

## Guide to Edits for Yearly Appropriateness Criteria and Codes

**Summary:** As of March 2026, the [Yearly Appropriateness Criteria and Codes](#) will now reflect new/updated appropriateness criteria (indicated by text in red), which can be compared to the prior language (indicated by text crossed out and in black). This update supersedes all prior versions of this chart and reflects an implementation date of **March 4, 2026**.

**Please Note:** Only codes that have been updated are annotated on this guide. If a code is not present on this document, there were no changes made.

Appropriateness Code	Update Made	Appropriateness Criteria	Program	Comments Required?
52	The criterion for this code has been removed to reduce overlap with code 50 and will remain inactive unless new criteria is assigned.	<p><del>ADVERSE EVENTS RISK: Eligible and Enrolled in the Children's Waiver Home and Community Based Services (HCBS)</del></p> <p><b><u>There is no criterion currently assigned to this code.</u></b></p>	<p>Children</p> <p><b>N/A</b></p>	<p>Y</p> <p><b>N/A</b></p>
57	Language has been added to correct a typo and clarify that the member has not seen a provider in the last three (3) months.	<p>HEALTHCARE RISK: Member has an established relationship with a provider but has not seen them in the <b>last</b> three (3) months for required appointment(s): Applicable to Primary Care Provider, mental health provider, substance use provider, or provider to treat their Single Qualifying Condition (Complex Trauma, Sickle Cell Disease, Serious Emotional Disturbance/Serious Mental Illness, or HIV) or physical disability related to a neurologic, muscular, or neuromuscular condition. <i>{This code can only be used if there has been a new diagnosis or provider since the previous initial or yearly appropriateness}</i> Must specify new diagnosis/providers and date</p>	<p>Children</p>	<p>Y</p>