

# CPT<sup>®</sup> Category II Codes



**What CPT-II codes are:** CPT-II codes are reporting codes that relay important information to the health plan. This information can close quality care gaps related to specific health outcome measures.

**Why CPT-II codes are important:** CPT-II codes should be submitted in conjunction with CPT or other codes used for billing and will decrease the need for record abstraction and chart reviews, thus minimizing your administrative burden.

**How to bill CPT-II codes:** CPT-II codes are billed in the procedure code field, just as CPT-I codes are billed. CPT-II codes describe clinical components usually included in evaluation and management or clinical services. They are not associated with any relative value.

## How can CPT-II codes be used to close quality gaps in care on specific HEDIS<sup>®</sup> measures?

CPT-II codes can relay important information related to health outcome measures, such as:

- ACE/ARB therapy
- Controlling blood pressure
- Comprehensive diabetes care
- Care of older adults
- Medication reconciliation
- Prenatal and postpartum care

The following table lists the HEDIS quality measure, indicator description and CPT-II codes recognized in the HEDIS specifications for the current 2020 Provider Quality Reports.

| Quality Measure   | Indicator Description        | CPT-II Code(s)                                  |
|---|------------------------------|---|
| Angiotensin Converting Enzyme (ACE) Inhibitor or Angiotensin Receptor Blocker (ARB) therapy | ACE/ARB Therapy              | 4010F   |
| Controlling High Blood Pressure   | Blood Pressure Readings      | 3074F, 3075F, 3077F, 3078F, 3079F, 3080F        |
| Comprehensive Diabetes Care   | A1C Results                  | 3044F, 3046F, 3051F, 3052F                      |
|   | Eye Exam                     | 2022F, 2023F, 2024F, 2025F, 2026F, 2033F, 3072F |
|   | Nephropathy Screening        | 3060F, 3061F, 3062F, 3066F, 4010F               |
| Care of Older Adults  | Advanced Care Planning       | 1123F, 1124F, 1157F, 1158F                      |
|   | Functional Status Assessment | 1170F   |
|   | Medication Review            | 1111F, 1159F, 1160F                             |
|   | Pain Screening               | 1125F, 1126F                                    |
| Medication Reconciliation after Discharge   | Medication Reconciliation    | 1111F   |
| Prenatal and Postpartum Care  | Prenatal Visit               | 0500F, 0501F, 0502F                             |
|   | Postpartum Visit             | 0503F   |

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**0500F** Initial prenatal care visit. Report at first prenatal encounter with healthcare professional providing obstetrical care. Also report date of visit and, in a separate field, date of last menstrual period.

**0501F** Prenatal flow sheet documented in medical record by first prenatal visit. Documentation includes, at minimum: blood pressure, weight, urine protein, uterine size, fetal heart tones and estimated date of delivery. Report date of visit and, in a separate field, date of last menstrual period. **Note:** If reporting **0501F** prenatal flow sheet, it is not necessary to report **0500F** initial prenatal care visit.

**0502F** Subsequent prenatal care visit. **Excludes:** Patients who are seen for a condition unrelated to pregnancy or prenatal care, such as an upper respiratory infection; and patients seen for consultation only, not continuing care.

**0503F** Postpartum care visit.

**1111F** Discharge medications reconciled with the current medication list in outpatient medical record.

**1123F** Advance care planning. Discussed and documented advance care plan or surrogate decision maker in medical record.

**1124F** Advance care planning. Discussed and documented in medical record. Patient did not wish or was not able to name a surrogate decision maker or provide an advance care plan.

**1125F** Pain severity quantified; pain present.

**1126F** Pain severity quantified; no pain present.

**1157F** Advance care plan or similar legal document present in medical record.

**1158F** Advance care planning discussion documented in medical record.

**1159F** Medication list documented in medical record.

**1160F** Review of all medications by a prescribing practitioner or clinical pharmacist documented in medical record. **Includes:** Prescriptions, OTCs, herbal therapies and supplements.

**1170F** Functional status assessed.

**2022F** Dilated retinal eye exam with interpretation by an ophthalmologist or optometrist documented and reviewed; with evidence of retinopathy.

**2023F** Dilated retinal eye exam with interpretation by an ophthalmologist or optometrist documented and reviewed; without evidence of retinopathy.

**2024F** Seven standard field stereoscopic photos with interpretation by an ophthalmologist or optometrist documented and reviewed; with evidence of retinopathy.

**2025F** Seven standard field stereoscopic retinal photos with interpretation by an ophthalmologist or optometrist documented and reviewed; without evidence of retinopathy.

**2026F** Eye imaging validated to match diagnosis from seven standard field stereoscopic photos with evidence of retinopathy.

**2033F** Eye imaging validated to match diagnosis from seven standard field stereoscopic retinal photos without evidence of retinopathy.

**3044F** Most recent hemoglobin A1C (HbA1c) level <7.0%.

**3046F** Most recent hemoglobin A1C level >9.0%.

**3048F** Most recent LDL-C <100 mg/dL.

**3049F** Most recent LDL-C 100–129 mg/dL.

**3050F** Most recent LDL-C ≥130 mg/dL.

**3051F** Most recent hemoglobin A1c (HbA1c) level ≥7.0% and <8.0%.

**3052F** Most recent hemoglobin A1c (HbA1c) level ≥8.0% and ≤9.0%.

**3060F** Positive microalbuminuria test result documented and reviewed.

**3061F** Negative microalbuminuria test result documented and reviewed.

**3062F** Positive macroalbuminuria test result documented and reviewed.

**3066F** Documentation of treatment for nephropathy (patient receiving dialysis; patient being treated for ESRD, CRF, ARF or renal insufficiency; any visit to a nephrologist).

**3072F** Low risk for retinopathy (no evidence of retinopathy in the prior year).

**3074F** Most recent systolic blood pressure <130 mm Hg.

**3075F** Most recent systolic blood pressure 130–139 mm Hg.

**3077F** Most recent systolic blood pressure ≥140 mm Hg.

**3078F** Most recent diastolic blood pressure <80 mm Hg.

**3079F** Most recent diastolic blood pressure 80–89 mm Hg.

**3080F** Most recent diastolic blood pressure ≥90 mm Hg.

**4010F** Angiotensin converting enzyme (ACE) inhibitor or angiotensin receptor blocker (ARB) therapy prescribed or currently being taken.