



Breast Cancer Screening

If your patient had a mammogram prior to having Blue Advantage® coverage, you can submit an informational claim “for reporting purposes only” through **myBlue Provider** to close the gap in care. Choose the appropriate CPT code, 77061-77063, 77065-77067, to close the gap in care. Make a note in the patient’s medical record the year the mammogram was performed.

Also, if your patient has had both breasts removed by mastectomy, be sure to clearly document this in the medical record and submit a claim using an exclusionary diagnosis code.

- ICD-10 code for bilateral mastectomy: Z90.13
- ICD-10 codes for two unilateral mastectomies: Z90.11 **and** Z90.12

Controlling High Blood Pressure

Patients ages 18 – 85 with hypertension must have an in-control blood pressure reading (<140/90 mmHg). The measure assesses the latest blood pressure reading during the measurement year. Choose the appropriate CPT Codes to close the gap in care.

- Systolic CPT Codes: 3074F, 3075F, 3077F
- Diastolic CPT Codes: 3078F, 3079F, 3080F

Colorectal Cancer Screening

There are multiple ways to address the colorectal cancer screening gap in care. Colorectal cancer screening tests include the following:

Test	Frequency	HCP/CS/CPT Codes
Fecal occult blood test	Once during the measurement year	82270, 82274, G0328
Flexible sigmoidoscopy or CT colonography	During the measurement year or the previous four years	45330-45335, 45337, 45338, 45340-45342, 45346, 45347, 45349, 45350, G0104, 74261-74263
Colonoscopy	During the measurement year or the previous nine years	44388-44394, 44397, 44401-44408, 45355, 45378-45393, 45398, G0105, G0121
Stool DNA with FIT test (such as Cologuard)	During the measurement year or the previous two years	81528

Note: If your patient had a colorectal cancer screening prior to having Blue Advantage coverage, close the gap in care by sending an informational claim “for reporting purposes only” through **myBlue Provider**. Make a note in the patient’s medical record of the year the screening was performed.

Diabetes Eye Exam

If you receive a patient’s eye exam result from an optometrist or ophthalmologist, but there is still a gap in care, you may submit an informational claim. Choose the appropriate CPT Code, 2022F, 2023F, 2024F, 2025F, 2026F, 2033F, 3072F or 92229, to close the gap in care.

Diabetes HbA1c Less Than 9%

This measure indicates diabetic patients ages 18 – 75 whose hemoglobin A1c level is less than 9%. Based on HbA1c results, choose the appropriate CPT Codes, 3044F, 3045F, 3051F or 3052F, to close this gap in care. This measure excludes patients who had gestational or steroid-induced diabetes during the measurement year and who did not have any other diabetes diagnosis in any setting in the measurement year or the year prior. Also excluded are patients with a diagnosis of HIV at any time prior to or during the measurement year, as well as anyone with hospice services during the measurement year.

Osteoporosis Screening in Older Women

Indicates the percentage of women ages 65 – 85 who received one or more osteoporosis screening tests during the measurement year or the prior year that is on or after the member’s 65th birthday. Choose the appropriate CPT Code, 76977, 77078, 77080, 77081, 77085 or 77086, to close the gap in care.



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Tips for Addressing

GAPS IN PATIENT CARE

Medication Adherence for Diabetes/Hypertension/Cholesterol (Statins)

Patients must fill their prescriptions for 80% or more of the proportion of days covered to be compliant. The proportion of days covered is the percentage of days in the measurement period “covered” by prescription claims for the same medication or another in its therapeutic category. Medicines that are monitored in the medication adherence categories are typically in the lowest copay tier for members to help reduce their financial burden and increase their medication adherence.

If your patients are taking a lower dose than prescribed, consider adjusting their prescription to encourage them to refill their prescriptions regularly. Additionally, if a patient is not able to fill his or her prescription due to cost, review generic alternatives. Many of the generic medications used to treat diabetes, hypertension and cholesterol are covered within a special tier of a patient’s drug benefit that allows a patient to pay a lower copay than they would pay for many other generics.

Medication Reconciliation Post-Discharge

You can use CPT codes 99495-99496 or Category II code 1111F to help close the medication reconciliation gap in care measure for transitional care management. Use CPT codes 99495 or 99496 when:

- The patient is contacted within two business days of discharge,
- A face-to-face visit is made with the patient within 14 (99495) or 7 (99496) calendar days of discharge, AND
- The reconciliation of the patient’s medication is performed and updated in the patient’s medical record.

Note: Only qualified physicians and healthcare providers, such as MD, DO, nurse practitioners and physician assistants, can file TCM codes 99495 and 99496.

If the patient presents to the office after 14 calendar days (described above) but is still within the 30-day hospital discharge window, CPT Category II code 1111F should be used with supporting documentation in the patient’s medical record to show that the patient’s medication has been reconciled. If reconciliation is performed by phone within 30 days by a prescribing practitioner, clinical pharmacist or registered nurse, but there is no visit, 1111F should be used.

Statin Use in Persons with Diabetes (SUPD)

This measure analyzes the percentage of patients ages 40 – 75 with at least two diabetes medication fills who also take a statin medication. A higher percentage represents better performance. Only one fill of a statin or statin combination during the measurement period is needed to close this gap. If the patient develops negative side effects, there are many statin options available as alternatives.

Statin Therapy for Patients with Cardiovascular Disease

This measure analyzes the percentage of female patients ages 40 – 75 and the percentage of male patients ages 21 – 75 years who were identified as having atherosclerotic cardiovascular disease (ASCVD) either by event or by diagnosis. Only one fill of either a high-intensity or moderate-intensity statin during the measurement period is needed to close this gap in care. Additionally, if a patient has a diagnosis of myalgia, they are exempt from the measure. The diagnosis code must be submitted on the claim at least once during the measurement year to remove the member from the denominator.



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