

HEDIS and QRS Quick Reference Guide

Tips and best practices to improve quality of care and outcomes
For Health Care Providers

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®)¹ 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 2026 that will help you maintain, and even improve, your HEDIS and QRS rates.¹

Current Procedural Terminology Category II (CPT® 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 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, Clinical Modification (ICD-10-CM)
- Current Procedural Terminology Category II (CPT II)

Benefits of CPT 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.
- **Fewer medical record requests.** By submitting accurate CPT 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.

¹ HEDIS is a registered trademark of the National Committee for Quality Assurance (NCQA).

² Documentation requirements and billing code guidance based on NCQA specifications.

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.
- Outpatient blood pressure (BP) should be documented with both systolic and diastolic levels indicated. If BP is $\geq 140/90$, recheck it prior to the end of the visit.
- For customers being monitored due to diabetes:
 - HbA1c, Glucose Management Indicator (GMI), and Ambulatory Glucose Profile (AGP) reports should include the date of the test(s) and results. Documentation must clearly specify the continuous glucose monitoring (CGM) date range, including the initial and terminal dates.
 - Confirm receipt and review of all ophthalmologist or optometrist reports for dilated or retinal exams using CPT 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 include body mass index (BMI) percentiles, height, and weight, along with counseling referrals and clearly indicated anticipatory guidance provided for nutrition and physical activity.
- Customer-reported services and biometric values (height, weight, BMI percentile, BP, etc.), as well as telephone visits, eVisits, 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 II and ICD-10-CM codes in the table below can be added on claims for certain preventive care services and test results. CPT II codes are not a replacement for CPT codes; CPT codes must be used for the services provided. *For a full list of CPT II codes, visit AMA-ASSN.org, and select CPT.*

Blood Pressure (CBP, BPC-E, and BPD)		
3074F	CPT II	Most recent systolic blood pressure less than 130 mm Hg
3075F	CPT II	Most recent systolic blood pressure 130–139 mm Hg
3077F	CPT II	Most recent systolic blood pressure greater than or equal to 140 mm Hg
3078F	CPT II	Most recent diastolic blood pressure less than 80 mm Hg
3079F	CPT II	Most recent diastolic blood pressure 80–89 m Hg
3080F	CPT II	Most recent diastolic blood pressure greater than or equal to 90 mm Hg
Cervical Cancer Screening (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-E) (HbA1c or GMI)		
3044F	CPT II	Most recent hemoglobin A1c less than 7%
3046F	CPT II	Most recent hemoglobin A1c greater than 9%
3051F	CPT II	Most recent hemoglobin A1c greater than or equal 7% and less than 8%
3052F	CPT 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 II	Dilated retinal eye exam with interpretation by an ophthalmologist or optometrist documented and reviewed; with evidence of retinopathy (DM)
2023F	CPT II	Dilated retinal eye exam with interpretation by an ophthalmologist or optometrist documented and reviewed; without evidence of retinopathy (DM)
2024F	CPT II	7 standard field stereoscopic retinal photos with interpretation by an ophthalmologist or optometrist documented and reviewed; with evidence of retinopathy (DM)
2025F	CPT II	7 standard field stereoscopic retinal photos with interpretation by an ophthalmologist or optometrist documented and reviewed; without evidence of retinopathy (DM)
2026F	CPT 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 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 II	Low risk for retinopathy (no evidence of retinopathy in the prior year) (DM)

LDL-C Test Result or Finding (APM-E)		
3048F	CPT II	Most recent LDL-C less than 100 mg/dL (CAD) (DM)
3049F	CPT II	Most recent LDL-C 100-129 mg/dL (CAD) (DM)
3050F	CPT II	Most recent LDL-C greater than or equal to 130 mg/dL (CAD) (DM)
Prenatal and Postpartum Visits (PPC)		
0500F	CPT II	Initial prenatal care visit (report at first prenatal encounter with health care professional providing obstetrical care. Also report date of visit and, in a separate field, the date of the last menstrual period [LMP]) (Prenatal).
0501F	CPT 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 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 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, WCC, 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
Z68.55	ICD-10 CM	BMI pediatric, 120% of the 95th percentile for age to less than 140% of the 95th percentile for age
Z68.56	ICD-10 CM	BMI pediatric, greater than or equal to 140% of the 95th percentile for age
Z02.5	ICD-10 CM	Encounter for examination for participation in sport
Z02.84	ICD-10 CM	Encounter for child welfare exam
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-E, BCS-E, CCS-E, CHL, COL-E, EED, GSD, KED, PPC)		
Mammography	CPT	77061-77063, 77065-77067
Chlamydia Tests	CPT	87110, 87270, 87320, 87490-87492, 87810
Cholesterol Lab Test	CPT	82465, 83718, 83722, 84478
Cervical Cytology Lab Test	HCPCS	G00123, G0124, G0141, G0143-G0145, G0147, G0148, P3000, P3001
Cervical Cytology Lab Test	CPT	88141-88143, 88147, 88148, 88150, 88152, 88153, 88164-88167, 88174, 88175
High Risk HPV Lab Test	CPT	87624, 87625, 87626, 0502U
High Risk HPV Lab Test	HCPCS	G0476
Hysterectomy with no residual cervix	CPT	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, 0464U
FOBT	CPT	82270, 82274
FOBT	HCPCS	G0328
Flexible Sigmoidoscopy	CPT	45330-45335, 45337, 45338, 45340-45342, 45346, 45347, 45349, 45350
Flexible Sigmoidoscopy	HCPCS	G0104
Autonomous Eye Exam	CPT	92229
Retinal Eye Exam	CPT	92002, 92004, 92012, 92014, 92018, 92019, 92134, 92137, 92201, 92202, 92230, 92235, 92250, 99203-99205, 99213-99215, 99242-99245
Retinal Eye Exam	HCPCS	S0620, S0621, S3000
Retinal Imaging	CPT	92227, 92228
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
Estimated Glomerular Filtration Rate Lab Test	CPT	80047, 80048, 80053, 82565, 80050, 80069
Quantitative Urine Albumin Lab Test	CPT	82043
Urine Creatinine Lab Test	CPT	82570
Prenatal and Postpartum Care (PPC)		
Prenatal Bundled Services	CPT	59400, 59425, 59426, 59510, 59610, 59618
Prenatal Bundled Services	HCPCS	H1005
Prenatal Visits	CPT	98000-98016, 98966-98968, 98970-98972, 98980, 98981, 99202-99205, 99211-99215, 99242-99245, 99421-99423, 99441-99443, 99457-99458, 99483
Prenatal Visits	HCPCS	G0071, G0463, G2010, G2012, 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-E, IMA-E, PRS-E)		
Adult COVID19 Vaccine	CPT	91304, 91320, 91322
Adult Hepatitis B Vaccine (2 dose schedule)	CPT	90739, 90743
Adult Hepatitis B Vaccine (3 dose schedule)	CPT	90740, 90744, 90746, 90747, 90759
Adult Influenza Vaccine	CPT	90653, 90656, 90658, 90661, 90662, 90673, 90674, 90682, 90686, 90688, 90689, 90694, 90756
Adult Td/Tdap Vaccine	CPT	90714, 90715
Adult Zoster Vaccine	CPT	90750
Adult Pneumococcal Vaccine	CPT	90670, 90671, 90677, 90684, 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	90655-90658, 90661, 90674, 90685-90689, 90756,
Influenza Virus LAIV Vaccine	CPT	90660, 90672
IPV Vaccine	CPT	90697, 90698, 90713, 90723
Meningococcal Vaccine	CPT	90619, 90623, 90624, 90733, 90734
MMR Vaccine	CPT	90707, 90710
PCV Vaccine	CPT	90670, 90671, 90677
PCV Vaccine	HCPCS	G0009
Rotavirus Vaccine (2 dose schedule)	CPT	90681
Rotavirus Vaccine (3 dose schedule)	CPT	90680
Tdap Vaccine	CPT	90715
VZV Vaccine	CPT	90710, 90716
Hospice, Palliative Care		
Hospice Encounter	HCPCS	G9473-G9479, Q5003-Q5008, Q5010, S9126, T2042-T2046
Hospice Intervention	CPT	99377, 99378
Hospice Intervention	HCPCS	G0182
Palliative Care Encounter	HCPCS	G9054
Palliative Care Encounter	ICD-10 CM	Z51.5
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 Cigna for Health Care Professionals website (CignaforHCP.com) or call Cigna Healthcare Provider Service at **800.88Cigna (882.4462)**.