



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	Dupilumab	Injection
Anti-interleukin-5	Benralizumab	Injection
	Mepolizumab	
	Reslizumab	
Inhaled steroid combinations	Budesonide-formoterol	Inhalation
	Fluticasone-salmeterol	
	Fluticasone-vilanterol	
	Fluticasone-mometasone	
Inhaled corticosteroids	Beclomethasone	Inhalation
	Budesonide	
	Ciclesonide	
	Flunisolide	
	Fluticasone	
	Mometasone	
Leukotriene modifiers	Montelukast	Oral
	Zafirlukast	
	Zileuton	
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



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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 2023 through 2025)
- 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 2021 through 2025)
- Medical record must include cervical cytology/HPV test date and results

CPT Codes	
Cervical Cytology	88141-88143, 88147-88148, 88150, 88152-88153, 88164-88167, 88174-88175
HPV Test	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



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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	
Fecal occult blood (FOBT)	82270, 82274
Flexible sigmoidoscopy	45330-45335, 45337-45338, 45340-45342, 45346-45347, 45349-45350
Stool DNA with FIT test	81528
Colonoscopy	44388-44392, 44394, 44401-44408, 45378-45382, 45384-45386, 45388-45393, 45398
CT colonography	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 31st 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



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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)

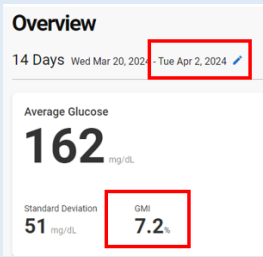
Description and Helpful Hints

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. PCP can include the CPTII codes as applicable on a claim.
 - 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)
 - 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
Low risk for retinopathy (no evidence of retinopathy in the prior year)	3072F
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



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Eye imaging validated to match diagnosis from 7 standard field stereoscopic retinal photos results documented and reviewed; <u>without</u> evidence of retinopathy	2033F
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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)	
eGFR	80047-80048; 80050; 80053; 80069; 82565
Quantitative Urine Albumin Lab Test	82043
Urine Creatinine Lab Test	82570

Controlling Blood Pressure (CBP)



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Controlling Blood Pressure (CBP)

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 ≥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 ≥ 140 mm Hg	3077F	Blood pressure ≥ 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 2nd 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



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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 13th 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 13th birthday.
- Use the appropriate CVX or CPT codes. Be sure to send all information to State Immunet

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, 2024, and October 7, 2025. 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	
CPT II	0500F-0502F
HCPCS	H1000, H1004
ICD-10 + CPT	Z32.01 (positive pregnancy test) + office visit CPT code
ICD-10 + CPT	ICD-10 pregnancy related diagnosis + office visit CPT code

Postpartum Care	
ICD-10	Z39.2, Z39.1, Z30.430, Z01.42, Z01.419, Z01.411
CPT II	0503F
CPT	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	
99381	Preventive visit new patient age: <1 year
99382	Preventive visit new patient age: 1 to 4 years
99391	Preventive visit established patient age: <1 year
99392	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	
99382	Preventive visit new patient age: 1 to 4 years
99383	Preventive visit new patient age: 5 to 11 years
99384	Preventive visit new patient age: 12 to 17 years
99385	Preventive visit new patient age: 18 to 39 years
99392	Preventive visit established patient age: 1 to 4 years
99393	Preventive visit established patient age: 5 to 11 years
99394	Preventive visit established patient age: 12 to 17 years
99395	Preventive visit established patient age: 18 to 39 years



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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
Z68.51	BMI less than 5th percentile for age
Z68.52	BMI 5th percentile to less than 85th percentile for age
Z68.53	BMI 85th percentile to less than 95th percentile for age
Z68.54	BMI greater than or equal to 95th percentile for age

Nutritional Counseling ICD-10 Coding	Nutritional Counseling Description
Z71.3	Dietary counseling and surveillance

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