

CPT[®] CATEGORY II CODES



What are they? CPT Category 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 are they Important? CPT Category 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, minimizing your administrative burden.

How to bill CPT Category II codes: CPT Category II codes are billed in the procedure code field, just as CPT Category I codes are billed. CPT Category II codes describe clinical components usually included in evaluation and management or clinical services and are not associated with any relative value. Therefore, CPT Category II codes are billed with a \$0.00 or \$0.01 billable charge amount.

How can CPT Category II codes be used to close quality gaps in care on specific HEDIS measures?

CPT Category 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 the CPT Category II codes recognized in the HEDIS specifications for the current 2020 Provider Quality Reports.

Quality Measure	Indicator Description	CPT Category II codes
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, 3045F, 3046F,
	Eye Exam	2022F, 2024F, 2026F, 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

CPT[®] Category II Code Description Guide

- 0500F** Initial prenatal care visit (report at first prenatal encounter with health care professional providing obstetrical care. Also report date of visit and, in a separate field, the date of the 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). Also report date of visit and, in a separate field, the date of the last menstrual period [LMP]. (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 (eg, an upper respiratory infection; patients seen for consultation only, not for 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 documented in the medical record.
- 1124F** Advance Care Planning discussed and documented in the 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 the medical record.
- 1158F** Advance care planning discussion documented in the medical record.
- 1159F** Medication list documented in medical record.
- 1160F** Review of all medications by a prescribing practitioner or clinical pharmacist (such as, prescriptions, OTCs, herbal therapies and supplements) documented in the medical record.
- 1170F** Functional status assessed.
- 2022F** Dilated retinal eye exam with interpretation by an ophthalmologist or optometrist documented and reviewed.
- 2024F** 7 standard field stereoscopic photos with interpretation by an ophthalmologist or optometrist documented and reviewed.
- 2026F** Eye imaging validated to match diagnosis from 7 standard field stereoscopic photos results documented and reviewed.
- 3044F** Most recent hemoglobin A1C (HbA1c) level less than 7.0%.
- 3045F** Most recent hemoglobin A1C (HbA1c) level 7.0-9.0%.
- 3046F** Most recent hemoglobin A1C level greater than 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 (eg, 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 less than 130 mm Hg.
- 3075F** Most recent systolic blood pressure 130-139 mm Hg.
- 3077F** Most recent systolic blood pressure greater than or equal to 140 mm Hg.
- 3078F** Most recent diastolic blood pressure less than 80 mm Hg.
- 3079F** Most recent diastolic blood pressure 80-89 mm Hg.