



2025 Gap Closure Codes

These codes are provided as a tool to OPNS participating providers for reference only. You should consult your biller, and applicable payor policies and guidelines, to ensure that the right codes are billed at the right time. Certain codes can only be billed by the rendering party, including pharmacy, radiology, laboratory or other ancillary health services.

Category	Measure	Description	Codes
Adult Preventative	Breast Cancer Screening	Breast Cancer Screening (mammogram)	3014F 77061-63, 77065-67
	Cervical Cancer Screening	Cervical Cancer Screening (pap test)	3015F CPT codes: 88141-43, 88147-48, 88150, 88152-53, 88164-67, 88174-75 HCPCS codes: G0123-24, G0141, G0143-45, G0147-48, P3000-01, Q0091
		Cervical High-Risk Human Papillomavirus, or hrHPV test	CPT: codes: 87624-25 HCPCS code: G0476
	Chlamydia Screening in Women	Chlamydia Screening Lab	87110, 87270, 87320, 87490-91, 87492, 87810, 0353U
	Colorectal Cancer Screening	Fecal occult blood test (FOBT) measurement year (MY)	3017F CPT codes: 82270, 82274 HCPCS codes: G0328
		Flexible Sigmoidoscopy: MY and 4 years prior	3017F CPT codes: 45330-35, 45337-38, 45340-42, 4546-47, 45349-50 HCPCS code: G0104 ICD-9-PCS code: 45.24
		Colonoscopy: MY and 9 years prior	3017F CPT codes: 44388-94, 44397, 44401-08, 45355, 45378-93, 45398 HCPCS codes: G0105, G0121 ICD-9-PCS codes: 45.22, 45.23, 45.25, 45.42, 45.43
		CT Colonoscopy: MY and 4 years prior	3017F 74261-63
		sDNA FIT test MY and 2 years prior	3017F 81528
	Adult Immunization Status- Influenza	Influenza vaccine procedure in office.	90630, 90653, 90661, 90686, 90662, 90688, 90654, 90673, 90689, 90656, 90674, 90694, 90658, 90682, 90756
	Use of Imaging Studies for Low Back Pain	If newly diagnosed with Low Back Pain, do NOT perform any imaging study (X ray, MRI or CT Scan) within 28 days of diagnosis. Note: Conditions may fall off, document conditions in the medical record and submit the appropriate ICD-10 code on claims and bill annually	NA
Diabetes	Diabetes Care – Glycemic Status Assessment	Most recent HbA1C level < 7%	3044F
		Most recent HbA1C level >9%	3046F
		Most recent HbA1C level ≥ 7% and < 8%	3051F
		Most recent HbA1C level ≥ 8% and ≤ 9%	3052F
	Diabetes Care – Eye Exam	Retinal eye exam WITH evidence of retinopathy (compliant for 1 year)	2022F
		Retinal eye exam WITHOUT evidence of retinopathy (compliant for 2 years)	2023F
	Diabetes Care – Kidney Health Evaluation	Estimated Glomerular Filtration Rate (eGFR)	80047, 80053, 80048, 80069, 80050, 82565
Quantitative Urine Albumin Test (uALB)		82043	
Urine Creatinine Lab Test (uCREAT)		82570	
Blood Pressure	Controlling Blood Pressure (HEDIS ≤ 139/89)	Systolic Blood Pressure <130 mm Hg	3074F
		Systolic Blood Pressure 130- 139 mm Hg	3075F
		Systolic Blood Pressure ≥ 140 mm Hg	3077F
		Diastolic Blood Pressure <80 mm Hg	3078F
		Diastolic Blood Pressure 80- 89 mm Hg	3079F
		Diastolic Blood Pressure ≥ 90 mm Hg	3080F

Category	Measure	Description	Codes
Pharmacy	Antidepressant Medication Management Effective Acute Phase Treatment	Compliance can only be met through a pharmacy claim.	NA
	Antidepressant Medication Management Effective Continuation Phase Treatment	Compliance can only be met through a pharmacy claim.	NA
	Medication Adherence for Diabetes*	Compliance can only be met through a pharmacy claim.	NA
	Medication Adherence for Cholesterol*	Compliance can only be met through a pharmacy claim.	NA
	Medication Adherence for Hypertension*	Compliance can only be met through a pharmacy claim.	NA
	Statin Therapy for Patients with Cardiovascular Disease – Received Statin Therapy*	Compliance can only be met through a pharmacy claim.	NA
	Statin Therapy for Patients with Diabetes – Received Statin Therapy*	Compliance can only be met through a pharmacy claim.	NA
	Statin Use in Persons with Diabetes*	Compliance can only be met through a pharmacy claim.	NA
Respiratory	Appropriate Treatment for Upper Respiratory Infection	If diagnosed of upper respiratory infection, do NOT prescribe antibiotic	NA
	Asthma Medication Ratio	Compliance can only be met through a pharmacy claim.	NA
	Avoidance of Antibiotic Treatment for Acute Bronchitis	If diagnosed with Acute Bronchitis, do NOT prescribe antibiotic	NA
Pediatric/Adolescent Preventative	Childhood and Adolescent Well-Care Visits	Well Care Visits	CPT codes: 99381-85, 99391-95, 99461 HCPCS codes: G0438, G0439, S0302, S0610, S0612, S0613 ICD-10-CM codes: Z00.00, Z00.01, Z00.110, Z00.111, Z00.121, Z00.129, Z00.2, Z00.3, Z01.411, Z01.419, Z02.5, Z76.1, Z76.2
	Childhood Immunization Status - Combo 10	Chicken Pox (VZV)	90710, 90716
		DTaP	90697-98, 90700, 90723
		Hepatitis A	90633
		Hepatitis B	CPT codes: 90697, 90723, 90740, 90744, 90747-48, HCPCS codes: G0010
		HiB	90644, 90647-48, 90697-98, 90748
		Influenza	CPT codes: 90655, 90657, 90660, 90661, 90672-74, 90685-89, 90756 HCPCS code: G0008
		MMR	90707, 90710
		Pneumococcal Conjugate	CPT codes: 90670, 90671, 90677 HCPCS code: G0009
		Polio (IPV)	90697-98, 90713, 90723
		Rotavirus (second dose schedule)	90681
	Rotavirus (third dose schedule)	90680	
	Childhood Immunization Status - Flu	Influenza	CPT codes: 90655, 90657, 90660, 90661, 90672-74, 90685-89, 90756 HCPCS code: G0008
	Weight Assessment and Counseling for Children	BMI Percentile - Less than 5th percentile	Z68.51
		BMI Percentile - 5th percentile to less than 85th percentile	Z68.52
BMI Percentile - 85th percentile to less than 95th percentile		Z68.53	
BMI Percentile - Greater than or equal to 95th percentile		Z68.54	
Counseling for nutrition		CPT codes: 97802, 97803, 97804 HCPCS codes: G0270, G0271, G0447, S9449, S9452, S9470 ICD-10-CM codes: Z02.5, Z71.82	
Counseling for physical activity		HCPCS codes: G0447, S9451 ICD-10-CM codes: Z02.5, Z71.82	

Category	Measure	Description	Codes	
Pediatric/Adolescent Preventative	Well-Child Visits in the First 15 Months	Six or more well-child visits with a primary care provider on different dates of service that are at least 14 or more days a part, on or before the member's 15-month birthday.	CPT codes: 99381-85, 99391-95, 99461 HCPCS codes: G0438, G0439, S0302, S0610, S0612, S0613 ICD-10-CM codes: Z00.00, Z00.01, Z00.110, Z00.111, Z00.121, Z00.129, Z00.2, Z00.3, Z01.411, Z01.419, Z02.5, Z76.1, Z76.2	
	Well-Child Visits – Well Visits 15 - 30 months	Two or more well-child visits with a primary care provider on different dates of service that are at least 14 or more days a part, between the child's 15-month birthday plus 1 day and the 30-month birthday.	CPT codes: 99381-85, 99391-95, 99461 HCPCS codes: G0438, G0439, S0302, S0610, S0612, S0613 ICD-10-CM codes: Z00.00, Z00.01, Z00.110, Z00.111, Z00.121, Z00.129, Z00.2, Z00.3, Z01.411, Z01.419, Z02.5, Z76.1, Z76.2	
	Immunizations for Adolescents – Combo 2	HPV		90649-51
		Meningococcal		90619, 90733-34
Tdap			90715	
Immunizations for Adolescents – HPV	HPV		90649-51	
Medicare Quality	Medicare Wellness Visit**	Initial Preventive Physical examination (IPPE). Also known as Welcome to Medicare. Face-to-face visit. Services limited to new beneficiary during the first 12 months of Medicare enrollment.	G0402	
		Initial annual wellness visit (AWV) includes Personalized Prevention Plan Services (PPPS). Performed after 12 months of Medicare enrollment.	G0438	
		Subsequent annual wellness visit (AWV) includes Personalized Prevention Plan Services (PPPS).	G0439	
	Osteoporosis Management in Women Who Had a Fracture	Patients with a fracture and either bone mineral density within 6 months following fracture. OR	CPT codes: 76977, 77078, 77080-81, 77085-86 ICD-10-PCS codes: BP48ZZ1, BP49ZZ1, BP4GZZ1, BP4HZZ1, BP4LZZ1, BP4MZZ1, BP4NZZ1, BP4PZZ1, BQ00ZZ1, BQ01ZZ1, BQ03ZZ1, BQ04ZZ1, BR00ZZ1, BR07ZZ1, BR09ZZ1, BR0GZZ1	
		Patients with a fracture and either bone mineral density or dispensed osteoporosis prescription within 6 months following fracture. Compliance through medication can only be met through pharmacy claim.	NA	
	Transition of Care (TRC)	TRC – Medication Reconciliation Post- Discharge - Discharge medications are reconciled with the most recent medication list in the outpatient medical record. In person visit within 30 days (includes day of discharge).		1111F
		Patient Engagement - Care planning services: patients with cognitive impairment (including Alzheimer's).		99483
		Patient Engagement - Requires an array of assessments and evaluations, including medication reconciliation and review for high-risk meds.		99495
		Patient Engagement - Transitional care management requiring: Communication within 2 business days of discharge with patient/caregiver. Face-to-face visit within 14 days of discharge, decision making of at least moderate complexity.		99495

Category	Measure	Description	Codes
Medicare Quality		Patient Engagement - Transitional care management requiring: Communication within 2 business days of discharge with patient/caregiver. Face-to-face visit within 7 days of discharge, decision making of at least high complexity.	99496

*Document exclusion conditions in the medical record and submit the appropriate ICD-10 code on claims and bill annually

** Be sure to check patient eligibility and benefits to verify coverage (annual vs 365+1 and any additional services rendered at time of visit). Billing an E/M code along with G0438 or G0439 should be reported with modifier 25.

Note: Billing a routine physical alone will not close this measure.