Importance of Using CPT II Codes

We are working to reduce the burden of quality measures on our providers. Using accurate CPT Category II codes enables efficient closure of patient care gaps, reducing data collection for performance measurement. Use of CPT II codes provides you the autonomy to submit claims confirming that you are giving the best of quality care to your patients. It's a win-win situation!

What Are CPT Category II Codes?	CPT Category II codes are tracking codes used to close patient care gaps through the claims process to optimize performance and illustrate the quality measures you consider most meaningful. Let us know if this process helps you and please share any other ideas you have to improve data collection.
Why Bill CPT Category II Codes?	Billing CPT Category II codes reduces the burden of chart review for a selected group of HEDIS® performance measures.
How to Bill CPT Category II Codes?	CPT Category II codes are billed in the procedure code field the same as CPT I codes. CPT II codes describe clinical components, usually evaluation, results, management or clinical services. CPT II codes are billed with a $0 billable charge amount.

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The following table identifies the HEDIS quality measure, indicator description and the CPT II codes found in the HEDIS Technical Specifications. HEDIS Measure

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HEDIS Measure	Indicator Description	CPT Category II codes
Comprehensive Diabetes Care (CDC)	HBA1c	**3044F** Most recent hemoglobin A1c (HbA1c) <7%
		3045F Most recent hemoglobin A1c (HbA1c) 7% – 9%
		3046F Most recent hemoglobin A1c (HbA1c) >9%
	Eye Exam	**2022F** Dilated retinal eye exam with interpretation by an ophthalmologist or optometrist documented and reviewed
		2024F Seven (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
		3072F Low risk for retinopathy (no evidence of retinopathy in the prior year)
	Nephropathy Screening	**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 (e.g., patient receiving dialysis, patient being treated for ESRD, CRF, ARF or renal insufficiency, any visit to a nephrologist)
		4010F Angiotensin Converting Enzyme (ACE) Inhibitor or Angiotensin Receptor Blocker (ARB) therapy prescribed or currently being taken
Controlling High Blood Pressure (CBP)	Blood Pressure Reading	**3074F** Most recent Systolic <130mm Hg
		3075F Most recent Systolic 130–139mm Hg
		3077F Most recent Systolic ≥140mm Hg
		3078F Most recent Diastolic <80mm Hg
		3079F Most recent Diastolic 80–89mm Hg
		3080F Most recent Diastolic ≥90mm Hg
Prenatal and Postpartum Care (PPC)	Type of Office Visit	**0500F** Initial prenatal care visit
		0501F Prenatal flow sheet documented in medical record by first prenatal visit
		0502F Subsequent prenatal care visit* This code will not be a code that is reimbursed by the one cent per code initiative.
		0503F Postpartum care visit

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