

OneCare frequently used CPT II codes for HEDIS measures

This introductory slide outlines how PCP use CPT II codes to track and report on key HEDIS measures, enabling the delivery of high-quality patient care and positive health outcomes.

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What are CPT II Codes?



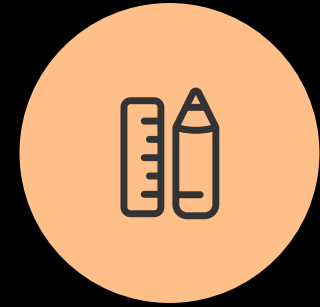
Informational codes

Used to describe clinical components included in evaluation, management or clinical services



Non-payable

Not associated with any relative value and can be billed with a \$0.00 charge amount



Used for reporting and documenting quality measures

Provide data for tracking and improving patient care and outcomes

CPT II codes are a crucial tool for healthcare providers to track and report on quality measures, enabling them to deliver high-quality patient care and achieve positive health outcomes.

Frequently Used HEDIS Measures and CPT II Codes

- **Care for Older Adults**

CPT II codes for Functional Status Assessment, Medication Review, and Pain Screening

- **Controlling Blood Pressure**

CPT II codes for reporting systolic and diastolic blood pressure levels

- **Glycemic Status Assessment**

CPT II codes for reporting different HbA1c levels

- **Medication Reconciliation Post-Discharge**

CPT II code for documenting the reconciliation of discharge medications with the current medication list

- **Eye Exam for Patients with Diabetes**

CPT II codes for reporting dilated retinal eye exams with and without evidence of retinopathy

Care for Older Adults

Functional Status Assessment (FSA)

Use CPT II code **1170F** to report functional status assessed

Medication Review (MDR)

Use CPT II code **1159F** to report medication list documented in the medical record

Medication Review (MDR)

Use CPT II code **1160F** to report review of medications by prescribing practitioner or clinical pharmacist documented in the medical record

Pain Screening (PNS)

Use CPT II code **1125F** to report pain severity quantified, pain present

Pain Screening (PNS)

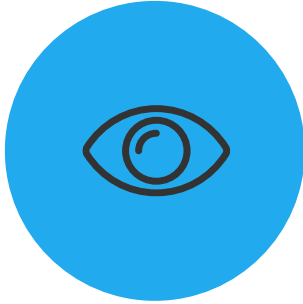
Use CPT II code **1126F** to report pain severity quantified, no pain present

Glycemic Status Assessment

HbA1c Level	CPT II Code
Most recent HbA1c level less than 7.0%	3044F
Most recent HbA1c level above 9.0%	3046F
Most recent HbA1c level above 7.0% and less than than 8.0%	3051F
Most recent HbA1c level above 8.0% and less than 9.0%	3052F

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Eye Exam for Patients with Diabetes



**Dilated retinal eye exam with interpretation by
interpretation by ophthalmologist or optometrist
optometrist**

Use code **2023F** for exams without evidence of
retinopathy, and **2022F** for exams with evidence of
evidence of retinopathy



**Seven standard field stereoscopic retinal photos
photos with interpretation**

Use code **2025F** for photos without evidence of
retinopathy, and **2024F** for photos with evidence of
evidence of retinopathy

**Utilizing these specific CPT II codes allows OneCare to accurately track and report on eye exams for patients with
patients with diabetes, which is a crucial HEDIS measure for ensuring high-quality diabetes care.**

Controlling Blood Pressure

Systolic Blood Pressure

CPT II codes are used to report different systolic blood pressure levels:

- Systolic less than 130: **3074F**
- Systolic between 130 and 139: **3075F**
- Systolic equal to or above 140: **3077F**

Diastolic Blood Pressure

CPT II codes are used to report different diastolic blood pressure levels:

- Diastolic less than 80: **3078F**
- Diastolic between 80 and 89: **3079F**
- Diastolic equal to or above 90: **3080F**

Importance of Reporting

Reporting blood pressure levels using CPT II codes helps OneCare track the Controlling Blood Pressure (CBP) HEDIS measure, which is crucial for delivering high-quality patient care and achieving positive health outcomes.

Collaboration with OneCare

By utilizing these CPT II codes, FCMG Primary Care Physicians can better collaborate with OneCare and contribute to the continuous improvement of healthcare services.

Medication Reconciliation Post-Discharge



Discharge medications reconciled with current medication list

Reconciliation of discharge medications with the patient's current medication list is documented in the outpatient medical record.



Use CPT II code 1111F

The CPT II code 1111F is used to report the completion of the medication reconciliation process.

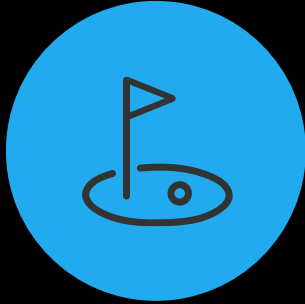


NPI required in addition to CPT II code

The National Provider Identifier (NPI) number must be included along with the CPT II code to close the care opportunity.

Proper documentation of medication reconciliation post-discharge using the CPT II code 1111F, along with the NPI, is crucial for tracking and reporting this HEDIS measure, which helps improve patient safety and care coordination.

Key Takeaways



CPT II codes are non-payable

They are informational codes used to describe clinical components, not associated with any relative value and can be billed with a \$0.00 charge amount.



Used for reporting and documenting quality measures

CPT II codes are processed for reporting purposes and for documenting quality measures only.



OneCare frequently utilizes these codes

OneCare leverages CPT II codes to track and report on key HEDIS measures to improve patient care and outcomes.

By understanding the role of CPT II codes, FCMG Primary Care Physicians can better collaborate with OneCare and contribute to the continuous improvement of healthcare services.

Call to Action: We urge you to immediately prioritize **closing care gaps** for your OneCare patients.

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Medication Reconciliation Post-Discharge

For more information, please visit [www://familychoice.com](http://www.familychoice.com) “Coding Corner”