

What are CPT Category II codes?

Current Procedural Terminology (CPT) Category II codes were developed by the American Medical Association (AMA) as a supplemental performance tracking set of procedural codes in addition to the Category I and III coding sets.

- Category I codes are used for tracking and billing for common procedures.
- Category III codes are temporary codes for emerging technology.
- Category II codes are optional and intended to be used for measuring performance on quality metrics such as Healthcare Effectiveness Data and Information Set (HEDIS®).

Category II codes are alphanumeric and consist of four digits followed by the letter 'F'

Category II codes are **NOT** billing codes; they are used to track services on claims for performance measurement.

Category II codes are not to be used as a substitute for Category I codes.

What is the purpose of CPT Category II codes?

Category II codes are intended to facilitate the collection of information about the quality of care delivered by coding a number of services or test results that support performance measures. L.A. Care Health Plan highly encourages clinical office staff and billers to use CPT Category II codes. It is anticipated that the use of Category II codes for performance measurement will decrease the need for record abstraction and chart review, thereby, minimizing the administrative burden on physicians and other health care professionals seeking to measure the quality of their patient care.

CPT Category II codes are arranged according to the following categories:

Category	Code Range	Category	Code Range
Composite measures	0001F - 0015F	Therapeutic, preventive or other interventions	4000F - 4306F
Patient management	0500F - 0575F	Follow-up or other outcomes	5005F - 5100F
Patient history	1000F - 1220F	Patient safety	6005F - 6045F
Physical examination	2000F - 2050F	Structural measures	7010F - 7025F
Diagnostic/screening processes or results	3006F - 3573F		

A list of most commonly used CPT II codes is provided on the following page.

HEDIS Measure	Description	CPT II Codes
Care for Older Adults (COA)	Pain Assessment	1125F, 1126F
	Advance Care Planning	1123F, 1124F, 1157F, 1158F
	Medication Review	1159F & 1160F
	Functional Status Assessment	1170F
Comprehensive Diabetes Care (CDC)	No evidence of diabetic retinopathy	2023F (New), 2025F (New), 3072F (No evidence of retinopathy in the prior year exam)
	Evidence of diabetic retinopathy	2022F (Revised), 2024F (Revised)
	HbA1c Level	3044F (<7.0%), 3051F (7.0% - 8.0%)(New), 3052F (8.0% - 9.0%)(New), 3046F (>9.0%), 3045F (7.0% - 9.0%)(To be retired code)
	Urine Protein Tests	3060F, 3061F, 3062F
	Nephropathy Treatment	3066F, 4010F
	Systolic <140	3074F, 3075F
	Systolic ≥ 140	3077F
	Diastolic <80	3078F
	Diastolic 80-89	3079F
	Diastolic ≥ 90	3080F
	Controlling High Blood Pressure (CBP) <i>CBP can be satisfied with administrative data— that means fewer number of hybrid chases for the provider!</i>	Systolic <140
Systolic ≥ 140		3077F
Diastolic <80		3078F
Diastolic 80-89		3079F
Diastolic ≥ 90		3080F
Medication Reconciliation Post-Discharge (MRP) Transitions of Care (TRC)	Medication Reconciliation	1111F
Metabolic Monitoring for Children and Adolescents on Antipsychotics (APM) Diabetes Monitoring for People With Diabetes and Schizophrenia (SMD) Diabetes Screening for People With Schizophrenia or Bipolar Disorder Who Are Using Antipsychotic Medications (SSD)	HbA1c Level	3044F (<7.0%), 3051F (7.0% - 8.0%)(New), 3052F (8.0% - 9.0%)(New), 3046F (>9.0%), 3045F (7.0% - 9.0%)(To be retired code)
Metabolic Monitoring for Children and Adolescents on Antipsychotics (APM) Diabetes Monitoring for People With Diabetes and Schizophrenia (SMD) Cardiovascular Monitoring for People With Cardiovascular Disease and Schizophrenia (SMC)	LDL-C Tests	3048F, 3049F, 3050F
Prenatal and Postpartum Care (PPC)	Stand Alone Prenatal Visits	0500F, 0501F, 0502F
	Postpartum Visits	0503F

For any questions regarding CPT Category I, II, or III codes, please send an email to HedisOps@lacare.org



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