



# ND Medicaid Quality Measure Coding Tip Sheet

## HEDIS MEASUREMENT YEAR (MY) 2025

CPT Category II Codes are supplemental tracking codes used for performance measurement and data collection related to quality and performance measurement, including Healthcare Effectiveness Data and Information Set (HEDIS®). The more specific codes identify and close gaps in care more accurately and quickly – this drives HEDIS measures and quality improvement initiatives. Using the proper codes when filing claims may help you streamline your administrative processes and close gaps in care.

CPT II codes may be submitted on claims with other applicable codes. The list of CPT II codes is updated annually according to HEDIS specifications published by NCQA.

### **Billing Guidelines for CPT Category II Codes**

- CPT II codes may be submitted on claims along with other applicable codes.
- These codes **should be billed at \$0.00 or a nominal amount (e.g., \$0.01).**
- Claims with CPT II codes will be **processed at zero 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 payer.



## Controlling High Blood Pressure

### HEDIS Measure

**Line of Business:** Commercial, Medicaid, Medicare

The percentage of members 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 year.

### CPT Category II Codes

#### Systolic Blood Pressure

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

#### Diastolic Blood Pressure

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

### HEDIS Measure

**Line of Business:** Commercial, Medicaid

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.

### CPT Codes

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

### Best Practice/Clinical Recommendations

The American Academy of Pediatrics (AAP) recommends developmental and behavioral screenings for all children during regular well-child visits at 9 months, 18 months, and 30 months.

In addition, the AAP recommends that all children be screened specifically for the autism spectrum disorder (ASD) during regular well-child visits at 18 months and 24 months.

Developmental surveillance should be a component of every preventive care visit. Educate staff to schedule member office visits within guideline time frames.

Standardized developmental screening tools should be used when such surveillance identifies concerns about a child's development.

Examples of standardized screening tools cited in Bright Futures/American Academy of Pediatrics for developmental, behavioral, and social delays that meet the measure criteria include:

- Ages and Stages Questionnaire - 3rd Edition (ASQ-3)
- Parents' Evaluation of Developmental Status (PEDS) - Birth to age 8
- Parent's 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 Neuro-developmental 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 is important to note that standardized tools specifically focused on one domain of development (e.g., child's socio-emotional development [ASQ-SE] or autism [M-CHAT]) are not acceptable screeners related to global developmental screening that identify risk for developmental, behavioral, and social delays.



[Bright Futures Recommendations for Preventive Care](#)



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

**CMS Measure**  
*NCQA-owned and copyrighted measure that is not currently contained in HEDIS®*  
**Line of Business:** Medicaid

Percentage of patients 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).*

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

**HEDIS Measure**  
**Line of Business:** Medicaid

Percentage of patients ages 18 to 64 with schizophrenia, schizoaffective disorder, or bipolar disorder, who were dispensed an antipsychotic medication and had a diabetes screening test during the measurement year.

**Glycemic Status Assessment for Patients with Diabetes**

**HEDIS Measure**  
**Line of Business:** Commercial, Medicaid, Medicare

Percentage of patients ages 18 to 75 with diabetes (type 1 and type 2) whose most recent glycemic status (hemoglobin A1c [HbA1c] or glucose management indicator [GMI]) was at the following levels during the measurement year:

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

**CPT Category II Codes**

**HbA1c Test Result or Finding**

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 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

### HEDIS Measure

**Line of Business:** Commercial, Medicaid

The percentage of children and adolescents 1–17 years of age who had two or more antipsychotic prescriptions and had metabolic testing.

*Three rates are reported:*

**Blood Glucose:** The percentage of children and adolescents on antipsychotics who received blood glucose testing.

**Cholesterol:** The percentage of children and adolescents on antipsychotics who received cholesterol testing.

**Blood Glucose and Cholesterol:** The percentage of children and adolescents on antipsychotics who received blood glucose and cholesterol testing.

### CPT Category II Codes

#### HbA1c Test Result or Finding

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 greater than or equal to 8.0% and less than or equal to 9.0%	3052F
Hemoglobin A1c level greater than 9.0%	3046F

#### LDL-C Test Result or Finding

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

### HEDIS Measure

**Line of Business:** Commercial, Medicaid

The percentage of deliveries of live births on or between October 8 of the year prior to the measurement year and October 7 of the measurement year. For these women, 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 postpartum visit on or between 7 and 84 days after delivery.

### CPT Category II Codes

Prenatal Visits	0500F
	0501F
	0502F (subsequent)
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).



Postpartum Depression Screening and Follow-Up
<b>HEDIS Measure</b> <b>Line of Business:</b> Commercial, Medicaid, Medicare
The percentage of deliveries in which patients were screened for clinical depression during the postpartum period, and if screened positive, received follow-up care. <b>Depression Screening:</b> The percentage of deliveries in which patients were screened for clinical depression using a standardized instrument during the postpartum period. <b>Follow-Up on Positive Screen:</b> The percentage of deliveries in which patients received follow-up care within 30 days of a positive depression screen finding.

Screening for Depression and Follow-Up Plan
<b>HEDIS Measure</b> <b>Line of Business:</b> Commercial, Medicaid, Medicare
Percentage of patients aged 12 years and older screened for depression on the date of the encounter or 14 days prior to the date of the encounter using an age-appropriate standardized depression screening tool AND if positive, a follow-up plan is documented on the date of the eligible encounter.

HCPCS

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 depression or has had a diagnosis of bipolar disorder	G9717