



# Coding for Success: Understanding CBP, BPD, EED, GSD & KED HEDIS® Measures

June 10<sup>th</sup> & 12<sup>th</sup>, 2025

Presenters: Holly Conk, DHA, MBA-HM, BSN, RN  
Vice President, Quality and RISK Adjustment

Jennifer Howland, MSHIA, RHIA, CPC  
Manager, Quality Improvement

Julie Olsen, MBA, RN, CPC  
Manager, HEDIS® Operations



## Member Success Story

Care Manager, Colleen Anyabolu, RN, identified a member with Type 2 Diabetes that was experiencing food insecurity, with limited access to high-quality foods and fresh produce. The member was also without employment and was struggling to remain compliant with their Diabetes regimen due to financial stressors.

Colleen supported the member holistically, connecting them with food resources through a value-added benefit, connected them with employment resources, ensured access to preventative healthcare, and educated them on disease management.

The member stated that ***“the \$100 food voucher has made a difference.”*** They have since gained employment, access to healthy foods, medically necessary services, and has been able to maintain compliance with their medication regimen and follow-up care.



# 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.*

---

# Key Components & Proper Coding for CBP HEDIS® Measure

---

# Understanding the CBP HEDIS® Measure & Proper Coding

## Measure Name:

- CBP – Controlling High Blood Pressure

## Target Population:

- Members ages 18-85 during the measurement year

## Measure Requirement:

- ✓ Have a diagnosis of hypertension (HTN) and whose most recent blood pressure (BP) was adequately controlled (<140/90) during the measurement year

## Why It Matters:

- Controlling high blood pressure is an important step in preventing heart attacks, stroke and kidney disease, and in reducing the risk of developing other serious health conditions.
- Impacts **HEDIS® compliance, quality reporting, P4P & P4Q incentives and member incentives.**



# Understanding the CBP HEDIS® Measure & Proper Coding

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

ICD-10 Diagnosis Codes:

- **I10**

CPT II Codes:

- **3074F, 3075F, 3077F, 3078F, 3079F, 3080F**

CPT Codes:

- **98966-98968, 99441-99443, 93784, 93788, 93790, 99091, 99453, 99454, 99457, 99473, 99474**

*\*Codes subject to change.*

# Understanding the CBP HEDIS® Measure & Proper Coding

## Coding Tips:

1. Use I10 – Essential (primary) hypertension

*This is the primary diagnosis code used when a patient is diagnosed with hypertension and is being monitored or treated for blood pressure control.*

2. Document blood pressure readings using the appropriate CPT Category II codes.
  - **3074F** (most recent systolic < 130 mm Hg)
  - **3075F** (most recent systolic 130–139 mm Hg)
  - **3077F** (most recent systolic ≥ 140 mm Hg)
  - **3078F** (most recent diastolic < 80 mm Hg)
  - **3079F** (most recent diastolic 80–89 mm Hg)
  - **3080F** (Most recent diastolic ≥ 90 mm Hg)
3. Use telehealth and remote monitoring CPT codes to support blood pressure control outside of in-person visits.
4. Retake BP readings if the reading is >140/90 mm Hg.
5. Member-reported BPs are acceptable when taken on a digital device and documented in the medical record.
6. The most recent blood pressure reading during the measurement year is used.



# CBP Visit Medical Record Review – DOS 1/30/2025

21. DIAGNOSIS OR NATURE OF ILLNESS OR INJURY Relate A-L to service line below (24E)										ICD Ind.		0							
A		B		C		D		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																			
MM DD YY MM DD YY																			
1 01 30 25										11		99213						AB	
2																			
3																			
4																			
5																			
6																			
25. FEDERAL TAX I.D. NUMBER										SSN EIN		26. PATIENT'S ACCOUNT NO.				27. ACCEPT ASSIGNMENT?			

## Progress Notes

(Physician) • Family Medicine • Encounter Date: 1/30/2025 • Signed

### Chief Complaint

Patient presents with

- Blood Pressure

## HISTORY AND PHYSICAL

### HISTORY OF PRESENT ILLNESS

Minnie Mouse a 37 year old female who presents for follow up

#### HTN

- came with home cuff
- Home cuff roughly 10-20 higher but still wnl
- Norvasc 5mg
- checking twice a day
- reading improved

### PHYSICAL EXAM

#### Vitals:

01/30/25 1451

BP: 110/62

Pulse: 65

Temp: 97.5 °F (36.4 °C)

SpO2: 99%

Weight: 52.9 kg (116 lb 9.6 oz)

No results found for this visit on 01/30/25.

## ASSESSMENT AND PLAN

No problem-specific Assessment & Plan notes found for this encounter.

	ICD-10-CM
1. Primary hypertension	I10
2. Encounter for contraceptive management, unspecified type	Z30.9

- continue regimen
- education provided

Return in about 6 months (around 7/30/2025).



# CBP Visit Medical Record Review – DOS 1/30/2025

## CBP HEDIS® Measure Components:

- ✓ **Diagnosis hypertension documented**
  - Primary hypertension documented during the visit
- ✓ **Systolic documented**
  - 110 mm Hg documented during the visit
- ✓ **Diastolic documented**
  - 62 mm Hg documented during the visit

## Key Finding:

- ✗ CBP components were not coded on the claim using CPT II codes:
  - 3074F (Systolic < 130 mm Hg)
  - 3078F (Diastolic < 80 mm Hg)

## Opportunity for Improvement:

🔧 Although documentation meets clinical criteria, **CPT II Codes** were **not included on the claim**, which affects CBP care gap not being closed and the P4P incentive not being earned.



# CBP Visit Medical Record Review – DOS 4/21/2025

21. DIAGNOSIS OR NATURE OF ILLNESS OR INJURY: Relate A-L to service line below (24E)										ICD Ind.	0						
A	I10			B	K654			C	E669			D	R7303				
E	E782			F	J0100			G	L608			H	Z1231				
I	Z1159			J	Z124			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												
04	21	25				11			36415					ACDE			
04	21	25				11			99214					ABCD			
04	21	25				11			3078F					B			
04	21	25				11			3074F					B			
04	21	25				11			3044F					B			
04	21	25				11			3008F					B			
25. FEDERAL TAX I.D. NUMBER											SSN EIN		26. PATIENT'S ACCOUNT NO.			27. ACCEPT ASSIGNMENT? (For new clients, see back)	

## Progress Notes

APRN (Nurse Practitioner) • Family Medicine

### Subjective

The patient is a 63-year-old female with a history of HTN and a renal cyst, presenting for evaluation of rhinorrhea, ear pain, and toenail discoloration.

#### HTN:

- Blood pressure today: 124/62 mmHg.
- Heart rate: 91 bpm.
- No current medication for hyperlipidemia; patient expresses concern about potential side effects of statins.

### Objective

BP 124/62 (BP Location: Left arm, Patient Position: Sitting) | Pulse 91 | Temp 36.3 °C (97.3 °F) | Resp 18 | Ht 1.575 m (5' 2") | Wt 87.1 kg (192 lb) | SpO2 98% | BMI 35.12 kg/m²

### Assessment

# Benign hypertension (I10)

- Blood pressure well-controlled at 124/62 mmHg, heart rate 91 bpm.
- Continue current management.



# CBP Visit Medical Record Review – DOS 4/21/2025

## CBP HEDIS® Measure Components:

- ✓ **Systolic documented**
  - 124 mm Hg documented during the visit
- ✓ **Diastolic documented**
  - 62 mm Hg documented during the visit

## Key Finding:

- ✓ CBP components were coded on the claim using CPT II codes:
  - 3074F (Systolic < 130 mm Hg)
  - 3078F (Diastolic < 80 mm Hg)

## Best Practice Observed:

- 🔍 CBP HEDIS® measure gap successfully closed and P4P incentive earned.
  - Visit meets both **clinical documentation** and **coding requirements**.
  - Supports **P4P incentive eligibility** and accurate **quality reporting**.
  - Member qualified for member incentive (if applicable).

---

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

---

# Understanding the BPD HEDIS® Measure & Proper Coding

## Measure Name:

- BPD – Blood Pressure Control for Patients with Diabetes

## Target Population:

- Members ages 18-75 years of age during the measurement year (MY)

## Measure Requirements:

- ✓ Have a diagnosis of diabetes (type 1 or 2) and whose most recent blood pressure (BP) was adequately controlled (<140/90) during the measurement year

## Why It Matters:

- Uncontrolled diabetes can cause high blood pressure, increasing the risk of heart attack, stroke, kidney disease, and vision loss.
- Managing blood pressure supports better health outcomes and improves HEDIS® compliance and quality reporting.



# Understanding the BPD HEDIS® Measure & Proper Coding

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

### CPT II Codes:

- **3074F, 3075F, 3077F, 3078F, 3079F, 3080F**

### CPT Codes:

- **99202-99205, 99211-99215, 99242-99245, 99341, 99342, 99344, 99345, 99347-99350, 99381-99387, 99391-99397, 99401-99404, 99411, 99412, 99429, 99455, 99456, 99483, 99304-99310, 99315-99316, 98966-98968, 99441-99443, 98969-98972, 99421-99423, 99457, 93784, 93788, 93790, 99091, 99453, 99454, 99457, 99473, 99474**

### HCPCS Codes:

- **G0402, G0438, G0439, G0463, T1015, G9054, G0071, G2010, G2012**

*\*Codes subject to change.*

# Understanding the BPD HEDIS® Measure & Proper Coding

## Coding Tips:

1. Document blood pressure readings using the appropriate CPT Category II codes.
  - **3074F** (most recent systolic < 130 mm Hg)
  - **3075F** (most recent systolic 130–139 mm Hg)
  - **3077F** (most recent systolic ≥ 140 mm Hg)
  - **3078F** (most recent diastolic < 80 mm Hg)
  - **3079F** (most recent diastolic 80–89 mm Hg)
  - **3080F** (Most recent diastolic ≥ 90 mm Hg)
2. Retake BP readings if the reading is >140/90 mm Hg.
3. Member-reported BPs are acceptable when taken on a digital device and documented in the medical record.
4. The most recent blood pressure reading during the measurement year is used.



# BPD Visit Medical Record Review – DOS 03/31/2025

21. DIAGNOSIS OR NATURE OF ILLNESS OR INJURY Relate A-L to service line below (24E)										ICD Ind.		0							
A. Z01419			B. Z23			C. E119			D. G629										
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 PC/INTER							
From To								CPT/HCPCS MODIFIER											
MM DD YY MM DD YY																			
1 N400005200010 ML 0.5																			
03 31 25												11		90677				B	
2																			
03 31 25												11		99396 25				ACD	
3 N458160084252 ML 0.5																			
03 31 25												11		90715				B	
4																			
03 31 25												11		90471				B	
5																			
03 31 25												11		90472				B	
6																			
25. FEDERAL TAX I.D. NUMBER												SSN EIN		26. PATIENT'S ACCOUNT NO.				27. ACCEPT ASSIGNMENT?	

## Progress Notes

MD (Physician) • Family Medicine • Encounter Date: 3/31/2025 • Signed

### CHIEF COMPLAINT:

Chief Complaint

Patient presents with

- Well Women Exam
- Results
- Health Information

*Pt was last seen in 08/20/2024. Pt completed labs today.*

*Pt states to want to complete her pap today,*

*Reviewed Care Gaps and vaccines, of stated she would like to go over them with*

### Patient Active Problem List:

Acute appendicitis with localized peritonitis, without perforation, abscess, or gangrene

Family history of thyroid disease

Papillary carcinoma of thyroid

Thyroid nodule

Hyperlipidemia

Type 2 diabetes mellitus without complication, without long-term current use of insulin

### VITALS:

BP 100/67 (BP Location: Right arm, Patient Position: Sitting, BP Cuff Size: Adult long) | Pulse 81 | Temp 97 °F (36.1 °C) (Temporal) | Resp 14 | Ht 1.575 m (5' 2") | Wt 54.4 kg (120 lb) | SpO2 98%

### ASSESSMENT:

Encounter Diagnoses

Name

Primary?

- Type 2 diabetes mellitus without complication, without long-term current use of insulin
- Well woman exam with routine gynecological exam
- Neuropathy
- Need for Tdap vaccination
- Need for pneumococcal vaccination



# BPD Visit Medical Record Review – DOS 3/31/2025

## BPD HEDIS® Measure Components:

- ✓ **Diagnosis diabetes documented**
  - Diabetes documented during the visit
- ✓ **Systolic documented**
  - 100 mm Hg documented during the visit
- ✓ **Diastolic documented**
  - 67 mm Hg documented during the visit

## Key Finding:

- ✗ BPD components were not coded on the claim using CPT II codes:
  - 3074F (Systolic < 130 mm Hg)
  - 3078F (Diastolic < 80 mm Hg)

## Opportunity for Improvement:

✖ Although documentation meets clinical criteria, **CPT II Codes** were **not included on the claim**, which affects BPD care gap not being closed.



# BPD Visit Medical Record Review – DOS 05/02/2025

21. DIAGNOSIS OR NATURE OF ILLNESS OR INJURY Relate A-L to service line below (24E)										ICD Ind.	0					
A	E1140			B	I10			C	Z794			D	E7800			
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	SERVICE	EMG	CPT/HCPCS MODIFIER					PCINTER	
1	OKCODET															
	05	02	25				22			99214					ABDC	
2	OKCODET															
	05	02	25				22			3078F					AC	
3	OKCODET															
	05	02	25				22			3074F					AC	
4	OKCODET															
	05	02	25				22			3044F					AC	
5																
6																
25. FEDERAL TAX I.D. NUMBER							SSN EIN		26. PATIENT'S ACCOUNT NO.				27. ACCEPT ASSIGNMENT? (For out claims, see back)			

## Progress Notes

, MD (Physician) • Internal Medicine

### Subjective

**Patient ID:** Daisy Duck a 60 y.o. female.

### Chief Complaint

Patient presents with

- Follow-up

### HPI

Here for a follow up of her DM and other general issues.

### Objective

#### Visit Vitals

BP 115/79 (BP Location: Right arm,  
Patient Position: Sitting, BP Cuff  
Size: Adult)  
Pulse 78  
Temp 36.4 °C (97.6 °F) (Temporal)

### Assessment/Plan

**Type 2 diabetes mellitus with diabetic neuropathy, with long-term current use of insulin (CMS-HCC)**

On insulin and trulicity  
On ACE/ARB for renal protection  
Update diabetic foot exam - done  
A1c has improved from 7.3 to 6.3. Will attempt to increase trulicity.

#### Primary hypertension

On medical therapy for HTN control.  
Has associated Hyperlipidemia  
BP control is stable. No change in meds.



# BPD Visit Medical Record Review – DOS 5/02/2025

## BDP HEDIS® Measure Components:



### Systolic documented

- 115 mm Hg documented during the visit



### Diastolic documented

- 79 mm Hg documented during the visit

## Key Finding:



BDP components were coded on the claim using CPT II codes:

- 3074F (Systolic < 130 mm Hg)
- 3078F (Diastolic < 80 mm Hg)

## Best Practice Observed:



BDP HEDIS® measure gap successfully closed.

- Visit meets both **clinical documentation** and **coding requirements**.
- Supports accurate **quality reporting**.

---

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

---

# Understanding the EED HEDIS® Measure & Proper Coding

## Measure Name:

- EED – Eye Exam For Patients With Diabetes

## Target Population:

- Members ages 18-75 in the measurement year

## Measure Requirements:

- ✓ Have a diagnosis of diabetes (type 1 or type 2) who had a retinal eye exam during the measurement year or negative retinal eye exam in the previous year

## Why It Matters:

- Diabetes is the leading cause of blindness in adults.
- Anyone with diabetes is at risk for diabetic-related eye disease such as diabetic retinopathy, macular edema, glaucoma, and cataracts.
- Impacts **HEDIS® compliance, quality reporting, P4P, P4Q incentives, and member incentives.**



# Understanding the EED HEDIS® Measure & Proper Coding

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

CPT II Codes:

- **2022F, 2024F, 2023F, 2025F, 2033F**

CPT Codes:

- **99202-99205, 99211-99215, 99241-99245, 99341-99345, 99347-99350, 99381-99387, 99391-99397, 99401-99404, 99411, 99412, 99429, 99455, 99456, 99483, 99304-99310, 99315, 99316, 99318, 99324-99328, 99334-99337, 92002, 92004, 92012, 92014, 92018, 92019, 92134, 92201, 92202, 92230, 92235, 92250, 92227-92229, 98970-98972, 99421-99423, 99457, 65091, 65093, 65101, 65103, 65105, 65110, 65112, 65114**

HCPCS Codes:

- **G0402, G0438, G0439, G0463, T1015, S0620, S0621, S3000, G0071, G2010, G2012**

*\*Codes subject to change.*

# Understanding the EED HEDIS® Measure & Proper Coding

## Coding Tips:

1. CPT II codes must be used to indicate retinopathy status. Without them, patients without retinopathy may still show up as care gaps.
  - Retinopathy present: 2022F, 2024F
  - Retinopathy absent: 2023F, 2025F, 2033F
2. Consider the use of a retinal imaging device in your practice. An optometrist or ophthalmologist must interpret results.
3. PCPs can submit the ICD-10-CM diagnosis codes and the appropriate CPT II codes to meet HEDIS technical specifications when the documentation shows the exam was performed by a vision provider.
  - When the eye exam is performed by the PCP & read by an eye care provider, the claim must be billed with the appropriate CPT II code (**with no modifier**) to be compliant.



# EED Visit Medical Record Review – DOS 3/13/2025

21. DIAGNOSIS OR NATURE OF ILLNESS OR INJURY Relate A-L to service line below (24E)										ICD Ind.	0				
A	E119			B	D3132			C	H25043			D			
E				F				G				H			
I				J				K				L			
24. A. DATE(S) OF SERVICE				B. PLACE OF SERVICE		C.	D. PROCEDURES, SERVICES, OR SUPPLIES				E. DIAGNOSIS				
From To						EMG	(Explain Unusual Circumstances)				PCINTER				
MM DD YY MM DD YY							CPT/HCPCS				MODIFIER				
1	OKCODET														
	03	13	25				11		92014				ABC		
2															
3															
4															
5															
6															
25. FEDERAL TAX I.D. NUMBER						SSN EIN		26. PATIENT'S ACCOUNT NO.				27. ACCEPT ASSIGNMENT?			

## Progress Notes

, MD (Physician) • Ophthalmology

## HPI

Pt states has been bad. States RX she got from here doesn't seem to help very much, but Diabetes has been uncontrolled.

## Tonometry (iCare, 9:58 AM)

	Right	Left
Pressure	22	22

## Dilation

Both eyes: 1% Mydracil, 2.5% Neo Synephrine @ 9:58 AM

## Slit Lamp and Fundus Exam

### External Exam

	Right	Left
External	Normal	Normal

### Slit Lamp Exam

	Right	Left
Lids/Lashes	Normal	Normal
Conjunctiva/Sclera	White and quiet	White and quiet
Cornea	1+ Punctate epithelial erosions	1+ Punctate epithelial erosions
Anterior Chamber	Deep and quiet	Deep and quiet
Iris	Round and reactive	Round and reactive
Lens	TR PSC	early PSC
Anterior Vitreous	Vitreous syneresis	Vitreous syneresis

### Fundus Exam

	Right	Left
Disc	Normal	Normal
Macula	Normal	Normal
Vessels	Normal, no NPDR	Normal, no NPDR
Periphery	Normal	Choroidal nevus - 1DD, Flat, superior

## Assessment/Plan

The patient has a history of DM Type 2. There is currently no sign of Diabetic Retinopathy. We have discussed the importance of blood sugar control and regular follow up.

A letter has been dictated to the primary care, , PA



# EED Visit Medical Record Review – DOS 3/13/2025

## EED HEDIS® Measure Components:

- ✓ **Diagnosis diabetes documented**
  - Diabetes documented during the visit
- ✓ **Retinal/Dilated Eye Exam Documented**
  - Eye exam completed by an eye care professional
- ✓ **Findings Documented**
  - No evidence of diabetic retinopathy

## Key Finding:

- ✓ 92014 – comprehensive medical eye exam performed by an ophthalmologist; est patient
- ✗ 2023F – dilated retinal eye exam w/interp by Opth/OD without evidence of retinopathy

## Opportunity for Improvement:

🔧 Although the documentation meets clinical and coding criteria to close the EED care gap, the inclusion of CPT II code 2023F would have established two-year compliance, meaning the member would not require another diabetic eye exam until 2027.



# EED Visit Medical Record Review – DOS 4/07/2025

21. DIAGNOSIS OR NATURE OF ILLNESS OR INJURY Relate A-L to service line below (24E)										ICD-10	Ind.
A	B	C	D	E	F	G	H	I	J	K	L
E781	E1165	E559	E782								
I10	E669	R82994	Z6830								
Z794											

24. A.	DATE(S) OF SERVICE						B.	C.	D.	E.
	From	To					PLACE OF SERVICE	PROCEDURES, SERVICES, OR SUPPLIES (Explain Unusual Circumstances)	MODIFIER	DIAGNOSIS POINTER
	MM	DD	YY	MM	DD	YY	EMG	CPT/HCPCS		
1	04	07	25				11	99205	25	ABCD
2	04	07	25				11	92229		B
3	04	07	25				11	2033F		B
4										
5										
6										

25. FEDERAL TAX I.D. NUMBER	SSN EIN	26. PATIENT'S ACCOUNT NO.	27. ACCEPT ASSIGNMENT? (For govt. claims, see back)

## Progress Notes

MD (Physician) • Endocrinology • Encounter Date: 4/7/2025 • Signed

### Chief Complaint

Patient presents with

- Establish Care
- T2dm

Patient stated that he was diagnosed with type 2 diabetes in 2025 following an episode of hypertriglyceridemia with mild DKA.

Microvascular/Macrovascular complications

Eyes: No history of diabetic retinopathy.

Last Ophthalmology visit: IDX DR screen @ :

Last seen 04/07/25. Reviewed.

## ASSESSMENT AND PLAN

### Type 2 diabetes mellitus with hyperglycemia, without long-term current use of insulin (HCC)

Diagnosed with type 2 diabetes in 2025 following an episode of mild DKA. History of type 2 diabetes mother and sister

Currently on metformin 1000 mg twice daily

A1c 7% (04/25)----9.4% (02/25)

FSBG fasting 100-160

Preserved hypoglycemia awareness

No micro-microvascular complication

Orders Placed This Encounter

- PROC OPH DIAB BILAT RET SCR N WCOMP INTERP
- MICROALB/CREAT RATIO URINE RANDOM PANEL
- LIPID PROFILE
- COMPREHENSIVE METABOLIC PANEL

### Component

Ref Range & Units (hover)

1 mo ago

### IDX DR SCREEN

No Diabetic Retinopathy Detected: ETDRS level 20 or lower and no Diabetic Macular Edema

Comment: Next Steps: Retest in 12 months

IDx Submission ID:

Results were produced by a system that provides an artificial intelligence (AI) interpretation

A positive result indicates a high risk of diabetic retinopathy with a severity of ETDRS level 35 or higher and/or macular edema. IDx-DR diabetic retinopathy exam does not replace a comprehensive eye exam.

### Diagnostic Report

PATIENT INFORMATION	GENERAL INFORMATION
PATIENT NAME	SUBMISSION ID
DOB	
DOB (MM/DD/YYYY)	
EXAM AND RESULT DATE	04/07/2025
RESULTS	
DIAGNOSTIC RESULT	No Diabetic Retinopathy Detected: ETDRS level 20 or lower and no Diabetic Macular Edema
NEXT STEPS	Retest in 12 months
INTERPRETATION	Results produced by a system that provides an artificial intelligence (AI) diagnostic interpretation
FUNDUS IMAGES USED IN EXAM	
OD (R)	OS (L)



# EED Visit Medical Record Review – DOS 4/07/2025

## EED HEDIS® Measure Components:

- ✓ **Diagnosis diabetes documented**
  - Diabetes documented during the visit
- ✓ **Retinal/Dilated Eye Exam Documented**
  - Eye exam completed by PCP using retinal imaging device with AI interpretation of results
- ✓ **Findings Documented**
  - Evidence of no diabetic retinopathy

## Key Finding:

- ✓ EED components were coded on the claim using CPT codes:
  - 92229 – Imaging of retina for detection or monitoring of disease; point-of-care autonomous analysis and report
  - 2033F – Eye imaging validated to match 7 std stereoscopic retinal photos without evidence of retinopathy

## Best Practice Observed:

- 🔍 EED HEDIS® measure gap successfully closed.
  - Visit meets both **clinical documentation** and **coding requirements**.

---

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

---

# Understanding the GSD HEDIS® Measure & Proper Coding

## Measure Name:

- GSD – Glycemic Status Assessment For Patients With Diabetes

## Target Population:

- Members ages 18-75 during the measurement year

## Measure Requirements:

- ✓ Have a diagnosis of diabetes (type 1 or 2) and whose most recent glycemic status (hemoglobin A1c [HbA1c] or glucose management indicator [GMI]) was at the following levels during the measurement year:

Glycemic Status <8.0%

Glycemic Status >9.0%

## Why It Matters:

- Diabetes is one of the most costly and highly prevalent chronic diseases in the United States
- Many complications such as heart disease, stroke, blindness, kidney failure and amputation can be prevented if diabetes is detected and addressed in the early stages
- Impacts **HEDIS® compliance, quality reporting, P4P, P4Q incentives, and member incentives**



# Understanding the GSD HEDIS® Measure & Proper Coding

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

CPT II Codes:

- **3044F, 3051F, 3052F, 3046F**

CPT Codes:

- **99202-99205, 99211-99215, 99242-99245, 99341–99345, 99347–99350, 99381–99387, 99391–99397, 99401–99404, 99411, 99412, 99429, 99455, 99456, 99483, 99304-99310, 99315, 99316, 99334-99337, 98966-98968, 99441-99443, 98970-98972, 99421-99423, 99457, 83036, 83037**

HCPCS Codes:

- **G9054, G0402, G0438, G0439, G0463, T1015, G0071, G2010, G2012**

*\*Codes subject to change.*

# Understanding the GSD HEDIS® Measure & Proper Coding

## Coding/Documentation Tips:

1. Document HbA1c test results using the appropriate CPT II code
  - 3044F – HbA1c < 7.0%
  - 3051F – HbA1c 7.0% - 7.9%
  - 3052F – HbA1c  $\geq 8.0\%$  -  $\leq 9\%$
  - 3046F – HbA1c > 9.0%
2. If the glycemic status is >9%, re-test after implementing appropriate treatment.
3. Patient-reported A1c results are acceptable if documented in chart with test date and value.
4. The most recent most recent glycemic status (hemoglobin A1c [HbA1c] or glucose management indicator [GMI]) during the measurement year is used.



# GSD Visit Medical Record Review – DOS 4/28/2025

21. DIAGNOSIS OR NATURE OF ILLNESS OR INJURY Relate A-L to service line below (24E)										ICD Ind.	0					
A	E119			B	E782			C	Z1339			D	I10			
E	Z1331			F	E039			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												OPT/HCPCS MODIFIER				
MM	DD	YY	MM	DD	YY											
1	04	28	25					11			T1015				ABCD	
2	04	28	25					11			99213				ABDF	
3	04	28	25					11			83036 QW				ACE	
4																
5																
6																
25. FEDERAL TAX I.D. NUMBER										SSN EIN	26. PATIENT'S ACCOUNT NO.				27. ACCEPT ASSIGNMENT?	

## Progress Notes

APRN (Nurse Practitioner) • Family Medicine, NP • Encounter Date: 4/28/2025 •

### Chief Complaint

Patient presents with

- Follow Up
- Diabetes Mellitus

### History of Present Illness

The patient presents for evaluation of diabetes mellitus, yeast infection, and hypothyroidism.

The chief complaint is the management of diabetes mellitus. Accompanied by her husband, she reports an increase in her A1c from 6.5 to 7.7. Stress related to her pending hip replacement surgery and insurance issues may have contributed to this rise. She has been eating more carbohydrates and experiencing stress eating due to her home environment and mobility issues.

### Orders:

- HGA1C POCT

### Diabetes f/u

Compliance with diabetic medications? : patient reports adherence nearly all the time

Compliance with diabetic diet? : none

Do you participate in physical exercise? : none

How often do you check your BS? : Reports checking blood sugars infrequently

Did you bring any blood sugar readings? : 3/7 147 3/20 138

Symptoms of low blood sugars recently? : Denies hypoglycemia

Symptoms of high blood sugars? : none reported

### Lab Results

Component	Value	Date
HGBA1C	7.7 (A)	04/28/2025
HGBA1C	6.5	10/28/2024

### Assessment & Plan

**Type 2 diabetes mellitus without complication, without long-term current use of insulin (HCC-CMS)**



# GSD Visit Medical Record Review – DOS 4/28/2025

## GSD HEDIS® Measure Components:

- ✓ **Diagnosis diabetes documented**
  - Diabetes documented during the visit
- ✓ **HbA1c test**
  - Lab result on 4/28/2025 documented during the visit
- ✓ **HbA1c Result documented**
  - 7.7% result documented during the visit

## Key Finding:

- ✗ GSD lab result not coded on the claim using CPT II codes:
  - 3051F (HbA1c 7.0%-7.9%)

## Opportunity for Improvement:

- ✖ Although documentation meets clinical criteria, appropriate **CPT II Code** was **not included on the claim**, which affects GSD care gap not being closed



# GSD Visit Medical Record Review – DOS 1/13/2025

21. DIAGNOSIS OR NATURE OF ILLNESS OR INJURY Relate A-L to service line below (24E)										ICD Ind.	0					
A	E109			B				C				D				
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	
From To																
MM	DD	YY	MM	DD	YY											
OKCODET																
1	01	13	25			22		96127						A		
OKCODET																
2	01	13	25			22		95251						A		
OKCODET																
3	01	13	25			22		99214						A		
OKCODET																
4	01	13	25			22		3078F						A		
OKCODET																
5	01	13	25			22		3074F						A		
OKCODET																
6	01	13	25			22		3044F						A		
25. FEDERAL TAX I.D. NUMBER											SSN EIN	26. PATIENT'S ACCOUNT NO.			27. ACCEPT ASSIGNMENT?	

## Progress Notes

, MD (Physician) • Pediatric Endocrinology

### History of present illness:

Mickey Mouse is a 18 y.o. male who presents for follow-up for type 1 diabetes mellitus. His clinical course has been stable. Insulin dosage review with caregiver suggested compliance most of the time.

Associated symptoms of hypoglycemia have included weakness Associated symptoms of hyperglycemia have included none. Use of glucagon or hypoglycemic seizures denied. Denies blood sugar above 300 mg/dL with ketones. ER visits or hospitalizations since last visit none

He is currently on insulin pump Tandem and CGM Dexcom with control IQ technology.

### Lab Review:

POC Hemoglobin A1C

Date/Time	Value	Ref Range	Status
01/13/2025 02:07 PM	5.6	4.0 - 6.0 %	Final

## Assessment/Plan

### Assessment:

Reviewed treatment of type 1 diabetes mellitus and that insulin is necessary to sustain life. In addition have reviewed complications of diabetes such as: retinopathy, nephropathy, neuropathy, cardiovascular disease and death. To avoid hyperglycemia and hypoglycemia while on insulin, it is essential that blood glucose levels be monitored closely. Severe hypoglycemia can lead to seizure. Hyperglycemia can lead to ketosis requiring Intensive Care Unit admission and intravenous insulin.



# GSD Visit Medical Record Review – DOS 1/13/2025

## GSD HEDIS® Measure Components:

- ✓ **Diagnosis diabetes documented**
  - Diabetes documented during the visit
- ✓ **HbA1c test**
  - Lab result on 1/13/2025 documented during the visit
- ✓ **HbA1c Result documented**
  - 5.6% result documented during the visit

## Key Finding:

- ✓ GSD lab result not coded on the claim using CPT II codes:
  - 3044F (HbA1c < 7.0%)

## Best Practice Observed:

- 🔍 GSD HEDIS® measure gap successfully closed.
  - Visit meets both **clinical documentation** and **coding requirements**.
  - Supports accurate **quality reporting**.

---

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

---

# Understanding the KED HEDIS® Measure & Proper Coding

## Measure Name:

- KED – Kidney Health Evaluation For Patients With Diabetes

## Target Population:

- Members ages 18-85 during the measurement year

## Measure Requirements:

- ✓ Have a diagnosis of diabetes (type 1 or 2) and who received a kidney health evaluation, defined by BOTH an estimated glomerular filtration rate (eGFR) AND a urine albumin-creatinine ratio (uACR), on the same or different dates of service during the measurement year

## Why It Matters:

- Kidney disease often develops slowly, leaving many unaware until the disease is advanced & requires dialysis or transplant. Early detection & evaluation saves lives
- Impacts **HEDIS® compliance, quality reporting, P4P, P4Q incentives, and member incentives**



# Understanding the KED HEDIS® Measure & Proper Coding

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

### LOINC:

- **13705-9, 14958-3, 14959-1, 30000-4, 32294-1, 44292-1, 59159-4, 76401-9, 77253-3, 77254-1, 89998-9, 9318-7**

### CPT Codes:

- **80047, 80048, 80050, 80053, 80069, 82565, 82043, 82570**

### HCPCS Codes:

- **G9054**

*\*Codes subject to change.*

# Understanding the KED HEDIS® Measure & Proper Coding

## Coding/Documentation Tips:

1. To close the gap members must receive **BOTH** tests anytime during the measurement year
  - Serum Estimated Glomerular Filtration Rate (eGFR)
  - Urine Albumin Creatinine Ratio (uACR) identified by *either of the following*
    - A quantitative urine albumin test AND a urine creatinine test from the same urine sample
    - Or Urine albumin creatinine ratio test (uACR)
2. When ordering the urine test, be sure that the albumin and creatinine values are being measured, reported, and **both codes are being billed (82043, 82570)**.
3. KED measure can only be closed via claims or EMR supplemental data feed.
4. Urine albumin-creatinine ratio (uACR) is considered the preferred and most clinically meaningful test.



# KED Visit Medical Record Review – DOS 3/27/2025

21. DIAGNOSIS OR NATURE OF ILLNESS OR INJURY Relate A-L to service line below (24E)										ICD Ind.	0				
A	E782			B	Z794			C	R5383			D	E1141		
E				F				G				H			
I				J				K				L			
24. A	DATE(S) OF SERVICE						B	PLACE OF SERVICE	C	D. PROCEDURES, SERVICES, OR SUPPLIES (Explain Unusual Circumstances)				E	DIAGNOSIS POINTER
	MM	DD	YY	MM	DD	YY		EMG	CPT/HCPCS	MODIFIER					
1	03	27	25				81		80050						ACBD
2	03	27	25				81		80061						ABD
3	03	27	25				81		82043						BD
4	03	27	25				81		83036						ABD
5															
6															
25. FEDERAL TAX I.D. NUMBER							SSN EIN	26. PATIENT'S ACCOUNT NO.				27. ACCEPT ASSIGNMENT? (For about claims, see back)			

\*Claim from a lab testing company

## Progress Notes

, DO (Physician) • Family Medicine

### Chief Complaint

Patient presents with

- Annual Exam
- Diabetes
- lab work

Patient seen here today for his yearly physical but has additional complaints that he would like to have discuss here today. Patient is seen in his diabetes checked here today. Patient is taking his lisinopril, Lantus, Jardiance, Humulin, glipizide as directed. Blood sugars are usually averaging in the mid 100s. Patient's blood pressure is controlled well. Patient denies any blood pressure symptoms including chest pains, palpitations, nausea, vomiting, severe headaches, and blurry vision. Patient would like to discuss about his chronic insomnia as he has been taking over-the-counter medications with ineffective benefits. Patient would like to try a prescription medication.

### Assessment/Plan

**Type 2 diabetes mellitus with diabetic mononeuropathy, with long-term current use of insulin (HCC) (Chronic)**

- Microalbumin, Urine Random

### Other orders

- GFR CALC

**THIS VISIT: Lab work was obtained here today. Continue to refill his diabetes medications. Trazodone was prescribed for him for his new worsening chronic insomnia. We discussed about the immunizations that he is eligible for as well as the Cologuard that was ordered for him for his colon cancer screening.**

Component	2 mo ago	8 mo ago	1 yr ago	2 yr ago
Ref Range & Units (hover)				
GFR Calculation	>60	>60 CM	>60 CM	>60 CM
Component	2 mo ago			
Ref Range & Units (hover)				
MICROALBUMINURIA	5.6			
Creatinine, Ur	116			
Microalb/Creat Ratio	4.8			



# KED Visit Medical Record Review – DOS 3/27/2025

## KED HEDIS® Measure Components:

- ✓ **Diagnosis diabetes documented**
  - Diabetes documented during the visit
- ✓ **eGFR test**
  - > 60 documented during the visit
- ✓ **uACR Result documented**
  - 4.8 documented during the visit

## Key Finding:

- ✓ KED lab result coded on the claim using CPT codes:
  - 80050 (Estimated Glomerular Filtration Rate Lab Test (eGFR))
  - 82043 (Quantitative Urine Albumin Test)

## Best Practice Observed:

- 🔍 KED HEDIS® measure gap successfully closed.
  - Visit meets both **clinical documentation** and **coding requirements**.
  - Supports accurate **quality reporting**.

---

# Summary & Resources

---

# Proper Coding Matters: CBP, BPD, EED, GSD & KED Compliance & P4P Impact



## What's Going Wrong?

- Providers are documenting appropriately but not including all applicable codes on the claim.
- Missing CPT II codes and/or CPT procedure codes = missed opportunity to close blood pressure and diabetic measures.



## Key Takeaway:

- Proper coding and documentation during the visit can **significantly increase** quality performance and **boost P4P earnings**.
- Always pair clinical documentation with the correct CPT II/CPT codes on claims—without the right codes, care gaps remain open, even when care is delivered.

# P4P/P4Q Coding Missed Opportunity Example

Measure	Compliant Members without Chart Review	Compliant Members with Chart Review	P4P without Chart Review	P4P with Chart Review
CBP	114	484	\$1,140.00	\$14,520.00
GSD	42	136	\$420.00	\$4,080.00
EED	37	115	\$684.5	\$2,875.00
KED	105	391	\$1,942.50	\$9,775.00

# Summary Coding for Success: CBP, BPD, EED, GSD & KED

## Key Takeaways:

1. Ensure documentation of labs, diagnostic tests, test results, and eye exams—and follow up to request external records when applicable.
2. Submit CPT II codes for A1c (3044F–3052F), blood pressure (3074F–3080F), eye exam (2022F–2033F), and appropriate CPT/LOINC codes for eGFR and UACR to close the gaps in care.
3. 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.

4. Build EHR templates that automatically include all applicable codes when a well visit is selected.
5. Regularly review coding updates and examples with your team to stay current and avoid omissions.



# 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

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



## Coding for Success Feedback Survey - Diabetic and Blood Pressure HEDIS® Measures

June 10th & 12th, 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.



---

Questions?

Email:

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

---