

CPT® Category II Codes

Use to help achieve better outcomes for your patients and your practice.



CPT Category II codes can make it easier for you to share data with UnitedHealthcare quickly and efficiently. When you add them for certain preventive care services and test results, we can get a more complete picture of our plan members' health — and help you address care opportunities tied to Healthcare Effectiveness Data and Information Set (HEDIS®) quality measures. Please note, CPT II codes are for reporting purposes only and are not separately reimbursable. If you receive a claim denial, your reporting code will still be included in the quality measure.

Using CPT Category II codes may also offer these benefits:

- 1 Fewer medical record requests**
When you add CPT Category II codes, we won't have to request charts from your office to confirm care you've already completed.
- 2 Enhanced performance**
With better information, we can work with you to help identify opportunities to improve patient care. This may lead to better performance on HEDIS® measures for your practice.
- 3 Improved health outcomes**
With more precise data, we can refer UnitedHealthcare plan members to our programs that may be appropriate for their health situation to help support your plan of care.
- 4 Less mail for members**
With more complete information, we can avoid sending reminders to patients to get screenings they may have already completed.

List of CPT Category II codes to include

The following chart shows which measures are tracked and which codes to use for each measure. For a complete list of CPT Category II codes, please go to the American Medical Association website at ama-assn.org > Practice Management > CPT® > CPT® coding resources and tools.

For more comprehensive information about each measure, please review our Reference Guide for Adult Health at UHCprovider.com/path.

Measure	Code Descriptor	CPT Category II Code
Adult BMI Assessment	Body mass index (BMI) documented	3008F*
Annual Flu Vaccine	Influenza immunization ordered or administered	4037F*
	Influenza immunization administered or previously received	4274F*
Breast Cancer Screening	Screening mammography results documented and reviewed	3014F*

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Measure	Code Descriptor	CPT Category II Code
Care for Older Adults	Advance care planning discussed and documented — Advance care plan or surrogate decision-maker documented in medical record	1123F
	Advance care planning discussed and documented in medical record — Patient didn't wish to or was unable to provide an advance care plan or name a surrogate decision-maker	1124F
	Pain assessment — Pain documented	1125F
	Pain assessment — No pain documented	1126F
	Plan of care to address pain documented	0521F*
	Advance care plan or similar document in medical record	1157F
	Advance care planning discussion documented	1158F
	Medication list documented	1159F
	Medication review by prescribing care provider or clinical pharmacist documented	1160F
Functional status assessed	1170F	
Colorectal Cancer Screening	Colorectal cancer screening results documented and reviewed	3017F*
Comprehensive Diabetes Care	Diabetic retinal screening with eye care professional	2022F
	Diabetic retinal screening with eye care professional	2023F
	Diabetic retinal screening with eye care professional	2024F
	Diabetic retinal screening with eye care professional	2025F
	Diabetic retinal screening with eye care professional	2026F
	Diabetic retinal screening with eye care professional	2033F
	HbA1c level less than 7.0%	3044F
	HbA1c level 7.0–9.0%	3045F
	HbA1c level greater than 9.0%	3046F
	HbA1c level greater than or equal to 7.0% and less than 8.0%	3051F
	HbA1c level greater than or equal to 8.0% and less than or equal to 9.0%	3052F*
	Positive microalbuminuria test result reviewed and documented	3060F
	Negative microalbuminuria test result reviewed and documented	3061F
	Positive macroalbuminuria test result reviewed and documented	3062F
	Documentation for treatment of nephropathy	3066F
	Diabetic retinal screening negative	3072F
	Systolic less than 130	3074F
	Systolic between 130 to 139	3075F
	Systolic greater than/equal to 140	3077F
	Diastolic less than 80	3078F
Diastolic between 80 to 89	3079F	
Diastolic greater than/equal to 90	3080F	
ACE inhibitor or ARB therapy prescribed	4009F*	
ACE inhibitor or ARB therapy prescribed or currently being taken	4010F	

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Measure	Code Descriptor	CPT Category II Code
Controlling High Blood Pressure	Systolic less than 130	3074F
	Systolic between 130 to 139	3075F
	Systolic greater than/equal to 140	3077F
	Diastolic less than 80	3078F
	Diastolic between 80 to 89	3079F
	Diastolic greater than/equal to 90	3080F
Low-Density Lipoprotein Cholesterol (LDL-C) Tests	LDL-C <100 mg/dL	3048F
	LDL-C 100-129 mg/dL	3049F
	LDL-C ≥ 130 mg/dL	3050F
Medication Reconciliation Post-Discharge	Discharge medications reconciled with current medications in outpatient record	1111F
Osteoporosis Management for Women with Fracture	Central dual-energy X-ray absorptiometry (DXA) results documented	3095F*
	Pharmacologic therapy (other than minerals/vitamins) for osteoporosis prescribed	4005F*
Pneumonia Vaccine	Pneumococcal vaccine administered or previously received	4040F*
Postpartum Care	Postpartum care visit	0503F
Prenatal Care	Initial prenatal care visit	0500F
	Prenatal flow sheet	0501F
	Subsequent prenatal care	0502F
Rheumatoid Arthritis Management	Disease-modifying anti-rheumatic drug therapy prescribed or dispensed	4187F*
	Patient not receiving first-time biologic disease-modifying anti-rheumatic drug therapy for rheumatoid arthritis	4196F*
Transitions of Care	Discharge medications reconciled with current medications in outpatient record	1111F

*CPT Category II codes with an asterisk will not close the care opportunity because they're not included in the National Committee for Quality Assurance (NCQA) HEDIS® technical specifications or they're a reference range not specific enough to close the A1c <8.0% gap. However, please use CPT Category II codes because they provide valuable quality information when submitted with the appropriate billing code.

In some cases, CPT Category II codes must be submitted by the care provider type that meets the intent of a HEDIS® measure. For example, medication review must be completed by a prescribing care provider or clinical pharmacist to address the Care for Older Adults care opportunity.

Contact us to learn more. For more information about how our programs can help support your patients who are UnitedHealthcare plan members, please contact your UnitedHealthcare representative. Thank you.



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CPT® is a registered trademark of the American Medical Association.

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