



Coding for Success: Understanding APV/AWV, BCS-E, CCS-E, & COL-E HEDIS® Measures

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Oklahoma Complete Health identified a member's high-risk needs through the My Health Screening form.



The Oklahoma Complete Health Care Manager swiftly scheduled appointments, refilled medications, arranged urgent tests and address food insecurities by activating the FoodRx benefit. The member, amazed and pleased, said, “my insurance helps with that - really?”

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
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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 ≤ 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.*

Key Components & Proper Coding for APV/AWV HEDIS® Measure

Understanding the APV/AWV HEDIS® Measure & Proper Coding

Measure Name:

- APV/AWV – Annual Preventive Visit Visit/Annual Wellness Visit

Target Population:

- Members ages 18 and older during the measurement year

Measure Requirements:

- ✓ Comprehensive Physical Exam (not required for Medicare)
- ✓ Routine Preventive Care Screenings
- ✓ Health Counseling
- ✓ Health Risk Assessment

Why It Matters:

- Preventive care visits are an optimal time to close out multiple gaps in care for members.
- Identify health risks early, manage chronic conditions proactively, and promote healthier lifestyles.
- Impacts **HEDIS® compliance, quality reporting, P4P incentives, and member incentives.**

Understanding the APV/AWV HEDIS® Measure & Proper Coding

Coding Requirements (Must Be Documented & Coded*):

CPT Codes:

- **99385-99387, 99395-99397**

HCPCS Codes:

- **G0402, G0438, G0439**

ICD-10:

- **Z00.00, Z00.01, Z00.5, Z00.8, Z02.0, Z02.1, Z02.2, Z02.3, Z02.4, Z02.5, Z02.6, Z02.71, Z02.79, Z02.81, Z02.82, Z02.83, Z02.89, Z02.9**

**Codes subject to change.*



APV/AWV Visit Medical Record Review – 2/25/2025

21. DIAGNOSIS OR NATURE OF ILLNESS OR INJURY Relate A-L to service line below (24E)												ICD Ind.	0
A. Z23		B. Z0000		C. R000		D. F5104							
E. E559		F. F411		G. E785		H. F988							
I. R110		J. F1090		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								CPT/HCPCS MODIFIER					
MM	DD	YY	MM	DD	YY								
1	N419515081052 ML 0.5												
	02	25	25			11		90656					A
2													
	02	25	25			11		99396	25				B
3													
	02	25	25			11		99214	25				CDEF
4	PR IM ADM PRQ ID SUBQ/IM NJXS 1 VACCINE												
	02	25	25			11		90471					A
5													
6													
25. FEDERAL TAX I.D. NUMBER						SSN EIN		26. PATIENT'S ACCOUNT NO.				27. ACCEPT ASSIGNMENT?	

Progress Notes

2/25/2025 Physician) • Family Practice

Chief Complaint

Patient presents with

- Physical
- E&M Of Chronic Disease(s)

SUBJECTIVE:

40 y.o. female for her annual checkup and E/M issues as documented.

She obtains gyne exam, pap smear and breast care with Dr. we

referred her to GYN last year, but has not seen them.

Her last pap smear and mammogram have been updated in the Health Maintenance as appropriate. Patient's last menstrual period was 02/19/2025.

Immunization status: missing doses of Flu.

Tobacco use and Alcohol use: reviewed and/or updated as indicated.

Last Colorectal Cancer screening: n/a.

Family history of colon cancer: no.

Assessment & Plan

1. Health maintenance: Her immunization record is up-to-date, including two doses of the MMR vaccine received in 1986 and 2002. Her weight has remained stable over the past year, with a slight decrease of 2 pounds from 129 to 127. Her BMI is within the normal range at 20. Her vitamin D levels were found to be low during the last assessment in December 2024. Her cholesterol levels were slightly elevated. She is not a suitable candidate for weight loss medications given her current BMI.

Encounter for annual physical exam

- CBC WITHOUT DIFFERENTIAL; Future
- COMPREHENSIVE METABOLIC PANEL; Future

Visit for screening mammogram

- MAMMO 3D TOMO SCREEN BILAT W OR WO CAD; Future

Need for vaccination

- INFLUENZA VACCINE TRIVALENT SPLIT VIRUS, (6 MOS UP), 0.5ML (PF), IM

Cervical cancer screening

- AMB REFERRAL TO OB/GYN

Return in about 6 months (around 8/25/2025) for E/M of chronic diseases/issues, ADD/ADHD.

was seen today for physical and e&m of chronic disease(s).

APV/AWV Visit Medical Record Review – DOS 02/25/2025


APV HEDIS® Measure Components:

- ✓ **Comprehensive Physical Exam:** Weight and BMI normal, cholesterol and vit D levels, and CBC and comprehensive and metabolic panel
- ✓ **Routine Preventative Screenings:** Referral to OB/GYN for pap smear, order for mammogram, flu vaccine due
- ✓ **Health Counseling:** Review of tobacco and alcohol use

Key Finding:

- ✓ **Accurately billed using appropriate codes:**
 - 99396– preventive medicine evaluation and management service for established patients who are between 40 and 64 years of age
 - Z00.00 – Encounter for general adult medical examination without abnormal findings.

Best Practice Observed:

-  Preventative visit was properly documented and submitted with the correct codes on the claim, supporting APV HEDIS® compliance, timely gap closure, and incentives earned.

Understanding the APV/AWV HEDIS® Measure & Proper Coding

Coding Tips:

1. Use Z codes to close the care gap. Ensure documentation supports general adult exams.
 - **Z00.00** (with abnormal findings)
 - **Z00.01** (without abnormal findings)
2. Use Modifier 25 When Appropriate
 - **Bill both services** if a problem-oriented E/M service is provided in addition to the preventive visit
 - Append Modifier 25 to the E/M code (e.g., 99213-25)
3. Use appropriate G code (G0438, G0439, G0402) for Medicare Annual Wellness Visits

Key Components & Proper Coding for BCS-E HEDIS® Measure

Understanding the BCS-E HEDIS® Measure & Proper Coding

Measure Name:

- BCS-E – Breast Cancer Screening

Target Population:

- Members aged 40 to 74 years during the measurement year

Measure Requirement:

- ✓ A mammogram (screening, diagnostic, film, digital, or digital breast tomosynthesis) on or between October 1 two years prior to the measurement year and December 31 of the measurement year.

Why It Matters:

- Promotes early detection of breast cancer and improves survival rates
- Detecting cancer early often leads to less invasive and less expensive treatment
- Impacts **HEDIS® compliance, quality reporting, P4P & P4Q incentives and member incentives**

Understanding the BCS-E HEDIS® Measure & Proper Coding

Coding Requirements (Must Be Documented & Coded*):

ICD-10-CM Codes:

- **Z90.13**

CPT Codes:

- **77061–77063, 77065–77067**

HCPCS Codes:

- **G9054**

*Codes subject to change.



BCS-E Medical Record Review – DOS 11/07/2023

21. DIAGNOSIS OR NATURE OF ILLNESS OR INJURY Relate A-L to service line below (24E)										ICD Ind.	0					
A	N951			B	Z23			C	L659			D	E559			
E	Z79890			F	Z9013			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	11	07	23				11			99214	25				ACDE	
2	11	07	23				11			3078F					A	
3	11	07	23				11			3074F					A	
4	N458160090952 ML 0,5															
	11	07	23				11			90686					B	
5	11	07	23				11			3008F					A	
6	N458160084252 ML 0,5															
	11	07	23				11			90715					B	
25. FEDERAL TAX I.D. NUMBER										SSN EIN	26. PATIENT'S ACCOUNT NO.				27. ACCEPT ASSIGNMENT?	

Progress Notes

(Physician) • Family Medicine

11/7/2023

Patient ID: is a 53 y.o. female.

Chief Complaint

Patient presents with

- Follow-up
- Patient states she needs a culture

Subjective

HPI

Patient presents for follow up of HRT. She was started on estradiol and progesterone in 2021. She feels like they are helping her menopause symptoms. Last Pap was normal in 2023.

No mammogram but she had an elective bilateral mastectomy due to family history of breast cancer.

She has had some hair loss since starting HRT. No recent labs.

She was referred for colonoscopy in May of this year. She was called to schedule but just hasn't done it.

Assessment/Plan

Problem List Items Addressed This Visit

Other

Hormone replacement therapy (HRT)

Relevant Medications

progesterone (PROMETRIUM) 100 mg capsule
estradiol (CLIMARA) 0.025 mg/24 hr

Other Relevant Orders

Thyroid Profile, Comprehensive (FT4, FT3, TSH)
CBC with Auto Differential
Comprehensive Metabolic Panel
Lipid panel

Menopausal symptoms - Primary

Relevant Medications

progesterone (PROMETRIUM) 100 mg capsule
estradiol (CLIMARA) 0.025 mg/24 hr



BCS-E Visit Medical Record Review – DOS 11/07/2023

BCS-E HEDIS® Measure Components:



Bilateral Mastectomy noted in member chart

- “No mammogram but she had an elective bilateral mastectomy due to family history of breast cancer”

Key Finding:



History of bilateral mastectomy billed with appropriate ICD-10-CM code:

- Z90.13 – Acquired absence of bilateral breasts and nipples

Best Practice Observed:



Ensured the patient is excluded from the HEDIS® BCS-E measure.

- This removes the member from the measure
- Not submitted during the measurement year, the patient may be incorrectly flagged as non-compliant.

Understanding the BCS-E HEDIS® Measure & Proper Coding

Coding Tips:

1. Simply discussing or recommending a mammogram does not satisfy the BCS-E measure.
2. Include the date of service, type of mammogram, and results in the medical record.
3. If the breast cancer testing was done outside your system, obtain and document the report in the medical record.
4. Use EHR alerts or care gap reports to track patients due for screening.
5. Review surgical history annually or during visits to establish care and ensure that diagnosis code Z90.13 is included on claims when applicable.

Key Components & Proper Coding for CCS-E HEDIS® Measure

Understanding the CCS-E HEDIS® Measure & Proper Coding

Measure Name:

- CCS-E – Cervical Cancer Screening

Target Population:

- Members aged 21 to 64 during the measurement year

Measure Requirements:

- ✓ 21 to 64 – **cervical cytology performed within last three years**
- ✓ 30 to 64 – **cervical high-risk human papillomavirus (hrHPV) testing performed within last 5 years**
- ✓ 30 to 64 – **cervical cytology/high risk human papillomavirus (hrHPV) co-testing within last 5 years**

Why It Matters:

- Cervical cancer can be detected in its early stages by regular screening.
- Due to the success of cervical cancer screening in the U.S., dramatic decreases have been observed in both mortality and incidence of invasive cervical cancer.
- Impacts **HEDIS® compliance, quality reporting, P4P incentives, and member incentives.**

Understanding the CCS-E HEDIS® Measure & Proper Coding

Coding Requirements (Must Be Documented & Coded*):

CPT Codes:

- **87624, 87625 88141–88143, 88147, 88148, 88150, 88152, 88153, 88164–88167, 88174, 88175,**

HCPCS Codes:

- **G0123, G0124, G0141, G0143–G0145, G0147, G0148, P3000, P3001, Q0091, G0476**

ICD-10-CM Codes:

- **Z90.710**

**Codes subject to change.*



CCS-E Visit Medical Record Review – 2/5/2025

21. DIAGNOSIS OR NATURE OF ILLNESS OR INJURY Relate A-L to service line below (24E)										ICD Ind. 0			
A. Z0001			B. F330			C. Z90710			D. K8070				
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)				E. DIAGNOSIS POINTER	
From To								CPT/HCPCS MODIFIER					
MM DD YY MM DD YY													
1 02 05 25						11		99386				AC	
2 02 05 25						11		99203 25				BD	
3													
4													
5													
6													
25. FEDERAL TAX I.D. NUMBER						SSN EIN		26. PATIENT'S ACCOUNT NO.				27. ACCEPT ASSIGNMENT?	

Progress Notes

(Physician) • Family Practice

is a 58 y.o. female.

Reason For Visit:

Chief Complaint

Patient presents with

- Establish Care
- Abdominal Pain

Pt reports they found gallstones last week.

She has been experiencing significant pain due to gallstones located in her bile duct for the past 2 weeks. An ultrasound was performed, revealing at least one gallstone. The radiologist's report suggested an MRCP, but she was unable to complete this due to recent insurance change. She reports frequent nausea, with one episode of vomiting, and a lack of appetite. She often forces herself to eat, which results in severe pain. She has not consumed any food today. She has a history of liver issues, kidney stones, and gallstones. She has a family history of pancreatic cancer and was due for an MRCP in December, but it was delayed due to insurance changes. She is able to retain food most of the time. She has been managing her pain with Tylenol.

She had a total hysterectomy, including the removal of her cervix. She lost one ovary at age 16 due to noncancerous reasons. She had a history of polycystic ovaries and undiagnosed pain. She has not seen a gynecologist since moving to Stillwater 2.5 years ago. She had a mammogram this summer and is supposed to have a breast MRI. She is up to date on colon cancer screening.

ASSESSMENT & PLAN

Total Hysterectomy

W/ b/l oophorectomy- removed for non cancerous reasons

No longer requires Pap smears

Calculus of gallbladder and bile duct without cholecystitis or obstruction

Patient had right upper quadrant ultrasound performed at Touchstone imaging last month. She has the results on her phone and I have asked her to upload these into her my Mercy portal.

Return in about 6 months (around 8/5/2025) for Chronic conditions.



CCS-E Visit Medical Record Review – 2/5/2025

CCS-E HEDIS® Measure Components:



Total hysterectomy noted in member chart

- “She had a total hysterectomy, including removal of her cervix”
- “Total hysterectomy w/ b/l oophorectomy – removed for non-cancerous reasons”

Key Finding:



History of total hysterectomy billed with appropriate ICD-10-CM code:

- Z90.710 – Acquired absence of both cervix and uterus

Best Practice Observed:



Ensured the patient is excluded from the HEDIS® CCS-E measure.

- This removes the member from the measure
- Not submitted during the measurement year, the patient may be incorrectly flagged as non-compliant.

Understanding the CCS-E HEDIS® Measure & Proper Coding

Coding Tips:

1. Simply discussing or recommending a cervical cancer screening does not satisfy the CCS-E measure.
2. Ensure date, type of test, and result are clearly documented in the medical record.
3. If the cervical cancer testing was done outside your system, obtain and document the report in the medical record.
4. Use EHR alerts or care gap reports to track patients due for screening.
5. Review surgical history annually or during visits to establish care and ensure that diagnosis code Z90.710 is included on claims when applicable.

Key Components & Proper Coding for COL-E HEDIS® Measure

Understanding the COL-E HEDIS® Measure & Proper Coding

Measure Name:

- COL-E – Colorectal Cancer Screening

Target Population:

- Members ages 45 to 75 years during the measurement year

Measure Requirements:

- ✓ One of the following screenings on or before December 31 the measurement year:

Colonoscopy – within past 10 years

Flexible Sigmoidoscopy – within past 5 years

CT Colonography – within past 5 years

sDNA FIT Lab Test – within past 3 years

FOBT Lab Test – during the measurement year

Why It Matters:

- Colorectal cancer is the second leading cause of cancer death in the United States, behind only lung cancer.
- Impacts **HEDIS® compliance, quality reporting, P4P, P4Q incentives, and member incentives**

Understanding the COL-E HEDIS® Measure & Proper Coding

Coding Requirements (Must Be Documented & Coded*):

CPT Codes:

- **44150-44153, 44155-44158, 44210-44212, 44388–44392, 44394, 44401–44408, 45330-45335, 45337, 45338, 45340-45342, 45346, 45347, 45349, 45350, 45378–45382, 45384-45386, 45388–45393, 45398, 74261-74263, 81528, 82270, 82274**

HCPCS Codes:

- **G0104, G0105, G0121, G0328, G9054**

ICD-10-CM Codes:

- **C18.0–C18.9, C19, C20, C21.2, C21.8, C78.5, Z85.038, Z85.048**

**Codes subject to change.*



COL-E Visit Medical Record Review – DOS 3/26/2025

21. DIAGNOSIS OR NATURE OF ILLNESS OR INJURY Relate A-L to service line below (24E)										ICD Ind.				
A.		B.		C.		D.		E.						
Z0000		Z125		Z1212		Z8669								
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) CPT/HCPCS	MODIFIER	E. DIAGNOSIS POINTER
MM	DD	YY	MM	DD	YY									
03	26	25				11		99396						ABCD
03	26	25				11		82274	QW					AC

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

Progress Notes

MD (Physician) • Family Medicine • Encounter Date: 3/26/2025 • Signed
Family Care

CHIEF COMPLAINT:

Chief Complaint

Patient presents with

- Wellness Exam
And fasting blood work.

History of Present Illness:

is a 46 year old male who presents for complete physical examination.

The patient needs to be screened for prostate cancer and rectal cancer his blood work done.
He is taking his medication as prescribed and he needs his medication refilled.
He also has history of migraine headache and I will start him on rizatriptan

Impressions:

- Physical exam
- Screening for prostate cancer
- Screening for rectal cancer
- Migraine headaches

Plan:

We will check CBC, CMP, lipid panel, TSH, PSA and UA.
Continue current medication and refill the medications
I am Going to try the patient on rizatriptan 10 mg as needed

📌 OCCULT BLOOD FECES 1-3 IMMUNO - POINT OF CARE (AMB)

Order:

Component	1 yr ago	
Ref Range & Units (hover)		
QC Verified	Yes	Yes
Occult Blood Immunoassay 1	negative	negative
Occult Blood Immunoassay 2	negative	negative
Occult Blood Immunoassay 3	negative	negative

Resulting Agency

Specimen Collected: 03/26/25 1:20 PM

Last Resulted: 03/26/25 1:20 PM

COL-E Visit Medical Record Review – DOS 03/26/2025

COL-E HEDIS® Measure Components:

Colorectal Cancer Screening Test Documented


- “Patient needs to be screened for prostate and rectal cancer his blood work is done”
- FOBT results included in medical record

Key Finding:

History of FOBT billed with appropriate CPT code:

- 82274 – fecal occult blood test (FOBT) using a fecal hemoglobin determination by immunoassay, qualitative, for 1-3 simultaneous determinations

Best Practice Observed:

 FOBT for COL-E HEDIS® was properly documented and submitted with the correct codes on the claim, supporting COL-E HEDIS® compliance and timely gap closure.



66 CK	D472	E119	E785	I10	F17210	G4730
0						
69 ADMIT CK		70 PATIENT REASON DX	D472			71 PPS CODE
						72 EQ
<small> 1-4 5-6 7-8 9-10 11-12 13-14 15-16 17-18 19-20 21-22 23-24 25-26 27-28 29-30 31-32 33-34 35-36 37-38 39-40 41-42 43-44 45-46 47-48 49-50 51-52 53-54 55-56 57-58 59-60 61-62 63-64 65-66 67-68 69-70 71-72 73-74 75-76 77-78 79-80 81-82 83-84 85-86 87-88 89-90 91-92 93-94 95-96 97-98 99-100 101-102 103-104 105-106 107-108 109-110 111-112 113-114 115-116 117-118 119-120 121-122 123-124 125-126 127-128 129-130 131-132 133-134 135-136 137-138 139-140 141-142 143-144 145-146 147-148 149-150 151-152 153-154 155-156 157-158 159-160 161-162 163-164 165-166 167-168 169-170 171-172 173-174 175-176 177-178 179-180 181-182 183-184 185-186 187-188 189-190 191-192 193-194 195-196 197-198 199-200 201-202 203-204 205-206 207-208 209-210 211-212 213-214 215-216 217-218 219-220 221-222 223-224 225-226 227-228 229-230 231-232 233-234 235-236 237-238 239-240 241-242 243-244 245-246 247-248 249-250 251-252 253-254 255-256 257-258 259-260 261-262 263-264 265-266 267-268 269-270 271-272 273-274 275-276 277-278 279-280 281-282 283-284 285-286 287-288 289-290 291-292 293-294 295-296 297-298 299-300 301-302 303-304 305-306 307-308 309-310 311-312 313-314 315-316 317-318 319-320 321-322 323-324 325-326 327-328 329-330 331-332 333-334 335-336 337-338 339-340 341-342 343-344 345-346 347-348 349-350 351-352 353-354 355-356 357-358 359-360 361-362 363-364 365-366 367-368 369-370 371-372 373-374 375-376 377-378 379-380 381-382 383-384 385-386 387-388 389-390 391-392 393-394 395-396 397-398 399-400 401-402 403-404 405-406 407-408 409-410 411-412 413-414 415-416 417-418 419-420 421-422 423-424 425-426 427-428 429-430 431-432 433-434 435-436 437-438 439-440 441-442 443-444 445-446 447-448 449-450 451-452 453-454 455-456 457-458 459-460 461-462 463-464 465-466 467-468 469-470 471-472 473-474 475-476 477-478 479-480 481-482 483-484 485-486 487-488 489-490 491-492 493-494 495-496 497-498 499-500 501-502 503-504 505-506 507-508 509-510 511-512 513-514 515-516 517-518 519-520 521-522 523-524 525-526 527-528 529-530 531-532 533-534 535-536 537-538 539-540 541-542 543-544 545-546 547-548 549-550 551-552 553-554 555-556 557-558 559-560 561-562 563-564 565-566 567-568 569-570 571-572 573-574 575-576 577-578 579-580 581-582 583-584 585-586 587-588 589-590 591-592 593-594 595-596 597-598 599-600 601-602 603-604 605-606 607-608 609-610 611-612 613-614 615-616 617-618 619-620 621-622 623-624 625-626 627-628 629-630 631-632 633-634 635-636 637-638 639-640 641-642 643-644 645-646 647-648 649-650 651-652 653-654 655-656 657-658 659-66</small>						

(Nurse Practitioner) • Nurse Practitioner Adult Health

Reason for Visit: MGUS follow up

Interval History:

Feeling ok

Right foot pain - had WC last year - got septic - has been healed for quite a while - hurts more with the weather

Found spots in both breasts - had imaging recently - not bale to find right breast mass - left breast mass was smaller - will have another mammo in September

Left shin bone pain - started about 2 weeks ago - no trauma or injury - comes and goes - about the same

Hematology/Oncology History:

02/28/2024: BCR/ABL negative

08/15/2024: Labs – WBC 12.7, Hgb 13.3, HCT 40.5, PLT 325, calcium 9.1, creatinine 1.47, albumin 3.1, M spike 0.9, paraprotein present shown by immunofixation to be of IgG and kappa specificity, kappa light chain 75.59, lambda light chain 40.02, ratio 1.89

03/25/2025: Labs - WBC 14.9, Hgb 13.6, HCT 41.7, PLT 277, Calcium 9.6, Creatinine 1.55, Albumin 3.2, M spike 1.1, Immunofixation reveals IgG kappa monoclonal protein, Kappa light chain 71.54, Lambda light chain 41.23, Ratio 1.74, IgG 1893, IgA 397, IgM 73

MEDICAL HX:

has a past medical history of Diabetes mellitus (CMS/HCC), Headache, Hyperlipidemia, Hypertension, and Malignant neoplasm of colon (CMS/HCC).

Assessment/Plan:

46 y.o. female with IgG kappa MGUS, currently in observation. She presents today for follow up.

M spike is increased from 0.9 Aug 2024 to now 1.1. Kappa light chain slightly decreased from 75 to now 71. IgG level is elevated. I do not have a previous to compare to. Her creatinine is elevated and slightly increased from previous. Her calcium corrects to 10.2. Patient denies taking calcium or multivitamin. She does take vitamin D3, and I have asked her to hold this temporarily. Will recheck on return. She is also having new right lower leg pain, started about 2 weeks ago. No trauma or injury. With MGUS, bone pain, elevated creatinine, and hypercalcemia, PET scan ordered for further evaluation.

RTC 4 weeks with CBC, CMP, PET

COL-E Visit Medical Record Review – DOS 04/09/2025


COL-E HEDIS® Measure Components:

- ✓ **Colorectal cancer noted in medical history**
 - “Malignant neoplasms of colon”

Key Finding:

- ✓ History of colorectal cancer billed with appropriate ICD-10-CM code:
 - Z85.038 – Personal history of other malignant neoplasm of large intestine

Best Practice Observed:

-  Ensured the patient is excluded from the HEDIS® COL-E measure.
 - This removes the member from the measure
 - Not submitted during the measurement year, the patient may be incorrectly flagged as non-compliant.

Understanding the COL-E HEDIS® Measure & Proper Coding

Coding Tips:

1. Simply discussing or recommending a colorectal cancer screening does not satisfy the COL-E measure.
2. Ensure date, type of test, and result are clearly documented in the medical record.
3. If the colorectal cancer testing was done outside your system, obtain and document the report in the medical record.
4. Use EHR alerts or care gap reports to track patients due for screening.
5. Review cancer history annually or during visits to establish care and ensure that diagnosis code Z85.038 or Z85.048 is included on claims when applicable.

Summary & Resources

P4P Coding Missed Opportunity Example

Measure	Compliant Members without Chart Review	Compliant Members with Chart Review	P4P without Chart Review	P4P with Chart Review
APV	1,515	2,750	\$30,300	\$55,000.00
BCS-E	24	47	\$900.00	\$1,762.50
CCS-E	179	576	\$4,475.00	\$14,400.00
COL-E	72	446	\$2,700.00	\$16,725.00

Summary Coding for Success: APV/AWV, BCS-E, CCS-E, & COL-E

Key Takeaways:

1. Leverage EHR alerts and care gap reports to identify patients due for screenings.
2. Submit complete and timely claims with accurate diagnosis and procedure codes.
3. Capture services done outside your system with date, test type, and result.
4. 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.

5. Document medical or surgical exclusions (e.g., hysterectomy, colectomy) and use appropriate ICD-10 Z-codes
6. Regularly review coding updates and examples with your team to stay current and avoid omissions.

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 ncqa.org , or see the HEDIS value sets. The following is a subset only of the NCQA approved codes.		
 Prevention and Screening		
Measure	Best Practice	Codes
(AAP) Adults' Access to Preventive/Ambulatory Health Services (Age 20+) ^{1,2,3} 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
(BCS-E) Breast Cancer Screening (Female Age 50–74) ^{1,2,3}	Mammogram – every 2 years	77061–77063, 77065–77067, G9054, Z90.13
(CCS-E) Cervical Cancer Screening (Female Age 21–64) ^{1,3}	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
(CHL) Chlamydia Screening (Age 16–24) ^{1,3}	Chlamydia Test	87110, 87270, 87320, 87490–87492, 87810
(COL-E) Colorectal Cancer Screening (Age 45–75) ^{1,2,3}	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
(CBP) Controlling High Blood Pressure (Age 18–85) ^{1,2,3}	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

Feedback Survey - <https://forms.office.com/r/Um07VFqz63>



Coding for Success Feedback Survey - Prevention and Cancer Screening HEDIS® Measures

July 15th & 17th, 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# OKCH71225937A


Oklahoma Complete Health

Certificate of Approval

Name

Coding for Success: Understanding APV/AWV, BCS-E, CCS-E, and COL-E
HEDIS® Measures






Index # OKCH71225937A

This Index # is valid for education purchased prior to
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