

QUALITY MEASURE	CODE	DESCRIPTION
Adolescent & Well-Child Visits	99381, 99391, 99461	0-12 months well-child visit
	99382, 99392	1-4 years of age well-child visit
	99383, 99393	5-11 years of age well-child visit
	99384, 99394	12-17 years of age well-child visits
	99385, 99395	18 years and older well-child visit
	G0438, G0439	Well-Child/Adolescent Visit
	Z00.00, Z00.01, Z00.110, Z00.111, Z00.121, Z00.129, Z00.2, Z00.3, Z02.5, Z76.1, Z76.2	Well-Child/Adolescent Visit
Antibiotic Avoidance: Bronchitis	J20.3-9, J21.0-1, J21.8-9	Codes that <b>DO NOT</b> meet measure compliance
Cervical Cancer Screening	88141 (CPT)	Cytopathology, cervical or vaginal
	P3000 (HCPCS)	Screening Papanicolaou smear, cervical or vaginal
	G0147 (HCPCS)	Screening cytopathology smears, cervical or vaginal
	G0476 (HCPCS)	Infectious agent detection by nucleic acid
	87624 (CPT)	Infectious agent detection by nucleic acid
Childhood Immunizations	90696, 90700, 90721, 90723	DTap
	90698, 90713, 90723	IVP (Polio)
	90708, 90710	MMR
	90708	Measles/Rubella
	90704	Mumps
	90706	Rubella
	90645-8, 90698, 90721, 90748	HiB

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QUALITY MEASURE	CODE	DESCRIPTION
<b>Childhood Immunizations</b> <i>(continued)</i>	90723, 90740, 90744, 90747	Hep B
	3E01254Z	Newborn Hep B
	90710, 90716	VCV
	90669, 90670	PCV
	90633	Hep A
	90681 (2-dose schedule), 90680 (3-dose schedule)	Rotovirus
	90655, 90657, 90661, 90662, 90673, 90685	Influenza Vaccine
<b>Chlamydia Screening</b>	87110	Culture, chlamydia, any source
	87270	Infectious agent antigen detection by immunofluorescent technique
	87320	Infectious agent antigen detection by EIA, qualitative or semi-quantitative
	87490	Infectious agent detection by nucleic acid direct probe
	87810	Infectious agent detection by immunoassay with direct optical observation
<b>Controlling High Blood Pressure</b>	CPT/CPT II: 3079F	Diastolic 80-89 mm Hg
	CPT/CPT II: 3078F	Diastolic Less than 80 mm Hg
	CPT/CPT II: 3074F	Systolic Less Than 130 mm Hg
	CPT/CPT II: 3075F	Systolic 130-139 mm Hg
	ICD-10: I10	Essential HTN Diagnosis
<b>Depression Screening</b>	G8431	Depression screening positive with follow-up plan
	G8510	Depression screening negative follow-up not required
	G0444 (Required for Cigna and Intel only)	Annual depression screening, 15 minutes (Satisfies gap closure for depression screening only, but not follow up)

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QUALITY MEASURE	CODE	DESCRIPTION
Diabetes: A1C Testing and Control	3051F	Most recent hemoglobin A1c (HbA1c) level greater than or equal to 7.0% and less than 8.0%
	3052F	Most recent hemoglobin A1c (HbA1c) level greater than or equal to 8.0% and less than or equal to 9.0%
	3044F	Most recent hemoglobin A1c (HbA1c) level < 7.0% (less than 7.0%)
Diabetes: Eye Exam	3072F	Low risk for retinopathy (no evidence of retinopathy in the prior year)
	2022F	Dilated retinal eye exam with interpretation by an ophthalmologist or optometrist documented and reviewed
	2023F	Dilated retinal eye exam with interpretation by an ophthalmologist or optometrist documented and reviewed; without evidence of retinopathy
Diabetes: Nephropathy	3066F (CPT II)	Documentation of treatment for nephropathy
	3060F (CPT II), 3062F (CPT II)	Positive microalbuminuria test result documented and reviewed
	3061F (CPT II)	Negative microalbuminuria test result documented and reviewed
	N18.4 (ICD-10)	Chronic kidney disease, stage 4
	N18.5 (ICD-10)	Chronic kidney disease, stage 5
	N18.6 (ICD-10)	End stage renal disease
	E11.2X (ICD-10)	Type 2 diabetes mellitus with diabetic nephropathy
	E10.2X (ICD-10)	Type 1 diabetes mellitus with diabetic nephropathy

QUALITY MEASURE	CODE	DESCRIPTION
Low Back Pain	M48.07-08;M51.16-17; M51.26-27;M51.36-37;M51.86-87;M53.2X6-2X8;M53.3;M53.86-88;M54.16-18;M54.30-32;M54.40-42;M54.5;M54.89;M54.9 ;M99.03-04; M99.23;M99.33; M99.43;M99.53;M99.63; M99.73;M99.83-84;S33.100A;S33.100D; S33.100S; S33.110A;S33.110D; S33.110S; S33.120A; S33.120D;S33.120S;S33.130A;S33.130D; S33.130S; S33.140A;S33.140D;S33.140S;S33.5XXA; S33.6XXA; S33.8XXA;S33.9XXA; S39.002A;S39.002D;S39.002S; S39.012A; S39.012D;S39.012S; S39.092A;S39.092D; S39.092S; S39.82XA; S39.82XD;S39.82XS; S39.92XA;S39.92XD; S39.92XS	Codes that <b>DO NOT</b> meet measure compliance
Appropriate Testing for Pharyngitis	J02.0, J02.8, J02.9, J03.0, J03.01, J03.80, J03.81, J03.90, J03.91 (ICD-10)	Qualifying Pharyngitis Diagnosis
	87070-71, 87081, 87430, 87650-52, 87880 (CPT)	Group A Strep Test
Social Determinants of Health	Z55.0	Illiteracy and low-level literacy
	Z59.0	Homelessness
	Z59.4	Lack of adequate food and safe drinking water
	Z59.8	Other problems related to housing and economic circumstances
	Z60.4	Social exclusion and rejection
	Z60.8	Other problems related to social environment
	Z63.72	Alcoholism and drug addiction in family
Z63.79	Other stressful life events affecting family and household	

QUALITY MEASURE	CODE	DESCRIPTION
Tobacco Screening and Cessation	99406 (CPT)	Smoking and tobacco use cessation counseling visit greater than three minutes but not more than 10 minutes
	99407 (CPT)	Smoking and tobacco use cessation counseling visit is greater than 10 minutes
	4004F (CPT II)	Patient screened for tobacco use and received cessation intervention (counseling and/or pharmacotherapy) if identified as a tobacco user
Antibiotic Avoidance: Upper Respiratory Infection	J00, J06.0, J06.9	Codes that <b>DO NOT</b> meet measure compliance