HEDIS AND QRS QUICK REFERENCE GUIDE: TIPS AND BEST PRACTICES TO IMPROVE QUALITY OF CARE AND OUTCOMES

For Health Care Providers
Updated November 2023

Helping you improve your quality scores, as you improve the health of your patients.

The National Committee for Quality Assurance (NCQA) Healthcare Effectiveness Data and Information Set (HEDIS®)* and Centers for Medicare & Medicaid Services (CMS) Quality Rating System (QRS) measures are not only important for you as a provider, but they also help guide your patients to quality care.

Through the integration of HEDIS and QRS measures, the quality teams monitor compliance for our commercial and Individual & Family Plan customers. This includes the important components of annual screening recommendations for preventive health and chronic illness. As your trusted partner with the mutual goal of helping people lead healthier lives, we are committed to providing support in every way we can.

Utilizing complete and accurate codes can significantly reduce the number of medical records we may request from you for HEDIS and QRS. This quick reference guide outlines up-to-date codes for 2024 that will help you maintain, and even improve, your HEDIS and QRS scores.**

Current Procedural Terminology (CPT®) Category II and International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM) codes are supplemental tracking codes that can be used for performance measurement. They make it easier for you to share data with us quickly and efficiently. Adding CPT Category II and ICD-10-CM codes on claims for certain preventive care services and test results can give us a more complete picture of your patients' health—and help you close care opportunities tied to HEDIS and QRS performance measures.

Billing code glossary

- Current Procedural Terminology (CPT®)
- Healthcare Common Procedure Coding System (HCPCS)
- International Classification of Diseases, 10th Revision (ICD-10), Clinical Modification (CM)
- Current Procedural Terminology Category II (CPT Category II)

Benefits of CPT Category II and ICD-10-CM codes

- **Improved health outcomes**
  With more precise data, we can refer patients to programs that may be appropriate for their health situation to help support your plan of care.
- **Enhanced performance**
  With better information, we can work with you to help identify opportunities to improve patient care. This may lead to better performance on HEDIS measures for your practice.
- **More relevant patient education**
  With more complete information, we can avoid sending reminders to patients to get screenings they may have already completed.

* HEDIS is a registered trademark of the National Committee for Quality Assurance (NCQA).
** Documentation requirements and billing code guidance based on NCQA specifications.

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- **Fewer medical record requests.**
  By submitting accurate CPT Category II and ICD-10-CM codes, you can decrease our need to request medical records from your office to confirm care that you've already completed. This will reduce disruption for you and your staff.

Tips and best practices for medical record documentation to close gaps in care and improve quality outcomes

- Customer name and date of birth should appear on all pages of the documentation.
- Complete dates (mm/dd/yyyy) should be on each entry.
- Immunization history should be up to date for children, adolescents, and adults.
- For cervical cancer screening, it is important to document the date when the diagnostic procedure was performed and the results. A recommended practice is to obtain the actual diagnostic reports for your records.
- For customers being monitored due to hypertension and diabetes, documentation of the most recent outpatient blood pressure reading should be clearly documented with date of service and both systolic and diastolic levels indicated.
- For customers being monitored due to diabetes:
  - For requested lab results such as HbA1c, include date of the laboratory test and results.
  - Obtain all ophthalmologist or optometrist reports for dilated or retinal exams. Ensure that results of the exam are clearly indicated in the report.
    - Confirm receipt and review of the report from a specialist at the appointment following using CPT Category II codes (2022F-2026F, 2033F, 3072F).
    - Customers without retinopathy should have a dilated or retinal eye exam every two years.
    - Customers with retinopathy should have a dilated or retinal eye exam every year.
- For pediatric and adolescent well care visits, ensure that date of visit(s) and documentation including body mass index (BMI) percentiles, height, weight, along with counseling referrals and anticipatory guidance provided for nutrition and physical activity are clearly indicated.
- Customer-reported services and biometric values (height, weight, BMI percentile, BP, etc.), as well as telephone visits, e-visits, and virtual check-ins, should be included when submitting medical records.

CPT II and ICD-10-CM codes accepted by HEDIS and QRS

The CPT Category II and ICD-10-CM codes in the table below can be added on claims for certain preventive care services and test results. CPT Category II codes are not a replacement for CPT codes. CPT codes need to be used for the services provided. For a full list of CPT Category II codes, visit ama-assn.org, and select CPT.

Blood Pressure (CBP and BPD)		
3074F	CPT CAT II	Most recent systolic blood pressure less than 130 mm Hg
3075F	CPT CAT II	Most recent systolic blood pressure 130-139 mm Hg
3077F	CPT CAT II	Most recent systolic blood pressure greater than or equal to 140 mm Hg
3078F	CPT CAT II	Most recent diastolic blood pressure less than 80 mm Hg
3079F	CPT CAT II	Most recent diastolic blood pressure 80 - 90 m Hg
3080F	CPT CAT II	Most recent diastolic blood pressure greater than or equal to 90 mm Hg
Cervical Cancer Screening (CCS, CCS-E)		
Q51.5	ICD-10 CM	Agenesis and aplasia of cervix
Z90.710	ICD-10 CM	Acquired absence of both cervix and uterus
Z90.712	ICD-10 CM	Acquired absence of cervix with remaining uterus

Glycemic Status Assessment (GSD, APM) (HbA1c or GMI)		
3044F	CPT CAT II	Most recent hemoglobin A1c less than 7%
3046F	CPT CAT II	Most recent hemoglobin A1c greater than 9%
3051F	CPT CAT II	Most recent hemoglobin A1c greater than or equal 7% and less than 8%
3052F	CPT CAT II	Most recent hemoglobin A1c greater than or equal 8% and less than or equal to 9%
Dilated or Retinal Eye Exam (EED)		
2022F	CPT CAT II	Dilated retinal eye exam with interpretation by an ophthalmologist or optometrist documented and reviewed; **with evidence of retinopathy** (DM)
2023F	CPT CAT II	Dilated retinal eye exam with interpretation by an ophthalmologist or optometrist documented and reviewed; **without evidence of retinopathy** (DM)
2024F	CPT CAT II	7 standard field stereoscopic retinal photos with interpretation by an ophthalmologist or optometrist documented and reviewed; **with evidence of retinopathy** (DM)
2025F	CPT CAT II	7 standard field stereoscopic retinal photos with interpretation by an ophthalmologist or optometrist documented and reviewed; **without evidence of retinopathy** (DM)
2026F	CPT CAT II	Eye imaging validated to match diagnosis from 7 standard field stereoscopic retinal photos results documented and reviewed; **with evidence of retinopathy** (DM)
2033F	CPT CAT II	Eye imaging validated to match diagnosis from 7 standard field stereoscopic retinal photos results documented and reviewed; **without evidence of retinopathy** (DM)
3072F	CPT CAT II	Low risk for retinopathy (no evidence of retinopathy in the prior year) (DM)
LDL-C Test Result or Finding (APM)		
3048F	CPT CAT II	Most recent LDL-C less than 100 mg/dL (CAD) (DM)
3049F	CPT CAT II	Most recent LDL-C 100-129 mg/dL (CAD) (DM)
3050F	CPT CAT II	Most recent LDL-C greater than or equal to 130 mg/dL (CAD) (DM)
Prenatal and Postpartum Visits (PPC)		
0500F	CPT CAT II	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	CPT CAT II	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	CPT CAT II	Subsequent prenatal care visit (Prenatal) [Excludes: patients who are seen for a condition unrelated to pregnancy or prenatal care (e.g., an upper respiratory infection; patients seen for consultation only, not for continuing care.)]
0503F	CPT CAT II	Postpartum care visit (Prenatal)
Z01.411	ICD-10 CM	Encounter for gynecological examination (general) (routine) with abnormal findings
Z01.419	ICD-10 CM	Encounter for gynecological examination (general) (routine) without abnormal findings
Z01.42	ICD-10 CM	Encounter for cervical smear to confirm findings of recent normal smear following initial abnormal smear
Z30.430	ICD-10 CM	Encounter for insertion of intrauterine contraceptive device
Z39.1	ICD-10 CM	Encounter for care and examination of lactating mother
Z39.2	ICD-10 CM	Encounter for routine postpartum follow-up

Well-Child and Adolescent Visits (W30 and WCV)		
Z68.51	ICD-10 CM	BMI pediatric, less than 5th percentile for age
Z68.52	ICD-10 CM	BMI pediatric, 5th percentile to less than 85th percentile for age
Z68.53	ICD-10 CM	BMI pediatric, 85th percentile to less than 95th percentile for age
Z68.54	ICD-10 CM	BMI pediatric, greater than or equal to 95th percentile for age
Z02.5	ICD-10 CM	Encounter for examination for participation in sport
Z71.82	ICD-10 CM	Exercise counseling
Z00.00	ICD-10 CM	Encounter for general adult medical examination without abnormal findings
Z00.01	ICD-10 CM	Encounter for general adult medical examination with abnormal findings
Z00.110	ICD-10 CM	Health examination for newborn under 8 days old
Z00.111	ICD-10 CM	Health examination for newborn 8 to 28 days old
Z00.121	ICD-10 CM	Encounter for routine child health examination with abnormal findings
Z00.129	ICD-10 CM	Encounter for routine child health examination without abnormal findings
Z00.2	ICD-10 CM	Encounter for examination for period of rapid growth in childhood
Z00.3	ICD-10 CM	Encounter for examination for adolescent development state
Z01.411	ICD-10 CM	Encounter for gynecological examination (general) (routine) with abnormal findings
Z01.419	ICD-10 CM	Encounter for gynecological examination (general) (routine) without abnormal findings
Z76.1	ICD-10 CM	Encounter for health supervision and care of foundling
Z76.2	ICD-10 CM	Encounter for health supervision and care of other healthy infant and child

CPT and HCPCS codes accepted by HEDIS and QRS*

*This list is not all inclusive.

Cancer, Diabetic, and Other Preventive Care (APM, BCS-E, CHL, CCS, CCS-E, EED, HBD, PPC, COL-E)		
Mammography	CPT	77061-77063, 77065-77067
Chlamydia Tests	CPT	87110, 87270, 87320, 87490-87492, 87810, 0353U
Cervical Cytology Lab Test	HCPCS	G00123, G0124, G0141, G0143-0145, G0147-G0148, P3000, P3001, Q0091
Cervical Cytology Lab Test	CPT	88141-88143, 88147-88148, 88150, 88152-88153, 88164-88167, 88174-88175
High Risk HPV Lab Test	CPT	87624, 87625, 90649-90651
High Risk HPV Lab Test	HCPCS	G0476
Hysterectomy with no residual cervix	HCPS	57530-57531, 57540, 57545, 57550, 57555-57556, 58150, 58152, 58200, 58210, 58240, 58260, 58262-58263, 58267, 58270, 58275, 58280,58285, 58290-58294, 58548, 58550, 58552-58554, 58570-58573, 58575, 58951, 58953-58954, 58956, 59135
Colonoscopy	CPT	44388-44392, 44394, 44401-44408, 45378-45382, 45384-45386, 45388-45393, 45398
Colonoscopy	HCPCS	G0105, G0121
CT Colonography	CPT	74261-74263
sDNA FIT Lab Test	CPT	81528

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FOBT	CPT	82270, 88274
FOBT	HCPCS	G0328
Flexible Sigmoidoscopy	CPT	45330-45335, 45337-45338, 45340-45342, 45346-45347, 45349-45350
Flexible Sigmoidoscopy	HCPCS	G0104
Automated Eye Exam	CPT	92229
Diabetic Retinal Screening	CPT	67028, 67030, 67031, 367036, 67039-67043, 67101, 67105, 67107-67108, 67110, 67113, 67121, 67141, 67145, 67208, 67210, 67218, 67220-67221, 67227-67228, 92002, 92004, 92012, 92014, 92018-92019, 92134, 92201-92202, 92227-92228, 92230, 92235, 92240, 92250, 92260, 99203-99205, 99213-99215, 99242-99245
Diabetic Retinal Screening	HCPCS	S0620, S0621, S3000
Unilateral Eye Enucleation	CPT	65091, 65093, 65101, 65103, 65105, 65110, 65112, 65114
HbA1c Lab Test	CPT	83036-83037
LDL-C Lab Test	CPT	80061, 83700, 83701, 83704, 83721
Prenatal and Postpartum Care (PPC)		
Prenatal Bundled Services	CPT	59400, 59425-59426, 59510, 59610, 59618
Prenatal Bundled Services	HCPCS	H1005
Prenatal Visits	CPT	98966-98968, 98970-98972, 98980-98981, 99201-99205, 99211-99215, 99241-99245, 99421-99423, 99441-99443, 99457-99458, 99483
Prenatal Visits	HCPCS	G0071, G0463, G2010, G2021, G2250-G2252, T1015
Stand Alone Prenatal Visits	CPT	99500
Stand Alone Prenatal Visits	HCPCS	H1000-H1004
Postpartum Care	CPT	57170, 58300, 59430, 99501
Postpartum Care	HCPCS	G0101
Postpartum Bundled Services	CPT	59400, 59410, 59510, 59515, 59610, 59614, 59618, 59622
Adolescent Well Care (W30, WCC, WCV)		
Nutrition Counseling	CPT	97802-97804
Nutrition Counseling	HCPCS	G0270, G0271, G0447, S9449, S9452, S9470,
Physical Activity Counseling	HCPCS	G0447, S9451
Well-Care	CPT	99381-99385, 99391-99395, 99461
Well-Care	HCPCS	G0438-G0439, S0302, S0610, S0612-S0613
Immunizations - Adolescent, Adult, Childhood, and Prenatal (AIS-E, CIS, IMA, PRS-E)		
Adult Influenza Vaccine	CPT	90630, 90653-90654, 90656, 90658, 90661-90662, 90673-90674, 90682, 90686, 90688-90689, 90694, 90756,
Adult Pneumococcal Vaccine	CPT	90670-90671, 90677, 90732
Adult Pneumococcal Vaccine	HCPCS	G0009
DTaP Vaccine	CPT	90697, 90698, 90700, 90723
Hep A Vaccine	CPT	90633
Hep B Vaccine	CPT	90697, 90723, 90740, 90744, 90747,90748
Hep B Vaccine	HCPCS	G0010
HiB Vaccine	CPT	90644, 90647-90648, 90697-90698, 90748

HPV Vaccine	CPT	90649-90651
Influenza Vaccine	CPT	90655, 90657, 90661, 90673-90674, 90685-90689, 90756, 90660, 90672
Influenza Vaccine	HCPCS	G0008
IPV Vaccine	CPT	90697-90698, 90713, 90723
Meningococcal Vaccine	CPT	90619, 90733, 90734
MMR Vaccine	CPT	90707, 90710
PCV Vaccine	CPT	90670-90671
PCV Vaccine	HCPCS	G0009
Rotavirus Vaccine (2 Dose Schedule)	CPT	90681
Rotavirus Vaccine (3 Dose Schedule)	CPT	90680
Td Vaccine	CPT	90714
Tdap Vaccine	CPT	90715
VZV Vaccine	CPT	90710, 90716
Tdap Vaccine	CPT	90715
Hospice, Palliative Care		
Hospice Encounter	HCPCS	G9473-G9479, Q5003-Q5008, Q5010, Q2010, S9126, T2042-T2046
Hospice Intervention	CPT	99377, 99378
Hospice Intervention	HCPCS	G0182
Palliative Care Encounter	HCPCS	G9054, M1017
Frailty Encounter	CPT	99504, 99509
Frailty Encounter	HCPCS	G0162, G0299-G0300, G0493-G0494, S0271, S0311, S9123-S9124, T1000-T1005, T1019-T1022, T1030-T1031

Additional information

For more information about how our care management programs can help support your patients with Cigna Healthcare coverage, please visit the Cigan for Health Care Professionals website (CignaforHCP.com), or call Cigna Healthcare Provider Service at 800.88Cigna (882.4462).

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