

Refer to the full clinical measure specifications on *ProviderAccess* for a complete list of codes, etc.

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Measure	CPT/CPT CATEGORY II/HCPCS/ICD-10 Code(s)	Description	Exclusions
Breast Cancer Screening	CPT/HCPCS codes: 77061-77063, 77065 -77067	Indicates whether a female age 52 - 74 had a mammogram done from 27 months prior to the measurement period to the end of the measurement period. Note: The Breast Cancer Screening age range will expand to 42 - 74. The updated measure with the expanded age range will be available for viewing. Providers will be notified in advance about the effective date for the updated age range for this measure.	Bilateral mastectomy ICD-10 code: Z90.13 Two unilateral mastectomies ICD-10 codes: Z90.11 AND Z90.12 Unilateral mastectomy with bilateral modifier CPT codes: 19180, 19200, 19220, 19240, 19303-19307 Patients who used hospice services anytime during the measurement year. Note: See our Advanced Illness and Frailty Guide for coding assistance if a patient may meet criteria for measure exclusions. Note: Review the Screening Exclusions for Transgender and Gender-Diverse Patients for coding assistance.
CAD Statin Therapy	At least one high or moderate intensity statin dispensing event during the measurement year.	The percentage of females age 40 - 75 and males age 21 - 75 who were identified as having atherosclerotic cardiovascular disease (ASCVD) and were dispensed at least one high-intensity or moderate-intensity statin medication during the measurement year.	Patients with a diagnosis of pregnancy (ICD-10 codes: 0000-09989, 09A*, Z037*, Z331-Z3493, Z36) during the measurement year or year prior. Patients who had In Vitro Fertilization (HCPCS Procedure Codes: S4015, S4016, S4018, S4020, S4021) performed during the measurement year or year prior. Patients who had a prescription for clomiphene during the measurement year or year prior. Patients with evidence of ESRD or dialysis (CPT Procedure Codes: 90935, 90937, 90940, 90945, 90997, 90999, 99512 OR HCPCS Procedure Codes: G0257, S9339 OR ICD10 codes: N18.5, N18.6 Z91.15, Z99.2) during the measurement year or year prior. Patients with a diagnosis of cirrhosis (ICD-10 codes: K70.30, K70.31, K71.7, K74.3-K74.5, K74.60, K74.69, P78.81) during the measurement year or year prior. Patients with diagnosis of myalgia, myositis, myopathy or rhabdomyolysis (ICD-10 codes: G72.0, G72.2, G72.9, M60.80, M62.82, M79.10) during the measurement year or year prior. Patients with hospice services (CPT Procedure Codes: 99377, 99378) during the measurement year. Patients who used hospice services or palliative care anytime during the measurement year. Note: See our Advanced Illness and Frailty Guide for coding assistance if a patient may meet criteria for measure exclusions.
Colorectal Cancer Screening	Colorectal cancer screening tests include the following: a fecal occult blood test during the measurement year, a flexible sigmoidoscopy or CT colonography during the measurement year or the previous four years, a Stool DNA (sDNA) with FIT Test during the measurement year or previous two years, or a colonoscopy during the measurement year or the previous nine years. Fecal Occult Blood Test (FOBT) CPT/HCPCS codes: 82270, 82274, G0328 Flexible Sigmoidoscopy CPT/HCPCS codes: 45330-45335, 45337, 45338, 45340-45342, 45346, 45347, 45349, 45350, G0104 CT Colonography CPT code: 74261-74263 Stool DNA (sDNA) with FIT Test CPT/HCPCS code: 0464U, 81528 Colonoscopy CPT/HCPCS codes: 44388-44392, 44394, 44401-44408, 45378-45382, 45384-45386, 45388-45393, 45398, G0105, G0121	Indicates whether a patient, age 45 - 75, had appropriate screening for colorectal cancer.	Colorectal Cancer ICD-10 codes: C18.0-C18.9, C19, C20, C21.2, C21.8, C78.5, Z85.038, Z85.048 HCPCS codes: G0213, G0214, G0215, G0231 Total Colectomy CPT codes: 44150-44153, 44155-44158, 44210-44212 Patients with hospice service during the measurement year or dispensed dementia meds during the measurement year or year prior. Patients who used palliative care anytime during the measurement year. Note: See our Advanced Illness and Frailty Guide for coding assistance if a patient may meet criteria for measure exclusions.

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Controlling High Blood Pressure (BP)	<p>Systolic CPT codes: 3074F, 3075F AND Diastolic CPT codes: 3078F, 3079F</p> <p>The BP reading must be on or after the visit with the 2nd diagnosis of hypertension.</p>	<p>Patients age 18 - 85 who had a diagnosis of hypertension (HTN) and whose blood pressure was adequately controlled (<140/90) during the measurement year.</p> <p>Measurements can be obtained via telehealth, telemedicine, virtual, e-visit, telephone encounter or from a home log brought in by the patient during a regular in-person visit.</p>	<p>Patients with evidence of end-stage renal disease (ESRD) or a kidney transplant on or prior to December 31 of the measurement year. Documentation in the medical record must include a dated note including evidence of ESRD, kidney transplant or dialysis. All patients with a diagnosis of pregnancy during the measurement year.</p> <p>All patients who had a non-acute inpatient stay during the measurement year. Also excludes all patients with hospice services during the measurement year and excludes patients receiving palliative care during the measurement year.</p> <p>Patients who used hospice services anytime during the measurement year.</p> <p>Note: See our Advanced Illness and Frailty Guide for coding assistance if a patient may meet criteria for measure exclusions.</p>
Diabetes Eye Exam	<p>Billed by an optometrist or ophthalmologist CPT codes: 67028, 67030, 67031, 67036, 67039-67043, 67101, 67105, 67107, 67108, 67110, 67113, 67121, 67141, 67145, 67208, 67210, 67218, 67220, 67221, 67227, 67228, 92002, 92004, 92012, 92014, 92018, 92019, 92134, 92201, 92202, 92225-92228, 92230, 92235, 92240, 92250, 92260, 99203-99205, 99213-99215, 99242-99245 HCPCS codes: S0620, S0621, S3000 Unilateral Eye Enucleation CPT codes: 65091, 65093, 65101, 65103, 65105, 65110, 65112, 65114</p> <p><i>Member must have 2 unilateral eye enucleations OR one of these unilateral eye enucleations indicated by these codes WITH a bilateral modifier (50) to meet criteria.</i></p> <p>Billed by any provider type during each measurement year. CPT codes: 2022F, 2023F, 2024F, 2025F, 2026F, 2033F, 3072F, 92137, 92229</p>	<p>Indicates whether a patient with Type 1 or Type 2 diabetes age 18 - 75 had a dilated retinal eye exam performed by an optometrist or ophthalmologist in the current year OR a dilated retinal eye exam performed by an optometrist or ophthalmologist during the year prior to the measurement year, along with a diagnosis of uncomplicated diabetes. If any other diagnosis showing complicated diabetes is received, the test must be performed annually.</p>	<p>Excludes anyone with hospice services or palliative care services during the measurement year.</p> <p>Patients who used palliative care anytime during the measurement year.</p> <p>Note: See our Advanced Illness and Frailty Guide for coding assistance if a patient may meet criteria for measure exclusions.</p>
Diabetes HbA1c Less Than 9%	<p>CPT codes: 3044F, 3051F and 3052F or LOINC codes: 17856-6, 97506-0, 4548-4, 4549-2 and Lab Result Numeric Value between 0 and 9</p> <p>LOINC codes are not accepted on claim submissions. LOINC codes are typically sent electronically through HL7 messages.</p>	<p>Diabetic patients age 18 - 75 whose HbA1c level is less than 9%.</p>	<p>Excludes anyone with hospice services during the measurement year.</p> <p>Note: See our Advanced Illness and Frailty Guide for coding assistance if a patient may meet criteria for measure exclusions.</p>

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Follow-Up After Emergency Department Visit for People with Multiple High-Risk Chronic Conditions (FMC)	<p>Outpatient/telehealth visit CPT and HCPCS codes: 98000-98016, 99201-99205, 99211-99215, 99242-99245, 99341, 99342, 99344, 99345, 99347-99350, 99381-99387, 99391-99397, 99401-99404, 99411, 99412, 99429, 99455, 99456, 99483, G0402, G0438, G0439, G0463, G0560, T1015</p> <p>Telephone visit CPT codes: 99441-99443, 98966-98968</p> <p>E-visit or virtual check-in CPT and HCPCS codes: 99421-99423, 98969-98972, 98980, 98981, 99444, 99457, 99458, G0071, G2010, G2012, G2061-G2063, G2250-G2252</p> <p>Transitional care management services CPT codes: 99495, 99496</p> <p>Case management visit CPT and HCPCS codes: 99366, T1016, T1017, T2022, T2023</p> <p>Complex care management services CPT and HCPCS codes: 99439, 99487, 99489-99491, G0506</p> <p>Observation visit CPT codes: 99217-99220</p> <p>Substance use disorder services CPT and HCPCS codes: 99408, 99409, G0396, G0397, G0443, H0001, H0005, H0007, H0016, H0022, H0047, H0050, H2035, H2036, T1006, T1012</p> <p>Domiciliary or rest home visit CPT codes: 99324-99328, 99334-99337</p>	Identifies the percentage of Emergency Department (ED) visits for patients 18 years and older who have multiple high-risk chronic conditions who had a follow-up service on the date of the ED discharge or in the 7 days following discharge (8 total days).	Patients are excluded from the measure if they received hospice care during the measurement year, are deceased during the measurement year, or experienced an ED visit resulting in an inpatient stay on the day of the visit or within seven days after the ED visit.
HEDIS OSW Osteoporosis Screening in Older Women	CPT/HCPCS codes: 76977, 77078, 77080, 77081, 77085	Indicates the percentage of women 65-75 years of age who received one or more screening tests on or after their 65 th birthday.	<p>Women who had a hospice service during the measurement year, frailty or advanced illness claim during the measurement year or one year prior.</p> <p>Women who had an encounter for osteoporosis therapy within 12 months prior to the index event date.</p> <p>Women who had a prescription for an osteoporosis drug within 12 months prior to the index event date.</p> <p>Women who used palliative services anytime during the intake period to the end of the measurement year .</p> <p>Note: See our Advanced Illness and Frailty Guide for coding assistance if a patient may meet criteria for measure exclusions.</p>
Influenza Vaccine	CPT/HCPCS Codes: 4037F, 90630, 90653-90658, 90660-90662, 90664, 90666, 90667, 90668, 90672, 90673, 90685-90688, G0008, G8482, Q2034-Q2039	Indicates whether a member, aged 6 months and older, received an influenza vaccination during the latest complete October 1 through March 31 block of time.	People with an allergy to eggs or a previous adverse reaction to the influenza vaccine.

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Kidney Health Evaluation for Patients with Diabetes (KED)	<p>At least one eGFR during the measurement year AND At least one uACR during the measurement year identified by either of the following:</p> <ul style="list-style-type: none"> • BOTH a quantitative urine albumin test AND a urine creatinine test with service dates four or less days apart OR • A uACR <p>eGFR CPT Codes: 80047, 80048, 80050, 80053, 80069, 82565 eGFR LOINC Codes: 50044-7, 50210-4, 50384-7, 62238-1, 69405-9, 70969-1, 77147-7, 94677-2, 98979-8, 98980-6</p> <p>Quantitative Urine Albumin Test CPT Code: 82043 Quantitative Urine Albumin Test LOINC Codes: 1754-1, 10058-5, 114957-5, 21059-1, 30003-8, 43605-5, 53530-2, 53531-0, 57369-1, 89999-7</p> <p>Urine Creatinine Test CPT Code: 82570 Urine Creatinine Test LOINC Codes: 20624-3, 2161-8, 35674-1, 39982-4, 57344-4, 57346-9, 58951-5</p> <p>uACR LOINC Codes: 13705-9, 14958-3, 14959-1, 30000-4, 44292-1, 59159-4, 76401-9, 77253-3, 77254-1, 89998-9, 9318-7</p> <p>LOINC codes are not accepted on claim submissions. LOINC codes are typically sent electronically through HL7 messages.</p>	<p>Indicates the percentage of members 18-85 years of age with diabetes (type 1 and type 2) who received a kidney health evaluation, defined by an estimated glomerular filtration rate (eGFR) and a urine albumin-creatinine ratio (uACR), during the measurement year.</p>	<p>Patients 66 years and older with frailty and advanced illness or in hospice care during the measurement year.</p> <p>Patients that have palliative care during the measurement year.</p> <p>Patients diagnosed with of polycystic ovarian syndrome, gestational diabetes or steroid-induced diabetes during the measurement year or the year prior to the measurement year and had no encounters for diabetes during that time period.</p>
Medication Adherence for Cholesterol	Pharmacy claims	Patients age 18 or older who adhere to their prescribed drug therapy for statin cholesterol medications. Patients fill their prescriptions in the targeted drug class at least 80% or higher of the days prescribed in the measurement year.	<p>Any patient diagnosed with end-stage renal disease (ESRD).</p> <p>Patients who used hospice services anytime during the measurement year.</p>
Medication Adherence for Hypertension	Pharmacy claims	Patients age 18 or older who adhere to their prescribed drug therapy for renin angiotensin system (RAS) antagonists (angiotensin converting enzyme inhibitor (ACEI), angiotensin receptor blocker (ARB) or direct renin inhibitor medications). Qualifying "Blood Pressure medication" includes ACEI, an ARB, or a direct renin inhibitor drug. Patients must fill their prescriptions in the targeted drug class at least 80% or higher of the days prescribed in the measurement year.	<p>Any patient diagnosed with end-stage renal disease (ESRD).</p> <p>Patients who used hospice services anytime during the measurement year.</p>
Medication Adherence for Diabetes Medications	Pharmacy claims	Patients with Type 1 or Type 2 diabetes age 18 or older who adhere to their prescribed drug therapy across four classes of diabetes medications: biguanides, sulfonylureas, thiazolidinediones, and Dipeptidyl Peptidase (DPP)-IV Inhibitors. Patients must fill their prescriptions in the targeted drug class at least 80% or higher of the days prescribed in the measurement year.	<p>Any patient diagnosed with end-stage renal disease (ESRD).</p> <p>Patients who used hospice services anytime during the measurement year.</p>

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Medication Reconciliation Post Discharge	CPT/HCPCS codes: 99483, 99495, 99496, 1111F Measure looks at any inpatient admission to include hospital, nursing home, rehab, etc.	Patients 18 and older with an inpatient admission during the measurement year for whom medications were reconciled from the date of discharge through 30 days after discharge (31 days total) by a prescribing practitioner, clinical pharmacist, or registered nurse. Only physicians and qualified healthcare providers (MD, DO, NP, etc.) can file TCM codes 99495/99496.	Patients who used hospice services anytime during the measurement year.
Plan All-Cause Readmissions	At least one acute readmission for any diagnosis within 30 days of the Index Discharge Date.	Patients 18 years of age and older, the first admission during the measurement period is identified and determined if the member is readmitted within 30 days for any diagnosis.	Admissions for pregnancy, during the perinatal period, maintenance chemotherapy, rehabilitation, organ transplant, or those with a discharge status of death are excluded. Patients who used hospice services anytime during the measurement year. Note: See our Advanced Illness and Frailty Guide for coding assistance if a patient may meet criteria for measure exclusions.
Statin Use in Persons with Diabetes	Pharmacy claims	Patients age 40 - 75 who have had two diabetes medication fills and have also received a statin or a statin combination fill in the measurement period.	Any patient diagnosed with End-Stage Renal Disease (ESRD) and any patients enrolled in hospice care at any time during the measurement period. Also, members with the following diagnosis code based conditions coded during the measurement period will be excluded: rhabdomyolysis, myopathy, pregnancy, lactation, liver disease, pre-diabetes and polycystic ovary syndrome. Patients who used hospice services anytime during the measurement year.

These codes are to be used for reference only. This is general information and not a guarantee of payment. Benefits are always dependent on whether the service is medically necessary and within the terms of a Blue Cross and Blue Shield of Alabama member's Benefit Agreement, Blue Cross and Blue Shield of Alabama policies and the Blue Advantage Primary Care Incentive Program. Blue Advantage® PPO is provided by Blue Cross and Blue Shield of Alabama, an independent licensee of the Blue Cross and Blue Shield Association.

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