

2025 GLOBAL QUALITY P4P

Coding Resource

CHILD MEASURES

Child and Adolescent Well-Care Visits	Code	Age Specifics
Child & Adolescent Well-Care Visit (new)	99382	1-4 years
Child & Adolescent Well-Care Visit (new)	99383	5-11 years
Child & Adolescent Well-Care Visit (new)	99384	12-17 years
Child & Adolescent Well-Care Visit (new)	99385	18-39 years
Annual gynecological examination, new patient	S0610	16 and up
Child & Adolescent Well-Care Visit (established)	99392	1-4 years
Child & Adolescent Well-Care Visit (established)	99393	5-11 years
Child & Adolescent Well-Care Visit (established)	99394	12-17 years
Child & Adolescent Well-Care Visit (established)	99395	18-39 years
Annual gynecological examination, established patient	S0612	16 and up
Well-Child Visits in the First 15 Months of Life	Code	Age Specifics
Well-Child Visits First 15 Months of Life (new)	99381	< 1yr
Well-Child Visits First 15 Months of Life (established)	99391	< 1yr
Well-Child Visits in the First 30 Months of Life	Code	Age Specifics
Well-Child Visits First 30 Months of Life (new)	99382	1-4 years
Well-Child Visits First 30 Months of Life (established)	99392	1-4 years
Developmental Screening	Code	Age Specifics
Developmental Screening	96110	ALL
Childhood Immunizations - Combo 10	Code	Age Specifics
DTaP-IPV-HiB-HepB (Vaxelis)	90697	2, 4 & 6 mos.
DTaP-IPV-HiB (Pentacel)	90698	2, 4, 6 & 15 mos.
DTaP	90700	2, 4, 6 & 15 mos.
DTaP-HepB-IPV	90723	2, 4 & 6 mos.
IPV	90713	2, 4 & 6 mos.
MMR	90707	12 months
MMRV (Proquad)	90710	12 months
HiB x 4 doses, when admin. to children 6w-18 mo of age	90644	2, 4, 6 & 12-15 mos.
HiB prp-omp Conjugate x 3 doses (PedvaxHIB)	90647	2, 4, & 12 mos.
HiB prp-t Conjugate x 4 doses	90648	2, 4, 6 & 12-15 mos.
Hep A	90633	18 months
HepB-HiB	90748	2 months
Hep B Dialysis Or Immunosuppressed Patient x 3 dosage	90740	NB, 2, & 6 months
Hepatitis B Vaccine Pediatric/adolescent x 3 dosage	90744	NB, 2 & 6 months
Hep B Dialysis Or Immunosuppressed Patient x 4 dosage	90747	NB, 2 & 6-18 months
Varicella	90716	12 months
Pneumococcal Conjugate Vaccine 13 Valent	90670	2, 4, 6, 12-15 months
Pneumococcal Conjugate Vaccine, 15 Valent (pcv15)	90671	2, 4, 6, 12-15 months
Rotavirus Vaccine Human Attenuated 2 Dose (Rotarix)	90681	2 & 4 months
Rotavirus Vaccine Pentavalent Live 3 Dose (RotaTeq)	90680	2, 4 & 6 mos.
Influenza Nasal Mist	90672	at exactly 2 yrs of age
Influenza Vaccine, Quadrivalent (ccIV4), 0.5 mL	90674	
Influenza Vaccine, Quadrivalent (II4V) Split Virus, preservative free, 0.5mL	90686	
Influenza Vaccine, Quadrivalent (II4V) Split Virus, 0.25 mL	90687	
Influenza Vaccine, Quadrivalent (II4V) Split Virus, 0.5 mL	90688	

Influenza Vaccine, Quadrivalent (ccIV4), antibiotic free, 0.5mL	90756	
Immunizations for Adolescents - Combo 2	Code	Age Specifics
Meningococcal (MenACWY-TT)	90619	10-13 yrs
Meningococcal (MPSV4)	90733	10-13 yrs
Meningococcal (MenACWY-D or MenACWY-CRM)	90734	10-13 yrs
Meningococcal	90623	10-13 yrs.
Tdap	90715	10-13 yrs.
HPV (4vHPV) 3 doses	90649	9-13 yrs.
HPV (2vHPV) 3 doses	90650	9-13 yrs.
HPV (9vHPV) 2 or 3 doses	90651	9-13 yrs.
Lead Screening	Code	Age Specifics
Lead screening	83655	12-24 months
Well-Child Visits ICD -10 codes	Code	Age Specifics
Encounter for general adult medical examination without abnormal findings	Z00.00	18 and up
Encounter for general adult medical examination with abnormal findings	Z00.01	18 and up
Health examination for newborn under 8 days old	Z00.110	< 8 days old
Health examination for newborn 8-28 days old	Z00.111	NB, 8-28 days old
Encounter for routine child health examination with abnormal findings	Z00.121	1mo - 17 yrs
Encounter for routine child health examination without abnormal findings	Z00.129	1mo - 17 yrs
Encounter for gynecological examination (general) (routine) with abnormal findings	Z01.411	16-21yrs
Encounter for gynecological examination (general) (routine) without abnormal findings	Z01.419	16-21yrs
Encounter for child welfare exam	Z02.84	
Encounter for examination for participation in sports	Z02.5	
Weight Assessment and Counseling for Nutrition and Physical Activity for Children and Adolescents - BMI	Code	Age Specifics
Body mass index [BMI] pediatric, < 5th percentile	Z68.51	
Body mass index [BMI] pediatric, 5th percentile to < 85th percentile	Z68.52	
Body mass index [BMI] pediatric, 85th percentile to < 95th percentile	Z68.53	
Body mass index [BMI] pediatric, 95th percentile for age to < 120% of the 95th percentile for age	Z68.54	

RECOMMENDED SCREENING TOOLS

Developmental:

- Ages and Stages Questionnaire - 3rd Edition (ASQ-3)
- Parents' Evaluation of Developmental Status (PEDS)
- Parents' Evaluation of Developmental Status - Developmental Milestones (PEDS-DM)
- Survey of Well-Being in Young Children (SWYC)

Note: The 2025 Global Quality P4P Coding Resource is a reference tool to assist providers in billing the Global Quality P4P measures. This resource tool includes only the recommended codes and does not reflect the complete list of codes available for these measures. Please utilize the Global Quality P4P Program Guide for the complete list of measure descriptions and codes.

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Coding Resource



ADULT & ADOLESCENT MEASURES	
Controlling High Blood Pressure	Code
Systolic B/P < 130	3074F
Systolic B/P 130 - 139	3075F
Systolic B/P ≥ 140	3077F
Diastolic B/P < 80	3078F
Diastolic B/P 80 - 89	3079F
Diastolic B/P ≥ 90	3080F
Diabetes Care- Blood Pressure Control <140/90	Code
Systolic B/P < 130	3074F
Systolic B/P 130 - 139	3075F
Systolic B/P ≥ 140	3077F
Diastolic B/P < 80	3078F
Diastolic B/P 80 - 89	3079F
Diastolic B/P ≥ 90	3080F
Glycemic Status Assessment for Patients with Diabetes	Code
HbA 1 C Level < 7%	3044F
HbA 1 C Level ≥ 7% and < 8%	3051F
HbA 1 C Level ≥ 8% and ≤ 9%	3052F
HbA 1 C Level > 9%	3046F
Adult Influenza Vaccines	Code
Influenza Vaccine, Split Virus, preservative free, Enhanced Immunogenicity via Increased Antigen Content	90662
Influenza Vaccine, Quadrivalent (ccIV4), 0.5 MI	90674
Influenza Vaccine, Quadrivalent (RIV4), preservative and antibiotic free	90682
Influenza Vaccine, Quadrivalent (II4V) Split Virus, preservative free, 0.5MI	90686
Influenza Vaccine, Quadrivalent (II4V) Split Virus, 0.5 MI	90688
Influenza Vaccine, Quadrivalent (aIV4), Inactivated, Adjuvanted, preservative free, 0.5 MI	90694
Influenza Vaccine, Quadrivalent (ccIV4), antibiotic free, 0.5MI	90756
Adult Vaccines	Code
Pneumococcal polysaccharide vaccine, 23-valent (PPSV23)	90732
Administration of pneumococcal vaccine	G0009
Administration of Hepatitis B vaccine	G0010
Tetanus and diphtheria toxoids adsorbed (Td)	90714
Hepatitis B, CpG-adjuvanted, adult dosage, 2 dose or 4 dose	90739
Hep B, 3-antigen (S, Pre-S1, Pre-S2), 10 mcg dosage, 3 dose	90759
Hep B, adult dosage, 3 dose Includes: Energix-B, Recombivax HB	90746
Tdap	90715
Zoster (shingles) vaccine (HZV), recombinant, subunit, adjuvanted	90750
Post Discharge Follow-Up	Code
Post Discharge, non high risk, within 14 days	99495
Post Discharge, high risk, within 7 days	99496

Initial Health Appointment	Code
Straightforward MDM* or Time 15 minutes must be met or exceeded	99202
Low Level MDM* or Time 30 minutes must be met or exceeded	99203
Moderate Level MDM* or Time 45 minutes must be met or exceeded	99204
High Level MDM* or Time 60 minutes must be met or exceeded	99205
Initial comprehensive preventive medicine evaluation and management, new patient. < 1yr	99381
Initial comprehensive preventive medicine evaluation and management, new patient. 1-4 yrs	99382
Initial comprehensive preventive medicine evaluation and management, new patient. 5-11 yrs	99383
Initial comprehensive preventive medicine evaluation and management, new patient. 12-17 yrs	99384
Initial comprehensive preventive medicine evaluation and management, new patient. 18-39 yrs	99385
Initial comprehensive preventive medicine evaluation and management, new patient. 40-64 yrs	99386
Initial comprehensive preventive medicine evaluation and management, new patient. 65+ yrs	99387
Initial preventive physical examination; face-to-face visit, services limited to new beneficiary during the first 12 months of Medicare enrollment	G0402
Annual wellness visit; includes a personalized prevention plan of service (PPS), initial visit	G0438

WOMEN'S MEASURES	
Cervical Cancer Screening	Code
Cytopathology Cervical or Vaginal (any Reporting System) Requiring Interpretation by Physician	88141
Screening Papanicolaou Smear; Obtaining, Preparing and Conveyance of Cervical or Vaginal Smear to Laboratory	Q0091
Infectious Agent Detection by Nucleic Acid (DNA or RNA) Human Papilloma Virus (HPV) High-risk Types	87624
Infectious Agent Detection by Nucleic Acid (DNA or RNA) Human Papilloma Virus (HPV) Types 16 and 18 Only Includes Type 45, If Performed	87625
Infectious Agent Detection by Nucleic Acid (DNA or RNA); Human Papilloma Virus (HPV), High-risk Types	G0476

*Medical Decision Making (MDM)