CPT® Category II Codes

ambetter. FROM arkansas health & wellness

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® 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

CPT® Category II Codes

ambetter. FROM arkansas health & wellness

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.