



MY 2025 MARKETPLACE REFERENCE SHEET FOR PROVIDERS

ADULT HEDIS® MEASURES			
HEDIS MEASURE	AGE	MEASURE DESCRIPTION	BILLING CODES
Controlling High Blood Pressure (CBP)	18-85 years (hypertensive members)	<ul style="list-style-type: none"> Members 18–59 years of age whose BP was <140/90 mm Hg. Members 60–85 years of age with a diagnosis of diabetes whose BP was <140/90 mm Hg. Members 60–85 years of age without a diagnosis of diabetes whose BP was <150/90 mm Hg. <p><i>Exclusion: Female members with a diagnosis of pregnancy during the measurement year.</i></p>	<p>Codes to Identify Hypertension</p> <p>*ICD-10: I10 CPT: 99453, 99454, 99457 CPT II: 3074F, 3075F, 3077F, 3078F, 3079F, 3080F <i>*with a DX of HTN prior to June 30th</i> Telephone Visit: 98966-98968, 99441-99443</p>
Colorectal Cancer Screening (COL-E)	45-75 years old	The percentage of members who had appropriate screening for colorectal cancer.	<p>FOBT Lab Test: CPT: 82270, 82274 HCPCS: G0328</p> <p>FOBT Test Results or Finding: SNOMED CT US Coding pops up. sDNA FIT Lab Test Value Set CPT: 81528</p> <p>Flexible Sigmoidoscopy: CPT: 45330, 45331, 45332, 45333, 45334, 45335, 45337, 45338, 45340, 45341, 45342, 45346, 45347, 45349, 45350 HCPCS: G0104 CT Colongraphy Value Set CPT: 74261, 74262, 74263</p> <p>Colonoscopy: CPT: 44388, 44389, 44390, 44391, 44392, 44394, 44401, 44402, 44403, 44404, 44405, 44406, 44407, 44408, 45378, 45379, 45380, 45381, 45382, 45384, 45385, 45386, 45388, 45389, 45390, 45391, 45392, 45393, 45398 HCPCS: G0105, G0121</p>
Hemoglobin A1c Control for Patients with Diabetes (GSD)	18-75 years (diabetics)	The percentage of members 18–75 years of age with diabetes (types 1 and 2) whose hemoglobin A1c (HbA1c) was at the following levels during the measurement year: HbA1c Control (<8.0%). HbA1c Poor Control (>9.0%).	<p>HbA1c Lab Test: CPT: 83036, 83037</p> <p>HbA1c Level Greater Than or Equal To 8.0: CPT-CAT-II: 3046F, 3052F</p> <p>HbA1c Level Less Than 8.0: CPT-CAT-II: 3044F, 3051F</p> <p>HbA1c Level Less Than or Equal To 9.0: CPT-CAT-II: 3044F, 3051F, 3052F</p>
Eye Exam for Patients with Diabetes (EED)	18-75 years (diabetics)	Eye exam (retinal or dilated) performed by an optometrist or ophthalmologist in the measurement year, or a negative retinal exam in the year prior.	<p>Codes to Identify Eye Exam (performed by optometrist or ophthalmologist) CPT: 67028, 67030, 67031, 67036, 67039-67043, 67101, 67105, 67107, 67108, 67110, 67112, 67113, 67121, 67141, 67145, 67208, 67210, 67218, 67220, 67221, 67227, 67228, 92002, 92004, 92012, 92014, 92018, 92019, 92134, 92201-92202, 92225-92230, 92235, 92240, 92250, 92260, 99203-99205, 99213-99215, 99221-99223, 99231-99233, 99238-99239 99242-99245, 99251-99255, 99291 HCPCS: S0620, S0621, S3000</p> <p>Codes to Identify Diabetic Retinal Screening with Eye Care Professional (billed by any provider) CPT II: 2022F, 2023F, 2024F, 2025F, 2026F, 2033F, 3072F HCPCS: S0625 (retinal tele screening)</p>

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<p>Avoidance of Antibiotic Treatment for Acute Bronchitis/ Bronchiolitis (AAB)</p>	<p>3 months and older</p>	<p>The percentage of episodes for members ages 3 months and older with a diagnosis of acute bronchitis/ bronchiolitis that did not result in an antibiotic dispensing event.</p>	<p>Medications Aminoglycosides Amikacin, Gentamicin, Streptomycin, Tobramycin Aminopenicillins Amoxicillin, Ampicillin Beta-lactamase Inhibitors Amoxicillin-clavulanate, Ampicillin-sulbactam, Piperacillin-tazobactam First-generation Cephalosporins Cefadroxil, Cefazolin, Cephalexin Fourth generation Cephalosporins Cefepime Lincomycin Derivatives Clindamycin, Lincomycin Macrolides Azithromycin, Clarithromycin, Erythromycin Miscellaneous Antibiotics Aztreonam, Chloramphenicol, Dalfopristin-quinupristin, Daptomycin, Linezolid, Metronidazole, Vancomycin Natural Penicillin Penicillin G benzathine-procaine, Penicillin G potassium, Penicillin G procaine, Penicillin G sodium, Penicillin V potassium, Penicillin G benzathine Penicillinase Resistant Penicillin Dicloxacillin, Nafcillin, Oxacillin Quinolones Ciprofloxacin, Gemifloxacin, Levofloxacin, Moxifloxacin, Ofloxacin Rifamycin Derivatives Rifampin Second-generation Cephalosporin Cefaclor, Cefotetan, Cefoxitin, Cefprozil, Cefuroxime Sulfonamides Sulfadiazine, Sulfamethoxazole-trimethoprim Tetracyclines Doxycycline, Minocycline, Tetracycline Third generation Cephalosporins Cefdinir, Cefixime, Cefotaxime, Cefpodoxime, Ceftazidime, Ceftriaxone Urinary Anti-infectives Fosfomycin, Nitrofurantoin, Nitrofurantoin macrocrystals-monohydrate, Trimethoprim</p>
<p>Appropriate use of imaging studies for low back pain (LBP)</p>	<p>18-85 years old</p>	<p>The percentage of members 18–75 years of age with a principal diagnosis of low back pain who did not have an imaging study (plain X-ray, MRI, CT scan) within 28 days of the diagnosis.</p>	<p>Imaging Study CPT: 72020, 72040, 72050, 72052, 72070, 72072, 72074, 72080-72084, 72100, 72110, 72110, 72114, 72120, 72125-72133, 72141, 72142, 72146-72149, 72156-72158, 72200, 72202, 72220</p>



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WOMAN'S HEALTH HEDIS® MEASURES			
HEDIS MEASURE	AGE	MEASURE DESCRIPTION	BILLING CODES
Breast Cancer Screening (BCS-E)	50-74 years	One mammogram any time on or between October 1 two years prior to the measurement year and December 31 of the measurement year. <i>Exclusion: Bilateral mastectomy</i>	Mammography CPT: 77061-77063, 77065-77067
Cervical Cancer Screening (CCS)	21-64 years	Women who were screened for cervical cancer using either of the following criteria: • Women age 24-64 who had cervical cytology performed every 3 years • Women age 30-64 who had cervical cytology/human papillomavirus (HPV) co-testing performed every 5 years <i>Exclusion: Hysterectomy with no residual cervix</i>	Cervical Cytology Lab Test CPT: 88141-88143, 88147, 88148, 88150, 88152, 88153, 88164-88167, 88174, 88175 HCPCS: G0123, G0124, G0141, G0143-G0145, G0147-G0148, P3000, P3001, Q0091 High-Risk HPV Test CPT: 87624, 87625 HCPCS: G0476
Chlamydia Cancer Screening (CHL)	16-24 years	The percentage of women 16–24 years of age who were identified as sexually active and who had at least one test for chlamydia during the measurement year.	Chlamydia Test CPT: 75580, 87110, 87270, 87320, 87490-87492, 87810
Timeliness of Prenatal Care (PPC)	All pregnant women	Timeliness of Prenatal Care: Prenatal care visit in the first trimester, on or before the enrollment start date or within 42 days of enrollment. Prenatal care visit, where the practitioner type is an OB/GYN or other prenatal care practitioner or PCP*, with one of these: • Basic physical obstetrical exam (e.g., auscultation for fetal heart tone, or pelvic exam with obstetric observations, or measurement of fundus height); standard prenatal flow sheet may be used • Obstetric panel • Ultrasound of pregnant uterus • Pregnancy-related diagnosis code (For visits to a PCP, a diagnosis of pregnancy must be present) • TORCH antibody panel (Toxoplasma, Rubella, Cytomegalovirus, and Herpes simplex testing) • Rubella & ABO, Rubella & Rh, or Rubella & ABO/Rh test • Documented LMP or EDD with either a completed obstetric history or risk assessment and counseling/education (for when the practitioner is a PCP) <i>* For visits to a PCP, a diagnosis of pregnancy must be present along with any of the above.</i>	Prenatal Care Visits CPT: 98966-98968, 98970-98972, 98980, 98981, 99202-99205, 99211-99215, 99241-99245, 99421-99423, 99441-99443, 99457, 99458, 99483 HCPCS: G0071, G0463, G2010, G2012, G2250-G2252, T1015 Stand Alone Prenatal Visits CPT: 99500 CPT II: 0500F, 0501F, 0502F HCPCS: H1000-H1004 Note: Do not include codes with a CPG CAT II Modifier (1P-3P, 8P) Prenatal Bundled Services CPT: 59400, 59425, 59426, 59510, 59610, 59618 HCPCS: H1005 Note: Because bundled service codes are used on the date of delivery, these codes may be used only if the claim form indicates when prenatal care was initiated; claim form must include prenatal visit Date of Service (DOS). Pregnancy Diagnosis ICD-10: O09.00-O16.09, O20.0-O26.93, O28.0-O36.93X9, O40.1XX0-O48.1, O60.00-O60.03, O71.00-O71.9, O88.011-O88.819, O91.011-O92.79, O98.011-O99.891, O9A.111-O9A.519, Z03.71-Z03.75, Z03.79, Z32.01, Z34.00-Z34.93, Z36.0-Z36.9
Postpartum Care (PPC)	All women who delivered a baby	Postpartum visit for a pelvic exam or postpartum care with an OB/GYN practitioner or midwife, family practitioner or other PCP on or between 7 and 84 days after delivery. Documentation in the medical record must include a note with the date when the postpartum visit occurred and one of these: • Pelvic exam, or • Evaluation of weight, BP, breast and abdomen, or Notation of “postpartum care”, PP check, PP care, six-week check notation, or pre-printed “Postpartum Care” form in which information was documented during the visit.	Postpartum Care CPT: 57170, 58300, 59430, 99501 CPT II: 0503F HCPCS: G0101 Note: Do not include codes with a CPT CAT II Modifier (1P-3P, 8P) Encounter for Postpartum Care ICD-10: Z01.411, Z01.419, Z01.42, Z30.430, Z39.1, Z39.2 Note: Do not include laboratory claims (claims with POS code 81). Cervical Cytology CPT: 88141-88143, 88147, 88148, 88150, 88152, 88153, 88164-88167, 88174, 88175 HCPCS: G0123, G0124, G0141, G0143-G0145, G0147, G0148, P3000, P3001, Q0091 Postpartum Bundled Services CPT: 59400, 59410, 59510, 59515, 59610, 59614, 59618, 59622 Note: Because bundled service codes are used on the date of delivery and not on the date of the postpartum visit, these codes may be used only if the claim form indicates when postpartum care was rendered; claim form must include postpartum visit Date of Service (DOS).

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PEDIATRIC HEDIS® MEASURES			
HEDIS MEASURE	AGE	MEASURE DESCRIPTION	BILLING CODES
Well Child Visits in the First 30 Months of Life (W30)	0-30 months	<p>The percentage of members who had the following number of well-child visits with a PCP during the last 15 months. The following rates are reported:</p> <ol style="list-style-type: none"> Well-Child Visits in the First 15 Months. Children who turned 15 months old during the measurement year: Six or more well-child visits. Well-Child Visits for Age 15 Months-30 Months. Children who turned 30 months old during the measurement year: Two or more well-child visits. 	<p>CPT: 99381-99385, 99391-99395, 99461 HCPCS: G0438, G0439, S0302, S0610, S0612, S0613 *ICD-10: Z00.00, Z00.01, Z00.110, Z00.111, Z00.121, Z00.129, Z00.2, Z00.3, Z01.411, Z01.419, Z02.5, Z02.84, Z76.1, Z76.2</p>
Child and Adolescent Well-Visits (WCV)	3-21 years	<p>The percentage of members 3-21 years of age who had at least one comprehensive well-care visit with a PCP or an OB/GYN practitioner during the measurement year.</p>	<p>CPT: 99381-99385, 99391-99395, 99461 HCPCS: G0438, G0439, S0302, S0610, S0612, S0613 *ICD-10: Z00.00, Z00.01, Z00.110, Z00.111, Z00.121, Z00.129, Z00.2, Z00.3, Z01.411, Z01.419, Z02.5, Z02.84, Z76.1, Z76.2</p>
Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents (WCC)	3-17 years	<p>The percentage of members 3-17 years of age who had an outpatient visit with a PCP or OB/GYN provider and who had evidence of the following during the measurement year:</p> <ul style="list-style-type: none"> BMI percentile documentation. Because BMI norms for youth vary with age and gender, this measure evaluates whether BMI percentile is assessed rather than an absolute BMI value. Counseling for nutrition documentation or referral for nutrition education. Counseling for physical activity documentation or referral for physical activity. 	<p>BMI Percentile *ICD-10: Z68.51, Z68.52, Z68.53, Z68.54 Counseling for Nutrition CPT: 97802-97804 *ICD 10: Z71.3 HCPCS: G0270, G0271, G0447, S9449, S9452, S9470 Counseling for Physical Activity ICD-10: Z02.5, Z71.82 HCPCS: S9451, G0447</p>
Immunizations for Adolescents (IMA-E)	11-13 years *HPV 9-13 years	<p>The percentage of adolescents 13 years of age who had the following vaccines:</p> <ul style="list-style-type: none"> One dose of meningococcal vaccine, One tetanus, diphtheria toxoids and acellular pertussis (Tdap) vaccine, Completed the human papillomavirus (HPV) vaccine series by their 13th birthday. 	<p>Meningococcal Immunization CPT: 90619, 90623, 90733, 90734 CVX: 32, 108, 114, 136, 147, 167, 203, 316 Tdap Vaccine Procedure CPT: 90715 CVX: 115 HPV Immunization CPT: 90649, 90650, 90651 CVX: 62, 118, 137, 165</p>
Follow-up Care for Children Prescribed ADHD Medication (ADD)	6-12 years	<p>The percentage of children newly prescribed attention-deficit/hyperactivity disorder (ADHD) medication who had at least three follow-up care visits within a 300-day (10 month) period, one of which was within 30 days of when the first ADHD medication was dispensed. Two rates are reported:</p> <ol style="list-style-type: none"> Initiation Phase: The percentage of members 6–12 years of age with a prescription dispensed for ADHD medication, who had one follow-up visit with a practitioner with prescribing authority during the 30-day initiation phase. Continuation and Maintenance (C & M) Phase: The percentage of members 6–12 years of age with a prescription dispensed for ADHD medication, who remained on the medication for at least 210 days and who, in addition to the visit in the initiation phase, had at least two follow-up visits with a practitioner within 270 days (9 months) after the initiation phase ended. 	<p>Outpatient POS (Initiation Phase and C & M Phase) CPT Visit Setting Unspecified: 90791, 90792, 90832-90834, 90836-90840, 90845, 90847, 90849, 90853, 90875, 90876, 99221-99223, 99231-99233, 99238, 99239, 99252-99255 with Outpatient POS: 03, 05, 07, 09, 11-20, 22, 33, 49, 50, 71, 72 OR Intensive Outpatient Encounter or Partial Hospitalization POS: 52 OR Community Mental Health Center POS: 53 OR Telehealth POS: 02, 10 BH Outpatient Visit (Initiation Phase and C & M Phase) CPT: 98960-98962, 99078, 99202-99205, 99211-99215, 99242-99245, 99341, 99342, 99344, 99345, 99347-99350, 99381-99387, 99391-99397, 99401-99404, 99411, 99412, 99483, 99492-99494, 99510 HCPCS: G0155, G0176, G0177, G0409, G0463, G0512, H0002, H0004, H0031, H0034, H0036, H0037, H0039, H0040, H2000, H2010, H2011, H2013-H2020, T1015 UBREV: 0510, 0513, 0515-0517, 0519-0523, 0526-0529, 0900, 0902-0904, 0911, 0914-0917, 0919, 0982, 0983 Health and Behavior Assessment or Intervention (Initiation Phase and C & M Phase) CPT: 96156, 96158, 96159, 96164, 96165, 96167, 96168, 96170, 96171</p>



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			<p>Partial Hospitalization or Intensive Outpatient (Initiation Phase and C & M Phase) HCPCS: G0410, G0411, H0035, H2001, H2012, S0201, S9480, S9484, S9485 UBREV: 0905, 0907, 0912, 0913 Telephone Visits (Initiation Phase and C & M Phase) CPT: 98966-98968, 99441-99443 Online Assessments (C & M Phase) CPT: 98970-98972, 98980, 98981, 99421-99423, 99457, 99458 HCPCS: G0071, G2010, G2012, G2250-G2252 Note: Only one of the two visits (during the 31–300 days after the IPSD) may be an e-visit or virtual check-in.</p>
Appropriate Treatment for Upper Respiratory Infection (URI)	3 months - 17	The percentage of episodes for members three months of age and older with a diagnosis of upper respiratory infection (URI) that did not result in an antibiotic dispensing event.	<p>Medication List Amikacin, Gentamicin, Streptomycin, Tobramycin, Amoxicillin, Ampicillin, Amoxicillin-clavulanate, Ampicillin-sulbactam, Piperacillin-tazobactam, Cefadroxil, Cefazolin, Cephalexin, Cefepime, Clindamycin, Lincomycin, Azithromycin, Clarithromycin, Erythromycin, Aztreonam, Chlamydia oramphenicol, Dalfopristin-quinupristin, Daptomycin, Linezolid, Metronidazole, Vancomycin, Penicillin G benzathine-procaine, Penicillin G potassium, Penicillin G procaine, Penicillin G sodium, Penicillin V potassium, Penicillin G benzathine, Dicloxacillin, Nafcillin, Oxacillin, Ciprofloxacin, Gemifloxacin, Levofloxacin, Moxifloxacin, Ofloxacin, Rifampin, Cefaclor, Cefotetan, Cefoxitin, Cefprozil, Cefuroxime, Sulfadiazine, Sulfamethoxazole-trimethoprim, Doxycycline, Minocycline, Tetracycline Cefdinir, Cefixime, Cefotaxime, Cefpodoxime, Ceftazidime, Ceftriaxone, Fosfomycin, Nitrofurantoin, Nitrofurantoin macrocrystals-monohydrate, Trimethoprim</p>

BEHAVIORAL HEALTH HEDIS® MEASURES			
HEDIS MEASURE	AGE	MEASURE DESCRIPTION	BILLING CODES
Antidepressant Medication Management (AMM)	18 years and older	For members diagnosed with major depression and newly treated with antidepressant medication, two rates are reported: <ul style="list-style-type: none"> Effective Acute Phase Treatment: Members who remained on an antidepressant medication for at least 84 days (12 weeks). Effective Continuation Phase Treatment: Members who remained on an antidepressant medication for at least 180 days (6 months). 	Medication List: Bupropion, Vilazodone, Vortioxetine, Isocarboxazid, Phenelzine, Selegiline, Tranylcypromine, Nefazodone, Trazodone, Amitriptyline-chlordiazepoxide, Amitriptyline-perphenazine, Fluoxetine-olanzapine, Desvenlafaxine, Duloxetine, Levomilnacipran, Venlafaxine, Citalopram, Escitalopram, Fluoxetine, Fluvoxamine, Paroxetine, Sertraline, Maprotiline, Mirtazapine, Amitriptyline, Amoxapine, Clomipramine, Desipramine, Doxepin (>6 mg), Imipramine, Nortriptyline, Protriptyline, Trimipramine
Follow-up After Hospitalization for Mental Illness (FUH)	6 years and older	The percentage of discharges for members six years of age and older who were hospitalized for a principal diagnosis of mental illness, or any diagnosis of intentional self-harm, and who had mental health follow-up service. Visits must occur after the date of discharge. Two rates are reported: <ol style="list-style-type: none"> The percentage of discharges for which the member received follow-up within 30 days after discharge. The percentage of discharges for which the members received follow-up within 7 days after discharge. 	Codes to Identify Visits (must be with mental health practitioner) CPT: 98960-98962, 99078, 99201-99205, 99211-99215, 99217-99220, 99241-99245, 99341-99345, 99347-99350, 99381-99387, 99391-99397, 99401-99404, 99411, 99412, 99483, 99492-99494, 99510 HCPCS: G0155, G0176, G0177, G0182, G0409-G0411, G0463, G0512, G9473-G9479, H0002, H0004, H0031, H0034-H0037, H0039, H0040, H2000, H2001, H2010-H2020, Q5003- Q5010, S0201, S9126, S9480, S9484, S9485, T1015, T2042-T2046 CPT with POS 03, 05, 07, 09, 11, 12, 13, 14, 15, 20, 22, 24, 33, 49, 50, 52, 53, 71, 72: 90791, 90792, 90832-90834, 90836-90840, 90845, 90847, 90849, 90853, 90870, 90875, 90876 CPT with POS 52, 53: 99221-99223, 99231-99233, 99238, 99239, 99251-99255
Initiation and Engagement of Substance Use Disorder Treatment (IET)	13 years and older	The percentage of new substance use disorder (SUD) episodes that result in treatment initiation and engagement. Two rates are reported: <ul style="list-style-type: none"> Initiation of SUD Treatment: The percentage of new SUD episodes that result in treatment initiation through an inpatient SUD admission, outpatient visit, intensive outpatient encounter, partial hospitalization, telehealth visits or medication treatment within 14 days. Engagement of SUD Treatment: The percentage of new SUD episodes that have evidence of treatment engagement within 34 days of initiation. 	Codes to Identify Follow up Visits (must include primary diagnosis of substance use disorder) CPT: 98960-98962, 99078, 99201-99205, 99211-99215, 99241-99245, 99341-99345, 99347-99350, 99384-99387, 99391-99397, 99401-99404, 99411, 99412, 99483, 99492-99494, 99510 CPT with POS 02, 52, 53: 99221-99223, 99231-99233, 99238, 99239, 99251-99255