



Billing Codes for GPRO

(Note) CPT Category II codes are used for tracking data collection for the purpose of Performance Measurements. These codes describe clinical components and are not associated with a billable amount, therefore, when used should be billed with a \$0.01 charge amount. These codes are based on the QPP Medicare website under the Performance Category Requirements. For more information please contact your biller.

CONTROLLING HIGH BLOOD PRESSURE

- **G8752** – Most recent systolic blood pressure < 140 mmHg
- **G8753** – Most recent systolic blood pressure \geq 140 mmHg (Performance **NOT** met)
- **G8754** – Most recent diastolic blood pressure < 90 mmHg
- **G8755** – Most recent diastolic blood pressure \geq 90 mmHg (Performance **NOT** met)

EXCLUSIONS

- **G9740** – Patients receiving Hospice services
- **G9231** – Documentation of end stage renal disease (ESRD), dialysis, renal transplant or pregnancy
- **G9910** – Patients in a special needs plan or residing in a long-term care facility

RISK OF FALLS ASSESSMENT

- **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
- **3288F & 1100F** – Fall risk assessment documented AND documentation of two or more falls in the past year or any fall with injury in the past year

EXCLUSIONS

- **G9718** – Patients receiving Hospice services

DIABETES: HBA1C POOR CONTROL

- **3046F** – Most recent hemoglobin A1c level < 9.0%
- **3044F** – Most recent hemoglobin A1c level < 7.0% (Performance **NOT** met)

*Note: Diabetes Poor Control is an Inverse Measure. The performance “NOT” met option for this measure is the representation of **better** clinical quality or control.

EXCLUSIONS

- **G9687** – Patients receiving Hospice services

INFLUENZA VACCINE

- **G8482** – Influenza immunization administered or previously received
- **G8483** – Influenza immunization was not administered for reasons documented by clinician (e.g., patient allergy or other medical reasons, patient declined or other patient reasons, vaccine not available or other system reasons)



DEPRESSION REMISSION AT TWELVE MONTHS

- **G9509** – Reached remission at twelve months as demonstrated by a twelve month (+/-60 days) PHQ-9 of less than 5
- **G9510** – Did NOT reach remission at twelve months as demonstrated by a twelve month (+/-60 days) PHQ-9 score of less than 5. Either PHQ-9 or PHQ-9M score was not assessed or greater than or equal to 5 (Performance **NOT** met)

EXCLUSIONS

- Patients with an active diagnosis of bipolar disorder any time prior to the end of the measure assessment period
- Patients with an active diagnosis of personality disorder any time prior to the end of the measure assessment period
- Patients with an active diagnosis of schizophrenia or psychotic disorder any time prior to the end of the measure assessment period
- Patients with an active diagnosis of pervasive developmental disorder any time prior to the end of the measure assessment period
- Patients who died any time prior to the end of the measure assessment period
- Patients who received hospice or palliative care service any time during denominator identification period or the measure assessment period
- Patients who were permanent nursing home residents any time during denominator identification period or the measure assessment period

SCREENING FOR TOBACCO USE AND CESSATION INTERVENTION

- **G9902** – Patient screened for tobacco use and identified as a tobacco user
- **G9903** – Patient screened for tobacco use and identified as a tobacco NON-user
- **G9906** – Patient identified as a tobacco user and received tobacco cessation intervention (counseling and/or pharmacotherapy)
- **99406** – Tobacco counseling for 3-10 minutes
- **99407** – Tobacco counseling greater than 10 minutes

***Note:** Consult your biller for more information regarding receiving reimbursement for the tobacco counseling

SCREENING FOR DEPRESSION

- **G8431** – Screening for depression documented as POSITIVE and follow-up plan documented
- **G8510** – Screening for depression documented as NEGATIVE and follow-up plan is NOT required

EXCLUSIONS

- **G9717** – Documentation stating that the patient has an active diagnosis of depression or has a diagnosis of bipolar disorder, therefore screening or follow-up required

COLORECTAL CANCER SCREENING

- **3017F** – Colorectal cancer screening results documented and reviewed

EXCLUSIONS

- **G9710** – Hospice services used by the patient any time during the measurement period
- **G9711** – Patients with a diagnosis or past history of total colectomy or colorectal cancer
- **G9901** – Patients age 65 or older in institutional (Special Needs Plans) SNP or residing in long term care



Updated for 2019

BREAST CANCER SCREENING

- **G9899** – Screening, diagnostic, film, digital or digital breast tomosynthesis (3D) mammography results documented and reviewed

EXCLUSIONS

- **G9708** – Woman who had a bilateral mastectomy or who have a history of a bilateral mastectomy or for whom there is evidence of a right and a left unilateral mastectomy
- **G9709** – Hospice services used by the patient any time during the measurement period
- **G9898** – Patients age 65 or older in institutional (Special Needs Plans) SNP or residing in long term care

STATIN THERAPY

- **G9664** – Patients who are currently statin therapy users or received an order (Prescription) for statin therapy

EXCLUSIONS

- **G9781** – Documentation of medical reason(s) for not currently being a statin therapy user or receive an order (prescription) for statin therapy (e.g., patients with adverse effect, allergy or intolerance to statin medication therapy, patients who are receiving palliative care, patients with active liver disease or hepatic disease or insufficiency, and patients with End Stage Renal Disease (ESRD))