CPT® Category II codes

Achieve better outcomes for your patients and your practice

CPT® Category II codes make it easier for you to share data with UnitedHealthcare quickly and efficiently. When you add them for certain preventive care services and test results, we can get a more complete picture of our plan members' health and it helps you efficiently report the quality care tied to HEDIS® quality measures.

Using CPT Category II codes may also offer these benefits:

1. **Fewer medical record requests**
   When you add CPT Category II codes, we won't have to request charts from your office to confirm care you've already completed.
2. **Enhanced performance**
   With better information, we can work with you to help identify opportunities to improve patient care. This may lead to better performance on HEDIS measures for your practice.
3. **Improved health outcomes**
   With more precise data, we can refer UnitedHealthcare plan members to our programs that may be appropriate for their health situation to help support your plan of care.
4. **Less mail for members**
   With more complete information, we can avoid sending reminders to patients to get screenings they may have already completed.

List of CPT Category II codes to report

The following chart shows which measures are tracked and which codes to use for each measure. For a complete list of CPT Category II codes, please go to the American Medical Association website at **ama-assn.org** > Practice Management > CPT® (Current Procedural Terminology) > CPT Overview > Finding Coding Resources.

Measure	Code descriptor	CPT Category II code
Advanced Care Planning (ACP)	Advance care planning discussed and documented — advance care plan or surrogate decision-maker documented in medical record (DEM) (GER, Pall Cr)	1123F
	Advance care planning discussed and documented in medical record — patient didn't wish to or was unable to name a surrogate decision-maker or provide an advance care plan (DEM) (GER, Pall Cr)	1124F
	Advance care plan or similar legal document in medical record	1157F
	Advance care planning discussion documented in the medical record	1158F
Care for Older Adults (COA) — Pain Assessment	Pain severity quantified; pain present	1125F
	Pain severity quantified; no pain present	1126F
Care for Older Adults (COA) — Medication Review	Medication list documented in medical record	1159F
	Review of all medications by a prescribing practitioner or clinical pharmacist (e.g., prescriptions, OTCs, herbal therapies and supplements) documented in the medical record	1160F
Care for Older Adults (COA) — Functional Assessment	Functional status assessed	1170F

Measure	Code descriptor	CPT Category II code
Eye Exam for Patients with Diabetes (EED)	Dilated retinal eye exam with interpretation by an ophthalmologist or optometrist documented and reviewed; with evidence of retinopathy	2022F
	Dilated retinal eye exam with interpretation by an ophthalmologist or optometrist documented and reviewed; without evidence of retinopathy	2023F
	7 standard field stereoscopic retinal photos with interpretation by an ophthalmologist or optometrist documented and reviewed; with evidence of retinopathy	2024F
	7 standard field stereoscopic retinal photos with interpretation by an ophthalmologist or optometrist documented and reviewed; without evidence of retinopathy	2025F
	Eye imaging validated to match diagnosis from 7 standard field stereoscopic retinal photos results documented and reviewed; with evidence of retinopathy (DM)	2026F
	Eye imaging validated to match diagnosis from 7 standard field stereoscopic retinal photos results documented and reviewed; without evidence of retinopathy	2033F
	Diabetic eye exam without evidence of retinopathy in prior year	3072F
Glycemic Status Assessment for Patients with Diabetes (GSD) — formerly HBD **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 less than 7.0%	3044F
	HbA1c level greater than 9.0%	3046F
	HbA1c level greater than/equal to 7.0% and less than 8.0%	3051F
	HbA1c level greater than/equal to 8.0% and less than/equal to 9.0%	3052F
Blood Pressure Control for Patients with Diabetes (BPD) **Controlling High Blood Pressure (CBP)**	Systolic less than 130	3074F
	Systolic between 130 to 139	3075F
	Systolic greater than/equal to 140	3077F
	Diastolic less than 80	3078F
	Diastolic between 80 to 89	3079F
	Diastolic greater than/equal to 90	3080F
Diabetes Monitoring for People with Diabetes and Schizophrenia (SMD) **Cardiovascular Monitoring for People with Cardiovascular Disease and Schizophrenia (SMC)**	LDL-C less than100 mg/dL	3048F
	LDL-C between 100 to 129 mg/dL	3049F
	LDL-C greater than/equal to 130 mg/dL	3050F

Measure	Code descriptor	CPT Category II code
Transitions of Care (TRC) (Medication Reconciliation Post-Discharge)	Discharge medications reconciled with current medications in outpatient record	1111F
Prenatal and Postpartum Care (PPC)	Initial prenatal care visit	0500F
	Prenatal flow sheet documented in medical record by first prenatal visit	0501F
	Subsequent prenatal care visit	0502F
	Postpartum care visit	0503F

Reporting reminders by measure

- **COA Medication Review:** Document both medication list and medication review and report both CPT II codes. Medication review must be completed by a prescribing care provider or clinical pharmacist.
- **EED:** Any provider can report the appropriate CPT II code for the eye exam results. It does not have to be reported by only the ophthalmologist or optometrist. Report with the date of the test, not the date of the office visit when the test was reviewed. Note the exception for 3072F: report with the date of the current year office visit.
- **GSD:** Report the appropriate CPT II code for the A1c result value with the date of test, not the date of the office visit when the test was reviewed
- **BPD and CBP:** Report 2 CPT II codes: one for the lowest systolic value and the one for the lowest diastolic value measured during the encounter
- **SMD:** Report the appropriate CPT II code for the A1c result value with the date of test, not the date of the office visit when the test was reviewed. Report the appropriate CPT II code for the LDL-C result value.
- **TRC:** Report the medication reconciliation post-discharge when performed either via a telephone call or during the Transitional Care Management office visit

CPT Category II codes can be reported alone on a claim with $0.00 value (or $0.01 value if your system requires it in order for the codes to populate on a claim).

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