

What is HEDIS®?

Healthcare Effectiveness Data and Information Set® (HEDIS®), is a set of more than 90 standardized performance measures used to annually evaluate and compare the performance of health plans. Data for these measures are collected using administrative/claims information and also Member medical record information. HEDIS results are used to identify opportunities for improving healthcare.

Why is using CPT II codes important?

Using Current Procedural Terminology (CPT II) when submitting claims can help you:

1. Optimize proper documentation and monitoring care outcomes effectively.
2. Minimize medical record request and maximize gaps in care closure and interventions.
3. Improve communication and data capture across different settings of care.

Performance measures and corresponding code lists¹:

Advance care planning

Code	Definition
1123F	Advance care planning discussed and documented advance care plan or surrogate decision maker documented in the medical record (DEM) (GER, Pall Cr).
1124F	Advance care planning discussed and documented in the medical record, patient did not wish or was not able to name a surrogate decision maker or provide an advance care plan (DEM) (GER, Pall Cr).
1157F	Advance care plan or similar legal document present in the medical record (COA).
1158F	Advance care planning discussion documented in the medical record (COA).

¹ The list is periodically reviewed for new codes and is accurate as of April 2023.

Diabetes care

Measure	Code	Definition
Blood pressure control for patients with diabetes	3074F	Most recent systolic blood pressure less than 130 mm Hg (DM), (HTN, CKD, CAD).
	3075F	Most recent systolic blood pressure 130-139 mm Hg (DM),(HTN, CKD, CAD).
	3077F	Most recent systolic blood pressure greater than or equal to 140 mm Hg (HTN, CKD, CAD) (DM).
	3078F	Most recent diastolic blood pressure less than 80 mm Hg (HTN, CKD, CAD) (DM).
	3079F	Most recent diastolic blood pressure 80-89 mm Hg (HTN, CKD, CAD) (DM).
	3080F	Most recent diastolic blood pressure greater than or equal to 90 mm Hg (HTN, CKD, CAD) (DM).
Eye exam performed for patients with diabetes	2022F	Dilated retinal eye exam with interpretation by an ophthalmologist or optometrist documented and reviewed; with evidence of retinopathy (DM).
	2023F	Dilated retinal eye exam with interpretation by an ophthalmologist or optometrist documented and reviewed; without evidence of retinopathy (DM).
	2024F	7 standard field stereoscopic retinal photos with interpretation by an ophthalmologist or optometrist documented and reviewed: with evidence of retinopathy (DM).
	2025F	7 standard field stereoscopic retinal photos with interpretation by an ophthalmologist or optometrist documented and reviewed: without evidence of retinopathy (DM).
	2026F	Eye imaging validated to match diagnosis from 7 standard field stereoscopic retinal photos results documented and reviewed: with evidence of retinopathy (DM).
	2033F	Eye imaging validated to match diagnosis from 7 standard field stereoscopic retinal photos results documented and reviewed: without evidence of retinopathy (DM).
	3072F	Low risk for retinopathy (no evidence of retinopathy in the prior year) (DM).
Hemoglobin A1c testing and control for patients with diabetes	3044F	Most recent hemoglobin A1c (HbA1c) level less than 7.0% (DM).
	3046F	Most recent hemoglobin A1c level greater than 9.0% (DM).
	3051F	Most recent hemoglobin A1c (HbA1c) level greater than or equal to 7.0% and less than 8.0% (DM).
	3052F	Most recent hemoglobin A1c (HbA1c) level greater than or equal to 8.0% and less than or equal to 9.0% (DM).

Controlling high blood pressure

Code	Definition
3074F	Most recent systolic blood pressure less than 130 mm Hg (DM), (HTN, CKD, CAD).
3075F	Most recent systolic blood pressure 130-139 mm Hg (DM),(HTN, CKD, CAD).
3077F	Most recent systolic blood pressure greater than or equal to 140 mm Hg (HTN, CKD, CAD) (DM).
3078F	Most recent diastolic blood pressure less than 80 mm Hg (HTN, CKD, CAD) (DM).
3079F	Most recent diastolic blood pressure 80-89 mm Hg (HTN, CKD, CAD) (DM).

Care for older adults

Code	Definition
1125F	Pain severity quantified; pain present (COA) (ONC).
1126F	Pain severity quantified; no pain present (COA) (ONC).
1159F	Medication list documented in medical record (COA).
1160F	Review of all medications by a prescribing practitioner or clinical pharmacist (such as, prescriptions, OTCs, herbal therapies, and supplements) documented in the medical record (COA).
1170F	Functional status assessed (COA) (RA).

Metabolic monitoring for children and adolescents on antipsychotics Cardiovascular monitoring for people with cardiovascular disease and Schizophrenia diabetes monitoring for people with diabetes and schizophrenia

Code	Definition
3048F	Most recent LDL-C less than 100 mg/dL (CAD) (DM).
3049F	Most recent LDL-C 100-129 mg/dL (CAD) (DM).
3050F	Most recent LDL-C greater than or equal to 130 mg/dL (CAD) (DM).

Transitions of care

Code	Definition
1111F	Discharge medications reconciled with the current medication list in outpatient medical record (COA) (GER).

Prenatal and postpartum care

Code	Definition
0500F	Initial prenatal care visit (report at first prenatal encounter with health care professional providing obstetrical care. Report also date of visit and, in a separate field, the date of the last menstrual period [LMP]) (Prenatal).
0501F	Prenatal flow sheet documented in medical record by first prenatal visit (documentation includes at minimum blood pressure, weight, urine protein, uterine size, fetal heart tones, and estimated date of delivery). Report also: date of visit and, in a separate field, the date of the last menstrual period [LMP] (Note: If reporting 0501F Prenatal flow sheet, it is not necessary to report 0500F Initial prenatal care visit) (Prenatal).
0502F	Subsequent prenatal care visit (Prenatal) [Excludes: patients who are seen for a condition unrelated to pregnancy or prenatal care (eg, an upper respiratory infection; patients seen for consultation only, not for continuing care)].
0503F	Postpartum care visit (Prenatal).

Do you need additional information?

Contact your provider engagement consultant or the provider service team at **866.688.2242**.