Bulletin/Update
9/14/2026

PROVIDER ACTION: HELP US CAPTURE THE CARE YOU DELIVER

South Country Health Alliance encourages providers to review the **CPT Category II Coding Quick Reference for HEDIS Quality Measures** available under the Training Materials section of South Country's Provider Training Resources page and incorporate applicable CPT Category II codes into routine claim submission workflows. These no-charge reporting codes help ensure the care you provide is accurately reflected in HEDIS, Star Ratings, and other quality measurement programs.

What's Included in the Guide

The reference guide provides commonly used CPT Category II codes for HEDIS-related measures, including:

- Blood Pressure Control
- Glycemic Status Assessment (HbA1c)
- Diabetic Eye Exams
- Medication Reconciliation Post-Discharge
- Medication Review
- Functional Status Assessment
- Prenatal and Postpartum Care
- Advance Care Planning

The guide also includes provider tips and coding reminders to support accurate quality reporting.

What you can do today:

- Share the guide with providers, coders, billers, and clinical documentation staff.
- When applicable, add CPT Category II codes as **no-charge line items** when submitting claims. These codes are used for reporting purposes and are not separately reimbursed, but they can significantly improve the completeness of quality data capture
- Incorporate applicable CPT Category II codes into EHR templates, charge tickets, and claim submission processes.

- Begin or continue reporting key clinical outcomes, such as blood pressure readings, A1c results, diabetic eye exam results, medication reconciliation, functional assessments, and advance care planning activities using CPT II codes whenever appropriate.
- Use this opportunity to strengthen your organization's readiness for the industry's continued transition to **digital HEDIS and electronic clinical data reporting**.

Every CPT II code submitted helps reduce manual chart abstraction, improves data accuracy, and ensures members receive credit for the care and services they have already received. Together, we can reduce administrative burden while improving quality measurement and member outcomes.

South Country Provider Contact Center

1-888-633-4055

Hours: 8 a.m. - 4:30 p.m.

The Provider Contact Center staff are available as your first point of contact to assist with the following.

Member benefit coverage
Authorization verification
Website questions
Provider web portal issues
Claim rejection guidance
General information
Claims billing and processing guidelines
Remittance adjustment code details and payment information

South Country wants to ensure providers are reimbursed for services provided to our members and following all billing guidelines. Our staff are committed to support and guide you in understanding all South Country processes and procedures. In addition, callers that utilize our Provider Contact Center are provided a reference number that identifies your call in our system. Please keep the reference number in your records to refer to if you have any additional questions or need to check the status of an open issue. The reference number will help the representative locate your issue quickly.