Federal Employee Program

Optimizing Care Coordination and CPT II Code Use
Quality Measures: AMR, CBP, GSD, SPC

The Blue Cross and Blue Shield Federal Employee Program® (FEP) aims to improve the quality of care for its members by optimizing care coordination and closing care gaps. Implementing best practices and using Current Procedural Terminology (CPT) Category II codes* for the Healthcare Effectiveness Data and Information Set (HEDIS®[1]) quality standards below can help reduce costs, enhance the overall quality of care, and improve patient outcomes.

Asthma Medication Ratio (AMR)

Assesses the percentage of patients between the ages of 5 and 64 years with:
- Persistent asthma and more than four asthma medication dispensing events
- Four outpatient or telehealth visits on different dates of service, and two asthma medication dispensing events
- One emergency department visit, acute inpatient encounter, or acute inpatient discharge with a principal diagnosis of asthma

Keys to Closing AMR Care Gaps
Ask if your patient has a barrier to filling the prescription.
- Ensure rescue medication use does not exceed preventive medication use.
- Consider 90-day prescriptions, automatic refills, and mail-order refills.
- Ensure your patient receives prescriptions during the checkout process.
- Schedule patient follow-up appointments.

*CPT II codes are not used for this HEDIS measure.

Controlling Blood Pressure (CBP)

Assesses the percentage of patients between the ages of 18 and 85 years with a diagnosis of hypertension and whose blood pressure was adequately controlled (less than 140/90) during the measurement year.
- Document readings clearly in the clinical notes and include CPT II codes in claims.
- Document all systolic and diastolic readings if multiple readings are taken the same day.
- Have your patient sit quietly for five minutes before and during the reading.
- Rest and repeat if the patient's blood pressure is greater than 140/90.
- Report lowest same-date systolic and diastolic readings with CPT II codes.

Controlling High Blood Pressure (CBP)	
CPT II Codes	**Description**
3079F	Most recent diastolic blood pressure 80-89 mm Hg
3078F	Most recent diastolic blood pressure less than 80 mm Hg
3080F	Most recent diastolic blood pressure greater than or equal to 90 mm Hg
3074F	Most recent systolic blood pressure less than 130 mm Hg
3075F	Most recent systolic blood pressure 130-139 mm Hg
3077F	Most recent systolic blood pressure greater than or equal to 140 mm Hg

[1]HEDIS is a registered trademark of the National Committee for Quality Assurance (NCQA).
Florida Blue is an independent licensee of the Blue Cross and Blue Shield Association.

Glycemic Status Assessment for Patients with Diabetes (GSD)

Assesses the percentage of patients between the ages 18 and 75 years with a diagnosis of diabetes whose most recent glycemic status (hemoglobin A1c or glucose management, indicator [GMI]) was less than 8.0% during the measurement year.

- Consider using a continuous glucose meter for patients with type 1 diabetes, those with frequent hypoglycemia, or those with uncontrolled diabetes.
- Encourage patients to perform self-monitoring blood glucose regularly to track glucose patterns and adjust treatment plans, especially before meals and at bedtime.
- Emphasize the importance of taking medications as prescribed and encourage patients to report any issues with adherence.
- Capture the *last* **A1c** reading of the year and the actual test results via CPT II codes to ensure compliance status for your patients.

Glycemic Status Assessment for Patients with Diabetes (GSD)	
CPT II Codes	**Description**
3044F	HbA1c less than (<) 7.0%
3046F	HbA1c greater than (>) 9.0%
3051F	HbA1c greater than 7.0% and less than 8.0%
3052F	HbA1c greater than or equal to 8.0% and less than or equal to 9.0%

Statin Medication Adherence in Patients with Cardiovascular Disease (SPC)

Assesses the percentage of male patients between the ages of 21 and 75 years, and female patients between the ages of 40 and 75 years, diagnosed with clinical atherosclerotic cardiovascular disease (ASCVD), and dispensed at least one high- or moderate-intensity statin during the measurement year.

- Educate patients on the benefits of lifestyle modifications in coordination with statin therapy.
- Discuss the purpose and importance of statin therapy with your patient.
- Identify and resolve patient-specific adherence barriers or concerns.
- Consider 90-day prescriptions, automatic refills, and mail-order refills.

If a patient is unable to tolerate statin medication due to thereasons below, please document the Systemized Nomenclature of Medicine (SNOMED) codes:	
SNOMED Codes	**Description**
16524291000119105	History of myalgia caused by statin (situation)
16524331000119104	History of rhabdomyolysis due to statin (situation)
16462851000119106	Myalgia caused by statin (finding)
787206005	Rhabdomyolysis due to statin (disorder)

Additional information about CPT II code use is included below.

CPT II Code Use

Definitions and Uses
- CPT II codes describe clinical components of evaluation and management services, test results, and other procedures identified as measurable data for quality of care.
- These codes do not have a fee schedule attached and do **not** replace other CPT codes.
  Use CPT II codes to:
    - Report performance measures and provide clinical data to manage FEP patients.
    - Identify patients who may need increased clinical oversight or a change in their treatment plans.
    - Identify procedures or clinical activities performed in your office.

Using CPT II Codes to Complete Patient Care Caps
CPT II codes provide valuable information about patients' health and help track performance measures throughout the year. These codes identify opportunities for improvement and stage timely interventions. They also reduce the strain of chart requests during the HEDIS chart review season which is typically January – May but activity can run through the year.

CPT II Codes for Closing PPC Care Caps
The following table is an example of the CPT II codes used to show how prenatal and postpartum care is evaluated:

Prenatal and Postpartum Care (PPC)	
CPT II Codes	**Description**
0500F	Initial Prenatal Visit
0501F	Prenatal flow sheet documented in the medical record by the first prenatal visit.
0502F	Subsequent prenatal care visit after the initial assessment has been completed.
0503F	Postpartum Visit

Must document the prenatal or postpartum date of service with all CPT II codes

For a complete list of all HEDIS and Pharmacy Quality Alliance measures according to specific lines of business, visit FloridaBlue.com, click on **For Providers** and select **Tools & Resources**.