



MEDICARE ADVANTAGE HEDIS CPT II CODES

Provider's Guide to coding and documentation.

Using Current Procedural Terminology (CPT) II supplemental tracking codes on Medicare Advantage claim submissions offers a range of benefits.

- > Reduces administrative burden for providers by easily providing quality data on patients through claims.
- > Provides more accurate data, reducing the need for record abstraction and chart review.
- > Helps quickly identify and close gaps in care, and evaluate HEDIS® performance improvements.*
- > Relays important information related to health outcome measures.
- > Tracks customer screenings to help monitor ongoing care.

Three tips to help ensure proper documentation.

CPT II codes:

1. Are arranged by category and comprised of four numerals followed by the letter **F**.
2. May be submitted on claims with other applicable codes.
3. Are billed in the procedure code field with \$0 charge. **If your billing system drops non-revenue generating codes, the \$0 charge can be substituted with a \$0.01 charge.

SCREENINGS OR ASSESSMENTS

CPT II	Description
1111F	Medication Reconciliation after discharge
2019F	Dilated macular or fundus exam done
3014F	Screening for mammography documented and reviewed
3017F	Colorectal cancer screening documented and reviewed

BLOOD PRESSURE

Systolic**		Diastolic**	
CPT II	Description	CPT II	Description
3074F	SBP < 130 mmHg	3078F	DBP < 80 mmHg
3075F	SBP 130-139 mmHg	3079F	DBP 80-89 mmHg
3077F	SBP > = 140 mmHg	3080F	DBP > = 90 mmHg



CARE FOR OLDER ADULTS

Sub-Measure	CPT II	Description
Advanced Care Planning	1123F	Advance Care Planning discussed and documented in advance care plan or surrogate decision maker documented in the medical record
	1124F	Advance Care Planning discussed and patient did not wish or was not able to provide advance care plan or name a surrogate decision maker
	1157F	Advanced Care Plan or similar legal document present in medical record
	1158F	Advanced Care Planning discussion documented in medical record
Pain Screen	0521F	Plan of care for pain documented
	1125F	Pain severity quantified, pain present
	1126F	Pain severity quantified, no pain present
Functional Status	1170F	Functional status assessed
Medication Review	1159F***	Medication list documented in medical record
	1160F***	Review of all medications by prescriber or clinical pharmacist documented in medical record

COMPREHENSIVE DIABETES CARE

Sub-Measure	CPT II	Description	CPT II	Description
A1c Control	3044F	Most recent HbA1c level less than 7.0%	3051F	Most recent HbA1c level $\geq$ 7.0% and $<$ 8.0%
	3046F	Most recent HbA1c level greater than 9.0%	3052F	Most recent HbA1c level $\geq$ 8.0% and $\leq$ 9.0%
Retinal Eye Exam	3072F	Low risk for retinopathy (no evidence of retinopathy in the prior year). Note: This code can be filed by any provider type to indicate that a negative retinal exam was performed during the prior year with no face-to-face visit required.		
	2022F	Dilated retinal eye exam interpreted by ophthalmologist/optometrist documented/reviewed; with evidence of retinopathy		
	2023F	Dilated retinal eye exam interpreted by ophthalmologist/optometrist documented/reviewed; without evidence of retinopathy		
	2024F	7 standard field stereoscopic photos w/interpretation by eye care professional documented/reviewed; with evidence of retinopathy		
	2025F	7 standard field stereoscopic photos w/interpretation by eye care professional documented/reviewed; without evidence of retinopathy		
	2026F	Eye imaging validated to match diagnosis from 7 standard field stereoscopic photos results documented/reviewed; with evidence of retinopathy		
	2033F	Eye imaging validated to match diagnosis from 7 standard field stereoscopic photos results documented/reviewed; without evidence of retinopathy		

Questions? Please contact your Network Operations representative.



*CPT II codes are updated annually according to HEDIS specifications published by NCQA.

**Both systolic and diastolic should be submitted for the same DOS in order to meet the Blood Pressure HEDIS measure.

***Both 1159F and 1160F must be submitted on the same claim in order to meet the Care For Older Adults Medication Review HEDIS® measure.

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