

## 2025 HEDIS AND FIVE-STAR QUALITY MEASURES REFERENCE GUIDE

### HEDIS STAR MEASURE AND REQUIREMENTS

### DOCUMENTATION NEEDED

### CPT/CPTII CODES

#### Annual Wellness Exam

Measure ID: AHA, PPE, AWE

##### Description:

One Annual Wellness Visit documented

##### Documentation Requirements:

Measurement Year

Lines: Age:  
Medicare 18yrs & Older

Medicare: One or more ambulatory or preventive care visits during the measurement year.

#### NEW PATIENTS

99385 (Age 18-39)

99386 (Age 40-64)

99387 (Age 65 +)

#### ESTABLISHED PATIENTS

99395 (Age 18-39)

99396 (Age 40-64)

99397 (Age 65 +)

Initial NEW to Medicare: G0402

Annual Wellness: G0438, G0439

ICD-10: Z00.00, Z00.01

#### Blood Pressure Control

Measure ID: CBP or BPD

##### Description:

BP reading taken in the office. Compliant BP of Systolic >140, Diastolic >90 for hypertensive & diabetic patients.

##### Documentation Requirements:

EVERY VISIT

Star Weight: 3



Lines: Age:  
Medicare 18yrs - 75yrs

Taken during:

- Outpatient visit
  - Telephone visit
  - E-visit or virtual check-in
  - Remote monitoring event
  - Documented on Progress notes and or Vitals sheet
- Exclusions:
- Hospice or palliative care
  - 81+ frailty only
  - 66-80 frailty and advanced illness
  - 66+ I-SNP or institutionalized
  - Dispensed dementia Rx

#### Both Diastolic & Systolic Codes must be reported

Systolic <130 3074F

Systolic 130-139 3075F

Systolic >=140 3077F

Diastolic <80 3078F

Diastolic 80-89 3079F

Diastolic >=90 3080F

Telephone Visit:  
98966-68, 99441-43

#### Annual Flu Vaccines

Measure ID: AIS-E

Description: Adult Immunization Status

Lines: Age:  
Medicare All patients

- Remind patients to get flu shot; have standing orders for receiving flu shot during flu season.
- Maintain vaccine in all offices.
- Provide take-home materials for patients' records.

CPT/CPTII:

- 90630, 90653, 90654, 90656, 90658, 90661, 90662, 90673, 90774, 90682, 90686, 90688, 90689, 90694, 90756

- Q2035-Q2039

HCPCS:

- G0008: Influenza (Yearly)

- G8483, G8484: Influenza immunization not administered

- G0009, 4040F: Pneumococcal (1 per life)

#### Care for Older Adults

##### MEDICATION REVIEW & LISTING

Measure ID: COA

##### Description:

Medication list must be signed and listed

##### Documentation Requirements:

Measurement Year

Star Weight: 1



Lines: Age:  
Medicare 66yrs & Older

- Health history & physical
- Medication list
- Progress notes
- SOAP notes

Documentation that the medications aren't tolerated isn't an exclusion

Member does not need to be present for Med Review.

#### Both codes must be reported:

1159F: Medication Listing AND

1160F:

Medication Review

Med Review CPT:

99605, 99606, 90863, 99483

HCPCS: G8427

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<p><b>Care for Older Adults</b></p> <p><b>PAIN ASSESSMENT</b></p> <p>Measure ID: COA</p> <p><u>Description:</u> Notation of "no pain" or "no pain" in the medical record</p> <p><u>Documentation Requirements:</u> Measurement Year</p> <p><b>Star Weight: 1</b> ★</p> <p><b>Lines:</b> Medicare</p> <p><b>Age:</b> <b>66yrs &amp; Older</b></p>	<ul style="list-style-type: none"> <li>• Health history &amp; physical</li> <li>• Home health records</li> <li>• Occupational therapy notes</li> <li>• Pain assessment forms</li> <li>• Physical therapy notes</li> <li>• Progress notes</li> <li>• Skilled nursing facility minimum data set (MDS) form</li> <li>• SOAP notes</li> </ul>	<p><b>1125F = Pain</b> <b>1126F = No Pain</b></p> <p><b>Telephone Visit:</b> <b>98966-68, 99441-43</b></p>
<p><b>Medication Reconciliation Post-Discharge (Transitions of Care)</b></p> <p>Measure ID: MRP, TRC</p> <p><u>Description:</u> Medication reconciliation documented</p> <p><u>Documentation Requirements:</u> Visit within 30 days of Hospital discharge *TELEHEALTH ENCOURAGED*</p> <p><b>Star Weight: 1</b> ★</p> <p><b>Lines:</b> Medicare</p> <p><b>Age:</b> <b>18yrs - 75yrs</b></p>	<ul style="list-style-type: none"> <li>• <u>Progress Notes must clearly state that discharge and current medications were reconciled</u></li> <li>• Follow up Visit must be held within 30 days from date of discharge.</li> <li>• <u>Patient Engagement After Inpatient Discharge - Office Visit such as Evaluation and Management codes - Office Visit, visit to the home or Telehealth visit.</u></li> </ul>	<p><b>CPT/CPTII:</b></p> <p><b>- 1111F MRP/TRC and Follow up visit encounter code</b></p> <p><b>- PATIENT ENGAGEMENT -</b></p> <p><b>Outpatient Visits:</b> 99213, 99202-99205, 99212-99215, 99241-99245, 99341-99345, 99347-99350, 99381-99387, 99391-99397, 99401-99404, 99411, 99412, 99429, 99455, 99456, 99483</p> <p><b>Telephone Visits:</b> 98966, 98967, 98968, 99441, 99442, 99443</p> <p><b>Online Assessments:</b> 98969, 98970, 97971, 98972, 99421, 99422, 99423, 99444, 99458</p> <p><b>- or -</b></p> <p><b>Submit completed and signed MRP form</b></p> <p><b>*TELEHEALTH/TELEPHONIC ENCOURAGED*</b></p>
<p><b>Glycemic Status Assessment for Patients with Diabetes HbA1c Control</b></p> <p>Measure ID: GSD</p> <p><u>Description:</u> Diabetes Monitoring - <u>Complete Lab Requisition form</u> and <u>refer to Lab</u></p> <p><u>Documentation Requirements:</u> Measurement Year</p> <p><b>Star Weight: 3</b> ★★ ★</p> <p><b>Lines:</b> Medicare</p> <p><b>Age:</b> <b>18yrs - 75yrs</b></p>	<ul style="list-style-type: none"> <li>• A1c, HbA1c, HgbA1c</li> <li>• Glycohemoglobin</li> <li>• Glycohemoglobin A1c</li> <li>• Glycated hemoglobin</li> <li>• Glycosylated hemoglobin</li> <li>• Hemoglobin A1c</li> </ul> <p>The advanced illness exclusion can be identified from a telephone visit, e-visit or virtual check-in.</p>	<p><b>HbA1c CPT/CPTII: Both Testing and Results are needed</b></p> <p><b>Testing: 83036</b></p> <p><b>Result Values:</b></p> <p><b>Less than 6.9% = 3044F</b> <b>Between 7.0-7.9% = 3051F</b> <b>Between 8.0-9.0% = 3052F</b> <b>*Greater than 9.1% = 3046F*</b> <b>&gt;9.1% = NOT in-control</b></p>

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## HEDIS STAR MEASURE AND REQUIREMENTS

## DOCUMENTATION NEEDED

## CPT/CPTII CODES

### Comprehensive Diabetes Care Kidney Health Evaluation for Patients with Diabetes

Measured ID: (KED) - Complete Lab Requisition form and refer to Lab

#### Documentation Requirements:

Measurement Year

Star Weight: 1



Lines:  
Medicare

Age:  
18yrs - 75yrs

Percentage of members ages 18-85 with diabetes (Type 1 or type 2) who received a kidney health evaluation, defined by eGFR blood and uACR urine tests, **BOTH** are required in the measurement year. The uACR test are required on same or with service dates four or less days apart.

### **TWO SEPARATED TEST REQUIRED** CPT/CPTII:

1. (eGFR) **Blood Test** - 80047, 80048, 80050, **80053**, 80069, 82565
2. (uACR) **Urine Test** - **82043** AND **82570**

### Eye Exam for Patients with Diabetes

Measure ID: EED

#### Description:

Diabetes Monitoring - Refer to Optometrist or Ophthalmologist

#### Documentation Requirements:

Positive for Retinopathy = Annually

Negative for Retinopathy = Every 2yrs

Star Weight: 1



Lines:  
Medicare

Age:  
18yrs - 75yrs

- Bilateral eye enucleation or acquired absence of both eyes
- Dilated or retinal eye exam
- Fundus photography
- Note: the presence or absence of retinopathy must be documented.

- The advanced illness exclusion can be identified from a telephone visit, e-visit or virtual check-in.

#### Exclusion:

- Members who use hospice services or elect to use hospice benefit, regardless of when the services began in the measurement yr.
- Members receiving palliative care

CPT: 67028, 67030, 67031, 67036, 67039-67043, 67101, 67105, 67107, 67108, 67110, 67113, 67121, 67141, 67145, 67208, 67210, 67218, 67220, 67221, 67227, 67228, 92002, 92004, 92012, 92014, 92018, 92019, 92134, 92225, 92226, 92227, 92228, 92230, 92235, 92240, 92250, 92260, 99203-99205, 99213-99215, 99242-99245

CPTII w/Retinopathy:  
2022F, 2024F, 2026F

Negative for Retinopathy: 2023F, 2025F, 2033F, 3072F

Fundus Photography: 92250

### Statin Use in Persons with Diabetes (SUPD)

#### Description:

Patients with diabetes are at high risk for cardiovascular disease, statin therapy should be considered in all patients with diabetes over 40 years of age

Lines:  
Medicare

Age:  
40yrs - 75yrs

Prescribe a statin in patients with diabetes according to American College of Cardiology/American Heart Association (ACC/AHA) guidelines

#### **Exclusions**

- ESRD
- Hospice
- Rhabdomyolysis (M62.82), myopathy (G72.9), myositis (M60.9)
- Cirrhosis (K74.6)
- Polycystic Ovary Syndrome (E28.2)
- Pregnancy, Lactation, and Fertility
- Pre-Diabetes (R73.03, R73.09)

# Medicare Advantage Plans ★★★★★

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HEALTHSMART  
MANAGEMENT SERVICES ORGANIZATION, INC.

### HEDIS STAR MEASURE AND REQUIREMENTS

### DOCUMENTATION NEEDED

### CPT/CPTII CODES

#### Breast Cancer Screening

Measure ID: BCS

##### Description:

Cancer prevention screening

##### Documentation Requirements:

**Mammogram -Refer to Imaging Center**  
between Oct. 1, 2023, and Dec. 31, 2025

Star Weight: 1



Lines:  
Medicare

Age:  
**40yrs - 74yrs**

- Diagnostic reports
  - Health history and physical
  - Radiology Report
- Exclusion:
- Bilateral Mastectomy
  - Two unilateral mastectomies
  - Absence of right or left breast
  - 66+ Advanced illness and Frailty
  - Hospice or palliative care

**Mammography: CPT 77061–77063, 77065–77067; HCPCS G0202, G0204, G0206**

#### Colorectal Cancer Screening

Measure ID: COL

##### Description:

Cancer prevention screening.

##### Documentation Requirements:

Colonoscopy = **10yrs**  
CT Colonography/Sigmoidoscopy = **5yrs**  
FIT-DNA test = **3yrs (LAB Test)**  
FOBT = **Every Year (LAB Test)**

Star Weight: 1



Lines:  
Medicare

Age:  
**45yrs - 75yrs**

- Consultation reports
  - Diagnostic reports
  - Health history & physical
  - Lab reports
  - Pathology reports
- Exclusion:
- Diagnosis of Colorectal Cancer or total Colectomy
  - Advanced illness and Frailty
  - Members who use hospice services or elect to use hospice benefit, regardless of when the services began in the measurement year.
  - Members receiving palliative care

**CPT/CPTII:**  
**44388-44394, 44397, 44401-44408, 45355, 45378-45393, 45398**

**Fit-DNA Test:**  
**81528, G0464**

**FOBT:**  
**82270, 82274, G0328**

**Sigmoidoscopy:**  
**45330-45335, 45337-45342, 45346-45347, 45349-45350, G0104**

#### Osteoporosis Management in Women who Had a Fracture

Measure ID: OMW

##### Description:

Women ages 67–85 who suffered a fracture & who had a bone mineral density **DEXA Scan or prescription drug to treat osteoporosis within 6 months of fracture**.

##### Documentation Requirements:

Within 6 months of Fracture

Star Weight: 1



Lines:  
Medicare

Age:  
**Women 67yrs - 85yrs**

- BMD Test
  - Osteoporosis therapies identified through pharmacy data
  - Lab results
  - Medication list
- To comply with this measure, a member must be prescribed at least one of the following medications within 180 days of their discharge for a fracture:
- Alendronate • Alendronate-cholecalciferol • Ibandronate
  - Risedronate • Zoledronic acid
  - Abaloparatide • Calcitonin
  - Denosumab • Raloxifene
  - Teriparatide

**CPT/CPTII:**  
**Dexa: 76977, 77078, 77080-77082, 77085-77086**

**Sexa: G0130**

**Pharmacologic Therapy: J0892**

**Medications: J0897, J1740, J3489, J0630, J0897, J3110, J3489**

**ICD-10 Diagnosis: M84.40XA**

## 2025 HEDIS AND FIVE-STAR QUALITY MEASURES REFERENCE GUIDE

### HEDIS STAR MEASURE AND REQUIREMENTS

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### CPT/CPTII CODES

#### Depression Screening and Follow-Up for Adolescents and Adults

Measure ID: DSF-E

Description:

Screen all members annually for depression and follow up with necessary treatment recommendations.

Members ages 12 and over as of January 1 of the measurement year

Documentation Requirements:

Measurement Year

Lines: Age:  
Medicare 12yrs & Older

- Documented result of depression in the measurement year using a age-appropriate standardized instrument such as PHQ2, PHQ9.
- Upon documentation of a positive depression screening, members receive follow-up (medication or treatment) within 30 days of the positive screening

PHQ9 CPT/CPTII: G0444, G8510 and G8431

#### Medication Adherence

Diabetes,  
Cholesterol,  
Hypertension

Star Weight: 3



Description:

Ask patients they must pick up their prescribed maintenance medications for their Diabetes, Cholesterol or Hypertension from the Pharmacy.

**To close the HEDIS GAP the prescription must be filled at the Pharmacy with their Health Plan card.**

Lines: Age:  
Medicare 18yrs & Older

- At each visit
- Provide Extended supply of maintenance medications 100 days.
  - Request Pharmacy to provide Home delivery.
  - Prescribe generic and Formulary medications
  - Suggest auto-refill, refill reminder and medication synchronization programs at the pharmacy, if available
  - Educate patients on side effects and proper use
  - Reduce polypharmacy
  - Simplify regimen by prescribing extended-release formulations for once daily dosing and combination drugs to reduce pill burden

At each Visit

- Prescribe maintenance medications for diabetes, cholesterol, and hypertension from the Medicare Advantage Health Plan \$0 copay list
- Provide extended-days' supply to patients on stable doses of medications 90 - to 100-day supply x 3 at each annual visit to prevent refill gaps
- Work with Pharmacies that provide Home Delivery services.

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## CPT/CPTII CODES

## Follow- up After Emergency Room Visit

Measure ID: FMC

### Description:

**Emergency department (ED) visits for members ages 18 and older who have multiple high-risk chronic conditions who had a follow-up service within 7 days of the ED visit.**

**Lines:**  
Medicare

**Age:**  
**All patients**

- **Schedule follow-up appointments with members to manage and track their health status. At each visit, provide an opportunity for them to ask questions.**
- Create early intervention processes to help prevent complications and address exacerbations of ACSCs including diabetes, COPD, asthma and congestive heart failure.
- Make sure hospitalists you partner with are familiar with this measure.

### CPT/CPTII:

**Outpatient and Telehealth Visits:** 98966, 98967, 98968, 98970, 98971, 98972, 98980, 98981, 99202, 99203, 99204, 99205, 99211, 99212, 99213, 99214, 99215, 99241, 99242, 99243, 99244, 99245, 99341, 99342, 99343, 99344, 99345, 99347, 99348, 99349, 99350, 99381, 99382, 99383, 99384, 99385, 99386, 99387, 99391, 99392, 99393, 99394, 99395, 99396, 99397, 99401, 99402, 99403, 99404, 99411, 99412, 99421, 99422, 99423, 99429, 99441, 99442, 99443, 99455, 99456, 99457, 99458, 99483,

**Transitional Care Management:** 99495, 99496  
**Case Management Visits:** 99366

**Complex Care Management:** 99439, 99487, 99489, 99490, 99491

**Outpatient or Telehealth Behavioral Health Visit:** 90791, 90792, 90832, 90833, 90834, 90836, 90837, 90838, 90839, 90840, 90845, 90847, 90849, 90853, 90875, 90876, 99221, 99222, 99223, 99231, 99232, 99233, 99238, 99239, 99251, 99252, 99253, 99254, 99255

**Outpatient or Telehealth Behavioral Health Visit:** 98960, 98961, 98962, 99078, 99202, 99203, 99204, 99205, 99211, 99212, 99213, 99214, 99215, 99242, 99243, 99244, 99245, 99341, 99342, 99344, 99345, 99347, 99348, 99349, 99350, 99381, 99382, 99383, 99384, 99385, 99386, 99387, 99391, 99392, 99393, 99394, 99395, 99396, 99397, 99401, 99402, 99403, 99404, 99411, 99412, 99483, 99492, 99493, 99494, 99510

**Intensive Outpatient Encounter or Partial Hospitalization:** 90791, 90792, 90832, 90833, 90834, 90836, 90837, 90838, 90839, 90840, 90845, 90847, 90849, 90853, 90875, 90876, 99221, 99222, 99223, 99231, 99232, 99233, 99238, 99239, 99252, 99253, 99254, 99255



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#### Social Determinants of Health

Measure ID: SDOH

##### Description:

Percentage of members who were screened, using pre-specified instruments, at least once during the measurement period for unmet food, housing and transportation needs, and received a corresponding intervention if screened positive.

##### Lines:

Medicare

##### Age:

18yrs & Older

**Exclusions:** Member in Hospice. Member living in Long Term institution.

##### CPT/CPTII: G0136

**ICD 10:** Z55.0, Z55.1, Z55.8, Z55.9, Z56.0-Z56.6, Z56.81, Z56.89, Z56.9, Z58.6, Z59.0, Z59.10, Z59.11, Z59.12, Z59.19, Z59.2, Z59.3, Z59.41, Z59.48, Z59.5-Z59.7, Z59.81, Z59.82, Z59.86, Z59.87, Z59.89, Z60.0, Z60.2-Z60.9, Z63.0, Z63.1, Z63.32, Z63.4-Z63.6, Z63.72, Z63.8, Z63.9, Z65.9

#### Patient Experience - CAPHS

Care Coordination

##### CAPHS Question:

- In the last six months, when you needed care right away, how often did you get care as soon as you needed?
- In the last six months, how often did you get an appointment for a check-up or routine care as soon as you needed?
- In the last six months, how often did you see the person you came to see within 15 minutes of your appointment time?

##### Lines:

Medicare

##### Age:

All patients

- Discuss lab results, prescription medications and recommendations from specialists in a timely manner
- Encourage patients to use patient portal, if available
- Train staff to communicate expectations to patients about lab results

##### Referring Provider Needs to understand:

- Who to refer patients to
- How long is the wait to be seen
- What information is needed for any prior authorizations
- Medical group referral - Direct Referral - Instant approval
- Medical group referral - Standard Referral - Urgent and Retro Referrals
- How to follow up on referrals

##### The Patient Needs to agree:

- The referral is the best treatment option

##### The Patient Needs to know:

- What they need to do
- Find their own specialist?
- Schedule their own appointment?
- Work with their Health Plan to get prior authorization

##### Specialist Needs to have a process for:

- Getting referrals
- Getting information back to the referring provider

##### Specialist Need to assure:

- Prior authorizations have been complete

##### Specialist Need a process for:

- Scheduling an appointment with provider and/or additional services

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#### Patient Experience - CAPHS

Getting Appointments and Care Quickly

##### CAPHS Question:

- In the last six months, when you needed care right away, how often did you get care as soon as you needed?
- In the last six months, how often did you get an appointment for a check-up or routine care as soon as you needed?
- In the last six months, how often did you see the person you came to see within 15 minutes of your appointment time?

**Lines:**  
Medicare

**Age:**  
All patients

- Assist patients in scheduling appointments and offer alternate ways to schedule, such as patient portal and after-hour phone numbers
- Triage calls from patients to identify those who require office visits and those whose needs can be addressed virtually
- Support patients during the referral and authorization process. Provide additional support for patients with multi referrals and multi authorizations
- Ensure patients receive staff attention if provider is delayed beyond 15-minute timeframe—measure vitals, address falls, urinary incontinence, mental health, physical activity, etc

#### Essential Behaviors

- Empathy - Acknowledge concerns, demonstrate caring
- Compassion - I hear you and this is what I can do.
- Listen - Invite questions and actively listen
- Manage Anxiety - Recognize anxiety and mitigate
- Offer Options - Empowerment through choice and autonomy

#### Processes and Operations

- Expectations - Set patient expectations by creating responses and assist front office staff to discuss delays, walk-ins and scheduling patients
- Open Schedule - Dedicated space for scheduled appointments and walk-ins
- Extended Hours - Before 8:00 am and after 5:00 pm some days during the week and weekends
- Provide Options - Other physicians, offices, advanced practitioner, etc.
- Tele-triage Nurses - Manage urgent calls and situations

#### Patient Experience - CAPHS

Getting Needed Care

##### CAPHS Question:

- In the last six months, when you needed care right away, how often did you get care as soon as you needed?
- In the last six months, how often did you get an appointment for a check-up or routine care as soon as you needed?
- In the last six months, how often did you see the person you came to see within 15 minutes of your appointment time?

**Lines:**  
Medicare

**Age:**  
All patients

- Ensure timely referrals to specialists and appointments for tests and treatments
- Train staff to set expectations and communicate referral process with new and existing patients

#### Group Best Practices

- Train staff to set expectations and communicate referral process with new and existing patients.
- Notify patients of referral authorization status and expiration via phone or online portal in a timely manner.
- Ensure timely referrals to specialists and appointments for tests and treatments by identifying urgent and non-urgent referral requests.
- Create open access and auto approve referrals, when appropriate.
- Actively monitor specialist availability and take action, when needed.