

# CPT® II and ICD-10 Codes for Star Measures

Using CPT® II and ICD-10 codes can close quality gaps in care and substantially reduce the administrative burden associated with medical records requests to confirm care you have already completed or to exclude patients who are exempt from certain measures. Use of these codes also facilitates data collection that can result in demonstrating improved performance and improved accuracy for Premera care gap outreach.

CPT® II codes are billed in the procedure code field, the same as CPT® Category I codes. CPT® II codes describe clinical components typically included in evaluation and management of clinical services and aren't associated with any relative value. CPT® II codes are typically billed with a \$0.00 billable charge amount.

For more information about each measure refer to the individual measure tip sheet, which includes measure definitions, additional exclusions, tips for success, and more.

## CPT® CATEGORY II CODES THAT IMPACT SELECT HEDIS® MEASURES

### Comprehensive Diabetes Care (CDC)

- **HbA1c results:** The last A1c of the measurement year is used for this measure. When conducting an HbA1c in your office, submit the results with the HbA1c claim using the appropriate CPT® II code.

CPT® II code	Most recent HbA1c level
3044F	< 7%
3046F	> 9%
3051F	≥ 7% and < 8%
3052F	≥ 8% and ≤ 9%

- **Retinal eye exam results:** When retinal eye exam results are received, submit the results on a \$0.01 claim with the appropriate CPT® II code. For patients without evidence of retinopathy, the 2023F CPT® II code will result in exclusion for that measurement year and the next measurement year.

CPT® II code	Retinal eye exam findings
2022F	Dilated retinal eye exam with interpretation by an ophthalmologist or optometrist documented and reviewed; <b>with</b> evidence of retinopathy
2023F	Dilated retinal eye exam with interpretation by an ophthalmologist or optometrist documented and reviewed; <b>without</b> evidence of retinopathy

- **Medical Attention for Nephropathy:** Submit a claim for a urine protein screening test or report evidence of medical attention for nephropathy during the current measurement year.

CPT® II code	Situation
3066F	Documentation of treatment for nephropathy (e.g., patient receiving dialysis, patient being treated for ESRD, CRF, ARF, or renal insufficiency, any visit to a nephrologist)
4010F	ACE inhibitor/ARB therapy prescribed or currently being taken

### Controlling High Blood Pressure (CBP)

Submit blood pressure CPT® II codes for each office visit. The last blood pressure of the year is used to determine compliance. HEDIS considers blood pressures less than 140/90 as compliant.

CPT® II code	Most recent systolic blood pressure
3074F	<130 mm Hg
3075F	130 -139 mm Hg
3077F	≥ 140 mm Hg
CPT® II code	Most recent diastolic blood pressure
3078F	<80 mm Hg
3079F	80 - 89 mm Hg
3080F	≥ 90 mm Hg

### Transitions of Care: Medication Reconciliation Post-Discharge (MRP)

Medication reconciliation must be done within 30 days of inpatient discharge and is ideally done within a few days of discharge.

CPT® II code	Description
1111F	Discharge medications reconciled with the current medication list in the outpatient medical record. Can be billed alone since a face-to-face visit is not required.
99483	Assessment and care planning for a patient with cognitive impairment. Requires an array of assessments and evaluations, including medication reconciliation and review for high-risk medications, if applicable.
99495	Transitional care management that requires communication with the patient or caregiver within 2 business days of discharge (can be done by phone, email or in person) and decision-making of at least moderate complexity and a face-to-face visit within 14 days of discharge.
99496	Transitional care management that requires communication with the patient or caregiver within two business days of discharge (can be done by phone, email or in person) and decision-making of at least high complexity and a face-to-face visit within 7 days of discharge.

## ICD-10 CODES THAT RESULT IN HEDIS MEASURE EXCLUSION

The care identified in some measures may not be relevant to certain patients based on their medical situation. By submitting appropriate ICD-10 codes, patients are excluded from select measures. Exclusions help patients by ensuring they are not burdened with unnecessary tests or treatments, or reminders for these services.

Exclusions help providers improve care by allowing them to focus efforts for cancer screenings and disease-specific treatment and management on patients most likely to benefit from that care. Coding exclusions also increases measure performance by reducing the number of patients being measured to only those who require the care.

### Breast Cancer Screening (BCS)

Patients are excluded if they have a history of mastectomy on both the left and right side on the same or different dates of service. Include the following ICD-10 diagnosis code(s) on the claim as appropriate.

ICD-10 code	Description
Z90.11	Acquired absence of right breast and nipple
Z90.12	Acquired absence of left breast and nipple
Z90.13	Acquired absence of bilateral breasts and nipples

### Colorectal Cancer Screening (COL)

Patients are excluded if they have a history of colorectal cancer. If the patient has a history of colorectal cancer, please include the following ICD-10 diagnosis code(s) to the claim, as appropriate.

ICD-10 code	Description
Z85.038	Personal history of other malignant neoplasm of large intestine
Z85.048	Personal history of other malignant neoplasm of rectum, rectosigmoid junction, and anus

### Statin Therapy for Patients with Cardiovascular Disease (SPC)

Patients are excluded if they can't tolerate statin medications due to experiencing the conditions listed below in the measurement year. Document their condition in the medical record and submit a claim using the appropriate ICD-10 code.

Condition	ICD-10 Code
Myalgia	M79.1, M79.10-M79.12, M79.18
Myositis	M60.80-M60.819; M60.821-M60.829; M60.831- M60.839; M60.841-M60.849; M60.851- M60.859; M60.861-M60.869; M60.871-M60.879; M60.88-M60.9
Myopathy	G72.0, G72.2, G72.9
Rhabdomyolysis	M62.82

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