

Diabetes Management HEDIS Measures and Tips



Improving Quality Outcomes

Line of Business: ● Medicaid, ● Marketplace, ● Medicare



BLOOD PRESSURE CONTROL FOR PATIENTS WITH DIABETES (BPD/BPD-E)

Measure Description

The percentage of persons 18–75 years of age with diabetes (type 1 and type 2) whose blood pressure was adequately controlled (< 140/90 mm Hg) during the measurement period.

Description	CPT II Codes
Systolic Blood Pressure less than 130 mm Hg	3074F
Systolic Blood Pressure 130-139 mm Hg	3075F
Systolic Blood Pressure greater than or equal to 140 mm Hg	3077F
Diastolic Blood Pressure less than 80 mm Hg	3078F
Diastolic Blood Pressure 80-89 mm Hg	3079F
Diastolic Blood Pressure greater than or equal to 90 mm Hg	3080F
Telehealth Visits	
Description	Codes
Telehealth Visits	CPT: 98000–98016 CPT: 98966-98968, 98970-98972,99457 HCPCS: G0071, G2251, G2252 Modifier: 95 Place of Service: 02, 10

Codes subject to change

Improving HEDIS Measure

- The frequency of patient visits is determined by how well their blood pressure is controlled. Patients with uncontrolled blood pressure may require more frequent monitoring.
- Bill with the applicable CPT II codes both systolic and diastolic to report BP value during each visit. This can reduce the need for medical record chart reviews.

- Use telehealth when applicable for blood pressure remote patient monitoring and medication management. Patient can only self-report with a digital blood pressure cuff.

Coding Tips for Blood Pressure (BP)

Scenario: A 55-year-old patient comes in for a HTN follow-up visit with a BP measured 140/90 mm Hg

Coding Breakdown - Example

- 99213** – Office visit, Established patient
- I10, E11.9** – Essential (primary) hypertension and Type 2 Diabetes mellitus
- 3077F** – Systolic BP \geq 140 mm Hg
- 3080F** – Diastolic BP \geq 90 mm Hg

If provider is performing a Telehealth visit – Member reporting BP code with:

- Use applicable Telehealth CPT Codes:** 98000-98016
- Place of service:** 02
- I10, E11.9** – Essential (primary) hypertension and Type 2 Diabetes mellitus
- 3077F** – Systolic BP \geq 140 mm Hg
- 3080F** – Diastolic BP \geq 90 mm Hg

Important: Bill with **\$0.01** when coding **CPT II** codes. Both **Systolic** and **Diastolic** are **required** to capture the BP values

Note:

HEDIS captures the last blood pressure reading of the measurement period.

EYE EXAM FOR PATIENTS WITH DIABETES (EED)

Measure Description

The percentage of persons 18–75 years of age with diabetes (type 1 and type 2) who had a retinal eye exam.

Description	Codes
Automated Eye Exam	CPT: 92229
Retinal Eye Exam	CPT: 92002,92004, 92012, 92014, 92018, 92019, 92134, 92201, 92202, 92230, 92235, 92240, 92250, 92260, 99203- 99205, 99213- 99215, 99242- 99245 HCPCS: S0620, S0621 S3000
Retinal Imaging	CPT: 92227, 92228
Eye Exam w/ Evidence of Retinopathy	CPT II: 2022F, 2024F, 2026F
Eye Exam w/o Evidence of Retinopathy	CPT II: 2023F, 2025F, 2033F
Low risk for retinopathy (no evidence of retinopathy in the prior year) * Only use if the member had a negative retinopathy exam in the prior year.	CPT II: 3072F
Unilateral Eye Enucleation	CPT: 65091, 65093, 65101, 65103, 65105, 65110, 65112, 65114

Codes subject to change

Improving HEDIS Measure

- Work with a local ophthalmologist or optometrist to establish DRE referral contacts/relationships. Refer to www.pshpgeorgia.com to find-a-provider in-network
- Educate patients about the difference between a **routine eye exam** to get new glasses and a **comprehensive diabetic eye exam**.
- Documentation of hypertensive retinopathy is considered positive for diabetic retinopathy. An annual comprehensive diabetic eye exam is recommended.

Coding Tips – Eye Exam for Patients with Diabetes (EED)

Primary care providers (PCPs) use handheld retinal imaging devices, with image interpretation performed through a contracted agreement with a qualified reading center—either in-network or out-of-network—any provider type

- PCPs should submit both the **CPT code** and **CPT II** code after receiving the interpretation report and results of the retinal imaging.
- Include the appropriate ICD-10 diagnosis for diabetes and/or diabetic retinopathy
- **Example: 92250 and 2022F with E11.9**

Primary care providers (PCPs) utilize handheld retinal imaging devices, while interpretation is billed by an in-network qualified reading center

- PCPs should submit with **CPT code 92250 with modifier TC** reflects the image was performed.
- Use applicable CPT II code to report results of the image.
- Include the appropriate **ICD-10 diagnosis code for diabetes and/or diabetic retinopathy**
- **Example: 92250-TC and 2025F with E11.9**

Retinal image interpretation is performed by a qualified reading center—of any provider type—that is contracted as an in-network provider.

- Eye care professionals should submit **CPT code 92250 with modifier 26** for interpretation and report.
- Use applicable CPT II code to report results of the image.
- Include the appropriate **ICD-10 diagnosis code for diabetes and/or diabetic retinopathy**
- **Example: 92250-26 and 2025F with E11.9**

In-network providers – including optometrists and ophthalmologists, perform both retinal imaging and interpretation.

- Submit the appropriate **CPT code** for **retinal imaging** services performed.
- When billing for imaging, providers must report the negative or positive retinopathy using the appropriate **CPT II code for reporting**.
- Modifiers are not required for this submission.

In Network – Provider contract with Envolve Vision review the HEDIS Training and Tip for EED at: <https://www.centenevision.com/providers/hedis.html>

Important:

- **Document all retinal images and results in the member’s medical record to meet HEDIS compliance**
- **Do not report 92229 in conjunction with 92133, 92134, 92227, 92228, 92250**
- **When billing CPT II codes use the billed amount of \$0.01**

Note: Federally Qualified Health Centers (FQHCs) and Rural Health Clinics (RHCs) are reimbursed under a Prospective Payment System (PPS). As a result, primary care providers (PCPs) billing for retinal imaging services will be reimbursed only at the contractual rate defined by the PPS structure.”

Helpful Documentation Tips

- At a minimum, documentation in the medical record must include one of the following:
 - A note or letter prepared by an ophthalmologist, optometrist, PCP, or other healthcare professional indicating that an ophthalmoscopic exam was completed by an eye care professional (optometrist or ophthalmologist), the date when the procedure was performed, and the results.
 - A chart or photograph indicating the date when the fundus photography was performed and evidence that an optometrist or ophthalmologist reviewed the results. Alternatively, results may be read by a qualified reading center that operates under the direction of a medical director who is a retinal specialist or by a system that provides an artificial intelligence (AI) interpretation.
 - Documentation of a negative retinal or dilated eye exam by an optometrist or ophthalmologist in the year prior to the measurement year, results indicating retinopathy was not present.



GLYCEMIC STATUS ASSESSMENT FOR PATIENTS WITH DIABETES (GSD)

Measure Description

The percentage of persons 18–75 years of age with diabetes (types 1 and 2) whose hemoglobin A1c (HbA1c) was at the following levels during the measurement period:

- Glycemic Status < 8.0%
- Glycemic Status > 9.0%

Description	Codes
HbA1c Lab Test	CPT: 83036, 83037
HbA1c – CPT II Codes	
Description	CPT II
HbA1c level less than 7.0% (DM)	3044F
HbA1c greater than 9.0% (DM)	3046F
HbA1c level greater than or equal to 7.0% and less than or equal to 8.0% (DM)	3051F
HbA1c level greater than or equal to 8.0% and less than or equal to 9.0% (DM)	3052F

Codes subject to change

Improving HEDIS Measure

- The frequency of visits should be guided by the level of A1c control. Members with elevated A1c levels require more frequent follow-up to support effective management
- Document the date of the HbA1c with the results.
- Submit the applicable CPT code for the lab test performed and the CPT II codes to report the A1c results and findings. Also, billing with CPT II codes can reduce medical records chart reviews.

Note: If multiple HbA1c tests were performed in the measurement period, the result from the last test is utilized to close the HEDIS care gap.



KIDNEY HEALTH EVALUATION FOR PATIENTS WITH DIABETES (KED)

Measure Description

The percentage of persons 18–85 years of age with diabetes (type 1 and type 2) who received a kidney health evaluation, defined by an estimated glomerular filtration rate (eGFR) and a urine albumin-creatinine ratio (uACR), during the measurement period.

Description & Codes	
Blood Test	
Estimated Glomerular Filtration Rate (eGFR)	CPT: 80047, 80048, 80053, 80050, 80069, 82565
Urine Test (must include both quantitative albumin and urine creatinine)	
Option 1	
Urine albumin-creatinine ratio (uACR)	LOINC : 13705-9, 14958-3, 14959-1, 30000-4, 44292-1, 59159-4, 76401-9, 77253-3, 77254-1, 89998-9, 9318-7
Option 2	
Quantitative urine albumin	CPT: 82043
Urine creatinine	CPT: 82570

Codes subject to change

Improving HEDIS Measure

- Order or **perform both lab “Urine Test” on the same day**, otherwise, the second urine test must be completed within 4 days from each other.
- To ensure all lab testing is done; **order both eGFR and uACR** during the patient’s office visit to **close the care gap**.
- In-house **“Urine Protein Dipstick Test” is NOT ACCEPTABLE** to close the care gap.
- Educate the patient on how diabetes can affect the kidneys and provide tips on preventing damage to their kidneys:
 - » Controlling High Blood Pressure
 - » Medication Adherence by taking prescribed medication that protects the kidney functionality (ACE inhibitors or ARBs)
- Coordinate patient care with specialists (endocrinologist or nephrologist) as needed.

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