Use Correct CPT Codes and HCPCS Billing for Medicare

wellcare By health net

IMPORTANT INFORMATION ON CPT II AND HCPCS CODES

Remember to use accurate CPT Category II codes and HCPCS codes to improve efficiencies in closing patient care gaps and in data collection for performance measurement. When you verify that you performed quality procedures and closed care gaps, you're confirming that you're giving the best of quality care to members.

Certain CPT II and HCPCS codes are on the fee schedule at a price of $0.01. This allows billing of these important codes without a denial of "non-payable code."

How does this help you?

- ✓ Fewer dropped codes by billing companies due to non-payable codes.
- ✓ Better reporting of open and closed care needs for your assigned members.
- ✓ Increase in Payment for Quality (P4Q) due to submission of additional codes.
- ✓ Collection of Healthcare Effectiveness Data and Information Set (HEDIS®)[1] measure data year round, resulting in fewer chart requests during chart collection season.
- ✓ Gap closure is reflected more timely with code submission versus medical records.

What measures do these codes apply to?

- ✓ Controlling Blood Pressure (including diabetics)
  - Blood pressure results
- ✓ Comprehensive Diabetes Care
  - HbA1c levels
  - Diabetic retinal eye exams
- ✓ Care of Older Adults
  - Advance care planning
  - Pain assessment
  - Medication list and review
  - Functional status assessment
- ✓ Medication Reconciliation Post Discharge
  - Medication list and review after hospital discharge

[1]HEDIS is a registered trademark of the National Committee for Quality Assurance (NCQA).

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Please use the following document to alert your billers and billing companies.

Attention billers:

Wellcare By Health Net (Health Net*) pays $0.01 for CPT II and HCPCS codes associated with quality measures. The following codes must be billed on all claims and encounters when applicable:

Category of codes	CPT II codes	HCPCS codes
HbA1c Results	• 3044F Most recent hemoglobin A1c (HbA1c) < 7% • 3046F Most recent hemoglobin A1c (HbA1c) > 9% • 3051F Most recent hemoglobin A1c (HbA1c) result ≥ 7% and < 8% • 3052F Most recent hemoglobin A1c (HbA1c) result ≥ 8% and ≤ 9%	
Eye Exams	• 2022F Dilated retinal eye exam with interpretation by an ophthalmologist or optometrist documented and reviewed • 2023F Dilated retinal eye exam with interpretation by an ophthalmologist or optometrist documented and reviewed; without evidence of retinopathy • 2024F Seven standard field stereoscopic photos with interpretation by an ophthalmologist or optometrist documented and reviewed; with evidence of retinopathy • 2025F Seven standard field stereoscopic photos with interpretation by an ophthalmologist or optometrist documented and reviewed; without evidence of retinopathy • 2026F Eye imaging validated to match diagnosis from seven standard field stereoscopic photos results documented and reviewed; with evidence of retinopathy • 2033F Eye imaging validated to match diagnosis from seven standard field stereoscopic photos, results documented and reviewed; without evidence of retinopathy • 3072F Low risk for retinopathy (no evidence of retinopathy in the prior year)	• S0621 Diabetic retinal screening • S0620 Diabetic retinal screening • S3000 Diabetic retinal screening
Advance Care Planning	• 1123F Advance care planning discussed and documented advance care plan or surrogate decision maker documented in the medical record • 1124F Advance care planning discussed and documented in the medical record, patient did not wish or was not able to name a surrogate decision maker or provide an advance care plan • 1157F Advance care plan or similar legal document present in the medical record • 1158F Advance care planning discussion documented in the medical record	

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Category of codes	CPT II codes	HCPCS codes
Blood Pressure Control (includes diabetics) Always submit a code for systolic and diastolic	• 3074F Most recent systolic < 130mm Hg • 3075F Most recent systolic 130–139mm Hg • 3077F Most recent systolic ≥ 140mm Hg • 3078F Most recent diastolic < 80mm Hg • 3079F Most recent diastolic 80–89mm Hg • 3080F Most recent diastolic ≥ 90mm Hg	
Medication Review (two codes: review and list)	✓ **Medication review** • 1159F Bill with 1160F, medication list in the medical record ✓ **Medication list** • 1160F Bill with 1159F, review of all medications by a prescribing practitioner or clinical pharmacist documented in the medical record	G8427 Medication list
Medication Reconciliation	• 1111F Discharge medications reconciled with the current medication list in the outpatient record	
Functional Status Assessment	• 1170F Functional status assessed	
Pain Assessment	• 1125F pain present; pain severity quantified • 1126F no pain present; pain severity quantified	