

# HEDIS/QARR Category II coding bulletin



Highmark Blue Cross Blue Shield of Western New York (Highmark BCBSWNY) partners with Amerigroup companies to administer certain services to Medicaid Managed Care (MMC), Health and Recovery Plan (HARP), and Child Health Plus (CHPlus) members. Please note this information is specific to the MMC, HARP, and CHPlus programs only.



HEDIS® (Healthcare Effectiveness Data Information Set)/Quality Assurance Reporting Requirements (QARR) is a widely used set of performance measures developed and maintained by National Committee for Quality Assurance (NCQA). These are used to drive improvement efforts surrounding best practices.

Reduce the number of medical records Highmark BCBSWNY requests from you during the HEDIS/QARR medical record review season (January to May each year) by adding specific CPT® CAT II codes to your claims. These codes will help us identify additional information about the visit and improve the accuracy of reporting HEDIS/QARR quality measures.

Prenatal and Postpartum Care (PPC)

Stand Alone Prenatal Visits	<b>0500F:</b> 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)  <b>or</b> <b>0501F:</b> 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 <b>0501F:</b> Prenatal flow sheet, it is not necessary to report 0500F Initial prenatal care visit) (Prenatal)
Stand Alone Prenatal Visits	<b>0502F:</b> Subsequent prenatal care visit (Prenatal). Excludes: patients who are seen for a condition unrelated to pregnancy or prenatal care (for example, an upper respiratory infection; patients seen for consultation only, not for continuing care).
Postpartum Care Visit	<b>0503F:</b> Make sure the visit is on or between 7 and 84 days of delivery.

Eye Exam for Patients with Diabetes (EED)

Dilated retinal eye exam with interpretation by an ophthalmologist or optometrist documented and reviewed; with evidence of retinopathy (DM)	2022F
Dilated retinal eye exam with interpretation by an ophthalmologist or optometrist documented and reviewed; without evidence of retinopathy (DM)	2023F
7 standard field stereoscopic retinal photos with interpretation by an ophthalmologist or optometrist documented and reviewed; with evidence of retinopathy (DM)	2024F
7 standard field stereoscopic retinal photos with interpretation by an ophthalmologist or optometrist documented and reviewed; without evidence of retinopathy (DM)	2025F
Eye imaging validated to match diagnosis from 7 standard field stereoscopic retinal photos results documented and reviewed; with evidence of retinopathy (DM)	2026F
Eye imaging validated to match diagnosis from 7 standard field stereoscopic retinal photos results documented and reviewed; without evidence of retinopathy (DM)	2033F

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## Glycemic Status Assessment for Patients with Diabetes (GSD)

Most recent hemoglobin A1c (HbA1c) level less than 7% (DM)	3044F
Most recent hemoglobin A1c level greater than 9% (DM)	3046F
Most recent hemoglobin A1c (HbA1c) level greater than or equal to 7% and less than 8% (DM)	3051F
Most recent hemoglobin A1c (HbA1c) level greater than or equal to 8% and less than or equal to 9% (DM)	3052F

## Blood Pressure Control for Patients with Diabetes (BPD) Control High Blood Pressure (CBP)

Most recent diastolic blood pressure less than 80 mm Hg (HTN, CKD, CAD) (DM)	3078F
Most recent diastolic blood pressure 80-89 mm Hg (HTN, CKD, CAD) (DM)	3079F
Most recent diastolic blood pressure greater than or equal to 90 mm Hg (HTN, CKD, CAD) (DM)	3080F
Most recent systolic blood pressure less than 130 mm Hg (DM) (HTN, CKD, CAD)	3074F
Most recent systolic blood pressure 130 to 139 mm Hg (DM) (HTN, CKD, CAD)	3075F
Most recent systolic blood pressure greater than or equal to 140 mm Hg (HTN, CKD, CAD) (DM)	3077F

## Cardiovascular Monitoring for People with Cardiovascular Disease and Schizophrenia (SMC)

Most recent LDL-C less than 100 mg/dL (CAD) (DM)	3048F
Most recent LDL-C 100 to 129 mg/dL (CAD) (DM)	3049F
Most recent LDL-C greater than or equal to 130 mg/dL (CAD) (DM)	3050F

## Metabolic Monitoring for Children and Adolescents on Antipsychotics (APM-E) Diabetes Monitoring for People with Diabetes and Schizophrenia (SMD)

Most recent LDL-C less than 100 mg/dL (CAD) (DM)	3048F
Most recent LDL-C 100 to 129 mg/dL (CAD) (DM)	3049F
Most recent LDL-C greater than or equal to 130 mg/dL (CAD) (DM)	3050F
Most recent hemoglobin A1c (HbA1c) level less than 7% (DM)	3044F
Most recent hemoglobin A1c level greater than 9% (DM)	3046F
Most recent hemoglobin A1c (HbA1c) level greater than or equal to 7% and less than 8% (DM)	3051F
Most recent hemoglobin A1c (HbA1c) level greater than or equal to 8% and less than or equal to 9% (DM)	3052F



## Diabetes Screening for People with Schizophrenia or Bipolar Disorder Who Are Using Antipsychotic Medications (SSD)

Most recent hemoglobin A1c (HbA1c) level less than 7% (DM)	3044F
Most recent hemoglobin A1c level greater than 9% (DM)	3046F
Most recent hemoglobin A1c (HbA1c) level greater than or equal to 7% and less than 8% (DM)	3051F
Most recent hemoglobin A1c (HbA1c) level greater than or equal to 8% and less than or equal to 9% (DM)	3052F

The codes listed are for informational purposes only and are not intended to suggest or guide benefit coverage or reimbursement. If applicable, refer to your provider contract or health plan contact for reimbursement information. For a complete list of CPT codes, go to the American Medical Association website at <https://www.ama-assn.org>.

### Patient care opportunities

You can find patient care opportunities within the **Patient360** application located on Availity Essentials **Payer Spaces**. To access the **Patient360** application, you must have the *Patient360* role assignment. From Availity's home page, select **Payer Spaces**, then choose the health plan from the menu. Choose the **Patient360** tile from the **Payer Space Applications** menu and complete the required information on the screen. Gaps in care are located in the **Active Alerts** section of the *Member Summary*.



<https://providerpublic.mybcbswny.com>

The codes and measure tips listed are informational only, not clinical guidelines or standards of medical care, and do not guarantee benefit coverage or reimbursement. All member care and related decisions of treatment are the sole responsibility of the provider. This information does not dictate or control your clinical decisions regarding the appropriate care of members. Your state/provider contract(s), Medicaid, member benefits, and several other guidelines determine reimbursement for the applicable codes. Proper coding and providing appropriate care decrease the need for high volume of medical record review requests and provider audits. It also helps us review your performance on the quality of care that is provided to our members and meet the HEDIS/QARR measure for quality reporting based on the care you provide our members.

Note: The information provided is based on HEDIS/QARR MY 2024 technical specifications and is subject to change based on guidance given by the National Committee for Quality Assurance (NCQA), the Centers for Medicare & Medicaid Services (CMS), and state recommendations. Please refer to the appropriate agency for additional guidance.

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Amerigroup Partnership Plan, LLC provides management services for Highmark Blue Cross Blue Shield of Western New York's managed Medicaid. Amerigroup Partnership Plan, LLC brinda servicios administrativos para Medicaid administrado de Highmark Blue Cross Blue Shield of Western New York.

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