



2026 Coding for Success: Understanding APV/AWV, BCS-E, CCS-E, & COL-E HEDIS® Measures

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



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



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

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 Pay-for-Performance (P4P) PCP and OB/GYN – SoonerSelect and Children's Specialty Program Measures

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 Pay-for-Performance (P4P) Behavioral Health Provider – SoonerSelect and Children's Specialty Program Measures

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 ≤ 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 APV/AWV HEDIS® Measure

Understanding the APV/AWV HEDIS® Measure & Proper Coding

Measure Name:

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

Target Population:

- Members ages 20 and older during the measurement year

Measure Requirements:

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

Why It Matters:

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

Understanding the APV/AWV HEDIS® Measure & Proper Coding*

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

ICD-10-CM Codes:

- Z00.00 – Encounter for general adult medical examination without abnormal findings
- Z00.01 – Encounter for general adult medical examination with abnormal findings

CPT Codes:

- 99385 – Initial, comprehensive, preventative E/M new patient aged 18–39
- 99386 – Initial, comprehensive, preventative E/M new patient aged 40–64
- 99395 – Periodic, comprehensive, preventative E/M established patient aged 18-39
- 99396 – Periodic, comprehensive, preventative E/M established patient aged 40-64

HCPCS Codes:

- T1015 – Clinic visit/encounter, all-inclusive

**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.*

APV/AWV Visit Medical Record Example

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

21. DIAGNOSIS OR NATURE OF ILLNESS OR INJURY: Relate A-L to service line below (24E)										ICD Ind.			
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	EMG	CPT/HCPCS	MODIFIER	DIAGNOSIS POINTER				
Encounter for general adult medical examination without abnormal findings Z0000 E1165 L309										0			
comprehensive preventive visit for an established patient ages of 18-39 99395													
01	12	26				11			ABDC				
01	12	26				11	99214	25	BDCE				
01	12	26				11		QW	CE				
01	12	26				11	85025	QW	CE				
01	12	26				11	82044	QW	CE				
01	12	26				11	3078F		A				

HISTORY

_____ is a 36 y.o. _____ and is here for a preventative visit. The patient reports no problems.

Review of Systems

Constitutional: Negative for activity change, fatigue and fever.

Respiratory: Negative for cough and shortness of breath.

Cardiovascular: Negative for chest pain.

Gastrointestinal: Negative for abdominal pain.

Musculoskeletal: Negative for arthralgias and back pain.

Skin: Negative for rash.

Psychiatric/Behavioral: Negative for behavioral problems.

Past Medical History:

Diagnosis	Date
• Allergic rhinitis	
• Chronic fatigue	
• Type 2 diabetes mellitus (HCC)	

EXAMINATION

BP 122/76 | Pulse 108 | Temp 36.9 °C (98.4 °F) | Ht 1.829 m (6') | Wt 124 ka (274 lb 6.4 oz) | SpO2 96% | BMI 37.22 kg/m²

ASSESSMENT AND PLAN

During the course of the visit the patient was educated and counseled about appropriate screening and preventive services

Wellness examination

Return in about 3 months (around _____/2026) for Recheck.

Electronically signed by _____ MD at 1/12/2026 _____ AM

APV/AWV Visit Medical Record Example – Best Practice Observed

APV HEDIS® Measure Components:

- ✓ **Comprehensive History:** Review of systems and family history documented
- ✓ **Comprehensive Physical Exam:** Blood pressure and BMI documented
- ✓ **Health Counseling:** “Patient was educated and counseled about appropriate screening and preventative services”

Key Finding:

- ✓ **Accurately billed using appropriate codes:**
 - 99395– preventive medicine evaluation and management service for established patients who are between 18 and 39 years of age
 - Z00.00 – Encounter for general adult medical examination without abnormal findings.

Best Practice Observed:

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

Understanding the APV/AWV HEDIS® Measure & Proper Coding

Coding Tips:

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

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

Understanding the BCS-E HEDIS® Measure & Proper Coding

Measure Name:

- BCS-E – Breast Cancer Screening

Target Population:

- Members aged 40 to 74 years during the measurement year

Measure Requirement:

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

Why It Matters:

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

Understanding the BCS-E HEDIS® Measure & Proper Coding*

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

ICD-10-CM Codes:

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

CPT Codes:

- 77061 – Digital breast tomosynthesis; unilateral (3D mammogram)
- 77062 – Digital breast tomosynthesis; bilateral (3D mammogram)
- 77063 – Screening digital breast tomosynthesis, bilateral (3D mammogram)
- 77065 – Diagnostic mammography, unilateral, including CAD
- 77066 – Diagnostic mammography, bilateral, including CAD
- 77067 - Screening mammography, bilateral, including CAD

**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.*

BCS-E Medical Record Example #1

The claim shown below is an example from 2026 for training purposes. For 2026, only claims with service dates that comply with measure requirements will be counted for BCS-E.

21. DIAGNOSIS OR NATURE OF ILLNESS OR INJURY Relate A-L to service line below (24E)										
Z9013 Acquired absence of bilateral breasts and nipples										ICD Ind. 0
Z853 I890										
E										
I L										
J K L										
24. A. DATE(S) OF SERVICE B. PLACE OF SERVICE C. PROCEDURES, SERVICES, OR SUPPLIES E. DIAGNOSIS										
From			To			EMG	CPT/HCPCS			PCINTER
MM	DD	YY	MM	DD	YY		MODIFIER			
02	02	26				11	99213			ABC
02	02	26				11	G2211			ABC

HPI:

is a 56 y.o. presents for 2 year follow-up. Today states that she is overall feeling well. Since last visit has had some continued left axillary edema. denies breast pain, palpable masses, axillary masses, arm swelling during this period.

Past Medical History:

Diagnosis	Date
Breast cancer (CMS/HCC)	7/28/2023
GAD (generalized anxiety disorder)	
GERD (gastroesophageal reflux disease)	

Tobacco Use

- Smoking status: Never
- Smokeless tobacco: Never

General: alert, in no distress, appears stated age, cooperative, accompanied by niece

Neuro: awake, cranial nerves grossly intact, no motor deficits

Neck: no asymmetry, masses, or scars, supple without significant cervical or supraclavicular adenopathy, trachea midline, nontender,

Lungs: normal respiratory effort, no wheezing or rales

Heart: normal rate, regular rhythm

Right Breast: skin normal, palpation negative for masses or nodules, no palpable axillary lymphadenopathy, well-healed mastectomy scar

Left Breast: palpation negative for masses or nodules, no palpable axillary lymphadenopathy, hyperpigmentation secondary to radiation related changes with small axillary lymphedema

Abdomen: soft, nontender, nondistended, no rebound tenderness or guarding

Assessment:

56 y.o. with history of Breast Cancer.

In regards to her axillary edema she is amenable to me placing an Occupational Therapy consultation.

Electronically signed by MD at 2/2/2026 AM

BCS-E Medical Record Example #1 – Best Practice Observed

BCS-E HEDIS® Measure Components:

- ✓ **Bilateral Mastectomy noted in member chart**
 - “history of breast cancer”

Key Finding:

- ✓ **History of bilateral mastectomy billed with appropriate ICD-10-CM code:**
 - Z90.13 – Acquired absence of bilateral breasts and nipples

Best Practice Observed:

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

BCS-E Visit Medical Record Example #2

The claim shown below is an example from 2026 for training purposes. For 2026, only claims with service dates that comply with measure requirements will be counted for BCS-E.

42 REV. CD	43 DESCRIPTION	44 HCPCS /RATE / HPPS CODE	45 SERV DATE
0300		36415	12/16/2025
0521		99385 25	12/16/2025
0521		99406	12/16/2025
0521		3008F	12/16/2025
0521		3074F	12/16/2025
0521		3079F	12/16/2025

Z0000	R1084	Z7185	F17210	Z803
0				

42 REV. CD	43 DESCRIPTION	44 HCPCS /RATE / HPPS CODE	45 SERV DATE
0403		77067	02/13/2026
0403		77063	02/13/2026

Screening digital breast tomosynthesis, bilateral
Screening mammography, bilateral

Subjective

_____ is a 36-year-old _____ ~~presenting for initial preventative visit~~ with complaints of abdominal pain.

Abdominal Pain:

- Onset 6 weeks ago, described as "dull" and "cramping."

Surgical History:

- C-section 13-14 years ago.
- Denies cholecystectomy or appendectomy.

Family History:

- Grandmother passed away from breast cancer.
- Interested in starting early screening.

Assessment/Plan

Preventative health care (Z00.00)

Family history of breast cancer (Z80.3)

- No prior cervical cancer screening reported

- Family history of breast cancer; patient expressed interest in early mammography based on family history.

- Recommended cervical cancer screening; she would prefer one of the female providers in clinic.

- Discussed early mammography; order placed.

- Recommended annual influenza vaccination; discussed benefits for personal and family protection.

Electronically signed by _____, DO at 12/16/2025 _____ PM

EXAM:

BI 3D TOMOSYNTHESIS SCREENING BILATERAL

Date of Procedure: 2/13/2026

HISTORY:

Z80.3-Family history of breast cancer

Findings:

IMPRESSION:

BI-RADS CATEGORY: _____

Recommendation: _____

Recall Interval: _____

Side: Bilateral.

Dictated by: _____ 2/13/2026

Electronically Signed by: _____ 2/13/2026

BCS-E Medical Record Example #2 – Best Practice Observed

BCS-E HEDIS® Measure Components:

- ✓ **Bilateral Mastectomy noted in member chart**
 - “family history of breast cancer, interested in starting early screening”
 - Mammogram ordered by PCP
 - Almost two months later, mammogram performed

Key Finding:

- ✓ **History of bilateral mastectomy billed with appropriate ICD-10-CM code:**
 - 77063 – Screening digital breast tomosynthesis, bilateral
 - 77067 – Screening mammography, bilateral

Best Practice Observed:

-  Mammogram properly documented and submitted with the correct codes on the claim, supporting BCS-E HEDIS® compliance and timely gap closure.

Understanding the BCS-E HEDIS® Measure & Proper Coding

Coding Tips:

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

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

Understanding the CCS-E HEDIS® Measure & Proper Coding

Measure Name:

- CCS-E – Cervical Cancer Screening

Target Population:

- Members aged 21 to 64 during the measurement year

Measure Requirements:

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

Why It Matters:

- Cervical cancer can be detected in its early stages by regular screening.
- Cervical cancer screening decreases mortality and incidence of invasive cervical cancer.
- Impacts **HEDIS® compliance, quality reporting, P4P incentives, and member incentives.**

Understanding the CCS-E HEDIS® Measure & Proper Coding*

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

CPT Codes:

- 88141–88143, 88147, 88148, 88150, 88152, 88153, 88164–88167, 88174 or 88175 – Cervical Cytology Lab Test (age 21–64)
- 87624 or 87625 - hrHPV Test (age 30–64)

ICD-10-CM Codes:

- Z90.710 – Acquired absence of both cervix and uterus
- Z90.712 – Acquired absence of cervix with remaining uterus

**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.*

CCS-E Visit Medical Record Example #1

The claim shown below is an example from 2026 for training purposes. For 2026, only claims with service dates that comply with measure requirements will be counted for CCS-E.

21. DIAGNOSIS OR NATURE OF ILLNESS OR INJURY: Relate A-L to service line below (24E)										ICD Ind.
A	B	C	D	E	F	G	H	I	J	L
Z0001	Z90710	G4700	E559	E539	R5383	M461	G5701			

Acquired absence of both cervix and uterus

	24. A. DATE(S) OF SERVICE					B.	C.	D. PROCEDURES, SERVICES, OR SUPPLIES			E.
	From	To	YY	MM	DD	PLACE OF SERVICE	EMG	(Explain Unusual Circumstances)	CPT/HCPCS	MODIFIER	DIAGNOSIS POINTER
1	01	22	26			11			99396		ABCD
2	01	22	26			11			3078F		B
3	01	22	26			11			3074F		B
4	01	22	26			11			3008F		B
5											
6											

Reason for Visit: Annual Exam | low back throbbing pain down R thigh

Subjective

The patient is a 44-year-old [redacted] presenting with recurrent low back pain and fatigue. The patient reports low back pain that began in [redacted] of last year after performing weighted squats at the gym. [redacted] also reports feeling tired all the time with no energy to clean her house or do other activities.

Physical Exam

Vitals and nursing note reviewed.

Objective

BP 92/60 (BP Location: Left arm, Patient Position: Sitting) | Pulse 76 | Temp 36.8 °C (98.2 °F) (Temporal) | Ht 1.626 m (5' 4") | Wt 59.7 kg (131 lb 9.6 oz) | SpO2 97% | BMI 22.59 kg/m²

Assessment

Encounter for annual general medical examination with abnormal findings in adult

History of total hysterectomy

Sacroiliitis, not elsewhere classified

Piriformis syndrome of right side

Electronically signed by [redacted] APRN at 1/22/2026 [redacted]

CCS-E Medical Record Example #1 – Best Practice Observed

CCS-E HEDIS® Measure Components:

- ✓ **Total hysterectomy noted in member chart**
 - “History of total hysterectomy”

Key Finding:

- ✓ **History of total hysterectomy billed with appropriate ICD-10-CM code:**
 - Z90.710 – Acquired absence of both cervix and uterus

Best Practice Observed:

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

CCS-E Visit Medical Record Example #2

The claim shown below is an example from 2026 for training purposes. For 2026, only claims with service dates that comply with measure requirements will be counted for CCS-E.

21. DIAGNOSIS OR NATURE OF ILLNESS OR INJURY Relate A-L to service line below (24E) ICD Ind. 0									
A	Z124	B		C		D		E	
E		F		G		H		I	
J		K		L		M		N	
24. A. DATE(S) OF SERVICE From To B. PLACE OF SERVICE C. EMG D. PROCEDURES, SERVICES, OR SUPPLIES (Explain Unusual Circumstances) E. DIAGNOSIS POINTER									
MM	DD	YY	MM	DD	YY	EMG	CPT/HCPCS	MODIFIER	DIAGNOSIS POINTER
02	10	26				11	99213		A
1									
2									
3									
4									
5									

Specialty: Family Medicine

Subjective:

39 year old comes in today for pap smear only.

Objective:

BP 100/70 (BP Location: Left arm, Patient Position: Sitting, BP Cuff Size: Adult) | Pulse 75 | Temp 98.4 °F (36.9 °C) (Temporal) | Resp 16 | Wt 51.3 kg (113 lb) | SpO2 98%

Pelvic Exam: External genitalia normal, Vagina normal without discharge, cervix normal in appearance. Pap smear obtained.

Chaperoned by MA

Assessment:

Screening pap smear.

Plan:

FU one year or as indicated by Pap results.

Electronically Signed by, MD on 2/12/2026

42 REV. CD	43 DESCRIPTION	HPV RNA/DNA detection	44 HCPCS / RATE / HPPS CODE	45 SERV DATE
0306			87624	02/10/2026
0311		cytopathology	88142	02/10/2026
56 DX	Z124	A	B	C
		J	K	L
69 ADMIT DX		70 PATIENT REASON DX	Z124 a	b
			c	71 FPS CODE

HPV PANEL

Collected 2/10/2026

Specimen Collected: 02/10/26

Last Resulted: 02/12/26

Spoke to patient and gave the results.

PAP THINPREP W HPV:

Collected 2/10/2026

Specimen Collected: 02/10/26

Last Resulted: 02/13/26

Spoke to patient and gave the results.

CCS-E Medical Record Example #2 – Best Practice Observed

BCS-E HEDIS® Measure Components:

- ✓ **Bilateral Mastectomy noted in member chart**
 - PCP saw member for Pap Smear
 - Pap Smear obtained
 - Results communicated to member after lab results final

Key Finding:

- ✓ **Pap with HPV billed with appropriate ICD-10-CM code:**
 - 87624 – HPV RNA/DNA detection
 - 88124 – Cytopathology

Best Practice Observed:

 Cervical cancer screening properly documented and submitted with the correct codes on the claim, supporting CCS-E HEDIS® compliance and timely gap closure.

Understanding the CCS-E HEDIS® Measure & Proper Coding

Coding Tips:

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

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

Understanding the COL-E HEDIS® Measure & Proper Coding

Measure Name:

- COL-E – Colorectal Cancer Screening

Target Population:

- Members ages 45 to 75 years during the measurement year

Measure Requirements:

- ✓ One of the following screenings on or before December 31 the measurement year:
 - **Colonoscopy – within past 10 years**
 - **Flexible Sigmoidoscopy – within past 5 years**
 - **CT Colonography – within past 5 years**
 - **sDNA FIT Lab – within past 3 years**
 - **FOBT Lab Test – during the measurement year**

Why It Matters:

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

Understanding the COL-E HEDIS® Measure & Proper Coding*

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

CPT Codes:

- 82270 – Guaiac Test (gFOBT)
- 82274 – FIT Test Immunochemical
- 81528 – Cologuard® sDNA with FIT test
- 74261, 74262 or 74263 – Computed Tomography (CT) Colonography
- 45330-45335, 45337, 45338, 45340-45342, 45346, 45347, 45349 or 45350 - Flexible Sigmoidoscopy
- 44388-44392, 44394, 44401-44408, 45378-45382, 45384-45386, 45388-45393 or 45398 - Colonoscopy
- ICD-10-CM Codes:
- Z85.038 or Z85.048 – Personal history of other malignant neoplasm of large intestine or rectum

**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.*

COL-E Visit Medical Record Example #1

The claim shown below is an example from 2026 for training purposes. For 2026, only claims with service dates that comply with measure requirements will be counted for COL-E.

21. DIAGNOSIS OR NATURE OF ILLNESS OR INJURY Relate A-L to service line below (24E)										ICD Ind.	0
A	Z0000	B	Z23	C	M069	D	I10	E			
E	F5101	F	Z124	G	Z1151	H	Z1212	I			
J		K		L							
24. A. DATE(S) OF SERVICE		B. PLACE OF SERVICE		C.	D. PROCEDURES, SERVICES, OR SUPPLIES			E. DIAGNOSIS POINTER			
From	To			EMG	(Explain Unusual Circumstances)			POINTER			
MM	DD	YY	MM	DD	YY	CPT/HCPCS	MODIFIER				
1	01	14	26			99396	25	ACDE			
2	01	14	26			90471		B			
3	N458160082311 ML 0.5										
4	01	14	26			90750		B			

History of Present Illness:

_____ is a 63 year old _____ who presents today for physical exam with fasting labs
 Requesting refill of amitriptyline 25 mg qhs
 Mammogram and colonoscopy ordered
 Last pap 6-7 years and was normal

Laboratory and Radiology:

No results found for this or any previous visit (from the past 16 weeks).

Other results are pending and will be reviewed once they become available.

Encounter for annual health examination Z00.00

Encounter for screening for malignant neoplasm of rectum Z12.12

Encounter for screening for human papillomavirus (HPV)

Orders Placed This Encounter

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

Release to patient: Immediate

• PAP THINPREP +HPV MRNA RFLX 16 18/45

Standing Status: Future

Expiration Date: 1/9/2027

Electronically Signed by _____ APRN-CNP on 1/14/2026 _____

21. DIAGNOSIS OR NATURE OF ILLNESS OR INJURY Relate A-L to service line below (24E)										ICD Ind.	0
A	Z0000	B	Z1212	C		D		E			
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 POINTER			
From	To			EMG	(Explain Unusual Circumstances)			POINTER			
MM	DD	YY	MM	DD	YY	CPT/HCPCS	MODIFIER				
1	01	14	26			82274	QW	fecal occult blood test (FOBT) AB			

OCCULT BLOOD F - POINT OF CARE (AMB)

Ordered	Collected	Final Result
1/14 9:29 AM	1/15 9:05 AM	1/15 9:06 AM

Test Result

Occult Blood Immunoassay 1	negative
Occult Blood Immunoassay 2	negative
Occult Blood Immunoassay 3	negative

COL-E Medical Record Example #2 – Best Practice Observed

COL-E HEDIS® Measure Components:

Colorectal Cancer Screening Test Documented

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

Key Finding:

FOBT billed with appropriate CPT code:

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

Best Practice Observed:

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

COL-E Visit Medical Record Example #2

The claim shown below is an example from 2026 for training purposes. For 2026, only claims with service dates that comply with measure requirements will be counted for COL-E.

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

Z85048 B. I2510 C. D508 D. J432

E. I5020 F. I3104 G. H. I. K. L.

24. A. DATE(S) OF SERVICE From To B. PLACE OF SERVICE C. C. D. PROCEDURES, SERVICES, OR SUPPLIES (Explain Unusual Circumstances) E. DIAGNOSIS

MM	DD	YY	MM	DD	YY	EMG	CPT/HCPCS	MODIFIER	PC/INTER
02	04	26				11	99214		ABCD

Personal history of other malignant neoplasm of rectum, rectosigmoid junction, and anus

Family Medicine

Reason for Visit: Follow-up

Chief Complaint

Patient presents with

- Follow-up

Anal Cancer

- History of anal cancer
 - Blood pressure has remained stable since the discontinuation of losartan
 - Currently on metoprolol, aspirin, and Crestor
- Discussed and reviewed all recent lab results with the patient and compared results to previous labs when applicable.

MEDICATIONS WERE REVIEWED WITH PATIENT DURING VISIT.

I have personally reviewed and updated the past medical history, past surgical history, family history and social history as noted in todays progress note.

Assessment

History of anal cancer Z85.048

Iron deficiency anemia secondary to inadequate dietary iron intake

Electronically Signed by MD on 2/4/2026

COL-E Visit Medical Record Example #2 – Best Practice Observed

COL-E HEDIS® Measure Components:

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

Key Finding:

- ✓ **History of colorectal cancer billed with appropriate ICD-10-CM code:**
 - Z85.048 – Personal history of other malignant neoplasm of rectum, rectosigmoid junction, and anus

Best Practice Observed:

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

Understanding the COL-E HEDIS® Measure & Proper Coding

Coding Tips:

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

Summary & Resources

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

Key Takeaways:

1. Leverage EHR alerts and care gap reports to identify patients due for screenings.
2. Submit complete and timely claims with accurate diagnosis and procedure codes.
3. Capture services done outside your system with date, test type, and result.
4. For P4P incentive, documentation alone isn't enough, it must be coded properly.*

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

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

Quick Reference Guide HEDIS®

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



Coding for Success Feedback Survey - Prevention and Cancer Screening 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# OKCH71225937A

Oklahoma Complete Health

Certificate of Approval

Name

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




Index # OKCH71225937A

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

Date

This program meets AAPC
guidelines for 1.0 CEUs. Can be
split between Core A, CPCO and
CPMA 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
