



CPT Category II Coding Guide

What are CPT Category II Codes?

Current Procedural Terminology (CPT) Category II codes were developed as a **supplemental performance** tracking set of **procedural codes** in addition to the Category I and III coding sets. They help identify information about the quality of care delivered by coding a number of services or test results that support quality measures. Category II codes are optional, and cannot replace Category I codes for billing purposes.

All measures are to be submitted a minimum of **once per performance period** for patients seen during the period. For auditing purposes, the last reading/result of the measurement year will be used for HEDIS reporting and performance rating for Diabetic HbA1c Control and Controlling Blood Pressure metrics.

While they are for reporting use only, CPT II coding is **strongly encouraged** to decrease the need for provider data submission, record abstraction and chart review -- and faster payments!

Commonly Used CPT II Codes by Measure

Measure	CPT II Code	Description
Care of Older Adults	1157F	Advanced care plan (document) present in medical records
	1158F	Advance care planning discussion documented in records
	1170F	Functional status assessed
	0521F	Plan of care to address pain documented
	1125F	Pain severity quantified, pain present
	1126F	Pain severity quantified, no pain present
	1159F	Medication list documented in medical records
	1160F	Review of all meds documented in record <i>*NPI required in addition to CPT II code to close care gap</i>
Cholesterol Management	3048F	Most recent LDL-C < 100 mg/dL
	3049F	Most recent LDL-C 100-129 mg/dL
	3050F	Most recent LDL-C >=130 mg/dL
Controlling Blood Pressure <i>*Must be submitted on a claim with ICD-10 Diagnosis for Essential Hypertension I10</i>	3074F	Most recent systolic blood pressure < 130 mmHg
	3075F	Most recent systolic blood pressure 130-139 mmHg
	3077F	Most recent systolic blood pressure >=140 mmHg
	3078F	Most recent diastolic blood pressure < 80 mmHg
	3079F	Most recent diastolic blood pressure 80-89 mmHg
	3080F	Most recent diastolic blood pressure >=90 mmHg



Commonly Used CPT II Codes (continued)

Measure	CPT II Code	Description
Comprehensive Diabetes	3044F	Most recent hemoglobin A1c (HbA1c) level <7.0%
	3046F *	Most recent hemoglobin A1c (HbA1c) level >9.0%
	3051F	Most recent hemoglobin A1c (HbA1c) level greater than or equal to 7.0% and less than 8.0%
	3052F	Most recent hemoglobin A1c (HbA1c) level greater than or equal to 8.0% and less than 9.0%
	2022F	Dilated retinal eye exam with interpretation by an ophthalmologist or optometrist documented & reviewed; with evidence of retinopathy
	2023F	Dilated retinal eye exam with interpretation by an ophthalmologist or optometrist documented & reviewed; without evidence of retinopathy
	2024F	7 standard field stereoscopic retinal photos with interpretation by an ophthalmologist or optometrist documented & reviewed; with evidence of retinopathy
	2025F	7 standard field stereoscopic retinal photos with interpretation by an ophthalmologist or optometrist documented & reviewed; without evidence of retinopathy
	2026F	Eye imaging validated to match diagnosis from 7 standard field stereoscopic retinal photos results documented and reviewed; with evidence of retinopathy
	2027F	Eye imaging validated to match diagnosis from 7 standard field stereoscopic retinal photos results documented and reviewed; without evidence of retinopathy
	3072F	No evidence or low risk for retinopathy
Medication Reconciliation Post-Discharge (MRP)	1111F	Discharge medications reconciled with current medication list in the outpatient medical records

* Code will not close care gap

References

[American Medical Association, CPT Category II Codes Alphabetical Clinical Topics Listing \(2020\)](#)

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