



2026 Coding for Success: Understanding RASA, DIAB, STAT, SPC, SPD & SUPD HEDIS[®] & CMS Measures

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They have been so helpful with any questions we had. **Oklahoma Complete Health was absolutely incredible - the greatest thing was they took the time to listen and understand what I had to say.**

They went above and beyond to make sure we were able to see a doctor and get our medications by the next day. I'm really impressed.

Member, Deborah C.

2026 Pay-for-Performance 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)	76.15%	\$40.00	83.71%	\$80.00	90.60%	\$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

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

2026 Pay-for-Performance 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)	76.15%	\$40.00	83.71%	\$80.00	90.60%	\$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

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 PDC-RASA CMS Measure

Understanding the PDC-RASA CMS Measure & Proper Coding

Measure Name:

- PDC - RASA – Proportion of Days Covered - Adherence for Hypertensive

Target Population:

- Members 18 years of age and older with a RASA medication (Renin Angiotensin System Antagonists)

Measure Requirement:

- ✓ Proportion of days covered \geq 80% during the measurement year
- ✓ Each medication claim must be submitted through the health plan insurance
- ✓ Have at least two fills of the medication in the year to be counted, starts with date of the first fill

Why It Matters:

- Studies have shown a strong association between adherence to RASA medications and positive health outcomes, including a decreased risk of hospitalization, emergency department visits, and high medical costs.
- Impacts **P4Q, CMS compliance and quality reporting.**

Understanding the PDC-RASA CMS Measure & Proper Coding

Coding & Documentation Tips:

1. List the RASA medication (e.g., lisinopril or losartan) in the member's active medication list.
2. Use accurate diagnosis codes that support the need for RASA therapy (e.g., hypertension, heart failure, diabetes with kidney issues).
3. Encourage Timely Refills:
 - Suggest 90-day (or 100-day) supplies for ***first fill***, auto-refill programs, or mail order to improve adherence.
 - Remind patients to use their insurance—cash payments or samples don't count toward the measure.
4. Always prescribe enough medication to last until the next follow-up appointment.
5. When appropriate, code for applicable exclusion for the patient from the measure. Examples of exclusions codes:
 - Hospice: HCPCS G9473–G9479, Q5003–Q5010, S9126, T2042–T2046
 - ESRD: ICD-10-CM N18.5, N18.6, Z99.2

*Codes subject to change.

Key Components & Proper Coding for PDC-DIAB CMS Measure

Understanding the PDC-DIAB CMS Measure & Proper Coding

Measure Name:

- PDC - DIAB – Proportion of Days Covered - Adherence to Diabetes Medications

Target Population:

- Members 18 years of age and older with a diabetes medication (Biguanides, DDP-4, Meglitinides, etc.)

Measure Requirement:

- ✓ Proportion of days covered \geq 80% during the measurement year
- ✓ Each medication claim must be submitted through the health plan insurance
- ✓ Have at least two fills of the medication in the year to be counted, starts with date of the first fill

Why It Matters:

- Consistent adherence to prescribed diabetes medications significantly reduces the risk of complications such as heart disease, kidney failure, and vision loss.
- Impacts **P4Q, CMS compliance and quality reporting.**

Understanding the PDC-DIAB CMS Measure & Proper Coding

Coding & Documentation Tips:

1. List the DIAB medication (e.g., metformin or glipizide) in the member's active medication list.
2. Use accurate diagnosis codes that support the need for diabetic therapy (e.g., type 1 or 2 diabetes mellitus, diabetes with kidney issues, diabetes with diabetic neuropathy).
3. Encourage Timely Refills:
 - Suggest 90-day (or 100-day) supplies for ***first fill***, auto-refill programs, or mail order to improve adherence.
 - Remind patients to use their insurance—cash payments or samples don't count toward the measure.
4. Always prescribe enough medication to last until the next follow-up appointment.
5. When appropriate, code for applicable exclusion for the patient from the measure. Examples of exclusions codes:
 - Hospice: G9473–G9479, Q5003–Q5010, S9126, T2042–T2046
 - ESRD: N18.5, N18.6, Z99.2

*Codes subject to change.

**Insulin pharmacy claims through insurance also exclude members

Key Components & Proper Coding for PDC-STAT CMS Measure

Understanding the PDC-STAT CMS Measure & Proper Coding

Measure Name:

- PDC - STAT – Proportion of Days Covered - Adherence to Cholesterol Medications

Target Population:

- Members 18 years of age and older with a cholesterol medication (statins, ezetimibe, PCSK9 inhibitors, etc.)

Measure Requirement:

- ✓ Proportion of days covered $\geq 80\%$ during the measurement year
- ✓ Each medication claim must be submitted through the health plan insurance
- ✓ Have at least two fills of the medication in the year to be counted, starts with date of the first fill

Why It Matters:

- Adhering to statin therapy significantly lowers the risk of cardiovascular events like heart attack and stroke, helping patients achieve stronger, long-term health outcomes.
- Impacts **P4Q, CMS compliance and quality reporting.**

Understanding the PDC-STAT CMS Measure & Proper Coding

Coding & Documentation Tips:

1. List the STAT medication (e.g., atorvastatin or Lipitor) in the member's active medication list.
2. Use accurate diagnosis codes that support the need for statin therapy (e.g., cardiovascular disease, hyperlipidemia, coronary artery disease, history of myocardial infarction, etc.).
3. Encourage Timely Refills:
 - Suggest 90-day (or 100-day) supplies for ***first fill***, auto-refill programs, or mail order to improve adherence.
 - Remind patients to use their insurance—cash payments or samples don't count toward the measure.
4. Always prescribe enough medication to last until the next follow-up appointment.
5. When appropriate, code for applicable exclusion for the patient from the measure. Examples of exclusions codes:
 - Hospice: G9473–G9479, Q5003–Q5010, S9126, T2042–T2046
 - ESRD: N18.5, N18.6, Z99.2

*Codes subject to change.

Key Components & Proper Coding for SPC HEDIS[®] Measure

Understanding the SPC HEDIS® Measure & Proper Coding

Measure Name:

- SPC – Statin Therapy for Patients with Cardiovascular Disease

Target Population:

- Male members 21-75 of age and female members 40-75 of age during the measurement year who were identified as having clinical atherosclerotic cardiovascular disease (ASCVD)

Measure Requirement: (two rates reported)

- ✓ **Received Statin Therapy:** Members who were dispensed at least one high-intensity or moderate-intensity statin medication during the measurement year
- ✓ **Statin Adherence 80%:** Members who remained on high-intensity or moderate-intensity statin medication for at least 80% of the treatment period

Why It Matters:

- It is crucial for members with cardiovascular disease to adhere to their medication in order to reduce the risk of heart attack & stroke.
- Impacts **P4Q, member rewards, HEDIS® compliance and quality reporting.**

Understanding the SPC HEDIS[®] Measure & Proper Coding

Coding & Documentation Tips:

1. List the high-intensity medication (e.g., atorvastatin 40-80 mg or Simvastatin 80mg) or moderate-intensity (e.g., Lovastatin or Fluvastatin) in the member's active medication list.
2. Use accurate diagnosis codes that support the need for statin therapy (e.g., cardiovascular disease, hyperlipidemia, coronary artery disease, history of myocardial infarction, etc.).
3. Encourage Timely Refills:
 - Suggest 90-day (or 100-day) supplies for ***first fill***, auto-refill programs, or mail order to improve adherence.
 - Remind patients to use their insurance—cash payments or samples don't count toward the measure.
4. Always prescribe enough medication to last until the next follow-up appointment.
5. Most Common Exclusions (MUST BE CODED): ESRD, Rhabdomyolysis, Myalgia, Myositis, Myopathy, Pregnancy, Cirrhosis, Clomiphene prescription (captured via claims), Cirrhosis, IVF, Hospice, Frailty AND Advanced Illness in patients 66 and older or long-term institution, or death.

Understanding the SPC HEDIS® Measure & Proper Coding

Coding Requirements for common **EXCLUSIONS** (Must Be Documented & Coded*):

Myalgia, myositis, myopathy or rhabdomyolysis due to muscular pain,* myalgia or rhabdomyolysis due to muscular pain: G72.0, G72.2, G72.9, M60.80, M60.811, M60.812, M60.819, M60.821, M60.822, M60.829, M60.831, M60.832, M60.839, M60.841, M60.842, M60.849, M60.851, M60.852, M60.859, M60.861, M60.862, M60.869, M60.871, M60.872, M60.879, M60.88, M60.89, M60.9, M62.82, M79.1, M79.10, M79.11, M79.12, M79.18

Cirrhosis: K70.30, K70.31, K71.7, K74.4, 74.5, K74.60, K74.69, P78.81

ESRD & Dialysis: I12.0, I13.11, I13.2, N18.5, N18.6, N19, Z91.15, Z99.2

Frailty and advanced illness in patients who are age 66 and older: A81.00, A81.01, A81.09, C71.3, C71.4, C71.5, C71.6, F01.50, F01.51, F02.80, I50.1, I50.20, I50.21, J96.10, J96.11, J96.12, L89.222, L89.223, L89.224, W01.198A, W01.198D

Pregnancy & Lactation: ICD-10-CM: O00–O09 series

IVF: Z31.83

Palliative Care: Z51.5

**Codes subject to change.*

Key Components & Proper Coding for SPD HEDIS[®] Measure

Understanding the SPD HEDIS® Measure & Proper Coding

Measure Name:

- SPD – Statin Therapy for Patients with Diabetes

Target Population:

- Member 40 to 75 years of age during the measurement year with diabetes who do not have clinical atherosclerotic cardiovascular disease (ASCVD)

Measure Requirement: (two rates reported)

- ✓ **Received Statin Therapy:** Members who were dispensed at least one statin medication of any intensity during the measurement year
- ✓ **Statin Adherence 80%:** Members who remained on a statin medication of any intensity for at least 80% of the treatment period

Why It Matters:

- People with diabetes are at a higher risk of developing cardiovascular disease. Statins help lower cholesterol levels, reducing the risk of heart attacks and strokes.
- Impacts **P4Q, HEDIS® compliance and quality reporting.**

Understanding the SPD HEDIS® Measure & Proper Coding

Coding & Documentation Tips:

1. List the Statin medication (e.g., atorvastatin or Lipitor) in the member's active medication list.
2. Use accurate diagnosis codes that support the need for statin therapy (e.g., type 1 or 2 diabetes mellitus, diabetes with kidney issues, diabetes with diabetic neuropathy, etc.).
3. Encourage Timely Refills:
 - Suggest 90-day (or 100-day) supplies for ***first fill***, auto-refill programs, or mail order to improve adherence.
 - Remind patients to use their insurance—cash payments or samples don't count toward the measure.
4. Always prescribe enough medication to last until the next follow-up appointment.
5. Most Common Exclusions (MUST BE CODED): Myocardial Infarction, CABG, PCI, IVD, ESRD, Rhabdomyolysis, Myalgia, Myositis, Myopathy, Pregnancy, Cirrhosis, Clomiphene prescription (captured via claims), Cirrhosis, IVF, Hospice, Frailty AND Advanced Illness in patients 66 and older or in long-term institution, or death

Understanding the SPD HEDIS® Measure & Proper Coding

Coding Requirements for common **EXCLUSIONS** (Must Be Documented & Coded*):

Myocardial Infarction, Ischemic Vascular Disease: I21.0–I21.9, I70.209, I73.9, I25.10, I20.9

Myalgia, myositis, myopathy or rhabdomyolysis due to muscular pain,* myalgia or rhabdomyolysis due to muscular pain: G72.0, G72.2, G72.9, M60.80, M60.811, M60.812, M60.819, M60.821, M60.822, M60.829, M60.831, M60.832, M60.839, M60.841, M60.842, M60.849, M60.851, M60.852, M60.859, M60.861, M60.862, M60.869, M60.871, M60.872, M60.879, M60.88, M60.89, M60.9, M62.82, M79.1, M79.10, M79.11, M79.12, M79.18

Cirrhosis: K70.30, K70.31, K71.7, K74.4, 74.5, K74.60, K74.69, P78.81

ESRD & Dialysis: I12.0, I13.11, I13.2, N18.5, N18.6, N19, Z91.15, Z99.2

Frailty and advanced illness in patients who are age 66 and older: A81.00, A81.01, A81.09, C71.3, C71.4, C71.5, C71.6, F01.50, F01.51, F02.80, I50.1, I50.20, I50.21, J96.10, J96.11, J96.12, L89.222, L89.223, L89.224, W01.198A, W01.198D

Pregnancy & Lactation: ICD-10-CM: O00–O09 series

IVF: Z31.83

Palliative Care: Z51.5

**Codes subject to change.*

Key Components & Proper Coding for SUPD CMS Measure

Understanding the SUPD CMS Measure & Proper Coding

Measure Name:

- SUPD – Statin Use in Persons with Diabetes

Target Population:

- Members 40 to 75 years of age during the measurement year

Measure Requirement:

- Member Received Statin Therapy for any intensity (at least one fill)

Why It Matters:

- Statins help lower cholesterol and reduce the risk of heart disease and stroke—two major complications for people with diabetes.
- Ensuring members aged 40–75 receive statin therapy improves long-term cardiovascular health, even if their cholesterol levels seem normal
- Impacts **P4Q, CMS compliance and quality reporting.**

Understanding the SUPD CMS Measure & Proper Coding

Coding & Documentation Tips:

1. List the Statin medication (e.g., Fluvastatin or Lovastatin) in the member's active medication list.
2. Use accurate diagnosis codes that support the need for statin therapy (e.g., type 1 or 2 diabetes mellitus, diabetes with kidney issues, diabetes with diabetic neuropathy, etc.).
3. Encourage Timely Refills:
 - Suggest 90-day (or 100-day) supplies, auto-refill programs, or mail order to improve adherence.
 - Remind members to use their insurance—cash payments or samples don't count toward the measure.
4. Always prescribe enough medication to last until the next follow-up appointment.
5. Most Common Exclusions (MUST BE CODED): ESRD, Rhabdomyolysis, Myopathy, pre-diabetes, pregnancy, lactation, fertility Cirrhosis, IVF, or Hospice.

Understanding the SUPD CMS Measure & Proper Coding

Coding Requirements for common **EXCLUSIONS** (Must Be Documented & Coded*):

Myopathy or rhabdomyolysis: G72.0, G72.89, G72.9, M60.80, M60.819, M60.829, M60.839, M60.849, M60.859, M60.869, M60.879, M60.9, M62.82

Cirrhosis: K70.30, K70.31, K71.7, K74.4, 74.5, K74.60, K74.69, P78.81

ESRD & Dialysis: I12.0, I13.11, I13.2, N18.5, N18.6, N19, Z91.15, Z99.2

Pregnancy & Lactation: ICD-10-CM: O00–O09 series

IVF: Z31.83

Polycystic ovary syndrome: E28.2

Prediabetes: R73.03, R73.09

**Codes subject to change.*

Summary & Resources

Summary Coding for Success: RASA, DIAB, STAT, SPD, SUPD & SPC

Keys to Success:

1. Pharmacy measures gaps in care are closed through claims data.
2. Always list the medications in the member's active medication list.
3. Use accurate diagnosis codes that support the need for medication prescribed.
4. Timing for medication measures starts on the first fill of prescription for PDC.
5. For adherence measures, the first fill of medication must occur at least 91 days before the end of the enrollment period.
6. Medications must always be dispensed and not just prescribed to count.
7. Suggest 90-day (or 100-day) supplies, auto-refill programs, or mail order to improve adherence.
8. Always prescribe enough medication to last until the next follow-up appointment.
9. Remind members to use their insurance, cash payments or samples don't count toward the measure.
10. Use appropriate codes to exclude the patient from the measure as appropriate.

Pharmacy HEDIS® & CMS Measures: Statin Therapy & Rx Impact

Description	Prescription	Measure Gap Closure
High-intensity Statin	Atorvastatin 40-80 mg (Lipitor, Atorvaliq) Amlodipine-atorvastatin 40-80 mg (Caduet) Rosuvastatin 20-40 mg (Crestor) Simvastatin 80 mg (Zocor) Ezetimibe-simvastatin 80 mg (Vytorin)	SPC, SPD, STAT, and SUPD
Moderate-intensity Statin	Atorvastatin 10-20 mg (Lipitor, Atorvaliq) Amlodipine-atorvastatin 10-20 mg (Caduet) Rosuvastatin 5-10 mg (Crestor) Simvastatin 20-40 mg (Zocor) Ezetimibe-simvastatin 20-40 mg (Vytorin) Pravastatin 40-80 mg (Pravachol) Lovastatin 40 mg (Altoprev, Mevacor) Fluvastatin 40-80 mg (Lescol) Pitavastatin 1-4 mg (Livalo, Zypitamag)	SPC, SPD, STAT and SUPD
Low-intensity Statin	Simvastatin 10 mg (Zocor) Pravastatin 10-20 mg (Pravachol) Lovastatin 20 mg (Altoprev, Mevacor) Fluvastatin 20-40 mg (Lescol) Pitavastatin 1 mg (Livalo, Zypitamag)	SPD, STAT and SUPD

Second fill gets member added to Adherence Measure (STAT) for Medicare members

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:

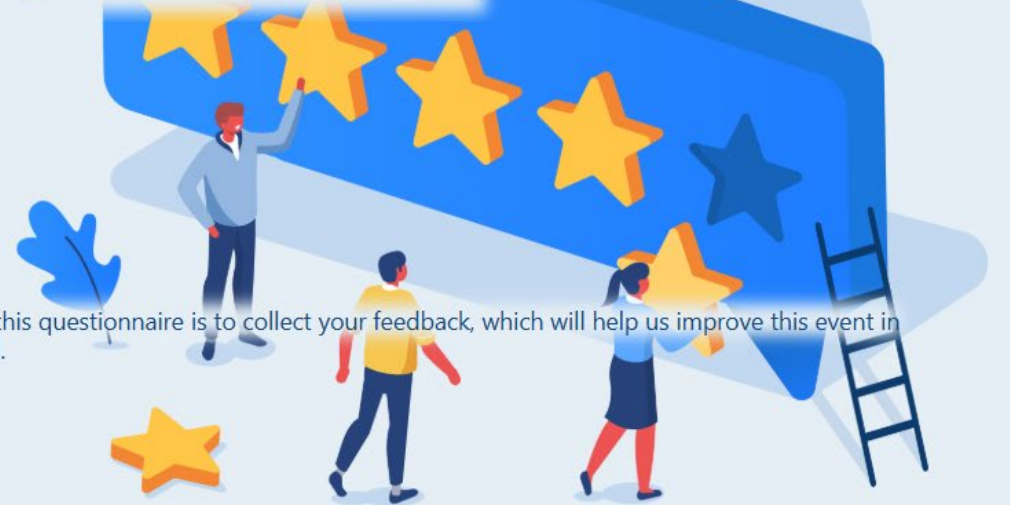
<https://www.oklahomacompletehealth.com/providers/resources/forms-resources.html>

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 - Pharmacy 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# OCH0808251014RGA

Oklahoma Complete Health

Certificate of Approval

Name

**Coding for Success: Understanding RASA, DIAB, STAT, SPC, SPD & SUPD
HEDIS® and CMS Measures**

Index # OCH0808251014RGA

This Index # is valid for education purchased prior to
8/30/2026

Date

This program meets AAPC
guidelines for 1.0 CEUs. Can be
split between Core A and all
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Questions?

Email: Quality_OCH@OklahomaCompleteHealth.com
