

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

June 10th & 12th, 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

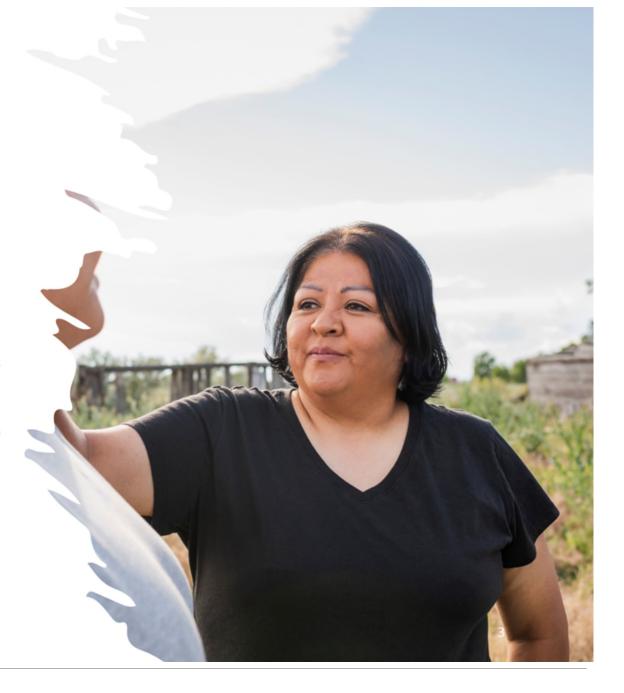


Member Success Story

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 Payout	75th Percentile	75th Percentile Payout	90th Percentile	90th Percentile Payout
Glycemic Status Assessment for Patients with Diabetes (GSD) >8% (18-75 yrs)		\$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 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)		\$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 <= 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:

110

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.



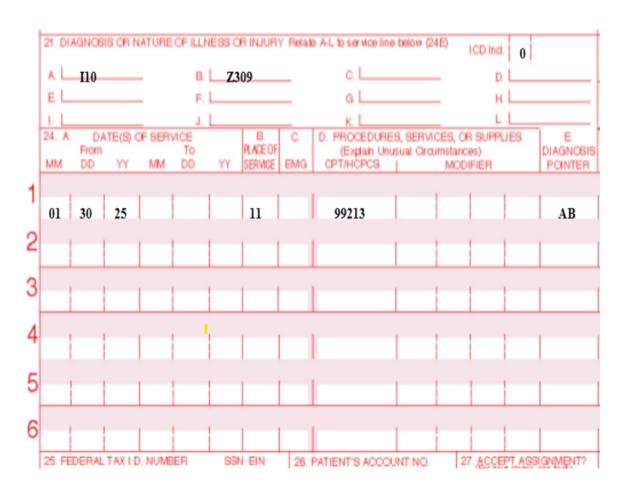
Understanding the CBP HEDIS® Measure & Proper Coding

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 inperson visits.
- 4. Retake BP readings if the reading is >140/90 mm Hg.
- 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



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.

1.	Primary hypertension	ICD-10- CM 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:

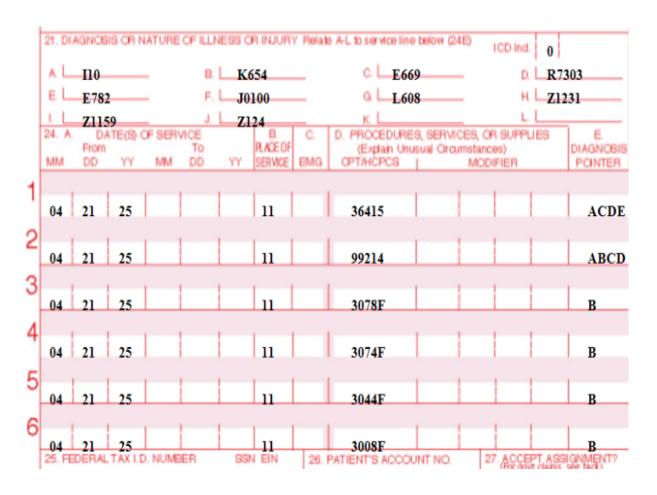
- X CBP components were not coded on the claim using CPT II codes:
 - 3074F (Systolic < 130 mm Hg)
 - 3078F (Diastolic < 80 mm Hg)

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



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® 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.



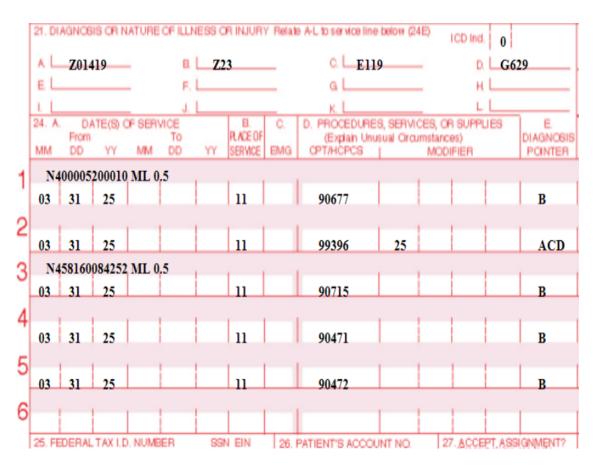
Understanding the BPD HEDIS® Measure & Proper Coding

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



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, ot 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

Primary?

- · Type 2 diabetes mellitus without complication, without longterm current use of insulin
- · Well woman exam with routine gynecological exam

Yes

- 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:

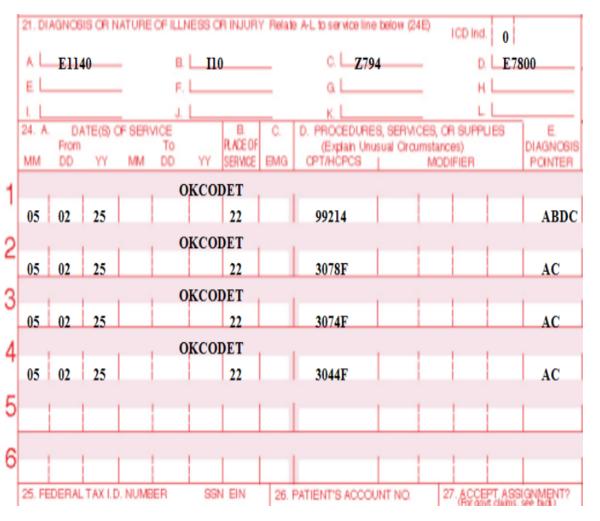
- X BPD components were not coded on the claim using CPT II codes:
 - 3074F (Systolic < 130 mm Hg)
 - 3078F (Diastolic < 80 mm Hg)

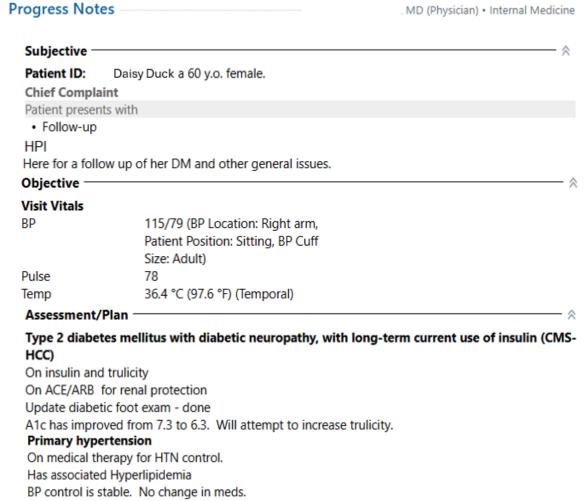
Opportunity for Improvement:

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







Confidential and Proprietary Information

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:

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

Best Practice Observed:

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



Key Components & Proper Coding for EED HEDIS® 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.

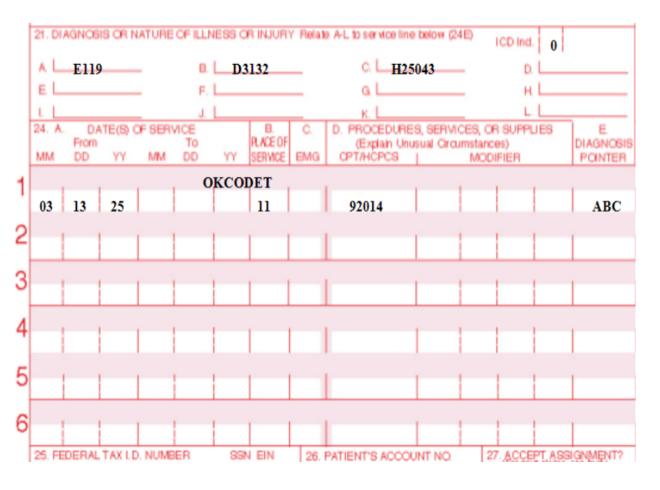


Understanding the EED HEDIS® Measure & Proper Coding

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.
- 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



rogress Pl	Notes			, MD (Physician) • Ophthalmolo	
Pt states uncontrol		ad. States RX she got from	here doesn't s	eem to help very much, but Diabetes has bee	
onometr	y (iCare, 9:	58 AM)	Dilation		
	Right	Left	Both eyes	: 1% Mydriacyl, 2.5% Neo Synephrine @ 9:58	
ressure	22	22 AM			
it Lamp	and Fund	dus Exam			
External	Exam				
		Right		Left	
External		Normal		Normal	
Slit Lam	p 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 V	/itreous	Vitreous syneresis		Vitreous syneresis	
Fundus E	Exam				
		Right		Left	
Disc		Normal		Normal	
Macula		Normal		Normal	
		Normal, no NPDR		Normal, no NPDR	
Vessels	Periphery Normal			Choroidal nevus - 1DD, Flat, superior	

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.



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:

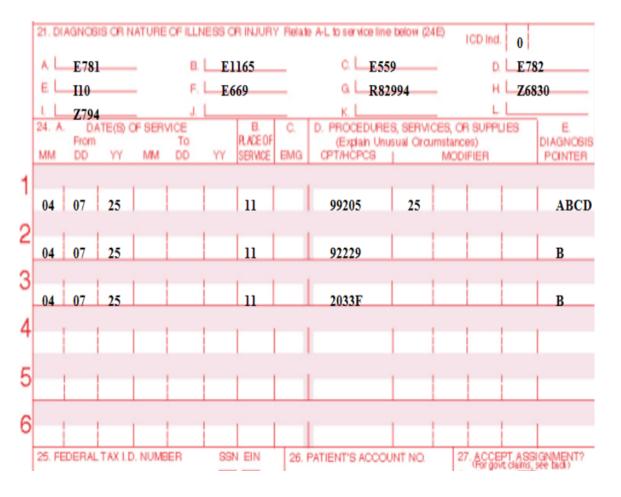
- ✓ 92014 comprehensive medical eye exam performed by an ophthalmologist; est patient
- × 2023F dilated retinal eye exam w/interp by Opth/OD without evidence of retinopathy

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



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 SCRN WCOMP INTERP
- MICROALB/CREAT RATIO URINE RANDOM PANEL
- LIPID PROFILE
- COMPREHENSIVE METABOLIC PANEL



Component 1 mo ago Ref Range & Units (hover)

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

Macular Edema

Comment: Next Steps: Retest in 12 months

IDx Submission ID:

Results were produced by a system that provides an artificial intelligence

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.

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® 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.

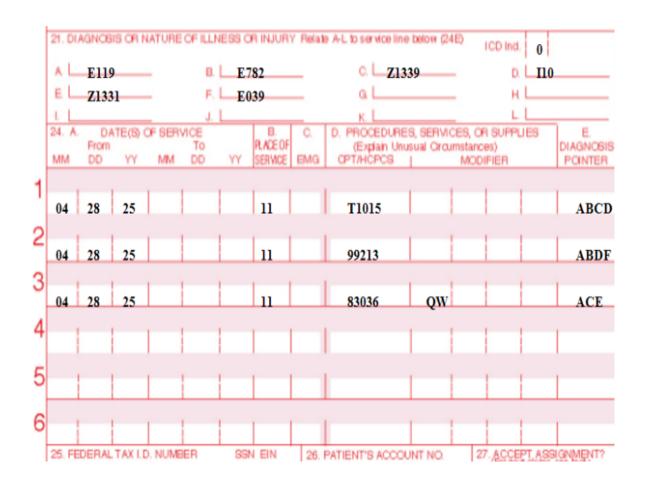


Understanding the GSD HEDIS® Measure & Proper Coding

Coding/Documentation Tips:

- 1. Document HbA1c test results using the appropriate CPT II code
 - 3044F HbA1c < 7.0%
 - 3051F HbA1c 7.0% 7.9%
 - $3052F HbA1c \ge 8.0\% \le 9\%$
 - 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



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:

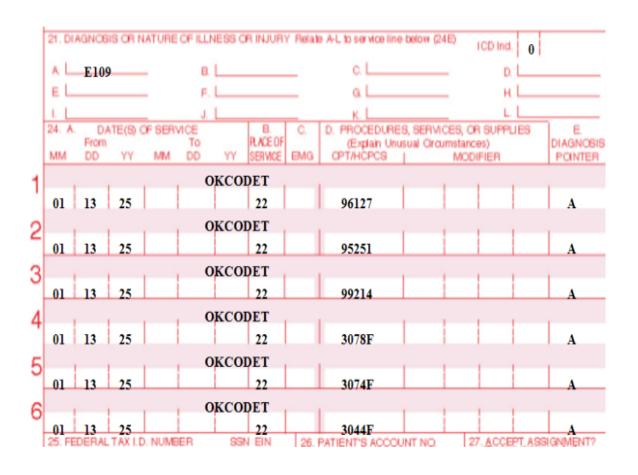
- X GSD lab result not coded on the claim using CPT II codes:
 - 3051F (HbA1c 7.0%-7.9%)

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



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.



Confidential and Proprietary Information

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® 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

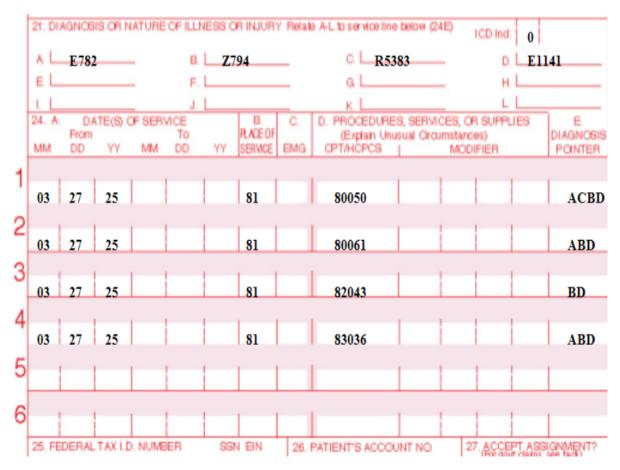
*Codes subject to change.

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



*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 Coloquard that was ordered for him for his colon cancer screening.

GFR Calculation	Component Ref Range & Units (hover)	2 mo ago	8 mo ago	1 yr ago	2 yr ago
Ref Range & Units (hover) MICROALBUMINURIA 5.6 Creatinine, Ur 116	GFR Calculation	>60	>60 ^{CM}	>60 ^{CM}	>60 ^{CM}
Creatinine, Ur 116	•		2 mo ago		
Creditilite, 01	MICROALBUMINURIA		5.6		
Microalb/Creat Ratio 4 - 8	Creatinine, Ur		116		
	Microalb/Creat Ratio		4.8		



Confidential and Proprietary Information

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
СВР	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.oklahomaco mpletehealth.com/provid ers/resources/formsresources.html

HEDIS* Adult Pocket Guide: 2025 Measurement Year				
For a complete list of codes, please visit the NCQA website at n	cqa.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, GO476		
(CHL) Chlamydia Screening (Age 16-24) ^{1,3}	Chlamydia Test	87110, 87270, 87320, 87490-87492, 87810		
	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		
(COL-E) Colorectal Cancer Screening (Age 45-75)1.2,3	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	110		
	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



.....

Questions?

Email:

Quality_OCH@OklahomaCompleteHealth.com