

2019 HEDIS® 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 HEDIS® Measures Reported by Gold Coast Health Plan (GCHP)

HEDIS® Measure		CPT II Codes
<i>Comprehensive Diabetes Care</i>		
Diabetic Retinal Eye Exam	Retinal eye exam: Dilated retinal eye exam with interpretation by an ophthalmologist or optometrist documented and reviewed.	2022F
	Retinal eye exam: Seven standard field stereoscopic photos with interpretation by an ophthalmologist or optometrist documented and reviewed.	2024F
	Retinal eye exam: Eye imaging validated to match diagnosis from seven standard field stereoscopic photos results documented and reviewed.	2026F
	Diabetic Retinal Screening - Negative	3072F
HbA1c	HbA1c Test	3044F, 3045F, 3046F
	HbA1c < 7.0	3044F
	HbA1c 7.0 – 9.0	3045F
	HbA1c > 9.0	3046F
Attention to Nephropathy	Positive microalbuminuria test result documented and reviewed.	3060F
	Negative microalbuminuria test result documented and reviewed.	3061F
	Positive macroalbuminuria test result documented and reviewed.	3062F
	Documentation of treatment for nephropathy (e.g. patient receiving dialysis, treated for ESRD, CRF, ARF, renal insufficiency, or a visit with a nephrologist).	3066F
	ACE inhibitor / ARB therapy prescribed or currently being taken.	4010F
Blood Pressure Monitoring	Systolic < 130 mm Hg	3074F
	Systolic 130-139 mm Hg	3075F
	Systolic ≥ 140 mm Hg	3077F
	Diastolic < 80 mm Hg	3078F
	Diastolic 80-90 mm Hg	3079F
	Diastolic > 90 mm Hg	3080F
<i>Controlling Blood Pressure</i>		
Blood Pressure Monitoring	Systolic < 130 mm Hg	3074F
	Systolic 130-139 mm Hg	3075F
	Systolic ≥ 140 mm Hg	3077F
	Diastolic < 80 mm Hg	3078F
	Diastolic 80-90 mm Hg	3079F
	Diastolic > 90 mm Hg	3080F
<i>Prenatal and Postpartum Care</i>		
Prenatal Care	Initial prenatal care visit: Report of first prenatal encounter with health care professional providing obstetrical care. Report date of visit and LMP.	0500F
	Prenatal flowsheet documented in medical record by first prenatal visit (documentation includes a minimum of blood pressure, weight, urine protein, uterine size, fetal heart tones, and estimated date of delivery). Report date of visit and LMP.	0501F
	Subsequent prenatal care visit.	0502F
Postpartum Care	Postpartum care visit.	0503F



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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.