Special Bulletin

For professional and facility providers **September 26, 2024**

HEDIS Tips: CPT II Coding for Diabetes, Hypertension, and Pregnancy-Related Care

For quality tracking and in accordance with Healthcare Effectiveness Data Information Set (HEDIS®) guidelines, providers should submit the CPT Category (CAT) II codes when treating Highmark members for the following three conditions:

1. **Diabetes:** Members (ages 18–75) with diabetes types 1 or 2 whose most recent glycemic status — hemoglobin A1c (HbA1c) OR glucose management indicator (GMI) is at the following levels during the measurement year:

   • Glycemic Status <8.0%.
   • Glycemic Status >9.0%.

   Note: *CPT II codes are the same for both HbA1c or GMI results.*

2. **Hypertension**: Members (ages 18–85) with a diagnosis of hypertension who had a systolic/diastolic reading.

3. **Prenatal/Postpartum Care**: Members who experienced prenatal/postpartum care events that are outside the global billing.

IMPORTANT: *For these three treatment situations, using the correct CPT CAT II codes can improve HEDIS results and avoid the need for a medical records request.*

1. Diabetes

This measure was renamed earlier this year to Glycemic Status Assessment Diabetes (GSD). Providers can now either obtain an average glucose value from a member's continuous glucose monitor (CGM) device or HbA1c test result.

Please document in the member's chart the glycemic status assessment (HbA1c lab, point-of-care test, or average glucose) results and date performed. If multiple glycemic status assessments are recorded for a single date, use the lowest result.

Prior to a patient visit, remind those with a CGM device to bring in their **most recent** average glucose results. Self-member reported results are eligible to be used if the date and result is documented in the patient's record.

IMPORTANT NEXT STEP: Include on your submitted claim the correct CPT CAT II code according to the HbA1C or average glucose value. This process will assist in closing HEDIS gaps in care (see CPTII codes below).

CPT CAT II Codes for Glycemic Status – A1c test or Average Glucose Results

The National Committee for Quality Assurance (NCQA) has identified the codes below as acceptable for the GSD Measure for members with diabetes.

CPT CAT II CODES	A1C VALUE DESCRIPTION	AVERAGE GLUCOSE*
3044F	Most recent hemoglobin A1C (HbA1C) level less than 7%	Less than 154
3046F	Most recent hemoglobin A1C (HbA1C) level greater than 9%	Over 237
3051F	Most recent hemoglobin A1C (HbA1C) level greater than or equal to 7% and less than 8%	Between 154 and 196
3052F	Most recent hemoglobin A1C (HbA1C) level greater than or equal to 8% and less than or equal to 9%	Between 196 and 237

You need the average glucose values from the CGM to get the GMI percentage:

***GMI (%) = 3.31 + 0.02392 x [mean glucose in mg/dL].**

NOTE: The clinical information provided is not intended to interfere with clinical or coding judgment.

2. Hypertension

The following CPT CAT II codes are available for coding blood pressure (BP) readings on submitted claims (see table below). Adequate blood pressure control is considered <140/90.

If a member's blood pressure is elevated during an office visit, consider retaking it and documenting the multiple readings.

HEDIS allows the use of the lowest systolic and diastolic readings if taken on the same day. Do not round up BP values. Encourage members to self-monitor BP at home. NCQA accepts member self-reported digital BP readings if the results and date are documented in the patient's medical record.

CPT CAT II Codes* for Controlling High Blood Pressure

NCQA has identified the codes below as acceptable for the Controlling High Blood Pressure Measure (CBP).

CODE SYSTEM	CODE	DEFINITION
CPT CAT II	3074F	Most recent systolic blood pressure less than 130 mm Hg
CPT CAT II	3075F	Most recent systolic blood pressure 130–139 mm Hg
CPT CAT II	3077F	Most recent systolic blood pressure greater than or equal to 140 mm Hg
CPT CAT II	3078F	Most recent diastolic blood pressure less than 80 mm Hg
CPT CAT II	3079F	Most recent diastolic blood pressure 80–89 mm Hg
CPT CAT II	3080F	Most recent diastolic blood pressure greater than or equal to 90 mm Hg

***Must submit both a systolic and diastolic code to capture the completed BP reading.**

NOTE: The clinical information provided is not intended to interfere with clinical or coding judgment.

3. Prenatal and Postpartum Visits

The following CPT CAT II codes are available for coding prenatal and postpartum visits (see table below) and can be submitted by OB/GYN specialists, primary care physicians, or other prenatal providers.

When submitting these codes, note the following:

- Prenatal care begins in the first trimester.
- Postpartum care occurs 7–84 days post-delivery.
- Live births must be delivered between Oct. 8, 2023, and Oct. 7, 2024.

CPT CAT II Codes for Prenatal/Postpartum Care

NCQA has identified the codes below as acceptable for the Prenatal/Postpartum Care Measure.

VALUE SET NAME	CODE	DEFINITION
Stand-Alone Prenatal Visits	0500F	Initial prenatal care visit (report at first prenatal encounter with health care professional providing obstetrical care. Report also date of visit and, in a separate field, the date of the last menstrual period (LMP).
Stand-Alone Prenatal Visits	0501F	Prenatal flow sheet documented in medical record by first prenatal visit (documentation includes minimum blood pressure, weight, urine protein, uterine size, fetal heart tones, and estimated date of delivery). Report also: date of visit and, in a separate field, the date of the LMP. **Note:** If reporting 0501F Prenatal flow sheet, it is not necessary to report 0500F Initial prenatal care visit.
Stand-Alone Prenatal Visits	0502F	Subsequent prenatal care visit [**Excludes**: patients who are seen for a condition unrelated to pregnancy or prenatal care (e.g., An upper respiratory infection; patients seen for consultation only, not for continuing care)].
Postpartum Visits	0503F	Postpartum care visit.

NOTE: The clinical information provided is not intended to interfere with clinical or coding judgment.