

## 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.

CPT Category II codes are tracked for **certain performance measures**. These measures are used to monitor and improve the quality of care our members receive. CPT Category II codes are more specific than CPT Category I codes and can help:

- Provide more accurate medical data
- Identify and close gaps in care more accurately and quickly
- Track member screenings to help you monitor care and avoid sending unnecessary reminders

**How CPT Category II Codes Can Help Your Office:** Using CPT Category II codes ease the administrative burden to your office by decreasing the number of medical records you need to provide for Healthcare Effectiveness Data and Information Set (HEDIS®) chart review. The use of CPT Category II codes throughout a practice can aid in effective monitoring of quality and care delivery within a physician practice. With more complete information we can avoid sending reminders to patients to get screenings they may have already completed. CPT Category II codes are not a replacement for CPT Category I codes. Usage of CPT Category I codes should be maintained for tracking and billing of medical procedures or services provided and maybe supplemented with CPT Category II Codes to measure quality performance, when applicable.

**How to Submit CPT Category II Codes:** CPT Category II codes may be submitted on claims with other applicable codes. The list of CPT Category II codes is updated annually according to HEDIS specifications published by National Committee for Quality Assurance. The use of CPT Category II codes is optional. The codes are not required for correct coding and may not be used as a substitute for CPT Category I codes. See our [Claims Filing Tips](#) for additional information.

## Retinal Eye Exams and CPT Category II Coding

We appreciate the care and services you provide to our BCBSTX members. Many primary care providers (PCPs) refer diabetic patients to eye care specialists for annual eye examinations. PCPs need to know details about the care their patients receive and to receive communications from their patients' eye care specialists. We want to encourage eye care specialists to share results routinely and promptly with PCPs. There is a specific CPT Category II code that indicates the documented communication of the eye exam findings to the PCP managing the diabetes care. Use of this code also demonstrates continuity and coordination of care between care providers.

To help identify those members who are compliant with their diabetic retinal evaluations, remember to file the appropriate codes with claims. Submit the appropriate codes indicating the eye(s) involved and ensure codes meet the highest level of specificity, as unspecified codes are often denied.

- **CPT Category II code descriptions** that allow quality performance measurement for diabetic retinopathy screening
  - Diabetic Retinopathy: Communication with the Physician Managing Ongoing Diabetes Care
  - Diabetic Eye Exam without Evidence of Retinopathy in Prior Year
  - Diabetic Eye Exam without Evidence of Retinopathy
- **Additional Examples of CPT Category II Codes** that allow quality performance measurement:
  - **Controlling High Blood Pressure** may be measured using CPT Category II Codes defined by the following blood pressures values:
    - Systolic <130 mmHg
    - Systolic =130-139 mmHg
    - Systolic >140 mm Hg
    - Diastolic <80 mmHg
    - Diastolic =80-89 mmHg
    - Diastolic > 90 mmHg
  - **Glycemic Status Assessment** for Patients with Diabetes may be measured using CPT Category II Codes defined by the following A1c values:
    - HbA1c level less than 7.0
    - HbA1c level Between 7.0-7.9
  - **Prenatal and Postpartum Care** may be measured using the CPT Category II Codes defined by:
    - Prenatal Visits, initial or subsequent, and may include additional pregnancy related details

CPT copyright 2023 American Medical Association (AMA). All rights reserved. CPT is a registered trademark of the AMA. HEDIS® is a registered trademark of NCOA.

The material presented here is for informational/educational purposes only, is not intended to be medical advice or a definitive source for coding claims and is not a substitute for the independent medical judgment of a physician or other health care provider. Health care providers are encouraged to exercise their own independent medical judgment based upon their evaluation of their patients' conditions and all available information, and to submit claims using the most appropriate code(s) based upon the medical record documentation and coding guidelines and reference materials. References to other third-party sources or organizations are not a representation, warranty, or endorsement of such organization. Any questions regarding those organizations should be addressed to them directly. The fact that a service or treatment is described in this material is not a guarantee that the service or treatment is a covered benefit and members should refer to their certificate of coverage for more details, including benefits, limitations, and exclusions. Regardless of benefits, the final decision about any service or treatment is between the member and their health care provider.