

Special Bulletin

For professional providers

November 11, 2022

CPT Category II Codes for Diabetes, Hypertension, and Pregnancy-Related Care

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

- **Diabetes:** Members (ages 18–75) with diabetes who have received hemoglobin (Hb) A1C testing and A1C control.
- **Hypertension:** Members (ages 18–85) with a diagnosis of hypertension.
- **Prenatal/Postpartum Care:** Members who experienced prenatal/postpartum care events that are outside the global billing.

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.

Diabetes

The following CPT CAT II codes are available for coding HbA1C levels (see table below). Use these CPT CAT II codes in a claim as lab results for HEDIS. When using these codes, either order labs prior to a patient's appointment or bill HbA1C testing if you complete testing in the office. Document the lab date and results in the member's chart and put the correct CPT CAT II code on the claim.

CPT CAT II Codes for Hemoglobin A1C Levels

The codes below have been identified by the National Committee for Quality Assurance (NCQA) as acceptable for the Hemoglobin A1C Control Measure for members with diabetes.

SYSTEM CODE	CODE	DEFINITION
CPT CAT II	3044F	Most recent hemoglobin A1C (HbA1C) level less than 7%
CPT CAT II	3046F	Most recent hemoglobin A1C (HbA1C) level greater than 9%
CPT CAT II	3051F	Most recent hemoglobin A1C (HbA1C) level greater than or equal to 7% and less than 8%
CPT CAT II	3052F	Most recent hemoglobin A1C (HbA1C) level greater than or equal to 8% and less than or equal to 9%

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

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 the member's blood pressure is elevated during an office visit, consider retaking it as many times as necessary and document 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 and report the results during their next visit in their medical record. Patient-reported BP is acceptable if documented in the medical record. Please also include the date of the reading.

CPT CAT II Codes* for Controlling High Blood Pressure

The codes below have been identified by the NCQA 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 bill 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.

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 an 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 October 8, 2021, and October 7, 2022.

CPT CAT II Prenatal/Postpartum Care Codes

The codes below have been identified by the NCQA 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 at 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.

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Highmark does not recommend particular treatments or health care services. This information is not intended to be a substitute for professional medical advice, diagnosis, or treatment. You should determine the appropriate treatment and follow-up with your patient. Coverage of services is subject to the terms of each member's benefit plan. Additionally, state laws and regulations governing health insurance, health plans and coverage may apply and will vary from state to state.

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