<table>
<tr><th>MEASURE</th><th colspan="4">COMMON CPT II CODES</th></tr>
<tr><td rowspan="3">Care for Older Adults (COA)</td><td colspan="4">Functional Status Assessment (FSA)
• 1170F: Functional status assessed</td></tr>
<tr><td colspan="4">Medication Review (MDR)
• 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)</td></tr>
<tr><td colspan="4">Pain Screening (PNS)
• 1125F: Pain severity quantified; pain present
• 1126F: Pain severity quantified; no pain present</td></tr>
<tr><td rowspan="4">Diabetes Care</td><td colspan="4">Glycemic Status Assessment (GSD)
• 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%</td></tr>
<tr><td colspan="4">Eye Exam for Patients With Diabetes (EED)
(NPI required in addition to CPT II code to close care opportunity)</td></tr>
<tr><td colspan="2">Description</td><td>Without evidence of retinopathy**</td><td>With evidence of retinopathy</td></tr>
<tr><td colspan="2">• Dilated retinal eye exam with interpretation by an ophthalmologist or optometrist documented and reviewed
• Seven standard field stereoscopic retinal photos with interpretation by an ophthalmologist or optometrist documented and reviewed</td><td>• 2023F
• 2025F
• 2033F
• 3072F</td><td>• 2022F
• 2024F
• 2026F
• N/A</td></tr>
<tr><td>Controlling Blood Pressure (CBP)*</td><td>Systolic
• 3074F: < 130 mmHg
• 3075F: 130–139 mmHg
• 3077F: ≥ 140 mmHg</td><td colspan="3">Diastolic
• 3078F: < 80 mmHg
• 3079F: 80–89 mmHg
• 3080F: ≥ 90 mmHg</td></tr>
<tr><td>Medication Reconciliation PostDischarge (MRP)</td><td colspan="4">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)</td></tr>
</table>

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

** 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.

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.