School-Based Health Center Tool Kit

Molina Healthcare of New Mexico, Inc.
Medicaid 2025

Last updated: March 2025

MOLINA HEALTHCARE®

Molina Healthcare of New Mexico
Provider Network Contacts 2025

General contact information	
Type of request	**Contact**
New provider contract requests	NMProviderContracting@MolinaHealthcare.com Fax: (505) 798-7313
Adding providers to existing contracts: • New provider joining an existing contracted group requires credentialing • New provider joining an existing contracted group and the provider is already credentialed with Molina	MHNMCredentialing@MolinaHealthcare.com Fax: (505) 348-0932 Please contact your Provider Relations representative
General provider questions/inquiries and Medicare Model of Care (MOC) training attestations	MHNM.ProviderServices@MolinaHealthcare.com or contact your Provider Relations representative
Provider appeals & grievances	Molina Healthcare of New Mexico PO Box 182273 Chattanooga, TN 37422 Phone: (855) 322-4078 Claims disputes/reconsiderations fax: (855) 378-3642 Provider appeals fax: (855) 378-3643
Molina Healthcare website (Provider updates, newsletters, provider manual, forms, resources, provider portal)	New Mexico Providers Homepage (MolinaHealthcare.com)

Molina Healthcare of New Mexico contact information

The following is a list of contact information to assist you in making the appropriate contact.

Population Health Department SBHC Liaison Support

Our Population Health team focuses on initiatives that enhance access to care, address social determinants of health and promote overall well-being for children and families. We are here to support SBHCs in providing vital services to students across New Mexico

Email: NMschoolbasedhealthliasion@MolinaHealthcare.com

Member Services

Member Services is responsible for member benefits, eligibility, selecting or changing primary care providers (PCP) and member grievances. Member Services handles all telephone and written inquiries regarding these subjects. Member Services representatives are available Monday-Friday, 8 a.m. to 5 p.m. MT, except for New Year's Day, Memorial Day, Independence Day, Labor Day, Thanksgiving Day and Christmas Day.

Address:
Molina Healthcare of New Mexico, Inc.
400 Tijeras NW, Suite 200
Albuquerque, NM 87102

Toll-free phone: (844) 835-4543
TTY/TDD: 711 Relay

Member appeals and grievances

Services are available in English and Spanish.

Toll-free phone: (844) 862-4543

Fax: (505) 942-0583
TTY/TDD: 711 Relay

Email: MNM.Medicaid.MemberAppealsandGrievances@MolinaHealthcare.com

Claims

Molina Healthcare strongly encourages participating providers to submit claims electronically (via a clearinghouse or the Availity Essentials portal).

EDI payer ID: 09824

To verify claims, please use the Availity portal. For other claims questions, contact Provider Services at (855) 322-4078.

The claims recovery department manages recovery for overpayment and incorrect payment of claims.

Provider disputes	Molina Healthcare of New Mexico PO Box 182273 Chattanooga, TN 37422
Refund checks lockbox	Molina Healthcare of New Mexico PO Box 741766 Los Angeles, CA 90074-1766
Toll-free phone	(866) 642-8999

Compliance and Fraud Alertline

If providers suspect cases of fraud, waste or abuse, they must report it to Molina. You may contact the Molina Alertline or submit a grievance using the website listed below. For additional information on fraud, waste and abuse, please refer to the compliance section of the Provider Manual.

The Molina Alertline is available 24 hours a day/seven days a week.

Address:
Molina Healthcare of New Mexico, Inc.
400 Tijeras NW, Suite 200
Albuquerque, NM 87102

Toll-free phone: (866) 606-3889

Website: MolinaHealthcare.Alertline.com

Provider credentialing/recredentialing

Molina credentials practitioners/providers in accordance with internal policies and procedures. These policies and procedures meet standards and guidelines set forth by state, federal and national accrediting bodies, including the National Committee for Quality Assurance (NCQA), the New Mexico Department of Insurance (DOI) and the New Mexico Healthcare Authority (HCA).

Molina requires all licensed practitioners/providers who fall within the defined scope of credentialing policies and procedures to meet and maintain standards and requirements established by Molina. Molina must credential defined practitioners/ providers before seeing Molina members. Molina Healthcare Incorporated (MHI) performs Molina's primary source verification of practitioner information.

Contracting

Timeline: If the initial application submission (for new and amended contracts) contains all required documents, processing typically takes 45 days or less.

Executing a new contract (if applicable)

1. Submit a Provider Contract Request Form
   - Complete and submit the form to NMProviderContracting@MolinaHealthcare.com.
2. Documentation
   - Once the Contract Request Form is accepted, the provider contracting department will provide the necessary credentialing and contracting documents.
   - Required documents include:
     - Provider Information Form
     - Health Delivery Organization Credentialing Application
     - Ownership and Control Disclosure Form
     - W-9
   - The following required information to complete the documentation includes:
     - National Provider Identifier (NPI) number
     - Medicaid number
     - Taxonomy Code number
     - Federal Tax ID (TIN) number
   - Upon receiving the completed documents, provider contracting will begin the credentialing process in collaboration with MHI's credentialing department.

3. Credentialing
   - Credentialing will occur concurrently with the contracting process.
   - MHI requires providers to use the Council for Affordable Quality Healthcare® (CAQH®) ProView™, a free online platform for credentialing.
   - Steps to initiate credentialing:
     o Obtain a CAQH® provider ID
     o Register and submit the required information through CAQH® ProView™
   - Once credentialing is completed, MHI's credentialing department will send a notification.
4. Contract execution
   - MHI will send the provider agreement for review and signature.
   - Upon receiving the signed agreement, MHI will countersign and return a fully executed copy.
   - Credentialed providers will be configured in MHI's system as in-network providers.
   - The in-network effective date will align with the credentialing completion date.

Amend an existing contract

1. Submit an amendment request
   - Send a request to amend your current Medicaid contract to: MHNMProviderContracting@MolinaHealthcare.com.
   - Please include the following information within the email:
     o Provider name
     o NPI
     o Medicaid ID
2. Initial review and documentation
   - MHI's contracting team will:
     o Verify the submitted information
     o Obtain any additional required documentation
     o Prepare the amendment
     o Submit the request to credentialing
     o Email the amendment to the provider contact listed in the request
3. Drafting the amendment
   - The amendment will reference appropriate language tailored to the changes, such as:
     o Name/TIN changes
     o Addition of a location or service

4. Credentialing
   - Credentialing will occur concurrently with the contracting process
   - MHI requires providers to use CAQH® ProView™
   - Steps to initiate credentialing:
     - Obtain a CAQH® provider ID
     - Register and submit the required information through CAQH® ProView™
   - Once credentialing is completed, MHI's credentialing department will send a notification
5. Contract execution
   - The provider will receive a copy of the amendment for signature.
   - Once signed and returned, MHI will countersign the amendment.
   - The contract will be assigned an effective date.
   - The updated contract details will be configured in MHI's system.

If you do not utilize CAQH®, you must always include these documents or credentialing cannot be initiated:

- Complete the credentialing application with a Molina-specific attestation (signed within 120 days) (Must be completed for each practitioner to be credentialed and attested within the past 120 days)
- Copy of curriculum vitae or resume (Only required if application references the CV/resume or has date gaps)
- Copy of W-9 form(s) (for ALL practice groups that will be contracted with Molina for each practitioner)
- Copy of current professional liability malpractice insurance face sheet (for ALL practice groups that will be contracted with Molina for each practitioner)
- Copy of certificates for conducting X-ray and/or laboratory service(s) (for ALL practice groups that will be contracted with Molina for each practitioner if applicable)
- Copy of a state-issued Medicaid enrollment confirmation letter (showing organization enrollment)

Note: Using the CAQH® Universal Credentialing Data Source does not constitute applying for participation with any health care organization. Contact your Molina representative directly regarding contracting. Please make sure that your CAQH® information is current and complete. Failure to supply all information listed below or to complete all forms entirely will prevent the initiation of the credentialing process and cause delays in the contracting process.

If you already participate in CAQH®:

- Molina must have access to a completed application attested to within the past 120 days.
- You must authorize Molina to use your CAQH® application.
- Failure to do ALL of these steps will prevent the initiation of the credentialing process.

If you would like to participate in CAQH®:

- Please complete a Contract Request Form and submit it to NMProviderContracting@MolinaHealthcare.com.
- Molina will submit your information to CAQH® to create your account and obtain a CAQH ID.
- You may access the general CAQH® website at proview.caqh.org/Login/Index?ReturnUrl=%2f
- You must complete the CAQH® application in its entirety and authorize Molina to use it.
- You must notify your Molina representative once your application is complete and available.
- Failure to do ALL of these steps will prevent the initiation of the credentialing process.

Value-based care and practice transformation

All value-based contract requests can be sent to the following contacts at Molina Healthcare of New Mexico.

Sean Preston	**Lisa Williams**
Director, Value-Based Programs	**Manager of Provider Engagement**
Email: Sean.Preston@MolinaHealthcare.com	Email: Lisa.Williams@MolinaHealthcare.com
Phone: (505) 219-1444	Phone: (505) 507-7702
Cassandra Romero	**Francisca De La Cruz**
Senior Specialist, Provider Engagement	**Senior Specialist, Provider Engagement**
Email: Cassandra.Romero@MolinaHealthcare.com	Email: Francisca.DeLaCruz@MolinaHealthcare.com
Phone: (505) 218-6281	Phone: (505) 219-0021
Liliana Venzor - Trejor	
Senior Specialist, Provider Engagement	
Email: Liliana.Venzor-Trejo2@MolinaHealthcare.com	
Phone: (505) 225-1961	

Please send your general inquiries for quality requests directly to MHNM.ProviderEngagement@MolinaHealthcare.com, and a member of our Provider Engagement team will assist you.

Ensuring comprehensive EPSDT care in school-based health centers

Molina is committed to supporting school-based health centers (SBHCs) in providing high-quality, Medicaid-compliant, preventive care for children and adolescents. The Early and Periodic Screening, Diagnostic and Treatment (EPSDT) benefit ensures that young members receive the screenings and services necessary for early identification, diagnosis and treatment of health conditions.

This guide outlines billable EPSDT services aligned with the Bright Futures Guidelines from the American Academy of Pediatrics (AAP) and the SBHC Reimbursement Increase Policy. Providers should complete these services as part of EPSDT visits and submit claims using the appropriate CPT/HCPCS codes for reimbursement.

EPSDT services & billing guidelines

Preventive care services

These screenings are essential for early detection of health concerns and should be performed at the recommended intervals.

Service category	Description of service	CPT codes	Required frequency/timing
Preventive care	Maternal depression screening	96161	Within 1st, 2nd, 4th and 6th month visit
Preventive care	Autism screening	96110 with U1 Modifier	18 months old & 24 months old
Preventive care	Developmental screening	96110	9 months old, 18 months
Preventive care	Anemia screening	85018	9-12 months old, 2 years old, 4 years old and yearly for those with menstruation
Preventive care	Lead screening	83655	9-12 months old, 24 months old, 2-6 years old

*Please refer to the link for more information from Bright Futures on screening tools.

Vision screenings

Early vision screening is key to detecting and treating impairments that may impact learning and development.

Service category	Description of service	CPT codes	Required frequency/timing
Vision	Quantitative, bilateral visual acuity exam	99173	Ages 3-6, 8, 10, 12 & 15 years of age
Vision	Instrument-based ocular screening, bilateral, with remote analysis and report	99174	Ages 3-6, 8, 10, 12 & 15 years of age
Vision	Instrument-based ocular screening, bilateral, with on-site analysis	99177	Ages 3-6, 8, 10, 12 & 15 years of age

Hearing screenings

Routine hearing assessments ensure early identification of hearing loss, supporting speech and language development.

Service category	Description of service	CPT codes	Required frequency/timing
Hearing	Pure tone, air only, screening test	92551	Ages 4-6, 8, 10-20 years old
Hearing	Pure tone audiometry, air only	92552	Ages 4-6, 8, 10-20 years old
Hearing	Distortion product evoked otoacoustic emissions. Limited evaluation for hearing disorder or transient evoked	92587	Ages 4-6, 8, 10-20 years old

Lab screenings

Laboratory screenings help detect conditions early, ensuring timely intervention.

Service category	Description of service	CPT codes	Required frequency/timing
Labs	Lipid panel	80061	Ages 9,11, 17-20 years old

Oral health services

Regular fluoride applications and dental screenings help prevent tooth decay and ensure children establish good oral health habits.

Service category	Description of service	CPT codes	Required frequency/timing
Oral health	Topical fluoride varnish	99188	Tooth eruption and every 3-6 months until dental care is established

Behavioral health & risk screenings

Behavioral and mental health screenings are integral to EPSDT visits, helping to address emotional, social and developmental concerns.

Service category	Description of service	CPT/HCPCS codes	Required frequency/timing
Behavioral health	Emotional, social, behavioral screening	96127	Every EPSDT visit newborn to 21 years of age
Behavioral health	Depression & suicide risk screening	96127 with diagnosis code	Annually, 12-21 years of age
Behavioral health	Tobacco, vaping, alcohol, drug use screening	96160	Annually, 11-20 years of age

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Sexually Transmitted Infection (STI) screenings

Sexually transmitted infection (STI) screenings are essential for adolescents and young adults who are sexually active.

Service category	Description of service	CPT/HCPCS codes	Required frequency/timing
STI screening	HIV antibody screening	86701	Ages 15-21 years old
STI screening	HIV-1 & HIV-2 antibody, single assay	86703	
STI screening	Infectious agent detection by nucleic acid (DNA or RNA); C trachomatis, amplified probe technique	87491	Once sexually active
STI screening	Infectious agent detection by nucleic acid (DNA or RNA); N gonorrhea, amplified probe technique	87591	Once sexually active
STI screening	Syphilis: Treponemal Antibodies, Chemiluminescence Immunoassay	86780	Once sexually active
STI screening	Infectious agent detection by nucleic acid (DNA or RNA); hepatitis C, amplified probe technique, includes reverse transcription when performed	87521	Once sexually active

Additional resources

Providers are required to follow the Centers for Disease Control and Prevention (CDC) guidelines for vaccinations in conjunction with well-child exams when possible. Members who have missed vaccinations may need to be brought in for additional visits.

Visit cdc.gov/vaccines/schedules/hcp/imz/child-adolescent.html.

If a provider or practice has opted not to provide vaccinations to Medicaid members, they are expected to help coordinate member care for those vaccines.

Opt-out providers need to be aware of where members can be vaccinated in their community and any limits (e.g., local health department vaccination days/hours or requirements to schedule appointments) to better coordinate care.

Child Lead Exposure Questionnaire: nmhealth.org/publication/view/general/350

New Mexico Department of Health (NMDOH) Childhood Lead Screening and Case Management Guidelines nmhealth.org/publication/view/general/350

CDC growth charts and BM/ calculations: Child and Teen BMI Calculator | BMI | CDC

New Mexico Immunization Information System (NMSIIS): NMhealth.org/publication/view/training/4541

EPSDT Overview (CMS): Early and Periodic Screening, Diagnostic, and Treatment | Medicaid

Bright Futures Guidelines: Brightfutures.aap.org

Keeping Kids Healthy: Keeping Kids Healthy - New Mexico Health Care Authority

AAP Periodicity Schedule: Preventive Care/Periodicity Schedule

CDC Immunization Schedule: Immunization Schedules | Vaccines & Immunizations | CDC

For more information, please email Molina's EPSDT coordinator at nmepsdt@MolinaHealthcare.com.

Molina Healthcare 2024-2025 SBHC Medicaid HEDIS® measures

Medicaid HEDIS® measure	
Behavioral Health	Adherence to Antipsychotic Medications for Individuals With Schizophrenia (SAA)
Age	18 years and older
Medicaid HEDIS® measure description	Codes included in the current HEDIS® measure

The percentage of members 18 years of age and older during the measurement year with schizophrenia or schizoaffective disorder who were dispensed and remained on an antipsychotic medication for at least 80% of their treatment period. **Note:** • **Two** appointments are needed on different dates of service for members to be part of the measure. • Telephone, telehealth and online appointments count towards members being included in the measure.	**Schizophrenia** **ICD-10:** F20.0-F20.3, F20.5, F20.81, F20.89, F20.9, F25.0, F25.1, F25.8, F25.9 **Long-Acting Injections** **14-day HCPCS:** J2794 **28-day HCPCS:** J0401, J1631, J1943, J1944, J2358, J2426, J2680 **30-day HCPCS:** J2798 **Telephone Visits** **CPT:** 98966-98968, 99441-99443 **Telehealth** **POS:** 02, 10 **Online Assessments** **CPT:** 98970-98972, 98980, 98981, 99421-99423, 99444, 99457, 99458 **HCPCS:** G0071, G2010, G2012, G2250-G2252	**Misc. Antipsychotic Agents (Oral) Medications:** Aripiprazole, Asenapine, Brexpiprazole, Cariprazine, Clozapine, Haloperidol, Iloperidone, Loxapine, Lumateperone, Lurasidone, Molindone, Olanzapine, Paliperidone, Quetiapine, Risperidone, Ziprasidone **Phenothiazine Antipsychotics (Oral) Medications:** Chlorpromazine, Fluphenazine, Perphenazine, Prochlorperazine, Thioridazine, Trifluoperazine **Psychotherapeutic Combinations (Oral)* Medications:** Amitriptyline-perphenazine (*Please submit a request for coverage when prescribing psychotherapeutic combination medications.) **Thioxanthenes (Oral) Medications: Thiothixene Long-acting Injections:** **14-day supply:** Risperidone (excluding Perseris®) **28-day supply:** Aripiprazole, Aripiprazole lauroxil, Fluphenazine decanoate, Haloperidol decanoate, Olanzapine, Paliperidone palmitate **30-day supply:** Risperidone (Perseris®)

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Medicaid HEDIS® measure	
Behavioral Health	**Follow-Up After Hospitalization for Mental Illness (FUH)**
Age	6 years and older
Medicaid HEDIS® measure description	**Codes included in the current HEDIS® measure**

The percentage of discharges for members six years of age and older who were hospitalized for treatment of selected mental illness or intentional self-harm diagnoses and who had a follow-up visit with a mental health provider. Visits must occur after the date of discharge. Two rates are reported:

1. The percentage of discharges for which the member received follow-up within 30 days after discharge. Does **not** include visits that occur on the date of discharge.
2. The percentage of discharges for which the member received follow-up within 7 days after discharge. Does **not** include visits that occur on the date of discharge.

Note:

- A follow-up visit completed on the same day a member is discharged does not close the care gap.
- Telephone and telehealth and appointments count towards members being included in the measure.

Mental Illness and Intentional Self-Harm
ICD-10: F20-25.xx, F28-34.xx, F39, F42-44.xx, F53.x, F60.xx, F63.xx, F68.xx, F84.x, F90.x, F91.x, F93-94.x, T14.xxxx, T3665.xxxx, T71.xxxx

Outpatient Visit with a Mental Health Provider
CPT Visit Setting Unspecified: 90791-92, 90832-90834, 90836-90840, 90845, 90847, 90849, 90853, 90875-76, 99221-99223, 99231-99233, 99238-39, 99252-99255 *with Outpatient POS*: 03, 05, 07, 09, 11-20, 22, 33, 49, 50, 71-72

Behavioral Healthcare Outpatient Visit with a Mental Health Provider
CPT: 98960-98962, 99078, 99202-99205, 99211-99215, 99242-99245, 99341-42, 99344-45, 99347-99350, 99381-99387, 99391-99397, 99401-99404, 99411-12, 99483, 99492-99494, 99510
HCPCS: G0155, G0176-77, G0409, G0463, G0512, H0002, H0004, H0031, H0034, H0036-37, H0039-40, H2000, H2010-11, H2013-H2020, T1015
UBREV: 0510, 0513, 0515-0517, 0519-0523, 0526-0529, 0900, 0902-0904, 0911, 0914-0917, 0919, 0982, 0983

Partial Hospitalization or Intensive Outpatient
CPT Visit Setting Unspecified: 90791-92, 90832-90834, 90836-90840, 90845, 90847, 90849, 90853, 90875-76, 99221-99223, 99231-99233, 99238-39, 99252-99255 *with POS:* 52
HCPCS Partial Hospitalization: G0410-11, H0035, H2001, H2012, S0201, S9480, S9484-85
UBREV: 0905, 0907, 0912, 0913

Community Mental Health Center Visit
CPT Visit Setting Unspecified: 90791-92, 90832-90834, 9083690840, 90845, 90847, 90849, 90853, 90875-76, 99221-99223, 99231-99233, 99238-39, 99252-99255 *with POS:* 53
CPT BH Outpatient: 98960-98962, 99078, 99202-99205, 9921199215, 99242-99245, 99341-42, 99344-45, 99347-99350, 99381-99387, 99391-99397, 99401-99404, 99411-12, 99483, 9949299494, 99510 *with POS:* 53
CPT Transitional Care Management Services: 99495-96 *with POS:* 53

Electroconvulsive Therapy
CPT: 90870
ICD-10: GZB0ZZZ-GZB4ZZZ *with Outpatient POS:* 03, 05, 07, 09, 11-20, 22, 33, 49, 50, 71, 72 or POS: 24, 52, 53

Telehealth Visit with a Mental Health Provider
CPT Visit Setting Unspecified: 90791-92, 90832-90834, 90836-90840, 90845, 90847, 90849, 90853, 90875-76, 99221-99223, 99231-99233, 99238-39, 99252-99255 *with Telehealth POS:* 02, 10

Transitional Care Management Services with a Mental Health Provider
CPT: 99495-96

Behavioral Healthcare Setting
UBREV: 0513, 0900-0905, 0907, 0911-0917, 0919

Telephone Visit with a Mental Health Provider
CPT: 98966-98968, 99441-99443

Psychiatric Collaborative Care Management with a Mental Health Provider
CPT: 99492-99494
HCPCS: G0512

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Medicaid HEDIS® measure	
Behavioral Health	**Follow-Up After Emergency Department Visit for AOD Abuse or Dependence (FUA)**
Age	13 years and older
Medicaid HEDIS® measure description	Codes included in the current HEDIS® measure

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

1. The percentage of ED visits for which the member received follow-up within 30 days of the ED visit (31 total days).
2. The percentage of ED visits for which the member received follow-up within 7 days of the ED visit (8 total days).

Note:
Telephone, telehealth and online appointments count towards members being included in the measure.

ED Visit
CPT: 99281-99285
UBREV: 0450-52, 0456, 0459, 0981
AOD Abuse and Dependence
ICD-10: F10-16.xxx, F18.xxx, F19.xxx
Substance Induced Disorders
ICD-10: F10.90, F10.920-99, F11.90, F11.920-99, F12.90, F12.920-99, F13.90, F13.920-99, F14.90, F14.920-99, F15.90, F15.920-99, F16.90, F16.920-99, F18.90, F18.920-00, F19.90, F19.920-99
Unintentional Drug Overdose
ICD-10: T40.xxxx-T43.xxxx, T51.xxxx
Outpatient Visit with any Diagnosis of SUD, Substance Use, or Drug Overdose or with a Mental Health Provider CPT Visit Setting Unspecified: 90791-92, 90832-34, 90836-40, 90845, 90847, 90849, 90853, 90875-76, 99221-23, 99231-33, 99238-39, 99252-55 *with Outpatient POS*: 03, 05, 07, 09, 11-20, 22, 33, 49, 50, 71, 72
BH Outpatient Visit with any Diagnosis of SUD, Substance Use, or Drug Overdose or with a Mental Health Provider
CPT: 98960-62, 99078, 99202-05, 99211-15, 99242-45, 99341-42, 99344-45, 99347-50, 99381-87, 99391-97, 99401-04, 99411-12, 99483, 99492-94, 99510
HCPCS: G0155, G0176, G0177, G0409, G0463, G0512, H0002, H0004, H0031, H0034, H0036, H0037, H0039, H0040, H2000, H2010, H2011, H2013-H2020, T1015
UBREV: 0510, 0513, 0515-0517, 0519-0523, 0526-0529, 0900, 0902-0904, 0911, 0914-0917, 0919, 0982, 0983
Partial Hospitalization or Intensive Outpatient with any Diagnosis of SUD, Substance Use, or Drug Overdose or with a Mental Health Provider
CPT Visit Setting Unspecified: 90791-92, 90832-34, 90836-40, 90845, 90847, 90849, 90853, 90875-76, 99221-23, 99231-33, 99238-39, 99252-55 *with POS*: 52
HCPCS: G0410, G0411, H0035, H2001, H2012, S0201, S9480, S9484, S9485

Peer Support Service with any Diagnosis of SUD, Substance Use, or Drug Overdose
HCPCS: G0177, H0024, H0025, H0038-H0040, H0046, H2014, H2023, S9445, T1012, T1016
Opioid Treatment Services Billed Monthly or Weekly with any Diagnosis of SUD, Substance Use, or Drug Overdose
HCPCS OUD Monthly Office Based Treatment: G2086, G2087
HCPCS OUD Weekly Non-Drug Service: G2071, G2074-G2077, G2080
Telehealth Visit with any Diagnosis of SUD, Substance Use, or Drug Overdose or with a Mental Health Provider
CPT Visit Setting Unspecified: 90791-92, 90832-34, 90836-40, 90845, 90847, 90849, 90853, 90875-76, 99221-23, 99231-33, 99238-39, 99252-55 *with Telehealth POS:* 02, 10
Telephone Visit with any Diagnosis of SUD, Substance Use, or Drug Overdose or with a Mental Health Provider
CPT: 98966-68, 99441-43
Online Assessments (E-visit or Virtual Check-in) with any Diagnosis of SUD, Substance Use, or Drug Overdose or with a Mental Health Provider
CPT: 98970-72, 98980-81, 99421-23, 99457, 99458
HCPCS: G0071, G2010, G2012, G2250-G2252
Substance Use Disorder Services
CPT: 99408, 99409
HCPCS: G0396, G0397, G0443, H0001, H0005, H0007, H0015, H0016, H0022, H0047, H0050, H2035, H2036, T1006, T1012 UBREV: 0906, 0944, 0945
ICD-10 Substance Abuse Counseling and Surveillance: Z71.41. Z71.51
Behavioral Health Assessment
CPT: 99408, 99409
HCPCS: G0396, G0397, G0442, G2011, H0001, H0002, H0031, H0049
Substance Use Services
HCPCS: H0006, H0028
Medication Treatment Event
HCPCS AOD Medication Treatment: G2069, G2070, G2072, G2073, H0020, H0033, J0570-J0575, J2315, Q9991, Q9992, S0109

	UBREV: 0905, 0907, 0912, 0913 **Non-residential Substance Abuse Treatment Facility Visit with any Diagnosis of SUD, Substance Use, or Drug Overdose or with a Mental Health Provider** **CPT Visit Setting Unspecified:** 90791-92, 90832-34, 90836-40, 90845, 90847, 90849, 90853, 90875-76, 99221-23, 99231-33, 99238-39, 99252-55 *with Non-residential Substance Abuse Treatment Facility POS:* 57, 58 **Community Mental Health Center Visit with any Diagnosis of SUD, Substance Use, or Drug Overdose or with a Mental Health Provider** **CPT Visit Setting Unspecified:** 90791-92, 90832-34, 90836-40, 90845, 90847, 90849, 90853, 90875-76, 99221-23, 99231-33, 99238-39, 99252-55 *with POS:* 53	**HCPCS OUD Weekly Drug Treatment Service:** G2067-G2070, G2072, G2073 **Alcohol Use Disorder Treatment Medications** **Aldehyde dehydrogenase inhibitor:** Disulfiram (oral) **Antagonist:** Naltrexone (oral and injectable) **Other:** Acamprosate (oral; delayed-release tablet) **Opioid Use Disorder Treatment Medications** **Antagonist:** Naltrexone (oral & injectable) **Partial agonist:** Buprenorphine (sublingual tablet, injection, implant), Buprenorphine/naloxone (sublingual tablet, buccal film, sublingual film)

MOLINA HEALTHCARE®

Medicaid HEDIS® measure	
Behavioral Health	**Follow-Up After High-Intensity Care for Substance Use Disorder (FUI)**
Age	13 years and older
Medicaid HEDIS® measure description	**Codes included in the current HEDIS® measure**

The percentage of acute inpatient hospitalizations, residential treatment or withdrawal management visits for a diagnosis of substance use disorder among members 13 years of age and older that result in a follow-up visit or service for substance use disorder. Visits must occur after the date of discharge.

Two rates are reported:

1. The percentage of visits or discharges for which the member received follow-up for substance use disorder within the 30 days after the visit or discharge. *Does **not** include visits that occur on the same day as the episode of care for substance use disorder.*

2. The percentage of visits or discharges for which the member received follow-up for substance use disorder within the 7 days after the visit or discharge. *Does **not** include visits that occur on the same day as the episode of care for substance use disorder.*

Note:

- Follow-up does *not* include withdrawal management.
- Telephone, telehealth and online appointments count towards members being included in the measure.

AOD Abuse and Dependence
ICD-10: F10-16.xxx, F18.xxx, F19.xxx
Acute and Nonacute Inpatient Stays
UBREV: 0100, 0101, 0110-0114, 0116-0124, 0126-0134, 0136-0144, 0146-0154, 0156-0160, 0164, 0167, 0169-0174, 0179, 0190-0194, 0199, 0200-0204, 0206-0214, 0219, 10001002
Outpatient Visit
CPT Visit Setting Unspecified: 90791-92, 90832-90834, 90836-90840, 90845, 90847, 90849, 90853, 90875-76, 99221-99223, 99231-99233, 99238-39, 99252-99255 *with Outpatient POS:* 03, 05, 07, 09, 11-20, 22, 33, 49, 50, 71, 72
BH Outpatient Visit
CPT: 98960-98962, 99078, 99202-99205, 99211-99215, 99242-99245, 99341-42, 99344-45, 99347-99350, 99381-99387, 99391-99397, 99401-99404, 99411-12, 99483, 99492-99494, 99510
HCPCS: G0155, G0176, G0177, G0409, G0463, G0512, H0002, H0004, H0031, H0034, H0036, H0037, H0039, H0040, H2000, H2010, H2011, H2013-H2020, T1015
UBREV: 0510, 0513, 0515-0517, 0519-0523, 0526-0529, 0900, 0902-0904, 0911, 0914-0917, 0919, 0982, 0983
Partial Hospitalization or Intensive Outpatient
CPT Visit Setting Unspecified: 90791-92, 90832-90834, 90836-90840, 90845, 90847, 90849, 90853, 90875-76, 99221-99223, 99231-99233, 99238-39, 99252-99255 *with POS:* 52
HCPCS: G0410, G0411, H0035, H2001, H2012, S0201, S9480, S9484, S9485
UBREV: 0905, 0907, 0912, 0913
Non-residential Substance Abuse Treatment Facility Visit
CPT Visit Setting Unspecified: 90791-92, 90832-90834, 90836-90840, 90845, 90847, 90849, 90853, 90875-76, 99221-99223, 99231-99233, 99238-39, 99252-99255 with **Non-residential Substance Abuse Treatment Facility POS:** 57, 58

Telehealth Visit
CPT Visit Setting Unspecified: 90791-92, 90832-90834, 90836-90840, 90845, 90847, 90849, 90853, 90875-76, 99221-99223, 99231-99233, 99238-39, 99252-99255 *with Telehealth POS:* 02, 10
Substance Use Disorder Services
CPT: 99408, 99409
HCPCS: G0396, G0397, G0443, H0001, H0005, H0007, H0015, H0016, H0022, H0047, H0050, H2035, H2036, T1006, T1012
UBREV: 0906, 0944, 0945
ICD-10 Substance Abuse Counseling and Surveillance: Z71.41. Z71.51
Opioid Treatment Services Billed Monthly or Weekly
HCPCS OUD Monthly Office Based Treatment: G2086, G2087
HCPCS OUD Weekly Non-Drug Service: G2071, G2074-G2077, G2080
Residential Behavioral Health Treatment
HCPCS: H0017-H0019, T2048
Telephone Visit
CPT: 98966-98968, 99441-99443
Online Assessment (E-visit or Virtual Check-in)
CPT: 98970-98972, 98980, 98981, 99421-99423, 99457, 99458
HCPCS: G0071, G2010, G2012, G2250-G2252
Medication Treatment Event
HCPCS AOD Medication Treatment: G2069-70, G2072-73, H0020, H0033, J0570-J0575, J2315, Q9991-92, S0109
HCPCS OUD Weekly Drug Treatment Service: G2067-G2070, G2072-73
Alcohol Use Disorder Treatment Medications
Aldehyde dehydrogenase inhibitor: Disulfiram (oral)
Antagonist: Naltrexone (oral and injectable)
Other: Acamprosate (oral; delayed-release tablet)
Opioid Use Disorder Treatment Medications
Antagonist: Naltrexone (oral & injectable)
Partial agonist: Buprenorphine (sublingual tablet, injection, implant), Buprenorphine/naloxone (sublingual tablet, buccal film, sublingual film)

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	Community Mental Health Center Visit **CPT Visit Setting Unspecified:** 90791-92, 90832-90834, 90836-90840, 90845, 90847, 90849, 90853, 90875-76, 99221-99223, 99231-99233, 99238-39, 99252-99255 ***with POS:*** 53	

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Medicaid HEDIS® measure	
Behavioral Health	**Follow-Up After Emergency Department Visit for Mental Illness (FUM)**
Age	6 years and older
Medicaid HEDIS® measure description	**Codes included in the current HEDIS® measure**

The percentage of emergency department (ED) visits for members 6 years of age and older with a principal diagnosis of mental illness or intentional self-harm, who had a follow-up visit for mental illness. Two rates are reported: 1. The percentage of ED visits for which the member received follow-up within 30 days of the ED visit (31 total days). 2. The percentage of ED visits for which the member received follow-up within 7 days of the ED visit (8 total days). **Note:** Telephone, telehealth and online appointments count towards members being included in the measure.	*Note: Follow-up visits with any practitioner, with a principal diagnosis of a mental health disorder; **OR** with a principal diagnosis of intentional self-harm **and** any diagnosis of a mental health disorder.* **Mental Health Diagnosis** **ICD-10:** F03.xxx, F20-25.xx, F28-34.xx, F39-45.xx, F48.xx, F50-53.xx, F59-60.xx, F63-66.xx, F68-69.xx, F80-82.xx, F84.x, F88-F95.xx, F98-99.xx **Intentional Self-Harm** **ICD-10:** T14.xxxx, T36-65.xxxx, T71.xxxx **Outpatient Visit** **CPT Visit Setting Unspecified:** 90791-92, 90832-90834, 90836-90840, 90845, 90847, 90849, 90853, 90875-76, 99221-99223, 99231-99233, 99238-39, 99252-99255 *with Outpatient POS:* 03, 05, 07, 09, 11-20, 22, 33, 49-50, 71-72 **Behavioral Healthcare Outpatient Visit** **CPT:** 98960-98962, 99078, 99202-99205, 99211-99215, 99242-99245, 99341-42, 99344-45, 99347-99350, 99381-99387, 99391-99397, 99401-99404, 99411-12, 99483, 99492-99494, 99510 **HCPCS:** G0155, G0176-77, G0409, G0463, G0512, H0002, H0004, H0031, H0034, H0036-37, H0039-40, H2000, H2010-11, H2013-H2020, T1015 **UBREV:** 0510, 0513, 0515-0517, 0519-0523, 0526-0529, 0900, 0902-0904, 0911, 0914-0917, 0919, 0982-83	**Partial Hospitalization or Intensive Outpatient** **CPT Visit Setting Unspecified:** 90791-92, 90832-90834, 9083690840, 90845, 90847, 90849, 90853, 90875-76, 99221-99223, 99231-99233, 99238-39, 99252-99255 *with POS:* 52 **HCPCS:** G0410-11, H0035, H2001, H2012, S0201, S9480, S9484, S9485 **UBREV:** 0905, 0907, 0912-13 **Community Mental Health Center Visit** **CPT Visit Setting Unspecified:** 90791-92, 90832-90834, 9083690840, 90845, 90847, 90849, 90853, 90875-76, 99221-99223, 99231-99233, 99238-39, 99252-99255 *with POS:* 53 **Electroconvulsive Therapy** **CPT:** 90870 **ICD-10:** GZB0ZZZ-GZB4ZZZ *with Outpatient POS:* 03, 05, 07, 09, 11-20, 22, 33, 49, 50, 71, 72 or POS: 24, 52, 53 **Telehealth Visit** **CPT Visit Setting Unspecified:** 90791-92, 90832-90834, 90836-90840, 90845, 90847, 90849, 90853, 90875-76, 99221-99223, 99231-99233, 99238-39, 99252-99255 with Telehealth POS: 02, 10 **Telephone Visit** **CPT:** 98966-98968, 99441-99443 **Online Assessment (E-visit or Virtual Check-in)** **CPT:** 98970-98972, 98980, 98981, 99421-99423, 99457, 99458 **HCPCS:** G0071, G2010, G2012, G2250-G2252

MOLINA HEALTHCARE

Medicaid HEDIS® measure	
Child and Adolescent Well-Care Visits	**Well Child Visits in the First 30 Months of Life (W30)**
Age	0-30 months
Medicaid HEDIS® measure description	Codes included in the current HEDIS® measure

The percentage of members who had the following number of well-child visits with a PCP during the last 15 months. Two rates are reported: 1. *Well-Child Visits in the First 15 Months*. Children who turned 15 months old during the measurement year: Six or more well-child visits. 2. *Well-Child Visits for Age 15 Months-30 Months*. Children who turned 30 months old during the measurement year: Two or more well-child visits. **Note:** • The well-child visit must occur with a PCP, but the PCP does *not* have to be the practitioner assigned to the child. • Schedule synchronous telehealth visits to complete well-care visits.	**Well-Care Visits** **CPT:** 99381-99385, 99391-99395, 99461 **HCPCS:** G0438, G0439, S0302, S0610, S0612, S0613 **Encounter for Well Care** **ICD-10:** Z00.00, Z00.01, Z00.110, Z00.111, Z00.121, Z00.129, Z00.2, Z00.3, Z01.411, Z01.419. Z02.5, Z76.1, Z76.2 Note: Do not include laboratory claims (POS: 81).	*Document health history, physical developmental history, mental developmental history, physical exam, AND health education/anticipatory guidance (e.g., injury/illness prevention, nutrition)*

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Medicaid HEDIS® measure	
Child and Adolescent Well-Care Visits	**Weight Assessment and Counseling for Nutrition and Physical Activity for Children and Adolescents (WCC)**
Age	3-17 years
Medicaid HEDIS® measure description	Codes included in the current HEDIS® measure

The percentage of members 3-17 years of age who had an outpatient visit with a PCP or OB/GYN provider and who had evidence of the following during the measurement year:

- **BMI percentile documentation**. Because BMI norms for youth vary with age and gender, this measure evaluates whether BMI percentile is assessed rather than an absolute BMI value.
- **Counseling for nutrition documentation** or referral for nutrition education.
- **Counseling for physical activity documentation** or referral for physical activity.

Note:
Schedule synchronous telehealth visits to provide counseling for nutrition, counseling for physical activity, and capture BMI percentile.

BMI Percentile <5% for age
ICD-10: Z68.51
BMI Percentile 5% to <85% for age
ICD-10: Z68.52
BMI Percentile 85% to <95% for age
ICD-10: Z68.53
BMI Percentile ≥95% for age
ICD-10: Z68.54
Nutrition Counseling
CPT: 97802-97804
ICD-10: Z71.3
HCPCS: G0270, G0271, G0447, S9449, S9452, S9470
Physical Activity Counseling
ICD-10: Z02.5, Z71.82
HCPCS: S9451, G0447

Document health history, physical developmental history, mental developmental history, physical exam, AND health education/anticipatory guidance (e.g., injury/illness prevention, nutrition, exercise)

Documentation of a referral to nutritional education/ Women, Infants, and Child (WIC) services does meet criteria.

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Medicaid HEDIS® measure	
Child and Adolescent Well-Care Visits	**Child and Adolescent Well-Care Visits (WCV)**
Age	3-21 years

Medicaid HEDIS® measure description	Codes included in the current HEDIS® measure	
The percentage of members 3-21 years of age who had at least one comprehensive well-care visit with a PCP or an OB/GYN practitioner during the measurement year. **Note:** • The well-care visit must occur with a PCP or an OB/GYN practitioner, but the practitioner does not have to be the practitioner assigned to the member • Schedule synchronous telehealth visits to complete well-care visits.	**Well-Care Visits** **CPT:** 99381-99385, 99391-99395, 99461 **HCPCS:** G0438, G0439, S0302, S0610, S0612, S0613 **Encounter for Well Care** **ICD-10:** Z00.00, Z00.01, Z00.110, Z00.111, Z00.121, Z00.129, Z00.2, Z00.3, Z01.411, Z01.419. Z02.5, Z76.1, Z76.2 Do not include laboratory claims (POS: 81).	*Document health history, physical developmental history, mental developmental history, physical exam, AND health education/anticipatory guidance (e.g., injury/illness prevention, nutrition, exercise)*

Medicaid HEDIS® measure	
Pediatric Immunizations/Lead	**Lead Screening in Children (LSC)**
Age	0-2 years

Medicaid HEDIS® measure description	Codes included in the current HEDIS® measure	
The percentage of children 2 years of age who had one or more capillary or venous lead blood test for lead poisoning **on or before their second birthday.** **Note:** Document in the medical record a note indicating the date the test was performed and the result or finding. "Unknown" is not considered a result/finding.	**Lead Tests** **CPT**: 83655	

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Medicaid HEDIS® measure	
Pediatric Immunizations/Lead	**Children Immunization Status (CIS)**
Age	0-2 years
Medicaid HEDIS® measure description	Codes included in the current HEDIS® measure

The percentage of children 2 years of age who had the following vaccines by their second birthday:

- 4 DTaP
- 3 IPV
- 1 MMR
- 3 HiB
- 1 Hep A
- 3 Hep B
- 1 VZV
- 4 PCV
- 2-3 Rotavirus
- 2 flu vaccines

Note:
Leverage synchronous telehealth visits to engage with parents or caregivers about the importance of timely childhood vaccinations and arrange appointments for immunization.

DTaP
CPT: 90697, 90698, 90700, 90723
CVX: 20, 50, 106, 107, 110, 120, 146
IPV
CPT: 90697, 90698, 90713, 90723
CVX: 10, 89, 110, 120, 146
MMR
CPT: 90707, 90710
CVX: 03, 94
HiB
CPT: 90644, 90647, 90648, 90697, 90698, 90748
CVX: 17, 46-51, 120, 146, 148
Hep A
CPT: 90633
CVX: 31, 83, 85
ICD-10: B15.0, B15.9
Hep B
CPT: 90697, 90723, 90740, 90744, 90747, 90748
CVX: 08, 44, 45, 51, 110, 146
HCPCS: G0010
ICD-10: B16.0-B16.2, B16.9, B17.0, B18.0, B18.1, B19.10, B19.11
Newborn Hep B
ICD-10: 3E0234Z

VZV
CPT: 90710, 90716
CVX: 21, 94
ICD-10: B01.0, B01.11, B01.12, B01.2, B01.81, B01.89, B01.9, B02.0, B02.1, B02.21-B02.24, B02.29-B02.34, B02.39, B02.7-B02.9
Pneumococcal conjugate
CPT: 90670, 90671
CVX: 109, 133, 152, 215
HCPCS: G0009
Rotavirus (two-dose schedule)
CPT: 90681
CVX: 119
Rotavirus (three-dose schedule)
CPT: 90680
CVX: 116, 122
Influenza
CPT: 90655, 90657, 90661, 90673, 90674, 90685-90689, 90756
CVX: 88, 140, 141, 150, 153, 155, 158, 161, 171, 186
HCPCS: G0008
Influenza LAIV
CPT: 90660, 90672
CVX: 111, 149

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Medicaid HEDIS® measure	
Pediatric Immunizations/Lead	**Immunizations for Adolescents (IMA)**
Age	11-13 years *HPV 9-13 years
Medicaid HEDIS® measure description	**Codes included in the current HEDIS® measure**

The percentage of adolescents 13 years of age who had one dose of meningococcal vaccine, one tetanus, diphtheria toxoids and acellular pertussis (Tdap) vaccine, and have completed the human papillomavirus (HPV) vaccine series by their 13th birthday.

The measure calculates a rate for each vaccine and two combination rates:

- **Meningococcal:** At least one on or between the member's 11th and 13th birthdays.
- **Tdap:** At least one on or between the member's 10th and 13th birthdays.
- **HPV:** At least two on or between the member's 9th and 13th birthdays and with dates of service at least 146 days apart. *OR* At least three HPV vaccines with different dates of service on or between the member's 9th and 13th birthdays.
- **Combination 1:** Meningococcal and Tdap
- **Combination 2:** Meningococcal, Tdap and HPV

Meningococcal
CPT: 90619, 90733, 90734
CVX: 32, 108, 114, 136, 147, 167, 203
Tdap
CPT: 90715
CVX: 115
HPV
CPT: 90649, 90650, 90651
CVX: 62, 118, 137, 165

Anaphylaxis due to Meningococcal Vaccine
SNOMED CT: 428301000124106
Anaphylaxis due to HPV Vaccine
SNOMED CT: 428241000124101

MOLINA HEALTHCARE®

Medicaid HEDIS® measure

Respiratory/BP	Asthma Medication Ratio (AMR)
Age	5-64 years

Medicaid HEDIS® measure description	Codes included in the current HEDIS® measure	
The percentage of members 5–64 years of age who were identified as having persistent asthma and had a ratio of controller medications to total asthma medications of 0.50 or greater during the measurement year. **Note:** Schedule a telehealth appointment to diagnose members with asthma and prescribe a controller or reliever medication.	**Asthma** **ICD-10:** J45.21, J45.22, J45.30-J45.32, J45.40- J45.42, J45.50-J45.52, J45.901, J45.902, J45.909, J45.991, J45.998 **ED Visits and Acute Inpatient Encounters** *with* **a Principal Diagnosis of Asthma** **ICD-10:** 99221-99223, 99231-99239, 99251-99255, 99281-99285, 99291 **UBREV:** 0450-0452, 0456, 0459, 0981 **Outpatient and Telehealth** **CPT:** 98966-98968, 98970-98972, 98980, 98981, 99202-99205, 99211-99215, 99241-99245, 99341-99345, 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 **UBREV:** 0510-0517, 0519-0523, 0526-0529, 0982, 0983	**Asthma Controller Medications*** **Antibody Inhibitors:** Omalizumab **Anti-interleukin-4:** Dupilumab **Anti-interleukin-5:** Benralizumab, Mepolizumab, Reslizumab **Inhaled Steroid Combinations:** Budesonide-formoterol, Fluticasone-salmeterol, Fluticasone-vilanterol, Formoterolmometasone **Inhaled Corticosteroids:** Beclomethasone, Budesonide, Ciclesonide, Flunisolide, Fluticasone, Mometasone **Leukotriene Modifiers:** Montelukast, Zafirlukast, Zileuton Methylxanthines Theophylline *Please refer to the Molina Healthcare Drug Formulary at MolinaHealthcare.com for asthma controller medications that may require prior authorization or step therapy.* **Asthma Reliever Medications** **Short-acting, Inhaled Beta-2 Agonists:** Albuterol, Levalbuterol

Medicaid HEDIS® measure

Respiratory/BP	Controlling High Blood Pressure (CBP)
Age	18-85 years (hypertensive members)

Medicaid HEDIS® measure description	Codes included in the current HEDIS® measure	
The percentage of members 18–85 years of age who had a diagnosis of hypertension (HTN) and whose blood pressure was adequately controlled (<140/90 mm Hg) during the measurement year. **Note:** • Blood pressure readings may be taken by any digital device. • Schedule telehealth appointments to diagnose members with hypertension and acquire blood pressure readings.	**Essential Hypertension** **ICD-10**: I10	**Systolic Reading** **Less than 130 mm Hg, CPT II:** 3074F **Between 130-139 mm Hg, CPT II:** 3075F **Greater than/equal to 140 mm Hg, CPT II:** 3077F **Diastolic Reading** **Less than 80 mm Hg, CPT II**: 3078F **Between 80-89 mm Hg, CPT II**: 3079F **Greater than/equal to 90 mm Hg, CPT II**: 3080F

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Medicaid HEDIS® measure	
Respiratory/BP	**Appropriate Testing for Pharyngitis (CWP)**
Age	2-18 years
Medicaid HEDIS® measure description	**Codes included in the current HEDIS® measure**

The percentage of episodes for members three years old and older where the member was diagnosed with pharyngitis, dispensed an antibiotic, and received a group A streptococcus (strep) test for the episode.

Note:
Schedule telephone, e-visits, or virtual check-in appointments to diagnose members with pharyngitis.

Pharyngitis
ICD-10: J02.0, J02.8, J02.9, J03.00, J03.01, J03.80, J03.81, J03.90, J03.91
Group A Strep Tests
CPT: 87070, 87071, 87081, 87430, 87650-87652, 87880
Telephone Visits
CPT: 98966-98968, 99441-99443
Online Assessments (E-visits or Virtual Check-in)
CPT: 98969-98972, 98980, 98981, 99421-99423, 99457, 99458
HCPCS: G0071, G2010, G2012, G2250-G2252

CWP Antibiotic Medications
Aminopenicillins: Amoxicillin, Ampicillin
Beta-lactamase Inhibitors: Amoxicillin-clavulanate
1st Generation Cephalosporins: Cefadroxil, Cefazolin, Cephalexin
Folate Antagonist: Trimethoprim
Lincomycin Derivatives: Clindamycin
Macrolides: Azithromycin, Clarithromycin, Erythromycin **Natural Penicillin:** Penicillin G benzathine, Penicillin G potassium, Penicillin G sodium, Penicillin V potassium
Quinolones: Ciprofloxacin, Levofloxacin, Moxifloxacin, Ofloxacin
Second Generation Cephalosporins: Cefaclor, Cefprozil, Cefuroxime
Sulfonamides: Sulfamethoxazole-trimethoprim
Tetracyclines: Doxycycline, Minocycline, Tetracycline
3rd Generation Cephalosporins: Cefdinir, Cefixime, Cefpodoxime, Ceftriaxone

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Medicaid HEDIS® measure	
Screenings	**Breast Cancer Screening (BCS-E)**
Age	50-74 years
Medicaid HEDIS® measure description	Codes included in the current HEDIS® measure

The percentage of members 50–74 years of age who were recommended for a routine breast cancer screening and had a mammogram to screen for breast cancer. One mammogram any time on or between October 1 two years prior to the measurement year and December 31 of the measurement year.	**Mammography** **CPT**: 77061-77063, 77065-77067	**Measure Exclusions** **Absence of Left Breast, ICD-10:** Z90.12 **Absence of Right Breast, ICD-10:** Z90.11 **Bilateral Mastectomy, ICD-10:** OHTV0ZZ **History of Bilateral Mastectomy, ICD-10:** Z90.13 **Unilateral Mastectomy, CPT:** 19180, 19200, 19220, 19240, 19303-19307 **Unilateral Left Mastectomy, ICD-10:** OHTU0ZZ **Unilateral Right Mastectomy, ICD-10:** OHTT0ZZ

Medicaid HEDIS® measure	
Screenings	**Cervical Cancer Screening (CCS)**
Age	21-64 years
Medicaid HEDIS® measure description	Codes included in the current HEDIS® measure

The percentage of members 21-64 years of age who were recommended for routine cervical cancer screening and were screened for cervical cancer using any of the following criteria: • Members 21-64 years of age who were recommended for routine cervical cancer screening and had cervical cytology performed within the last 3 years. • Members 30-64 years of age who were recommended for routine cervical cancer screening and had cervical highrisk human papillomavirus (hrHPV) testing performed within the last 5 years. • Members 30-64 years of age who were recommended for routine cervical cancer screening and had cervical cytology/high-risk human papillomavirus (hrHPV) cotesting performed within the last 5 years. *Exclusion: Hysterectomy with no residual cervix, cervical agenesis or acquired absence of cervix.*	**Cervical Cytology Lab Test** **CPT:** 88141-88143, 88147, 88148, 88150, 88152, 88153, 88164-88167, 88174, 88175 **HCPCS:** G0123, G0124, G0141, G0143-45, G0147-48, P3000, P3001, Q0091 **High-Risk HPV Tests** **CPT**: 87624, 87625 **HCPCS:** G0476 **SNOMED CT: 718591004**	*Exclusion: Hysterectomy with no residual cervix, cervical agenesis or acquired absence of cervix.* **Codes to Identify Exclusions:** **Absence of Cervix or Hysterectomy with no Residual Cervix** **CPT:** 57530, 57531, 57540, 57545, 57550, 57555, 57556, 58150, 58152, 58200, 58210, 58240, 58260, 58262,58263, 58267, 58270,58275, 58280, 58285, 58290-58294, 58548, 58550, 58552-58554, 58570-58573, 58575, 58951, 58953, 58954, 58956, 59135 **ICD-10:** Q51.5, Z90.710, Z90.712, 0UTC0ZZ, 0UTC4ZZ, 0UTC7ZZ, 0UTC8ZZ **Hospice Encounter or Intervention** **CPT:** 99377, 99378 **HCPCS:** G0182, G9473-G9479, Q5003-Q5008, Q5010, S9126, T2042-T2046 **UBREV:** 0115, 0125, 0135, 0145, 0155, 0235, 0650-0652, 06550659 **Palliative Encounter** **HCPCS**: G9054, M1017

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MOLINA HEALTHCARE®

Medicaid HEDIS® measure	
Screenings	**Chlamydia Screening in Women (CHL)**
Age	16-24 years
Medicaid HEDIS® measure description	Codes included in the current HEDIS® measure
The percentage of women 16-24 years of age who were identified as sexually active and who had at least one test for chlamydia during the measurement year.	**Chlamydia Testing** **CPT**: 87110, 87270, 87320, 87490-87492, 87810, 0353U	

Medicaid HEDIS® measure		
Annual Visit	**Adults' Access to Preventive/Ambulatory Health Services (AAP)**	
Age	20 years and older	
Medicaid HEDIS® measure description	Codes included in the current HEDIS® measure	
The percentage of children and adolescents 1-17 years of age who had a new prescription for an antipsychotic medication and had documentation of psychosocial care as first-line treatment. **Note:** Schedule telehealth appointments for members who had a new prescription for an antipsychotic medication.	**Psychosocial Care** **CPT:** 90832-90834, 90836-90840, 90845-90847, 90849, 90853, 90875, 90876, 90880 **HCPCS:** G0176, G0177, G0409-0411, H0004, H0035-H0040, H2000, H2001, H2011-H2014, H2017-H2020, S0201, S9480, S9484, S9485 **Residential Behavioral Health Treatment** **HCPCS:** H0017-H0019, T2048	**Medications** **Miscellaneous Antipsychotic Agents:** Aripiprazole, Asenapine, Brexpiprazole, Cariprazine, Clozapine, Haloperidol, Iloperidone, Loxapine, Lurasidone, Molindone, Olanzapine, Paliperidone, Pimozide, Quetiapine, Risperidone, Ziprasidone **Phenothiazine Antipsychotics:** Chlorpromazine, Fluphenazine, Perphenazine, Thioridazine, Trifluoperazine **Thioxanthenes:** Thiothixene **Long-acting Injections:** Aripiprazole, Aripiprazole lauroxil, Fluphenazine decanoate, Haloperidol decanoate, Olanzapine, Paliperidone palmitate, Risperidone **Psychotherapeutic Combinations*:** Fluoxetine-olanzapine, Perphenazine-amitriptyline (*Please submit a request for coverage when prescribing Psychotherapeutic Combination medications.)

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MOLINA HEALTHCARE®

Medicaid HEDIS® measure

Diabetes Care	Blood Pressure Control for Patients With Diabetes (BPD)
Age	18-75 years (people who are diabetic)
Medicaid HEDIS® measure description	Codes included in the current HEDIS® measure

The percentage of members 18–75 years of age with diabetes (types 1 and 2) whose blood pressure (BP) was adequately controlled (<140/90 mm Hg) during the measurement year.

Note:

- BP readings taken on the same day that the member receives a common low-intensity or preventive procedure are eligible for use. BP readings *not* eligible for use:
  - BP taken during an ED visit or acute inpatient stay.
  - BP taken on the same day as a diagnostic test or a diagnostic or therapeutic procedure that requires a change in diet or change in medication on or one day before the day of test or procedure, except for fasting blood tests.
  - BP taken by the member using a non-digital device.
- Schedule telehealth appointments to diagnose members with diabetes and acquire controlled blood pressure readings.

Note: Blood pressure readings may be taken by any digital device.

Diabetes
ICD-10: E10.xxxx, E11.xxxx, E13.xxxx, O24.xxxx

Exclusion Codes:
ED Visit - Exclusions
CPT: 99281-99285
UBREV: 0450-0452, 0456, 0459, 0981
Acute Inpatient - Exclusions
CPT: 99221-99223, 99231-99236, 99238, 99239, 99251-99255, 99255
Acute Inpatient POS - Exclusions
POS: 21,51,31,32,56

Systolic Blood Pressure
CPT II: 3074F (if Systolic <130 mm Hg) = COMPLIANT
CPT II: 3075F (if Systolic 130-139 mm Hg) = COMPLIANT
CPT II: 3077F (if Systolic ≥ 140 mm Hg) = NOT COMPLIANT Do not include CPT II codes with a CPT CAT II modifier: 1P-2P, 8P. Do not include BPs taken in an acute inpatient setting or during an ED visit with POS 23.

Diastolic Blood Pressure
CPT II: 3078F (if Diastolic <80 mm Hg) = COMPLIANT
CPT II: 3079F (if Diastolic 80-89 mm Hg) = COMPLIANT
CPT II: 3080F (if Diastolic ≥ 90 mm Hg) = NOT COMPLIANT Do not include CPT II codes with a CPT CAT II modifier: 1P-2P, 8P. Do not include BPs taken in an acute inpatient setting or during an ED visit with POS 23.

MOLINA HEALTHCARE

Medicaid HEDIS® measure	
Diabetes Care	**Eye Exam for Patients With Diabetes (EED)**
Age	18-75 years (people who are diabetic)
Medicaid HEDIS® measure description	Codes included in the current HEDIS® measure

The percentage of members 18–75 years of age with diabetes (types 1 and 2) who had an eye exam (retinal) performed during the measurement year. **Note:** Schedule telehealth appointments to diagnose members with diabetes and acquire controlled blood pressure readings.	**Diabetes** ICD-10: E10.xxxx, E11.xxxx, E13.xxxx, O24.xxxx **Codes to Identify Diabetic Retinal Screening (performed by optometrist or ophthalmologist)** **CPT**: 67028, 67030, 67031, 67036, 67039-67043, 67101, 67105, 67107, 67108, 67110, 67113, 67121, 67141, 67145, 67208, 67210, 67218, 67220, 67221, 67227, 67228, 92002, 92004, 92012, 92014, 92018, 92019, 92134, 92201, 92202, 92227, 92228, 92230, 92235, 92240, 92250, 92260, 99203-99205, 99213-99215, 99242-99245 **HCPCS:** S0620, S0621, S3000	**Codes to Identify Eye Exam (billed by any provider)** **CPT:** 92229 **CPT II**: 2022F-2026F, 2033F

Medicaid HEDIS® measure	
Diabetes Care	**Glycemic Status Assessment for Patients With Diabetes (GSD)** Note: Effective 2024, the Hemoglobin A1c Control for Patients With Diabetes (HBD) measure has been revised to GSD.
Age	18-75 years (people who are diabetic)
Medicaid HEDIS® measure description	Codes included in the current HEDIS® measure

The percentage of members 18–75 years of age with diabetes (types 1 and 2) whose most recent glycemic status (hemoglobin A1c [HbA1c] or glucose management indicator [GMI]) was at the following levels during the measurement year: • **Glycemic Status <8.0%.** The member is compliant if the most recent glycemic status assessment has a result of <8.0%. *Note: A higher rate indicates better performance (compliance) for this indicator.* • **Glycemic Status >9.0%.** The member is compliant if the most recent glycemic status assessment has a result of >9.0% or is missing a result, or if a glycemic status assessment was not done during the measurement year. **Note:** Schedule telehealth appointments to diagnose members with diabetes.	**Diabetes** **ICD-10:** E10.xxxx, E11.xxxx, E13.xxxx, O24.xxxx **HbA1c Lab Test** **CPT**: 83036, 83037 **LOINC:** 97506-0	**HbA1c Test Results** HbA1c <7%, **CPT II**: 3044F HbA1c >9%, **CPT II**: 3046F HbA1c ≥7.0% to <8.0%, **CPT II**: 3051F HbA1c level ≥8.0% to <9.0%, **CPT II**: 3052F Do **not** include codes with CPT CAT II Modifier: 1P, 2P, 3P, 8P

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MOLINA HEALTHCARE

Medicaid HEDIS® measure	
Diabetes Care	**Kidney Health Evaluation for Patients With Diabetes (KED)**
Age	18-85 years (people who are diabetic)
Medicaid HEDIS® measure description	Codes included in the current HEDIS® measure

The percentage of members 18-85 years of age with diabetes (type 1 and type 2) who received kidney health evaluation, defined by an estimated glomerular filtration rate (eGFR) *and* a urine albumincreatinine ratio (uACR), during the measurement year.

Note:
- Two appointments are needed with a diabetes diagnosis on different dates of service for members to be part of the measure.
- Schedule telehealth appointments to diagnose members with diabetes.

Diabetes
ICD-10: E10.xxxx, E11.xxxx, E13.xxxx, O24.xxxx
Estimated Glomerular Filtration Rate (eGFR)
CPT: 80047, 80048, 80050, 80053, 80069, 82565
Quantitative Urine Albumin Lab Test (uACR)
CPT: 82043
Urine Creatinine Lab Test (uACR)
CPT: 82570

Exclusion Codes:
ESRD Diagnosis – Exclusions
ICD-10: N18.5, N18.6, Z99.2
Dialysis Procedure – Exclusions
CPT: 90935, 90937, 90945, 90947, 90997, 90999, 99512
HCPCS: G0257, S9339
ICD-10: 3E1M39Z, 5A1D00Z, 5A1D60Z-5A1D90Z

MOLINA HEALTHCARE®

Helping your patients shouldn't stop when they leave your office. Now it doesn't have to.

Molina is proud to introduce Molina Help Finder - a new, one-stop resource - powered by Findhelp - that assists Molina members in finding the resources and services they need right in their communities when they need them.

With Molina Help Finder, providers can also refer patients in real time right from your provider portal. Simply search by category for the types of services needed, like food, childcare, education, housing, employment and more. Results can then be narrowed by applying personal and program-specific filters.

If you have any questions about Molina Help Finder, reach out to your SBHC liaison team. You can also visit Molinahelpfinder.com/ or scan the QR code below:
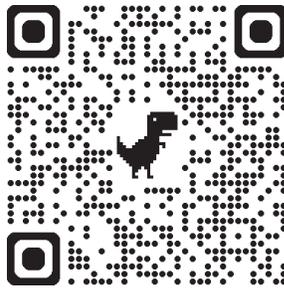
What are Turquoise Rewards?

Turquoise Rewards is part of New Mexico's Turquoise Care program for Medicaid members. Medicaid members can earn reward points for completing certain healthy activities and then use their reward points to go shopping in the Turquoise Rewards online store.

If you're a Turquoise Care member, you are automatically enrolled in Turquoise Rewards. To earn rewards, complete one of the healthy activities listed on this site. When you want to spend your reward points, call us at (877) 806-8964 (TTY: (844) 488-9722) or click here to register and go shopping. Our Reward Services agents are available Monday-Friday, 8 a.m. to 6 p.m. MT, excluding holidays. TurquoiseRewards.com

Care coordination

Molina provides a comprehensive care coordination program to all members who meet the criteria for services. The care coordination program focuses on coordinating the care, services and resources needed throughout the continuum of care. Molina adheres to the Case Management Society of America Standards of Practice Guidelines in executing the program.

Members with the following conditions may qualify for care coordination:

- High-risk pregnancy, including members with a history of previous preterm delivery
- Catastrophic or end-state medical conditions (e.g., neoplasm, organ/tissue transplants, end-stage renal disease)
- Comorbid chronic illnesses (e.g., asthma, diabetes, COPD, CHF, etc.)
- Preterm births
- High-technology home care requiring more than two weeks of treatment
- Member accessing emergency department services inappropriately
- Children with special health care needs

Referrals to care coordination may be made by contacting Molina at (855) 322-4078 or NM_Care_Coordination@MolinaHealthcare.com.

Medical Management Program

For information about prior authorization, pharmacy services etc. Please review the Molina Provider Manual at Provider Manual.

Care coordination

Find A Provider I Molina Healthcare New Mexico

Telehealth: Empowering providers and enhancing patient care

Molina Healthcare of New Mexico is proud to offer telehealth services that empower our health care providers and enhance the quality of care for our members.

Brave Health

What it is: Brave Health is a virtual behavioral health service specializing in mental health and substance use disorder treatment.

How it works: Brave Health offers therapy, psychiatry, counseling, medication management and peer support through secure telehealth. Their providers deliver care for diagnoses such as depression, anxiety, PTSD and substance use disorder.

Why it's important for providers: By partnering with Brave Health, health care providers can refer patients and offer convenient, consistent mental health support. Brave Health can schedule patients within a few hours with informed consent.

Population served: Molina members aged 13 and above.

How to get members connected: Either member self-referral or direct referral. Visit **bebravehealth.com/referral** or call or text (305) 902-6347.

BeMe

What it is: BeMe is a digital behavioral health platform tailored for adolescents, providing tools, resources and support that resonate with teens.

How it works: BeMe offers a variety of mental health resources, including self-help tools, peer support and coaching. Designed to be engaging and relatable, it is a safe space for teens to manage stress and mental well-being. It also links patients to crisis support and higher level of care, as needed.

Why it's important for providers: BeMe allows health care providers to offer preventive mental health resources to teens who might not need behavioral health treatment but could benefit from early intervention and wellness tools.

Population served: Molina members aged 13-19 years.

How to get members connected: Download the app at **beme.com/mhnm.**

Teladoc

What it is: Teladoc Health is a 24/7 virtual health care service that treats various non-emergency conditions by phone and/or video. Teladoc Health providers can diagnose, treat and even prescribe medicine if needed for common conditions like sinus infections and sore throats. Teladoc also offers mental health professionals to support a wide range of behavioral health needs such as depression and anxiety.

How it works: Teladoc connects patients with on-demand health care professionals via phone or video regarding conditions.

Why it's important for providers: Teladoc enables health care providers to offer virtual care solutions, reducing in-office demands and helping patients access care faster. Health care providers can address patients' needs if their primary care provider is unavailable or if there are no available appointments.

Population served: Molina members aged 18 and above.

How to get members connected: Call 1-800-Teladoc (1-800-835-2362) or visit **Teladochealth.com/molina**.

Molina Healthcare NM Help Finder

What it is: Find Help (previously known as Aunt Bertha) is a social care network that connects individuals to no-cost and reduced-cost resources in their communities, including food, housing, transportation and more.

How it works: Find Help provides an easy-to-use online platform where users can search by zip code to locate resources for specific needs. The platform has thousands of local and national programs, making it easier for individuals to access essential services.

Why it's important for providers: Health care providers can leverage Find Help to address patients' social drivers of health. By connecting patients with local services, providers can help address unmet needs that impact overall health and well-being, such as food security, housing stability and access to transportation.

Population served: Available for all community members.

How to get members connected: Visit **MolinaHelpFinderNM.com**.

Ouma

What it is: Ouma is a virtual care service specializing in maternal health. It supports new and expecting moms through online appointments and phone consultations.

How it works: Ouma provides access to a team of specialists, including obstetricians, nurse practitioners, lactation specialists, behavioralists and maternal health experts, who focus on prenatal, postpartum and general maternal wellness.

Why it's important for providers: Ouma enables health care providers to expand their maternal health services by offering consistent support to new and expecting mothers, even remotely. This support helps reduce pregnancy-related complications and supports continuity of care.

Population served: Molina members who are pregnant.

How to connect members: When you first identify a pregnancy or birth event via analytics, care coordination or member self-referral, call (833) 234-1265.

Galileo

What it is: Galileo is a telehealth platform that helps providers extend access to urgent care and after-hours services for patients of all ages, including children, adolescents and adults.

How it works: Galileo is a telehealth platform that helps providers extend access to urgent care and after-hours services for patients of all ages, including children, adolescents and adults.

Why it's important: Galileo allows providers to offer seamless care outside of traditional office hours, ensuring patients can access urgent care and support when they need it most. This helps reduce unnecessary ER visits and improves care coordination.

Population served: All populations covered by Molina.

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Twentyeight Health

Implementation is paused for this vendor – please follow-up with your provider rep for more information.

What it is: Twentyeight Health is a telehealth platform that allows providers to offer reproductive and sexual health services to patients online. This includes birth control, emergency contraception and guidance on reproductive health.

How it works: Providers can use the platform to consult with patients virtually, write prescriptions and provide education on reproductive health. Prescriptions can be sent to a local pharmacy or delivered directly to the patient's home.

Why it's important: Twentyeight Health helps providers expand access to care for patients who may face barriers, such as those in underserved areas or with limited transportation. It ensures patients can get the care they need conveniently and discreetly.

Population served: Molina members ages 13 and above.

How to get members connected: Call (929) 352-0060 (Monday-Friday, 9 a.m. – 5 p.m. ET)

DentaQuest Teledentistry

What it is: DentaQuest Teledentistry is a virtual service that helps providers expand access to dental care by connecting with patients online. It's a convenient way to offer consultations and guidance without requiring in-person visits.

How it works: Providers can refer patients to use teledentistry to assess patients' dental concerns via phone or video calls. They can provide advice, discuss treatment options and determine if in-person care is needed.

Why it's important: Teledentistry helps providers reach patients who face barriers to accessing care, such as those in rural areas, with limited transportation or with busy schedules. It ensures more patients can receive timely dental advice and care.

Populations served: All populations covered by Molina.

How to get members connected: Download the app at Teledentistry.com or call (866) 302-0905.

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Value-added services

Molina also offers our members extra value-added services (VAS). In addition to covered services, you may be eligible for extra VAS as a Molina Medicaid member! VAS are provided to help you and your family with your health and wellness. Some of these services are limited and may have additional requirements or require approval. VAS may change from year to year.

If you have questions or need to access these services, please call Member Services at (844) 862-4543 (TTY: 711). The table below summarizes VAS.

Activities bucks	Financial support for fees and related expenses associated with participation in children's activities such as sports leagues, 4H, martial arts, dance and cheer. Expenses may include the cost of kids' camps or Travel/Club sports, team uniforms and sports equipment.	Members 3-21 years old
BeMe	BeMe Health is a digital behavioral health mobile application that delivers mental health interventions designed specifically for teens	Members 13-19 years old
Court record expungement	Financial support toward court filing fees necessary to complete a court record expungement	Members 18 years and older
Enhanced dental	Financial support for enhanced dental services not covered by Medicaid that impacts overall health. Members who are eligible may receive up to $300 per calendar year, per member.	All members
Enhanced transportation	Financial support for medical and non-medical transportation that is not covered by Medicaid	All members
Home-delivered meals	Support for expectant mothers, tailored to the members' nutritional needs and preferences. Members can choose from 2 prepared meals for a 7-day period (14 meals total) or 1 pantry stable food box.	New or expecting mothers
*Housing assistance-essential home goods	Financial assistance with essential items needed for a home, such as utilities assistance, a portable air conditioner and heating unit, bed or small refrigerator.	Members 18 years and older
*Housing assistance-mortgage assistance	Financial aid to assist with missed or overdue mortgage payments	Members 18 years and older
*Housing assistance-pest control	Financial aid and services to address and manage pest issues in the home	Members 18 years and older
*Housing assistance-rental deposit	Financial aid to cover the initial deposit required for renting a home	Members 18 years and older
LTSS	Additional support for LTSS members. Examples include but are not limited to home modifications/environmental modifications	LTSS members

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Traditional & holistic healing	Financial assistance to members for traditional and holistic healing. This may include, but is not limited to, therapeutic massage, acupuncture, traditional ceremonies and services, and curanderismo. Members who are eligible may receive up to $300 per calendar year, per member.	All members
Women and infants' health supplies	We support women and infant health by supplying new mother and new baby items such as a choice of car seat of any size, travel crib or stroller, or a pre-paid debit card to use toward new baby items of the mother's choice.	Moms and babies
Workforce and educational development	Supplemental services and supplies to support member workforce opportunities and professional development	Members age 18 and older

* Limit of $1000 per member per calendar year across all VAS that fall into the "Housing Assistance" category

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