

HEDIS® Coding Guide

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IMMUNIZATIONS	
Vaccines and Administration	
Z23	ICD 10: Encounter for immunization
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), split virus, preservative free, enhanced immunogenicity via increased antigen content, for intramuscular use
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), split virus, preservative free, 0.5 mL dosage, for intramuscular use
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
G0009	HCPCS: Administration of pneumococcal vaccine
90670	CPT: Pneumococcal conjugate vaccine, 13 valent (PCV13), for intramuscular use
90732	CPT: Pneumococcal polysaccharide vaccine, 23-valent (PPSV23), adult or immunosuppressed patient dosage, when administered to individuals 2 years or older, for subcutaneous or intramuscular use
Childhood 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
90734	CPT: Meningococcal conjugate vaccine, serogroups A, C, W, Y, quadrivalent, diphtheria toxoid carrier (MenACWY-D) or CRM197 carrier (MenACWY-CRM), for intramuscular use
Tdap	
90700	CPT: Diphtheria, tetanus toxoids, and acellular pertussis vaccine (DTaP), when administered to individuals under 7 years, for intramuscular use
90723	CPT: Diphtheria, tetanus toxoids, acellular pertussis vaccine, hepatitis B, and inactivated poliovirus vaccine (DTaP-HepB-IPV), for intramuscular use
HPV	
90649	CPT: Human Papillomavirus vaccine, types 6, 11, 16, 18, quadrivalent (4vHPV), 3 dose schedule, for intramuscular use
CHRONIC CONDITIONS	
Diabetes (CDC)	
R73.03	ICD 10: Prediabetes (for reference only; not in HEDIS value set)
Diabetic Retinal Exam	
92250	CPT: Fundus photography with interpretation and report

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
HepA	
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
IPV	
90713	CPT: Poliovirus vaccine, inactivated (IPV), for subcutaneous or intramuscular use
Influenza	
90655	CPT: Influenza virus vaccine, trivalent (IIV3), split virus, preservative free, 0.25 mL dosage, for intramuscular use
90685	CPT: Influenza virus vaccine, quadrivalent (IIV4), split virus, preservative free, 0.25 mL, for intramuscular use
MMR	
90707	CPT: Measles, mumps and rubella virus vaccine (MMR), live, for subcutaneous use
PCV	
90670	CPT: Pneumococcal conjugate vaccine, 13 valent (PCV13), for intramuscular use
ROTAVIRUS 3 DOSE	
90680	CPT: Rotavirus vaccine, pentavalent (RV5), 3 dose schedule, live, for oral use
ROTAVIRUS 2 DOSE	
90681	CPT: Rotavirus vaccine, human, attenuated (RV1), 2 dose schedule, live, for oral use
VZV	
90716	CPT: Varicella virus vaccine (VAR), live, for subcutaneous use
Immunization for Adolescents (IMA)	
Meningococcal	
90734	CPT: Meningococcal conjugate vaccine, serogroups A, C, W, Y, quadrivalent, diphtheria toxoid carrier (MenACWY-D) or CRM197 carrier (MenACWY-CRM), for intramuscular use
Tdap	
90715	CPT: Tetanus, diphtheria toxoids and acellular pertussis vaccine (Tdap), when administered to individuals 7 years or older, for intramuscular use
HPV	
90649	CPT: Human Papillomavirus vaccine, types 6, 11, 16, 18, quadrivalent (4vHPV), 3 dose schedule, for intramuscular use
CHRONIC CONDITIONS	
Diabetes (CDC)	
R73.03	ICD 10: Prediabetes (for reference only; not in HEDIS value set)
Diabetic Retinal Exam	
92250	CPT: Fundus photography with interpretation and report

2022F	CPT II: Dilated retinal eye exam with interpretation by ophthalmologist or optometrist documented and reviewed; with evidence of retinopathy (DM)
2023F	CPT II: Dilated retinal eye exam with interpretation by ophthalmologist or optometrist documented and reviewed; without evidence of retinopathy (DM)
2024F	CPT II: 7 standard field stereoscopic retinal photos with interpretation by ophthalmologist or optometrist documented and reviewed; with evidence of retinopathy (DM)
2025F	CPT II: 7 standard field stereoscopic retinal photos with interpretation by ophthalmologist or optometrist documented and reviewed; without evidence of retinopathy (DM)
2026F	CPT II: Eye imaging validated to match diagnosis from 7 standard field stereoscopic retinal photos results documented and reviewed; with evidence of retinopathy (DM)
2033F	CPT II: Eye imaging validated to match diagnosis from 7 standard field stereoscopic retinal photos results documented and reviewed; without evidence of retinopathy (DM)
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, with microscopy
81005	CPT: Urinalysis; qualitative or semiquantitative, except immunoassays
S3000	HCPCS: Diabetic indicator; retinal eye exam, dilated, bilateral
Other Eye Exams	
S0620	HCPCS: Routine ophthalmological examination including refraction; new patient
S0621	HCPCS: Routine ophthalmological examination including refraction; established patient
3072F	CPT II: Low risk for retinopathy (no evidence of retinopathy in the prior year) need prior year exam
2028F	CPT II: Foot examination performed (includes examination through visual inspection, sensory exam with monofilament, and pulse exam - report when any of the 3 components are completed)
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)
80048	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)
80050	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)
94010	CPT: Spirometry, including graphic record, total and timed vital 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
82947	CPT: Glucose; quantitative, blood (except reagent strip)
82950	CPT: Glucose; post glucose dose (includes glucose)
82951	CPT: Glucose; tolerance test (GTT), 3 specimens (includes glucose)
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)
3061F	CPT II: Negative microalbuminuria test result documented and reviewed (DM)
3060F	CPT II: Positive microalbuminuria test result documented and reviewed (DM)
3062F	CPT: Positive macroalbuminuria test result documented and reviewed (DM)
3066F	CPT II: Documentation of treatment for nephropathy (eg, patient receiving dialysis, patient being treated for ESRD, CRF, ARF, or renal insufficiency, any visit to a nephrologist) (DM)
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)
4010F	CPT II: Angiotensin Converting Enzyme (ACE) Inhibitor or Angiotensin Receptor Blocker (ARB) therapy prescribed or currently being taken (CAD, CKD, HF)

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

BEHAVIORAL HEALTH	
Psychiatric Evaluation (ADD, IET, FMC, FUA, FUH, FUM)	
90791 CPT: Psychiatric diagnostic evaluation	
90792 CPT: Psychiatric diagnostic evaluation with medical services	
Adherence to Antipsychotic Medication for Individuals with Schizophrenia (SAA)	
J0401 HCPCS: Injection, aripiprazole, extended release, 1 mg	
J1631 HCPCS: Injection, haloperidol decanoate, per 50 mg	
J2358 HCPCS: Injection, olanzapine, long-acting, 1 mg	
J2426 HCPCS: Injection, paliperidone palmitate extended release, 1 mg	
J2680 HCPCS: Injection, fluphenazine decanoate, up to 25 mg	
J2794 HCPCS: Injection, risperidone, 0.5 mg	
Glucose Test (SSD only - Diabetes Screening for People With Schizophrenia or Bipolar Disorder Who Are Using Antipsychotic Medications)	
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)	
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80050 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)	
94010 CPT: Spirometry, including graphic record, total and timed vital 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	
940	

Annual Wellness Visit	
AWV	HCPCS: G0438, G0439 (Medicare only) or CPT: 99385-99387, 99395-99397
Telephone Calls for Patient Management and Virtual Check-In: POS 11, no modifier required	
CPT 99441	Telephone evaluation and management service provided to an established patient, parent, or guardian not originating from a related E/M service provided within the previous 7 days nor leading to an E/M service or procedure within the next 24 hours or soonest available appointment; 5-10 minutes of medical discussion (For the COVID-19 Public Health Emergency only - New or Established patient)
CPT 99442	Telephone evaluation and management service provided to an established patient, parent, or guardian not originating from a related E/M service provided within the previous 7 days nor leading to an E/M service or procedure within the next 24 hours or soonest available appointment; 11-20 minutes of medical discussion (For the COVID-19 Public Health Emergency only - New or Established patient)
CPT 99443	Telephone evaluation and management service provided to an established patient, parent, or guardian not originating from a related E/M service provided within the previous 7 days nor leading to an E/M service or procedure within the next 24 hours or soonest available appointment; 21-30 minutes of medical discussion (For the COVID-19 Public Health Emergency only - New or Established patient)
HCPCS G2012	Brief communication technology-based service, e.g., virtual check-in , provided to an established patient, not originating from a related E/M service provided within the previous 7 days nor leading to an E/M service or procedure within the next 24 hours or soonest available appointment; 5-10 minutes of medical discussion (MEDICARE ONLY) (For the COVID-19 Public Health Emergency only - New or Established patient)
PREVENTIVE VISITS	
Preventive Medicine Visits (AAP, AWC, CAP, W34, W15 - based on age)	
99381	CPT: Initial comprehensive preventive medicine evaluation and management, new pt (age younger than 1 year)
99382	CPT: Initial comprehensive preventive medicine evaluation and management, new pt (1-4 yrs)
99383	CPT: Initial comprehensive preventive medicine evaluation and management, new pt (5 - 11 yrs)
99384	CPT: Initial comprehensive preventive medicine evaluation and management, new pt (12 - 17 yrs)
99385	CPT: Initial comprehensive preventive medicine evaluation and management, new pt (18 - 39 yrs)
99386	CPT: Initial comprehensive preventive medicine evaluation and management, new pt (40 - 64 yrs)
99387	CPT: Initial comprehensive preventive medicine evaluation and management, new pt (65 and older)
99391	CPT: Periodic comprehensive preventive medicine reevaluation and management, est pt (age younger than 1 year)
99392	CPT: Periodic comprehensive preventive medicine reevaluation and management, est pt (1-4 yrs)
99393	CPT: Periodic comprehensive preventive medicine reevaluation and management, est pt (5-11 yrs)
99394	CPT: Periodic comprehensive preventive medicine reevaluation and management, est pt (12-17 yrs)
99395	CPT: Periodic comprehensive preventive medicine reevaluation and management, est pt (18 - 39 yrs)
99396	CPT: Periodic comprehensive preventive medicine reevaluation and management, est pt (40 - 64 yrs)
99397	CPT: Periodic comprehensive preventive medicine reevaluation and management, est pt (65 and older)
Preventive Medicine Visits (AAP)	
Counseling Services	
99401	CPT: Preventive medicine counseling and/or risk factor reduction intervention(s) provided to an individual (15 min)
Risk Factor and Behavioral 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 in a group setting (30 min)
99412	CPT: Preventive medicine counseling and/or risk factor reduction intervention(s) provided to individuals in a group setting (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
Z00.129	ICD 10: Encounter for routine child health examination without abnormal findings
Outpatient E&M (AAP)	
*Due to COVID-19 can also be billed for Telehealth visits with POS reflecting the location where the service would have been provided face-to-face with Modifier 95 (Refer to your payer guidelines on reporting Telehealth/Telemedicine).	
99201	CPT: Office or other outpatient visit, new pt (10 min)
99202	CPT: Office or other outpatient visit, new pt (20 min)
99203	CPT: Office or other outpatient visit, new pt (30 min)
99204	CPT: Office or other outpatient visit, new pt (45 min)
99205	CPT: Office or other outpatient visit, new pt (60 min)
99211	CPT: Office or other outpatient visit, est pt (5 min)
99212	CPT: Office or other outpatient visit, est pt (10 min)
99213	CPT: Office or other outpatient visit, est pt (15 min)
99214	CPT: Office or other outpatient visit, est pt (25 min)
99215	CPT: Office or other outpatient visit, est pt (40 min)
Outpatient Home E&M (AAP)	
*Due to COVID-19 can also be billed for Telehealth visits with POS reflecting the location where the service would have been provided face-to-face with Modifier 95 (Refer to your payer guidelines on reporting Telehealth/Telemedicine).	
99341	CPT: E&M - Home visit, new pt (20 min)
99342	CPT: E&M - Home visit, new pt (20 min)
99343	CPT: E&M - Home visit, new pt (45 min)
99344	CPT: E&M - Home visit, new pt (60 min)
99345	CPT: E&M - Home visit, new pt (75 min)
99347	CPT: E&M - Home visit, est pt (15 min)
99348	CPT: E&M - Home visit, est pt (25 min)
99349	CPT: E&M - Home visit, est pt (40 min)
99350	CPT: E&M - Home visit, est pt (60 min)
Domiciliary Care, Rest Home, Assisted Living (AAP)	
*Due to COVID-19 can also be billed for Telehealth visits with POS reflecting the location where the service would have been provided face-to-face with Modifier 95 (Refer to your payer guidelines on reporting Telehealth/Telemedicine).	
3008F	CPT II: Body Mass Index (BMI), documented - use with ICD 10 code
Z68.51	ICD 10: BMI pediatric, less than 5th percentile for age
Z68.52	ICD 10: BMI pediatric, 5th percentile to less than 85th percentile for age
Z68.53	ICD 10: BMI pediatric, 85th percentile to less than 95th percentile for age
88164	CPT: Cytopathology, slides, cervical or vaginal (the Bethesda System); manual screening under physician supervision
Z68.54	ICD 10: BMI pediatric, greater than or equal to 95th percentile for age
99324	CPT: Domiciliary or rest home visit, new pt (20 min)
99325	CPT: Domiciliary or rest home visit, new pt (30 min)
99326	CPT: Domiciliary or rest home visit, new pt (45 min)
99327	CPT: Domiciliary or rest home visit, new pt (60 min)
99328	CPT: Domiciliary or rest home visit, new pt (75 min)
99334	CPT: Domiciliary or rest home visit, est pt (15 min)
99335	CPT: Domiciliary or rest home visit, est pt (25 min)
99336	CPT: Domiciliary or rest home visit, est pt (40 min)
99337	CPT: Domiciliary or rest home visit, est pt (60 min)
PREVENTIVE SCREENINGS	
Adult BMI Assessment (ABA)	
3008F	CPT II: Body Mass Index (BMI), documented - use with ICD 10 code
Z02.5	ICD 10: Encounter for examination for participation in sport
Z02.5	ICD 10: Advance Care Planning discussed and documented in the medical record (DEM) (GER, Pall Cr)
Z71.82	ICD 10: Exercise counseling
Z68.1	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
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
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
Z68.40	ICD 10: BMI 40.0 - 44.9
Systolic	
3074F	CPT II: Most recent systolic blood pressure < 130 mm Hg
3075F	CPT II: Most recent systolic blood pressure 130-139 mm Hg
Z68.41	ICD 10: Drug abuse counseling and surveillance of drug abuser
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
77065	CPT: Diagnostic mammography, including computer-aided detection (CAD) when performed; unilateral
77066	CPT: Diagnostic mammography, including computer-aided detection (CAD) when performed; bilateral
G0144	HCPCS: Screening cytopathology, cervical or vaginal (any reporting system), collected in preservative fluid, automated thin layer preparation, with screening by automated system, under physician supervision
G0145	HCPCS: Screening mammography, bilateral (2-view study of each breast), including computer-aided detection (CAD) when performed
3008F	CPT II: Body Mass Index (BMI), documented - use with ICD 10 code
Z68.51	ICD 10: BMI pediatric, less than 5th percentile for age
Z68.52	ICD 10: BMI pediatric, 5th percentile to less than 85th percentile for age
Z68.53	ICD 10: BMI pediatric, 85th percentile to less than 95th percentile for age
1111F	CPT II: Discharge medications reconciled with the current medication list in outpatient medical record
88164	CPT: Cytopathology, slides, cervical or vaginal (the Bethesda System); manual screening under physician supervision
Z68.54	ICD 10: BMI pediatric, greater than or equal to 95th percentile for age
99324	CPT: Domiciliary or rest home visit, new pt (20 min)
99325	CPT: Domiciliary or rest home visit, new pt (30 min)
99326	CPT: Domiciliary or rest home visit, new pt (45 min)
99327	CPT: Domiciliary or rest home visit, new pt (60 min)
99328	CPT: Domiciliary or rest home visit, new pt (75 min)
99334	CPT: Domiciliary or rest home visit, est pt (15 min)
99335	CPT: Domiciliary or rest home visit, est pt (25 min)
99336	CPT: Domiciliary or rest home visit, est pt (40 min)
99337	CPT: Domiciliary or rest home visit, est pt (60 min)
Breast Cancer Screening (BCS)	
3014F	CPT II: Screening mammography results documented and reviewed (for reference only; not in HEDIS value set)
Z68.46	ICD 10: BMI 45.0 - 49.9
Z68.47	ICD 10: BMI 50.0 - 59.9
Z68.48	ICD 10: BMI 60.0 - 69.9
Z68.49	ICD 10: BMI 70 or greater
77065	CPT: Diagnostic mammography, including computer-aided detection (CAD) when performed; unilateral
77066	CPT: Diagnostic mammography, including computer-aided detection (CAD) when performed; bilateral
G0144	HCPCS: Screening cytopathology, cervical or vaginal (any reporting system), collected in preservative fluid, automated thin layer preparation, with screening by automated system, under physician supervision
G0145	HCPCS: Screening mammography, bilateral (2-view study of each breast), including computer-aided detection (CAD) when performed
3008F	CPT II: Body Mass Index (BMI), documented - use with ICD 10 code
Z68.51	ICD 10: BMI pediatric, less than 5th percentile for age
Z68.52	ICD 10: BMI pediatric, 5th percentile to less than 85th percentile for age
Z68.53	ICD 10: BMI pediatric, 85th percentile to less than 95th percentile for age
1111F	CPT II: Discharge medications reconciled with the current medication list in outpatient medical record
88164	CPT: Cytopathology, slides, cervical or vaginal (the Bethesda System); manual screening under physician supervision
Z68.54	ICD 10: BMI pediatric, greater than or equal to 95th percentile for age
99324	CPT: Domiciliary or rest home visit, new pt (20 min)
99325	CPT: Domiciliary or rest home visit, new pt (30 min)
99326	CPT: Domiciliary or rest home visit, new pt (45 min)
99327	CPT: Domiciliary or rest home visit, new pt (60 min)
99328	CPT: Domiciliary or rest home visit, new pt (75 min)
99334	CPT: Domiciliary or rest home visit, est pt (15 min)
99335	CPT: Domiciliary or rest home visit, est pt (25 min)
99336	CPT: Domiciliary or rest home visit, est pt (40 min)
99337	CPT: Domiciliary or rest home visit, est pt (60 min)
BMI Percentile - Pediatric (ABA, WCC)	
3008F	CPT II: Body Mass Index (BMI), documented - use with ICD 10 code
Z68.51	ICD 10: BMI pediatric, less than 5th percentile for age
Z68.52	ICD 10: BMI pediatric, 5th percentile to less than 85th percentile for age
Z68.53	ICD 10: BMI pediatric, 85th percentile to less than 95th percentile for age
1111F	CPT II: Discharge medications reconciled with the current medication list in outpatient medical record
88164	CPT: Cytopathology, slides, cervical or vaginal (the Bethesda System); manual screening under physician supervision
Z68.54	ICD 10: BMI pediatric, greater than or equal to 95th percentile for age
99324	CPT: Domiciliary or rest home visit, new pt (20 min)
99325	CPT: Domiciliary or rest home visit, new pt (30 min)
99326	CPT: Domiciliary or rest home visit, new pt (45 min)
99327	CPT: Domiciliary or rest home visit, new pt (60 min)
99328	CPT: Domiciliary or rest home visit, new pt (75 min)
99334	CPT: Domiciliary or rest home visit, est pt (15 min)
99335	CPT: Domiciliary or rest home visit, est pt (25 min)
99336	CPT: Domiciliary or rest home visit, est pt (40 min)
99337	CPT: Domiciliary or rest home visit, est pt (60 min)
Flexible Sigmoidoscopy Procedures	
45330	