

# CPT® Category II codes

## Achieve better outcomes for your patients and your practice

CPT® Category II codes make it easier for you to share data efficiently. When you add them for certain preventive care services and test results, we can get a more complete picture of our plan members' health and it helps you efficiently report the quality care tied to HEDIS® quality measures.

### Using CPT Category II codes may also offer these benefits:

#### 1. Fewer medical record requests

When you add CPT Category II codes, we won't have to request charts from your office to confirm care you've already completed.

#### 2. Enhanced performance

With better information, we can work with you to help identify opportunities to improve patient care. This may lead to better performance on HEDIS measures for your practice.

#### 3. Improved health outcomes

With more precise data, we can refer plan members to our programs that may be appropriate for their health situation to help support your plan of care.

#### 4. Less mail for members

With more complete information, we can avoid sending reminders to patients to get screenings they may have already completed.

### List of CPT Category II codes to report

The following chart shows which measures are tracked and which codes to use for each measure. For a complete list of CPT Category II codes, please go to the American Medical Association website at [ama-assn.org](http://ama-assn.org) > Practice Management > CPT® (Current Procedural Terminology) > CPT Overview > Finding Coding Resources.

Measure	Code descriptor	CPT Category II code
<b>Care for Older Adults (COA) – Medication Review</b>	Medication list documented in medical record	1159F
	Review of all medications by a prescribing practitioner or clinical pharmacist (e.g., prescriptions, OTCs, herbal therapies and supplements) documented in the medical record	1160F
<b>Care for Older Adults (COA) – Functional Assessment</b>	Functional status assessed	1170F

Measure	Code descriptor	CPT Category II code
<b>Eye Exam for Patients with Diabetes (EED)</b>	Dilated retinal eye exam with interpretation by an ophthalmologist or optometrist documented and reviewed; with evidence of retinopathy	2022F
	Dilated retinal eye exam with interpretation by an ophthalmologist or optometrist documented and reviewed; without evidence of retinopathy	2023F
	7 standard field stereoscopic retinal photos with interpretation by an ophthalmologist or optometrist documented and reviewed; with evidence of retinopathy	2024F
	7 standard field stereoscopic retinal photos with interpretation by an ophthalmologist or optometrist documented and reviewed; without evidence of retinopathy	2025F
	Eye imaging validated to match diagnosis from 7 standard field stereoscopic retinal photos results documented and reviewed; with evidence of retinopathy	2026F
	Eye imaging validated to match diagnosis from 7 standard field stereoscopic retinal photos results documented and reviewed; without evidence of retinopathy	2033F
	Diabetic eye exam without evidence of retinopathy in prior year	3072F
<b>Glycemic Status Assessment for Patients with Diabetes (GSD) – formerly HBD</b>	HbA1c level less than 7.0%	3044F
	HbA1c level greater than 9.0%	3046F
	HbA1c level greater than/equal to 7.0% and less than 8.0%	3051F
	HbA1c level greater than/equal to 8.0% and less than/equal to 9.0%	3052F
<b>Controlling High Blood Pressure (CBP)</b>	Systolic less than 130 mm Hg	3074F
	Systolic between 130 to 139 mm Hg	3075F
	Systolic greater than/equal to 140 mm Hg	3077F
	Diastolic less than 80 mm Hg	3078F
	Diastolic between 80 to 89 mm Hg	3079F
Diastolic greater than/equal to 90 mm Hg	3080F	
<b>Transitions of Care (TRC) (Medication Reconciliation Post-Discharge)</b>	Discharge medications reconciled with current medications in outpatient record	1111F

## Reporting reminders by measure

- **COA Medication Review:** Document both medication list and medication review and report both CPT II codes. Medication review must be completed by a prescribing care provider or clinical pharmacist.
- **EED:** Any provider can report the appropriate CPT II code for the eye exam results. It does not have to be reported by only the ophthalmologist or optometrist. Report with the date of the test, not the date of the office visit when the test was reviewed. Note the exception for 3072F: report with the date of the current year office visit.
- **GSD:** Report the appropriate CPT II code for the A1c result value with the date of test, not the date of the office visit when the test was reviewed
- **CBP:** Report 2 CPT II codes: one for the lowest systolic value and the one for the lowest diastolic value measured during the encounter
- **TRC:** Report the medication reconciliation post-discharge when performed either via a telephone call or during the Transitional Care Management office visit

CPT Category II codes can be reported alone on a claim with \$0.00 value (or \$0.01 value if your system requires it in order for the codes to populate on a claim).