ADULT
HEDIS® CODING GUIDE

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

MEASURE (HEDIS abbreviation)	DESCRIPTION OF MEASURE	DOCUMENTATION TIPS	COMPLIANCE CODES & MEASURE TIPS
Prevention and Screening			
Breast Cancer Screening (BCS)** Women Age 50-74 years	Women 50–74 years of age who had a mammogram to screen for breast cancer once every 27 months.	Biopsies, breast ultrasounds, or MRIs do not count towards this measure.	**CPT®:** 77061-3, 77065-7 ***Potential exclusion from measure*** **ICD-10:** Z90.13
Care of Older Adults (COA)	Adults 66 years and older who had each of the following during the measurement year: • Advanced Care Planning • Medication Review • Functional Status Assessment • Pain Assessment Services rendered during a telephone visit, e-visit or virtual check-in meet criteria for the Advance Care Planning, Functional Assessments and Pain Assessment indicators.	**Advanced Care Planning:** Evidence of discussion around, or presence of advanced care planning on medical record in addition to date it was discussed **Medication Review:** A complete medication list, signed and dated during the measurement year by the appropriate practitioner type; member not required to be present **Functional Status Assessment:** Documentation must include evidence of a complete functional status assessment and the date it was performed. Must include 1 of the following: • ADLs • IADLs • Standardized Functional Assessment Tool **Pain Assessment:** Evidence of assessment and date performed. Must include one of the following: • Documentation that patient was assessed for pain • Use of standardized assessment tool and result	**Advanced Care Planning** **CPT/HCPCS** 99483, 99497, S0257 **CPT-CAT-II*** 1123F, 1124F, 1157F, 1158F **IDC-10:** Z66 **Medication Review** **Either of the following:** • **Medication Review CPT or HCPCS:** 90863, 99483, 99605-6 **AND Medication List** **CPT-CAT-II*** 1159F, 1160F **HCPCS:** G8427 ***– OR –*** • **Transitional Care Management CPT:** 99495-96 **Functional Status Assessment** **CPT/HCPCS** 99483, G0438, G0439 **CPT-CAT-II***1170F **Pain Assessment** **CPT-CAT-II***1125F, 1126F **Note: CPTII codes are for quality reporting purposes only, not for payment.*

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Prevention and Screening			
Cervical Cancer Screening (CCS)** Women Age 21-64 years	Women 21–64 years of age who were screened for cervical cancer using one of the following methods: • Women 30–64 years of age who had cervical high-risk human papillomavirus (hrHPV) testing performed during the measurement year or the four years prior, and who were 30 years or older as of the date of testing. • Women 30–64 years of age who had cervical cytology/high-risk human papillomavirus (hrHPV) co-testing during the measurement year or the four years prior, and who were 30 years or older as of the date of testing.	Women age 21–64 years who had cervical cytology during the measurement year or the two years prior Documentation must include **both:** • a note indicating the date when the cervical cytology was performed • the result or finding Documentation must include **both:** • A note indicating the date when the cervical cytology and/or the HPV test were performed. The cervical cytology and HPV test must be from the same data source. • The results or findings.	**CPT** **Cervical Cytology CPT:** 88141-3, 88147-8, 88150, 88152-4, 88164-7, 88174-5 **High Risk HPV CPT:** 87624-5 **HCPCS:** G0123, G0124, G0141, G0143-G0145, G0147, G0148, G0476 ***Potential exclusion from measure ICD-10 for hysterectomy in patient history:*** **ICD-10:** Q51.5, Z90.710, Z90.712 ***Potential exclusion from measure* CPT for hysterectomy in patient history:** 51925, 57530-1, 57540, 57545, 57550, 57555-6, 58150-2, 58200, 58210, 58240, 58260, 58262-3, 58267, 58270, 58275, 58280, 58285, 58290-4, 58548, 58550, 58552-4, 58570-3, 58575, 58951, 58953-4, 58956, 59135
Chlamydia Screening in Women (CHL) Women Age 16-24 years	Women 16–24 years of age who were identified as sexually active and who had at least one test for chlamydia during the measurement year.	Women are considered sexually active if there is evidence of the following: • Contraceptives are prescribed • Via medical coding	**CPT:** 87110, 87270, 87320, 87490-87492, 87810
Colorectal Cancer Screening (COL)** Age 50-75 years	Those 50–75 years of age who had appropriate screening for colorectal cancer. One or more screenings for colorectal cancer. Any of the following meet criteria: • Fecal occult blood test - **Yearly** • FIT – DNA test – **Every 3 Years** • CT Colonography – **Every 5 Years** • Flexible sigmoidoscopy – **Every 5 years** • Colonoscopy – **Every 10 Years**	Documentation in the medical record must include a note indicating the date the colorectal cancer screening was performed. A result is not required if the documentation is clearly part of the "medical history" section of the record; if this is not clear, the result or finding must also be present (this ensures that the screening was performed and not merely ordered).	**Colonoscopy CPT:** 44388-94, 44397, 44401-8, 45355, 45378-93, 45398 **HCPCS:** G0105, G0121 **Flex. Sigmoidoscopy CPT:** 45330-35, 45337-42, 45345-47, 45349, 45350 **HCPCS:** G0104 **FOBT CPT:** 82270, 82274 **HCPCS:** G0328 **FIT – DNA CPT:** 81528 **CT Colonography CPT:** 74261-74263 ***Potential exclusion from measure* Colorectal Cancer:** **ICD-10:** Z85.038, Z85.048, C18.0-9, C19, C20, C21.2, C21.8, C78.5 **HCPCS:** G0213-15, G0231 **Total Colectomy:** **CPT:** 44150-3, 44152-3, 44155-8, 44210-12

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Respiratory Conditions			
Asthma Medication Ratio (AMR) Ages 5-64 years	The percentage of members 5-64 years with persistent asthma and had a ratio of controller medications to total asthma medications of 0.50 or greater during the measurement year.	• Medications given as oral, inhaler, or as an injection are counted • Controller medication(s) should account for ≥0.50 of total asthma medications dispensed.	Compliance occurs only if patient fills prescription. Encourage patient to fill prescriptions on time and take medications as prescribed.
Appropriate Testing for Pharyngitis (CWP) Ages 3 and older	Those aged 3 years and older with a diagnosis of pharyngitis, dispensed an antibiotic, and received a group A streptococcus (strep) test for the episode.	Documentation in the medical record must include **all** of the following: • Diagnosis of pharyngitis • Antibiotic dispensed on or up to three (3) days after date of service • And received group A strep test	Need evidence of **All Three** below components: **Strep Test CPT Codes:** 87070-1, 87081, 87430, 87650-2, 87880 ***– WITH–*** Pharyngitis Diagnostic ICD-10 Codes: J02.0, J02.8-9, J03.00-1, J03.80-1, J03.90-1 ***– AND–*** **Prescribed antibiotic is filled by a pharmacy**.
Cardiovascular Conditions			
Controlling High Blood Pressure (CBP)** Ages 18-85 years	Those aged 18-85 years with a diagnosis of hypertension and whose BP was adequately controlled during the measurement year. Telephone visits, e-visits and virtual check-ins are appropriate settings for BP readings. BPs can be taken by any digital device.	Criteria for controlled: • BP of < 140/90 on or after the date of the 2nd diagnosis of hypertension **Exclusions:** • Members with evidence of ESRD • Diagnosis of pregnancy during the current year • Members who had an admission to a non-acute inpatient setting in the current year	**Record Review:** Notation of the most recent BP in the medical record. **Blood Pressure CPT II*:** 3074F, 3075F, 3077F, 3078F, 3079F, 3080F ***– OR –*** **Taken during:** **Outpatient without Revenue Code:** 99201-5, 99211-5, 99241-45, 99341-5, 99347-50, 99381-7, 99391-7, 99401-4, 99411-2, 99455-6, 99483 **HCPCS:** G0402, G0438, G0439, G0463, T1015 ***– OR –*** **Telephone Visit CPT:** 98966-8 ***– OR–*** **Online Assessment CPT:** 98970-72, 99457 **HCPCS:** G0071, G2010, G2012, G2061, G2062, G2063 ***– OR –*** **Non-acute Inpatient CPT:** 99304-10, 99315-6, 99318, 99324-8, 99334-7 ***– OR –*** **Remote Blood Pressure Monitoring CPT:** 93784, 93788, 93790, 99091, 99453-4, 99457, 99473-4 **Note: CPTII codes are for quality reporting purposes only, not for payment.*

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Cardiovascular Conditions			
Statin Therapy for Patients With Cardiovascular Disease (SPC)** Males 21-75 years Females 40-75 years	Patients who were identified as having clinical ASCVD and met the following criteria: • Received statin therapy • Were adherent to therapy at least 80% of treatment period.	Patients should be dispensed at least one high or moderate-intensity statin and stay on medication for at least 80% of treatment period Include patients with a **discharge** diagnosis of MI Patients with a diagnosis of CABG, PCI or any other revascularization process are automatically included in measure	Compliance occurs only if patient fills prescription. Encourage patient to fill prescriptions on time and take medications as prescribed. Telehealth can be used to prescribe to eligible patients, if appropriate for the patient. **Exclusions:** Frailty and advanced illness (must meet both), palliative care, ESRD, cirrhosis, pregnancy or IVF (current or prior year), and muscular pain or disease*
Diabetes Care			
Statin Therapy for Patients With Diabetes (SPD)** Ages 40-75	Patients who were identified as having diabetes and **DO NOT HAVE** clinical ASCVD and met the following criteria: • Received statin therapy • Were adherent to therapy at least 80% of treatment period	Patients who were identified as having diabetes with diagnosis of MI, CABG, PCI or any other revascularization process are automatically excluded in measure Patients should be dispensed at least one high or moderate-intensity statin and stay on medication for at least 80% of treatment period	Compliance occurs only if patient fills prescription. Encourage patient to fill prescriptions on time and take medications as prescribed. Telehealth can be used to prescribe to eligible patients, if appropriate for the patient.
Comprehensive Diabetes Care (CDC)** 18-75 years with type 1 or 2 Diabetes	Adults with annual screening of the following: • HbA1c testing and lab value • HbA1c ≤ 8% • Retinal eye exam with an optometrist or ophthalmologist • Diabetic nephropathy assessment – urine test for albumin or protein • BP <140/90 for patients with HTN • BPs can be taken with any device	• Notation of the most recent **HbA1c screening** noting date performed and result performed in current year • **A retinal or dilated eye exam** by an optometrist or ophthalmologist in current year, a negative retinal or dilated exam (negative for retinopathy) done by an optometrist or ophthalmologist in previous year. • **A nephropathy screening** test – the date when a urine microalbumin test was performed and the result, or evidence of nephropathy (visit to nephrologist, renal transplant, ESRD, nephrectomy, positive urine macroalbumin test, or prescribed ACE/ARB therapy) • Notation of the **most recent BP** in the medical record	**HbA1c CPT:** 83036-7 **HbA1c CPT II***: 3044F, 3046F, 3051F, 3052F **Eye exam CPT:** 67028, 67030-1, 67036, 67039-43, 67101, 67105, 67107-8, 67110, 67113, 67121, 67141, 67145, 67208, 67210, 67218, 67220-1, 67227-28, 92002, 92004, 92012, 92014, 92018-9, 92134, 92201-2, 92227-28, 92230, 92235, 92240, 92250, 92260, 99203-5, 99213-5, 99242-3, 99244-5 **Eye exam CPT II*:** 2022F, 2023F, 2024F, 2025F, 2026F, 2033F, 3072F **Eye exam HCPCS:** S0620, S0621, S3000 **Urine Protein Tests CPT:** 81000-81003, 81005, 82042-4, 84156 **Urine Protein Tests CPT II***: 3060F, 3061F, 3062F **Nephropathy Treatment ICD-10:** E08.21-2, E08.29, E09.21-2, E09.29, E10.21-2,E10.29, E11.21, E11.22, E11.29, E13.21-2, E13.29, I12.0, I12.9, I13.0, I13.10, I13.11, I13.2, I15.0, I15.1, N00.0-9, N00.A, N01.0, N01.1-9, N01.A, N02.0-9,

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Diabetes Care			
Comprehensive Diabetes Care (CDC)** 18-75 years with type 1 or 2 Diabetes			N02.A, N03.0-9, N03.A, N04.0-9, N04.A, N05.0-9, N05.A, N06.0-9, N06.A, N07.0-9, N07.A, N08, N14.0-9, N18.1-3, N18.30-2, N18.4-6, N18.9, N19, N25.0-1, N25.81, N25.89, N25.9, N26.1, N26.2, N26.9, Q60.0, Q60.1-6, Q61.00-02, Q61.02, Q61.11, Q61.19, Q61.2-5, Q61.8-9, R80.0-3, R80.8, R80.9, **Nephropathy Treatment CPT II*:** 3066F, 4010F **Blood Pressure CPT II*:** 3074F, 3075F, 3077F, 3078F, 3079F, 3080F **TAKEN During Outpatient - CPT:** 99201-5, 99211-5, 99241-5, 99341-5, 99347-50, 99381-7, 99391-7, 99401-4, 9941-2, 99429, 99455-6, 99483 **HCPCS:** G0402, G0438, G0439, G0463, T1015 ***– OR –*** **Telephone Visit CPT:** 98966-8 ***– OR –*** **Online Assessment CPT:** 98969-72, 99421-3, 99444, 99457 **HCPCS:** G0071, G2010, G2012, G2061, G2062, G2063 ***– OR –*** **Remote Blood Pressure Monitoring CPT:** 93784, 93788, 93790, 99091, 99453-4, 99457, 99473-4 **Note: CPTII codes are for quality reporting purposes only, not for payment.*
Kidney Health Evaluation for Patients With Diabetes (KED)** 18-85 years with type 1 or 2 Diabetes	Percentage of patients18-85 years of age with diabetes (type 1 and type 2) who received a kidney health evaluation during the measurement year	Defined by an estimated glomerular filtration rate (eGFR) AND a urine albumin-creatinine ratio (uACR; both quantitative urine albumin test and urine creatinine test with service dates four or less days apart). **Exclusion:** ESRD or dialysis at any time during patients history	**eGFR CPT:** 80047, 80048, 80050, 80053, 80069, 82565 ***– WITH–*** **Urine Albumin Creatinine Ratio Lab Test (uACR)** ***– OR –*** **Quantitative Urine Albumin CPT:** 82043 ***– WITH–*** **Urine Creatinine CPT:** 82570
Medication Management and Care Coordination			
Transitions of Care (TOC) 18+ years of age (Medicare)	The percentage of discharges for members 18 years of age and older who had each of the following: • Notification of inpatient admission	Notification of inpatient admission requires documentation in medical record of receipt of notification of inpatient admission on the day of admission through 2 days after the admission (3 total days)	**Any of following meet patient engagement:** **Outpatient Visit CPT:** 99201-5, 99211-5, 99241-5, 99341-5, 99347-50, 99381-7, 99391-7, 99401-4, 99411-2, 99429, 99455-6, 99483 **HCPCS:** G0438-9, G0463, T1015

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Medication Management and Care Coordination			
Transitions of Care (TOC) 18+ years of age (Medicare)	• Receipt of discharge information • Patient engagement after inpatient discharge • Medication reconciliation post-discharge	Receipt of discharge information documented in medical record on the day of discharge through 2 days after the discharge (3 total days) Patient Engagement provided within 30 days after discharge • Medication reconciliation by a prescribing practitioner, clinical pharmacist or registered nurse on the date of discharge through 30 days after discharge.	**Telephone Visits CPT:** 98966-8, 99441-3 **Transitional Care Management (TCM) Services CPT:** 99495-6 **Online Assessment CPT:** 98969-72, 99421-3, 99444, 99457 **HCPCS:** G0071, G2010, G2012, G2061, G2062, G2063 **Medication Reconciliation CPT:** 99483, 99495-6 **CPT II*:** 1111F **Note: CPTII codes are for quality reporting purposes only, not for payment.*
Access/Availability of Care			
Adults' Access to Preventive/ Ambulatory Health Services (AAP) 20+ years of age	Those 20 years and older who had an ambulatory or preventive care visit.	This measure looks at whether adult members receive preventive and ambulatory services. To qualify, the member must receive evaluation and management care during an ambulatory visit with a medical professional. Care received in an Emergency Department, or Inpatient setting does not qualify. Telehealth option available for this measure	**CPT:** 99201-5, 99211-5, 99241-5, 99341-2, 99343-5, 99347-50, 99381-7, 99391-7, 99401-4, 99411-2, 99429, 99483, 92002, 92004, 92012, 920914, 99304-10, 99315-6, 99318, 99324-8, 99334-7 **HCPCS:** G0402, G0438, G0439, G0463, T1015, S0620, S0621 I**CD10:** Z00.00-01, Z00.121, Z00.129, Z00.3, Z00.5, Z00.8, Z02.0-6, Z02.71, Z02.79, Z02.81-3, Z02.89, Z02.9, Z76.1, Z76.2 **Revenue Code:** 0510-0517, 0519-0523, 0526-0529, 0982, 0983, 0524, 0525 **Telephone Visits CPT:** 98966-8, **Online Assessments CPT:** 98969-98972, 99421-99444, 99457 **Online Assessments HCPCS:** G0071, G2010, G2012, G2061, G2062, G2063

Prenatal and Postpartum Care (PPC)
All Ages
	The measure assesses the following facets of prenatal and postpartum care:
	• **Timeliness of Prenatal Care:** The percentage of deliveries that received a prenatal care visit in the first trimester, on or before the enrollment start date or within 42 days of enrollment in the organization.
		A qualified prenatal care visit with an OB/GYN or other prenatal care practitioner, or PCP. Documentation must include the date the visit occurred and include at least one of the following:
		• Auscultation for fetal heart tones
		• Pelvic exam with OB observations (a pap test alone does not count)
		• Measurement of fundal height
		• Basic OB visit that includes one of the following prenatal procedure:
		  • Complete OB lab panel
		  • TORCH antibody panel
			Stand-Alone Prenatal Visits:
			HCPCS: H1000-H1004
			– OR –
			Prenatal Bundled Services:
			CPT: 59400, 59425-6, 59510, 59610, 59618
			HCPCS: H1005
			– OR –
			Any of the following *WITH an appropriate Pregnancy Diagnosis*

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Access/Availability of Care			
Prenatal and Postpartum Care (PPC) All Ages	• **Postpartum Care:** The percentage of deliveries that had a postpartum visit on or between 7 and 84 days after delivery. Services provided via telephone, e-visit or virtual check-in are eligible for both measures	• Rubella antibody with Rh incompatibility blood typing • Ultrasound of pregnant uterus • Documentation indicating pregnancy which includes: • Standardized prenatal flow sheet • LMP or EDD, or gestational age • Prenatal risk assessment and counseling/education • A complete obstetrical history • Gravidity and parity • Positive pregnancy test result • Visits with a PCP or other family practitioner must follow the same guidelines but also include a documented diagnosis of pregnancy A qualified postpartum visit must include a note indicating the date the visit occurred and include at least one of the following: • Notation of postpartum care • Pelvic exam • Evaluation of weight, blood pressure, breasts and abdomen (must have all four components) • Perineal or cesarean incision/ wound check • Screening for depression, anxiety, tobacco use, substance use disorder, or preexisting mental health disorders • Glucose screening for women with gestational diabetes • Documentation of infant care of breastfeeding, resumption of intercourse, birth spacing, or family planning, sleep/fatigue, resumption of physical activity, attainment of healthy weight	**Prenatal Visit CPT:** 99201-99205, 99211-99215, 99241-99245, 99483 **Prenatal HCPCS:** G0463, T1015 **Telephone Visits CPT:** 98966-8, **Online Assessments CPT:** 98969-98972, 99421-4, 99457 **Online Assessments HCPCS:** G0071, G2010, G2012, G2061, G2062, G2063 ***– OR –*** *At least 1 of the following:* **Obstetric Panel CPT:** 80055, 80081 **Prenatal Ultrasound CPT:** 76801, 76805, 76811, 76813, 76815-76821, 76825-76828 **Prenatal Ultrasound Procedure Code:** BY49ZZZ, BY4BZZZ, BY4CZZZ, BY4CZZZ, BY4GZZZ ***– OR –*** *An appropriate combination of:* **Toxoplasma Antibody CPT:** 86777-8 **Rubella Antibody CPT:** 86762 **Cytomegalovirus Antibody CPT:** 86644 **Herpes Simplex Antibody CPT:** 86694-6 **ABO CPT:** 86900 **Rh CPT:** 86901 **Postpartum Visits:** **CPT:** 57170, 58300, 59430, 99501 **CPT II*:** 0503F **HCPCS:** G0101 **ICD-10:** Z01.411, Z01.419, Z01.42, Z30.430, Z39.1, Z39.2 **Postpartum Bundled CPT:** 59400, 59410, 59510, 59515, 59610, 59614, 59618, 59622 **Cervical Cytology CPT:** 88141-88143, 88147-8, 88150, 88152-4 88164-88167, 88174-5 **Cervical Cytology HCPCS:** G0123, G0124, G0141, G0143-G0145, G0147, G0148, P3000, P3001, Q0091 **Note: CPTII codes are for quality reporting purposes only, not for payment*

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Overuse/Appropriateness			
Use of Opioids at High Dosage (HDO)	The proportion of members 18 years and older receiving prescription opioids at a high dosage (average morphine milligram equivalent dose [MME] ≥90mg) for ≥15 days during the measurement year.	Reduce the number of adults prescribed high dose opioids for ≥15 days. A lower rate indicates better performance. Increasing total MME dose of opioids is related to increased risk of overdose and adverse events. Necessity of use of high doses should be clear. Patients with cancer, sickle cell disease or members receiving palliative care are excluded from this measure.	Patients are considered out of compliance if their prescription Average MME was ≥90mgMME during the treatment period. This measure **does not include** the following opioid medications: • Injectables • Opioid cough and cold products • Ionsys® (fentanyl transdermal patch) • Methadone for the treatment of opioid use disorder
Use of Opioids from Multiple Providers (UOP)	The proportion of members 18 years and older, receiving prescription opioids for ≥15 days during the measurement year who received opioids from multiple providers. Three rates are reported: **Multiple Prescribers:** Receiving prescriptions for opioids from four or more different prescribers during the calendar year. **Multiple Pharmacies:** Receiving prescriptions for opioids from four or more different pharmacies during the current calendar year. **Multiple Prescribers and Multiple Pharmacies:** Receiving prescriptions for opioids from four or more different prescribers and four or more different pharmacies during the calendar year.	Reduce the number of adults prescribed opioids for ≥15 days by multiple providers. A lower rate indicates better performance for all three rates. Member use of increasing number of prescribers or pharmacies may signal risk for uncoordinated care. Clinical correlation is encouraged so that providers can evaluate for risk of diversion, misuse or a substance use disorder. Providers are encouraged to communicate with each other for ideal management of member.	**Multiple Prescribers**: Patients are considered out of compliance if they received prescription opioids from four or more different prescribers. **Multiple Pharmacies:** Patients are considered out of compliance if they received prescription opioids from four or more different pharmacies. **Multiple Prescribers and Multiple Pharmacies:** Patients are considered out of compliance if they received prescription opioids from four or more different prescribers ***and*** four or more different pharmacies The following opioid medications are excluded from this measure: •Injectables •Opioid cough and cold products •Single-agent and combination buprenorphine products used as part of medication assisted treatment of opioid use disorder. •Ionsys® (fentanyl transdermal patch) •Methadone for the treatment of opioid use disorder.

***Palliative Care is a required exclusion for this measure.*

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