



HEDIS Category II

Coding Bulletin 2025

HEDIS® is a widely used set of performance measures developed and maintained by NCQA. These are used to drive improvement efforts surrounding best practices.

Reduce the number of medical records we request from you during the HEDIS medical record review season (January to May each year) by adding specific CPT® Cat II codes to your claims. These codes will help us identify additional information about the visit and improve the accuracy of reporting HEDIS quality measures.

Prenatal and Postpartum Care (PPC)

Description	Codes
Stand-alone prenatal visits	0500F: Initial prenatal care visit (report at first prenatal encounter with healthcare professional providing obstetrical care. Report also the date of visit and, in a separate field, the date of the last menstrual period [LMP]) (Prenatal) <i>or</i> 0501F: Prenatal flow sheet documented in the 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 (for example, an upper respiratory infection; patients seen for consultation only, not for continuing care).
Postpartum care visit	0503F: Make sure the visit is on or between seven and 84 days of delivery.

Eye Exam for Patients with Diabetes (EED)

Description	Codes
Eye exam with evidence of retinopathy	2022F: Dilated retinal eye exam with interpretation by an ophthalmologist or optometrist documented and reviewed; with evidence of retinopathy (DM) 2024F: Seven standard field stereoscopic retinal photos with interpretation by an ophthalmologist or optometrist documented and reviewed; with evidence of retinopathy (DM) 2026F: Eye imaging validated to match diagnosis from seven standard field stereoscopic retinal photo results documented and reviewed; with evidence of retinopathy (DM)
Eye exam without evidence of retinopathy	2023F: Dilated retinal eye exam with interpretation by an ophthalmologist or optometrist documented and reviewed; without evidence of retinopathy (DM) 2025F: Seven standard field stereoscopic retinal photos with interpretation by an ophthalmologist or optometrist documented and reviewed; without evidence of retinopathy (DM) 2033F: Eye imaging validated to match diagnosis from seven standard field stereoscopic retinal photos results documented and reviewed; without evidence of retinopathy (DM)

Notes

- Presence or absence of retinopathy must be represented by a CPT II code on claims.
- When the exam is performed by the PCP and read by an eye care provider, the claim must be billed with the appropriate CPT Category II code (with no modifier) to meet the HEDIS technical specifications indicating the services were performed by a qualified vision Provider.

Glycemic Status Assessment for Patients with Diabetes (GSD)

Description	Codes
HbA1c level greater than or equal to 8.0	3046F: Most recent hemoglobin A1c level greater than 9% (DM) 3052F: Most recent hemoglobin A1c (HbA1c) level greater than or equal to 8% and less than or equal to 9% (DM)
HbA1c level less than 8.0	3044F: Most recent hemoglobin A1c (HbA1c) level less than 7% (DM) 3051F: Most recent hemoglobin A1c (HbA1c) level greater than or equal to 7% and less than 8% (DM)
HbA1c level less than or equal to 9.0	3044F: Most recent hemoglobin A1c (HbA1c) level less than 7% (DM) 3051F: Most recent hemoglobin A1c (HbA1c) level greater than or equal to 7% and less than 8% (DM) 3052F: Most recent hemoglobin A1c (HbA1c) level greater than or equal to 8% and less than or equal to 9% (DM)
HbA1c test result or finding	3044F: Most recent hemoglobin A1c (HbA1c) level less than 7% (DM) 3046F: Most recent hemoglobin A1c level greater than 9% (DM) 3051F: Most recent hemoglobin A1c (HbA1c) level greater than or equal to 7% and less than 8% (DM) 3052F: Most recent hemoglobin A1c (HbA1c) level greater than or equal to 8% and less than or equal to 9% (DM)

Blood Pressure Control for Patients with Diabetes (BPD) Controlling High Blood Pressure (CBP)

Description	Codes
Diastolic blood pressure	3078F: Most recent diastolic blood pressure less than 80 mm Hg (HTN, CKD, CAD) (DM) 3079F: Most recent diastolic blood pressure 80 to 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)
Diastolic less than 90	3078F: Most recent diastolic blood pressure less than 80 mm Hg (HTN, CKD, CAD) (DM) 3079F: Most recent diastolic blood pressure 80 to 89 mm Hg (HTN, CKD, CAD) (DM)
Systolic and diastolic result	3074F: Most recent systolic blood pressure less than 130 mm Hg (DM) (HTN, CKD, CAD) 3075F: Most recent systolic blood pressure 130 to 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 to 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)
Systolic blood pressure	3074F: Most recent systolic blood pressure less than 130 mm Hg (DM) (HTN, CKD, CAD) 3075F: Most recent systolic blood pressure 130 to 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)
Systolic less than 140	3074F: Most recent systolic blood pressure less than 130 mm Hg (DM) (HTN, CKD, CAD) 3075F: Most recent systolic blood pressure 130 to 139 mm Hg (DM) (HTN, CKD, CAD)

Cardiovascular Monitoring for People with Cardiovascular Disease and Schizophrenia (SMC)

Description	Codes
LDL C test result or finding	3048F: Most recent LDL-C less than 100 mg/dL (CAD) (DM)
	3049F: Most recent LDL-C 100 to 129 mg/dL (CAD) (DM)
	3050F: Most recent LDL-C greater than or equal to 130 mg/dL (CAD) (DM)

Metabolic Monitoring for Children and Adolescents on Antipsychotics (APM-E) Diabetes Monitoring for People with Diabetes and Schizophrenia (SMD)

Description	Codes
LDL C test result or finding	3048F: Most recent LDL-C less than 100 mg/dL (CAD) (DM)
	3049F: Most recent LDL-C 100 to 129 mg/dL (CAD) (DM)
	3050F: Most recent LDL-C greater than or equal to 130 mg/dL (CAD) (DM)
HbA1c test result or finding	3044F: Most recent hemoglobin A1c (HbA1c) level less than 7% (DM)
	3046F: Most recent hemoglobin A1c level greater than 9% (DM)
	3051F: Most recent hemoglobin A1c (HbA1c) level greater than or equal to 7% and less than 8% (DM)
	3052F: Most recent hemoglobin A1c (HbA1c) level greater than or equal to 8% and less than or equal to 9% (DM)

Diabetes Screening for People with Schizophrenia or Bipolar Disorder Who Are Using Antipsychotic Medications (SSD)

Description	Codes
HbA1c test result or finding	3044F: Most recent hemoglobin A1c (HbA1c) level less than 7% (DM)
	3046F: Most recent hemoglobin A1c level greater than 9% (DM)
	3051F: Most recent hemoglobin A1c (HbA1c) level greater than or equal to 7% and less than 8% (DM)
	3052F: Most recent hemoglobin A1c (HbA1c) level greater than or equal to 8% and less than or equal to 9% (DM)

The codes listed are for informational purposes only and are not intended to suggest or guide reimbursement. If applicable, refer to your provider contract or health plan contact for reimbursement information. For a complete list of CPT codes, go to the American Medical Association website at amaassn.org.



Please visit **My Diverse Patients** for additional information about eLearning experiences on provider cultural competency and health equity.

The codes and measure tips listed are informational only, not clinical guidelines or standards of medical care, and do not guarantee reimbursement. All member care and related decisions of treatment are the sole responsibility of the provider. This information does not dictate or control your clinical decisions regarding the appropriate care of members. Your state/provider contract(s), Medicaid, member benefits, and several other guidelines determine reimbursement for the applicable codes. Proper coding and providing appropriate care decrease the need for high volume of medical record review requests and provider audits. It also helps us review your performance on the quality of care that is provided to our members and meet the HEDIS measure for quality reporting based on the care you provide our members.

Note: The information provided is based on HEDIS Measurement Year 2025 technical specifications and is subject to change based on guidance given by the National Committee for Quality Assurance (NCQA), the Centers for Medicare & Medicaid Services (CMS), and state recommendations. Please refer to the appropriate agency for additional guidance.