CATEGORY PROCEDURAL TERMINOLOGY (CPT) CATEGORY II CODES

What is a CPT II Code?
CPT II codes are a set of alphanumeric medical codes used to track performance measures and quality indicators. A CPT II code typically consists of four digits, followed by the letter "F". The four digits denote the specific performance measure or clinical concept. The "F" indicates it's a tracking code.

Why use CPT II codes?
The codes provide a standardized way to measure and report health care quality. These codes help in tracking specific aspects of patient care, facilitating quality improvement initiatives.

Using CPT II codes will help to:

- **Improve health outcomes** with a more comprehensive view of a member's health status.
- More accurate information helps to identify opportunities to improve patient care. Improved patient care can help **improve HEDIS measurement scores** for your provider practice.
- **Reduce medical record requests.** Adding CPT II codes improves the accuracy of the record, reducing the need for chart review.

MEASURE		CPT II CODE	DEFINITION
APM: Metabolic Monitoring for Children and Adolescents on Antipsychotics	HbA1c Test Result or Finding	**3044F**	Most recent hemoglobin A1c (HbA1c) level less than 7.0% diabetes mellitus (DM)
		3046F	Most recent HbA1c level greater than 9.0% diabetes (DM)
		3051F	Most recent HbA1c level greater than or equal to 7.0% and less than 8.0%
		3052F	Most recent HbA1c level greater than or equal to 8.0% and less than or equal to 9.0%
	LDL-C Test Result or Finding	**3048F**	Most recent LDL-C less than 100 mg/dL
		3049F	Most recent LDL-C 100-129 mg/dL
		3050F	Most recent LDL-C greater than or equal to 130 mg/dL
COA: Care of Older Adults	Functional Status Assessment	**1170F**	Functional status assessed
	Medication Review	**1159F**	Medication list documented in the medical record
		1160F	Review of medications by prescribing practitioner or clinical pharmacist documented in the medical record
	Pain Screening	**1125F**	Pain severity quantified; pain present
		1126F	Pain severity quantified; no pain present

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CBP: Controlling High Blood Pressure	Blood Pressure	**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 pressure less than 80 mm Hg
		3079F	Most recent diastolic pressure 80 – 89 mm Hg
		3080F	Most recent diastolic pressure greater than or equal to 90 mm Hg
GSD: Glycemic Status Assessment for Patients with Diabetes	HbA1c	**3044F**	Most recent HbA1c level < 7.0%
		3046F	Most recent HbA1c level > 9.0%
		3051F	Most recent hemoglobin A1c (HbA1c) level greater than or equal to 7.0% and less than 8.0%
		3052F	Most recent hemoglobin A1c (HbA1c) level greater than or equal to 8.0% and less than or equal to 9.0%
BPD: Blood Pressure Control for Patients with Diabetes	Blood Pressure	**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 pressure less than 80 mm Hg
		3079F	Most recent diastolic pressure 80 – 89 mm Hg
		3080F	Most recent diastolic pressure greater than or equal to 90 mm Hg

MEASURE		CPT II CODE	DEFINITION
EED: Eye Exam for Patients with Diabetes	Eye Exam by Eye Care Professional	**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 retinal 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 retinal photos results documented and reviewed; with evidence of retinopathy
		2033F	Eye imaging validated to match diagnosis from seven standard field stereoscopic retinal photos results documented and reviewed; without evidence of retinopathy
		3072F	Low risk for retinopathy (no evidence of retinopathy in the prior year)
SMD: Diabetes Monitoring for People with Diabetes and Schizophrenia	HbA1c	**3044F**	Most recent hemoglobin A1c level less than 7.0%
		3046F	Most recent hemoglobin A1c level greater than 9.0%
		3051F	Most recent hemoglobin A1c (HbA1c) level greater than or equal to 7.0% and less than 8.0%
		3052F	Most recent hemoglobin A1c (HbA1c) level greater than or equal to 8.0% and less than or equal to 9.0%
	LDL	**3048F**	Most recent LDL-C test level of less than 100 mg/dL
		3049F	Most recent LDL-C 100-129 mg/dL
		3050F	Represents the most recent LDL-C level of greater than or equal to 130 mg/dL
SMC: Cardiovascular Monitoring for People with Cardiovascular Disease and Schizophrenia	LDL	**3048F**	Most recent LDL-C test level of less than 100 mg/dL
		3049F	Most recent LDL-C 100-129 mg/dL
		3050F	Represents the most recent LDL-C level of greater than or equal to 130 mg/dL

MEASURE		CPT II CODE	DEFINITION
TRC: Transitions of Care	Medication Reconciliation Intervention	**1111F**	Discharge medications are reconciled with the current medication list in outpatient medical record
PPC: Prenatal and Postpartum Care	Stand-Alone Prenatal Visit	**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 (LMP). (Prenatal)
		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 also: date of visit and, in a separate field, the date of the LMP. (Note: If reporting 0501F Prenatal flow sheet, it is not necessary to report 0500F Initial prenatal care visit). (Prenatal)
		0502F	Subsequent prenatal care visit (Prenatal). [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).]
	Postpartum Visit	**0503F**	Postpartum care visit (Prenatal)

For a full list of CPT II Codes, visit the American Medical Association website and select CPT.

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