



# Coding for Success: Understanding AIS-E, CIS-E, IMA-E, PRS-E, & LSC HEDIS® Measures

July 1<sup>st</sup> & 3<sup>rd</sup>, 2025

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## Member Success Story

*"I want to take the time and share my sincerest gratitude to you and Oklahoma Complete Health for making my healthcare journey one that has only continued to get better and better.*

*I remember our first meeting on the phone and the circumstances I was living under and health conditions that were barriers limiting my independence.*

*As we fast forward to today, I'm so excited to share with you a photo of me and Remington enjoying a nice walk after church in my new power wheelchair that you supported and advocated for me.*

*It didn't take long before I was hitting the pavement and exploring the neighborhood. Thank you from the bottom of my heart. You've truly changed my life." Member, John E.*



# Pay-for-Performance (P4P) – SoonerSelect Measures

Measure	50th Percentile	50th Percentile Payout	75th Percentile	75th Percentile Payout	90th Percentile	90th Percentile Payout
Glycemic Status Assessment for Patients with Diabetes (GSD) >8% (18-75 yrs)	38.90%	\$10.00	49.30%	\$20.00	55.70%	\$30.00
Controlling High Blood Pressure (CBP) (18-75 yrs)	52.00%	\$10.00	59.80%	\$20.00	68.60%	\$30.00
Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents (WCC) (3-17 yrs)	79.68%	\$10.00	84.43%	\$20.00	88.31%	\$30.00
Childhood Immunization Status (CIS) Combination Ten (10) (0-2yrs)	34.79%	\$10.00	42.09%	\$20.00	49.76%	\$30.00
Immunizations for Adolescents (IMA) Combination Two (2) (9-13 yrs)	35.04%	\$10.00	41.12%	\$20.00	48.42%	\$30.00
Well-Child Visits in the First Thirty (30) Months of Life (W30) (First 15 Mo)	55.72%	\$10.00	61.19%	\$20.00	67.56%	\$30.00
Well-Child Visits in the First Thirty (30) Months of Life (W30) (15 - 30 Mo)	65.83%	\$10.00	72.24%	\$20.00	78.07%	\$30.00

Measure	Payout
Annual Preventive Visit (APV) 18 – 75 years old	\$ 20.00

# Pay-for-Performance (P4P) – Children’s Specialty Program Measures

Measure	50th Percentile	50th Percentile Payout	75th Percentile	75th Percentile Payout	90th Percentile	90th Percentile Payout
Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents (WCC) (3-17 yrs)	79.68%	\$10.00	84.43%	\$20.00	88.31%	\$30.00
Childhood Immunization Status (CIS) Combination Ten (10) (0-2yrs)	34.79%	\$10.00	42.09%	\$20.00	49.76%	\$30.00
Immunizations for Adolescents (IMA) Combination Two (2) (9-13 yrs)	35.04%	\$10.00	41.12%	\$20.00	48.42%	\$30.00
Well-Child Visits in the First Thirty (30) Months of Life (W30) (First 15 Mo)	55.72%	\$10.00	61.19%	\$20.00	67.56%	\$30.00
Well-Child Visits in the First Thirty (30) Months of Life (W30) (15 - 30 Mo)	65.83%	\$10.00	72.24%	\$20.00	78.07%	\$30.00

Measure	Payout
Annual Preventive Visit (APV) 18-26 yrs	\$ 20.00



# Pay-for-Performance (P4P) – Ambetter Measures

2025 Measure List	Measure Incentive	Target 1 Pays 75% of Incentive	Target 2 Pays 100% of Incentive
Cervical Cancer Screening (CCS)	\$25	56.90%	65.00%
Colorectal Cancer Screening (COL)	\$25	56.90%	62.80%
Child and Adolescent Well-Care Visits (WCV)	\$25	50.50%	59.60%
Controlling High Blood Pressure (CBP)	\$25	67.80%	72.90%
Glycemic Status Assessment for Patients with Diabetes <9 (GSD)	\$25	72.50%	77.40%
Eye Exam for Patients with Diabetes (EED)	\$25	42.40%	52.90%
Patients with Diabetes Kidney Health Evaluation (KED)	\$25	46.70%	55.40%
Breast Cancer Screening (BCS)	\$25	71.50%	75.70%
Chlamydia Screening in Women (CHL)	\$25	43.80%	51.50%
Plan All-Cause Readmissions (PCR)	\$25	64.00%	55.50%

# Pay-for-Performance (P4Q) – Wellcare Measures

Program Measures	Amount Per
BCS – Breast Cancer Screening	\$50
CBP – Controlling High Blood Pressure	\$75
COA – Care for Older Adults – Functional Status*	\$25
COL – Colorectal Cancer Screen	\$50
EED – Diabetes – Dilated Eye Exam	\$25
FMC – F/U ED Multiple High Risk Chronic Conditions	\$50
GSD – Diabetes HbA1c $\leq 9$	\$75
KED – Kidney Health Evaluation for Patients with Diabetes	\$50
Medication Adherence – Blood Pressure Medications	\$50
Medication Adherence – Diabetes Medications	\$50
Medication Adherence – Statins	\$50
OMW – Osteoporosis Management in Women Who Had Fracture	\$50
SPC – Statin Therapy for Patients with CVD	\$25
SUPD – Statin Use in Persons With Diabetes	\$25
TRC – Medication Reconciliation Post Discharge	\$25

*\*Special Needs Plan (SNP) members only.*

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# Key Components & Proper Coding for AIS-E HEDIS<sup>®</sup> Measure

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# Understanding the AIS-E HEDIS® Measure & Proper Coding

## Measure Name:

- AIS-E – Adult Immunization Status

## Target Population:

- Members aged 19 and older during the measurement year (MY)

## Measure Requirement:

- ✓ Up to date on recommended routine vaccines for:
  - Influenza: One vaccination between July 1, prior year – June 30, MY
  - Td/Tdap: One vaccination between January 1, 9 years prior to December 31, MY
  - Zoster: Two vaccinations between October 20, 2017 – December 31, MY
  - Pneumococcal: One vaccination between on/after member's 19<sup>th</sup> birthday to December 31, MY
  - Hepatitis B: 3 doses on/before 19<sup>th</sup> birthday OR two adult doses or three any kind doses on/after 19<sup>th</sup> birthday to December 31, MY

## Why It Matters:

- Provides protection for at-risk populations, such as individuals with chronic illnesses or compromised immune systems



# Understanding the AIS-E HEDIS® Measure & Proper Coding

## Coding Requirements (Must Be Documented & Coded\*):

### CPT Codes:

- **90740, 90744, 90746, 90747, 90759, 90739, 90743, 90630, 90653, 90654, 90656, 90658, 90661, 90662, 90673, 90674, 90682, 90686, 90688, 90689, 90694, 90756, 90670, 90671, 90677, 90732, 90714, 90715, 90750**

### HCPCS Codes:

- **G0009**

*\*Codes subject to change.*

# Understanding the AIS-E HEDIS® Measure & Proper Coding

## Coding Tips:

1. Hepatitis B immunization added to the measure for 2025.
2. Use the correct CPT codes for each vaccine based on the product administered, for example:
  - **90686:** Flu vaccine
  - **90715:** Tdap
  - **90750:** Zoster
  - **90671:** Pneumococcal
  - **90739:** Hepatitis B
3. Z23 diagnosis code is required.
4. Report all vaccines administered to the immunization registry.
5. Timing Matters – Follow the Specific Date Ranges for each vaccine.
6. Schedule appointments within immunization timeframes.



# AIS-E Medical Record Review – DOS 9/6/2024

21. DIAGNOSIS OR NATURE OF ILLNESS OR INJURY Relate A-L to service line below (24E)										ICD Ind.	0
A		B		C		D		E			
Z23		E1151		I4891		I739					
J449		F321		I5042		F411					
I2510		E782		F410		Z794					
24. A. DATE(S) OF SERVICE						B. PLACE OF SERVICE	C. EMG	D. PROCEDURES, SERVICES, OR SUPPLIES (Explain Unusual Circumstances)	E. DIAGNOSIS		
MM	DD	YY	MM	DD	YY			CPT/HCPCS	MODIFIER	PCINTER	
1 ML 0.5											
09	06	24				11		90661		A	
2											
09	06	24				11		99214	25	BCDE	
3											
09	06	24				11		3078F		B	
4											
09	06	24				11		3074F		B	
5											
09	06	24				11		3044F		B	
6											
09	06	24				11		90471		A	

25. FEDERAL TAX I.D. NUMBER	SSN EIN	26. PATIENT'S ACCOUNT NO.	27. ACCEPT ASSIGNMENT? (For Annual Primary Care Visit)
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## Progress Notes

NP (Nurse Practitioner) • Family Medicine

Clinic Visit, Primary Care

### Subjective

Patient ID: a 59 y.o. female.

Chief Complaint: need med refills. Follow-up chronic conditions. Controlled med eval. Med refills.

Discussed condition, tx, symptomatic tx, s&s worsening and recourse.

Plan lab work today, will send results to patient via MyChart.

Return to clinic 3 months follow-up chronic conditions.

### Assessment/Plan

#### Problem List Items Addressed This Visit

##### Type 2 diabetes mellitus with peripheral vascular disease (HCC) - Primary

Diabetes is unchanged.

Continue current treatment regimen.

Dietary recommendations for ADA diet.

Diabetes will be reassessed in 3 months.

Plan lab day.

#### Other Visit Diagnoses

##### Immunization due

###### Relevant Medications

insulin degludec (Tresiba FlexTouch U-200) 200 unit/mL (3 mL) insulin pen

###### Other Relevant Orders

Flu vaccine, MDCK, trivalent, preservative free, IM, 6 mos+ (Completed)

Updated on: 9/6/2024 2:54 PM

Name	Date	Status	Dose	VIS Date	Route	Site	Manufacturer	Lot#	Given By	Verified By
FLU VACCINE, MDCK, TRIVALENT, PF, IM	9/6/2024	Given	0.5 mL	8/6/2021	IM	LEFT ARM	Seqirus			--
Exp. Date	NDC #	Product	Time	Location	External	Inventory Class	Comment			
6/2/2025		Flucelvax Triv 2024-2025 (PF)	--	--	--	General	--			



# AIS-E Visit Medical Record Review – DOS 9/6/2024

## AIS-E HEDIS® Measure Components:



### Flu vaccine documented

- Influenza (Flucelvax™) vaccine administered on 9/6/24
- Meets AIS-E criteria: Flu vaccine given between July 1, PY and June 30, MY

## Key Finding:



### Flu vaccine correctly billed using CPT codes:

- 90661 – Influenza virus vaccine, trivalent(cclIV3), derived from cell cultures, subunit, antibiotic free, 0.5 mL dosage, for intramuscular use
- Z23 – Encounter for immunization

## Best Practice Observed:



Flu vaccine for AIS-E HEDIS® was properly documented and submitted with the correct CPT code (90661) on the claim, supporting AIS-E HEDIS® compliance and timely gap closure.



Continue monitoring and documenting all required AIS-E components to ensure full compliance across the measurement year.

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# Key Components & Proper Coding for CIS-E HEDIS® Measure

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# Understanding the CIS-E HEDIS® Measure & Proper Coding

## Measure Name:

- CIS -E– Childhood Immunization Status

## Target Population:

- Members who turn 2 years of age in the measurement year

## Measure Requirements:

 **Complete the following vaccines by member's 2nd birthday:**

- |                         |          |
|-------------------------|----------|
| • 4 DTap                | • 3 IPV  |
| • 3 HiB                 | • 3 HepB |
| • 2 or 3 Rotavirus (RV) | • 4 PCV  |
| • 1 MMR                 | • 1 HepA |
| • 1 Varicella           | • 2 Flu  |

## Why It Matters:

- Childhood immunizations help prevent serious illnesses such as polio, tetanus and hepatitis.
- Impacts **HEDIS® compliance, quality reporting, P4P incentives, and member incentives.**



# Understanding the CIS-E HEDIS® Measure & Proper Coding

## Coding Requirements (Must Be Documented & Coded\*):

### ICD 10 Codes:

- **B01.0, B01.11, B01.12, B01.2, B01.81, B01.89, B01.9, B02.0, B02.1, B02.21, B02.22, B02.23, B02.24, B02.7-B02.9, B02.29, B02.30-B02.34, B02.39, B05.0-B05.4, B05.81, B05.89, B05.9, B06.00-B06.02, B06.9, B06.09, B06.81, B06.82, B06.89, B15.0, B15.9, B16.0 - B16.2, B16.9, B16.9, B17.0, B18.0, B18.1, B19.10, B19.11, B26.0-B26.3, B26.81-B26.85, B26.89, B26.9**

### CVX Codes:

- **03, 08, 10, 17, 20, 21, 31, 44-51, 83, 85, 88, 89, 94, 106, 107, 109-111, 116, 120, 122, 133, 140, 141, 146, 148-150, 152, 153, 155, 158, 161, 171, 186, 198, 215, 216**

*\*Codes subject to change.*

# Understanding the CIS-E HEDIS® Measure & Proper Coding Continued

## Coding Requirements (Must Be Documented & Coded\*):

### CPT Codes:

- **90633, 90644, 90647, 90648, 90655, 90657, 90660, 90661, 90670-90674, 90677, 90680, 90681, 90685-90689, 90697, 90698, 90700, 90707, 90710, 90713, 90716, 90723, 90740, 90744, 90747, 90748, 90756**

### HCPCS Codes:

- **G0009, G0010**

*\*Codes subject to change.*

# Understanding the CIS-E HEDIS® Measure & Proper Coding

## Coding Tips:

1. Document **both** the name of the vaccine and the date it was administered in the medical record.
2. Remember to include the appropriate CPT code on the claim.
3. Report all vaccines administered to the immunization registry.
4. Ensure patient vaccination record is complete and accurate even if your office did not provide the vaccine.
5. Vaccines must be administered and documented before the child turns 2.
6. Assess immunization status at every visit—sick, well-child, follow-up, etc.
7. If a vaccine was given but not billed, submit supplemental data to the health plan.
8. Avoid using lab-only codes (e.g., POS code 81), as they don't count toward the measure.



# CIS-E Visit Medical Record Review – DOS 4/23/24

## Progress Notes

Pediatrics • Encounter Date: 4/23/2024 • Creation Time: 4/22/2024 2:03 PM • Signed

### Subjective:

Lightning McQueen is a 12 month old male who is brought in today by mother for a 12 mo WCC.

Concerns? No.

**Screenings Today:** Lead/Hgb: Due

### Assessment and Plan:

#### 1. Encounter for well child check without abnormal findings

Discussed growth/development, anticipatory guidance, and next appointment.

#### 2. Need for prophylactic fluoride administration

- APPLICATION TOPICAL FLUORIDE VARNISH BY PHS/QHP

#### 3. Encounter for administration of vaccine

Immunizations Administered on Date of Encounter -  
04/23/2024

Reviewed on 04/23/2024

Name	Date		
Hep A, Ped/adol, 2 Dose	04/23/2024		
Hib (PRP-OMP)	04/23/2024		
MMR (MMR II/Priorix)	04/23/2024		
PNEUMOCOCCAL	04/23/2024		
CONJUGATE PCV 15			
Varicella, Live Vaccine	04/23/2024		

Name	Date	Status	Dose
Hep A, Ped/adol, 2 Dose	4/23/2024	Given	0.5 mL
Hib (PRP-OMP) (PedvaxHIB)	4/23/2024	Given	0.5 mL
MMR (MMR II/Priorix)	4/23/2024	Given	0.5 mL
Varicella (Varivax), Live Vaccine	4/23/2024	Given	0.5 mL
Varicella (Varivax), Live Vaccine	4/23/2024	Given	0.5 mL

- HEPA VACCINE 2 DOSE SCHEDULE PED/ADOLESC IM USE  
- HIB PRP-OMP VACCINE 3 DOSE SCHEDULE IM USE  
- MEASLES MUMPS RUBELLA VIRUS (MMR II/PRIORIX) VACCINE L  
- VAR VACCINE LIVE FOR SUBCUTANEOUS USE  
- PCV15 VACCINE FOR INTRAMUSCULAR USE

**Next Visit:** Return for 15 mo WCC, earlier if any concerns

21. DIAGNOSIS OR NATURE OF ILLNESS OR INJURY Relate A-L to service line below (24E)										ICD Ind.		0						
A		Z00129		B		Z293		C		Z23		D		Z1388				
E		Z130		F				G				H						
I				J				K				L						
24. A. DATE(S) OF SERVICE										B. PLACE OF SERVICE		C. EMG		D. PROCEDURES, SERVICES, OR SUPPLIES (Explain Unusual Circumstances)		E. DIAGNOSIS POINTER		
From To																		
MM DD YY MM DD YY																		
1	N400006489700 ML 0.5										11		90647		SL		C	
2	N400006468100 ML 0.5										11		90707		59 SL		C	
3	N400006482700 ML 0.5										11		90716		59 SL		C	
4	N400006432903 ML 0.5										11		90671		SL		C	
5	04 23 24										11		1159F				ABCD	
6	04 23 24										11		1160F				ABCD	
25. FEDERAL TAX I.D. NUMBER										SSN EIN		26. PATIENT'S ACCOUNT NO.		27. ACCEPT ASSIGNMENT?				

Separate page of claim form:

5	04 23 24										11		99188				B	
6	N458160082552 ML 0.5										11		90633		SL		C	
25. FEDERAL TAX I.D. NUMBER										SSN EIN		26. PATIENT'S ACCOUNT NO.		27. ACCEPT ASSIGNMENT?				



# CIS-E Visit Medical Record Review – DOS 4/23/25

## CIS-E HEDIS® Measure Components:



### **Vaccines clearly documented as administered:**

- PCV, HepA, Varicella (chickenpox), MMR, and Hib



### **Key Finding: Vaccines correctly billed using CPT codes:**

- 90671 – Pneumococcal conjugate vaccine, 15-valent (PCV15), for intramuscular (IM) use
- 90633 – Hepatitis A vaccine, pediatric/adolescent dosage, 2-dose schedule, for IM use
- 90647 – Haemophilus influenzae type b (Hib) vaccine, PRP-OMP conjugate, 3-dose schedule, for IM use
- 90707 – Measles, Mumps, and Rubella (MMR) vaccine, live, for subcutaneous use
- 90716 – Varicella (chickenpox) virus vaccine, live, for subcutaneous use
- Z23 – Encounter for immunization

## **Best Practice Observed:**



Vaccines were properly documented and submitted with the correct CPT codes on the claim, supporting CIS-E HEDIS® compliance and timely gap closure.

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# Key Components & Proper Coding for IMA-E HEDIS® Measure

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# Understanding the IMA-E HEDIS® Measure & Proper Coding

## Measure Name:

- IMA-E – Immunizations For Adolescents

## Target Population:

- Members who turn 13 years of age during the measurement year

## Measure Requirements:

- ✓ Tdap (1 dose between ages 10–13)
- ✓ Meningococcal (1 dose between ages 11–13)
- ✓ HPV (2 or 3 dose between ages 9-13)

## Why It Matters:

- Receiving recommended vaccinations is the best defense against vaccine-preventable diseases, including meningococcal meningitis, tetanus, diphtheria, pertusis (whooping cough), and human papillomavirus.
- Impacts **HEDIS® compliance, quality reporting, P4P incentives, and member incentives.**

# Understanding the IMA-E HEDIS® Measure & Proper Coding

## Coding Requirements (Must Be Documented & Coded\*):

### CPT Codes:

- 90619, 90623, 90649-90651, 90715, 90733, 90734

### CVX Codes:

- 32, 62, 108, 114, 118, 136, 137, 147, 165, 167, 203, 316

*\*Codes subject to change.*

# Understanding the IMA-E HEDIS® Measure & Proper Coding

## Coding Tips:

1. Remember to include the appropriate CPT code on the claim to reduce the burden of HEDIS medical record review
2. Document both the name of the vaccine & the date it was administered in the medical record.
3. At each appointment, review immunization records and encourage the opportunity to catch up on missing immunizations.
4. Document all parental refusals of vaccine administration at the time of their occurrence. This does not make the member compliant for the measure.
5. Report all vaccines administered to the immunization registry.
6. Vaccines must be administered and documented before the adolescent turns 13.



# IMA-E Visit Medical Record Review – DOS 4/4/2024

21. DIAGNOSIS OR NATURE OF ILLNESS OR INJURY Relate A-L to service line below (24E)										ICD Ind.	0	
A. Z00129			B. E6601			C. Z6854			D. Z23			
E.			F.			G.			H.			
I.			J.			K.			L.			
24. A.	DATE(S) OF SERVICE						B. PLACE OF SERVICE	C. EMG	D. PROCEDURES, SERVICES, OR SUPPLIES (Explain Unusual Circumstances) OPT/HCPCS MODIFIER			E. DIAGNOSIS POINTER
	MM	DD	YY	MM	DD	YY						
1	04	04	24				11		99393			ABCD
2	04	04	24				11		90472			D
3	04	04	24				11		90471			D
4	N458160084243 ML 0.5											
	04	04	24				11		90715			D
5	N458160827003 ML 0.5											
	04	04	24				11		90734			D
6	N400006412101 ML 0.5											
	04	04	24				11		90651			D
25. FEDERAL TAX I.D. NUMBER							SSN EIN	26. PATIENT'S ACCOUNT NO.			27. ACCEPT ASSIGNMENT?	

04/04/2024

Progress Notes:

Pediatrics  
, APRN-CNP

## Reason for Appointment

### 1. Est care

This is an 11 year old male here today with mom for his wcc. Mom has no concerns today. Discussed nutrition and healthy BMI today and where he is at on growth charts. Patient is not a picky eater and will eat a variety of foods, but he does like to snack on chips and processed snacks. Patient is limited to an hour and half of screen time a day. He does play sports and is active.

## Assessments

1. Routine child health exam - Z00.129 (Primary)
2. Encounter for immunization - Z23
3. Morbid (severe) obesity due to excess calories - E66.01
4. Body mass index [BMI] pediatric, greater than or equal to 95th percentile for age - Z68.54

## Immunization

TDaP - VFC : 0.5 mL (Route: Intramuscular) given by LPN on Left Deltoid (Encounter for immunization)  
 Menveo- VFC : 0.5 mL (Route: Intramuscular) given by LPN on Left Deltoid (Encounter for immunization)  
 HPV- Gardasil - VFC injection : 0.5 mL (Route: Intramuscular) given by LPN on Right Deltoid (Encounter for immunization)

## Visit Codes

99394 PREVENTIVE Est Pt \*12-17 yrs.

## Procedure Codes

90471 ADMIN INJECTABLE VACCINE (1st)  
 90472 ADMIN INJECTABLE VACCINE, each additional shot  
 90715 TDaP - VFC  
 90734 Menveo- VFC  
 90651 HPV- Gardasil - VFC injection

## Follow Up

1 Year, prn.



# IMA-E Visit Medical Record Review – 4/4/2024

## IMA-E HEDIS® Measure Components:

- ✓ **Vaccines clearly documented as administered:**
  - Tdap, Meningococcal, and HPV
  
- ✓ **Key Finding: Vaccines were accurately billed using appropriate CPT codes.:**
  - 90715 – Tetanus, diphtheria toxoids, and acellular pertussis vaccine (Tdap), for use in individuals 7 years or older, for intramuscular (IM) use
  - 90734 – Meningococcal conjugate vaccine, serogroups A, C, W, Y, quadrivalent (MenACWY), for IM use
  - 90651 – Human papillomavirus (HPV) vaccine, 9-valent (9vHPV), for IM use.
  - Z23 – Encounter for immunization

## Best Practice Observed:

- 🔍 Vaccines were properly documented and submitted with the correct CPT codes on the claim, supporting IMA-E HEDIS® compliance and timely gap closure.
  - Second HPV dose administered one later year—gap was closed with correct claim coding.

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# Key Components & Proper Coding for PRS-E HEDIS<sup>®</sup> Measure

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# Understanding the PRS-E HEDIS® Measure & Proper Coding

## Measure Name:

- PRS-E – Prenatal Immunization Status

## Target Population:

- The percentage of members with deliveries during the measurement year who have received the 2 recommended immunizations.

## Measure Requirements:

- ✓ Influenza (on or between July 1 of the year prior to the measurement year and the delivery date)
- ✓ Tdap (received during the pregnancy – including the date of delivery)

## Why It Matters:

- Changes in the immune system & physiology put pregnant women at higher risk for hospitalization & death from influenza than other populations.
- Transfer of antibodies from an immunized mother to her fetus is the primary means of protecting infants from influenza & pertussis after birth.
- Impacts **HEDIS® compliance, quality reporting.**

# Understanding the PRS-E HEDIS® Measure & Proper Coding

## Coding Requirements (Must Be Documented & Coded\*):

### CPT Codes:

- **90630, 90653, 90654, 90656, 90658, 90661, 90662, 90673, 90674, 90682, 90686, 90688, 90689, 90694, 90756, 90715, 90756**

### CVX Codes:

- **88, 115, 135, 140, 141, 144, 150, 153, 155, 158, 166, 168, 171, 185, 186, 197, 205**

*\*Codes subject to change.*

# Understanding the PRS-E HEDIS® Measure & Proper Coding

## Coding/Documentation Tips:

1. Use CPT codes (e.g., 90715 for Tdap, 90686 for Influenza) or CVX codes in EHRs to ensure proper capture
2. Z23 diagnosis code is required
3. Offer vaccines during routine prenatal visits or upon admission for delivery.
4. Vaccines must be administered and documented during the pregnancy window—pre-pregnancy or postpartum doses do not count.
5. Report all immunizations to the state immunization registry.
6. Use prenatal visit templates that prompt for immunization status.



# PRS-E Medical Record Review – 10/14/24

21. DIAGNOSIS OR NATURE OF ILLNESS OR INJURY Relate A-L to service line below (24E)										ICD Ind.	0				
A.	Z23			B.				C.				D.			
E.				F.				G.				H.			
I.				J.				K.				L.			
24. A.	DATE(S) OF SERVICE						B.	C.	D. PROCEDURES, SERVICES, OR SUPPLIES				E.		
	From To						PLACE OF	EMG	(Explain Unusual Circumstances)				DIAGNOSIS		
	MM	DD	YY	MM	DD	YY	SERVICE		CPT/HCPCS	MODIFIER			PCINTER		
1	10	14	24				11		90471				A		
2	N458160088452 ML 0.5														
	10	14	24				11		90656				A		
3															
4															
5															
6															

25. FEDERAL TAX I.D. NUMBER	SSN EIN	26. PATIENT'S ACCOUNT NO.	27. ACCEPT ASSIGNMENT?
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## Progress Notes

APRN (Nurse Practitioner) • NP Womens Health • Encounter Date: 10/14/2024 • Creation Time: 10/14/2024 10:56 AM • Signed

### ROB

S: Denies RUQ pain, HA, VC. Denies VB, LOF, ctx/abd pain. Reports flutters of FM.

Snow White was seen today for return ob visit.

**#1 Encounter for supervision of other normal pregnancy in second trimester (Primary)**

**#2 19 weeks gestation of pregnancy**

**#3 Obesity in pregnancy**

**#4 Rh negative state in antepartum period**

**#5 Genetic carrier**

- US PREG UTERUS AFTER 1ST TRIMEST 1/1ST GESTATION

**#6 Flu vaccine need**

- IIV3 VACC PRESERVATIVE FREE 0.5 ML DOSAGE IM USE

**#7 Nausea and vomiting in pregnancy**

- ondansetron HCL (ZOFTRAN) 4 mg tablet; Take 1 Tablet by mouth every 8 (eight) hours as needed for nausea for up to 30 days Dispense: 30 Tablet; Refill: 0

### 1. Prenatal Care:

A neg, abs neg, Rubella Immune, HIV/HepBSAg/HepC/RPR/GC/CT neg

Immunizations: TDAP at 27w, COVID: received x 2-3, varicella immune; s/p flu vaccine (10/14)

RTC 4 weeks or sooner PRN

-Reviewed S/Sx pre-eclampsia, VB, LOF, PTL s/sx, and OBED/ER precautions

-Pt verbalizes understanding of all presented information and all questions answered



Immunization: INFLUENZA, SEASONAL, INJECTABLE, PRESERVATIVE FREE

Given 10/14/2024

Age when administered: 25 year old  
Dose: 0.5 mL  
Route: Intramuscular  
Site: Right deltoid  
Manufacturer: GlaxoSmithKline  
Lot#:   
Given By:



# PRS-E Medical Record Review – 10/14/24

## PRS-E HEDIS® Measure Components:



### **Vaccine clearly documented as administered:**

- Influenza received at 19 weeks gestation of pregnancy (after July 1)



### **Key Finding: Vaccine was accurately billed using appropriate CPT codes:**

- 90656 – Influenza virus vaccine, trivalent (IIV3), split virus, preservative-free, 0.5 mL dosage, for intramuscular use, for individuals 6 months of age and older
- Z23 – Encounter for immunization

## Best Practice Observed:



The influenza vaccines was properly documented and submitted with the correct CPT code on the claim, supporting PRS-E HEDIS® compliance and timely gap closure

- At 27 weeks gestation, the member did return and received the Tdap vaccine. The immunization was clinically documented and accurately coded on the claim, successfully closing the PRS-E care gap

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# Key Components & Proper Coding for LSC HEDIS<sup>®</sup> Measure

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# Understanding the LSC HEDIS® Measure & Proper Coding

## Measure Name:

- LSC – Lead Screening in Children

## Target Population:

- Members turning 2 years of age during the measurement year.

## Measure Requirements:

- ✓ Have 1 or more capillary or venous lead blood tests on or before member's 2nd birthday
- ✓ Must document both the date & the result of screening

## Why It Matters:

- Screening for lead is the easiest way to detect an abnormal blood lead level in children.
- The CDC estimates 500,000 US children suffer from levels of lead above the reference level.
- If not found early, exposure to lead & high blood lead levels can lead to irrevocable effects on a child's physical & mental health.
- Impacts **HEDIS® compliance, quality reporting, and member incentives.**

# Understanding the LSC HEDIS® Measure & Proper Coding

## Coding Requirements (Must Be Documented & Coded\*):

CPT Code:

- **83655**

*\*Codes subject to change.*

## Coding/Documentation Tips:

1. Remember to include the appropriate CPT code on the claim.
2. Assessment alone does not meet criteria for this measure – blood test must be completed.
3. Unknown is not a result/finding.
4. Labcorp offers no charge filter paper collection kits that uses only 2 drops of blood to complete in office with CPT code 36416 (collection of capillary blood specimen).

# Understanding the LSC HEDIS® Measure & Proper Coding

- Filter paper lead screening supplies can be ordered from Labcorp at no cost to you.
- These pre-assembled collection kits are available by request and include all collection supplies and shipment materials.
- There are no initiation fees or contract requirements.
- To order call Labcorp rep Joe Huffer at 651-260-9343, or email [Hufferj@labcorp.com](mailto:Hufferj@labcorp.com)
- Any questions contact your Provider Representative.

## CLOSING GAPS IN CARE

### Filter paper lead screening: Increase compliance with in-office collections



The US Centers for Disease Control and Prevention (CDC) estimates that 500,000 US children suffer from levels of lead above the reference level at which public action is recommended.<sup>1</sup> Lead poisoning may affect children of all socioeconomic levels<sup>2</sup> and may occur without obvious symptoms. An in-office finger stick collection may help offices increase their lead poisoning screening rates.

#### Labcorp offers a comprehensive set of testing options for lead exposure.

The filter paper lead screening service is an example of Labcorp's commitment to improving health and improving lives. The convenient, in-office screening can aid in getting more patients appropriately screened. It is a perfect complement to Labcorp's traditional venous collections.

#### Simple

- Screenings may be performed with two drops of blood from a finger stick during a routine office visit
- May be less invasive and traumatic for a child than a venous collection
- No spinning, refrigeration, or phlebotomist required
- Reports are available via fax, secure website or EMR

#### Accurate

- State-of-the-art technology assures timely and accurate results
- Samples are stable for up to 6 months
- Labcorp meets state reporting requirements for lead screening results

#### Cost-effective

- Collection supplies and specimen shipment are included
- Labcorp files claims with Medicaid and most major insurance companies.
- No equipment to purchase or maintain

Test Name	Test No.	Supply No.
Lead, Blood, Filter paper	791280	107973

#### References

1. Centers for Disease Control and Prevention. Lead. Located at <http://www.cdc.gov/lead/>. Accessed April 9, 2013.
2. Centers for Disease Control and Prevention. Childhood Lead Poisoning Lead and Your Health. <http://ephtracking.cdc.gov/showCommunityPage?addIn=ChildhoodLeadPoisoning.action>. Page created April 17, 2012. Accessed April 9, 2013.



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# LSC Visit Medical Record Review – DOS 3/10/25

21. DIAGNOSIS OR NATURE OF ILLNESS OR INJURY Relate A-L to service line below (24E)										ICD Ind.	0	
A. Z00121			B. Z77011			C. R569			D. Z638			
E.			F.			G.			H.			
I.			J.			K.			L.			
24. A.		DATE(S) OF SERVICE					B.	C.	D. PROCEDURES, SERVICES, OR SUPPLIES			E.
		From To					PLACE OF		(Explain Unusual Circumstances)			DIAGNOSIS
		MM	DD	YY	MM	DD	YY	EMG	CPT/HCPCS	MODIFIER		PCINTER
1		03	10	25				11		85018		A
2		03	10	25				11		36416		B
3		03	10	25				11		83655		B
4		03	10	25				11		99392		ACDB
5												
6												
25. FEDERAL TAX I.D. NUMBER						SSN EIN		26. PATIENT'S ACCOUNT NO.			27. ACCEPT ASSIGNMENT? (For govt. claims, see back)	

Appt Time: 03/10/25 11:30am  
Arrival Time: 03/10/25 11:33am Checked  
Visit Reason: 12m WCC  
Patient Age: 1 yr, 2 mos  
Appt Location: Pediatrics  
Appt Provider: APRN

## History (Questions or Concerns)

Patient here today with mom for 12 month WCC. Patient is doing well according to parent.  
Breastmilk/formula/milk intake: patient eats a well balanced diet and water intake is appropriate; whole milk  
Output: normal stools and urinations  
Sleep: sleeps well and uninterrupted through the night  
Snoring: none  
Development: Development is appropriate for age with the exception of abnormal gait  
Childcare: Full time  
Concerns: seizures risk with vaccinations due to previous history  
Referrals: neurology referral sent today

Lead Screen (Completed)

Facility: Pediatrics

Specimen Collected: By 03/10/25 1:38pm

Ordered by  
Last Saved by

To:

Due: 03/10/25

Order Date: 03/10/25

Test	Result	Units	Reference Range	Interpretation
Lead [Mass/volume] in Capillary blood	low	ug/dL	<3.3 Normal	Normal



# LSC Visit Medical Record Review – DOS 3/10/25

## **LSC HEDIS® Measure Components:**

- ✓ Capillary blood lead test completed on or before the child turned 2 years of age.

## **Key Finding: Lead test was accurately billed using appropriate CPT code:**

- ✓ 93655 – Lead
- ✓ 36416 – Collection of capillary blood specimen (e.g., finger, heel, ear stick)

## **Best Practice Observed:**

- 🔍 The lead blood test was properly documented and submitted with the correct CPT code on the claim, supporting LSC HEDIS® compliance and timely gap closure

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# Summary & Resources

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# P4P Coding Missed Opportunity Example

Measure	Compliant Members without Chart Review	Compliant Members with Chart Review	P4P without Chart Review	P4P with Chart Review
CIS – combo 10	11	89	\$110.00	\$2,697.00
IMA – combo 2	13	75	\$130.00	\$2,250.00

# Summary Coding for Success: AIS-E, CIS-E, IMA-E, PRS-E, & LSC

## Key Takeaways:

### 1. Documentation & Coding Essentials

- AIS-E: (Adult Immunization Status): Code all adult vaccines (e.g., flu, Tdap, pneumococcal) using appropriate CPT/CVX codes to ensure measure compliance.
- CIS-E: (Childhood Immunization Status) Document and code all required childhood vaccines on or before age 2—coding ensures credit even if chart notes are complete.
- IMA-E: (Immunizations For Adolescents) Administer and code Tdap, MCV, and HPV vaccines on or before age 13; use both CPT and CVX codes for full capture.
- PRS-E: (Prenatal Immunization Status) Code prenatal and postpartum visits with correct timing and diagnosis codes to meet both components of the measure.
- LSC: (Lead Screening in Children) Ensure lead screening is completed and coded by the child's second birthday.

### 2. For P4P incentive, documentation alone isn't enough, it must be coded properly.\*

\*OCH reviews less than 10% of all charts. That means if you're not coding it, you're not getting credit — even if it's documented in the chart.



# Quick Reference Guide HEDIS® MY 2025

Quick Reference  
Guide HEDIS® MY  
2025 with codes are  
available on  
Oklahoma Complete  
Health Website:

<https://www.oklahomacompletehealth.com/providers/resources/forms-resources.html>

## Quick Reference Guide HEDIS® MY 2025

FOR MORE INFORMATION, VISIT **NCQA.ORG**

Medicaid | Medicare | Marketplace



**oklahoma  
complete health**™

# HEDIS® Adult Pocket Guide: 2025 Measurement Year

Adult Pocket Guide  
with codes are  
available on  
Oklahoma Complete  
Health Website:






<https://www.oklahomacompletehealth.com/providers/resources/forms-resources.html>

HEDIS® Adult Pocket Guide: 2025 Measurement Year		
For a complete list of codes, please visit the NCQA website at <a href="https://www.ncqa.org">ncqa.org</a> , or see the HEDIS value sets. The following is a subset only of the NCQA approved codes.		
Prevention and Screening		
Measure	Best Practice	Codes
<b>(AAP) Adults' Access to Preventive/Ambulatory Health Services (Age 20+)</b> <sup>1,2,3</sup> Also known as Annual Preventive Visit (APV)	Once a year. Commercial member who had an ambulatory or preventive care visit during the MY or the two years prior to the MY.	99381–99387, 99391–99397, G0402, G0438, G0439, S0620, S0621
<b>(BCS-E) Breast Cancer Screening (Female Age 50–74)</b> <sup>1,2,3</sup>	Mammogram – every 2 years	77061–77063, 77065–77067, G9054, Z90.13
<b>(CCS-E) Cervical Cancer Screening (Female Age 21–64)</b> <sup>1,3</sup>	Cervical Cytology Lab Test (age 21–64)	88141–88143, 88147, 88148, 88150, 88152, 88153, 88164–88167, 88174, 88175, G0123, G0124, G0141, G0143–G0145, G0147, G1048, P3000, P3001, Q0091
	hrHPV Test (age 30–64)	87624, 87625, G0476
<b>(CHL) Chlamydia Screening (Age 16–24)</b> <sup>1,3</sup>	Chlamydia Test	87110, 87270, 87320, 87490–87492, 87810
<b>(COL-E) Colorectal Cancer Screening (Age 45–75)</b> <sup>1,2,3</sup>	Colonoscopy – within past 10 years	44388–44392, 44394, 44401–44408, 45378–45382, 45384–45386, 45388–45393, 45398, G0105, G0121
	Flexible Sigmoidoscopy – within past 5 years	45330–45335, 45337–45338, 45340–45342, 45346, 45347, 45349, 45350, G0104
	CT Colonography – within past 5 years	74261–74263
	sDNA FIT Lab Test – within past 3 years	81528
	FOBT Lab Test – within measurement year	82270, 82274, G0328
	Colorectal Cancer	C18.0–C18.9, C19, C20, C21.2, C21.8, C78.5, Z85.038, Z85.048
Cardiovascular Conditions		
Measure	Best Practice	Codes
<b>(CBP) Controlling High Blood Pressure (Age 18–85)</b> <sup>1,2,3</sup>	Essential Hypertension	I10
	Systolic Greater Than/Equal to 140	3077F
	Systolic Less Than 140	3074F, 3075F
	Diastolic Greater Than/Equal to 90	3080F
	Diastolic 80–89	3079F
	Diastolic Less Than 80	3078F
	Telephone Visits	98966–98968, 99441–99443

# HEDIS® Pediatric Pocket Guide: 2025 Measurement Year

Pediatric Pocket Guide with codes are available on Oklahoma Complete Health Website:

<https://www.oklahomacompletehealth.com/providers/resources/forms-resources.html>

HEDIS® Pediatric Pocket Guide: 2025 Measurement Year		
For a complete list of codes, please visit the NCQA website at <a href="https://www.ncqa.org">ncqa.org</a> , or see the HEDIS value sets. The following is a subset only of the NCQA approved codes.		
 <b>All Well-Child Visits</b>		
<b>Must include the following:</b> Documentation of a visit with an acceptable provider type, the date of the visit, and services to validate a well-child visit was performed.		
Measure	Best Practice	Codes
(W30) Well-Child Visits in the First 30 Months of Life (0–30 months) <sup>1,2</sup>	<b>Well-Child Visits in the First 15 Months.</b> For children who turned 15 months old during the measurement year: Six or more well-child visits. <b>Well-Child Visits for 15–30 Months of Age.</b> For children who turned 30 months of age during the measurement year: Two or more well-child visits.	99381, 99382, 99391, 99392, 99461, G0438, G0439, S0302, Z00.110, Z00.111, Z00.121, Z00.129
(WCV) Child and Adolescent Well-Care Visits (3–21 years of age) <sup>1,2</sup>	One or more comprehensive well-care visits with a PCP or OB/GYN within the measurement year. Visits occurring anytime in the measurement year, including prior to or after the patient's birthday, close the gap.	99382–99385, 99391–99395, G0438, G0439, S0302, S0610, S0612, S0613, Z00.00, Z00.01, Z00.121, Z00.129, Z00.2, Z00.3, Z01.411, Z01.419, Z02.5, Z76.2
 <b>Respiratory Conditions</b>		
Measure	Best Practice	Codes
(CWP) Appropriate Testing for Pharyngitis <sup>1,2</sup>	Episodes for members <b>3 years of age and older</b> where the member is: <ul style="list-style-type: none"><li>• Diagnosed with pharyngitis</li><li>• Dispensed an antibiotic</li><li>• Received a group A strep test</li></ul> <b>Note:</b> Test for Group A Strep before dispensing an antibiotic.	<b>Group A Strep Test:</b> 87070, 87071, 87081, 87430, 87650–87652, 87880  <b>Pharyngitis:</b> J02.0, J02.8, J02.9, J03.00, J03.01, J03.80, J03.81, J03.90, J03.91
 <b>Weight Assessment and Counseling for Nutrition &amp; Physical Activity</b>		
Measure	Best Practice	Codes
(WCC) Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents (3–17 years of age) <sup>1,2</sup>	Visit with PCP or OB/GYN in measurement year with documentation of or claim for discussion of BMI percentile, AND nutrition and diet, AND physical activity.	BMI: Z68.51, Z68.52, Z68.53, Z68.54 Nut: 97802–97804, G0270, G0271, G0447, S9449, S9452, S9470 PA: G0447, S9451, Z02.5, Z71.82
<b>Lines of Business:</b> <sup>1</sup> Medicaid <sup>2</sup> Marketplace		
HEDIS® is a registered trademark of the National Committee for Quality Assurance (NCQA).		
<b>OklahomaCompleteHealth.com</b>		
Oklahoma Complete Health and Ambetter are affiliated products serving Medicaid and Health Insurance Marketplace members, respectively. The information presented here is representative of our network of products. If you have any questions, please contact Provider Relations.		
 		

Feedback Survey - <https://forms.office.com/r/n3ByTQULUj>



## Coding for Success Feedback Survey - Adult and Child Immunization HEDIS® Measures

July 1st & 3rd, 2025

Thank you for your participation. The purpose of this questionnaire is to collect your feedback, which will help us improve this event in the future. All information will remain confidential.



# AAPC CEU Approved Certificate Index# OCH0613250903RGA

Oklahoma Complete Health

Certificate of Approval

Name

Coding for Success: Understanding AIS-E, CIS-E, IMA-E, PRS-E, & LSC HEDIS® Measures



AAPC  
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CEU APPROVED



Index # OCH0613250903RGA

This Index # is valid for education purchased prior to 7/30/2026

Date

This program meets AAPC guidelines for 1.0 CEUs. Can be split between Core A and all specialties except CIRCC for continuing education units.

\*This program has the prior approval of AAPC for continuing education hours. Granting of prior approval in no way constitutes endorsement by AAPC of the program content or the program sponsor.

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# Questions?

Email: [Quality\\_OCH@OklahomaCompleteHealth.com](mailto:Quality_OCH@OklahomaCompleteHealth.com)

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