

HEDIS[®] Coding Guide

Updated with March 2026
Value Set

FREQUENTLY USED CODES

Annual Wellness Visit

AWV **HCPCS:** G0438, G0439 (Medicare only)
or **CPT:** 99385-99387, 99395-99397

Telephone Calls for Patient Management and Virtual Check-In

98008	Synchronous audio-only visit for the evaluation and management of a new patient, which requires a medically appropriate history and/or examination, straightforward medical decision making, and more than 10 minutes of medical discussion. When using total time on the date of the encounter for code selection, 15 minutes must be met or exceeded.
98009	Synchronous audio-only visit for the evaluation and management of a new patient, which requires a medically appropriate history and/or examination, low medical decision making, and more than 10 minutes of medical discussion. When using total time on the date of the encounter for code selection, 30 minutes must be met or exceeded.
98014	Synchronous audio-only visit for the evaluation and management of an established patient, which requires a medically appropriate history and/or examination, moderate medical decision making, and more than 10 minutes of medical discussion. When using total time on the date of the encounter for code selection, 30 minutes must be met or exceeded.
98015	Synchronous audio-only visit for the evaluation and management of an established patient, which requires a medically appropriate history and/or examination, high medical decision making, and more than 10 minutes of medical discussion. When using total time on the date of the encounter for code selection, 40 minutes must be met or exceeded.

PREVENTIVE VISITS

Preventive Medicine Visits (AAP, W30, WCV - based on age)

99461	CPT: Initial care, per day, for evaluation and management of normal newborn infant seen in other than hospital or birthing center
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)
99461	CPT: Initial care, per day, for evaluation and management of normal newborn infant seen in other than hospital or birthing center
Z00.00	ICD 10: Encounter for general adult medical examination without abnormal findings
Z00.01	ICD 10: Encounter for general adult medical examination with abnormal findings
Z00.110	ICD 10: Health examination for newborn under 8 days old
Z00.111	ICD 10: Health examination for newborn 8 to 28 days old
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
Z00.00	ICD 10: Encounter for general adult medical examination without abnormal findings
Z00.01	ICD 10: Encounter for general adult medical examination with abnormal findings
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)

Outpatient E&M (AAP)

99202	CPT: Office or other outpatient visit, new pt (15-29 min)
99203	CPT: Office or other outpatient visit, new pt (30-44 min)
99204	CPT: Office or other outpatient visit, new pt (45-59 min)
99205	CPT: Office or other outpatient visit, new pt (60-74 min)
99211	CPT: Office or other outpatient visit, est pt that may not require physician or other Healthcare professional
99212	CPT: Office or other outpatient visit, est pt (10-19 min)
99213	CPT: Office or other outpatient visit, est pt (20-29 min)
99214	CPT: Office or other outpatient visit, est pt (30-39 min)
99215	CPT: Office or other outpatient visit, est pt (40-54 min)

Outpatient Home E&M (AAP)

99341	CPT: E&M - Home visit, new pt (20 min)
99342	CPT: E&M - Home visit, new pt (30 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)**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

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

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: Functional status assessed
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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)
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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 Cancer Screening (CCS)

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)
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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

G0008	HCPCS: Administration of influenza virus vaccine
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
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
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
RV	
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)

MCV	
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

SOCIAL NEED SCREENING AND INTERVENTION (SNS-E)

AMERICAN ACADEMY OF FAMILY PHYSICIAN (AAFP) SOCIAL SCREENING SHORT FORM

Housing

Housing Screening (If "I have housing" - Screening complete)

71802-3	LOINC: Housing status
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Housing Positive Finding (Response to Housing Screening Question)

LA31995-6	LOINC: I do not have a steady place to live (I am temporarily staying with others, in a hotel, in a shelter, living outside on the street, on a beach, in a car, abandoned building, bus or train station, or in a park)
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LA31994-9	LOINC: I have a place to live today, but I am worried about losing it in the future
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Housing Problems (If "None of the above" Screening complete)

96778-6	LOINC: Problems with place where you live
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Housing Problems (For Positive Finding)

LA31996-4	LOINC: Pests such as bugs, ants, or mice
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LA28580-1	LOINC: Mold
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LA31997-2	LOINC: Lead paint or pipes
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LA31998-0	LOINC: Lack of heat
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LA31999-8	LOINC: Oven or stove not working
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LA32000-4	LOINC: Smoke detectors missing or not working
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LA32001-2	LOINC: Water leaks
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Housing Intervention (For Positive Finding)

30844-0001	SNOMED CT US Edition: Referral to social worker (procedure)
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1148447008	SNOMED CT US Edition: Assessment for housing insecurity (procedure)
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49919000	SNOMED CT US Edition: Home safety education (procedure)
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47113100-0124107	SNOMED CT US Edition: Referral to area agency on aging (procedure)
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Food

Food Screening (If "Never true" screening complete)

88122-7	LOINC: Within the past 12 months we worried whether our food would run out before we got money to buy more [U.S. FSS]
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88123-5	LOINC: Within the past 12 months the food we bought just didn't last and we didn't have money to get more [U.S. FSS]
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Food Positive Finding (Response to Food Screening Question)	
LA28397-0	LOINC: Often true
LA6729-3	LOINC: Sometimes true
Food Intervention (For Positive Finding)	
S9470	HCPCS: Nutritional counseling, dietitian visit
S5170	HCPCS: Home delivered meals, including preparation; per meal
308440001	SNOMED CT US Edition: Referral to social worker (procedure)
713109004	SNOMED CT US Edition: Referral to community meals service (procedure)
464031000124101	SNOMED CT US Edition: Referral to food pantry program (procedure)

Transportation	
Transportation Screening (If "No" screening complete)	
99594-4	LOINC: Delayed medical care due to distance or lack of transportation
Transportation Positive Finding	
LA33093-8	LOINC: Yes, it has kept me from medical appointments or getting medications
LA30134-3	LOINC: Yes, it has kept me from non-medical meetings, appointments, work, or from getting things that I need
Transportation Intervention (For Positive Finding)	
308440001	SNOMED CT US Edition: Referral to social worker (procedure)
611351000124105	SNOMED CT US Edition: Assessment for transportation insecurity (procedure)
551351000124109	SNOMED CT US Edition: Referral to paratransit program (procedure)
551341000124107	SNOMED CT US Edition: Referral to public transportation voucher program (procedure)

CHRONIC CONDITIONS	
Diabetes (CDC)	
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)
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)
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
HbA1c Test	
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%
3051F	CPT II: Most recent hemoglobin A1c (HbA1c) level greater than or equal to 7.0% and less than 8.0%
3052F	CPT II: Most recent hemoglobin A1c (HbA1c) level greater than or equal to 8.0% and less than or equal to 9.0%
3046F	CPT II: Most recent hemoglobin A1c level greater than 9.0%
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
82570	CPT: Creatinine; urine; 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

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)

EMERGENCY ROOM FOLLOW-UP VISIT

Follow-up Visits: Follow Up After Emergency Department Visit for People with Multiple High-Risk Chronic Conditions (FMC)

98960	CPT: Education and training for patient self-management by a qualified, nonphysician health care professional using a standardized curriculum, face-to-face with the patient (could include caregiver/family) each 30 minutes; individual patient
98961	CPT: Education and training for patient self-management by a qualified, nonphysician health care professional using a standardized curriculum, face-to-face with the patient (could include caregiver/family) each 30 minutes; 2-4 patients
98962	CPT: Education and training for patient self-management by a qualified, nonphysician health care professional using a standardized curriculum, face-to-face with the patient (could include caregiver/family) each 30 minutes; 5-8 patients
98966	Telephone assessment and management service provided by a qualified nonphysician health care professional to an established patient, parent, or guardian not originating from a related assessment and management service provided within the previous 7 days nor leading to an assessment and management service or procedure within the next 24 hours or soonest available appointment; 5-10 minutes of medical discussion
98967	Telephone assessment and management service provided by a qualified nonphysician health care professional to an established patient, parent, or guardian not originating from a related assessment and management service provided within the previous 7 days nor leading to an assessment and management service or procedure within the next 24 hours or soonest available appointment; 11-20 minutes of medical discussion
98968	Telephone assessment and management service provided by a qualified nonphysician health care professional to an established patient, parent, or guardian not originating from a related assessment and management service provided within the previous 7 days nor leading to an assessment and management service or procedure within the next 24 hours or soonest available appointment; 21-30 minutes of medical discussion
99078	CPT: Physician or other qualified health care professional qualified by education, training, licensure/regulation (when applicable) educational services rendered to patients in a group setting (eg, prenatal, obesity, or diabetic instructions)

99202	CPT: Office or other outpatient visit for the evaluation and management of a new patient, which requires a medically appropriate history and/or examination and straightforward medical decision making. When using total time on the date of the encounter for code selection, 15 minutes must be met or exceeded.
99203	CPT: Office or other outpatient visit for the evaluation and management of a new patient, which requires a medically appropriate history and/or examination and low level of medical decision making. When using total time on the date of the encounter for code selection, 30 minutes must be met or exceeded.
99204	CPT: Office or other outpatient visit for the evaluation and management of a new patient, which requires a medically appropriate history and/or examination and moderate level of medical decision making. When using total time on the date of the encounter for code selection, 45 minutes must be met or exceeded.
99205	CPT: Office or other outpatient visit for the evaluation and management of a new patient, which requires a medically appropriate history and/or examination and high level of medical decision making. When using total time on the date of the encounter for code selection, 60 minutes must be met or exceeded.
99211	CPT: Office or other outpatient visit for the evaluation and management of an established patient that may not require the presence of a physician or other qualified health care professional
99212	CPT: Office or other outpatient visit for the evaluation and management of an established patient, which requires a medically appropriate history and/or examination and straightforward medical decision making. When using total time on the date of the encounter for code selection, 10 minutes must be met or exceeded.
99213	CPT: Office or other outpatient visit for the evaluation and management of an established patient, which requires a medically appropriate history and/or examination and low level of medical decision making. When using total time on the date of the encounter for code selection, 20 minutes must be met or exceeded.
99214	CPT: Office or other outpatient visit for the evaluation and management of an established patient, which requires a medically appropriate history and/or examination and moderate level of medical decision making. When using total time on the date of the encounter for code selection, 30 minutes must be met or exceeded.
99215	CPT: Office or other outpatient visit for the evaluation and management of an established patient, which requires a medically appropriate history and/or examination and high level of medical decision making. When using total time on the date of the encounter for code selection, 40 minutes must be met or exceeded.

99341	CPT: Home or residence visit for the evaluation and management of a new patient, which requires a medically appropriate history and/or examination and straightforward medical decision making. When using total time on the date of the encounter for code selection, 15 minutes must be met or exceeded.
99342	CPT: Home or residence visit for the evaluation and management of a new patient, which requires a medically appropriate history and/or examination and low level of medical decision making. When using total time on the date of the encounter for code selection, 30 minutes must be met or exceeded.
99344	CPT: Home or residence visit for the evaluation and management of a new patient, which requires a medically appropriate history and/or examination and moderate level of medical decision making. When using total time on the date of the encounter for code selection, 60 minutes must be met or exceeded.
99345	CPT: Home or residence visit for the evaluation and management of a new patient, which requires a medically appropriate history and/or examination and high level of medical decision making. When using total time on the date of the encounter for code selection, 75 minutes must be met or exceeded.
99347	CPT: Home or residence visit for the evaluation and management of an established patient, which requires a medically appropriate history and/or examination and straightforward medical decision making. When using total time on the date of the encounter for code selection, 20 minutes must be met or exceeded.
99348	CPT: Home or residence visit for the evaluation and management of an established patient, which requires a medically appropriate history and/or examination and low level of medical decision making. When using total time on the date of the encounter for code selection, 30 minutes must be met or exceeded.
99349	CPT: Home or residence visit for the evaluation and management of an established patient, which requires a medically appropriate history and/or examination and moderate level of medical decision making. When using total time on the date of the encounter for code selection, 40 minutes must be met or exceeded.
99350	CPT: Home or residence visit for the evaluation and management of an established patient, which requires a medically appropriate history and/or examination and high level of medical decision making. When using total time on the date of the encounter for code selection, 60 minutes must be met or exceeded.

99401	Preventive medicine counseling and/or risk factor reduction intervention(s) provided to an individual (separate procedure); approximately 15 minutes
99402	Preventive medicine counseling and/or risk factor reduction intervention(s) provided to an individual (separate procedure); approximately 30 minutes
99403	Preventive medicine counseling and/or risk factor reduction intervention(s) provided to an individual (separate procedure); approximately 45 minutes
99404	Preventive medicine counseling and/or risk factor reduction intervention(s) provided to an individual (separate procedure); approximately 60 minutes

BEHAVIORAL HEALTH

Psychiatric Evaluation (ADD, IET, FUA, FUM)

90832	Psychotherapy, 30 minutes with patient
90833	Psychotherapy, 30 minutes with patient when performed with an evaluation and management service (List separately in addition to the code for primary procedure)
90834	Psychotherapy, 45 minutes with patient
90836	Psychotherapy, 45 minutes with patient when performed with an evaluation and management service (List separately in addition to the code for primary procedure)
90837	Psychotherapy, 60 minutes with patient
90838	Psychotherapy, 60 minutes with patient when performed with an evaluation and management service (List separately in addition to the code for primary procedure)
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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