

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 [National Committee for Quality Assurance \(NCQA\)](#). We use these measures to monitor and improve the quality of care our members receive.

How CPT II Codes Can Help Your Office: Using CPT II codes ease the administrative burden to your office by decreasing the number of medical records you need to provide for HEDIS chart review. The use of CPT II codes throughout a practice can aid in effective monitoring of quality and care delivery within a physician practice.

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 [Claims and Eligibility](#) webpage for claims filing tips. The use of CPT II is optional. The codes are not required for correct coding and may not be used as a substitute for Category I codes.

Here are examples of HEDIS measures and applicable codes.

CPT II Coding Quick Reference		
HEDIS Measure	Description	Applicable Codes
Controlling High Blood Pressure (CBP)	<p>Members ages 18-85 with a diagnosis of hypertension (HTN) and BP adequately controlled at 139/89 mmHg or less during the measurement year</p> <ul style="list-style-type: none"> A diagnosis of Essential Hypertension should be documented in the medical record. Last blood pressure reading in the measurement year 	<p>Hypertension Diagnosis</p> <p>ICD-10-CM: I10, I11.9, I12.9, I13.10 (Essential Hypertension)</p> <p>CPT II:</p> <p>3074F (systolic <130 mmHg) 3075F (systolic =130-139 mmHg) 3077F (systolic >140 mm Hg) 3078F (diastolic <80 mmHg) 3079F (diastolic =80-89 mmHg) 3080F (diastolic > 90 mmHg)</p> <p>Remote BP Monitoring</p> <p>CPT: 93784, 93788, 93790, 99091</p>

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 <ul style="list-style-type: none"> Last A1c result in the measurement year 	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)	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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