

HEDIS[®] Coding Guide

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Value Set

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FREQUENTLY USED CODES

Annual Wellness Visit	
AWV	HCPCS: G0438, G0439 (Medicare only) or CPT: 99385, 99386, 99387
Telephone Calls for Patient Management and Virtual Check-In	
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
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
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
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)

PREVENTIVE VISITS

Preventive Medicine Visits (AAP, AWC, W30, WCV - 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)
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Preventive Medicine Visits (AAP)

Counseling Services

99401	CPT: Preventive medicine counseling and/or risk factor reduction intervention(s) provided to an individual (15 min)
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Risk Factor and Behavioral Change Modification

99402	CPT: Preventive medicine counseling and/or risk factor reduction intervention(s) provided to an individual (30 min)
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99403	CPT: Preventive medicine counseling and/or risk factor reduction intervention(s) provided to an individual (45 min)
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99411	CPT: Preventive medicine counseling and/or risk factor reduction intervention(s) provided to individuals in a group setting (30 min)
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99412	CPT: Preventive medicine counseling and/or risk factor reduction intervention(s) provided to individuals in a group setting (60 min)
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Well-Child Visits in the First 30 Months of Life (W30) and Child and Adolescent Well-Care Visits (AWC)

Z00.110	ICD 10: Health examination for newborn under 8 days old
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Z00.111	ICD 10: Health examination for newborn 8 to 28 days old
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Z00.121	ICD 10: Encounter for routine child health examination with abnormal findings
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Z00.129	ICD 10: Encounter for routine child health examination without abnormal findings
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99461	CPT: Initial care, per day, for evaluation and management of normal newborn infant seen in other than hospital or birthing center
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Outpatient E&M (Modifier Optional)

99202	CPT: Office or other outpatient visit, new pt (15-29 min)
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99203	CPT: Office or other outpatient visit, new pt (30-44 min)
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99204	CPT: Office or other outpatient visit, new pt (45-59 min)
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99205	CPT: Office or other outpatient visit, new pt (60-74 min)
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Outpatient E&M

99211	CPT: Office or other outpatient visit, est pt that may not require physician or other Healthcare professional
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99212	CPT: Office or other outpatient visit, est pt (10-19 min)
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99213	CPT: Office or other outpatient visit, est pt (20-29 min)
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99214	CPT: Office or other outpatient visit, est pt (30-39 min)
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99215	CPT: Office or other outpatient visit, est pt (40-54 min)
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99341	CPT: E&M - Home visit, new pt (20 min)
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99342	CPT: E&M - Home visit, new pt (30 min)
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99343	CPT: E&M - Home visit, new pt (45 min)
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99344	CPT: E&M - Home visit, new pt (60 min)
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99345	CPT: E&M - Home visit, new pt (75 min)
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99347	CPT: E&M - Home visit, est pt (15 min)
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99348	CPT: E&M - Home visit, est pt (25 min)
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99349	CPT: E&M - Home visit, est pt (40 min)
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99350	CPT: E&M - Home visit, est pt (60 min)
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Domiciliary Care, Rest Home, Assisted Living (AAP)	
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

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

BMI Percentile - Pediatric (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
Z68.54	ICD 10: BMI pediatric, greater than or equal to 95th percentile for age

Nutrition Counseling (WCC)

Z71.3	ICD 10: Dietary counseling and surveillance
97802	CPT: Medical nutrition therapy; initial assessment and intervention, individual, face-to-face with patient, each 15 min
97803	CPT: Medical nutrition therapy; re-assessment and intervention, individual, face-to-face with the patient, each 15 min
97804	CPT: Medical nutrition therapy; group (2 or more individual(s)), each 30 minutes

Physical Activity Counseling (WCC)

G0447	HCPCS: Face-to-face behavioral counseling for obesity, 15 minutes
Z02.5	ICD 10: Encounter for examination for participation in sport
Z71.82	ICD 10: Exercise counseling

Adolescent Preventive Care Measures (ADL) NYS-Specific QARR measure only

Sexual Activity Counseling

Z30.0	ICD 10: Encounter for general counseling and advice on contraception
Z70.3	ICD 10: Counseling related to combined concerns regarding sexual attitude, behavior and orientation
Z71.7	ICD 10: Human immunodeficiency virus (HIV) counseling
Z72.51	ICD 10: High risk heterosexual behavior
G9818	HCPCS: Documentation of sexual activity

Depression

Z13.31	ICD 10: Encounter for screening for depression
G8431	HCPCS: Screening for depression is documented as being positive and a follow-up plan is documented
G8510	HCPCS: Screening for depression is documented as negative , a follow-up plan is not required

Tobacco Counseling

Z71.6	ICD 10: Tobacco abuse counseling ***Use additional code for nicotine dependence (F17)
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Substance /Alcohol Counseling

Z71.41	ICD 10: Alcohol abuse counseling and surveillance of alcoholic
Z71.51	ICD 10: Drug abuse counseling and surveillance of drug abuser ***Use additional code for drug abuse or dependence (F11-F16, F18-F19)

Breast Cancer Screening (BCS)

3014F	CPT II: Screening mammography results documented and reviewed (for reference only; not in HEDIS value set)
77065	CPT: Diagnostic mammography, including computer-aided detection (CAD) when performed; unilateral
77066	CPT: Diagnostic mammography, including computer-aided detection (CAD) when performed; bilateral
77067	CPT: Screening mammography, bilateral (2-view study of each breast), including computer-aided detection (CAD) when performed
Z90.11	ICD 10: Acquired absence of right breast and nipple
Z90.12	ICD 10: Acquired absence of left breast and nipple
Z90.13	ICD 10: Acquired absence of bilateral breasts and nipples

Cardiac Rehabilitation (CRE)

93797	CPT: Physician or other qualified health care professional services for outpatient cardiac rehabilitation; without continuous ECG monitoring (per session)
93798	CPT: Physician or other qualified health care professional services for outpatient cardiac rehabilitation; with continuous ECG monitoring (per session)
G0422	HCPCS: Intensive cardiac rehabilitation; with or without continuous ECG monitoring with exercise, per session
G0423	HCPCS: Intensive cardiac rehabilitation; with or without continuous ECG monitoring; without exercise, per session

Care for the Older Adults (COA)

COA - Medication Review (both codes required)

1159F	CPT II: Medication list documented in medical record
1160F	CPT II: Review of all medications by a prescribing practitioner or clinical pharmacist (such as prescriptions, OTCs, herbal therapies and supplements) documented in the medical record

COA - Functional Status Review

1170F	CPT II:
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COA - Pain Assessment

1125F	CPT II: Pain severity quantified; pain present
1126F	CPT II: Pain severity quantified; no pain present

Advanced Care Planning (ACP)

1123F	CPT II: Advance Care Planning discussed and documented advance care plan or surrogate decision maker documented in the medical record (DEM) (GER, Pall Cr)
1124F	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)

1157F	CPT II: Advance care plan or similar legal document present in the medical record
1158F	CPT II: Advance care planning discussion documented in the medical record
Z66	ICD 10: Do not resuscitate
99497	CPT: Advance care planning including explanation and discussion of advance directives and completion of such forms; first 30 minutes, face-to-face with the patient, family member(s), and/or surrogate
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)

Controlling High Blood Pressure (CBP)

Systolic

3074F	CPT II: Most recent systolic blood pressure < 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

Diastolic

3078F	CPT II: Most recent diastolic blood pressure < 80 mm Hg
3079F	CPT II: Most recent diastolic blood pressure 80-89 mm Hg
3080F	CPT II: Most recent diastolic blood pressure ≥ to 90 mm

Cervical Cytology

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 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
88165	CPT: Cytopathology, slides, cervical or vaginal (the Bethesda System); with manual screening and rescreening under physician supervision
88166	CPT: Cytopathology, slides, cervical or vaginal (the Bethesda System); with manual screening and computer-assisted rescreening under physician supervision
88167	CPT: Cytopathology, slides, cervical or vaginal (the Bethesda System); with manual screening and computer-assisted rescreening using cell selection and review under physician supervision
88174	CPT: Cytopathology, cervical or vaginal (any reporting system), collected in preservative fluid, automated thin layer preparation; screening by automated system, under physician supervision
88175	CPT: Cytopathology, cervical or vaginal (any reporting system), collected in preservative fluid, automated thin layer preparation; with screening by automated system and manual rescreening or review, under physician supervision

HPV	
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)
87625	CPT: Infectious agent detection by nucleic acid (DNA or RNA); Human Papillomavirus (HPV), types 16 and 18 only, includes type 45, if performed

Chlamydia Screening in Women (CHL)	
87110	CPT: Culture, chlamydia, any source
87270	CPT: Infectious agent antigen detection by immunofluorescent technique; Chlamydia trachomatis
87320	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
87490	CPT: Infectious agent detection by nucleic acid (DNA or RNA); Chlamydia trachomatis, direct probe technique
87491	CPT: Infectious agent detection by nucleic acid (DNA or RNA); Chlamydia trachomatis, amplified probe technique
87492	CPT: Infectious agent detection by nucleic acid (DNA or RNA); Chlamydia trachomatis, quantification
87810	CPT: Infectious agent antigen detection by immunoassay with direct optical observation; Chlamydia trachomatis

Colorectal Cancer Screening (COL)

Colorectal Cancer Screening	
3017F	CPT II: Colorectal cancer screening results documented and reviewed (for reference only; not in HEDIS value set)

Fecal Occult Blood Test (FOBT)	
G0328	HCPCS: Colorectal cancer screening; fecal occult blood test, immunoassay, 1-3 simultaneous determinations
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 determinations

Flexible Sigmoidoscopy Procedures	
45330	CPT: Sigmoidoscopy, flexible; diagnostic, including collection of specimen(s) by brushing or washing, when performed (separate procedure)
45335	CPT: Sigmoidoscopy, flexible; with directed submucosal injection(s), any substance
45337	CPT: Sigmoidoscopy, flexible; with decompression (for pathologic distention) (eg, volvulus, megacolon), including placement of decompression tube, when performed
45338	CPT: Sigmoidoscopy, flexible; 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 target and signal amplification of 10 DNA markers (KRAS mutations, promoter methylation of NDRG4 and BMP3) and fecal hemoglobin, utilizing stool, algorithm reported as a positive or negative result

CT Colonography

74261	CPT: Computed tomographic (CT) colonography, diagnostic, including image postprocessing; without contrast material
74262	CPT: Computed tomographic (CT) colonography, diagnostic, including image postprocessing; with contrast material(s) including non-contrast images, if performed
74263	CPT: Computed tomographic (CT) colonography, screening, including image postprocessing

Colonoscopy

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

Lead Screening in Children (LSC)

Lead Test

83655	CPT: Lead
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Transitions of Care: Medication Reconciliation Post Discharge (TRC)

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

Vaccines and Administration

Z23	ICD 10: Encounter for immunization (for reference only; not in HEDIS value set)
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
90660	CPT: Influenza virus vaccine, trivalent, live (LAIV3), for intranasal use
90662	CPT: Influenza virus vaccine (IIV), split virus, preservative free, enhanced immunogenicity via increased antigen content, for intramuscular use
90672	CPT: Influenza virus vaccine, quadrivalent, live (LAIV4), for intranasal 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
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

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

HepA

90633	CPT: Hepatitis A vaccine (HepA), pediatric/adolescent dosage-2 dose schedule, for intramuscular use
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HepB

90740	CPT: Hepatitis B vaccine (HepB), dialysis or immunosuppressed patient dosage, 3 dose schedule, for intramuscular use
90744	CPT: Hepatitis B vaccine (HepB), pediatric/adolescent dosage, 3 dose schedule, for intramuscular use
90747	CPT: Hepatitis B vaccine (HepB), dialysis or immunosuppressed patient dosage, 4 dose schedule, for intramuscular use

IPV

90713	CPT: Poliovirus vaccine, inactivated (IPV), for subcutaneous or intramuscular use
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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
90710	CPT: Measles, mumps, rubella, and varicella vaccine (MMRV), live, for subcutaneous use
PCV	
90670	CPT: Pneumococcal conjugate vaccine, 13 valent (PCV13), for intramuscular use
90680	CPT: Rotavirus vaccine, pentavalent (RV5), 3 dose schedule, live, for oral use
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
90650	CPT: Human Papillomavirus vaccine, types 16, 18, bivalent (2vHPV), 3 dose schedule, for intramuscular use
90651	CPT: Human Papillomavirus vaccine types 6, 11, 16, 18, 31, 33, 45, 52, 58, nonavalent (9vHPV), 2 or 3 dose schedule, for intramuscular use

CHRONIC CONDITIONS	
Diabetic Care	
R73.03	ICD 10: Prediabetes (for reference only; not in HEDIS value set)
Diabetic Retinal Exam	
92004	CPT: Ophthalmological services: medical examination and evaluation with initiation of diagnostic and treatment program; comprehensive, new patient , 1 or more visits
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)
2023F	CPT II: Eye imaging validated to match diagnosis from 7 standard field stereoscopic retinal photos results documented and reviewed; without evidence of retinopathy (DM)
S3000	HCPCS: Diabetic indicator; retinal eye exam, dilated, bilateral
Other Eye Exams	
S0620	HCPCS: Routine ophthalmological examination including refraction by ophthalmologist or optometrist ; new patient
S0621	HCPCS: Routine ophthalmological examination including refraction by ophthalmologist or optometrist ; established patient
3072F	CPT II: Low risk for retinopathy (no evidence of retinopathy in the prior year) need prior year exam
Diabetes Care - Kidney Health Evaluation (KED - both screenings required)	
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)
82043	CPT: Albumin; urine (eg, microalbumin), quantitative
82565	CPT: Creatinine; blood
82570	CPT: Creatinine; other source
Diabetic 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 exam - report 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)
Osteoporosis Screening/Management in Women (OMW, OSW)	
Bone Density	
76977	CPT: Ultrasound bone density measurement and interpretation, peripheral site
77078	CPT: Computed tomography, bone mineral density study, 1 or more sites, axial skeleton (eg, hips, pelvis, spine)
77080	CPT: Dual-energy X-ray absorptiometry (DXA), bone density study, 1 or more sites; axial skeleton (eg, hips, pelvis, spine)
77081	CPT: Dual-energy X-ray absorptiometry (DXA), bone density study, 1 or more sites; appendicular skeleton (peripheral) (eg, radius, wrist, heel)
77085	CPT: Dual-energy X-ray absorptiometry (DXA), bone density study, 1 or more sites; axial skeleton (eg, hips, pelvis, spine), including vertebral fracture assessment
77086	CPT: Vertebral fracture assessment via dual-energy X-ray absorptiometry (DXA) - OMW Only

Use of Spirometry Testing in the Assessment and Diagnosis of COPD (SPR)

Spirometry Testing

94010	CPT: Spirometry, including graphic record, total and timed vital capacity, expiratory flow rate measurement(s), with or without maximal voluntary ventilation
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
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

Prenatal and Postpartum Visits (PPC)

Prenatal Visits

59400	CPT: Routine obstetric care including antepartum care, vaginal delivery (with or without episiotomy, and/or forceps) and postpartum care. Total OB care only.
59426	CPT: Antepartum care only; 7 or more visits

Postpartum Visits

59430	CPT: Postpartum care only (separate procedure)
59510	CPT: Routine obstetric care including antepartum care, cesarean delivery, and postpartum care. Total OB care only.

HIV Viral Load Suppression (VLS)

3494F	CPT: CD4+ cell count <200 cells/mm ³ (HIV)
3496F	CPT: CD4+ cell count ≥ 500 cells/mm ³ (HIV)
3497F	CPT: CD4+ cell percentage <15% (HIV)
3498F	CPT: CD4+ cell percentage ≥15% (HIV)
3502F	CPT: HIV RNA viral load below limits of quantification (HIV)
3503F	CPT: HIV RNA viral load not below limits of quantification (HIV)

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

J1943	HCPCS: Injection, aripiprazole lauroxil, (Aristada Initio), 1 mg
J1944	HCPCS: Injection, aripiprazole lauroxil, (Aristada), 1 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
J2798	HCPCS: Injection, risperidone, (Perseris), 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)
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)
80053	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)
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)



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