

Use the listed CPT II/HCPCS codes in your claim as appropriate for the service(s) provided.

***Note:** Only submit codes for services performed/rendered by you during the visit. For example, code for A1C should not be submitted by you unless you performed the service during the visit.

Breast Cancer Screening (BCS)	
<p>Required Service:</p> <p>At least one mammogram to screen for breast cancer between 10/1/2023 to 12/31/2025.</p>	<p>Codes & Billing Tips:</p> <p>3014F: Screening Mammogram Result Documented and Reviewed.</p> <p>*Note</p>
<p>Eligible Population:</p> <p>Female patients 40-74 years of age</p>	<p>Documentation/Action Tips:</p> <ol style="list-style-type: none"> 1. Submit Mammogram report to HCP 2. Documentation in the medical history section: Mammogram & DOS within the required timeframe such as "mammogram done on 10/1/2025", or "mammogram completed in January 2025", OR 3. Documentation of bilateral mastectomy or unilateral mastectomy for both sides on different dates of service in the history section with date(s) of occurrence

Care for Older Adults (COA): Functional Status Assessment		
<p>Required Service: Functional Status Assessment in 2025:</p> <ol style="list-style-type: none"> 1. Activity of daily living (bathing, dressing, eating, transferring, using toilet, walking—at least 5), OR 2. Instrumental activities of daily living (shopping for groceries, driving or using public transportation, using the telephone, cooking or meal preparation, housework, home repair, laundry, taking medications, handling finances – at least 4) 3. Utilize Care of Older Adult form 		<p>Codes & Billing Tips: Functional Status Assessment: 1170F</p>
<p>Eligible Population: Patients 66 years of age or older</p>	<p>Documentation/Action Tips:</p> <ol style="list-style-type: none"> 1. Perform and document Functional Status Assessment with findings in Office Visit Note, OR 2. Complete and submit Care of Older Adult (COA) form 3. Include codes with visit claim submission 	

Care for Older Adults (COA): Medication Review		
Required Service: Review and reconcile medication with patient, update medication list in 2025.		Codes & Billing Tips: Medication List: 1159F Medication Review: 1160F
Eligible Population: Patients 66 years of age or older	Documentation/Action Tips: 1. Perform and document Medication Review in office visit note 2025 and include: – Current medication list – Review medication list and document	2. Date and Sign (Full Name and Credential) 3. Complete and submit Care of Older Adult (COA) form 4. Include codes with visit claim submission

Colorectal Cancer Screening (COL)		
<p>Required Service: One or more screenings for colorectal cancer as follows:</p> <div> <div>1. Colonoscopy (2016 - 2025)</div> <div>4. Cologuard/FIT DNA (2023 - 2025)</div> <div>2. Sigmoidoscopy (2021 - 2025)</div> <div>5. FOBT (2025)</div> <div>3. CT Colonography (2021 - 2025)</div> </div>		<p>Codes & Billing Tips:</p> <p>3017F Colorectal cancer screening results documented and reviewed</p> <p>*Note</p>
<p>Eligible Population: Patients 45-75 years of age</p>	<p>Documentation/Action Tips:</p> <div> <div>1. Submit reports for one or more of the mentioned screenings during the specified timeframes to HCP</div> <div>2. Documentation in medical history, problem list or health maintenance section when the Colorectal Cancer Screening was performed including the type of screening within required timeframe such as "Colonoscopy completed on January 4th, 2025", or "Cologuard was done March 1st, 2024", OR</div> <div>3. Documentation of colorectal cancer or a total colectomy with date(s) of occurrence</div> </div>	

Controlling High Blood Pressure (CBP)		
Required Service: Adequately controlled BP (<140/90 mm Hg) *As per NCQA: BP must be under 140/90 mm Hg (Both SBP and DBP) to be considered adequately controlled.		Codes & Billing Tips: SBP: DBP: 3074F (under 130) 3078F (under 80) 3075F (130-139) 3079F (80-89) 3077F (140 & over) 3080F (90 & over)
Eligible Population: (CBP) Patients 18–85 years of age	Documentation/Action Tips: 1. Document BP 2. If BP is 140/90 or greater, please recheck BP at the end of the office visit AND 3. Schedule a follow-up visit for BP recheck as needed 4. Include codes for both SBP and DBP with visit claim submission	

Eye Exam for Patients With Diabetes (EED)		
Required Service: Retinal eye exam performed by an optometrist or ophthalmologist in 2024-2025. Eye exam completed in 2024 must have negative retinopathy to meet measure requirement.		Codes & Billing Tips: CPT: 92250, 92229 HCPCS: S0620, S0621, S3000 CPT II: 2022F, 2024F, 2026F CPT II: 2023F, 2025F, 2033F CPT II: 3072F *Note
Eligible Population: Patients 18–75 years of age with diabetes (Type 1 or Type 2)	Documentation/Action Tips: 1. Submit eye exam report or consultation by an optometrist or ophthalmologist in 2024 or 2025 2. Patient with known history of Retinopathy needs to be seen by optometrist or ophthalmologist annually 3. Documentation needs to include status of Retinopathy	
Glycemic Status Assessment for Patients With Diabetes (GSD) Hemoglobin A1C		
Required Service: Hemoglobin A1C Test (2025) Adequately controlled A1C (= < 8%) *As per NCQA: A1C must be less than 8 to be considered adequately controlled.		Codes & Billing Tips: 3044F: HgbA1C < 7% 3051F: HgbA1C 7 - 7.9% 3052F: HgbA1C 8 - 9% Only submit codes of A1C if test performed at point of care *Note
Eligible Population: Patients 18–75 years of age with diabetes (Type 1 or Type 2)	Documentation/Action Tips: 1. Submit most recent 2025 A1C lab report to HCP, OR 2. Documentation of A1C results with date of service in patient’s progress report 3. If A1C completed during office visit, please include name, date of service, and value	
Kidney Health Evaluation for Patients With Diabetes (KED)		
Required Service: Estimated glomerular filtration rate (eGFR), and Urine albumin-creatinine ratio (uACR) in 2025.		Codes & Billing Tips: Processed by laboratory claim *Note
Eligible Population: Patients 18–85 years of age with diabetes (Type 1 or Type 2)	Documentation/Action Tips: 1. Submit lab report(s) to HCP 2. Document KED results and DOS in progress note	
Osteoporosis Management in Women Who Had a Fracture (OMW)		
Required Service: Female patients who suffered a fracture and who had either a bone mineral density (BMD) test or prescription for a drug to treat osteoporosis in the six months after the fracture.		Codes & Billing Tips: *Note
Eligible Population: Patients 67–85 years of age with S/P Fracture: a bone mineral density (BMD) test, or prescription for a drug to treat osteoporosis within 6 months of fracture	Documentation/Action Tips: 1. Refer for Bone Mineral Density Test. Obtain and submit report to HCP 2. If prescribed, document Osteoporosis drug treatment in the current medication list	
Statin Therapy for Patients with Cardiovascular Disease (SPC)		
Required Service: Dispensed at least one high-intensity or moderate-intensity statin medication and remained on a high-intensity or moderate-intensity statin medication for at least 80% of the treatment period during 2025.		Codes & Billing Tips: Processed by pharmacy claims *Note
Eligible Population: Male patients 21–75 years of age Female patients 40–75 years of age Both with atherosclerotic cardiovascular disease (ASCVD)	Documentation/Action Tips: Documentation of the statin and dosage patient is prescribed in note or in medication list. Note: This measure is based on pharmacy claims – please encourage your patient to pick up his/her prescription and refill in a timely fashion, and assess medication adherence at subsequent visits. Advise about the benefits of a 90-day supply/mail order.	
Statin Use in Persons with Diabetes (SUPD)		
Required Service: Dispensed at least two diabetes medication fills and received statin medication fill during 2025.		Codes & Billing Tips: Processed by pharmacy claims *Note
Eligible Population: Patients 40–75 years old who were dispensed at least two diabetes medication fills and received statin medication fill during 2025	Documentation/Action Tips: Documentation of the statin and dosage patient is prescribed in note or in medication list. Note: This measure is based on pharmacy claims – please encourage your patient to pick up his/her prescription and refill in a timely fashion, and assess medication adherence at subsequent visits. Advise about the benefits of a 90-day supply/mail order.	
Child and Adolescent Well-Care Visits (WCV)		
Required Service: Well visit/Physical in 2025	Codes & Billing Tips: Dx: Z00.121, Z00.129, Z00.00 CPT: 99382, 99392 (age 1-4 years), CPT: 99383,99393 (age 5-11 years), CPT: 99384, 99394 age (12-17 years), CPT: 99385, 99395 (age 18-39 years)	
Eligible Population: Patients 3-21 years who had at least one comprehensive well-care visit with a PCP or an OB/GYN	Documentation/Action Tips: Comprehensive preventive medicine evaluation and management of an individual including an age and gender appropriate history, examination, counseling/anticipatory guidance/risk factor reduction interventions, and the ordering of laboratory/diagnostic procedures, new patient or established patient.	
Well- Child Visits in the first 30 months (W30)		
Required Service: 6 or more Well child visits (Newborn to 15 Months) 2 or more Well child visits (15-30 months)	Codes & Billing Tips: CPT: 99461 Newborn well visit, CPT: 99391 <1 year Physical Established patient CPT: 99392 1-4 year old Physical	
Eligible Population: Patients Newborn– 15 months Patients 15-30 months	Documentation/Action Tips: 6 or more well visits from birth to 15 months. 2 or more well visits needed from 15 to 30 months	