NORTH Dakota | Health & Human Services
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ND Medicaid Quality Measure Coding Tip Sheet

The measures in this document utilize the Healthcare Effectiveness Data and Information Set (HEDIS) Measurement Year (MY) 2026 Specifications.

Current Procedural Terminology (CPT) Category II Codes are extra codes used to track care and measure quality, including information for HEDIS®. These codes give more detail, which helps find and fix care gaps more quickly and accurately. Using the correct codes when sending in claims can make your paperwork easier and help to close care gaps.

CPT Category II Codes can be added to claims along with other needed codes. The list of these codes is updated every year based on HEDIS rules from NCQA.

Billing Guidelines for CPT Category II Codes

CPT Category II codes can be added to claims along with other needed codes.
These codes should be billed at $0.00 or a very small amount (like $0.01).
Claims that include CPT Category II codes will be processed with no payment.

Scenario	Billed Amount	Medicaid Adjudication Outcome
Medicaid is Primary	$0.01 (nominal)	Claim line returns CO 246 (This service is not payable per contracted/legislated fee schedule or patient has no liability).
Medicaid is Primary	$0.00	Claim line processes without a Claim Adjustment Segment (CAS), since there is no dollar amount to adjust.
Medicaid is Secondary	$0.01 (nominal), and Primary denied with CO 246	Claim line returns OA 23 (Other adjustments – e.g., the primary payer paid $0.00, no patient liability).
Medicaid is Secondary	$0.00	Claim line processes without a Claim Adjustment Segment (CAS), as there is no amount reported by either.

Controlling High Blood Pressure

The percentage of persons 18–85 years of age who had a diagnosis of hypertension (HTN) and whose blood pressure (BP) was adequately controlled (<140/90 mm Hg) during the measurement period.

Measure Steward: HEDIS

Line of Business: Commercial, Medicaid, Medicare

CPT Category II Codes

Table 1: Systolic Blood Pressure

Reading	Code
Systolic Less than 130 mm Hg	3074F
Systolic 130 - 139 mm Hg	3075F
Systolic Greater than or Equal to 140 mm Hg	3077F

Table 2: Diastolic Blood Pressure

Reading	Code
Diastolic Less than 80 mm Hg	3078F
Diastolic 80-89 mm Hg	3079F
Diastolic Greater than or Equal to 90 mm Hg	3080F

Developmental Screening in the First Three Years of Life

Percentage of children screened for risk of developmental, behavioral, and social delays using a standardized screening tool in the 12 months preceding or on their first, second, or third birthday.

Measure Steward: OHSU

Line of Business: Commercial, Medicaid

CPT Category II Codes

Table 3: Screening and Codes

Screening	Code
Developmental Screening	96110
Autism Spectrum Disorder Screening (modifier: KX)	96110-KX

Best Practice/Clinical Recommendations

The American Academy of Pediatrics (AAP) recommends checking children's development and behavior during regular well-child visits at 9 months, 18 months, and 30 months. The AAP also recommends screening all children for autism spectrum disorder (ASD) at 18 months and 24 months. Doctors should watch for developmental concerns at every preventive visit, and staff should schedule visits at the recommended ages.

Standardized screening tools should be used when there are concerns about a child's development. Examples of approved tools for developmental, behavioral, and social delays include:

- Ages and Stages Questionnaire – 3rd Edition (ASQ-3)
- Parents' Evaluation of Developmental Status (PEDS) – Birth to age 8
- Parents' Evaluation of Developmental Status – Developmental Milestones (PEDS DM
- Survey of Well-Being in Young Children (SWYC)
- Battelle Developmental Inventory Screening Tool (BDI-ST) – Birth to 95 months
- Bayley Infant Neurodevelopmental Screen (BINS) – 3 months to age 2
- Brigance Screens II – Birth to 90 months
- Child Development Inventory (CDI) – 18 months to age 6
- Infant Development Inventory – Birth to 18 months

It’s important to know that tools that only look at one area of development, like social-emotional skills (ASQ-SE) or autism (M-CHAT), cannot be used for overall developmental screening. These tools do not meet requirements for identifying broader risks in developmental, behavioral, and social areas.

Reference the Bright Futures Recommendations for Preventive Care

Diabetes Care for People with Serious Mental Illness: Glycemic Status > 9.0%

Percentage of beneficiaries ages 18 to 75 with a serious mental illness and diabetes (type 1 and type 2) who had a glycemic status assessment result of >9.0%.

Note: A lower rate indicates better performance (e.g., low rates of poor control indicate better care).

Measure Steward: CMS

NCQA-owned and copyrighted measure that is not currently contained in HEDIS®

Line of Business: Medicaid

CPT Category II Codes

Table 4: HbA1C Test Results or Finding and Codes

HbA1c Test Result or Finding	Code
Hemoglobin A1c level less than 7.0%	3044F
Hemoglobin A1c level greater than or equal to 7.0% and less than 8.0%	3051F
Hemoglobin A1c level is greater than or equal to 8.0% and less than or equal to 9.0%	3052F
Hemoglobin A1c level greater than 9.0%	3046F

Diabetes Screening for People with Schizophrenia or Bipolar Disorder Who are Using Antipsychotic Medications

The percentage of persons ages 18 to 64 years of age with schizophrenia, schizoaffective disorder or bipolar disorder who were dispensed an antipsychotic medication and had a diabetes screening test during the measurement period.

Measure Steward: HEDIS

Line of Business: Medicaid

CPT Category II Codes

Table 5: HbA1C Test Results or Finding and Codes

HbA1c Test Result or Finding	Code
Hemoglobin A1c level less than 7.0%	3044F
Hemoglobin A1c level greater than or equal to 7.0% and less than 8.0%	3051F
Hemoglobin A1c level is greater than or equal to 8.0% and less than or equal to 9.0%	3052F
Hemoglobin A1c level greater than 9.0%	3046F

Glycemic Status Assessment for Patients with Diabetes

The percentage of persons 18–75 years of age with diabetes (type 1 or type 2) whose most recent glycemic status (hemoglobin A1c [HbA1c] or glucose management indicator [GMI]) was at the following levels during the measurement period:

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

Measure Steward: HEDIS

Line of Business: Commercial, Medicaid, Medicare

CPT Category II Codes

Table 6: HbA1C Test Results or Finding and Codes

HbA1c Test Result or Finding	Code
Hemoglobin A1c level less than 7.0%	3044F
Hemoglobin A1c level greater than or equal to 7.0% and less than 8.0%	3051F
Hemoglobin A1c level is greater than or equal to 8.0% and less than or equal to 9.0%	3052F
Hemoglobin A1c level greater than 9.0%	3046F

Metabolic Monitoring for Children and Adolescents on Antipsychotics

The percentage of persons 1–17 years of age who had two or more antipsychotic prescriptions and had metabolic testing. Three rates are reported:

- The percentage of persons on antipsychotics who received blood glucose testing.
- The percentage of persons on antipsychotics who received cholesterol testing.
- The percentage of persons on antipsychotics who received blood glucose and cholesterol testing.

Measure Steward: HEDIS

Line of Business: Commercial, Medicaid

CPT Category II Codes

Table 7: HbA1C Test Result or Finding and Codes

HbA1c Test Result or Finding	Code
Hemoglobin A1c level less than 7.0%	3044F
Hemoglobin A1c level greater than or equal to 7.0% and less than 8.0%	3051F
Hemoglobin A1c level is greater than or equal to 8.0% and less than or equal to 9.0%	3052F
Hemoglobin A1c level greater than 9.0%	3046F

Table 8: LDL_C Test Result or Finding and Codes

LDL-C Test Result or Finding	Code
The most recent LDL-C level is less than 100 mg/dL	3048F
The most recent LDL-C level is 100–129 mg/dL	3049F
The most recent LDL-C level is greater than or equal to 130 mg/dL	3050F

Prenatal and Postpartum Care

The percentage of deliveries of live births on or between October 8 of the year prior to the measurement period and October 7 of the measurement period. For these persons, the measure assesses the following facets of prenatal and postpartum care:

- Timeliness of Prenatal Care. The percentage of deliveries that received a prenatal care visit in the first trimester on or before the enrollment start date or within 42 days of enrollment in the organization.
- Postpartum Care. The percentage of deliveries that had a post-partum visit on or between 7 and 84 days after delivery.

Measure Steward: HEDIS

Line of Business: Commercial, Medicaid

CPT Category II Codes

Table 9: Visit Type and Codes

Visit Type	Code
Prenatal Visits	0500F, 0501F, subsequent: 0502F
Postpartum Care	0503F

Date of first prenatal visit – Submit a claim reflecting the actual date of the first visit for prenatal care. Use CPT Category II code 0500F (Initial prenatal care visit) or 0501F (Prenatal flow sheet documented in medical record by first prenatal visit).

Date of postpartum visit – The postpartum visit should occur 4-6 weeks after delivery. Use CPT II code 0503F (postpartum care visit) and ICD-10 diagnosis code Z39.2 (routine postpartum follow-up).

Prenatal Depression Screening and Follow-Up

The percentage of deliveries in which persons were screened for clinical depression while pregnant and, if screened positive, received follow-up care.

- Depression Screening. The percentage of deliveries in which persons were screened for clinical depression during pregnancy using a standardized instrument.
- Follow-Up on Positive Screen. The percentage of deliveries in which persons received follow-up care within 30 days of a positive depression screen finding.

Measure Steward: HEDIS

Line of Business: Commercial, Medicaid

Healthcare Common Procedure Coding System (HCPCS) Codes

Table 10: Screening and Codes

Screening	Code
Positive screening with Follow-up Plan documented	G8431
Negative screening	G8510
Screening for depression not completed, documented patient or medical reason	G8433
Documentation stating the patient has had a diagnosis of bipolar disorder	G9717

Postpartum Depression Screening and Follow-Up

The percentage of deliveries in which persons were screened for clinical depression during the postpartum period, and if screened positive, received follow-up care.

- Depression Screening. The percentage of deliveries in which persons were screened for clinical depression using a standardized instrument during the postpartum period.
- Follow-Up on Positive Screen. The percentage of deliveries in which persons received follow-up care within 30 days of a positive depression screen finding.

Measure Steward: HEDIS

Line of Business: Commercial, Medicaid

Healthcare Common Procedure Coding System (HCPCS) Codes

Table 11: Screening and Codes

Screening	Code
Positive screening with Follow-up Plan documented	G8431
Negative screening	G8510
Screening for depression not completed, documented patient or medical reason	G8433
Documentation stating the patient has had a diagnosis of bipolar disorder	G9717

Depression Screening and Follow-Up for Adolescents and Adults

The percentage of persons 12 years of age and older who were screened for clinical depression using a standardized instrument and, if screened positive, received follow-up care.

- Depression Screening. The percentage of persons who were screened for clinical depression using a standardized instrument.
- Follow-Up on Positive Screen. The percentage of persons who received follow-up care within 30 days of a positive depression screen finding.

Measure Steward: HEDIS

Line of Business: Commercial, Medicaid, Medicare

Healthcare Common Procedure Coding System (HCPCS) Codes

Table 12: Screening and Codes

Screening	Code
Positive screening with Follow-up Plan documented	G8431
Negative screening	G8510
Screening for depression not completed, documented patient or medical reason	G8433
Documentation stating the patient has had a diagnosis of bipolar disorder	G9717

Disclaimer

The material in this Document is for informational purposes only and is not a substitute for the independent medical judgment of a physician or other health care provider. Physicians and other health care providers are encouraged to use their own medical judgment based upon all available information and the condition of the patient in determining the appropriate course of treatment. The fact that a service or treatment is described in this material is not a guarantee that the service or treatment is a covered benefit, and members should refer to their certificate of coverage for more details, including benefits, limitations and exclusions. Regardless of benefits, the final decision about any service or treatment is between the member and their health care provider.

For questions regarding this Reference Guide, please contact: dhsmedicaidquality@nd.gov.

NDHHS Resources

Browse the Preventive Services and Chronic Disease Management Policy.