Florida Blue
Your local Blue Cross Blue Shield | MEDICARE

March 2023

Use CPT® II Codes to Show Patients' Care is Complete

(for ACP, BP, COA, EED, HBD and TRC MRP)

Using CPT II codes helps you and Florida Blue Medicare better track performance measures throughout the year. The codes also help identify opportunities to improve performance and implement interventions to improve health outcomes for members in a timelier manner.

CPT II Code Definitions

- Current Procedural Terminology Category II (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. The appropriate codes for the services provided during the visit must be included. CPT II codes are billed in the procedure code field, just as CPT I codes are reported.

Benefits of Submitting CPT II Codes

Use CPT II codes to:

- Report performance measures and provide clinical data to us that helps you manage your Florida Blue and Florida Blue Medicare 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 gaps in care and can also reduce the burden of chart requests during the Healthcare Effectiveness Data and Information Set (HEDIS®[1]) chart chase season since the claim process captures these services.

HEDIS Stars Measures Reference Guide

For a complete list of CPT II codes to use relative to the Stars measures, see our HEDIS Measures Tip Sheets on the Florida Blue website.

From FloridaBlue.com, click on **For Providers** and then select **Tools & Resources** where you will find the link to **Quality Programs: HEDIS & PQA Measures**.

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

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CPT II Codes for Closing Certain Care Gaps

The table below lists some common CPT II codes used in the evaluation of some care gaps, including diabetes care, blood pressure, medication reconciliation, functional assessment, and pain assessment.

Advance Care Planning (ACP)		
1123F	CPT II	Advance Care Planning discussed and documented advance care plan or surrogate decision maker documented in the medical record
1124F	CPT II	Advance Care Planning discussed and documented in the medical record, patient did not wish or was not able to name a surrogate decision maker or provide an advance care plan
1157F	CPT II	Advance care plan or similar legal document present in the medical record
1158F	CPT II	Advance care planning discussion documented in the medical record
Blood Pressure (BP)		
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
Care for Older Adults (COA)		
1159F	CPT II	Medication list documented in the medical record
1160F	CPT II	Review of all medications by a prescribing practitioner or clinical pharmacist documented in the medical record
1170F	CPT II	Functional status assessed
1125F	CPT II	Pain severity quantified; pain present
1126F	CPT II	Pain severity quantified; no pain present
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 7.0%
3046F	CPT II	Most recent hemoglobin A1c level greater than 9.0%
3051F	CPT II	Most recent hemoglobin A1c level greater than or equal to 7.0% and less than 8.0%
3052F	CPT II	Most recent hemoglobin A1c level greater than or equal to 8.0% and less than or equal to 9.0%
Transitions of Care (TRC), Medication Reconciliation Post-Discharge (MRP)		
1111F	CPT II	Discharge medications reconciled with current medication list in outpatient medical record