

**June 2022**

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## **Federal Employee Program**

### **Use CPT II Codes to Complete Patient Care Gaps (CBP, HBD, and PPC)**

Current Procedural Terminology Category II (CPT® II) codes help provide valuable information regarding patients' health. Using CPT II codes allows us to track performance measures throughout the year. The codes also help identify opportunities for improvement and put in place timely interventions for better performance and health outcomes. Additionally, they can reduce the burden of chart requests during the Healthcare Effectiveness Data and Information Set (HEDIS®<sup>1</sup>) chart-chase season since the claim process captures these services.

Please review additional information about the importance of using CPT II codes and thank you for your continuous help in capturing them.

#### **CPT II Code Definition**

- CPT II codes usually describe a clinical component that is part of the Evaluation and Management service, results from a test and other procedures identified as measurable data for quality of care. These codes do not have a fee schedule attached.
- CPT II Codes do not replace other CPT codes. You still need to include the appropriate codes for the services provided during the visit. CPT II codes are billed in the procedure code field, just as CPT I codes are reported.

#### **Use CPT II Codes to:**

- Report performance measures and provide clinical data to us that helps you manage your Florida Blue and Federal Employee Program (FEP) patients.
- Help you identify patients in your panel who may need increased clinical oversight or change in their treatment plans to reach their desired health status.
- Identify procedures or clinical activities performed in your office such as review of retinal eye screening reports and medication reconciliation activities performed post-discharge.
- Close care gaps.

#### **HEDIS FEP Reference Guide**

To access the Comprehensive HEDIS and documentation Coding Guide 2022, click [here](#) or go to [floridablue.com](http://floridablue.com), select Tools & Resources, Quality / HEDIS / CAHPS, then HEDIS Measures & Reference Materials.

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## CPT II Codes for Closing Certain Care Gaps

The table below lists CPT II codes to use to show diabetes care, blood pressure, medication reconciliation, functional assessment and pain assessment are evaluated.

<b>Controlling Blood Pressure (CBP)</b>	
<b>CPT II Code</b>	<b>Description</b>
3074F	Most recent systolic blood pressure less than 130 mm Hg (HTN, CKD, CAD) (DM)
3075F	Most recent systolic blood pressure 130 – 139 mm Hg (HTN, CKD, CAD) (DM)
3077F	Most recent systolic blood pressure greater than or equal to 140 mm Hg (HTN, CKD, CAD) (DM)
3078F	Most recent diastolic pressure less than 80 mm Hg (HTN, CKD, CAD) (DM)
3079F	Most recent diastolic pressure 80 – 89 mm Hg (HTN, CKD, CAD) (DM)
3080F	Most recent diastolic pressure greater than or equal to 90 mm Hg (HTN, CKD, CAD) (DM)
<b>Hemoglobin A1C Control for Patients with Diabetes (HBD)</b>	
<b>CPT II Code</b>	<b>Description</b>
3044F	Most recent hemoglobin A1c level less than 7.0%
3046F	Most recent hemoglobin A1c level greater than 9.0%
3051F	Most recent hemoglobin A1c level greater than or equal to 7.0% and less than 8.0%
3052F	Most recent hemoglobin A1c level greater than or equal to 8.0% and less than or equal to 9.0%
<b>Prenatal and Postpartum Care (PPC)</b>	
<b>CPT II Code</b>	<b>Description</b>
<b>0500F</b>	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)
<b>0501F</b>	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)
<b>0502F</b>	Subsequent prenatal care visit (Prenatal). Excludes patients who are seen for a condition unrelated to pregnancy or prenatal care (e.g., an upper respiratory infection; and patients seen for consultation only, not for continuing care)
<b>0503F</b>	Postpartum care visit (Prenatal)

<sup>1</sup>HEDIS is a registered trademark of the National Committee for Quality Assurance (NCQA).

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