



HEDIS® 2022-2023 QUALITY COMPANION GUIDE



CareSource PASSE® recognizes the outstanding work you are doing every day to improve your patients' health and quality outcomes.

CareSource PASSE has created this Healthcare Effectiveness Data Information Set (HEDIS®) **Quality Companion Guide** to share the benefits of including Current Procedural Terminology (CPT®) Category II codes with your claim submissions. Category II codes enable you to share preventive care and diagnostic test results, allowing for a better understanding of population health.

Services identified in some measures may not be relevant to patients with certain medical histories. Submission of appropriate International Classification of Diseases 10th Revision (ICD-10) codes will exclude those individuals from the measures. These exclusions will allow CareSource PASSE to provide cleaner reporting, helping you clearly identify the patients who need care.

Additional Benefits

- **Enhanced Reporting** – Identifying and closing gaps in care is easier with reporting that reflects complete patient care and includes information that tracks performance measures.
- **Fewer Medical Record Requests** – Including CPT II codes can substantially reduce the number of patient charts requiring review, thereby minimizing your administrative burden to confirm care you have completed.
- **Improved Quality Outcome Tracking** – Gaining deeper understanding of your patient population can support your own quality improvement initiatives.
- **Exclusions** – Coding of a patient's medical history helps improve care by allowing you to focus efforts on cancer screenings and disease-specific treatment, and manage patients most likely to benefit from that care.

Coding for Outcome Measures

Each CPT Category II code correlates to a test value or measurement. For outcome measures like blood pressure readings and HbA1c values, add the CPT II code that corresponds to the result. Refer to the chart on the following pages for detailed information.

Quality Measures with CPT Category II Codes

Include CPT II codes when completing services that help meet the following measures:

- Care of Older Adults
- Controlling High Blood Pressure
- Diabetes – HbA1c control
- Diabetes – Retinal Exam
- Diabetes – Kidney Health Evaluation
- Diabetes – Blood Pressure Control
- Medication Reconciliation Post-Discharge
- Prenatal and Postpartum Care
- Cardiovascular Monitoring for People with Cardiovascular Disease and Schizophrenia
- Diabetes Monitoring for People with Diabetes and Schizophrenia
- Diabetes Screening for People with Schizophrenia or Bipolar Disorder who are Using Antipsychotic Medications
- Metabolic Monitoring for Children and Adolescents on Antipsychotics

CPT Category II Codes and Descriptions

The chart below defines the CPT II codes associated with the identified measures. Submitting claims using these codes helps improve performance reporting of quality-based care linked to the Centers for Medicare & Medicaid Stars ratings and HEDIS metrics and are not generally reimbursable. See the CareSource PASSE Adult HEDIS and Behavioral Health [HEDIS Coding Guides](#) for a complete list of CPT, Healthcare Common Procedure Coding System (HCPCS), and ICD-10 codes.

Measure	Qualifying Condition and/or CPT Code	CPT II Code	Code Definition
Prevention and Screening			
Care of Older Adults			
Advance Care Planning	CPT: 99483, 99497 HCPCS: S0257	1123F	Advance care planning discussed and documented; advance care plan or surrogate decision-maker documented in record
		1124F	Advance care planning discussed and documented; patient did not wish to or was unable to provide an advance care plan or name a surrogate decision-maker
	1157F	Advance care plan or similar document in medical record	
	1158F	Advance care planning discussion documented	
	Medication Review – Both CPT II codes are required to meet the measure (med list documented and reviewed)	CPT: 90863, 99483, 99605-06 HCPCS: G8427	1159F
1160F			Medication review by prescribing care provider or clinical pharmacist documented
Functional Status	CPT: 99483 HCPCS: G0438-39	1170F	Functional status assessed
	No CPT/HCPCS	1125F 1126F	Pain assessment, pain documented Pain assessment, no pain documented
Screening Measures – Potential Exclusionary Codes			
Measure	ICD-10-CM	Notes	Definition
Breast Cancer Screening			
History of bilateral mastectomy	Z90.13	Mammogram is required for the existing breast	Acquired absence of bilateral breasts and nipples
	Z90.12		Acquired absence of left breast and nipple
	Z90.11		Acquired absence of right breast and nipple
Cervical Cancer Screening			
History of total hysterectomy	Q51.5	N/A	Agenesis and aplasia of cervix
	Z90.710		Acquired absence of both cervix and uterus
	Z90.712		Acquired absence of cervix with remaining uterus
Colorectal Cancer Screening			
History of colorectal cancer	ICD-10: C18.0-18.9, C19, C20, C21.2, C21.8, C78.5, Z85.038, Z85.048		
History of malignant neoplasm	ICD-10: Z85.00-Z85.020, Z85.028, Z85.030, Z85.038, Z85.040, Z85.048, Z85.05, Z85.060, Z85.068, Z85.07, Z85.09, Z85.110, Z85.118, Z85.12, Z85.20-Z85.22, Z85.230, Z85.238, Z85.29, Z85.3, Z85.40-Z85.520, Z85.528, Z85.53, Z85.54, Z85.59, Z85.6, Z85.71, Z85.72, Z85.79, Z85.810, Z85.818-Z85.821, Z85.828, Z85.830, Z85.831, Z85.840, Z85.841, Z85.848, Z85.850, Z85.858, Z85.89, Z85.9, Z86.000-Z86.008, Z86.03		
Compliance Codes			
FOBT	CPT: 82270, 82274 HCPCS: G0328		
	CPT: 81528		
FIT sDNA	CPT: 74261-63		
CT colonography	CPT: 45330-35, 45337-38, 45340-42, 45346-47, 45349-50 HCPCS: G0104		
Flexible sigmoidoscopy	CPT: 44388-94, 44397, 44401-8, 45355, 45378-93, 45398 HCPCS: G0105, G0121		

Measure	ICD-10-CM	Notes	Definition
Cardiovascular Measures			
Controlling High Blood Pressure			
Online assessments	CPT: 98969-72, 99421-23, 99444, 99457-8, G0071	3074F	Systolic < 130
		3075F	Systolic 130-139
	HCPCS: G2010, G2012, G2061-63, G2250-52	3077F	Systolic 140 or higher
		3078F	Diastolic < 80
		3079F	Diastolic 80-89
		3080F	Diastolic 90 or higher
Diabetes Measures			
HbA1c			
	CPT: 83036-37	3044F	HbA1c < 7%
		3046F	HbA1c 9% or higher
		3051F	HbA1c > 7% and < 8%
		3052F	HbA1c > 8% and < 9%
Diabetes Retinal Exam			
Provider review and procedure should include results-based codes	CPT: 65091, 65093, 65101, 65103, 65105, 65110, 65112, 65114, 67028, 67030-31, 67036, 67039-43, 67101, 67105, 67107-08, 67110, 67113, 67121, 67141, 67145, 67208, 67210, 67218, 67220-21, 67227-28, 92002, 92004, 92012, 92014, 92018-19, 92134, 92227-28, 92230, 92235, 92240, 92250, 92260, 99203-05, 99213-15, 99242-45	2022F	Dilated retinal eye exam with interpretation by an ophthalmologist or optometrist, documented and reviewed
		2024F	Diabetic retinal screening with eye care professional, with evidence of retinopathy
		2026F	Diabetic retinal screening with eye care professional, with evidence of retinopathy
		2072F	Low risk for retinopathy (no evidence of retinopathy in the prior year)
		HCPCS: S0620-21, S3000	
		Kidney Health Evaluation for Patients with Diabetes	
Three values are required to meet the measure: <ul style="list-style-type: none">eGFRQUAUCR	CPT – <ul style="list-style-type: none">eGFR: 80047-48, 80050, 80053, 80069, 82565– AND –QUA: 82043– With –UCR: 82570	N/A	N/A
Diabetes Blood Pressure Control			
Online Assessments	CPT: 98969-72, 99421-23, 99444, 99457-58	3074F	Systolic < 130
		3075F	Systolic 130-139
	HCPCS: G0071, G2010, G2012, G2061-63, G2250-52	3077F	Systolic 140 or higher
		3078F	Diastolic < 80
		3079F	Diastolic 80-89
		3080F	Diastolic 90 or higher
Medication Management and Care Coordination			
Medication Reconciliation Within 30-Days Post Acute Discharge			
	CPT: 99495-96, 99483	1111F	Discharge medications reconciled with current medications in outpatient record

Measure	Notes		Definition
Access and Availability of Care			
Prenatal and Postpartum Care			
Stand-Alone Prenatal Visits	CPT: 99500	0500F	Initial prenatal care visit
	HCPCS: H1000-04	0501F	Prenatal flow sheet
		0502F	Subsequent prenatal care
Postpartum Visit	CPT: 57170, 58300, 59400, 59410, 59510, 59610, 59614, 59618, 59622, 88141-43, 88147-48, 88150, 88152-53, 88164-67, 88174-75 HCPCS: G0101, G0123-24, G0141, G0143-45, G0147-48, P3000-01, Q0091	0503F	Postpartum care visit
Behavioral Health Measures			
Cardiovascular Monitoring for People with Cardiovascular Disease and Schizophrenia			
LDL-C	CPT: 80061, 83700-01, 83074, 83721	3048F	LDL-C < 100 mg/dL
		3049F	LDL-C 100-129 mg/dL
		3050F	LDL ≥ 130 mg/dL
Diabetes Monitoring for People with Diabetes and Schizophrenia			
HbA1c	CPT: 83036-37	3044F	HbA1c < 7%
LDL-C		3046F	HbA1c 9% or higher
		3051F	HbA1c > 7% and < 8%
		3052F	HbA1c > 8% and < 9%
	CPT: 80061, 83700-01, 83074, 83721	3048F	LDL-C < 100 mg/dL
3049F		LDL-C 100-129 mg/dL	
3050F		LDL-C > 130 mg/dL	
Diabetes Screening for People with Schizophrenia or Bipolar Disorder Who are Using Antipsychotic Medications			
HbA1c	CPT: 83036-37	3044F	HbA1c < 7%
		3051F	HbA1c 7% - 8%
		3052F	HbA1c > 8% and ≤ 9%
		3046F	HbA1c > 9%
Glucose Test	CPT: 80047-48, 80050, 80053, 80069, 82947, 82950-1		
Metabolic Monitoring for Children and Adolescents on Antipsychotics			
HbA1c	CPT: 83036-37	3044F	HbA1c < 7%
		3051F	HbA1c 7% - 8%
		3052F	HbA1c > 8% and ≤ 9%
		3046F	HbA1c > 9%
Glucose Test	CPT: 80047-8, 80050, 80053, 80069, 82947, 82950-1		
LDL-C	CPT: 80061, 82465, 83700-1, 83074, 83718, 83721-2, 84478	3048F	LDL-C < 100 mg/dL
		3049F	LDL-C 100-129 mg/dL
		3050F	LDL-C > 130 mg/dL

This guide provides HEDIS coding information only, not necessarily payment guidance. Refer to state guidance for payment details and telehealth regulations.

Although the CPT II codes above are applicable for HEDIS measures, coding should always be validated per federal and state requirements.

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