G0008	HCPCS: Administration of influenza virus vaccine
90630	CPT: Influenza virus vaccine, quadrivalent (IIV4), split virus, preservative free, for intradermal use
90656	CPT: Influenza virus vaccine, trivalent (IIV3), split virus, preservative free, 0.5 mL dosage, for intramuscular use
90657	CPT: Influenza virus vaccine, trivalent (IIV3), split virus, 0.25 mL dosage, for intramuscular use
90662	CPT: Influenza virus vaccine (IIV)
90673	CPT: Influenza virus vaccine, trivalent (RIV3), derived from recombinant DNA, hemagglutinin (HA) protein only, preservative and antibiotic free, for intramuscular use
90674	CPT: Influenza virus vaccine, quadrivalent (ccIIV4), derived from cell cultures, subunit, preservative and antibiotic free, 0.5 mL dosage, for intramuscular use
90685	CPT: Influenza virus vaccine, quadrivalent (IIV4), split virus, preservative free, 0.25 mL, for intramuscular use
90686	CPT: Influenza virus vaccine, quadrivalent (IIV4)
90687	CPT: Influenza virus vaccine, quadrivalent (IIV4), split virus, 0.25 ml dosage, for intramuscular use
90688	CPT: Influenza virus vaccine, quadrivalent (IIV4), split virus, 0.5 mL dosage, for intramuscular use
Childhaa	d Immunization Status Combo 10 (CIS)
DTAP	u illilliulization status combo 10 (CIS)
DIAP	OPT District Control of the collision of
	CPT: Diphtheria tetanus toyoids acellular pertussis vaccine

90685	CPT: Influenza virus vaccine, quadrivalent (IIV4), split virus, preservative free, 0.25 mL, for intramuscular use
90686	CPT: Influenza virus vaccine, quadrivalent (IIV4)
90687	CPT: Influenza virus vaccine, quadrivalent (IIV4), split virus, 0.25 mL dosage, for intramuscular use
90688	CPT: Influenza virus vaccine, quadrivalent (IIV4), split virus, 0.5 mL dosage, for intramuscular use
Childho	od Immunization Status Combo 10 (CIS)
DTAP	
90698	CPT: Diphtheria, tetanus toxoids, acellular pertussis vaccine, Haemophilus influenzae type b, and inactivated poliovirus vaccine, (DTaP-IPV/Hib), for intramuscular use
90700	CPT: Diphtheria, tetanus toxoids, and acellular pertussis vaccine (DTaP), when administered to individuals under 7 yrs, for intramuscular use
90723	CPT: Diphtheria, tetanus toxoids, acellular pertussis vaccine, hepatitis B, and inactivated poliovirus vaccine (DTaP-HepB-IPV), for intramuscular use
HiB	
90644	CPT: Meningococcal conjugate vaccine, serogroups C & Y and Haemophilus influenzae type b vaccine (Hib-MenCY), 4 dose schedule, when administered to children 6 weeks-18 months of age, for intramuscular use
90647	CPT: Haemophilus influenzae type b vaccine (Hib), PRP-OMP conjugate, 3 dose schedule, for intramuscular use
90648	CPT: Haemophilus influenzae type b vaccine (Hib), PRP-T conjugate, 4 dose schedule, for intramuscular use
90748	CPT: Hepatitis B and Haemophilus influenzae type b vaccine (Hib-HepB), for intramuscular use
НерА	
90633	CPT: Hepatitis A vaccine (HepA), pediatric/adolescent dosage-2 dose schedule, for intramuscular use
HepB	
90723	CPT: Diphtheria, tetanus toxoids, acellular pertussis vaccine, hepatitis B, and inactivated poliovirus vaccine (DTaP-HepB-IPV), for intramuscular use

preservative free, for intradermal use	90655	free, 0.25 mL dosage, for intramuscular use
CPT: Influenza virus vaccine, trivalent (IIV3), split virus, preservative		CPT: Influenza virus vaccine, quadrivalent (IIV4), split virus,
free, 0.5 mL dosage, for intramuscular use	90685	preservative free, 0.25 mL, for intramuscular use
CPT: Influenza virus vaccine, trivalent (IIV3), split virus, 0.25 mL	MMR	
dosage, for intramuscular use	00707	CPT: Measles, mumps and rubella virus vaccine (MMR), live, for
CPT: Influenza virus vaccine (IIV)	90707	subcutaneous use
CPT: Influenza virus vaccine, trivalent (RIV3), derived from	PCV	
recombinant DNA, hemagglutinin (HA) protein only, preservative and antibiotic free, for intramuscular use	90670	CPT: Pneumococcal conjugate vaccine, 13 valent (PCV13), for intramuscular use
CPT: Influenza virus vaccine, quadrivalent (ccIIV4), derived from	ROTAVIE	RUS 3 DOSE
cell cultures, subunit, preservative and antibiotic free, 0.5 mL dosage, for intramuscular use	90680	CPT: Rotavirus vaccine, pentavalent (RV5), 3 dose schedule, live, for oral use
CPT: Influenza virus vaccine, quadrivalent (IIV4), split virus,	ROTAVIE	RUS 2 DOSE
preservative free, 0.25 mL, for intramuscular use		CPT: Rotavirus vaccine, human, attenuated (RV1), 2 dose schedule,
CPT: Influenza virus vaccine, quadrivalent (IIV4)	90681	live, for oral use
CPT: Influenza virus vaccine, quadrivalent (IIV4), split virus, 0.25 mL	VZV	
dosage, for intramuscular use	90716	CPT: Varicella virus vaccine (VAR), live, for subcutaneous use
CPT: Influenza virus vaccine, quadrivalent (IIV4), split virus, 0.5 mL		
dosage, for intramuscular use		ation for Adolescents (IMA)
ood Immunization Status Combo 10 (CIS)	Meningo	
	90734	CPT: Meningococcal conjugate vaccine, serogroups A, C, Y and
CPT: Diphtheria, tetanus toxoids, acellular pertussis vaccine,		W-135, quadrivalent (MCV4 or MenACWY), for intramuscular use
Haemophilus influenzae type b, and inactivated poliovirus vaccine,	Tdap	
(DTaP-IPV/Hib), for intramuscular use		CPT: Tetanus, diphtheria toxoids and acellular pertussis vaccine
CPT: Diphtheria, tetanus toxoids, and acellular pertussis vaccine (DTaP),	90715	(Tdap), when administered to individuals 7 years or older, for
when administered to individuals under 7 yrs, for intramuscular use	LIDV	intramuscular use
CPT: Diphtheria, tetanus toxoids, acellular pertussis vaccine,	HPV	
hepatitis B, and inactivated poliovirus vaccine (DTaP-HepB-IPV), for	90649	CPT: Human Papillomavirus vaccine, types 6, 11, 16, 18,
intramuscular use		quadrivalent (4vHPV), 3 dose schedule, for intramuscular use
	CHRO	NIC CONDITIONS
CPT: Meningococcal conjugate vaccine, serogroups C & Y and Haemophilus influenzae type b vaccine (Hib-MenCY), 4 dose	Diabetes	(CDC)
schedule, when administered to children 6 weeks-18 months of	R73.03	ICD 10: Prediabetes
age, for intramuscular use	Diabetic	Retinal Exam
CPT: Haemophilus influenzae type b vaccine (Hib), PRP-OMP	92250	CPT: Fundus photography with interpretation and report
conjugate, 3 dose schedule, for intramuscular use		CPT II: Dilated retinal eye exam with interpretation by
CPT: Haemophilus influenzae type b vaccine (Hib), PRP-T	2022F	ophthalmologist or optometrist
conjugate, 4 dose schedule, for intramuscular use		CPT II: 7 standard field stereoscopic photos with interpretation by
CPT: Hepatitis B and Haemophilus influenzae type b vaccine (Hib-	2024F	ophthalmologist or optometrist
HepB), for intramuscular use		CPT II: Eye imaging validated to match diagnosis from 7 standard
	2026F	field stereoscopic photos results
CPT: Hepatitis A vaccine (HepA), pediatric/adolescent dosage-2	S3000	HCPCS: Diabetic indicator; retinal eye exam, dilated, bilateral
dose schedule, for intramuscular use	Other Ey	
		HCPCS: Routine ophthalmological examination including
CPT: Diphtheria, tetanus toxoids, acellular pertussis vaccine,	S0620	refraction; new patient
hepatitis B, and inactivated poliovirus vaccine (DTaP-HepB-IPV), for		HCPCS: Routine ophthalmological examination including
intramuscular use	S0621	refraction; established patient
		CPT II: Low risk for retinopathy (no evidence of retinopathy in the
CPT: Poliovirus vaccine, inactivated (IPV), for subcutaneous or	3072F	prior year) need prior year exam
intramuscular use	prior your, need prior your exam	

CPT: Influenza virus vaccine, trivalent (IIV3), split virus, preservative

HbA1c	Test (CDC, SSD, SMD)
83036	CPT: Hemoglobin; glycosylated (A1c)
83037	CPT: Hemoglobin; glycosylated (A1c) by device cleared by FDA for home use
3044F	CPT II: Most recent hemoglobin A1c (HbA1c) level less than 7.0%
3045F	CPT II: Most recent hemoglobin A1c (HbA1c) level 7.0 - 9.0%
3046F	CPT II: Most recent hemoglobin A1c level greater than 9.0%
Diabete	s Care - Kidney Disease Monitoring
3060F	CPT II: Positive microalbuminuria test result
3061F	CPT II: Negative microalbuminuria test result
3062F	CPT: Positive macroalbuminuria test result documented and reviewed (DM)
3066F	CPT II: Documentation of treatment for nephropathy (eg, pt. receiving dialysis, pt. being treated for ESRD, CRF, ARF, or renal insufficiency, any visit to a nephrologist)
4010F	CPT II: ACE Inhibitor or ARB therapy prescribed or currently being taken
81000	CPT: Urinalysis, by dip stick or tablet reagent for bilirubin, glucose, hemoglobin, ketones, leukocytes, nitrite, pH, protein, specific gravity, urobilinogen, any number of these constituents; non-automated, with microscopy
81001	CPT: Urinalysis, by dip stick or tablet reagent for bilirubin, glucose, hemoglobin, ketones, leukocytes, nitrite, pH, protein, specific gravity, urobilinogen, any number of these constituents; automated with microscopy
81002	CPT: Urinalysis, by dip stick or tablet reagent for bilirubin, glucose, hemoglobin, ketones, leukocytes, nitrite, pH, protein, specific gravity, urobilinogen, any number of these constituents; non-automated, without microscopy
81003	CPT: Urinalysis, by dip stick or tablet reagent for bilirubin, glucose, hemoglobin, ketones, leukocytes, nitrite, pH, protein, specific gravity, urobilinogen, any number of these constituents; automated without microscopy
81005	CPT: Urinalysis; qualitative or semiquantitative, except immunoassays
82042	CPT: Albumin; other source, quantitative, each specimen
82043	CPT: Albumin; urine (eg, microalbumin), quantitative
82044	CPT: Albumin; urine (eg, microalbumin), semiquantitative (eg, reagent strip assay)
84156	CPT: Protein, total, except by refractometry; urine
Diabetio	Foot Exam (not a HEDIS measure, informational only)
2028F	CPT II: Foot examination performed (includes examination through visual inspection, sensory exam with monofilament, and pulse examreport when any of the 3 components are completed)
G9226	HCPCS: Foot examination performed (includes examination through visual inspection, sensory exam with 10-g monofilament plus testing any one of the following: vibration using 128-Hz tuning fork, pinprick sensation, ankle reflexes, or vibration perception threshold, and pulse exam; report when all of the 3 components are completed)

	atoid Arthritis (ART)
Rheuma	atoid Arthritis (ART)
4187F	CPT II: Disease modifying anti-rheumatic drug therapy prescribed or dispensed (RA)
DMARD	
J0129	HCPCS: Injection, abatacept, 10 mg (code may be used for Medicare when drug administered under the direct supervision of a physician, not for use when drug is self-administered)
J0135	HCPCS: Injection, adalimumab, 20 mg
J0717	HCPCS: Injection, certolizumab pegol, 1 mg (code may be used for Medicare when drug administered under the direct supervision of a physician, not for use when drug is self administered)
J1438	HCPCS: Injection, etanercept, 25 mg (code may be used for Medicare when drug administered under the direct supervision of a physician, not for use when drug is self-administered)
J1600	HCPCS: Injection, gold sodium thiomalate, up to 50 mg
J1602	HCPCS: Injection, golimumab, 1 mg, for intravenous use
J1745	HCPCS: Injection, infliximab, excludes biosimilar, 10 mg
J3262	HCPCS: Injection, tocilizumab, 1 mg
J7502	HCPCS: Cyclosporine, oral, 100 mg
J7515	HCPCS: Cyclosporine, oral, 25 mg
J7516	HCPCS: Cyclosporine, parenteral, 250 mg
J7517	HCPCS: Mycophenolate mofetil, oral, 250 mg
J7518	HCPCS: Mycophenolic acid, oral, 180 mg
J9250	HCPCS: Methotrexate sodium, 5 mg
J9260	HCPCS: Methotrexate sodium, 50 mg
J9310	HCPCS: Injection, rituximab, 100 mg
Osteopo	prosis Management in Women Who Had a Fracture (OMW)
Bone De	ensity
G0130	HCPCS: Single energy x-ray absorptiometry (SEXA) bone density study
76977	CPT: Ultrasound bone density measurement and interpretation, peripheral site
77078	CPT: Computed tomography, bone mineral density study, 1 or mor sites, axial skeleton
77080	CPT: Dual-energy X-ray absorptiometry (DXA), bone density study, or more sites; axial skeleton
77081	CPT: Dual-energy X-ray absorptiometry (DXA), bone density study, or more sites; appendicular skeleton (peripheral)
77085	CPT: Dual-energy X-ray absorptiometry (DXA), bone density study, or more sites; axial skeleton
77086	CPT: Vertebral fracture assessment via dual-energy X-ray absorptiometry (DXA)
Use of S	pirometry Testing in the Assessment and Diagnosis of COPD (SPR)
	etry Testing
	CPT: Spirometry, including graphic record, total and timed vital
94010	capacity, expiratory flow rate measurement(s), with or without

94010 capacity, expiratory flow rate measurement(s), with or without maximal voluntary ventilation

94070	CPT: Bronchospasm provocation evaluation, multiple spirometric determinations as in 94010, with administered agents (eg, antigen[s], cold air, methacholine)
94375	CPT: Respiratory flow volume loop
94014	CPT: Patient-initiated spirometric recording per 30-day period of time; includes reinforced education, transmission of spirometric tracing, data capture, analysis of transmitted data, periodic recalibration and review and interpretation by a physician or other qualified health care professional
94015	CPT: Patient-initiated spirometric recording per 30-day period of time; recording (includes hook-up, reinforced education, data transmission, data capture, trend analysis, and periodic recalibration)
94016	CPT: Patient-initiated spirometric recording per 30-day period of time; review and interpretation only by a physician or other qualified health care professional
94375	CPT: Respiratory flow volume loop
Prenatal	and Pospartum Visits (PPC)
59426	CPT: Antepartum care only, 7 or more visits
59430	CPT: Postpartum care only (separate procedure)
REHA	VIORAL HEALTH
	ric Evaluation (ADD, IET, FMC, FUA, FUH, FUM)
90791	CPT: Psychiatric diagnostic evaluation
90792	CPT: Psychiatric diagnostic evaluation with medical services
0.10000	
Bipolar I	Test (SSD only - Diabetes Screening for People With Schizophrenia or Disorder Who Are Using Antipsychotic Medications) CPT: Basic metabolic panel (Calcium, ionized) This panel must include
Bipolar I 80047	Disorder Who Are Using Antipsychotic Medications)
•	Disorder Who Are Using Antipsychotic Medications) CPT: Basic metabolic panel (Calcium, ionized) This panel must include the following: Calcium, ionized (82330) Carbon dioxide (bicarbonate) (82374) Chloride (82435) Creatinine (82565) Glucose (82947)
80047	CPT: Basic metabolic panel (Calcium, ionized) This panel must include the following: Calcium, ionized (82330) Carbon dioxide (bicarbonate) (82374) Chloride (82435) Creatinine (82565) Glucose (82947) Potassium (84132) Sodium (84295) Urea Nitrogen (BUN) (84520) CPT: Basic metabolic panel (Calcium, total) This panel must include the following: Calcium, total (82310) Carbon dioxide (bicarbonate) (82374) Chloride (82435) Creatinine (82565) Glucose (82947)
80047 80048	CPT: Basic metabolic panel (Calcium, ionized) This panel must include the following: Calcium, ionized (82330) Carbon dioxide (bicarbonate) (82374) Chloride (82435) Creatinine (82565) Glucose (82947) Potassium (84132) Sodium (84295) Urea Nitrogen (BUN) (84520) CPT: Basic metabolic panel (Calcium, total) This panel must include the following: Calcium, total (82310) Carbon dioxide (bicarbonate) (82374) Chloride (82435) Creatinine (82565) Glucose (82947) Potassium (84132) Sodium (84295) Urea nitrogen (BUN) (84520) CPT: General health panel This panel must include the following: Comprehensive metabolic panel (80053) Blood count, complete (CBC), automated and automated differential WBC count (85025 or 85027 and 85004) OR Blood count, complete (CBC), automated (85027) and appropriate manual differential WBC count (85007 or
80047 80048 80050	CPT: Basic metabolic panel (Calcium, ionized) This panel must include the following: Calcium, ionized (82330) Carbon dioxide (bicarbonate) (82374) Chloride (82435) Creatinine (82565) Glucose (82947) Potassium (84132) Sodium (84295) Urea Nitrogen (BUN) (84520) CPT: Basic metabolic panel (Calcium, total) This panel must include the following: Calcium, total (82310) Carbon dioxide (bicarbonate) (82374) Chloride (82435) Creatinine (82565) Glucose (82947) Potassium (84132) Sodium (84295) Urea nitrogen (BUN) (84520) CPT: General health panel This panel must include the following: Comprehensive metabolic panel (80053) Blood count, complete (CBC), automated and automated differential WBC count (85025 or 85027 and 85004) OR Blood count, complete (CBC), automated and automated differential WBC count (85007 or 85009) Thyroid stimulating hormone (TSH) (84443) CPT: Comprehensive metabolic panel This panel must include the following: Albumin (82040) Bilirubin, total (82247) Calcium, total (82310) Carbon dioxide (bicarbonate) (82374) Chloride (82435) Creatinine (82565) Glucose (82947) Phosphatase, alkaline (84075) Potassium (84132) Protein, total (84155) Sodium (84295) Transferase, alanine amino (ALT) (SGPT) (84460) Transferase, aspartate amino (AST)
80047 80048 80050	CPT: Basic metabolic panel (Calcium, ionized) This panel must include the following: Calcium, ionized (82330) Carbon dioxide (bicarbonate) (82374) Chloride (82435) Creatinine (82565) Glucose (82947) Potassium (84132) Sodium (84295) Urea Nitrogen (BUN) (84520) CPT: Basic metabolic panel (Calcium, total) This panel must include the following: Calcium, total (82310) Carbon dioxide (bicarbonate) (82374) Chloride (82435) Creatinine (82565) Glucose (82947) Potassium (84132) Sodium (84295) Urea nitrogen (BUN) (84520) CPT: General health panel This panel must include the following: Comprehensive metabolic panel (80053) Blood count, complete (CBC), automated and automated differential WBC count (85025 or 85027 and 85004) OR Blood count, complete (CBC), automated (85027) and appropriate manual differential WBC count (85007 or 85009) Thyroid stimulating hormone (TSH) (84443) CPT: Comprehensive metabolic panel This panel must include the following: Albumin (82040) Bilirubin, total (82247) Calcium, total (82310) Carbon dioxide (bicarbonate) (82374) Chloride (82435) Creatinine (82565) Glucose (82947) Phosphatase, alkaline (84075) Potassium (84132) Protein, total (84155) Sodium (84295) Transferase, alanine amino (ALT) (SGPT) (84460) Transferase, aspartate amino (AST) (SGOT) (84450) Urea nitrogen (BUN) (84520)



HEDIS® Code Grid

Updated with November 2018 Value Set

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	Annual Wellness Visit		
	AWV	HCPCS: G0438, G0439 or CPT: 99385-99387, 99395-99397	
	Advance Directives		
les	1158F	CPT II: Advance care planning discussion documented in the medical record	
Common Codes	S0257	HCPCS: Counseling and discussion regarding advance directives or end of life care planning and decisions, with patient and/or surrogate (list separately in addition to code for appropriate evaluation and management service)	
Ö	Behaviora	al Health Screening (not part of HEDIS value set)	
	G8510	HCPCS: Screening for depression is documented as negative, a follow-up plan is not required	
	G8431	HCPCS: Screening for depression is documented as being positive and a follow-up plan is documented	

PREVENTIVE VISITS

Preventive Medicine Visits (AAP, AWC, W34, W15 - based on age)	
99381	CPT: Initial comprehensive preventive medicine, new pt (younger than 1 year)
99382	CPT: Initial comprehensive preventive medicine, new pt (1-4 yrs)
99383	CPT: Initial comprehensive preventive medicine, new pt (5-11 yrs)
99384	CPT: Initial comprehensive preventive medicine, new pt (12-17 yrs)
99385	CPT: Initial comprehensive preventive medicine, new pt (18-39 yrs)
99386	CPT: Initial comprehensive preventive medicine, new pt (40-64 yrs)
99387	CPT: Initial comprehensive preventive medicine, new pt (65 & up)
99391	CPT: Periodic comprehensive preventive medicine, est pt (younger than 1 year)
99392	CPT: Periodic comprehensive preventive medicine, est pt (1-4 yrs)
99393	CPT: Periodic comprehensive preventive medicine, est pt (5-11 yrs)
99394	CPT: Periodic comprehensive preventive medicine, est pt (12-17 yrs)
99395	CPT: Periodic comprehensive preventive medicine, est pt (18-39 yrs)
99396	CPT: Periodic comprehensive preventive medicine, est pt (40-64 yrs)

Preventive Medicine Visits (AAP)

CPT: Preventive medicine counseling and/or risk factor reduction intervention(s) provided to an individual (15 min)

99397 **CPT:** Periodic comprehensive preventive medicine, est pt (**65 & up**)

Risk Factor and Behavioral Change Modification

NISK FAC	hisk ractor and benavioral Change Modification		
99402	CPT: Preventive medicine counseling and/or risk factor reduction intervention(s) provided to an individual (30 min)		
99403	CPT: Preventive medicine counseling and/or risk factor reduction intervention(s) provided to an individual (45 min)		
99411	CPT: Preventive medicine counseling and/or risk factor reduction intervention(s) provided to individuals (30 min)		
99412	CPT: Preventive medicine counseling and/or risk factor reduction intervention(s) provided to individuals (60 min)		

Well-Child Visits in the first 15 Months of Life (W15) and the Third, Fourth, and Sixth Years of Life (W34)

Z00.121 ICD 10: Encounter for routine child health examination with abnormal findings

700 120	ICD 10: Encounter abnormal findings	for routine child	health examina	tion witho	
	200.129	abnormal findings			

Outpatient E&M (AAP)		
99201	CPT: Office or other outpatient visit, new (10 min)	
99202	CPT: Office or other outpatient visit, new (20 min)	
99203	CPT: Office or other outpatient visit, new (30 min)	
99204	CPT: Office or other outpatient visit, new (45 min)	
99205	CPT: Office or other outpatient visit, new (60 min)	
99211	CPT: Office or other outpatient visit, est (5 min)	
99212	CPT: Office or other outpatient visit, est (10 min)	
99213	CPT: Office or other outpatient visit, est (15 min)	
99214	CPT: Office or other outpatient visit, est (25 min)	
99215	CPT: Office or other outpatient visit, est (40 min)	
~		

utpatient Home E&M (AAP)

99341	CPT: E&M - Home visit, new (20 min)
99342	CPT: E&M - Home visit, new (30 min)
99343	CPT: E&M - Home visit, new (45 min)
99345	CPT: E&M - Home visit, new (75 min)
99347	CPT: E&M - Home visit, established (15 min)
99348	CPT: E&M - Home visit, established (25 min)
99349	CPT: E&M - Home visit, established (40 min)
99350	CPT: E&M - Home visit, established (60 min)

Demicilian, Care Deat Home Assisted Living (AAD)

Domicilia	ry Care, Rest Home, Assisted Living (AAP)
99324	CPT: Domiciliary or rest home visit, new patient (20 min)
99325	CPT: Domiciliary or rest home visit, new patient (30 min)
99326	CPT: Domiciliary or rest home visit, new patient (45 min)
99327	CPT: Domiciliary or rest home visit, new patient (60 min)
99328	CPT: Domiciliary or rest home visit, new patient (75 min)
99334	CPT: Domiciliary or rest home visit, established patient (15 min)
99335	CPT: Domiciliary or rest home visit, established patient (25 min)
99336	CPT: Domiciliary or rest home visit, established patient (40 min)
99337	CPT: Domiciliary or rest home visit, established patient (60 min)

PREVENTIVE SCREENINGS

Adult BMI Assessment (ABA)

	Addit Divi	ASSESSITIETT (ADA)
	BMI less t	than 30 in adult
	3008F	CPT II: Body Mass Index (BMI), documented - use with ICD 10 code
	Z68.l	ICD 10: BMI 19 or less
	Z68.20	ICD 10: BMI 20.0 - 20.9
	Z68.21	ICD 10: BMI 21.0 - 21.9
	Z68.22	ICD 10: BMI 22.0 - 22.9
	Z68.23	ICD 10: BMI 23.0 - 23.9
	Z68.24	ICD 10: BMI 24.0 - 24.9
	Z68.25	ICD 10: BMI 25.0 - 25.9
1	Z68.26	ICD 10: BMI 26.0 - 26.9
	Z68.27	ICD 10: BMI 27.0 - 27.9
	Z68.28	ICD 10: BMI 28.0 - 28.9
	Z68.29	ICD 10: BMI 29.0 - 29.9
J		

BMI 30 or greater in adult		
Z68.30	ICD 10: BMI 30.0 - 30.9	
Z68.31	ICD 10: BMI 31.0 - 31.9	
Z68.32	ICD 10: BMI 32.0 - 32.9	
Z68.33	ICD 10: BMI 33.0 - 33.9	
Z68.34	ICD 10: BMI 34.0 - 34.9	
Z68.35	ICD 10: BMI 35.0 - 35.9	
Z68.36	ICD 10: BMI 36.0 - 36.9	
Z68.37	ICD 10: BMI 37.0 - 37.9	
Z68.38	ICD 10: BMI 38.0 - 38.9	
Z68.39	ICD 10: BMI 39.0 - 39.9	
BMI 40 or greater in adult		
Z68.41	ICD 10: BMI 40.0 - 44.9	
Z68.42	ICD 10:: BMI 45.0 - 49.9	
Z68.43	ICD 10: BMI 50.0 - 59.9	
Z68.44	ICD 10: BMI 60.0 - 69.9	
Z68.45	ICD 10: BMI 70 or greater	

Weight Assessment and Counseling for Nutrition and Physical Activity for Children / Adolescents (WCC)

BMI Percentile - Pediatric (ABA, WCC)

lutrition Counseling (WCC)		
68.54	ICD 10: BMI pediatric, greater than or equal to 95th percentile for age	
68.53	ICD 10: BMI pediatric, 85th percentile to less than 95th percentile for age	
68.52	ICD 10: BMI pediatric, 5th percentile to less than 85th percentile for age	
68.51	ICD 10: BMI pediatric, less than 5th percentile for age	
1800	CPT II: Body Mass Index (BMI), documented - use with ICD 10 code	

Z71.3 **ICD 10:** Dietary counseling and surveillance **CPT:** Medical nutrition therapy; initial assessment and intervention,

Physical Activity Counseling (WCC)		
G0447	HCPCS: Face-to-face behavioral counseling for obesity, 15 min	
97804	CPT: Medical nutrition therapy; group (2 or more individual(s)), each 30 minutes	
97803	CPT: Medical nutrition therapy, re-assessment and intervention, individual, face-to-face with the patient, each 15 min	
07002	individual, face-to-face with patient, each 15 min	

Z02.5 **ICD 10:** Encounter for examination for participation in sport Z71.82 **ICD 10:** Exercise counseling

Adolescent Preventive Care (ADL) NYS-Specific QARR measure only Sexual Activity Counseling

Z72.51 **ICD 10:** High risk heterosexual behavior

	Positive Depression		
	G8431	HCPCS: Screening for depression is documented as being positive	
G	G843 I	and a follow-up plan is documented	

Negative Depression

	HCPCS: Pain assessment documented as positive using a standardized tool, follow-up plan not documented, reason not giver	
T-h Oline		

Tobacco Counselin

71.6	ICD 10: Tobacco abuse counseling
1.0	***Use additional code for nicotine dependence (F17.

Substance / Alcohol Counseling Z71.41 **ICD 10:** Alcohol abuse counseling and surveillance of alcoholic Drug abuse counseling and surveillance of drug abuser

***Use additional code for drug abuse or dependence (F11-F16, F18-F19)

Breast Cancer Screening (BCS)

Broadt Garloof Goldoning (BGG)		
3014F	CPT II: Screening mammography results documented and reviewe	
77067	CPT: Screening mammography, bilateral (2-view study of each breast), including computer-aided detection (CAD) when performe	
77066	CPT: Diagnostic mammography, including computer-aided detection (CAD) when performed; bilateral	
77065	CPT: Diagnostic mammography, including computer-aided detection (CAD) when performed; unilateral	

Medication Reconciliation Post Discharge (MRP)

1111F CPT II: Discharge medications reconciled with the current medication list in outpatient medical record

COA - Medication Review (both codes required)		
1159F	CPT II: Medication list documented in medical record	
	CPT II: Review of all medications by a prescribing practitioner or	

COA - Functional Status Review

1170F **CPT II:** Functional status assessed

COA - Advance Care Plan

157F	CPT II: Advance care plan or similar legal document present in the medical record
158F	CPT II: Advance care planning discussion documented in the medical record
123F	CPT II: Advance Care Planning discussed and documented advance care plan or surrogate decision maker documented in the medical record (DEM) (GER, Pall Cr)
124F	CPT II: Advance Care Planning discussed and documented in the medical record, patient did not wish or was not able to name a surrogate decision maker or provide an advance care plan (DEM)

(GER, Pall Cr) ICD 10: Do not resuscitate CPT: Advance care planning w/ discussion of advance d

and completion of such forms. First 30 minutes, face-to-face with the patient, family member(s), and/or surrogate
HCPCS: Counseling and discussion regarding advance directive or end of life care planning and decisions, with patient and/

or surrogate (list separately in addition to code for appropriate

Controlling High Blood Pressure (CBP)

evaluation and management service)

Systolic	
20745	

	3074F	CPT II: Most recent systolic blood pressure less than 130 mm Hg
	3075F	CPT II: Most recent systolic blood pressure 130-139 mm Hg
	3077F	CPT II: Most recent systolic blood pressure ≥ 140 mm Hg

3078F CPT II: Most recent diastolic b 3079F CPT II: Most recent diastolic 3080F CPT II: Most recent diastolic

	G0144	reporting system), collected in preservative fluid, automated thin layer preparation, with screening by automated system, under physician supervision
	G0145	HCPCS: Screening cytopathology, cervical or vaginal (any reporting system), collected in preservative fluid, automated thin layer preparation, with screening by automated system and manual rescreening under physician supervision
	88164	CPT: Cytopathology, slides, cervical or vaginal (the Bethesda System); manual screening under physician supervision
		CPT: Cytopathology, slides, cervical or vaginal (the Bethesda

HCPCS: Screening cytopathology, cervical or vaginal (any

A - Medication Review (both codes required)	
59F	CPT II: Medication list documented in medical record
60F	CPT II: Review of all medications by a prescribing practitioner or clinical pharmacist

	e and an
COA - Pai	n Assessment
1125F	CPT II: Pain severity quantified; pain present
1126F	CPT II: Pain severity quantified; no pain present

medicat record
CPT II: Advance care planning discussion documented in the medical record
CPT II: Advance Care Planning discussed and documented advance care plan or surrogate decision maker documented in the medical record (DEM) (GER, Pall Cr)
CPT II: Advance Care Planning discussed and documented in the

directives	3017F
face with	Fecal Occ
	00000

45330 Specimen(s) by brushing or washing
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plood pressure less than 80 mm Hg
blood pressure 80-89 mm Hg
blood pressure ≥ to 90 mm

Cervical Cancer Screening (CCS)

Cervical Cytology

)144	reporting system), collected in preservative fluid, automated thin layer preparation, with screening by automated system, under physician supervision
)145	HCPCS: Screening cytopathology, cervical or vaginal (any reporting system), collected in preservative fluid, automated thin layer preparation, with screening by automated system and manual rescreening under physician supervision
3164	CPT: Cytopathology, slides, cervical or vaginal (the Bethesda System); manual screening under physician supervision

System); with manual screening and rescreening under physician supervision

	Capor violon
88166	CPT: Cytopathology, slides, cervical or vaginal (the Bethesda System); with manual screening and computer-assisted rescreening under physician supervision

CPT: Cytopathology, slides, cervical or vaginal (the Bethesda System); with manual screening and computer-assisted rescreening using cell selection and review under physician

	CPT: Cytopathology, cervical or vaginal (any reporting system)
74	collected in preservative fluid, automated thin layer preparation

screening by automated system, under physician supervision

87624	CPT: Infectious agent detection by nucleic acid (DNA or RNA); Human Papillomavirus (HPV), high-risk types (eg, 16, 18, 31, 33, 35, 39, 45, 51, 52, 56, 58, 59, 68)	

CPT: Infectious agent detection by nucleic acid (DNA or RNA); Human Papillomavirus (HPV), types 16 and 18 only, includes type 45, if performed

Colorectal Cancer Screening (COL) Colonoscopy Screening

Colonoscopy Screening	
3017F	CPT II: Colorectal cancer screening results documented and reviewed
Fecal Occult Blood Test (FOBT)	

HCPCS: Colorectal cancer screening; fecal occult blood test,

00020	immunoassay, 1-3 simultaneous
82270	CPT: Blood, occult, by peroxidase activity (eg, guaiac). qualitative; consecutive collected specimens with single determination, (ie, patient was provided 3 cards or single triple card for consecutive collection)
82274	CPT: Blood, occult, by fecal hemoglobin determination by immunoassay, qualitative, feces, 1-3 simultaneous

Flexible Sigmoidoscopy Procedures (45330-35, 45337-39)

CPT: Flexible sigmoid; diagnostic, including collection of specimen(s) by brushing or washing	

	45335	substance
	45337	CPT: Flexible sigmoid; with decompression including placement decompression tube
	45338	CPT: Flexible sigmoid; with removal of tumor(s), polyp(s), or other lesion(s) by snare technique
	G0104	HCPCS: Colorectal cancer screening; flexible sigmoidoscopy
	FIT-DNA	· ·
	81528	CPT: Oncology (colorectal) screening, quantitative real-time targe and signal amplification of 10 DNA markers (KRAS mutations, promoter methylation of NDRG4 and BMP3) and fecal hemoglobi utilizing stool, algorithm reported as a positive or negative result
	CT Colo	nography
ual	74261	CPT: Computed tomographic (CT) colonography, diagnostic,

CPT: Flexible sigmoid; with directed submucosal injection(s), any

	including image postprocessing; without contrast material		
74262	CPT: Computed tomographic (CT) colonography, diagnostic, including image postprocessing; with contrast material(s) inclunon-contrast images, if performed		
74263	CPT: Computed tomographic (CT) colonography, screening, including image postprocessing		

	[G0121]	HCPCS: Colorectal cancer screening; colonoscopy on individu
		not meeting criteria for high risk
	G0105	HCPCS: Colorectal cancer screening; colonoscopy on individu
		at high risk

Chlamydia Screening in Women (CHL)

87110	CPT: Culture, chlamydia, any source
87270	CPT: Infectious agent antigen detection by immunofluorescent technique; Chlamydia trachomatis
	CPT: Infectious agent antigen detection by immunoassay technique

(eg, enzyme immunoassay [EIA], enzyme-linked immunosorbent assay [ELISA], immunochemiluminometric assay [IMCA]) qualitative or semiquantitative, multiple-step method; Chlamydia trachomatis CPT: Infectious agent detection by nucleic acid (DNA or RNA);

- Chlamydia trachomatis, direct probe technique CPT: Infectious agent detection by nucleic acid (DNA or RNA); Chlamydia trachomatis, amplified probe technique
- CPT: Infectious agent detection by nucleic acid (DNA or RNA); Chlamydia trachomatis, quantification CPT: Infectious agent antigen detection by immunoassay with
- direct optical observation; Chlamydia trachomatis

Lead Screening in Children (LSC) **Lead Test**

83655 **CPT:** Lead

IMMUNIZATIONS

Vac	Vaccines and Administration	
Z23	3	ICD 10: Encounter for immunization
G00	009	HCPCS: Administration of pneumococcal vaccine
906	670	CPT: Pneumococcal conjugate vaccine, 13 valent (PCV13)
907	732	CPT: Pneumococcal polysaccharide vaccine, 23-valent (PPSV23)