

# HEDIS<sup>®</sup> Coding Guide

Updated with March 2024  
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

**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, 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	<b>CPT:</b> Periodic comprehensive preventive medicine reevaluation and management, est pt (1-4 yrs)
99393	<b>CPT:</b> Periodic comprehensive preventive medicine reevaluation and management, est pt (5-11 yrs)
99394	<b>CPT:</b> Periodic comprehensive preventive medicine reevaluation and management, est pt (12-17 yrs)
99395	<b>CPT:</b> Periodic comprehensive preventive medicine reevaluation and management, est pt (18-39 yrs)
99396	<b>CPT:</b> Periodic comprehensive preventive medicine reevaluation and management, est pt (40-64 yrs)
99397	<b>CPT:</b> Periodic comprehensive preventive medicine reevaluation and management, est pt (65 and older)
99461	<b>CPT:</b> Initial care, per day, for evaluation and management of normal newborn infant seen in other than hospital or birthing center
Z00.00	<b>ICD 10:</b> Encounter for general adult medical examination without abnormal findings
Z00.01	<b>ICD 10:</b> Encounter for general adult medical examination with abnormal findings
Z00.110	<b>ICD 10:</b> Health examination for newborn under 8 days old
Z00.111	<b>ICD 10:</b> Health examination for newborn 8 to 28 days old
Z00.121	<b>ICD 10:</b> Encounter for routine child health examination with abnormal findings
Z00.129	<b>ICD 10:</b> Encounter for routine child health examination without abnormal findings

### Preventive Medicine Visits (AAP)

#### Counseling Services

99401	<b>CPT:</b> 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	<b>CPT:</b> Preventive medicine counseling and/or risk factor reduction intervention(s) provided to an individual (30 min)
99403	<b>CPT:</b> Preventive medicine counseling and/or risk factor reduction intervention(s) provided to an individual (45 min)
99411	<b>CPT:</b> Preventive medicine counseling and/or risk factor reduction intervention(s) provided to individuals in a group setting (30 min)
99412	<b>CPT:</b> Preventive medicine counseling and/or risk factor reduction intervention(s) provided to individuals in a group setting (60 min)

### Outpatient E&M (AAP)

99202	<b>CPT:</b> Office or other outpatient visit, new pt (15-29 min)
99203	<b>CPT:</b> Office or other outpatient visit, new pt (30-44 min)
99204	<b>CPT:</b> Office or other outpatient visit, new pt (45-59 min)
99205	<b>CPT:</b> Office or other outpatient visit, new pt (60-74 min)

99211	<b>CPT:</b> Office or other outpatient visit, est pt that may not require physician or other Healthcare professional
99212	<b>CPT:</b> Office or other outpatient visit, est pt (10-19 min)
99213	<b>CPT:</b> Office or other outpatient visit, est pt (20-29 min)
99214	<b>CPT:</b> Office or other outpatient visit, est pt (30-39 min)
99215	<b>CPT:</b> Office or other outpatient visit, est pt (40-54 min)
<b>Outpatient Home E&amp;M (AAP)</b>	
99341	<b>CPT:</b> E&M - Home visit, new pt (20 min)
99342	<b>CPT:</b> E&M - Home visit, new pt (30 min)
99344	<b>CPT:</b> E&M - Home visit, new pt (60 min)
99345	<b>CPT:</b> E&M - Home visit, new pt (75 min)
99347	<b>CPT:</b> E&M - Home visit, est pt (15 min)
99348	<b>CPT:</b> E&M - Home visit, est pt (25 min)
99349	<b>CPT:</b> E&M - Home visit, est pt (40 min)
99350	<b>CPT:</b> E&M - 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	<b>CPT II:</b> Body Mass Index (BMI), documented - <b>use with ICD 10 code</b>
Z68.51	<b>ICD 10:</b> BMI pediatric, less than 5th percentile for age
Z68.52	<b>ICD 10:</b> BMI pediatric, 5th percentile to less than 85th percentile for age
Z68.53	<b>ICD 10:</b> BMI pediatric, 85th percentile to less than 95th percentile for age
Z68.54	<b>ICD 10:</b> BMI pediatric, greater than or equal to 95th percentile for age

### Nutrition Counseling (WCC)

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

### Physical Activity Counseling (WCC)

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

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

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

Care for the Older Adults (COA)	
<b>COA - Medication Review (both codes required)</b>	
1159F	<b>CPT II:</b> Medication list documented in medical record
1160F	<b>CPT II:</b> Review of all medications by a prescribing practitioner or clinical pharmacist (such as prescriptions, OTCs, herbal therapies and supplements) documented in the medical record
<b>COA - Functional Status Review</b>	
1170F	<b>CPT II:</b> Functional status assessed
<b>COA - Pain Assessment</b>	
1125F	<b>CPT II:</b> Pain severity quantified; pain present
1126F	<b>CPT II:</b> Pain severity quantified; no pain present

Advanced Care Planning (ACP)	
1123F	<b>CPT II:</b> Advance Care Planning discussed and documented advance care plan or surrogate decision maker documented in the medical record (DEM) (GER, Pall Cr)
1124F	<b>CPT II:</b> 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	<b>CPT II:</b> Advance care plan or similar legal document present in the medical record

1158F	<b>CPT II:</b> Advance care planning discussion documented in the medical record
Z66	<b>ICD 10:</b> Do not resuscitate
99497	<b>CPT:</b> 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	<b>HCPCS:</b> 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	<b>CPT II:</b> Most recent systolic blood pressure < 130 mm Hg
3075F	<b>CPT II:</b> Most recent systolic blood pressure 130-139 mm Hg
3077F	<b>CPT II:</b> Most recent systolic blood pressure ≥ 140 mm Hg

#### Diastolic

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

### Cervical Cancer Screening (CCS)

#### Cervical Cytology

G0144	<b>HCPCS:</b> 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	<b>HCPCS:</b> 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	<b>CPT:</b> Cytopathology, slides, cervical or vaginal (the Bethesda System); manual screening under physician supervision
88165	<b>CPT:</b> Cytopathology, slides, cervical or vaginal (the Bethesda System); with manual screening and rescreening under physician supervision
88166	<b>CPT:</b> Cytopathology, slides, cervical or vaginal (the Bethesda System); with manual screening and computer-assisted rescreening under physician supervision
88167	<b>CPT:</b> Cytopathology, slides, cervical or vaginal (the Bethesda System); with manual screening and computer-assisted rescreening using cell selection and review under physician supervision
88174	<b>CPT:</b> Cytopathology, cervical or vaginal (any reporting system), collected in preservative fluid, automated thin layer preparation; screening by automated system, under physician supervision

88175	<b>CPT:</b> 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
<b>HPV</b>	
87624	<b>CPT:</b> 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	<b>CPT:</b> 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	<b>CPT:</b> Culture, chlamydia, any source
87270	<b>CPT:</b> Infectious agent antigen detection by immunofluorescent technique; Chlamydia trachomatis
87320	<b>CPT:</b> 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	<b>CPT:</b> Infectious agent detection by nucleic acid (DNA or RNA); Chlamydia trachomatis, direct probe technique
87491	<b>CPT:</b> Infectious agent detection by nucleic acid (DNA or RNA); Chlamydia trachomatis, amplified probe technique
87492	<b>CPT:</b> Infectious agent detection by nucleic acid (DNA or RNA); Chlamydia trachomatis, quantification
87810	<b>CPT:</b> Infectious agent antigen detection by immunoassay with direct optical observation; Chlamydia trachomatis

### Colorectal Cancer Screening (COL)

#### Colorectal Cancer Screening

3017F	<b>CPT II:</b> 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	<b>HCPCS:</b> Colorectal cancer screening; fecal occult blood test, immunoassay, 1-3 simultaneous determinations
82270	<b>CPT:</b> 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	<b>CPT:</b> Blood, occult, by fecal hemoglobin determination by immunoassay, qualitative, feces, 1-3 simultaneous determinations

#### Flexible Sigmoidoscopy Procedures

45330	<b>CPT:</b> Sigmoidoscopy, flexible; diagnostic, including collection of specimen(s) by brushing or washing, when performed (separate procedure)
45335	<b>CPT:</b> Sigmoidoscopy, flexible; with directed submucosal injection(s), any substance

45337	<b>CPT:</b> Sigmoidoscopy, flexible; with decompression (for pathologic distention) (eg, volvulus, megacolon), including placement of decompression tube, when performed
45338	<b>CPT:</b> Sigmoidoscopy, flexible; with removal of tumor(s), polyp(s), or other lesion(s) by snare technique
G0104	<b>HCPCS:</b> Colorectal cancer screening; flexible sigmoidoscopy

#### **FIT-DNA**

81528	<b>CPT:</b> 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
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#### **CT Colonography**

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

#### **Colonoscopy**

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

#### **Lead Screening in Children (LSC)**

##### **Lead Test**

83655	<b>CPT:</b> Lead
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#### **Transitions of Care: Medication Reconciliation Post Discharge (TRC)**

1111F	<b>CPT II:</b> Discharge medications reconciled with the current medication list in outpatient medical record
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## **IMMUNIZATIONS**

#### **Vaccines and Administration**

Z23	<b>ICD 10:</b> Encounter for immunization (for reference only; not in HEDIS value set)
G0008	<b>HCPCS:</b> Administration of influenza virus vaccine
90630	<b>CPT:</b> Influenza virus vaccine, quadrivalent (IIV4), split virus, preservative free, for intradermal use
90656	<b>CPT:</b> Influenza virus vaccine, trivalent (IIV3), split virus, preservative free, 0.5 mL dosage, for intramuscular use
90657	<b>CPT:</b> Influenza virus vaccine, trivalent (IIV3), split virus, 0.25 mL dosage, for intramuscular use
90660	<b>CPT:</b> Influenza virus vaccine, trivalent, live (LAIV3), for intranasal use



90662	<b>CPT:</b> Influenza virus vaccine (IIV), split virus, preservative free, enhanced immunogenicity via increased antigen content, for intramuscular use
90672	<b>CPT:</b> Influenza virus vaccine, quadrivalent, live (LAIV4), for intranasal use
90673	<b>CPT:</b> Influenza virus vaccine, trivalent (RIV3), derived from recombinant DNA, hemagglutinin (HA) protein only, preservative and antibiotic free, for intramuscular use
90674	<b>CPT:</b> Influenza virus vaccine, quadrivalent (cclIV4), derived from cell cultures, subunit, preservative and antibiotic free, 0.5 mL dosage, for intramuscular use
90685	<b>CPT:</b> Influenza virus vaccine, quadrivalent (IIV4), split virus, preservative free, 0.25 mL, for intramuscular use
90686	<b>CPT:</b> Influenza virus vaccine, quadrivalent (IIV4), split virus, preservative free, 0.5 mL dosage, for intramuscular use
90687	<b>CPT:</b> Influenza virus vaccine, quadrivalent (IIV4), split virus, 0.25 mL dosage, for intramuscular use
90688	<b>CPT:</b> Influenza virus vaccine, quadrivalent (IIV4), split virus, 0.5 mL dosage, for intramuscular use
G0009	<b>HCPCS:</b> Administration of pneumococcal vaccine
90670	<b>CPT:</b> Pneumococcal conjugate vaccine, 13 valent (PCV13), for intramuscular use
90732	<b>CPT:</b> 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	<b>CPT:</b> Diphtheria, tetanus toxoids, acellular pertussis vaccine, Haemophilus influenzae type b, and inactivated poliovirus vaccine, ( <b>DTaP-IPV/Hib</b> ), for intramuscular use
90700	<b>CPT:</b> Diphtheria, tetanus toxoids, and acellular pertussis vaccine (DTaP), when administered to individuals under 7 years, for intramuscular use
90723	<b>CPT:</b> Diphtheria, tetanus toxoids, acellular pertussis vaccine, hepatitis B, and inactivated poliovirus vaccine ( <b>DTaP-HepB-IPV</b> ), for intramuscular use

#### Hib

90644	<b>CPT:</b> Meningococcal conjugate vaccine, serogroups C & Y and Haemophilus influenzae type b vaccine ( <b>Hib-MenCY</b> ), 4 dose schedule, when administered to children 6 weeks-18 months of age, for intramuscular use
90647	<b>CPT:</b> Haemophilus influenzae type b vaccine (Hib), PRP-OMP conjugate, 3 dose schedule, for intramuscular use
90648	<b>CPT:</b> Haemophilus influenzae type b vaccine (Hib), PRP-T conjugate, 4 dose schedule, for intramuscular use
90748	<b>CPT:</b> Hepatitis B and Haemophilus influenzae type b vaccine ( <b>Hib-HepB</b> ), for intramuscular use

<b>HepA</b>	
90633	<b>CPT:</b> Hepatitis A vaccine (HepA), pediatric/adolescent dosage-2 dose schedule, for intramuscular use
<b>HepB</b>	
90740	<b>CPT:</b> Hepatitis B vaccine (HepB), dialysis or immunosuppressed patient dosage, 3 dose schedule, for intramuscular use
90744	<b>CPT:</b> Hepatitis B vaccine (HepB), pediatric/adolescent dosage, 3 dose schedule, for intramuscular use
90747	<b>CPT:</b> Hepatitis B vaccine (HepB), dialysis or immunosuppressed patient dosage, 4 dose schedule, for intramuscular use
<b>IPV</b>	
90713	<b>CPT:</b> Poliovirus vaccine, inactivated (IPV), for subcutaneous or intramuscular use
<b>Influenza</b>	
90655	<b>CPT:</b> Influenza virus vaccine, trivalent (IIV3), split virus, preservative free, 0.25 mL dosage, for intramuscular use
90685	<b>CPT:</b> Influenza virus vaccine, quadrivalent (IIV4), split virus, preservative free, 0.25 mL, for intramuscular use
<b>MMR</b>	
90707	<b>CPT:</b> Measles, mumps and rubella virus vaccine (MMR), live, for subcutaneous use
90710	<b>CPT:</b> Measles, mumps, rubella, and varicella vaccine (MMRV), live, for subcutaneous use
<b>PCV</b>	
90670	<b>CPT:</b> Pneumococcal conjugate vaccine, 13 valent (PCV13), for intramuscular use
<b>RV</b>	
90680	<b>CPT:</b> Rotavirus vaccine, pentavalent (RV5), 3 dose schedule, live, for oral use
90681	<b>CPT:</b> Rotavirus vaccine, human, attenuated (RV1), 2 dose schedule, live, for oral use
<b>VZV</b>	
90716	<b>CPT:</b> Varicella virus vaccine (VAR), live, for subcutaneous use

### Immunization for Adolescents (IMA)

#### MCV

90734	<b>CPT:</b> Meningococcal conjugate vaccine, serogroups A, C, W, Y, quadrivalent, diphtheria toxoid carrier (MenACWY-D) or CRM197 carrier (MenACWY-CRM), for intramuscular use
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#### Tdap

90715	<b>CPT:</b> Tetanus, diphtheria toxoids and acellular pertussis vaccine (Tdap), when administered to individuals 7 years or older, for intramuscular use
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<b>HPV</b>	
90649	<b>CPT:</b> Human Papillomavirus vaccine, types 6, 11, 16, 18, quadrivalent (4vHPV), 3 dose schedule, for intramuscular use
90650	<b>CPT:</b> Human Papillomavirus vaccine, types 16, 18, bivalent (2vHPV), 3 dose schedule, for intramuscular use
90651	<b>CPT:</b> 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) - NEW**  
**AMERICAN ACADEMY OF FAMILY PHYSICIAN (AAFP) SOCIAL SCREENING SHORT FORM**

**Housing**

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

71802-3	<b>LOINC:</b> Housing status
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**Housing Positive Finding (Response to Housing Screening Question)**

LA31995-6	<b>LOINC:</b> 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	<b>LOINC:</b> 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	<b>LOINC:</b> Problems with place where you live
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**Housing Problems (For Positive Finding)**

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

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

### Food Screening (If "Never true" screening complete)

88122-7	<b>LOINC:</b> Within the past 12 months we worried whether our food would run out before we got money to buy more [U.S. FSS]
88123-5	<b>LOINC:</b> 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]

### Food Positive Finding (Response to Food Screening Question)

LA28397-0	<b>LOINC:</b> Often true
LA6729-3	<b>LOINC:</b> Sometimes true

### Food Intervention (For Positive Finding)

S9470	<b>HCPCS:</b> Nutritional counseling, dietitian visit
S5170	<b>HCPCS:</b> Home delivered meals, including preparation; per meal
308440001	<b>SNOMED CT US Edition:</b> Referral to social worker (procedure)
713109004	<b>SNOMED CT US Edition:</b> Referral to community meals service (procedure)
464031000124101	<b>SNOMED CT US Edition:</b> Referral to food pantry program (procedure)

## Transportation

### Transportation Screening (If "No" screening complete)

99594-4	<b>LOINC:</b> Delayed medical care due to distance or lack of transportation
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### Transportation Positive Finding

LA33093-8	<b>LOINC:</b> Yes, it has kept me from medical appointments or getting medications
LA30134-3	<b>LOINC:</b> Yes, it has kept me from non-medical meetings, appointments, work, or from getting things that I need

### Transportation Intervention (For Positive Finding)

308440001	<b>SNOMED CT US Edition:</b> Referral to social worker (procedure)
61135100-0124105	<b>SNOMED CT US Edition:</b> Assessment for transportation insecurity (procedure)
55135100-0124109	<b>SNOMED CT US Edition:</b> Referral to paratransit program (procedure)
55134100-0124107	<b>SNOMED CT US Edition:</b> Referral to public transportation voucher program (procedure)

## CHRONIC CONDITIONS

### Diabetes (CDC)

<b>R73.03</b>	<b>ICD 10:</b> Prediabetes (for reference only; not in HEDIS value set)
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<b>Diabetic Retinal Exam</b>	
92004	<b>CPT:</b> Ophthalmological services: medical examination and evaluation with initiation of diagnostic and treatment program; comprehensive, <b>new patient</b> , 1 or more visits
92250	<b>CPT:</b> Fundus photography with interpretation and report
2022F	<b>CPT II:</b> Dilated retinal eye exam with interpretation by <b>ophthalmologist or optometrist</b> documented and reviewed; with evidence of retinopathy (DM)
2023F	<b>CPT II:</b> Dilated retinal eye exam with interpretation by <b>ophthalmologist or optometrist</b> documented and reviewed; without evidence of retinopathy (DM)
2024F	<b>CPT II:</b> 7 standard field stereoscopic retinal photos with interpretation by <b>ophthalmologist or optometrist</b> documented and reviewed; with evidence of retinopathy (DM)
2025F	<b>CPT II:</b> 7 standard field stereoscopic retinal photos with interpretation by <b>ophthalmologist or optometrist</b> documented and reviewed; without evidence of retinopathy (DM)
2026F	<b>CPT II:</b> Eye imaging validated to match diagnosis from 7 standard field stereoscopic retinal photos results documented and reviewed; with evidence of retinopathy (DM)
2033F	<b>CPT II:</b> Eye imaging validated to match diagnosis from 7 standard field stereoscopic retinal photos results documented and reviewed; without evidence of retinopathy (DM)
S3000	<b>HCPCS:</b> Diabetic indicator; retinal eye exam, dilated, bilateral
<b>Other Eye Exams</b>	
S0620	<b>HCPCS:</b> Routine ophthalmological examination including refraction by <b>ophthalmologist or optometrist</b> ; new patient
S0621	<b>HCPCS:</b> Routine ophthalmological examination including refraction by <b>ophthalmologist or optometrist</b> ; established patient
3072F	<b>CPT II:</b> Low risk for retinopathy (no evidence of retinopathy in the prior year) <b>need prior year exam</b>
<b>HbA1c Test</b>	
83036	<b>CPT:</b> Hemoglobin; glycosylated (A1C)
83037	<b>CPT:</b> Hemoglobin; glycosylated (A1C) by device cleared by FDA for home use
3044F	<b>CPT II:</b> Most recent hemoglobin A1c (HbA1c) level less than 7.0%
3051F	<b>CPT II:</b> Most recent hemoglobin A1c (HbA1c) level greater than or equal to 7.0% and less than 8.0%
3052F	<b>CPT II:</b> Most recent hemoglobin A1c (HbA1c) level greater than or equal to 8.0% and less than or equal to 9.0%
3046F	<b>CPT II:</b> Most recent hemoglobin A1c level greater than 9.0%

<b>Diabetes Care - Kidney Health Evaluation (KED - both screenings required)</b>	
80047	<b>CPT:</b> 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	<b>CPT:</b> Albumin; urine (eg, microalbumin), quantitative
82565	<b>CPT:</b> Creatinine; blood
82570	<b>CPT:</b> Creatinine; other source
<b>Diabetic Foot Exam (not a HEDIS measure, informational only)</b>	
2028F	<b>CPT II:</b> 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	<b>HCPCS:</b> 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)

<b>Bone Density</b>	
76977	<b>CPT:</b> Ultrasound bone density measurement and interpretation, peripheral site
77078	<b>CPT:</b> Computed tomography, bone mineral density study, 1 or more sites, axial skeleton (eg, hips, pelvis, spine)
77080	<b>CPT:</b> Dual-energy X-ray absorptiometry (DXA), bone density study, 1 or more sites; axial skeleton (eg, hips, pelvis, spine)
77081	<b>CPT:</b> Dual-energy X-ray absorptiometry (DXA), bone density study, 1 or more sites; appendicular skeleton (peripheral) (eg, radius, wrist, heel)
77085	<b>CPT:</b> Dual-energy X-ray absorptiometry (DXA), bone density study, 1 or more sites; axial skeleton (eg, hips, pelvis, spine), including vertebral fracture assessment
77086	<b>CPT:</b> Vertebral fracture assessment via dual-energy X-ray absorptiometry (DXA) - <b>OMW Only</b>

### Prenatal and Postpartum Visits (PPC)

<b>Prenatal Visits</b>	
59400	<b>CPT:</b> Routine obstetric care including antepartum care, vaginal delivery (with or without episiotomy, and/or forceps) and postpartum care. <b>Total OB care only.</b>
59426	<b>CPT:</b> Antepartum care only; 7 or more visits
<b>Postpartum Visits</b>	
59430	<b>CPT:</b> Postpartum care only (separate procedure)
59510	<b>CPT:</b> Routine obstetric care including antepartum care, cesarean delivery, and postpartum care. <b>Total OB care only.</b>

HIV Viral Load Suppression (VLS)	
3494F	<b>CPT:</b> CD4+ cell count <200 cells/mm <sup>3</sup> (HIV)
3496F	<b>CPT:</b> CD4+ cell count => 500 cells/mm <sup>3</sup> (HIV)
3497F	<b>CPT:</b> CD4+ cell percentage <15% (HIV)
3498F	<b>CPT:</b> CD4+ cell percentage >= 15% (HIV)
3502F	<b>CPT:</b> HIV RNA viral load below limits of quantification (HIV)
3503F	<b>CPT:</b> 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	<b>CPT:</b> 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	<b>CPT:</b> 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	<b>CPT:</b> 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	<b>CPT:</b> 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	<b>CPT:</b> 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	<b>CPT:</b> 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	<b>CPT:</b> 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	<b>CPT:</b> 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	<b>CPT:</b> 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	<b>CPT:</b> 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	<b>CPT:</b> 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	<b>CPT:</b> 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	<b>CPT:</b> 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	<b>CPT:</b> 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	<b>CPT:</b> 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	<b>CPT:</b> 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	<b>CPT:</b> 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	<b>CPT:</b> 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	<b>CPT:</b> 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	<b>CPT:</b> 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	<b>CPT:</b> 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	<b>CPT:</b> Psychiatric diagnostic evaluation
90792	<b>CPT:</b> Psychiatric diagnostic evaluation with medical services

### Adherence to Antipsychotic Medication for Individuals with Schizophrenia (SAA)

J0401	<b>HCPCS:</b> Injection, aripiprazole, extended release, 1 mg
J1631	<b>HCPCS:</b> Injection, haloperidol decanoate, per 50 mg
J1943	<b>HCPCS:</b> Injection, aripiprazole lauroxil, (Aristada Initio), 1 mg
J1944	<b>HCPCS:</b> Injection, aripiprazole lauroxil, (Aristada), 1 mg
J2358	<b>HCPCS:</b> Injection, olanzapine, long-acting, 1 mg
J2426	<b>HCPCS:</b> Injection, paliperidone palmitate extended release, 1 mg
J2680	<b>HCPCS:</b> Injection, fluphenazine decanoate, up to 25 mg
J2794	<b>HCPCS:</b> Injection, risperidone, 0.5 mg
J2798	<b>HCPCS:</b> 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	<b>CPT:</b> 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	<b>CPT:</b> 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	<b>CPT:</b> 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	<b>CPT:</b> 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	<b>CPT:</b> Glucose; quantitative, blood (except reagent strip)
82950	<b>CPT:</b> Glucose; post glucose dose (includes glucose)
82951	<b>CPT:</b> Glucose; tolerance test (GTT), 3 specimens (includes glucose)



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