Children who have ever received sealants on permanent first molar teeth: - at least one sealant and - all four molars sealed by the 10th birthdate.	- Expand parent education. - Confirm appointments with all patients prior to the day of the appointment. Confirmation can include face-to-face communication, postcards, or other mailed materials, calls to landlines or mobile phones, and mobile phone voice and text messaging. - Consider Saturdays and once weekly evening appointments for working parents with school-aged children to help decrease the potential for missed appointments. - Educate providers on the PCP application of fluoride varnish initiative, including the required training and the process for submission of the certificate of completion.	At Least One Sealant: CDT: D1351 in the 48 months prior to the 10th birthdate, AND TOOTH-NUMBER: 3 OR 14 OR 19 OR 30, using the Universal Numbering System. All Four Molars Sealed: CDT: D1351 AND TOOTH-NUMBER = 3, using the Universal Numbering System, in the 48 months prior to the 10th birthdate, AND CDT: D1351 AND TOOTH-NUMBER = 14, using the Universal Numbering System, in the 48 months prior to the 10th birthdate, AND CDT: D1351 AND TOOTH-NUMBER = 19, using the Universal Numbering System, in the 48 months prior to the 10th birthdate, AND CDT: D1351 AND TOOTH-NUMBER = 30, using the Universal Numbering System,

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What is the Measure	How to Close the Gap	Codes and Medications
		in the 48 months prior to the 10 th birthdate
SPC-E – Statin Therapy for Patients with Cardiovascular Disease ➤ <i>Statin Therapy for Patients with Cardiovascular Disease is now collected strictly through electronic data sources.</i> Persons diagnosed with atherosclerotic cardiovascular disease (ASCVD) who are prescribed and take the appropriate statin medications and met the following requirements. Two rates are reported: Received Statin Therapy - Persons who were dispensed at least one high-intensity or moderate intensity statin medication in 2026. Statin Adherence 80% - Persons who remained on a high-intensity or moderate-intensity statin medication for at least 80% of the treatment period. Exclusions*including: - Persons receiving palliative care or who had an encounter for palliative care in 2026. - Persons with a diagnosis of pregnancy or in vitro fertilization (IVF) in 2025 or 2026.	- According to the American Heart Association (AHA) guidelines: If high-intensity statin therapy is contraindicated or not tolerated, moderate-intensity therapy is recommended. Effective ASCVD risk reduction requires adherence to both pharmacologic treatment and lifestyle modifications. - Emphasize the need for regular check-ins of cardiac patients to assess tolerance, adherence, and lab results. - Longer refills reduce pharmacy trips, support consistent use, and are associated with higher adherence rates – especially for chronic therapies like statins. - Discuss side effects and offer alternatives, such as switching statins or adjusting dose. - Discuss the use of a pillbox to organize daily medication, helping reduce missed doses or accidental double dosing, and promoting safer, more consistent	Electronic Clinical Data Systems (ECDS) Statin Therapy Medications** High Intensity Medications: Amlodipine-atorvastatin, Rosuvastatin, Atorvastatin, Simvastatin, Ezetimibe-simvastatin Moderate Intensity Medications: Amlodipine-atorvastatin, Rosuvastatin, Atorvastatin, Simvastatin, Ezetimibe-simvastatin, Fluvastatin, Lovastatin, Pravastatin, Pitavastatin

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What is the Measure	How to Close the Gap	Codes and Medications
• Dispensed at least one prescription of clomiphene in 2025 or 2026. • ESRD, dialysis, or cirrhosis in 2025 or 2026. • Myalgia, myositis, myopathy, or rhabdomyolysis in 2026. • Myalgia or rhabdomyolysis caused by a statin any time during the person's history through the end of 2026.	medication management. • Encourage the use of phone alarms, smart device notifications, or clock reminders to support timely medication intake.	
SPD-E – Statin Therapy for Patients with Diabetes ➤ <i>Statin Therapy for Patients with Diabetes is now collected strictly through electronic data sources.</i> Persons 40-75 during 2026 with diabetes who do not have clinical atherosclerotic cardiovascular disease (ASCVD) who met the following requirements. Two rates are reported. 1. Received Statin Therapy – Persons who were dispensed at least one statin medication of any intensity in 2026. 2. Statin Adherence 80% - Persons who remained on a statin medication of any intensity for at least 80% of the treatment	• Consider the efficacy of statins in reducing cardiovascular risks for your patients based on the recommendations of American Diabetes Association, US Preventative Services Task Force, and American College of Cardiology. • Person ages 40-75 with diabetes and no ASCVD: Use moderate-intensity statin plus life-style therapy. • Person ages 40-75 with diabetes and elevated ASCVD risk: Use high-intensity statin to lower LDL by $\geq 50\%$ and target < 70 mg/dL. • Person any age with diabetes and ASCVD: Use high-intensity statin with life-style therapy.	Electronic Clinical Data Systems (ECDS) Statin Therapy Medications** • High Intensity Medications: Atorvastatin, Amlodipine-Atorvastatin, Rosuvastatin, Simvastatin, Ezetimibe-Simvastatin • Moderate Intensity Medications: Atorvastatin, Amlodipine-Atorvastatin, Rosuvastatin, Simvastatin, Ezetimibe-Simvastatin, Fluvastatin, Lovastatin, Pravastatin, Pitavastatin • Low Intensity Medications: Ezetimibe-Simvastatin, Fluvastatin, Lovastatin, Pravastatin, Simvastatin

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What is the Measure	How to Close the Gap	Codes and Medications
period. Exclusions*including: - Persons who had a MI, CABG, PCI, or other revascularization procedures in any setting during the year prior to the measurement period. - Persons with the diagnosis of pregnancy, received IVF, dispensed at least one prescription for clomiphene, ESRD, dialysis, or cirrhosis in 2025 or 2026. - Persons with myalgia, myositis, myopathy, or rhabdomyolysis in 2026. - Myalgia or rhabdomyolysis caused by a statin any time during the person's history through December 31, 2026. - Persons receiving palliative care or had an encounter for palliative care any time during 2026. - Persons who had at least two diagnoses of ASCVD on different dates of service during 2025 or 2026.	Stress importance of regular visits with your diabetic patients to make sure they are following their medication regimen.	
SSD – Diabetes Screening for People with Schizophrenia or Bipolar Disorder Who Are Using Antipsychotic Medications	- Explain importance of screening. - Follow-up with the member about what their result was and review their	Glucose Lab Test CPT: 80047, 80048, 80050, 80053, 80069, 82947, 82950, 82951

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What is the Measure	How to Close the Gap	Codes and Medications
Persons 18-64 with schizophrenia, schizoaffective disorder, or bipolar disorder, who were dispensed an antipsychotic medication and had a diabetes screening test during 2026. Requirements: A diabetic screening (glucose or HbA1c test) and date of service. Exclusions*including: - Persons with diabetes. - Persons who had no antipsychotic medications dispensed in 2026.	treatment plan based on their result. Discuss and address barriers the member may have to receiving a diabetic screening test.	HbA1C Lab Test CPT: 83036, 83037 HbA1c Test Result or Finding CPT-CAT-II: 3044F, 3046F, 3051F, 3052F
TFC – Topical Fluoride for Children Persons aged 1–4 who received at least two fluoride varnish applications in 2026. Requirements: Date of service and fluoride varnish code. Exclusions*	- Educate parents on the importance of sealants in preventing dental caries. - Offer evening and weekend hours to accommodate school schedules. - Provider rosters can change throughout the year and newly assigned members need to have care initiated. Check rosters frequently using Availity.	Fluoride Varnish CPT: 99188 CDT: D1206
TRC – Transitions of Care Persons 18 and older who had a discharge from hospital or SNF in 2026 with the following TRC components present in the outpatient (OP) medical record:	Track admissions (e.g., via ADT/HIE alerts) and document them in the OP medical record within the 3-day timeframe, including any notifications received via phone or email from the health plan or facility.	Outpatient and Telehealth 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,

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What is the Measure	How to Close the Gap	Codes and Medications
• Notification of Inpatient Admission - Filed or integrated in the OP medical record and accessible to the PCP or ongoing care provider within a 3-day timeframe, including the day of admission. • Receipt of Discharge Information - Filed or integrated in the OP medical record and accessible to the PCP or ongoing care provider within a 3-day timeframe, including the day of discharge. • Patient Engagement after Inpatient Discharge - Documented in the OP medical record as provided within 30 days after discharge (do not include engagement that occurs on the date of discharge). • Medication Reconciliation Post-Discharge - Documented in the OP medical record as completed on the date of discharge through 30 days after discharge (total 31 days). Requirements: • Evidence of all 4 TRC components within the OP medical record belonging to the member's PCP or ongoing care provider. • Use Applicable Codes to help capture Patient Engagement and Medication Reconciliation.	• Note: Documentation that the member or member's family notified the provider is not accepted for TRC. • Follow-up on provider referrals to the ED; document any subsequent admission in the OP medical record. • Track discharges (e.g. via ADT/HIE alerts) and request or retrieve discharge summaries. On receipt, file these in the OP medical record within the 3-day timeframe. • Note: Continuity of Care documents are NOT accepted for TRC (not considered legal health records). • Ensure a clear date of receipt is evident for retrieved or received inpatient facility records (e.g., discharge summaries) to indicate date accessible to the provider. This may include a print or fax date, or an attached scan or upload date (e.g., for records from HIE). • Contact members and schedule post-discharge visits – especially for high-risk members – and promptly reschedule any missed appointments.	99401-99404, 99411, 99412, 99421-99423, 99429, 99441-99443, 99455-99458, 99483 HCPCS: G0071, G0402, G0438, G0439, G0463, G2010, G2012, G2250-G2252, T1015 Medication Reconciliation Encounter CPT: 99483, 99495, 99496 Medication Reconciliation Intervention CPT: 99605, 99606 CPT-CAT-II: 1111F Transitional Care Management Services CPT: 99495, 99496

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What is the Measure	How to Close the Gap	Codes and Medications
Exclusions*	- Acknowledge provider awareness of the hospital or rehab stay during post-discharge visits – for example, by documenting the reason for the visit as “Hospital follow-up” (HFU) or “SNF follow-up.” - Ensure Transition Care Calls with a med review are completed/co-signed by accepted providers only: RN, prescribing provider, or pharmacist.	
W30 – Well-Child Visits in the First 30 Months of Life Persons turning 30 months old in 2026 and had: 6 or more well-child visits with a primary care physician during their first 15 months of life and - an additional 2 or more well-child visits with primary care physician between 15-30 months of age. Exclusions*	- Educate staff to schedule visits within the time frames. - Exam requirements can be met during sick visits or a well-child exam.	Well-Care CPT: 99381-99385, 99391-99395, 99461 HCPCS: G0438, G0439, S0302, S0610, S0612, S0613 Encounter for Well Care ICD10CM: Z00.00, Z00.01, Z00.110, Z00.111, Z00.121, Z00.129, Z00.2, Z00.3, Z01.411, Z01.419, F02.5, Z02.84, Z76.1, Z76.2
WCC – Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents Persons 3-17 who had an outpatient visit with a PCP or OB/GYN and who had evidence of the	Documentation of either of the following meets criteria for BMI percentile: BMI percentile as a value (e.g., 75th percentile)	BMI Percentile ICD10CM: Z68.51-Z68.56 Nutrition Counseling CPT: 97802-97804 HCPS: G0270, G0271, G0447, S9449,

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What is the Measure	How to Close the Gap	Codes and Medications
following in 2026: - BMI Percentile documentation - Counseling for Nutrition - Counseling for Physical Activity <i>Because BMI norms for youth vary with age and gender, this measure evaluates whether BMI percentile is assessed rather than an absolute BMI value.</i> Requirements: Documentation of height, weight, BMI %; date of service and code for nutrition and physical activity counseling. Exclusions*including: - A diagnosis of pregnancy any time during 2026.	- BMI percentile plotted on an age-growth chart Documentation of Counseling for Nutrition must indicate at least one of the following: - Discussion of current nutrition behaviors (e.g., eating habits, dieting behaviors) - Checklist indicating nutrition was addressed - Counseling or referral for nutrition education - Received educational materials on nutrition during a face-to-face visit - Weight or obesity counseling Documentation of Counseling for Physical Activity must indicate at least one of the following: - Discussion of current physical activity behaviors (e.g., exercise routine, participation in sports activities, exam for sports participation) - Checklist indicating physical activity was addressed - Counseling or referral for physical	S9452, S9470 Physical Activity Counseling HCPCS: G0447, S9451 Encounter for Physical Activity Counseling ICD10CM: Z02.5, Z71.82

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What is the Measure	How to Close the Gap	Codes and Medications
	activity - Received educational materials on physical activity during a face-to-face visit - Weight or obesity counseling	
WCV – Child and Adolescents Well-Care Visits Persons 3-21 years old who had at least one comprehensive well-care visit with a primary care practitioner or an OB/GYN practitioner in 2026. Requirements: One or more well-care visits with a PCP or OB/GYN in 2026. Exclusions*	Schedule routine well-care visits each measurement year.	Well-Care CPT: 99381-99385, 99391-99395, 99461 HCPCS: G0438, G0439, S0302, S0610, S0612, S0613 Encounter for Well Care ICD10CM: Z00.00, Z00.01, Z00.110, Z00.111, Z00.121, Z00.129, Z00.2, Z00.3, Z01.411, Z01.419, Z02.5, Z02.84, Z76.1, Z76.2

For more information about the Gaps in Care Report and HEDIS measures, go to the Mercy Care website, HEDIS page: [Mercy Care | HEDIS](#)

For questions on coding, please reach out to your Network Management representative. For contact information go to [Mercy Care | Providers | Our Network](#) and scroll down to Network Management/Contact for your assigned Network Management representative.

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Measure	Addendum – Codes, Medications, and Requirements
ADD-E Codes	Partial Hospitalization or Intensive Outpatient HCPCS: G0410-G0411, H0035, H2001, H2012, S0201, S9480, S9484-S9485 Telephone Visits CPT: 98008-98015, 98966-98968, 99441-99443 Visit Setting Unspecified: CPT: 90791, 90792, 90832-90834, 90836-90840, 90845, 90847, 90849, 90853, 90875, 90876, 99221-99223, 99231-99233, 99238, 99239, 99252-99255 ○ Community mental health center visit POS: 53 ○ Intensive outpatient encounter or partial hospitalization POS: 52 ○ Outpatient visit POS: 3, 5, 7, 9, 11-20, 22, 33, 49, 50, 71, 72 ○ Telehealth visit POS: 2, 10
APP - Meds**	Antipsychotic Medications • Aripiprazole, Aripiprazole lauroxil, Asenapine, Brexpiprazole, Cariprazine, Chlorpromazine, Clozapine, Fluphenazine, Haloperidol, Iloperidone, Loxapine, Lurasidone, Molindone, Olanzapine, Paliperidone, Perphenazine, Pimozide, Quetiapine, Risperidone, Thioridazine, Thiothixene, Trifluoperazine, Ziprasidone Antipsychotic Combination Medications • Fluoxetine/olanzapine, Amitriptyline/perphenazine
CIS-E Codes	(RV) Vaccine Procedure CPT: 90681 (RV 2 DOSE), 90680 (RV 3 DOSE) (INFLUENZA) Vaccine Procedure CPT: 90655, 90657, 90661, 90673, 90674, 90685-90689, 90756 HCPCS: G0008 (INFLUENZA-LAIV) Vaccine Procedure

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Measure	Addendum – Codes, Medications, and Requirements
	CPT: 90660, 90672 Hepatitis A ICD10CM: B15.0, B15.9 Hepatitis B ICD10CM: B16.0, B16.1, B16.2, B16.9, B17.0, B18.0, B18.1, B19.10, B19.11 Measles ICD10CM: B05.0, B05.1, B05.2, B05.3, B05.4, B05.81, B05.89, B05.9 Mumps ICD10CM: B26.0, B26.1, B26.2, B26.3, B26.81, B26.82, B26.83, B26.84, B26.85, B26.89, B26.9 Rubella ICD10CM: B06.00, B06.01, B06.02, B06.09, B06.81, B06.82, B06.89, B06.9 Varicella Zoster ICD10CM: B01.0, B01.11, B01.12, B01.2, B01.81, B01.89, B01.9, B02.0, B02.1, B02.21, B02.22, B02.23, B02.24, B02.29, B02.30, B02.31, B02.32, B02.33, B02.34, B02.39, B02.7, B02.8, B02.9
DSF-E Codes	Depression Case Management Encounter CPT: 99366, 99492-99494 HCPCS: G0512, T1016, T1017, T2022, T2023 Follow Up Visit CPT: 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 HCPCS: G0071, G0463, G2010, G2012, G2250-G2252, T1015 Depression and Other Behavioral Health Conditions (Not a complete list – see below) ICD10CM: F01.511, F01.518, F06.4, F10.180, F10.280, F10.980, F11.188, F11.288, F11.988, F12.180, F12.280, F12.980, F13.180, F13.280, F13.980, F14.180, F14.280, F14.980, F15.180, F15.280, F15.980, F16.180, F16.280, F16.980, F18.180,

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Measure	Addendum – Codes, Medications, and Requirements
	F18.280, F18.980, F19.180, F19.280, F19.980, F20.0, F20.1, F20.2, F20.3, F20.5, F20.81, F20.89, F20.9, F21, F22, F23, F24, F25.0, F25.1, F25.8, F25.9, F28, F29, F30.10, F30.11, F30.12, F30.13, F30.2, F30.3, F30.4, F30.8, F31.0, F31.10, F31.11, F31.12, F31.13, F31.2, F31.30, F31.31, F31.32, F31.4, F31.5, F31.60, F31.61, F31.62, F31.63, F31.64, F31.70, F31.71, F31.72 For a complete list of NCQA approved ICD10CM codes for HEDIS, please visit: https://www.ncqa.org/hedis/measures and search under HEDIS Measures and Technical Resources.
FUA - Codes	AOD Medication Treatment HCPCS: G0533, G2069, G2073, H0020, H0033, J0571-J0575, J0577, J0578, J2315, Q9991, Q9992, S0109 Online Assessments CPT: 98016, 98970-98972, 98980, 98981, 99421-99423, 99457, 99458 HCPCS: G0071, G2010, G2012, G2250-G2252 ODD Monthly Office Based Treatment HCPCS: G2069, G2086, G2087 ODD Weekly Drug Treatment Service HCPCS: G0533, G2067, G2068, G2073 ODD Weekly Non-Drug Services HCPCS: G2074-G2077, G2080 Partial Hospitalization or Intensive Outpatient HCPCS: G0410, G0411, H0035, H2001, H2012, S0201, S9480, S9484, S9485 Peer Support Services HCPCS: G0140, G0177, H0024, H0025, H0038, H0046, H2014, H2023, S9445, T1012, T1016, T1017 Substance Use Disorder Services CPT: 99408, 99409 HCPCS: G0396, G0397, G0443, H0001, H0005, H0007, H0015, H0016, H0022, H0047, H0050, H2035, H2036, T1006, T1012

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Measure	Addendum – Codes, Medications, and Requirements
	Substance Use Services HCPCS: H0006, H0028 Telephone Visits CPT: 98008-98015, 98966-98968, 99441-99443 Visit Setting Unspecified CPT: 90791, 90792, 90832-90834, 90836-90840, 90845, 90847, 90849, 90853, 90875, 90876, 99221-99223, 99231-99233, 99238, 99239, 99252-99255 ○ Community mental health center visit POS: 53 ○ Intensive OP encounter or partial hospitalization POS: 52 ○ Nonresidential substance abuse treatment facility visit POS: 57, 58 ○ Outpatient visit POS: 3, 5, 7, 9, 11-20, 22, 33, 49, 50, 71, 72 ○ Telehealth visit POS: 2, 10 AOD Abuse and Dependence (Not a complete list - see below) ICD10CM: F10.10, F10.120, F10.121, F10.129, F10.130, F10.131, F10.132, F10.139, F10.14, F10.150, F10.151, F10.159, F10.180, F10.181, F10.182, F10.188, F10.19, F10.20, F10.220, F10.221, F10.229, F10.230, F10.231, F10.232, F10.239, F10.24, F10.250, F10.251, F10.259, F10.26, F10.27, F10.280, F10.281, F10.282, F10.288, F10.29, F11.10, F11.120, F11.121, F11.122, F11.129, F11.13, F11.14, F11.150, F11.151, F11.159, F11.181, F11.182, F11.188, F11.19, F11.20, F11.220, F11.221, F11.222, F11.229, F11.23, F11.24, F11.250, F11.251, F11.259, F11.281, F11.282, F11.288 Substance Induced Disorders (Not a complete list – see below) ICD10CM: F10.90, F10.920, F10.921, F10.929, F10.930, F10.931, F10.932, F10.939, F10.94, F10.950, F10.951, F10.959, F10.96, F10.97, F10.980, F10.981, F10.982, F10.988, F10.99, F11.90, F11.920, F11.921, F11.922, F11.929, F11.93, F11.94, F11.950, F11.951, F11.959, F11.981, F11.982, F11.988, F11.99, F12.90, F12.920, F12.921, F12.922, F12.929, F12.93, F12.950, F12.951, F12.959, F12.980, F12.988, F12.99, F13.90, F13.920, F13.921, F13.929, F13.930, F13.931, F13.932, F13.939, F13.94, F13.950, F13.951, F13.959, F13.96, F13.97, F13.980, F13.981, F13.982, F13.988 Unintentional Drug Overdose (Not a complete list – see below) ICD10CM: T40.0X1A, T40.0X1D, T40.0X1S, T40.0X4A, T40.0X4D, T40.0X4S, T40.1X1A, T40.1X1D, T40.1X1S, T40.1X4A,

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Measure	Addendum – Codes, Medications, and Requirements
	T40.1X4D, T40.1X4S, T40.2X1A, T40.2X1D, T40.2X1S, T40.2X4A, T40.2X4D, T40.2X4S, T40.3X1A, T40.3X1D, T40.3X1S, T40.3X4A, T40.3X4D, T40.3X4S, T40.411A, T40.411D, T40.411S, T40.414A, T40.414D, T40.414S, T40.421A, T40.421D, T40.421S, T40.424A, T40.424D, T40.424S, T40.491A, T40.491D, T40.491S, T40.494A, T40.494D, T40.494S, T40.5X1A, T40.5X1D, T40.5X1S, T40.5X4A, T40.5X4D, T40.5X4S, T40.601A, T40.601D, T40.601S, T40.604A, T40.604D, T40.604S For a complete list of NCQA approved ICD10CM codes for HEDIS, please visit: https://www.ncqa.org/hedis/measures and search under HEDIS Measures and Technical Resources.
FUH - Codes	Residential Behavioral Health Treatment HCPCS: H0017-H0019, T2048 Telephone Visits CPT: 98008-98015, 98966-98968, 99441-99443 Transitional Care Management Services CPT: 99495, 99496 Visit Setting Unspecified CPT: 90791, 90792, 90832-90834, 90836-90840, 90845, 90847, 90849, 90853, 90875, 90876, 99221-99223, 99231-99233, 99238, 99239, 99252-99255 ○ Community mental health center visit POS: 53 ○ Intensive OP encounter or partial hospitalization POS: 52 ○ Outpatient visit POS: 3, 5, 7, 9, 11-20, 22, 33, 49, 50, 71, 72 ○ Psychiatric residential treatment POS: 56 ○ Telehealth visit POS: 2, 10 Mental Health Diagnosis (Not a complete list – see below) ICD-10CM: F03.90, F03.911, F03.918, F03.92, F03.93, F03.94, F03.A0, F03.A11, F03.A18, F03.A2, F03.A3, F03.A4, F03.B0, F03.B11, F03.B18, F03.B2, F03.B3, F03.B4, F03.C0, F03.C11, F03.C18, F03.C2, F03.C3, F03.C4, F20.0, F20.1, F20.2, F20.3, F20.5, F20.81, F20.89, F20.9, F21, F22, F23, F24, F25.0, F25.1, F25.8, F25.9, F28, F29, F30.10, F30.11, F30.12, F30.13, F30.2, F30.3, F30.4, F30.8, F30.9, F31.0, F31.10, F31.11, F31.12, F31.13, F31.2, F31.30, F31.31,

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Measure	Addendum – Codes, Medications, and Requirements
	F31.32, F31.4, F31.5, F31.60, F31.61, F31.62, F31.63, F31.64, F31.70, F31.71, F31.72, F31.73, F31.74, F31.75, F31.76 For a complete list of NCQA approved ICD10CM codes for HEDIS, please visit: https://www.ncqa.org/hedis/measures and search under HEDIS Measures and Technical Resources.
FUM - Codes	Partial Hospitalization or Intensive Outpatient HCPCS: G0410, G0411, H0035, H2001, H2012, S0201, S9480, S9484, S9485 Peer Support Services HCPCS: G0140, G0177, H0024, H0025, H0038, H0046, H2014, H2023, S9445, T1012, T1016, T1017 Psychiatric Collaborative Care Management CPT: 99492-99494 HCPCS: G0512 Residential Behavioral Health Treatment HCPCS: H0017-H0019, T2048 Telephone Visits CPT: 98008-98015, 98966-98968, 99441-99443 Visit Setting Unspecified CPT: 90791, 90792, 90832-90834, 90836-90840, 90845, 90847, 90849, 90853, 90875, 90876, 99221-99223, 99231-99233, 99238, 99239, 99252-99255 ○ Community mental health center visit POS: 53 ○ Intensive OP encounter or partial hospitalization POS: 52 ○ Outpatient Visit POS: 3, 5, 7, 9, 11-20, 22, 33, 49, 50, 71, 72 ○ Psychiatric residential treatment POS: 56 ○ Telehealth visit POS: 2, 10 Mental Health Diagnosis (Not a complete list - see below) ICD-10CM: F03.90, F03.911, F03.918, F03.92, F03.93, F03.94, F03.A0, F03.A11, F03.A18, F03.A2, F03.A3, F03.A4, F03.B0, F03.B11, F03.B18, F03.B2, F03.B3, F03.B4, F03.C0, F03.C11, F03.C18, F03.C2, F03.C3, F03.C4, F20.0, F20.1,

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Measure	Addendum – Codes, Medications, and Requirements
	F20.2, F20.3, F20.5, F20.81, F20.89, F20.9, F21, F22, F23, F24, F25.0, F25.1, F25.8, F25.9, F28, F29, F30.10, F30.11, F30.12, F30.13, F30.2, F30.3, F30.4, F30.8, F30.9, F31.0, F31.10, F31.11, F31.12, F31.13, F31.2, F31.30, F31.31, F31.32, F31.4, F31.5, F31.60, F31.61, F31.62, F31.63, F31.64, F31.70, F31.71, F31.72, F31.73, F31.74, F31.75, F31.76 For a complete list of NCQA approved ICD10CM codes for HEDIS, please visit: https://www.ncqa.org/hedis/measures and search under HEDIS Measures and Technical Resources.
IET - Codes, Meds**	OUD Monthly Office Based Treatment HCPCS: G2069, G2086, G2087 OUD Weekly Drug Treatment Service HCPCS: G0533, G2067, G2068, G2073 OUD Weekly Non-Drug Service HCPCS: G2074-G2077, G2080 Partial Hospitalization or Intensive Outpatient HCPCS: G0410, G0411, H0035, H2001, H2012, S0201, S9480, S9484, S9485 Substance Use Disorder Service CPT: 99408, 99409 HCPCS: G0396, G0397, G0443, H0001, H0005, H0007, H0015, H0016, H0022, H0047, H0050, H2035, H2036, T1006, T1012 Telephone Visits CPT: 98008-98015, 98966-98968, 99441-99443 Visit Setting Unspecified CPT: 90791, 90792, 90832-90834, 90836-90840, 90845, 90847, 90849, 90853, 90875, 90876, 99221-99223, 99231-99233, 99238, 99239, 99252-99255 ○ Community mental health center visit POS: 53 ○ Intensive OP encounter or partial hospitalization POS: 52 ○ Nonresidential substance abuse treatment facility visit POS: 57, 58

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Measure	Addendum – Codes, Medications, and Requirements
	○ Outpatient visit POS: 3, 5, 7, 9, 11-20, 22, 33, 49, 50, 71, 72 ○ Telehealth visit POS: 2, 10 Engagement Medication Treatment Events ○ Alcohol Use Disorder Treatment Medications ● Aldehyde dehydrogenase inhibitor: Disulfiram (oral) ● Antagonist: Naltrexone (Oral and injectable) ● Other: Acamprosate (oral; delayed) ○ Opioid Use Disorder Treatment Medications: ● Antagonist: Naltrexone (oral), Naltrexone (injectable) ● Partial agonist: Buprenorphine (sublingual tablet); Buprenorphine (injection), Buprenorphine (implant), Buprenorphine/naloxone (sublingual tablet, buccal film, sublingual film) Buprenorphine Implant HCPCS: G2070, G2072, J0570 Buprenorphine Injection HCPCS: G0533, G2069, Q9991, Q9992 Buprenorphine Naloxone HCPCS: J0572-J0575 Buprenorphine Oral HCPCS: H0033, J0571 Buprenorphine Oral Weekly HCPCS: G2068, G2079 Methadone Oral HCPCS: H0020, S0109 Methadone Oral Weekly HCPCS: G2067, G2068

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Measure	Addendum – Codes, Medications, and Requirements
	Naltrexone Injection HCPCS: G2073, J2315 Alcohol Abuse and Dependence ICD10CM: F10.10, F10.120, F10.121, F10.129, F10.130, F10.131, F10.132, F10.139, F10.14, F10.150, F10.151, F10.159, F10.180, F10.181, F10.182, F10.188, F10.19, F10.20, F10.220, F10.221, F10.229, F10.230, F10.231, F10.232, F10.239, F10.24, F10.250, F10.251, F10.259, F10.26, F10.27, F10.280, F10.281, F10.282, F10.288, F10.29 Opioid Abuse and Dependence ICD10CM: F11.10, F11.120, F11.121, F11.122, F11.129, F11.13, F11.14, F11.150, F11.151, F11.159, F11.181, F11.182, F11.188, F11.19, F11.20, F11.220, F11.221, F11.222, F11.229, F11.23, F11.24, F11.250, F11.251, F11.259, F11.281, F11.282, F11.288, F11.29 Other Drug Abuse and Dependence (Not a complete list – see below) ICD10CM: F12.10, F12.120, F12.121, F12.122, F12.129, F12.13, F12.150, F12.151, F12.159, F12.180, F12.188, F12.19, F12.20, F12.220, F12.221, F12.222, F12.229, F12.23, F12.250, F12.251, F12.259, F12.280, F12.288, F12.29, F13.10, F13.120, F13.121, F13.129, F13.130, F13.131, F13.132, F13.139, F13.14, F13.150, F13.151, F13.159, F13.180, F13.181, F13.182, F13.188, F13.19, F13.20, F13.220, F13.221, F13.229, F13.230, F13.231, F13.232, F13.239, F13.24, F13.250, F13.251, F13.259, F13.26, F13.27, F13.280, F13.281, F13.282, F13.288, F13.29, F14.10, F14.120, F14.121 For a complete list of NCQA approved ICD10CM codes for HEDIS, please visit: https://www.ncqa.org/hedis/measures and search under HEDIS Measures and Technical Resources.
PPC - Requirements, Codes	Requirements for prenatal care: Must include a note indicating the date when the prenatal care visit occurred (in the first trimester, on or before the enrollment start date or within 42 days of enrollment in Mercy Care) and evidence of one of the following: - Documentation indicating the person is pregnant or references to the pregnancy, for example: - Documentation in a standardized prenatal flow sheet, or - Documentation of last menstrual period (LMP), EDD or gestational age, or

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Measure	Addendum – Codes, Medications, and Requirements
	• A positive pregnancy test result, or • Documentation of gravidity and parity, or • Documentation of complete obstetrical history, or • Documentation of prenatal risk assessment and counseling/education 2. A basic physical obstetrical examination that includes auscultation for fetal heart tone, or pelvic exam with obstetric observations, or measurement of fundus height (a standardized prenatal flow sheet may be used) 3. Evidence that a prenatal care procedure was performed, such as: • Screening test in the form of an obstetric panel (must include all the following: hematocrit, differential WBC count, platelet count, hepatitis B surface antigen, rubella antibody, syphilis test, RBC antibody screen, Rh and ABO blood typing), or • TORCH antibody panel alone, or • A rubella antibody test/titer with an Rh incompatibility (ABO/Rh) blood typing, or • Ultrasound of a pregnant uterus Requirements for postpartum care: Must include a note indicating the date when a postpartum visit occurred (on or between 7 and 84 days after delivery) and one of the following: 1. Pelvic exam 2. Evaluation of weight, BP, breasts, and abdomen • Notation of “breastfeeding” is acceptable for the “evaluation of breasts” component 3. Notation of postpartum care, including, but not limited to: • Notation of “postpartum care”, “PP care”, “PP check”, “6-week check” • A preprinted “Postpartum Care” form in which information was documented during the visit

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Measure	Addendum – Codes, Medications, and Requirements
	4. Perineal or cesarean incision/wound check 5. Screening for depression, anxiety, tobacco use, substance use disorder, or preexisting mental health disorders 6. Glucose screening for persons with gestational diabetes 7. Documentation of any of the following topics: • Infant care or breastfeeding • Resumption of intercourse, birth spacing or family planning • Sleep/fatigue • Resumption of physical activity • Attainment of healthy weight Postpartum Bundled Services CPT: 59400, 59410, 59510, 59515, 59610, 59614, 59618, 59622 Postpartum Care CPT: 57170, 58300, 59430, 99501 CPT-CAT-II: 0503F HCPCS: G0101 Or any of Cervical Cytology CPT/HCPCS Codes: see listed in the CCS-E Cervical Cancer Screening measure.
SAA - Meds**	Oral Antipsychotic Medications • Amitriptyline/perphenazine, Aripiprazole, Asenapine, Brexpiprazole, Cariprazine, Chlorpromazine, Clozapine, Fluphenazine, Haloperidol, Iloperidone, Loxapine, Lumateperone, Lurasidone, Molindone, Olanzapine, Paliperidone, Perphenazine, Prochlorperazine, Quetiapine, Risperidone, Thioridazine, Thiothixene, Trifluoperazine, Ziprasidone Long-Acting Injections

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Measure	Addendum – Codes, Medications, and Requirements
	• Long-acting injections 14 Day supply: Risperidone • Long-acting injections 28-day supply: Aripiprazole, Aripiprazole lauroxil, Fluphenazine decanoate, Haloperidol decanoate, Olanzapine

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