Use CPT II Codes to Complete Your Patients' Care Gaps
(Review of Prenatal and Postpartum CPT II Codes)

Current Procedural Terminology Category II (CPT® II) codes help provide valuable information about your patients' health. When these codes are submitted, Florida Blue can track performance measures throughout the year. **CPT II codes help identify opportunities for improvement and allow for timely interventions for better performance and health outcomes. Additionally, they can reduce the burden of chart requests during the Healthcare Effectiveness Data and Information Set (HEDIS®[1]) chart-request season since the claim process captures these services**. Please review additional information outlined below about the importance of using CPT II codes.

CPT II Code Definition
- CPT II codes usually describe a clinical component that is part of the evaluation and management service, results from a test, and other procedures identified as measurable data for quality of care. These codes do not have a fee schedule attached.

- CPT II Codes do not replace other CPT codes. You still need to include the appropriate codes for the services provided during the visit. CPT II codes are billed in the procedure code field, just as CPT I codes are reported.

Advantages of Using CPT II Codes
- Report performance measures and provide clinical data that helps you manage your Florida Blue patients.

- Help identify patients in your panel who may need increased clinical oversight or change in treatment plans to reach a desired health status.

- Help identify procedures or clinical activities performed in your office such as review of retinal eye screening reports and medication reconciliation activities performed post-discharge.

- Help close care gaps.

- Decrease chart requests and thereby helps reduce administrative work.

- Help Florida Blue align your patients with relative health and wellbeing programs.

CPT II Codes for Closing Prenatal and Postpartum Care Gaps
The table below lists CPT II codes used for closing prenatal and postpartum care gaps. When used with the dates of service, the CPT II codes will confirm that care gaps have been closed. The codes also allow Florida Blue to identify and direct members to specific health and wellbeing programs. For example, our **Healthy Addition Prenatal Program** matches a member with a nurse for guidance through the steps of a healthy pregnancy, birth, and the care of a new baby, and additionally supplies the member with materials and gifts. By providing this information, you can help your patients take advantage of available programs.

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Prenatal and Postpartum Care (PPC) CPT II Codes and Descriptions	
CPT II Code	**Description**
0500F	Initial prenatal care visit (report at first prenatal encounter with health care professional providing obstetrical care. Also report the date of visit and, in a separate field, the date of the last menstrual period (LMP) (Prenatal).
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). Also report the date of visit and, in a separate field, the date of the last menstrual period (LMP). (Note: If reporting 0501F Prenatal flow sheet, it is not necessary to report 0500F Initial prenatal care visit) (Prenatal).
0502F	Subsequent prenatal care visit (Prenatal). Excludes patients who are seen for a condition unrelated to pregnancy or prenatal care (e.g., an upper respiratory infection; and patients seen for consultation only, not for continuing care).
0503F	Postpartum care visit (Prenatal)

Thank you in advance for using CPT II codes to help capture important information that provide valuable insights, to better support you and your patients.

If you have questions or would like to know which members have an open gap for either prenatal or postpartum care, please email qualitycaregapquestions@bcbsfl.com.