



HEDIS Category II

coding bulletin

HEDIS® (Healthcare Effectiveness Data Information Set) is a widely used set of performance measures developed and maintained by NCQA. These are used to drive improvement efforts surrounding best practices.

Reduce the number of medical records Anthem requests from you during the HEDIS medical record review season (January to May each year) by adding specific CPT® CAT II codes to your claims. These codes will help us identify additional information about the visit and improve the accuracy of reporting HEDIS quality measures.



Prenatal and Postpartum Care (PPC)

Description	Code
Stand Alone Prenatal Visits	0500F: Initial prenatal care visit (report at first prenatal encounter with health care professional providing obstetrical care. Report also date of visit and, in a separate field, the date of the last menstrual period [LMP]) (Prenatal) <i>or</i> 0501F: Prenatal flow sheet documented in medical record by first prenatal visit (documentation includes at minimum blood pressure, weight, urine protein, uterine size, fetal heart tones, and estimated date of delivery). Report also: date of visit and, in a separate field, the date of the last menstrual period [LMP] (Note: If reporting 0501F: Prenatal flow sheet, it is not necessary to report 0500F Initial prenatal care visit) (Prenatal)
Stand Alone Prenatal Visits	0502F: Subsequent prenatal care visit (Prenatal). Excludes: patients who are seen for a condition unrelated to pregnancy or prenatal care (for example, an upper respiratory infection; patients seen for consultation only, not for continuing care).
Postpartum Care Visit	0503F: Make sure the visit is on or between 7 and 84 days of delivery.

Eye Exam for Patients with Diabetes (EED)

Description	Code
Dilated retinal eye exam with interpretation by an ophthalmologist or optometrist documented and reviewed; with evidence of retinopathy (DM)	2022F
Dilated retinal eye exam with interpretation by an ophthalmologist or optometrist documented and reviewed; without evidence of retinopathy (DM)	2023F
Seven standard field stereoscopic retinal photos with interpretation by an ophthalmologist or optometrist documented and reviewed; with evidence of retinopathy (DM)	2024F
Seven standard field stereoscopic retinal photos with interpretation by an ophthalmologist or optometrist documented and reviewed; without evidence of retinopathy (DM)	2025F
Eye imaging validated to match diagnosis from seven standard field stereoscopic retinal photos results documented and reviewed; with evidence of retinopathy (DM)	2026F
Eye imaging validated to match diagnosis from seven standard field stereoscopic retinal photos results documented and reviewed; without evidence of retinopathy (DM)	2033F

Glycemic Status Assessment for Patients with Diabetes (GSD)

Description	Code
Most recent hemoglobin A1c (HbA1c) level less than 7% (DM)	3044F
Most recent hemoglobin A1c level greater than 9% (DM)	3046F
Most recent hemoglobin A1c (HbA1c) level greater than or equal to 7% and less than 8% (DM)	3051F
Most recent hemoglobin A1c (HbA1c) level greater than or equal to 8% and less than or equal to 9% (DM)	3052F

Blood Pressure Control for Patients with Diabetes (BPD) Control High Blood Pressure (CBP)

Description	Code
Most recent diastolic blood pressure less than 80 mm Hg (HTN, CKD, CAD) (DM)	3078F
Most recent diastolic blood pressure 80-89 mm Hg (HTN, CKD, CAD) (DM)	3079F
Most recent diastolic blood pressure greater than or equal to 90 mm Hg (HTN, CKD, CAD) (DM)	3080F
Most recent systolic blood pressure less than 130 mm Hg (DM) (HTN, CKD, CAD)	3074F
Most recent systolic blood pressure 130 to 139 mm Hg (DM) (HTN, CKD, CAD)	3075F
Most recent systolic blood pressure greater than or equal to 140 mm Hg (HTN, CKD, CAD) (DM)	3077F

Cardiovascular Monitoring for People with Cardiovascular Disease and Schizophrenia (SMC)

Description	Code
Most recent LDL-C less than 100 mg/dL (CAD) (DM)	3048F
Most recent LDL-C 100 to 129 mg/dL (CAD) (DM)	3049F
Most recent LDL-C greater than or equal to 130 mg/dL (CAD) (DM)	3050F

Metabolic Monitoring for Children and Adolescents on Antipsychotics (APM-E) Diabetes Monitoring for People with Diabetes and Schizophrenia (SMD)

Description	Code
Most recent LDL-C less than 100 mg/dL (CAD) (DM)	3048F
Most recent LDL-C 100 to 129 mg/dL (CAD) (DM)	3049F
Most recent LDL-C greater than or equal to 130 mg/dL (CAD) (DM)	3050F
Most recent hemoglobin A1c (HbA1c) level less than 7% (DM)	3044F
Most recent hemoglobin A1c level greater than 9% (DM)	3046F
Most recent hemoglobin A1c (HbA1c) level greater than or equal to 7% and less than 8% (DM)	3051F
Most recent hemoglobin A1c (HbA1c) level greater than or equal to 8% and less than or equal to 9% (DM)	3052F

Diabetes Screening for People with Schizophrenia or Bipolar Disorder Who Are Using Antipsychotic Medications (SSD)

Description	Code
Most recent hemoglobin A1c (HbA1c) level less than 7% (DM)	3044F
Most recent hemoglobin A1c level greater than 9% (DM)	3046F
Most recent hemoglobin A1c (HbA1c) level greater than or equal to 7% and less than 8% (DM)	3051F
Most recent hemoglobin A1c (HbA1c) level greater than or equal to 8% and less than or equal to 9% (DM)	3052F

The codes listed are for informational purposes only and are not intended to suggest or guide reimbursement. If applicable, refer to your provider contract or health plan contact for reimbursement information. For a complete list of CPT codes, go to the American Medical Association website at ama-assn.org.



Patient care opportunities

You can find patient care opportunities within the **Patient360** application located on Availity Essentials **Payer Spaces**. To access the **Patient360** application, you must have the *Patient360* role assignment. From Availity’s home page, select **Payer Spaces**, then choose the health plan from the menu. Choose the **Patient360** tile from the **Payer Space Applications** menu and complete the required information on the screen. Gaps in care are located in the **Active Alerts** section of the *Member Summary*.

The codes and measure tips listed are informational only, not clinical guidelines or standards of medical care, and do not guarantee reimbursement. All member care and related decisions of treatment are the sole responsibility of the provider. This information does not dictate or control your clinical decisions regarding the appropriate care of members. Your state/provider contract(s), Medicaid, member benefits, and several other guidelines determine reimbursement for the applicable codes. Proper coding and providing appropriate care decrease the need for high volume of medical record review requests and provider audits. It also helps us review your performance on the quality of care that is provided to our members and meet the HEDIS measure for quality reporting based on the care you provide our members.

Note: The information provided is based on HEDIS MY 2024 technical specifications and is subject to change based on guidance given by the National Committee for Quality Assurance (NCQA), the Centers for Medicare & Medicaid Services (CMS), and state recommendations. Please refer to the appropriate agency for additional guidance.

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