

# Common Codes to Close – Condensed Version 2025

Legend: 1. BCI Connected Care      2. BCI True Blue      3. BCI Value Based PPO      4. Medicaid      5. Medicare MSSP  
 6. Moda Select      7. Pacific Source Navigator      MY = Measurement Year      WC = Well Child      PT = Patient

Quality Measures	CAT II Codes to Close or Exclude Codes for Gap
<b>Diabetes A1c Quality Measures:</b> <ul style="list-style-type: none"> <li> <b>GSD &lt;8</b> – Glycemic Status Assessment for PT w/DM &lt; 8 (1,3,4,7)</li> <li> <b>GSD &gt;9 (DM-2)</b> – Glycemic Status Assessment for PT w/DM &gt; 9 (4,5)</li> <li> <b>GSD &lt;9</b> – Glycemic Status Assessment for PT w/DM &lt; 9 (2,7)</li> </ul>	<b>Most recent result or Last one of the MY</b> <ul style="list-style-type: none"> <li>• 3044F – A1c(HbA1c) level is less than 7.0%</li> <li>• 3051F – A1c(HbA1c) level greater than or equal to 7.0% and less than 8.0%</li> <li>• 3052F – A1c (HbA1c) level greater than or equal to 8.0% and less than or equal to 9.0%.</li> <li>• 3046F – A1c(HbA1c) level great than 9.0%</li> </ul>
<b>Blood Pressure Quality Measures:</b> <ul style="list-style-type: none"> <li> <b>BPD</b> – BP control for patients with DM (2,7)</li> <li> <b>CBP (HTN-2)</b> – Controlling BP (1,2,3,4,5)</li> </ul>	<b>Most recent result or Last one of the MY</b> <ul style="list-style-type: none"> <li>• 3078F - Diastolic BP &lt; 80 mm Hg</li> <li>• 3079F - Diastolic BP 80-89 mm Hg</li> <li>• 3080F – Diastolic BP &gt; 90</li> <li>• 3074F - Systolic BP &lt; 130 mm Hg</li> <li>• 3075F – Systolic BP 130-139 mm Hg</li> <li>• 3077F – systolic BP &gt; 140</li> </ul>
<b>Eye Exam :</b> <ul style="list-style-type: none"> <li> <b>EED</b> – Eye Exam for Patients with DM - (2,7)</li> </ul>	<ul style="list-style-type: none"> <li>• 2022F – Dilated retinal eye exam with evidence of Retinopathy.</li> <li>• 2023F – Dilated retinal eye exam without evidence of Retinopathy.</li> <li>• 2024F – 7 stand. Field stereoscopic retinal photos with evidence of retinopathy</li> <li>• 2025F – 7 stand. Field stereoscopic retinal photos without evidence of retinopathy.</li> <li>• 2026F – Eye img valid to match dx from 7 Stand.Field Stereoscopic retinal photos with evidence of Retinopathy</li> <li>• 2033F _ Eye img valid to match dx from 7 Stand.Field Stereoscopic retinal photos without evidence of Retinopathy</li> <li>• 3072F – Low risk for retinopathy (no evidence of retinopathy in the prior year )</li> </ul>
<b>Kidney Health</b> <ul style="list-style-type: none"> <li> <b>KED</b> - Kidney Health Evaluation for PT w/DM - (2,7)</li> </ul>	<b>Once per MY</b> <ul style="list-style-type: none"> <li>• 3060F – Positive microalbuminuria test reviewed and documented</li> <li>• 3061F – Negative microalbuminuria test reviewed and documented</li> <li>• 3062F – Positive microalbuminuria test result reviewed and documented</li> </ul>
<b>Fall Risk</b> <ul style="list-style-type: none"> <li> <b>Care – 2</b> – Fall Risk Screening (5)</li> </ul>	<b>Once per MY</b> <ul style="list-style-type: none"> <li>• 3288F – Falls risk assessment documented (date, name of assessment, brief result)</li> <li>• 1100F - Patient screened for future fall risk; documentation of 2 or more falls in the past year or any fall with injury in past yr.</li> <li>• 1101F – Patient screened for future fall risk; documentation of no falls in the past year or only 1 w/o injury in past year.</li> </ul>
<b>Depression Screenings</b> <ul style="list-style-type: none"> <li> <b>DS</b> – Depression Screening ( 1,2,3,4,6,7)</li> <li> <b>DSFU( Prev-12)</b> – Depression Srcn. w/Follow up (5)</li> </ul>	<b>Screen for Depression at least once per year. If positive document care plan</b> <ul style="list-style-type: none"> <li>• G0444 – Annual Depression Screening, 15 minutes</li> <li>• G8431 – Screening for depression is documented as being positive and follow-up plan is documented</li> <li>• G8510 – Screening for depression is documented as being negative, a follow-up plan is not required</li> <li>• G8433 - Screening for depression not completed, documented reason</li> <li>• G8432 – Depression screening not documented; reason not given.</li> <li>• G8511 – Screening for depression documented as positive, follow-up plan not documented, reason not given.</li> <li>• G9717 – Documentation stating the patient has an active diagnosis of depression or has diagnosed bipolar disorder, therefore screening or</li> </ul>

	follow-up not required.
<b>Tobacco Screening</b> <ul style="list-style-type: none"> <li>✚ <b>TSI (Prev-10)</b> – Tobacco Screening &amp; Prevention (5)</li> </ul>	<b>Screened once a MY</b> <ul style="list-style-type: none"> <li>• G9902 – Patient screened for tobacco use and identified as a tobacco user.</li> <li>• G9903 – Patient screened for tobacco use and identified as a tobacco non-user.</li> </ul>
<b>Care of Older Adults (COA)</b> <b>*Note: for SNP Only</b> <ul style="list-style-type: none"> <li>✚ <b>COA – M</b> – Medication review (2)</li> <li>✚ <b>COA – F</b> – Functional Status Assessment (5 ADL's or 4 IADL's) (2)</li> </ul>	<b>Screened once a MY</b> <ul style="list-style-type: none"> <li>• 1159F – Medication list documented in MR.</li> <li>• 1160F – Review of all meds by prescribing Practitioner or clinical Pharm. Documented in the MY.</li> <li>• G8427 – Eligible clinician attests to documenting in the MR they obtained, updated, or reviewed current Meds.</li> <li>• 1170F – Functional status assessed (to use with visits that are not AWW)</li> <li>• G0438 – Initial visit for AWW ( includes an FSA)</li> <li>• G0439 – Subsequent visit for AWW (includes an FSA)</li> </ul>
<b>Transitions of Care (TRC)</b> <ul style="list-style-type: none"> <li>✚ <b>TRC</b> -Medications Reconciliation post Discharge (2)</li> </ul>	<b>After Every Inpatient Discharge</b> <ul style="list-style-type: none"> <li>• 1111F - Discharge medications reconciled with the current medication list in outpatient medical record.</li> </ul>
<b>Cancer Screenings: BCS-E and COL-E are Claims only.</b> <ul style="list-style-type: none"> <li>✚ <b>BCS</b> – (6)</li> <li>✚ <b>Prev-5 (BCS)</b> – (5)</li> <li>✚ <b>BCS-E</b> – (1,2,3,4,7)</li> <li>✚ <b>COL</b> – (6)</li> <li>✚ <b>COL-E</b> – (1,2,3,7)</li> <li>✚ <b>CCS</b> – (1,6,7)( Not a medicare quality measure ( for women age 64 and under)</li> </ul> <p>Note: Can Self Report BCS, COL, CCS with the “Name of Test Screening Test, Date of the screening, and brief result”)</p>	<b>BCS-</b> Exclusions ICD.10 – Z90.13 or Both Z90.12 and Z90.11  <b>COL</b> - Exclusions ICD.10 – Z85.038, Z85.048  <b>CCS</b> – Exclusions,ICD.10 – Q51.5, Z90.710, Z90.712. Documented words such as Total, Radical, abdominal Hysterectomy,
<b>Closed by Pharmacy Claims Data ONLY:</b> <ul style="list-style-type: none"> <li>✚ <b>SPC (Prev-13)</b> – Statin Therapy for PT's with Cardiovascular disease (2,5)</li> <li>✚ <b>SPD</b> – Satin Therapy for PT's with DM (7)</li> </ul>	
<b>Closed by Claims Data Only:</b> <ul style="list-style-type: none"> <li>✚ <b>OMW</b> – Osteoporosis Manage in Women who had a Fracture (2)</li> <li>✚ <b>W30-15</b> – WC visit: 6 visits in First 15 Months of Life (4)</li> <li>✚ <b>W30-30</b> – WC visits: 2 visits betw. 15-30 Months of life (4)</li> <li>✚ <b>WCV</b> – Child &amp; Adolescent Well-care Visits Betw. 3-21 Years of life (4,7)</li> <li>✚ <b>EDU</b> – Emergency Department Utilization (1,3)</li> <li>✚ <b>FMC</b> – Follow-up after ED visit for Multiple Chronic Conditions (2)</li> <li>✚ <b>PCR</b> - Plan all cause Readmission (1,2)</li> <li>✚ <b>TRC PEAID</b> – TRC – PT engagement after Inpatient Discharge (2)</li> <li>✚ <b>Prev - 7</b> – Influenza Immunization (5)</li> </ul>	
<b>NSSP accepted to close some care gaps:</b> <ul style="list-style-type: none"> <li>✓ 1. BCI Connected Care</li> <li>✓ 2. BCI True Blue</li> <li>✓ 3. BCI Value Based PPO</li> <li>✓ 6. Moda Select</li> <li>✓ 7. PacificSource Navigator</li> </ul>	<b>Care Gaps can only be closed through claims:</b> <ul style="list-style-type: none"> <li>✓ 4. Medicaid</li> <li>✓ 5. Medicare MSSP</li> </ul>