



## 2025 HEDIS TIP Sheet

### Adults' Access to Preventive/Ambulatory Health Services (AAP)

#### Description

Assesses the percentage of members 20-64 years of age who had a preventive care visit or office visit with a PCP or specialist during the measurement year.

#### Helpful Hints

- Submit claims timely with appropriate codes that reflect age-appropriate well care or office visit with PCP or specialist
- AAP measure allows for telehealth and in-person visits
- See select sample (not all inclusive) of preventive or office visit CPT codes below

CPT Codes	
99202-99205	Visit for evaluation/management new patient
99211-99215	Visit for evaluation/management established patient
99385	Preventive visit new patient age: 18 to 39 years
99386	Preventive visit new patient age: 40 to 64 years
99395	Preventive visit established patient age: 18 to 39 years
99396	Preventive visit established patient age: 40 to 64 years

### Asthma Medication Ratio (AMR)

#### Description

Assesses the percentage of members 5–64 years of age identified as having persistent asthma and had a ratio of controller medications to total asthma medications of 0.50 or greater during the measurement year.

#### Helpful Hints

- Encourage members to take their controller medication as ordered
- Encourage member to get refill of controller medications
- **Formulary controller medications qualify for 90-day fills**

Asthma Controllers		
Description	Prescription	Route
Antibody inhibitors	Omalizumab	Injection
Anti-interleukin-4 Anti-interleukin-5	Dupilumab Benralizumab Mepolizumab Reslizumab	Injection Injection
Inhaled steroid combinations	Budesonide-formoterol Fluticasone-salmeterol Fluticasone-vilanterol Fluticasone-mometasone	Inhalation
Inhaled corticosteroids	Beclomethasone Budesonide Ciclesonide Flunisolide Fluticasone Mometasone	Inhalation
Leukotriene modifiers	Montelukast Zafirlukast Zileuton	Oral
Methylxanthines	Theophylline	Oral

Asthma Reliever Medications		
Description	Prescription	Route
Short-acting, inhaled beta-2 agonists	Albuterol	Inhalation
Short-acting, inhaled beta-2 agonists	Levalbuterol	Inhalation

## 2025 HEDIS TIP Sheet

### Breast Cancer Screening (BCS-E)

#### Description

The percentage of members 42 - 64 years of age as of December 31, 2025, who were recommended for routine breast cancer screening, and had a mammogram to screen for breast cancer between October 1, 2023, and December 31, 2025.

#### Mammogram CPT Codes

77061-77063, 77065-77067

#### Helpful Hints

- Diagnostic mammograms are not compliant
- Health plan can assist members in finding the nearest mammography center
- Members can be excluded if they have a history of bilateral mastectomy or both right and left unilateral mastectomy any time during the member's history through the end of the measure year.

Below are the ICD-10 diagnosis codes to include on the claim as applicable to exclude member

- **Z90.13** Acquired absence of **bilateral breasts** and nipples
- **Z90.12** Acquired absence of **left** breast and nipple
- **Z90.11** Acquired absence of **right** breast and nipple

### Chlamydia Screening in Women (CHL)

#### Description

Sexually active females between the ages of 16–24 years old should be tested for chlamydia each year.

#### Chlamydia Test CPT Codes

87110, 87270, 87320, 87490-87492, 87810

### Cervical Cancer Screening (CCS-E)

#### Description

The percentage of members 21 - 64 years of age who were recommended for routine cervical cancer screening using any of the following criteria:

- Members 21–64 years of age who had cervical cytology (PAP) performed within the last 3 years (CY 2022 through 2024)
- Members 30–64 years of age who had cervical high-risk human papillomavirus (hrHPV) testing; **OR** had cervical cytology/high-risk human papillomavirus (hrHPV) cotesting within the last 5 years (CY 2020 through 2024)
- Medical record must include cervical cytology/HPV test date and results

#### CPT Codes

	CPT Codes
<b>Cervical Cytology</b>	88141-88143, 88147-88148, 88150, 88152-88153, 88164-88167, 88174-88175
<b>HPV Test</b>	87624-87625

#### Helpful Hints

- Members can be excluded if they have a documented total hysterectomy or absence of cervix. Below are the ICD-10 diagnosis codes to be included on the claim as applicable to exclude member

ICD-10 Codes:

- **Q51.5** Agenesis and aplasia of cervix
- **Z90.710** Acquired absence of both cervix and uterus
- **Z90.712** Acquired absence of cervix with remaining uterus

## 2025 HEDIS TIP Sheet

### Colorectal Screening (COL-E)

#### Description

Members 45-64 years of age who were screened for colorectal cancer using any of the tests below in the timeframes noted:

- Fecal occult blood test (FOBT) during the measurement year
- Flexible sigmoidoscopy during the measurement year or 4 years prior to the measurement year
- Stool DNA (sDNA) with FIT test during the measurement year or 2 years prior to the measurement year
- Colonoscopy during the measurement year or 9 years prior to the measurement year
- CT colonography during the measurement year or 4 years prior to the measurement year

CPT Codes	
<b>Fecal occult blood (FOBT)</b>	82270, 82274
<b>Flexible sigmoidoscopy</b>	45330-45335, 45337-45338, 45340-45342, 45346-45347, 45349-45350
<b>Stool DNA with FIT test</b>	81528
<b>Colonoscopy</b>	44388-44392, 44394, 44401-44408, 45378-45382, 45384-45386, 45388-45393, 45398
<b>CT colonography</b>	74261-74263

#### Helpful Hints

- Members can be excluded if they had colorectal cancer or a total colectomy any time during the member's history through December 31<sup>st</sup> of the measurement year

ICD-10 Codes for history of colorectal cancer

- Z85.038 Personal history of other malignant neoplasm of large intestine
- Z85.048 Personal history of other malignant neoplasm of rectum, rectosigmoid junction, and anus

## 2025 HEDIS TIP Sheet

### Diabetes Care

- **Blood Pressure Control for Patients with Diabetes (BPD)**
- **Eye Exam for Patients with Diabetes (EED)**
- **Glycemic Status Assessment for Patients with Diabetes Hemoglobin A1c Control (GSD)**
  - **Either A1c or Glycemic Management Indicator (GMI) percentage**
  - **GMI data is included in members' continuous glucose monitoring (CGM) reports (see sample below)**

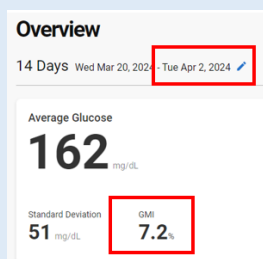
#### Description and Helpful Hints

Members 18–64 years of age with diabetes (type 1 and type 2) who had each of the following components:

- **Good Control = A1c or Glucose Management Indicator (GMI) value <8%**
- **Poor Control = A1c or GMI value >9% (lower rate = better performance)**
- Document in the medical record
  - Submit the appropriate CPT II code for A1c or GMI results on the claim
    - For GMI the terminal date from the report is the date of service for claim submission
    - For example, below the date of service is April 2, 2024, and correlating CPT II code is 3051F (GMI is 7.2%)
  - The last A1c or GMI of the year is evaluated for HEDIS compliance
  - Educate members on diet, exercise, and medication compliance

A1C or GMI Result	CPT II Code
A1c/GMI <7%	3044F
A1c/GMI ≥7% and <8%	3051F
A1c/GMI ≥8% and ≤9%	3052F
A1c/GMI >9%	3046F

#### Example of GMI from CGM report:



- **(EED) Eye Exam** - An eye screening for diabetic retinal disease by an optometrist or ophthalmologist
  - A retinal or dilated eye exam billed by an optometrist or ophthalmologist in the measurement year, OR
  - A retinal or dilated eye exam billed by an optometrist or ophthalmologist with diagnosis of diabetes without complications (E10.9, E11.9, E13.9) in year prior to measurement year
  - A retinal or dilated eye exam (without retinopathy) interpreted by optometrist/ophthalmologist; billed by any provider in year prior to measurement year (see CPT II codes below – Also include one of the ICD-10 codes listed below)
  - A retinal or dilated eye exam (with retinopathy) interpreted by optometrist/ophthalmologist; billed by any provider in measurement year (see CPT II codes below – Also include one of the ICD-10 codes listed below)
  - Automated eye exam (CPT 92229) billed by any provider in the measurement year.
  - Bilateral eye enucleation any time during the member's history through Dec 31 of measurement year
  - Medical record should include date of exam, results, provider name, specialty, and member demographic to include date of birth

Eye Exam/Result Description	CPT or CPT II Code
Imaging of retina; automated analysis & report	CPT 92229
Dilated retinal eye exam with interpretation by optometrist/ophthalmologist with evidence of retinopathy	2022F
Dilated retinal eye exam with interpretation by optometrist/ophthalmologist <u>without</u> evidence of retinopathy	2023F
7 standard field stereoscopic retinal photos with interpretation by an optometrist/ophthalmologist documented and reviewed; with evidence of retinopathy	2024F
7 standard field stereoscopic retinal photos results documented and reviewed; <u>without</u> evidence of retinopathy	2025F
Eye imaging validated to match diagnosis from 7 standard field stereoscopic retinal photos results documented and reviewed; with evidence of retinopathy	2026F

## 2025 HEDIS TIP Sheet

Eye imaging validated to match diagnosis from 7 standard field stereoscopic retinal photos results documented and reviewed; without evidence of retinopathy

2033F

Eye Exam/Diabetes Diagnosis Description	ICD-10 Code
Type 1 diabetes mellitus without complications	E10.9
Type 2 diabetes mellitus without complications	E11.9
Other specified diabetes mellitus without complications	E13.9

- **(BPD) BP Control** - The last BP taken during the measurement year
  - Blood Pressure Control is <140/90 mm HG
  - Submit the appropriate CPT II codes for systolic/diastolic BP on the claim
  - All guidelines mentioned under CBP also apply for diabetes BP guidelines
  - BPs taken by any digital device and reported by the member and recorded in the members chart are acceptable

Blood Pressure			
Systolic--CPT II Codes		Diastolic—CPT II Codes	
Blood pressure <130 mm Hg	3074F	Blood pressure <80 mm Hg	3078F
Blood pressure 130-139 mm Hg	3075F	Blood pressure 80 – 89 mm Hg	3079F
Blood pressure ≥ 140 mm Hg	3077F	Blood pressure ≥ 90 mm Hg	3080F

### Diabetes Care

- **Kidney Health Evaluation for Patients with Diabetes (KED)**

#### Description

Members 18–64 years of age with diabetes (type 1 and type 2) who received both an estimated glomerular filtration rate (eGFR) and a urine albumin-creatinine ratio (uACR) on the same or different dates of service.

- **eGFR; AND**
- **uACR** identified as having both a quantitative urine albumin test and a urine creatinine test with service dates four or less days apart; or urine albumin creatinine ratio lab test

#### Helpful Hints

- This is administrative only measure—submit claims timely with appropriate codes that reflect appropriate testing
- Educate members on how diabetes can affect their kidney health
- Encourage members to take medications as prescribed

Sample of approved CPT Codes (not all inclusive)	
<b>eGFR</b>	80047-80048; 80050; 80053; 80069; 82565
<b>Quantitative Urine Albumin Lab Test</b>	82043
<b>Urine Creatinine Lab Test</b>	82570

### Controlling Blood Pressure (CBP)

## 2025 HEDIS TIP Sheet

### Description

Assesses members 18–64 years of age who had a diagnosis of hypertension (HTN) and whose BP was adequately controlled (<140/90 mm HG) during the measurement year. The representative BP is the last BP reading during the measurement year.

### Helpful Hints

- BP must be <140/90
- Recheck any blood pressure reading  $\geq$ 140/90 on **day of service and document all BP values taken during the visit**
- If BP is not controlled, schedule member for follow up appt for BP recheck
- Encourage members to refill their medications, and take medication as ordered
- Order 90-day refills for formulary agents
- **Documentation in the medical record of BP readings reported or taken by the member are acceptable**

Systolic—CPT II Codes		Diastolic—CPT II Codes	
Blood pressure <130 mm Hg	3074F	Blood pressure <80 mm Hg	3078F
Blood pressure 130-139 mm Hg	3075F	Blood pressure 80 – 89 mm Hg	3079F
Blood pressure $\geq$ 140 mm Hg	3077F	Blood pressure $\geq$ 90 mm Hg	3080F

## Childhood Immunization Status (CIS-E)

### Description

Children who turn 2 years old during the calendar year must have the following on or before their 2nd birthday.

#### Combo 10 includes the following:

- 4 doses - PCV (Pneumococcal conjugate vaccine)
- 4 doses - DTaP/dt (Diphtheria and tetanus toxoids and acellular)
- 3 doses - IPV (Poliovirus vaccine)
- 3 doses - Hep B (Hepatitis B)
- 3 doses - Hib (Hemophilus influenzae type B conjugate)
- 1 dose - MMR (Measles, mumps, and rubella)
- 1 dose - VZV (Chicken Pox)
- 1 dose - Hep A (Hepatitis A)
- 2 doses - Influenza (if LAIV\* was administered, it must have been given on child's 2nd birthday)
- 2 doses - Rotavirus Monovalent (Rotarix - RVI) **OR** 3 doses - Rotavirus Pentavalent (RotaTeq – TIV)

### Helpful Hints

- All immunizations must be given on or BEFORE the child's 2<sup>nd</sup> birthday
- The LAIV nasal flu spray **MUST** be given **ON** the child's second birthday
- Encourage and offer flu shots during the months of September through May
- If the parent or guardian state the child had a flu shot somewhere else, be sure to document in the medical record the date and injection given
- For the first Hep B injection documentation that states "given at birth" is sufficient documentation
- If child has an anaphylactic reaction due to vaccination, document appropriately the reaction and submit the appropriate CPT code.
- Specify if rotavirus monovalent (Rotarix) or 3 dose rotavirus pentavalent (RotaTeq) was given
- Use the appropriate CVX or CPT codes
- Be sure to send all information to Maryland Immunet

## Adolescent Immunizations (IMA-E)

### Description

Adolescents 13 years of age who had one dose of meningococcal vaccine, one tetanus, diphtheria toxoids and acellular pertussis vaccine (Tdap) and completed the human papillomavirus (HPV) vaccine series **by their 13th birthday**.

- **Combo 1** - Must have one Meningococcal and one Tdap vaccinations.
- **Combo 2** - Must have one Meningococcal, one Tdap and HPV two (2) dose or three (3) dose series

**Meningococcal:** At least one meningococcal vaccine with a date of service on or between the member's 11th and 13th birthdays.

**Tdap:** At least one tetanus, diphtheria toxoids and acellular pertussis (Tdap) vaccine with a date of service on or between the member's 10th and 13<sup>th</sup> birthdays.

**HPV:** Document all doses of human papillomavirus given between their 9th and 13th birthday.

### Helpful Hints

- All immunizations **MUST** be given by the child's 13<sup>th</sup> birthday.
- Use the appropriate CVX or CPT codes. Be sure to send all information to State Immunet



## 2025 HEDIS TIP Sheet

### Lead Screening for Children (Maryland Department of Health (MDH) Specification)

#### Description

MDH requirement--Members **turning one (1) year old in the calendar year** must be tested

#### Helpful Hints

Any member born in 2023 **MUST** be tested in 2024

#### CPT Code

83655

### Postpartum and Prenatal Care (PPC)

#### Description

Women who had a live birth(s) between October 8, 2023, and October 7, 2024. The measure assesses:

- **Timeliness of Prenatal Care:** Deliveries that received a prenatal care visit in the first trimester **OR** within 42 days of enrollment in the organization.
- **Postpartum Care:** Deliveries that had a postpartum visit on or between 1-12 weeks (7 to 84 days) after delivery

#### Helpful Hints

- Prenatal visits-OB history/prenatal risk assessment obtained by an RN that is cosigned by OB/GYN or PCP are eligible for prenatal care visit
- Prenatal visits—Office visit with pregnancy related diagnosis or positive pregnancy test during first trimester
- Postpartum visits—visit that occur between 1-12 weeks after delivery (7 to 84 days after delivery)
- Postpartum visit- Stress importance of post-partum visits during prenatal care

#### Prenatal Care

<b>CPT II</b>	0500F-0502F
<b>HCPCS</b>	H1000, H1004
<b>ICD-10 + CPT</b>	Z32.01 (positive pregnancy test) + office visit CPT code
<b>ICD-10 + CPT</b>	ICD-10 pregnancy related diagnosis + office visit CPT code

#### Postpartum Care

<b>ICD-10</b>	Z39.2, Z39.1, Z30.430, Z01.42, Z01.419, Z01.411
<b>CPT II</b>	0503F
<b>CPT</b>	57170, 58300, 59430, 99501

## 2025 HEDIS TIP Sheet

### Well Child Visits the first 30 months of life (W30)

#### Description

All data are collected through admin data/claims only.

- Members who turned 15 months old during the measurement year and had six (6) or more comprehensive well-child visits with a PCP during their first 15 months of life.
- Members who turned 30 months old during the measurement year and had at least two (2) or more comprehensive well-child visits with a PCP between 15 months and 1 day to 30 months of life.

#### Helpful Hints

- This measure is administrative ONLY—submit claims timely with appropriate codes that reflect age-appropriate well care service rendered
- Telehealth is not permitted for well-visit compliance
- Consider sick visits as an opportunity to catch patients up on their annual well care as appropriate
- Visits must be with a primary care practitioner in person
- PCP does not have to be the practitioner assigned to the child

#### CPT Codes

<b>99381</b>	Preventive visit new patient age: <1 year
<b>99382</b>	Preventive visit new patient age: 1 to 4 years
<b>99391</b>	Preventive visit established patient age: <1 year
<b>99392</b>	Preventive visit established patient age: 1 to 4 years

### Well Child Visit (WCV)

#### Description

Members 3-21 years of age who had at least one comprehensive well-visit with a PCP or an OB/GYN practitioner during the measurement year.

#### Helpful Hints

- This measure is administrative ONLY—submit claims timely with appropriate codes that reflect age-appropriate well care services rendered.
- Telehealth is not permitted for well-visit compliance
- Consider sick visits as an opportunity to catch patients up on their annual well care as appropriate
- Visits must be with a primary care practitioner in person. The PCP does not have to be the practitioner assigned to the child

#### CPT Codes

<b>99382</b>	Preventive visit new patient age: 1 to 4 years
<b>99383</b>	Preventive visit new patient age: 5 to 11 years
<b>99384</b>	Preventive visit new patient age: 12 to 17 years
<b>99385</b>	Preventive visit new patient age: 18 to 39 years
<b>99392</b>	Preventive visit established patient age: 1 to 4 years
<b>99393</b>	Preventive visit established patient age: 5 to 11 years
<b>99394</b>	Preventive visit established patient age: 12 to 17 years
<b>99395</b>	Preventive visit established patient age: 18 to 39 years



## 2025 HEDIS TIP Sheet

### Weight Counseling for Children (WCC)

#### Description

Members 3–17 years of age who had an outpatient visit with a PCP or OB/GYN and evidence of the following during the measurement year:

- BMI percentile documentation
- Counseling for nutrition
- Counseling for physical activity

#### Helpful Hints

- Anticipatory guidance regarding weight, diet, nutrition, and physical activity are valid for the WCC measure counseling elements whether rendered during a sick or well visit and includes telehealth.
- Include BMI percentile ICD-10 coding on the claim and document in the health record via growth chart or documented as a percentile for sick or well visits including telehealth. Member reported height and weight can be used to calculate and document BMI percentile.
- Include Nutritional and Physical Activity Counseling ICD-10 coding on the claim and document in the health record.

BMI Percentile Pediatric ICD-10 Coding	Body Mass Index (BMI) Percentile, Pediatric Description
<b>Z68.51</b>	<b>BMI less than 5th percentile for age</b>
<b>Z68.52</b>	<b>BMI 5th percentile to less than 85th percentile for age</b>
<b>Z68.53</b>	<b>BMI 85th percentile to less than 95th percentile for age</b>
<b>Z68.54</b>	<b>BMI greater than or equal to 95th percentile for age</b>

Nutritional Counseling ICD-10 Coding	Nutritional Counseling Description
<b>Z71.3</b>	<b>Dietary counseling and surveillance</b>

Physical Activity Counseling ICD-10 Coding	Physical Activity Description
<b>Z71.82</b>	<b>Exercise counseling</b>
<b>Z02.5</b>	<b>Encounter for examination for participation in sport</b>