



ADULT HEDIS® CODING GUIDE NORTH CAROLINA MARKETPLACE 2022-2023



This guide provides HEDIS coding information only, not necessarily payment guidance. Refer to the Centers for Medicare & Medicaid (CMS) guidance for payment details and telehealth regulations.

MEASURE	DESCRIPTION OF MEASURE	DOCUMENTATION TIPS	COMPLIANCE CODES & MEASURE TIPS
Prevention and Screening			
Breast Cancer Screening (BCS)* Females 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®: 77061-63, 77065-67 Potential exclusion for Bilateral/Unilateral Mastectomy in patient history ICD-10: Z90.11, Z90.12, Z90.13
Cervical Cancer Screening (CCS)* Females 21-64 years	Women 21-64 years of age who were screened for cervical cancer using one of the following methods: <ul style="list-style-type: none"> • Women 21-64 years of age who had cervical cytology performed within the last three years. • 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/hrHPV co-testing during the measurement year or the four years prior. 	Cervical cytology during the measurement year or the two years prior. Documentation must include both : <ul style="list-style-type: none"> • A note indicating the date when the cervical cytology was performed • The result or findings Documentation must include both : <ul style="list-style-type: none"> • 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 	High-Risk HPV CPT: 87624-25 HCPCS: G0476 Cervical Cytology CPT: 88141-43, 88147-48, 88150, 88152-53, 88164-67, 88174-75 HCPCS: G0123-24, G0141, G0143-45, G0147-48, P3000-01, Q0091 <i>Potential exclusion from measure for Hysterectomy in patient history</i> ICD-10: Q51.5, Z90.710, Z90.712 CPT: 51925, 56308, 57530-31, 57540, 57545, 57550, 57555-56, 58150, 58152, 58200, 58210, 58240, 58260, 58262-63, 58267, 58270, 58275, 58280, 58285, 58290-94, 58548, 58550, 58552-54, 58570-73, 58575, 58951, 58953-54, 58956, 59135

MEASURE	DESCRIPTION OF MEASURE	DOCUMENTATION TIPS	COMPLIANCE CODES & MEASURE TIPS
Prevention and Screening			
Chlamydia Screening in Women (CHL) Females 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: <ul style="list-style-type: none"> • Contraceptives are prescribed • Via medical coding 	CPT: 87110, 87270, 87320, 87490-92, 87810
Colorectal Cancer Screening (COL)* 45-75 years	<p>Adults 45-75 years of age who had appropriate screening for colorectal cancer.</p> <p>One or more screenings for colorectal cancer. Any of the following meet criteria:</p> <ul style="list-style-type: none"> • Fecal occult blood test Yearly • FIT sDNA test Every 3 years • CT colonography Every 5 years • Flexible sigmoidoscopy Every 5 years • Colonoscopy Every 10 years 	<p>Documentation in the medical record must include a note indicating the date the colorectal cancer screening was performed.</p> <p>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).</p>	<p>FOBT CPT: 82270, 82274 HCPCS: G0328</p> <p>FIT sDNA CPT: 81528</p> <p>CT Colonography CPT: 74261-63</p> <p>Flexible Sigmoidoscopy CPT: 45330-35, 45337-38, 45340-42, 45346-47, 45349, 45350 HCPCS: G0104</p> <p>Colonoscopy CPT: 44388-94, 44397, 44401-08, 45355, 45378-93, 45398 HCPCS: G0105, G0121</p> <p>Potential exclusion from measure: Colorectal Cancer ICD-10: Z85.038, Z85.048, C18.0-.9, C19, C20, C21.2, C21.8, C78.5 Total Colectomy CPT: 44150-53, 44152-53, 44155-58, 44210-12</p>
Respiratory Conditions			
Asthma Medication Ratio (AMR) 5-64 years	The percentage of those 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.	<ul style="list-style-type: none"> • 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.

MEASURE	DESCRIPTION OF MEASURE	DOCUMENTATION TIPS	COMPLIANCE CODES & MEASURE TIPS
Respiratory Conditions			
Appropriate Testing for Pharyngitis (CWP) 3 years and older	Those 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: <ul style="list-style-type: none"> • Diagnosis of pharyngitis • Antibiotic dispensed on or up to three days after date of service • And received group A strep test 	Need evidence of all three components: <p>Strep Test CPT: 87070-71, 87081, 87430, 87650-52, 87880 – WITH –</p> <p>Pharyngitis Diagnostic ICD-10: J02.0, J02.8-.9, J03.00-.01, J03.80-.81, J03.90-.91 – AND –</p> <p>Prescribed antibiotic is filled by a pharmacy</p>
Cardiovascular Conditions			
Controlling High Blood Pressure (CBP)* 18-85 years	Adults 18-85 years with a diagnosis of essential 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.	<p>Criteria for control BP < 140/90 on or after the date of the second diagnosis of hypertension.</p> <p>Exclusions:</p> <ul style="list-style-type: none"> • Patients with evident ESRD • Diagnosis of pregnancy during the current year • Patients who had an admission to a non-acute inpatient setting in the current year 	<p>Record Review Notation of the most recent BP in the medical record.</p> <p>Blood Pressure CPT II: 3074F, 3075F, 3077F, 3078F, 3079F, 3080F – OR –</p> <p>Taken During Outpatient, Without Revenue Code CPT: 99201-05, 99211-15, 99241-45, 99341-45, 99347-50, 99381-87, 99391-97, 99401-04, 99411-12, 99429, 99455-56, 99483</p> <p>HCPCS: G0402, G0438-39, G0463, T1015 – OR –</p> <p>Telephone Visit CPT: 98966-68, 99441-43 – OR –</p> <p>Online Assessment CPT: 98969-72, 99421-23, 99444, 99457 HCPCS: G0071, G2010, G2012, G2061-63</p> <p>Note: CPT II codes are for quality reporting purposes only, not for payment.</p>
Diabetes Care			
Hemoglobin A1c Control for Patients With Diabetes (HBD)* 18-75 years with type 1 or type 2 diabetes	Adults whose hemoglobin A1c was at the following levels during the measurement year: <ul style="list-style-type: none"> • HbA1c control < 8% • HbA1c poor control > 9% 	<p>Notation of the most recent HbA1c screening, noting date performed and result performed in current year.</p> <p>Ranges and thresholds do not meet criteria for this indicator. A distinct numeric result is required for numerator compliance when documented in the medical record.</p>	<p>HbA1c CPT: 83036-37 CPT II: 3044F, 3046F, 3051F, 3052F</p> <p>Note: CPT II codes are for quality reporting purposes only, not for payment.</p>



MEASURE	DESCRIPTION OF MEASURE	DOCUMENTATION TIPS	COMPLIANCE CODES & MEASURE TIPS
Diabetes Care			
Eye Exam for Patients With Diabetes (EED)* 18-75 years with type 1 or type 2 diabetes	Adults who had screening or monitoring for diabetic retinal disease in the measurement 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.	Eye Exam by Eye Care Professional CPT: 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, 92201-02, 92225-28, 92230, 92235, 92240, 92250, 92260, 99203-05, 99213-15, 99242-45 HCPCS: S0620, S0621, S3000 Eye Exam by any Professional CPT: 92229 (automated eye exam) CPT II: 2022F, 2023F, 2024F, 2025F, 2026F, 2033F, 3072F Note: CPT II 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 type 2 diabetes	Percentage of adults 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: 80047-48, 80050, 80053, 80069, 82565 With Urine Albumin Creatinine Ratio Lab Test (uACR) – OR – Quantitative Urine Albumin CPT: 82043 With Urine Creatinine CPT: 82570
Access/Availability of Care			
Prenatal and Postpartum Care All Ages	The measure assesses the following facets of prenatal and postpartum care: <ul style="list-style-type: none"> • 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. • Postpartum care The percentage of deliveries that had a postpartum visit on or between 7 and 84 days after delivery. 	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: <ul style="list-style-type: none"> • 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 procedures: <ul style="list-style-type: none"> - Complete OB lab panel - TORCH antibody panel - Rubella antibody with Rh incompatibility blood typing - Ultrasound of pregnant uterus 	Stand-alone prenatal visit CPT: 99500 CPT II: 0500F, 0501F, 0502F HCPCS: H1000-H1004 – OR – Prenatal bundled services CPT: 59400, 59425-26, 59510, 59610, 59618 HCPCS: H1005 – OR – Any of the following WITH an appropriate pregnancy diagnosis Prenatal visit CPT: 99201-05, 99211-15, 99241-45, 99483 HCPCS: G0463, T1015 Telephone visit CPT: 98966-68, 99441-43

MEASURE	DESCRIPTION OF MEASURE	DOCUMENTATION TIPS	COMPLIANCE CODES & MEASURE TIPS
Access/Availability of Care			
Prenatal and Postpartum Care All Ages	Services provided via telephone, e-visit or virtual check-in are eligible for both measures.	<ul style="list-style-type: none"> • Documentation indicating pregnancy which includes: <ul style="list-style-type: none"> - 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. 	Online assessment CPT: 98969-72, 99421-24, 99457 HCPCS: G0071, G2010, G2012, G2061-63
		<p>A qualified postpartum visit must include a note indicating the date the visit occurred and include at least one of the following:</p>	Postpartum visit CPT: 57170, 58300, 59430, 99501 HCPCS: G0101 CPT II: 0503F ICD-10: Z01.411, Z01.419, Z01.42, Z30.430, Z39.1, Z39.2
		<ul style="list-style-type: none"> • 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 or breastfeeding, resumption of intercourse, birth spacing or family planning, sleep/fatigue, resumption of physical activity, attainment of healthy weight 	<p style="text-align: center;">– OR –</p> Postpartum Bundle CPT: 59400, 59410, 59510, 59515, 59610, 59614, 59618, 59622
			Cervical Cytology CPT: 88141-43, 88147-48, 88150, 88152-54, 88164-67, 88174-75 HCPCS: G0123-24, G0141, G0143-45, G0147-48, P3000-01, Q0091
			<p>Note: CPT II codes are for quality reporting purposes only, not for payment.</p>





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

HEDIS® is a registered trademark of the National Committee for Quality Assurance (NCQA).

Please Note: The codes in this document are derived from the NCQA HEDIS Volume 2 Technical Specifications for Health Plans. These codes are examples of codes typically billed for this type of service and are subject to change. Billing these codes does not guarantee payment. CPT II codes are for quality reporting purposes only. Submitting claims using these codes helps improve reporting of quality measure performance.

NC-EXC-P-2067760

© 2023 CareSource. All Rights Reserved.

Qualified Health Plans offered in North Carolina by CareSource North Carolina Co., d/b/a CareSource