



Medicare Advantage frequently used CPT II codes for HEDIS measures

What are CPT II codes?

Current Procedural Terminology (CPT®) Category II codes are supplemental tracking codes used for performance measurement to help support quality patient care. The Centers for Medicare & Medicaid Services (CMS) uses these codes across the country.

CPT II codes make it easier to track the delivery of quality care. The codes also simplify how quality performance measures are reported and eliminate the need for chart abstraction. Providers and hospitals can use these codes to report specific services that contribute to positive health outcomes and high-quality care.

Why use CPT II codes?

- Reduce patient chart requests from the health plan
- Identify and address care opportunities more quickly, which drives Healthcare Effectiveness Data and Information Set (HEDIS®) measures and Star Rating improvements
- Provide access to more accurate medical data, supporting your care plan through more targeted case management services
- Support a proactive approach to addressing clinical care opportunities
- Help facilitate timely and accurate claim payment

CPT II code billing information

CPT II codes are billed in the procedure code field the same as CPT I codes. However, they are informational codes used to describe clinical components that are usually included in evaluation, management or clinical services. CPT II codes are not associated with any relative value and can be billed with a \$0.00 charge amount. As these codes are for reporting purposes only, they are nonpayable and will be processed accordingly.

Listed below are HEDIS Star measures and their applicable CPT II codes.

Measure	Common CPT II codes
New for measurement year 2025: Pain Screening was retired from the HEDIS Care for Older Adults measures. It is anticipated to return in the future. Coding information presented in plum indicates results that do not meet Star measure control levels and will not fully address care opportunities. However, they should be used to verify that the test was performed and for monitoring/reporting of results.	
Care for Older Adults (COA)	Functional Status Assessment (FSA) <ul style="list-style-type: none">• 1170F: Functional status assessed
	Medication Review (MDR) <ul style="list-style-type: none">• 1159F: Medication list documented in the medical record• 1160F: Review of medications by prescribing practitioner or clinical pharmacist documented in the medical record (National Provider Identifier [NPI] number required in addition to CPT II code to close care opportunity)
	Pain Screening (PNS) <ul style="list-style-type: none">• 1125F: Pain severity quantified; pain present• 1126F: Pain severity quantified; no pain present

Diabetes Care	Glycemic Status Assessment for Patients With Diabetes (GSD) <ul style="list-style-type: none">3044F: Most recent HbA1c level < 7.0%3046F: Most recent HbA1c level > 9.0%3051F: Most recent HbA1c level ≥ 7.0% and < 8.0%3052F: Most recent HbA1c level ≥ 8.0% and ≤ 9.0%		
	Eye Exam for Patients With Diabetes (EED) (NPI required in addition to CPT II code to close care opportunity)		
	Description	Without evidence of retinopathy*	With evidence of retinopathy
	<ul style="list-style-type: none">Dilated retinal eye exam with interpretation by an ophthalmologist or optometrist documented and reviewedSeven standard field stereoscopic retinal photos with interpretation by an ophthalmologist or optometrist documented and reviewedEye imaging validated to match diagnosis from seven standard field stereoscopic retinal photos results documented and reviewedLow risk for retinopathy (no evidence of retinopathy in the prior year)	<ul style="list-style-type: none">2023F2025F2033F3072F	<ul style="list-style-type: none">2022F2024F2026FN/A
Controlling High Blood Pressure (CBP)**	Systolic <ul style="list-style-type: none">3074F: < 130 mmHg3075F: 130–139 mmHg3077F: ≥ 140 mmHg	Diastolic <ul style="list-style-type: none">3078F: < 80 mmHg3079F: 80–89 mmHg3080F: ≥ 90 mmHg	
Medication Reconciliation Post-Discharge (MRP)	<ul style="list-style-type: none">1111F: Discharge medications reconciled with current medication list in the outpatient medical record (NPI required in addition to CPT II code to close care opportunity)		

* When negative retinopathy results are reported for a patient, he or she will be compliant for the measurement year in which the testing occurred through the end of the following measurement year.

** The last reading/result of the measurement year will be used for HEDIS reporting and performance rating.

CPT II codes provided in this document are limited to those that will address care opportunities for the measures included. For a full description of CPT II codes, please refer to the American Medical Association CPT Professional Edition book or coding platform. The coding information in this document is subject to changing requirements and should not be relied on as official coding or legal advice. All coding should be considered on a case-by-case basis and supported by medical necessity and appropriate documentation in the medical record.

NCQA® copyright notice and disclaimer

The HEDIS measure specifications were developed by and are owned by the National Committee for Quality Assurance (NCQA®). The HEDIS measure specifications are not clinical guidelines and do not establish a standard of medical care. NCQA makes no representations, warranties, or endorsement about the quality of any organization or physician that uses or reports performance measures and NCQA has no liability to anyone who relies on such measure specifications. NCQA holds a copyright in these materials and can rescind or alter these materials at any time. These materials may not be modified by anyone other than NCQA. Use of the Rules for Allowable Adjustments of HEDIS to make permitted adjustments of the materials does not constitute a modification. Any commercial use and/or internal or external reproduction, distribution and publication must be approved by NCQA and are subject to a license at the discretion of NCQA. Any use of the materials to identify records or calculate measure results, for example, requires a custom license and may necessitate certification pursuant to NCQA's Measure Certification Program. Reprinted with permission by NCQA. ©2025 NCQA, all rights reserved.

Limited proprietary coding is contained in the measure specifications for convenience. NCQA disclaims all liability for use or accuracy of any third-party code values contained in the specifications.

The full text of this notice and disclaimer is available here:

[https://assets.humana.com/is/content/humana/NCQA copyright notice and disclaimerpdf](https://assets.humana.com/is/content/humana/NCQA%20copyright%20notice%20and%20disclaimer.pdf)