

## Implementation of CPT Category II codes

**Summary of change:** Effective March 1, 2015, Amerigroup Kansas, Inc. is promoting the use of CPT Category II codes for all applicable services.

✦ **What this means to you:** Submitting CPT Category II codes in addition to CPT or other codes used for billing will decrease our need for record abstraction and chart review, thereby minimizing your administrative burden for a number of quality-based initiatives including HEDIS®.

### Why use CPT Category II codes?

CPT Category II codes can relay important information related to health outcome measures such as

- BMI
- CVD cholesterol management
- Controlling blood pressure
- Comprehensive diabetes care
- Tobacco cessation

### What do we hope to achieve?

Amerigroup Kansas strives to ensure that we promote the most efficient processes for our providers while continuously improving the quality of care and services that our members receive. By increasing the use of CPT Level II codes, we hope to:

- Improve the health status of our members
- Monitor and ensure our members receive seamless, continuous and appropriate care throughout the continuum of care
- Improve the provider experience

### What if I need assistance?

If you have questions about this communication, received this fax in error or need assistance with any other item, contact your local Provider Relations representative or call Provider Services at 1-800-454-3730.

## CPT Category II/F codes tip sheet

### Amerigroup Kansas, Inc.

**What are CPT II codes?** CPT Category II codes are tracking codes that facilitate data collection for the purposes of performance measurement.

**How are CPT II codes developed?** The tracking codes are adopted and reviewed by the Performance Measures Advisory Group (PMAG). PMAG is made up of experts in performance measurement from organizations, including the AMA, NCQA, CMS, AHRQ and JCAHO.

**Where can I find a list of CPT II codes?** CPT II codes are released annually as part of the full CPT code set and are updated semi-annually in January and July by the AMA. The current listing of CPT II codes can be found on the AMA website at <http://www.ama-assn.org/ama/pub/physician-resources/solutions-managing-your-practice/coding-billing-insurance/cpt/about-cpt/category-ii-codes.page>.

**Why should my organization use CPT II codes?** CPT II codes ease the administrative burden that many providers experience related to chart reviews for many health outcome measures. Use of these codes enables more effective monitoring of quality and service delivery.

**How should my organization bill CPT II codes?** CPT Category II codes are arranged according to the following categories and are comprised of four digits followed by the letter F:

- Composite measures 0001F – 0015F
- Patient management 0500F – 0575F - 0584F
- Patient history 1000F – 1220F – 1505F
- Physical examination 2000F – 2050F – 2060F
- Diagnostic/screening processes/results 3006F – 3573F – 3763F
- Therapeutic, preventive or other interventions 4000F – 4306F – 4563F
- Follow-up or other outcomes 5005F – 5100F – 5250F
- Patient safety 6005F – 6150F
- Structural measures 7010F – 7025F
- Non-measure code listing 9001F – 9002F – 9003F – 9004F – 9005F – 9006F – 9007F

CPT II codes are billed in the procedure code field, just as CPT Category I codes are billed. CPT II codes describe clinical components usually included in evaluation and management or clinical services and are not associated with any relative value. Therefore, CPT II codes are billed with a \$0.00 billable charge amount.

This is not a complete list of CPT Category II codes - refer to the *AMA CPT Codes & Descriptions*® for a full list. Refer to the latest *NCQA Volume 2 HEDIS Technical Specifications*® for a complete list of codes in the administrative specifications for each measure.

**CPT Category II code short list**

HEDIS/Other measure	Indicator description	CPT Category II codes*
Adult BMI	BMI assessed/documentated	3008F
CVD cholesterol management	LDL test & level	3048F, 3049F, 3050F
Controlling blood pressure	Blood pressure readings	3074F, 3075F, 3077F, 3078F, 3079F, 3080F
Comprehensive diabetes care	A1c test & A1c level	3044F, 3045F, 3046F
	Eye Exam	2022F, 2024F, 2026F
	LDL test & level	3048F, 3049F, 3050F
	Nephropathy screening	3060F, 3061F, 3062F, 4009F, 3066F
	Blood pressure readings	3074F, 3075F, 3077F, 3078F, 3079F, 3080F
Tobacco cessation	Screening, counseling, intervention	1031F, 1032F, 1033F, 1034F, 1035F, 1036F, 4001F, 4004F
Fall risk assessment	Assessment, plan of care	0518F, 1100F, 1101F

F code	Code descriptor(s) From AMA
4010F	Angiotensin converting enzyme (ACE) inhibitor or Angiotensin receptor blocker (ARB) therapy prescribed or currently being taken
3080F	Most recent diastolic blood pressure 90 mm Hg
3079F	Most recent diastolic blood pressure 80 – 89 mm Hg
3078F	Most recent diastolic blood pressure < 80 mm Hg
3077F	Most recent systolic blood pressure 140 mm Hg
3075F	Most recent systolic blood pressure 130 to 139 mm Hg
3074F	Most recent systolic blood pressure < 130 mm Hg
3072F	Low risk for retinopathy (no evidence of retinopathy in the prior year)
3066F	Documentation of treatment for nephropathy (e.g. patient receiving dialysis, patient being treated for ESRD, CRF, ARF or renal insufficiency, any visit to a nephrologist)
3062F	Positive macroalbuminuria test result documented and reviewed
3061F	Negative microalbuminuria test result documented and reviewed
3060F	Positive microalbuminuria test result documented and reviewed
3050F	Most recent LDL -C 130 mg/dL
3049F	Most recent LDL -C 100-129 mg/dL
3048F	Most recent LDL -C < 100 mg/dL
3046F	Most recent hemoglobin A1c (HbA1c) level > 9.0%
3045F	Most recent hemoglobin A1c (HbA1c) level 7.0% to 9.0%
3044F	Most recent hemoglobin A1c (HbA1c) level < 7.0%
2026F	Eye imaging validated to match diagnosis from seven standard field stereoscopic photos results documented and reviewed
2024F	Seven standard field stereoscopic photos with interpretation by an ophthalmologist or optometrist documented and reviewed
2022F	Dilated retinal eye exam with interpretation by an ophthalmologist or optometrist documented and reviewed
1170F	Functional status assessed
1160F	Review of all medications by a prescribing practitioner or clinical pharmacist (such as, prescriptions, OTCs, herbal therapies and supplements) documented in the medical

	record
1159F	Medication list documented in medical record
1158F	Advance care planning discussion documented in the medical record
1157F	Advance care plan or similar legal document present in the medical record
1126F	Pain severity quantified; no pain present
1125F	Pain severity quantified; pain present
1111F	Discharge medications reconciled with the current medication list in outpatient medical record
0503F	Postpartum care visit

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

Tips taken from the California Quality Collaborative