



2026 Coding for Success: Understanding CBP, BPD, EED, GSD & KED HEDIS® Measures

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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.



2026 Pay-for-Performance (P4P) PCP – 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)	56.69%	\$40.00	63.75%	\$80.00	74.62%	\$100.00
Controlling High Blood Pressure (CBP) (18-75 yrs)	63.87%	\$40.00	70.56%	\$80.00	74.62%	\$100.00
Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents (WCC) (3-17 yrs)	55.41%	\$40.00	61.47%	\$80.00	67.63%	\$100.00
Childhood Immunization Status (CIS) Combination Three (3) (0-2yrs)	62.04%	\$40.00	67.40%	\$80.00	69.76%	\$100.00
Immunizations for Adolescents (IMA) Combination Two (2) (9-13 yrs)	34.30%	\$40.00	41.61%	\$80.00	48.66%	\$100.00
Well-Child Visits in the First Thirty (30) Months of Life (W30) (First 15 Mo)	46.98%	\$40.00	57.15%	\$80.00	63.29%	\$100.00
Well-Child Visits in the First Thirty (30) Months of Life (W30) (15 - 30 Mo)	59.69%	\$40.00	66.79%	\$80.00	71.93%	\$100.00
Children and Adolescent Well-Care Visit (WCV) (3 -21 yrs)	55.41%	\$40.00		N/A		N/A

Measure	Payout
Annual Preventive Visit (APV) 18 – 75 years old	\$ 40.00

2026 Pay-for-Performance (P4P) PCP – 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)	55.41%	\$40.00	61.47%	\$80.00	67.63%	\$100.00
Childhood Immunization Status (CIS) Combination Three 3) (0-2yrs)	62.04%	\$40.00	67.40%	\$80.00	69.76%	\$100.00
Immunizations for Adolescents (IMA) Combination Two (2) (9-13 yrs)	34.30%	\$40.00	41.61%	\$80.00	48.66%	\$100.00
Well-Child Visits in the First Thirty (30) Months of Life (W30) (First 15 Mo)	46.98%	\$40.00	57.15%	\$80.00	63.29%	\$100.00
Well-Child Visits in the First Thirty (30) Months of Life (W30) (15 - 30 Mo)	59.69%	\$40.00	66.79%	\$80.00	71.93%	\$100.00
Children and Adolescent Well-Care Visit (WCV) (3 -21 yrs)	55.41%	\$40.00		N/A		N/A

Measure	Payout
Annual Preventive Visit (APV) 18-26 yrs	\$ 40.00

NEW 2026 PCP and OB/GYN Pay-for-Performance (P4P) Measure Incentives for SoonerSelect and Children's Specialty Program

Measure	50th Percentile	50th Percentile Payout	75th Percentile	75th Percentile Payout	90th Percentile	90th Percentile Payout
Prenatal and Postpartum Care (PPC) – Timeliness of Prenatal Care	77.83%	\$40.00	84.67%	\$80.00	88.85%	\$100.00
Prenatal and Postpartum Care (PPC) – Timeliness of Postpartum Care	75.99%	\$40.00	81.92%	\$80.00	86.10%	\$100.00

New 2026 Behavioral Health Provider P4P Incentives for SoonerSelect and Children's Specialty Program

Measure	50th Percentile	50th Percentile Payout	75th Percentile	75th Percentile Payout	90th Percentile	90th Percentile Payout
Follow-Up After Emergency Department Visit for Mental Illness: Ages 6 yrs and older (FUM) 7 Day	27.78%	\$40.00	36.64%	\$80.00	46.72%	\$100.00
Follow-Up After Emergency Department Visit for Mental Illness: Ages 6 yrs and older (FUM) 30 Day	56.44%	\$40.00	67.18%	\$80.00	77.60%	\$100.00
Follow-Up Care for Children Prescribed Attention-Deficit/Hyperactivity Disorder (ADHD) Medication (ADD-CH)	43.54%	\$40.00	54.35%	\$80.00	60.22%	\$100.00
Use of First-Line Psychosocial Care for Children and Adolescents on Antipsychotics (APP-CH)	49.74%	\$40.00	58.97%	\$80.00	66.60%	\$100.00
Follow-Up After Hospitalization for Mental Illness: Ages 6 to 17 (FUH-CH) 7 Day	26.98%	\$40.00	35.33%	\$80.00	45.54%	\$100.00
Follow-Up After Hospitalization for Mental Illness: Ages 6 to 17 (FUH-CH) 30 Day	52.74%	\$40.00	52.91%	\$80.00	59.86%	\$100.00

2026 Pay-for-Performance (P4P) – Ambetter Measures

2026 Measure List	Measure Incentive	Target 1 Pays 75% of Incentive	Target 2 Pays 100% of Incentive
Breast Cancer Screening (BCS-E)	\$25.00	73.20%	77.10%
Cervical Cancer Screening (CCS-E)	\$25.00	47.30%	57.50%
Child and Adolescent Well-Care Visits (WCV)	\$25.00	49.50%	60.30%
Chlamydia Screening in Women (CHL)	\$25.00	45.70%	52.80%
Colorectal Cancer Screening (COL-E)	\$25.00	54.10%	60.80%
Blood Pressure Control for Patients with Hypertension (BPC-E)	\$25.00	68.10%	73.80%
Eye Exam for Patients with Diabetes (EED)	\$25.00	44.60%	53.30%
Glycemic Status Assessment for Patients with Diabetes (<9) (GSD)	\$25.00	73.50%	79.10%
Kidney Health Evaluation for Patients with Diabetes (KED)	\$25.00	49.90%	56.90%
Depression Screening and Follow-Up for Adolescents and Adults (DSF-E)*	\$25.00	42.30%	50.40%

2026 Partnership for Quality (P4Q) – Wellcare Measures

Measure	P4Q Amount per Member	P4Q Amount per Clinical Priority Member	Combined P4Q and Clinical Priority Member Earning Potential	Common Ways to Close the Gap
Annual Preventive Visit (APV)	\$25	\$25	\$50	Annual Wellness Visit and/or Routine Physical Exam
Breast Cancer Screening (BCS)	\$50	\$10	\$60	Mammogram
Controlling High Blood Pressure (CBP)	\$100	\$25	\$125	Documented blood pressure reading
Colorectal Cancer Screen (COL)	\$50	\$10	\$60	Fit kit, colonoscopy, CT colonography
Diabetes – Dilated Eye Exam (EED)	\$25	\$10	\$35	Comprehensive eye exam or retinal screening with proper diagnosis codes

Measure	P4Q Amount per Member	P4Q Amount per Clinical Priority Member	Combined P4Q and Clinical Priority Member Earning Potential	Common Ways to Close the Gap
Diabetes HbA1C \leq 9 (GSD)	\$100	\$25	\$125	Blood test
Kidney Health Evaluation for Patients with Diabetes (KED)	\$50	\$10	\$60	Urine screening and blood test
Medication Adherence – Blood Pressure Medications	\$35	N/A	\$35	Medication regimen
Medication Adherence – Diabetes Medications	\$35	N/A	\$35	Medication regimen
Medication Adherence – Statins	\$35	N/A	\$35	Medication regimen
Osteoporosis Management in Women with Fracture (OMW)	\$50	\$10	\$60	BMD, osteoporosis medication therapy or long-acting osteoporosis medications
Statin Therapy for Patients with CVD (SPC)	\$35	\$10	\$45	Medication regimen
Statin Use in Persons with Diabetes (SUPD)	\$35	\$10	\$45	Medication regimen
Medication Reconciliation Post Discharge (TRC)	\$50	\$10	\$60	Medication reconciliation encounter/intervention: 99483, CPT II Code 1111F



Clinical Priority Members

Clinical Priority Members may require a greater level of medical attention due to chronic illnesses, disabilities, age, or other factors that necessitate the need for more frequent provider visits, specialized treatments and chronic care support. These members will be indicated in Gap in Care Reports beginning in March 2026. For questions, please reach out to your Provider Representative.

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 mm Hg) 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 – Essential (primary) hypertension

CPT II Codes:

- 3074F – Most recent systolic blood pressure less than 130
- 3075F – Most recent systolic blood pressure 130 – 139
- 3077F – Most recent systolic blood pressure greater than or equal to 140
- 3078F – Most recent diastolic blood pressure less than 80
- 3079F – Most recent diastolic blood pressure 80-89
- 3080F – Most recent diastolic blood pressure greater than or equal to 90

**Codes listed are for informational purposes related to quality reporting and should not be used as a substitute for comprehensive billing and coding guidance.*

***Codes subject to change*

CBP Visit Medical Record Example #1

The claim shown below is an example for training purposes. For 2026, only claims with service dates in 2026 will be counted for CBP.

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	
E1165	E1142	Z794	E1129	E1169	Z978	E66813	E110	R809	E785			
Essential hypertension												

24. A.	DATE(S) OF SERVICE				B. PLACE OF SERVICE	C. EMG	D. PROCEDURES, SERVICES, OR SUPPLIES (Explain Unusual Circumstances)		E. DIAGNOSIS POINTER
	From MM	DD	YY	To MM			DD	YY	
1	01	23	26		11		99205		ABDE
2	01	23	26		11		95251		AC
3									
4									
5									
6									

Chief Complaint Establish Care

HPI:

is a 50 y.o. with PMH of T2DM, Chronic Pain syndrome, HLD, HTN, GAD who presents as a NEW PATIENT to clinic for diabetes management. was referred by primary care provider.

Objective

Physical Exam:

VS - BP 112/84 (BP Location: Left arm, Patient Position (BP): Sitting, BP Cuff Size: Adult) | Pulse 79 | Temp 97.4 °F (36.3 °C) (Temporal) | Ht 5' 5" (1.651 m) | Wt 127.3 kg (280 lb 9.6 oz) | SpO2 97% | BMI 46.69 kg/m²

GEN - NAD, A&O to person, time and place, ambulatory

Ophtho - EOMI, no scleral icterus, no exophthalmus

HEENT - dry mucus membranes, neck supple, thyroid not enlarged, no nodules appreciated

Cardiovascular: Heart sounds regular. No murmurs.

EXT - no LE edema

Neuro/Foot: intact sensation to monofilament testing in bilateral LEs. No foot ulcers or amputations.

Assessment

ASSESSMENT/DIAGNOSIS:

	ICD-10-CM	ICD-9-CM
Type 2 diabetes mellitus with hyperglycemia, with long-term current use of insulin (CMS/HCC)	E11.65	250.00
	Z79.4	790.29
		V58.67
Diabetic peripheral neuropathy (CMS/HCC)	E11.42	250.60
		357.2
Microalbuminuria due to type 2 diabetes mellitus (CMS/HCC)	E11.29	250.40
	R80.9	791.0
Uses self-applied continuous glucose monitoring device	Z97.8	V49.89
Hemoglobin A1c between 7.0% and 9.0%	Z97.9	790.29
Class 3 obesity (CMS/HCC)	E66.813	278.01
Dyslipidemia due to type 2 diabetes mellitus (CMS/HCC)	E11.69	250.80
	E78.5	272.4
Essential hypertension	I10	401.9

8. Essential hypertension

*Normotensive today, on appropriate antihypertensives, tolerating well. BP done today

BP Readings from Last 1 Encounters:

01/23/26 112/84

- Continue antihypertensives

Electronically signed by _____, MD at 1/23/2026 _____ PM

CBP Visit Medical Record Example #1 – Opportunity for Improvement


CBP HEDIS® Measure Components:

- ✓ **Diagnosis hypertension documented**
 - Primary hypertension documented during the visit
- ✓ **Systolic documented**
 - 112 mm Hg documented during the visit
- ✓ **Diastolic documented**
 - 84 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)
 - 3079F (Diastolic 80-89 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 Example #2

The claim shown below is an example for training purposes. For 2026, only claims with service dates in 2026 will be counted for CBP.

21. DIAGNOSIS OR NATURE OF ILLNESS OR INJURY Relate A-L to service line below (24E) ICD Ind. 0

A. **I10** **Essential hypertension** B. E1165 C. R0602 D. N898
 E. Z794 F. J. H.
 I. J. K. L.

24. A.	DATE(S) OF SERVICE						B. PLACE OF SERVICE	C. EMG	D. PROCEDURES, SERVICES, OR SUPPLIES		E. DIAGNOSIS POINTER
	From MM	DD	YY	To MM	DD	YY			CPT/HCPCS	MODIFIER	
1	02	23	26				11		99214		ABCD
2	02	23	26				11		3079F Diastolic BP 80-89		A
3	02	23	26				11		3074F Systolic BP less than 130		A
4											
5											
6											

HPI

Here today to follow up on **HTN**, **T2DM**, Shortness of breath, and vaginal discharge.

HTN:

- Taking lisinopril-hydrochlorothiazide 20-25 mg daily
- Not having any trouble tolerating this medication (no dizziness, light headedness or feeling feint)

Objective

Visit Vitals

BP	116/87 (BP Location: Right arm, Patient Position: Sitting, BP Cuff Size: Adult)
Pulse	84
Temp	36.6 °C (97.8 °F) (Temporal)
Ht	1.702 m (5' 7")
Wt	73.4 kg (161 lb 12.8 oz)
LMP	02/16/2026 (Approximate)
SpO2	97%
BMI	25.34 kg/m ²

Assessment/Plan

Benign essential hypertension - Primary

Current Assessment & Plan

- Chronic, controlled
- BP today (2/23/26) was 116/87, BP at last visit (1/5/26) was 126/88
- Doing well on lisinopril-hydrochlorothiazide 20-25 mg daily

PLAN

- Continue current management

Electronically signed by [redacted], MD at 2/23/2026 [redacted] PM

CBP Visit Medical Record Example #2 – Best Practice Observed


CBP HEDIS® Measure Components:

- ✓ **Diagnosis hypertension documented**
 - Primary hypertension documented during the visit
- ✓ **Systolic documented**
 - 116 mm Hg documented during the visit
- ✓ **Diastolic documented**
 - 87 mm Hg documented during the visit

Key Finding:

- ✓ CBP components were coded on the claim using CPT II codes:
 - 3079F (Diastolic 80-89 mm Hg)
 - 3074F (Systolic < 130 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**.

Understanding the CBP HEDIS® Measure & Proper Coding

Coding Tips:

1. Use I10 – Essential (primary) hypertension
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.

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

Measure Requirements:

- ✓ Have a diagnosis of diabetes (type 1 or 2) and whose most recent blood pressure (BP) was adequately controlled (<140/90 mm Hg) 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**):

ICD-10 Diagnosis Codes:

- E08 – E13 – Diabetes Mellitus (based on type and underlying conditions)

CPT II Codes:

- 3074F – Most recent systolic blood pressure less than 130
- 3075F – Most recent systolic blood pressure 130 – 139
- 3077F – Most recent systolic blood pressure greater than or equal to 140
- 3078F – Most recent diastolic blood pressure less than 80
- 3079F – Most recent diastolic blood pressure 80-89
- 3080F – Most recent diastolic blood pressure greater than or equal to 90

**Codes listed are for informational purposes related to quality reporting and should not be used as a substitute for comprehensive billing and coding guidance.*

***Codes subject to change*

BPD Visit Medical Record Example #1

The claim shown below is an example training purposes. For 2026, only claims with service dates in 2026 will be counted for BPD.

21. DIAGNOSIS OR NATURE OF ILLNESS OR INJURY Relate A-L to service line below (24E)										ICD Ind.
A. E119 Type 2 diabetes mellitus without complications R41840										0
C. F5101										
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		E. DIAGNOSIS POINTER
	From MM DD YY	To MM DD YY	MM	DD	YY	CPT/HCPCS			MODIFIER		
1	02	25	26				11		99214		ABC
2											
3											
4											
5											
6											

History of Present Illness

A [redacted] with **type 2 diabetes** managed with metformin, insomnia, neck stiffness with migraines, anxiety, and allergies presents for evaluation of fatigue, diabetes management, sleep disturbances, and neck discomfort.

Type 2 diabetes is managed with metformin. [redacted] is interested in alternative diabetes medications that may also assist with weight loss. [redacted] A1c has improved from 6.6 to 6.4.

Vitals:

02/25/26 [redacted]
 Temp: 36.7 °C (98.1 °F)
 TempSrc: Temporal
 Pulse: 87
 Resp: 16
BP: 104/70
 PainSc: 0-No pain
 SpO2: 97%
 Height: 167.6 cm (5' 6")
 Weight: 120 kg (265 lb 6.4 oz)
 BMI: 42.9

-----Assessment/Plan-----

Type 2 diabetes mellitus without complication, without long-term current use of insulin
 - tirzepatide (Mounjaro) 2.5 MG/0.5ML subcutaneous auto-injector; Inject 0.5 mL (2.5 mg) under the skin once a week.

Assessment & Plan

1. **Diabetes mellitus:**

- A1c improved from previous value and is currently elevated but trending down.
- Liver enzymes are mildly elevated.
- Mounjaro will be sent to pharmacy to address diabetes and support weight loss.

Patient's recent labs including A1c, CBC, CMP, FSH and LH, estrogen, TSH were reviewed and discussed today

Electronically signed by [redacted], DO at 02/26/26 [redacted]

BPD Visit Medical Record Example #1 – Opportunity for Improvement


BPD HEDIS® Measure Components:

- ✓ **Diagnosis diabetes documented**
 - Type 2 Diabetes documented during the visit
- ✓ **Systolic documented**
 - 104 mm Hg documented during the visit
- ✓ **Diastolic documented**
 - 70 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 Example #2

The claim shown below is an example for training purposes. For 2026, only claims with service dates in 2026 will be counted for BPD.

21. DIAGNOSIS OR NATURE OF ILLNESS OR INJURY Relate A-L to service line below (24E)										ICD Ind.	0
A	I10		B	E1165 Type 2 diabetes mellitus with hyperglycemia		R0602	D	N898			
E	Z794		F				H				
I			J				K				
L											

	24. A. DATE(S) OF SERVICE					B. PLACE OF SERVICE	C. EMG	D. PROCEDURES, SERVICES, OR SUPPLIES		E. DIAGNOSIS
	From	To	YY	MM	DD			CPT/HCPCS	MODIFIER	
1	02	23	26			11		99214		ABCD
2	02	23	26			11		3079F Diastolic BP 80-89		A
3	02	23	26			11		3074F Systolic BP less than 130		A
4										
5										
6										

HPI

Here today to follow up on HTN, T2DM, Shortness of breath, and vaginal discharge.

T2DM:

- Currently taking Lantus 20 units nightly, Novolog 10 units with meals, and Tulicity 1.5 mg weekly injections
- has a freestyle libre and reports that sugars have been in the mid 200s every day
- knows that diet is not conducive to better glycemic control (eats candy a lot) but is not ready to commit to change

Objective

Visit Vitals

BP	116/87 (BP Location: Right arm, Patient Position: Sitting, BP Cuff Size: Adult)
Pulse	84
Temp	36.6 °C (97.8 °F) (Temporal)
Ht	1.702 m (5' 7")
Wt	73.4 kg (161 lb 12.8 oz)
LMP	02/16/2026 (Approximate)
SpO2	97%
BMI	25.34 kg/m ²

Assessment/Plan

Diabetes mellitus (CMS-HCC)

Current Assessment & Plan

- Chronic, poorly controlled
- Increase Trulicity to 3 mg weekly
- Keep insulin where it is at
- Would like to start an SGLT2 but not able to now due to vaginal discharge and concern for euglycemic DKA
- Follow up in a month, check A1C at this time and hopefully start SGLt2 at this visit

Electronically signed by _____, MD at 2/23/2026 _____ PM

BPD Visit Medical Record Example #2 – Best Practice Observed


BDP HEDIS® Measure Components:

- ✓ **Diagnosis diabetes documented**
 - Type 2 Diabetes documented during the visit
- ✓ **Systolic documented**
 - 116 mm Hg documented during the visit
- ✓ **Diastolic documented**
 - 87 mm Hg documented during the visit

Key Finding:

- ✓ BPD components were coded on the claim using CPT II codes:
 - 3079F (Diastolic 80-89 mm Hg)
 - 3074F (Systolic < 130 mm Hg)

Best Practice Observed:

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

Understanding the BPD HEDIS® Measure & Proper Coding

Coding Tips:

1. Use the proper Diabetes Mellitus ICD-10-CM code E08 – E13.
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 \geq 140 mm Hg)
 - **3078F** (most recent diastolic < 80 mm Hg)
 - **3079F** (most recent diastolic 80–89 mm Hg)
 - **3080F** (Most recent diastolic \geq 90 mm Hg)
3. Retake BP readings if the reading is >140/90 mm Hg.
4. Member-reported BPs are acceptable when taken on a digital device and documented in the medical record.
5. The most recent blood pressure reading during the measurement year is used.

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 – Dilated retinal eye exam with interpretation by an ophthalmologist or optometrist documented and reviewed; *with* evidence of retinopathy
- 2023F – Dilated retinal eye exam with interpretation by an ophthalmologist or optometrist documented and reviewed; *without* evidence of retinopathy
- 2024F – 7 standard field stereoscopic retinal photos with interpretation by an ophthalmologist or optometrist documented and reviewed; with evidence of retinopathy
- 2025F – 7 standard field stereoscopic retinal photos with interpretation by an ophthalmologist or optometrist documented and reviewed; *without* evidence of retinopathy
- 2026F – Eye imaging validated to match diagnosis from 7 standard field stereoscopic retinal photos results documented and reviewed; with evidence of retinopathy
- 2033F – Eye imaging validated to match diagnosis from 7 standard field stereoscopic retinal photos results documented and reviewed; *without* evidence of retinopathy

*Codes listed are for informational purposes related to quality reporting and should not be used as a substitute for comprehensive billing and coding guidance.

**Codes subject to change

Understanding the EED HEDIS® Measure & Proper Coding*

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

CPT Codes:

- 92227 – Imaging of retina for detection or monitoring of disease; with remote clinical staff review and report, unilateral or bilateral
- 92228 – Imaging of retina for detection or monitoring of disease; with remote physician or other qualified health care professional interpretation and report, unilateral or bilateral
- 92229 – Imaging of retina for detection or monitoring of disease; point-of-care autonomous analysis and report, unilateral or bilateral

**Codes listed are for informational purposes related to quality reporting and should not be used as a substitute for comprehensive billing and coding guidance.*

***Codes subject to change*

EED Visit Medical Record Example

The claim shown below is an example for training purposes. Only service dates with negative results in 2025 or any results in 2026 will be counted for EED.

21. DIAGNOSIS OR NATURE OF ILLNESS OR INJURY Relate A-L to service line below (24E)										ICD-10	Ind.
A	E119 Type 2 diabetes mellitus without complications									M25561	
C	Z7984										
D	G8929										
E	E66811										
F	E669										
G	E661										
H	Z6832										
I	I10										
J	E782										
K	R300										
L											

1	24. A. DATE(S) OF SERVICE					B. PLACE OF SERVICE	C. EMG	D. PROCEDURES, SERVICES, OR SUPPLIES		E. DIAGNOSIS
	From	To	MM	DD	YY			CPT/HCPCS	MODIFIER	
1	02	17	26			11		99214	25	ACEF
2	02	17	26			11		92229		AC
3	02	17	26			11		83036	QW	AC
4	02	17	26			11		36416		AC
5	02	17	26			11		2033F		AC
6	02	17	26			11		73562	TC RT	BD

_____, PA (Physician Assistant) • Family Medicine • Encounter Date: 2/17/2026 • Signed

SUBJECTIVE

Chief Complaint
Patient presents with
• Medication Check
Patient is fasting.

Diabetes:

Medication compliance: compliant all of the time with Metformin 500mg once daily and Ozempic 0.5mg weekly. She hasn't lost any further weight and would like to increase.
Medication side effects: No
Her last HA1C was 6.6% on 10/15/25.

ASSESSMENT/PLAN

- Type 2 diabetes mellitus in patient with obesity (HCC) ICD-10-CM
E11.9
E66.9

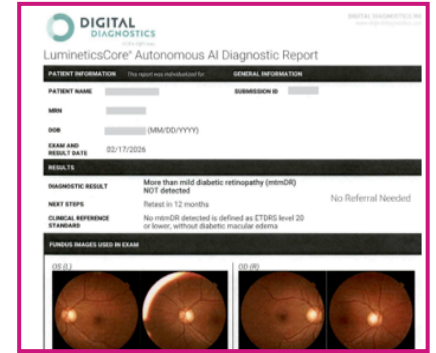
MICROALB/CREAT RATIO URINE RANDOM PANEL
Diabetes Retinopathy Screening
HEMOGLOBIN A1C - POINT OF CARE (AMB)

- Orders Placed This Encounter**
- Diabetes Retinopathy Screening
 - XR Knee Right 3Vw
 - MICROALB/CREAT RATIO URINE RANDOM PANEL

Return in about 6 months (around 8/17/2026) for follow up.

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

Comment: Next Steps: Retest in 12 months



EED Visit Medical Record Example – Best Practice Observed

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 (can only be used if no prior positive retinopathy exam)
- 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**.

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.

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 – Most recent hemoglobin A1c (HbA1c) level less than 7.0%
- 3051F – Most recent hemoglobin A1c (HbA1c) level greater than or equal to 7.0% and less than 8.0%
- 3052F – Most recent hemoglobin A1c level greater than or equal to 8.0% and less than or equal to 9.0%
- 3046F – Most recent hemoglobin A1c level greater than 9.0%

**Codes listed are for informational purposes related to quality reporting and should not be used as a substitute for comprehensive billing and coding guidance.*

***Codes subject to change*

GSD Visit Medical Record Example #1

The claim shown below is an example for training purposes. For 2026, only claims with service dates in 2026 will be counted for GSD.

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
E119	M25561	Z7984	G8929	E66811	E669	E661	Z6832	I10	E782	R300	

Type 2 diabetes mellitus with complications

	24. A. DATE(S) OF SERVICE			B. PLACE OF SERVICE	C. EMG	D. PROCEDURES, SERVICES, OR SUPPLIES		E. DIAGNOSIS
	From	To	YY			OPT/HCPCS	MODIFIER	
1	02	17	26	11		99214	25	ACEF
2	02	17	26	11		92229		AC
3	02	17	26	11		83036	QW	AC
4	02	17	26	11		36416		AC
5	02	17	26	11		2033F		AC
6	02	17	26	11		73562	TC RT	BD

[Redacted], PA (Physician Assistant) • Family Medicine • Encounter Date: 2/17/2026 • Signed

SUBJECTIVE

Chief Complaint
Patient presents with

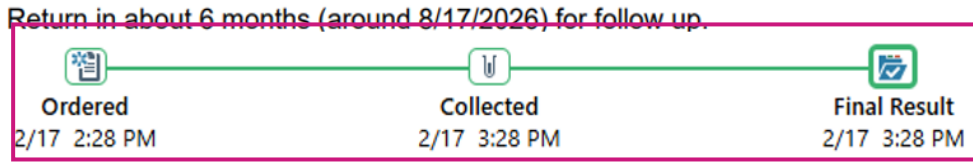
- Medication Check
Patient is fasting.

Diabetes:
Medication compliance: compliant all of the time with Metformin 500mg once daily and Ozempic 0.5mg weekly. She hasn't lost any further weight and would like to increase.
Medication side effects: No
Her last HA1C was 6.6% on 10/15/25.

ASSESSMENT/PLAN

- Type 2 diabetes mellitus in patient with obesity (HCC)**
 - ICD-10-CM E11.9 MICROALB/CREAT RATIO URINE RANDOM PANEL
 - E66.9 Diabetes Retinopathy Screening HEMOGLOBIN A1C - POINT OF CARE (AMB)

- Orders Placed This Encounter**
- Diabetes Retinopathy Screening
 - XR Knee Right 3Vw
 - MICROALB/CREAT RATIO URINE RANDOM PANEL
 - URINALYSIS REFLEX MICROSCOPIC REFLEX CULTURE
 - ORTHOPEDIC SURGERY REFERRAL
 - HEMOGLOBIN A1C - POINT OF CARE (AMB)
 - Semaglutide (1 MG/DOSE) 4 MG/3ML Subcutaneous Solution Pen-injector (Ozempic)
 - meloxicam (Mobic) 7.5 MG tablet



Hemoglobin A1c POCT **6.5**
%

GSD Visit Medical Record Example #1 – Opportunity for Improvement


GSD HEDIS® Measure Components:

- ✓ **Diagnosis diabetes documented**
 - Diabetes documented during the visit
- ✓ **HbA1c test**
 - Lab result on 2/17/26 documented during the visit
- ✓ **HbA1c Result documented**
 - 6.5% result documented during the visit

Key Finding:

- ✗ GSD lab result not coded on the claim using CPT II codes:
 - 3044F – HbA1c result level less than 7.0%

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 Example #2

The claim shown below is an example from 2025 for training purposes. For 2026, only claims with service dates in 2026 will be counted for GSD.

21. DIAGNOSIS OR NATURE OF ILLNESS OR INJURY (Relate to A-L to service line below (24E))										ICD Ind.			
A. ICD-10-CM Code										0			
E1065 Type 1 diabetes mellitus with hyperglycemia													
24. A. DATE(S) OF SERVICE										B. PLACE OF SERVICE	C. EMG	D. PROCEDURES, SERVICES, OR SUPPLIES (Explain Unusual Circumstances)	E. DIAGNOSIS POINTER
MM	DD	YY	MM	DD	YY								
02	20	26				11			99215				A
02	20	26				11			95251				A
02	20	26				11			83036	QW			A
02	20	26				11			3051F				A

Most recent hemoglobin A1c (HbA1c) level greater than or equal to 7.0% and less than 8.0%

Chief Complaint

Patient presents with

T1DM

is a 19 y.o. pubertal who presents for follow up of type 1 DM. was diagnosed with type 1 DM on 7/5/22 after he had presented to his PCP with typical symptoms of new onset diabetes including polyuria, polydipsia, polyphagia with 40 pound weight loss; laboratory work-up done with an A1c of 10.7%, and a fasting serum glucose of 165 mg/dL. CMP without concern for acidosis. TSH 1.93, free T4 1.7. I saw him on 7/6/22 and confirmed type 1 DM - he has 4 positive DM autoAbs. Celiac screen is negative.

Visit Vitals

BP 126/80

Pulse (!) 112

Temp 36.4 °C (97.5 °F) (Temporal)

Ht 173.8 cm (5' 8.43")

Wt 95.8 kg (211 lb 5 oz)

SpO2 96%

BMI 31.73 kg/m²

Lab Results

Component Value Date

HGBA1C 7.0 (A) 02/20/2026

Assessment/Plan:

A1C today is 7.0%, improvement from last visit, 7.5%, within the ADA age-specific target range of 7-7.5%.

Diagnosis ICD-10-CM ICD-9-CM Plan

1. Type 1 diabetes mellitus with hyperglycemia E10.65 250.01 POCT Hgb A1C

Continuous Glucose Sensor (Dexcom G7 Sensor) misc

Plan:

#T1DM

- No changes to doses today: for pump malfunctions or pump break use the following:

Lantus 23u once daily

Carb ratio 1u:5g

Correction factor 1u:50 above 130

- Follow up in 4-6 months

Electronically signed by APRN at 02/20/2026 CST

GSD Visit Medical Record Example #2 – Best Practice Observed


GSD HEDIS® Measure Components:

- ✓ **Diagnosis diabetes documented**
 - Diabetes documented during the visit
- ✓ **HbA1c test**
 - Lab result on 2/20/2026 documented during the visit
- ✓ **HbA1c Result documented**
 - 7.0% result documented during the visit

Key Finding:

- ✓ GSD lab result not coded on the claim using CPT II codes:
 - 3051F – HbA1c result greater than or equal to 7.0% and less than 8.0%

Best Practice Observed:

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

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.

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**):

CPT Codes:

eGFR

- 80047, 80048, 80050, 80053, 80069, or 82565

UACR

- 82570 – Urine Creatinine Lab
and
- 82043 – Quantitative Urine Albumin

If the urine albumin and the urine creatinine tests are ordered separately, they must be completed within four calendar days of each other.

**Codes listed are for informational purposes related to quality reporting and should not be used as a substitute for comprehensive billing and coding guidance.*

***Codes subject to change*

KED Visit Medical Record Example

The claim shown below is an example from training purposes. For 2026, only claims with service dates in 2026 will be counted for KED.

21. DIAGNOSIS OR NATURE OF ILLNESS OR INJURY Relate A-L to service line below (24E)										ICD Ind.	0		
A	E119	Type 2 diabetes mellitus without complications	R200	C	M5441	D	Z1329	E	R1900	H9203	H9193	H	Z794
I	R202		G8929	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					
01	28	26					99214	25		ABCD			

42 REV. CD.	43 DESCRIPTION	44 HCPCS / RATE / HPPS CODE	45 SERV. DATE	
1	0300	36415	01/28/2026	
2	0301	eGFR	80053	01/28/2026
3	0301	Urine Creatinine Lab	82043	01/28/2026
4	0301		84443	01/28/2026
5	0301		82607	01/28/2026
6	0301		82570	01/28/2026
7	0302		86140	01/28/2026
8	0305		85025	01/28/2026
9	0305		85652	01/28/2026
10	0320		72100 TC	01/28/2026

*Claim from a lab testing company

Progress Notes

(Physician) • Family Medicine • Encounter Date: 1/28/2026 • Signed

History of Present Illness

The patient presents for evaluation of diabetes, neuropathy, hernia, and ear pain.

has been under the care of Dr. and an endocrinologist for diabetes management. is seeking to transition due to Dr. Although diabetes is currently well-controlled with an A1c of 6, expresses concern about hair loss, which attributes to blood glucose levels. has been managing diabetes for the past 10 years and has not experienced any ocular complications related to her condition.

Assessment & Plan

1. Type 2 diabetes mellitus without complication, with long-term current use of insulin (HCC) (Primary)

- VITAMIN B12; Future
- CBC WITH DIFFERENTIAL; Future
- COMPREHENSIVE METABOLIC PANEL; Future
- MICROALB/CREAT RATIO URINE RANDOM PANEL; Future
- The diabetes is well-managed, with a recent A1c level of 6.
- is advised to maintain her A1c below 6.5.
- is encouraged to continue current medication regimen under the supervision of her endocrinologist.

Orders Placed This Encounter

- MICROALB/CREAT RATIO URINE RANDOM PANEL
 - Standing Status: Future
 - Number of Occurrences: 1
 - Expiration Date: 1/28/2027
 - Release to patient: Immediate
- COMPREHENSIVE METABOLIC PANEL
 - Standing Status: Future
 - Number of Occurrences: 1
 - Expiration Date: 1/23/2027
 - Release to patient: Immediate
 - If result is normal, do you want to receive an In Basket message?: Yes

Return in about 4 weeks (around 2/25/2026).

Component	Specimen	Collected:	01/28/26	PM	Last Resulted:	01/28/26	TM
Ref Range & Units							
Creatinine Urine	131						
15 - 278 mg/dL							
Microalbumin Urine	0.7						
No established reference ranges. mg/dL							
Microalbumin/Creatinine Ratio	5						
<30 mg/g							

eGFR >60
>60 mL/min/1.73m2

KED Visit Medical Record Example – Best Practice Observed


KED HEDIS® Measure Components:

- ✓ **Diagnosis diabetes documented**
 - Diabetes documented during the visit
- ✓ **eGFR test**
 - > 60 documented in the EMR as the result
- ✓ **uACR Result documented**
 - 5 documented in the EMR as the result

Key Finding:

- ✓ KED lab coded on the claim using CPT codes by the lab testing company:
 - 80053 Comprehensive Metabolic Panel (CMP)
 - 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**.

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 (*Must be within 4 days of each other*)
 - 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.

Summary & Resources

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.

Quick Reference Guide HEDIS®

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

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

Quick Reference Guide HEDIS®

FOR MORE INFORMATION, VISIT [NCQA.ORG](https://www.ncqa.org)

Medicaid | Medicare | Marketplace



oklahoma
complete health™

HEDIS® Adult Pocket Guide

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



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

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# OCH0605251102RGA

Oklahoma Complete Health

Certificate of Approval

Name

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

Index # OCH0605251102RGA

This Index # is valid for education purchased prior to
6/30/2026

Date

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

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

Questions?

Email: Quality_OCH@OklahomaCompleteHealth.com
