

# 2026 HEDIS® Gap Closure Tips

This guide is designed to provide you with an overview of the specifications of select quality gap measures. We encourage you to keep these tips handy as a valuable reference to support your efforts in closing gaps in healthcare and improving patient outcomes.

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)										
<b>Required Service:</b> At least one mammogram to screen for breast cancer between 10/1/2024 to 12/31/2026.		<b>Codes &amp; Billing Tips:</b> <b>3014F</b> : Screening Mammogram Result Documented and Reviewed. *Note								
<b>Eligible Population:</b> Female patients 42-74 years of age per HEDIS measure specifications (reflecting the measure's lookback window). The U.S. Preventive Services Task Force recommendation is 40-74 years of age.	<b>Documentation/Action Tips:</b> <ol style="list-style-type: none"> <li>1. Submit Mammogram report to HCP</li> <li>2. Documentation in the medical history section: Mammogram &amp; DOS within the required timeframe such as "mammogram done on 10/1/2025," or "mammogram completed in January 2026," <b>OR</b></li> <li>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</li> </ol>									
Care for Older Adults (COA): Functional Status Assessment										
<b>Required Service:</b> Functional Status Assessment in 2026: <ol style="list-style-type: none"> <li>1. Activity of daily living (bathing, dressing, eating, transferring, using toilet, walking—at least 5), <b>OR</b></li> <li>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)</li> <li>3. Utilize Care of Older Adult form</li> </ol> <b>Note:</b> Measure applies to MA-SNP benefit packages only.		<b>Codes &amp; Billing Tips:</b> Functional Status Assessment: <b>1170F</b>								
<b>Eligible Population:</b> Patients 66 years of age or older	<b>Documentation/Action Tips:</b> <ol style="list-style-type: none"> <li>1. Perform and document Functional Status Assessment with findings in Office Visit Note, <b>OR</b></li> <li>2. Complete and submit Care of Older Adult (COA) form</li> <li>3. Include both CPT II codes with visit claim submission</li> </ol>									
Care for Older Adults (COA): Medication Review										
<b>Required Service:</b> Review and reconcile medication with patient, update medication list in 2026. <b>Note:</b> Measure applies to MA-SNP benefit packages only. For Medication Review, the medication list AND review must be documented during the same visit by a prescribing practitioner or clinical pharmacist.		<b>Codes &amp; Billing Tips:</b> Medication List: <b>1159F</b> Medication Review: <b>1160F</b>								
<b>Eligible Population:</b> Patients 66 years of age or older	<b>Documentation/Action Tips:</b> <ol style="list-style-type: none"> <li>1. Perform and document Medication Review in office visit note 2026 and include:                             <ul style="list-style-type: none"> <li>- Current medication list</li> <li>- Review medication list and document</li> </ul> </li> </ol>	<ol style="list-style-type: none"> <li>2. Date and Sign (Full MD/PA Name and Credential)</li> <li>3. Complete and submit Care of Older Adult (COA) form</li> <li>4. Include both CPT II codes with visit claim submission</li> </ol>								
Colorectal Cancer Screening (COL)										
<b>Required Service:</b> One or more screenings for colorectal cancer as follows: <table border="0" style="width: 100%;"> <tr> <td style="width: 50%;">1. Colonoscopy (2017 - 2026)</td> <td style="width: 50%;">4. Cologuard/FIT DNA (2024 - 2026)</td> </tr> <tr> <td>2. Sigmoidoscopy (2022 - 2026)</td> <td>5. FOBT (2026)</td> </tr> <tr> <td>3. CT Colonography (2022 - 2026)</td> <td></td> </tr> </table>		1. Colonoscopy (2017 - 2026)	4. Cologuard/FIT DNA (2024 - 2026)	2. Sigmoidoscopy (2022 - 2026)	5. FOBT (2026)	3. CT Colonography (2022 - 2026)		<b>Codes &amp; Billing Tips:</b> <b>3017F</b> Colorectal cancer screening results documented and reviewed *Note		
1. Colonoscopy (2017 - 2026)	4. Cologuard/FIT DNA (2024 - 2026)									
2. Sigmoidoscopy (2022 - 2026)	5. FOBT (2026)									
3. CT Colonography (2022 - 2026)										
<b>Eligible Population:</b> Patients 46-75 years of age per HEDIS measure specifications (reflecting the measure's lookback window). The U.S. Preventive Service Task Force recommendation is 45-75 years of age.	<b>Documentation/Action Tips:</b> <ol style="list-style-type: none"> <li>1. Submit reports for one or more of the mentioned screenings completed during the specified timeframes to HCP</li> <li>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 time frame such as, "Colonoscopy completed on January 4th 2025" or "Cologuard was done March 1st 2024"</li> <li>3. Documentation of colorectal cancer or a total colectomy with date(s) of occurrence</li> </ol>									
Controlling High Blood Pressure (CBP)										
<b>Required Service:</b> Adequately controlled BP (<=139/<=89 mm Hg) *As per NCQA: BP must be less than or equal to <=139/<=89 mm Hg (Both SBP and DBP) to be considered adequately controlled.		<b>Codes &amp; Billing Tips:</b> <table border="0" style="width: 100%;"> <tr> <td style="width: 50%;">SBP:</td> <td style="width: 50%;">DBP:</td> </tr> <tr> <td><b>3074F</b> (under 130)</td> <td><b>3078F</b> (under 80)</td> </tr> <tr> <td><b>3075F</b> (130-139)</td> <td><b>3079F</b> (80-89)</td> </tr> <tr> <td><b>3077F</b> (140 &amp; over)</td> <td><b>3080F</b> (90 &amp; over)</td> </tr> </table>	SBP:	DBP:	<b>3074F</b> (under 130)	<b>3078F</b> (under 80)	<b>3075F</b> (130-139)	<b>3079F</b> (80-89)	<b>3077F</b> (140 & over)	<b>3080F</b> (90 & over)
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<b>Eligible Population:</b> Patients 18-85 years of age diagnosed with hypertension	<b>Documentation/Action Tips:</b> <ol style="list-style-type: none"> <li>1. Document BP</li> <li>2. If BP is &gt; = 140/90 please recheck BP at the end of the office visit</li> <li>3. Schedule a follow-up visit for BP recheck as needed</li> <li>4. Include CPT II codes for both SBP and DBP with visit claim submission to reduce inbound chart chasing requests</li> </ol>									

Eye Exam for Patients With Diabetes (EED)		
<b>Required Service:</b> Retinal eye exam performed by an optometrist or ophthalmologist in 2025-2026. Eye exam completed in 2025 must have negative retinopathy to meet measure requirement.		<b>Codes &amp; Billing Tips:</b> <b>CPT:</b> 92229 <b>HCPGS:</b> S3000 Without evidence of retinopathy <b>CPT II:</b> 2023F, 2025F, 2033F, 3072F With evidence of retinopathy <b>CPTII:</b> 2022F, 2024F, 2026F *Note
<b>Eligible Population:</b> Patients 18-75 years of age with diabetes (Type 1 or Type 2)	<b>Documentation/Action Tips:</b> 1. Submit eye exam report or consultation by an optometrist or ophthalmologist in 2025 or 2026 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		
<b>Required Service:</b> Hemoglobin A1C Test (2026) Adequately controlled A1C is $\leq 9.0\%$ (most recent A1C during 2026) for the CMS Stars measure. NCQA also reports a separate $< 8.0\%$ indicator; both are reported, but only the $\leq 9\%$ threshold drives the Part C Star rating.		<b>Codes &amp; Billing Tips:</b> <b>3044F:</b> HgbA1C $< 7\%$ <b>3051F:</b> HgbA1C 7 - 7.9% <b>3052F:</b> HgbA1C 8 - 9% Noncompliant for Stars ( $> 9\%$ ) <b>3046F:</b> A1C $> 9\%$ *Note
<b>Eligible Population:</b> Patients 18-75 years of age with diabetes (Type 1 or Type 2)	<b>Documentation/Action Tips:</b> 1. Submit most recent 2026 A1C lab report to HCP, <b>OR</b> 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)		
<b>Required Service:</b> Estimated glomerular filtration rate (eGFR), and Urine albumin-creatinine ratio (uACR) in 2026.		<b>Codes &amp; Billing Tips:</b> Processed by laboratory claim *Note
<b>Eligible Population:</b> Patients 18-85 years of age with diabetes (Type 1 or Type 2)	<b>Documentation/Action Tips:</b> 1. Update standard lab template orders to include eGFR and uACR 2. Confirm availability of kidney profile panels with all your labs (LabCorp and Quest offer established options) 3. Document KED results and DOS in progress note	
Osteoporosis Management in Women Who Had a Fracture (OMW)		
<b>Required Service:</b> 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.		<b>Codes &amp; Billing Tips:</b> *Note
<b>Eligible Population:</b> 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	<b>Documentation/Action Tips:</b> 1. Refer for Bone Mineral Density Test within 180 days of fracture; obtain and submit report to HCP 2. Alternatively, if prescribed, document Osteoporosis Drug Treatment in the Current Medication List <b>Note:</b> An appropriate osteoporosis medication must be prescribed, dispensed, and picked up by the member to count (e.g., bisphosphonates, denosumab, etc.).	
Statin Therapy for Patients with Cardiovascular Disease (SPC)		
<b>Required Service:</b> Dispensed at least one high-intensity or moderate-intensity statin medication during 2026 and remained on a high-intensity or moderate-intensity statin medication for at least 80% of the treatment period.		<b>Codes &amp; Billing Tips:</b> Processed by pharmacy claims *Note
<b>Eligible Population:</b> Patients 21-75 years of age with atherosclerotic cardiovascular disease (ASCVD). This measure is removed from Stars for 2026 and will return in 2027.	<b>Documentation/Action Tips:</b> Documentation of the statin and dosage patient is prescribed in note or in medication list  <b>SPC Exclusions:</b> G72.0 - Drug-induced myopathy G72.9 - Myopathy, unspecified M62.82 - Rhabdomyolysis M79.1 - Myalgia M60.80 - Other myositis, unspecified site  <b>Note:</b> An appropriate statin must be prescribed, dispensed, and picked up by the member to count If the member qualifies for an exclusion, please submit the appropriate CPT exclusion code	
Child and Adolescent Well-Care Visits (WCV)		
<b>Required Service:</b> Well-care visit with a PCP (does not have to be the assigned PCP) or OB/GYN practitioner in 2026		<b>Codes &amp; Billing Tips:</b> <b>Dx:</b> Z00.121, Z00.129, Z00.00 <b>CPT:</b> 99382, 99392 (age 1-4 years), <b>CPT:</b> 99383, 99393 (age 5-11 years), <b>CPT:</b> 99384, 99394 age (12-17 years), <b>CPT:</b> 99385, 99395 (age 18-39 years)
<b>Eligible Population:</b> Patients 3-21 years who had at least one comprehensive well-care visit with a PCP or an OB/GYN	<b>Documentation/Action Tips:</b> Comprehensive preventive medicine visit including a health history, physical and mental developmental history, physical exam, and health education/anticipatory guidance. New patient or established patient both count. Telehealth visits do not count toward this measure.	
Well- Child Visits in the first 30 months (W30)		
<b>Required Service:</b> 6 or more Well child visits (Newborn to 15 Months) 2 or more Well child visits (15-30 months)		<b>Codes &amp; Billing Tips:</b> <b>CPT:</b> 99461 Newborn well visit, <b>CPT:</b> 99391 $< 1$ year Physical Established patient <b>CPT:</b> 99392 1-4 year old Physical
<b>Eligible Population:</b> Patients Newborn- 15 months Patients 15-30 months	<b>Documentation/Action Tips:</b> 6 or more well visits from birth to 15 months; 2 or more well visits needed from 15 to 30 months	