

MEDICARE ADVANTAGE HEDIS CPT II CODES



Using Current Procedural Terminology (CPTII) when submitting claims for Medicare Advantage patients reduces the number of chart review requests you receive. Please submit the following procedure and screening codes to ensure proper documentation of HEDIS® metrics.

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

SCREENINGS OR ASSESSMENTS	
CPT II	Description
1111F	Medication Reconciliation after discharge
2019F	Dilated macular or fundus exam done
3008F	BMI assessed and documented
3014F	Screening for mammography documented and reviewed
3017F	Colorectal cancer screening documented and reviewed

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

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

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 >= 7.0% and < 8.0%
	3046F	Most recent HbA1c level greater than 9.0%	3052F	Most recent HbA1c level >= 8.0% and <= 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		
Attention for Nephropathy	3060F	Positive microalbuminuria test result documented and reviewed		
	3061F	Negative microalbuminuria test result documented and reviewed		
	3062F	Positive microalbuminuria test result documented and reviewed (confirm + with lab results)		
	3066F	Documentation of treatment for nephropathy (dialysis, ESRD, CRF, ARF, renal insufficiency, nephrologist visit)		
	4010F	ACE or ARB therapy prescribed or currently being taken.		