



CPT® II Codes and HEDIS®

Closing Gaps in Care

CPT II Codes

Current Procedural Terminology Category II (CPT II) codes are additional codes that can be used to track performance from tests or procedures by giving measurable data for evaluating quality of care.

CPT II Codes are not replacements for CPT codes, they will need to be continued to be included for the services provided.

Providers will still need to include the appropriate codes for the services provided during the visit.

Billing

CPT II codes are billed in the procedure code field, just as CPT I codes are reported.

CPT II codes do not have a fee schedule associated to them.

Purpose of CPT Codes II for Providers

There are many reasons why a provider should use CPT II codes. For one, CPT II codes can improve member outcomes and the health of your patients.



Additional Benefits

Using CPT II codes allows the tracking of performance of various measures during the year to assist in finding opportunities for improvement and implement interventions in a timely manner to improve health outcomes for members.

The use of the CPT II codes assist in identifying patients in your panel who may need increased clinical management or change in their treatment plans to reach their desired health status.

Using the CPT II codes for performance measurement reduce the need for medical records for chart review and decrease the administrative burdens on the physician offices and other health care professionals.

The use of CPT II codes aid in closing Healthcare Effectiveness Data and Information Set (HEDIS) gaps in care which supports best practice.

HEDIS is a registered trademark of the National Committee for Quality Assurance (NCQA).

CPT II Codes for Closing Certain Gaps in Gaps

The table on the next page lists CPT II codes to use to show diabetes care and blood pressure control.

Aetna Better Health® of Virginia



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CPT II Codes for Closing Certain Gaps in Gaps

Blood Pressure (CBP and BPD)		
3074F	CPT II	Most recent systolic blood pressure less than 130 mm Hg
3075F	CPT II	Most recent systolic blood pressure 130 – 139 mm Hg
3077F	CPT II	Most recent systolic blood pressure greater than or equal to 140 mm Hg
3078F	CPT II	Most recent diastolic pressure less than 80 mm Hg
3079F	CPT II	Most recent diastolic pressure 80 – 89 mm Hg
3080F	CPT II	Most recent diastolic pressure greater than or equal to 90 mm Hg
Dilated or Retinal Eye Exam (EED)		
2022F	CPT II	Dilated retinal eye exam with interpretation by an ophthalmologist or optometrist documented and reviewed; with evidence of retinopathy
2023F	CPT II	Dilated retinal eye exam with interpretation by an ophthalmologist or optometrist documented and reviewed; without evidence of retinopathy
2024F	CPT II	Seven standard field stereoscopic retinal photos with interpretation by an ophthalmologist or optometrist documented and reviewed; with evidence of retinopathy
2025F	CPT II	Seven standard field stereoscopic retinal photos with interpretation by an ophthalmologist or optometrist documented and reviewed; without evidence of retinopathy
2026F	CPT II	Eye imaging validated to match diagnosis from seven standard field stereoscopic retinal photos results documented and reviewed; with evidence of retinopathy
2033F	CPT II	Eye imaging validated to match diagnosis from seven standard field stereoscopic retinal photos results documented and reviewed; without evidence of retinopathy
3072F	CPT II	Low risk for retinopathy (no evidence of retinopathy in the prior year)
Hemoglobin A1c (HBD)		
3044F	CPT II	Most recent hemoglobin A1c level less than 7%
3046F	CPT II	Most recent hemoglobin A1c level greater than 9%
3051F	CPT II	Most recent hemoglobin A1c level greater than or equal to 7% and less than 8%
3052F	CPT II	Most recent hemoglobin A1c level greater than or equal to 8% and less than or equal to 9%
Prenatal and Postpartum Care (PPC)		
0500F	CPT II	Initial prenatal care visit (report at first prenatal encounter with health care professional providing obstetrical care. Report also date of visit and, in a separate field, the date of the last menstrual period [LMP]) (Prenatal)
0501F	CPT II	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 last menstrual period [LMP] (Note: If reporting 0501F Prenatal flow sheet, it is not necessary to report 0500F Initial prenatal care visit) (Prenatal)
0502F	CPT II	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)]
0503F	CPT II	Postpartum care visit (Prenatal)