

CPT Category II Codes Can Help Close Care Gaps

Using the proper Current Procedural Terminology (CPT®) Category II codes when filing claims can help streamline your administrative processes and ensure gaps in care are closed.

Why it matters: CPT II codes are tracked for certain performance measures, including Healthcare Effectiveness Data and Information Set (HEDIS®) measures from the <u>National Committee for Quality Assurance (NCQA)</u> . We use these measures to monitor and improve the quality of care our members receive.

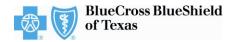
How CPT II Codes Can Help: CPT II codes are more specific than CPT I codes. When submitted for services performed during office, lab or facility visits, CPT II codes can help:

- Provide more accurate medical data and decrease requests for members' records for review
- Identify and close gaps in care more accurately and quickly; this drives HEDIS measures and quality improvement initiatives
- Track member screenings to help you monitor care and avoid sending unnecessary reminders

How to Submit CPT II Codes: CPT II codes may be submitted on claims with other applicable codes. The list of CPT II codes is updated annually according to HEDIS specifications published by NCQA. See our <u>Claims and Eligibility</u> webpage for claims filing tips.

Here are examples of 2021 measurement year HEDIS measures and applicable codes.

CPT II Coding Quick Reference		
Description	Applicable Codes	
Members ages 18-85 with a diagnosis of hypertension (HTN) and BP adequately controlled at 139/89 mmHg or less during the measurement year • A diagnosis of Essential Hypertension should be documented in the medical record. • Last blood pressure reading in 2021	Hypertension Diagnosis ICD-10-CM: I10, I11.9, I12.9, I13.10 (Essential Hypertension) CPT II: 3074F (systolic <130 mmHg) 3075F (systolic =130-139 mmHg) 3077F (systolic >140 mmHg) 3078F (diastolic <80 mmHg) 3079F (diastolic =80-89 mmHg) 3080F (diastolic > 90 mmHg) Remote BP Monitoring CPT: 93784, 93788, 93790, 99091	
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CPT Category II Codes Can Help Close Care Gaps, cont.

CPT II Coding Quick Reference		
HEDIS Measure	Description	Applicable Codes
Comprehensive Diabetes Care (CDC)	Members ages 18-75 diagnosed with diabetes who have documentation in their medical record indicating the date and result of a Hemoglobin A1c test in the measurement year • Last A1c result in 2021	HbA1c level less than 7.0 ICD-10-CM: E10.10-E13.9, O24.011-O24.33, O24.811-O24.83 CPT II: 3044F HbA1c level Between 7.0-7.9 ICD-10-CM: E10.9, E10.10-E13.9, O24.011-O24.33, O24.811-O24.83 CPT II: 3051F
Prenatal and Postpartum Care (PPC) F	Pregnant members who delivered live births on or between Oct. 8 of the year prior to the measurement year and Oct. 7 of the measurement year and received a prenatal care visit in the first trimester, on or before the enrollment start date or within 42 days of enrollment in the health plan.	Prenatal Visits ICD-10-CM: Use appropriate code from "O" family; Z03.71-Z03.75, Z03.79, Z34.00-Z34.03, Z34.80-Z34.83, Z34.90-Z34.93, Z36 CPT II: 0500F, 0501F, 0502F

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