CPT II CODES

DECEMBER 11TH 2025

AGENDA

- CPT II code's function
- Hypertension
- Diabetes
- Depression

Source

Core Set of Adult Health Care Quality Measures for Medicaid (Adult Core Set) (Child Core Set)

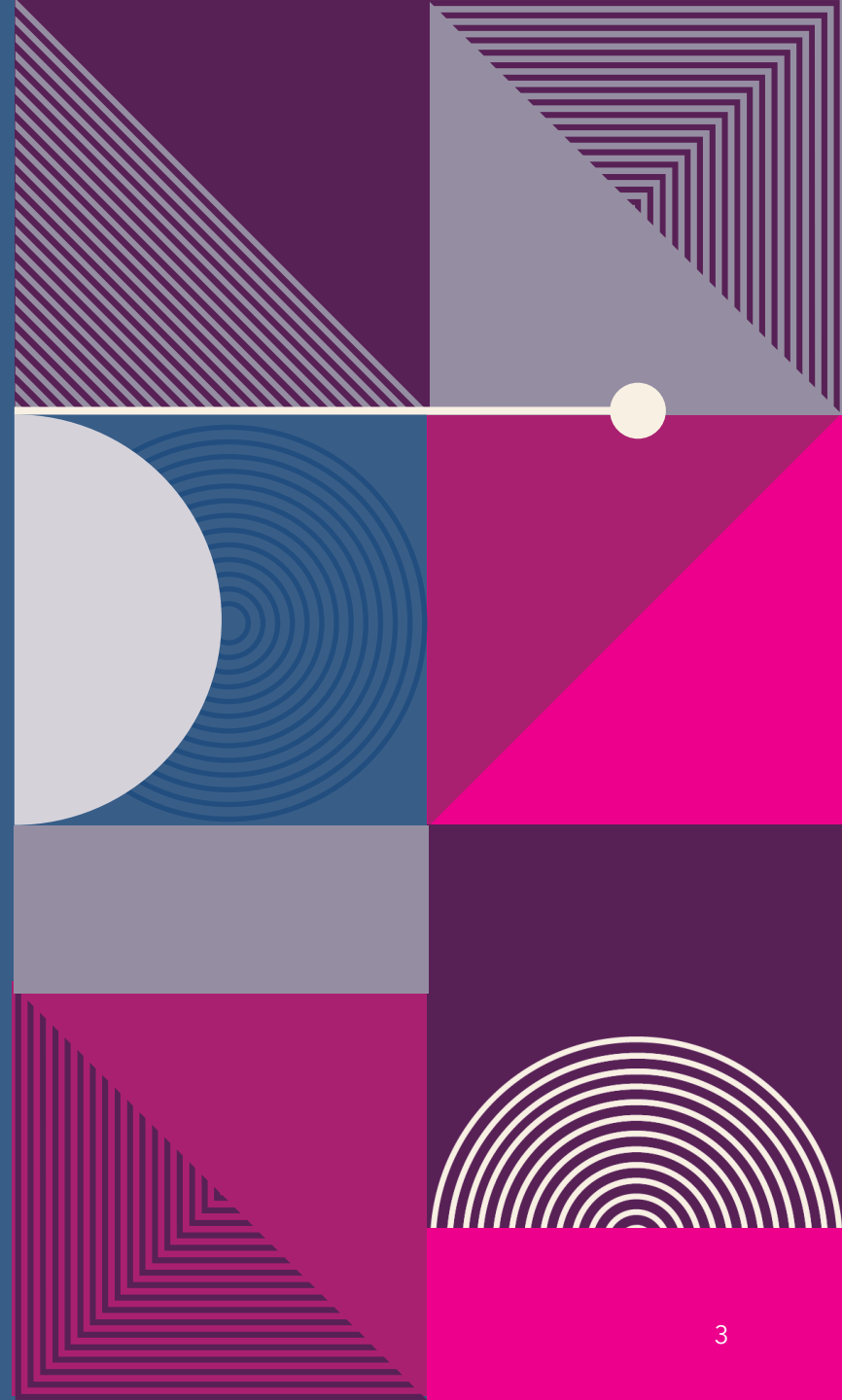
Technical Specifications and Resource Manual for 2025 Core Set Reporting January 2025 (Updated March 2025)

Center for Medicaid and CHIP Services

Centers for Medicare & Medicaid Services

CPT II CODES FUNCTION

1. Quality reporting or performance codes (MIPS)
2. They are Non billable codes
3. Describe clinical components ,grouped into 9 sections
4. CPT® Category II codes make it easier for you to share data with Medicaid/Medicare and commercial payers
5. Can mean fewer medical record requests When you add CPT Category II codes, payer MAY not have to request charts from your office to confirm care you've already completed.



HYPERTENSION-
BLOOD PRESSURE CONTROL
CONTROLLING HIGH BLOOD PRESSURE (CBP)

Description: Percentage of beneficiaries ages 18 to 85 who had a diagnosis of hypertension and whose blood pressure (BP) was adequately controlled (<140/90 mm Hg) during the measurement year.

Data Collection Method: Administrative, Hybrid, or EHR

ADMINISTRATIVE SPECIFICATION

Denominator

The eligible population as defined above.

Numerator

Identify the most recent BP reading (Systolic Blood Pressure Value Set; Diastolic Blood Pressure Value Set) taken during the measurement year.

Do not include BPs taken in an acute inpatient setting (Acute Inpatient Value Set; Acute Inpatient POS Value Set) or during an ED visit (ED Value Set; POS code 23).

The BP reading must occur on or after the date of the second diagnosis of hypertension (identified using the event/diagnosis criteria).

HYPERTENSION-
BLOOD PRESSURE CONTROL
CONTROLLING HIGH BLOOD PRESSURE (CBP)

Systolic less than 130 mm Hg Code: **3074F**

Systolic between 130 to 139 mm Hg **3075F**

Systolic greater than/equal to 140 mm Hg **3077F**

Diastolic less than 80 mm Hg **3078F**

Diastolic between 80 to 89 mm Hg **3079F**

Diastolic greater than/equal to 90 mm Hg **3080F** provider documents a patient's most recent diastolic blood pressure reading that is 90 mm Hg or higher.

DIABETES-
GLYCEMIC STATUS ASSESSMENT FOR PATIENTS WITH DIABETES (GSD) – FORMERLY HBD

- **DESCRIPTION**
- Percentage of beneficiaries ages 18 to 75 with diabetes (type 1 and type 2) whose most recent glycemic status (hemoglobin A1c [HbA1c] or glucose management indicator [GMI]) was at the following levels during the measurement year:
- **Glycemic Status <8.0%.**
- **Glycemic Status >9.0%.**
- Note: States must use the same data collection method (Administrative or Hybrid) to report these indicators.
- **Data Collection Method: Administrative or Hybrid**

DIABETES-
GLYCEMIC STATUS ASSESSMENT FOR PATIENTS WITH DIABETES (GSD) – FORMERLY HBD

- HbA1c level less than 7.0% **3044F**
- HbA1c level greater than 9.0% **3046F**
- HbA1c level greater than/equal to 7.0% and less than 8.0% **3051F** This code represents the most recent HbA1c level is between 7.0 percent and 8.0 percent.
- HbA1c level greater than/equal to 8.0% and less than/equal to 9.0% **3052F**

MEASURE CDF-AD: SCREENING FOR DEPRESSION AND FOLLOW-UP PLAN: AGE 18 AND OLDER

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DESCRIPTION

- Percentage of beneficiaries age 18 and older screened for depression on the date of the encounter or 14 days prior to the date of the encounter using an age-appropriate standardized depression screening tool, and if positive, a follow-up plan is documented on the date of the qualifying encounter. **Data Collection Method: Administrative or EHR**
- **G8431 positive F/U plan in place G8510 Negative no plan needed G8433 Screening for depression not completed, documented patient or medical reason**

Adult Screening Tools (age 18 and older) Patient Health Questionnaire (PHQ-9), Beck Depression Inventory (BDI or BDI-II), Center for Epidemiologic Studies Depression Scale (CES-D), Depression Scale (DEPS), Duke Anxiety- Depression Scale (DADS), Geriatric Depression Scale (GDS), Cornell Scale for Depression in Dementia (CSDD), PRIME MD-PHQ2, Hamilton Rating Scale for Depression (HAM-D), Quick Inventory of Depressive Symptomatology Self-Report (QID-SR), Computerized Adaptive Testing Depression Inventory (CAT-DI), and Computerized Adaptive Diagnostic Screener (CAD-MDD).

• **Perinatal Screening Tools** Edinburgh Postnatal Depression Scale, Postpartum Depression Screening Scale, Patient Health Questionnaire 9 (PHQ-9), Beck Depression Inventory, Beck Depression Inventory–II, Center for Epidemiologic Studies Depression Scale, and Zung Self-rating Depression Scale.

MEASURE CDF-AD: SCREENING FOR DEPRESSION AND FOLLOW-UP PLAN: AGE 18 AND OLDER

CENTERS FOR MEDICARE & MEDICAID SERVICES

- For the purpose of Adult Core Set reporting, **there are two G codes included in the numerator to capture whether depression screening using an age-appropriate standardized tool was done on the date of the eligible encounter or up to 14 days prior to the date of the encounter and if the screen was positive, whether a follow-up plan was documented on the date of the eligible encounter.**

A follow-up plan must be documented on the date of the qualifying encounter for a positive depression screen.

Documented follow-up for a positive depression screening *must* include one or more of the following:

Referral to a provider for additional evaluation and assessment to formulate a follow-up plan for a positive depression screen.

Pharmacological interventions.

Other interventions or follow-up for the diagnosis or treatment of depression.

Examples of a follow-up plan include but are not limited to:

MEASURE CDF-AD: SCREENING FOR DEPRESSION AND FOLLOW-UP PLAN: AGE 18 AND OLDER

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- **Exceptions**
- A beneficiary that does not meet the numerator criteria and meets the following exception criteria should be removed from the measure denominator.
- However, if the beneficiary meets the numerator criteria, the beneficiary would be included in the measure denominator.
- Beneficiary reason:
- - Beneficiary refuses to participate.
- Medical reason: Beneficiary is in an urgent or emergent situation where time is of the essence and to delay treatment would jeopardize the beneficiary's health status.
- Situations where the beneficiary's cognitive, functional, or motivational limitations may impact the accuracy of results.

CORE SET OF CHILDREN'S HEALTH CARE QUALITY

- **MEASURE CDF-CH: SCREENING FOR DEPRESSION AND FOLLOW-UP PLAN: AGES 12 TO 17**
- Centers for Medicare & Medicaid Services
- **A. DESCRIPTION**
- Percentage of beneficiaries ages 12 to 17 screened for depression on the date of the encounter or 14 days prior to the date of the encounter using an age-appropriate standardized depression screening tool, and if positive, a follow-up plan is documented on the date of the qualifying encounter.
- Data Collection Method: Administrative or EHR

FINAL TIPS & TAKEAWAYS

Work with your system vendor to add these codes into your EMR and Practice Management System. Inquire about automation. Some systems can automatically translate clinical data elements into the CPT II code.

CPT Category II codes are billed similar to the way your office bills for regular CPT codes and are placed in the same location on the claim form.

CPT Category II codes can be reported alone on a claim with $0.00 value (or $0.01 value if your system requires it in order for the codes to populate on a claim).

List CPT II codes on the claim after your CPT 1 codes

www.cms.gov › list-cpt-hcpcs-codesList of CPT/HCPCS Codes | CMS

RESOURCES

- AMA: https://www.ama-assn.org/practice-management/cpt/category-ii-codes
- United Health Care: CPT Category II codes quick reference guide ...
- CMS: List of CPT/HCPCS Codes | CMS
  www.cms.gov › list-cpt-hcpcs-codes
- **Core Set of Children's Health Care Quality Measures for Medicaid and CHIP (Child Core Set)** Technical Specifications and Resource Manual for 2025 Core Set Reporting - **January 2025 (Updated March 2025)** Center for Medicaid and CHIP Services Centers for Medicare & Medicaid Services
- Accountable Care Collaborative Phase III Quality Operations Guide Effective Date: July 1, 2025
  ://efaidnbmnnnibpcajpcglclefindmkaj/https://hcpf.colorado.gov/sites/hcpf/files/ACC%20Phase%20III%20Quality%20Program%20Operations%20Guide%20November%202025.pdf

THANK YOU

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