

2021 CMS Stars AND True Performance Measures
CPT II /Diagnosis / G Codes ACCEPTED by HEDIS/CMS/PQA Specifications

C13/QN02.4: COMPREHENSIVE DIABETES CARE-RETINAL EYE EXAM PERFORMED

2022F	Dilated Retinal Exam with interpretation by an ophthalmologist or optometrist documented and reviewed, with evidence of retinopathy (N)
2023F	Dilated Retinal Exam with interpretation by an ophthalmologist or optometrist documented and reviewed, without evidence of retinopathy (N)
2024F	Seven field photos with interpretation by ophthalmologist or an optometrist documented and reviewed, with evidence of retinopathy (N)
2025F	Seven field photos with interpretation by ophthalmologist or an optometrist documented and reviewed, without evidence of retinopathy (N)
2026F	Eye image validated to match diagnosis from seven standard field photo result, with evidence of retinopathy (N)
2033F	Eye image validated to match diagnosis from seven standard field photo result, without evidence of retinopathy (N)
3072F	Low risk for retinopathy (no evidence of retinopathy the prior year) (N) NOTE: CPT Category II code 3072F can only be used if the claim/encounter was during the measurement year because it indicates the member had "no evidence of retinopathy in the prior year." Additionally, because the code definition itself indicates results were negative, an automated result is not required.

C14/QN02.3: COMPREHENSIVE DIABETES CARE-MEDICAL ATTENTION FOR NEPHROPATHY (* result not needed for numerator compliance)

3060F	Positive microalbumin test result (30-300) (N)*
3061F	Negative microalbumin test documented and reviewed (<30) (N)*
3062F	Positive macroalbumin test result documented and reviewed (>30) (N)*
3066F	Documentation of treatment for nephropathy, any visit to nephrologist (N)
4010F	Ace inhibitor or ARB therapy prescribed (N)

C15/QN36: COMPREHENSIVE DIABETES CARE- HbA1c CONTROL ≤9%

3044F	Most recent hemoglobin A1c level <7% (N)
3051F	Most recent hemoglobin A1c (HbA1c) level ≥ 7.0% and less than 8.0% (N)
3052F	Most recent hemoglobin A1c (HbA1c) level ≥ to 8.0% and ≤ to 9.0% (N)
3046F	Most recent hemoglobin A1c level >9% (Non compliant)

C16/QN76: Controlling High Blood Pressure

3074F	Most recent Systolic <130 mm HG
3075F	Most recent Systolic 130-139 mm HG
3077F	Most recent Systolic ≥ 140 mm HG (Non Compliant)
3078F	Most recent Diastolic < 80 mm HG
3079F	Most recent Diastolic 80-89 mm HG
3080F	Most recent Diastolic ≥ 90 mm HG (Non Compliant)

C51/QN51: ANNUAL WELLNESS VISIT (AWV) AND INITIAL PREVENTIVE PHYSICAL EXAM (IPPE) (NOT A CMS MEASURE)(not submitted as a 0\$ charge)

G0402	Initial Preventive Physical Exam (member first 12 months of enrollment in Medicare Part B) (N)
G0438	Annual Wellness Visit, Initial (can be completed after first 12 months of enrollment in Medicare Part B) (N)
G0439	Annual Wellness Visit, subsequent (can be completed on annual basis after initial AWV, Highmark recognizes on a calendar year basis) (N)
G0468	FQHC visit, IPPE, or AWV

DMC19/QN91: TRC MEDICATION RECONCILIATION POST DISCHARGE

1111F	Discharge medications reconciled with the current medication list in outpatient medical record (N)
--------------	----------------------------------------------------------------------------------------------------

QN61: DEVELOPMENTAL SCREENING IN THE FIRST THREE YEARS OF LIFE

CPT 96110	Developmental screening, with scoring and documentation (cannot be submitted as a 0\$ charge)
------------------	-----------------------------------------------------------------------------------------------

HOS1/QN27: SCREENING FOR FUTURE FALL RISK

3288F	Falls Risk assessment documented
1100F	Patient screened for future fall risk; documentation of two or more falls in the past year or any fall with injury in the past year (N)
1101F	Patient screened for future fall risk; documentation of no falls in the past year or only one fall without injury in the past year (N)
1100F-1P, 1101F-1P, 3288F-1P	Patient not screened for future fall risk for medical reasons (E)

HOS2/QN84: Improving Bladder Control

1090F	Presence or absence of urinary incontinence assessed. (N)
0509F	Urinary incontinence plan of care documented. (N)

HOS3/QN85: Monitoring Physical Activity

1003F	Level of activity assessed. (N)
Z71.82	Exercise counseling (N)

(E)= Numerator Exclusion, (N) = Numerator Inclusion

Numerator inclusion indicates that when a code is used, member will be considered compliant for care, also referred to as "numerator compliant".

CPTII (F) codes are zero dollar charge. You may use these codes to support the closure of potential claims gaps and when evidence of care is documented in the patient record.

Disclaimer: This document is intended as a guide and is not all inclusive. The information contained within does not guarantee compliance with Highmark's incentive programs. Always refer to the National Guidelines for complete coding and technical specifications. Coding may be subject to change on National Guidelines and/or CMS updates. Refer to the Masthead Measure Guide and the Clinical Quality Feedback (CQF) as indicated.