

CODING TIP SHEET: CPT CATEGORY II CODES FOR QUALITY MEASURE REPORTING

The Current Procedural Terminology (CPT) Category II codes are used by health care professionals to report services pertaining to performance measures on claims. CPT II codes help improve the reporting of performance measures and may make providers eligible for incentive payments through programs such as the Merit-Based Incentive Payment System (MIPS).

Current Procedural Terminology (CPT) Codes

CPT is a coding system developed by the American Medical Association (AMA) to report medical, surgical and diagnostic services performed in the outpatient setting. The AMA has classified CPT codes in three categories:

- ▶ CPT I: Used for billing medical, surgical and diagnostic services.
- ▶ CPT II: Optional and supplemental codes used for tracking services on claims for performance measures.
- ▶ CPT III: Temporary codes for emerging technologies.

CPT II Codes

CPT II codes are optional, supplemental codes that are not required for billing and reimbursement but are used to facilitate reporting services tracked in performance measures. [Click here](#) for more information on CPT II codes on the AMA's website.

List of CPT II Codes

CPT II Categories	Code Range
Composite Measures	0001F – 0015F
Patient Management	0500F – 0584F
Patient History	1000F – 1505F
Physical Examination	2000F – 2060F
Diagnostic/Screening Processes or Results	3006F – 3776F
Therapeutic, Preventive or Other Interventions	4000F – 4563F
Follow-up or Other Outcomes	5005F – 5250F
Patient Safety	6005F – 6150F
Structural Measures	7010F – 7025F

Reporting CPT II Codes on Claims

Practitioners must continue to use applicable code sets on claims for billing and reimbursement of outpatient services (e.g., CPT I and III, HCPCS, ICD-10-CM) but should also include any applicable CPT II codes to report services pertaining to performance measures.

Using CPT II on claims:

- ▶ Improves reporting for services tracked on performance measures, such as the Healthcare Effectiveness Data Information Set (HEDIS®) or MIPS.
- ▶ Facilitates data collection for performance measures.
- ▶ Reduces the administrative burden of medical record retrieval and abstraction associated with reporting performance measures.

CPT II Codes Applicable to Measures Reported by Gold Coast Health Plan (GCHP)

HEDIS® Measure	CPT II Codes
<i>Comprehensive Diabetes Care</i>	
Diabetic Retinal Screening – Negative	3072F
Diabetic Retinal Screening	2022F, 2024F, 2026F
Systolic ≥ 140	3077F
Systolic < 140	3074F, 3075F
Diastolic < 80	3078F
Diastolic 80-90	3079F
Diastolic ≥ 90	3080F
HbA1c < 7.0	3044F
HbA1c 7.0 – 9.0	3045F
HbA1c > 9.0	3046F
Nephropathy Treatment	3066F, 4010F
Urine Protein Test	3060F, 3061F, 3062F
<i>Prenatal and Postpartum Care</i>	
Stand Alone Prenatal Visit	0500F, 0501F, 0502F
Postpartum Visit	0503F

For more information on the HEDIS® measures GCHP reports, [click here](#).

If you have any questions, please contact the Quality Improvement Department at 1-805-437-5592 or hedis@goldchp.org.