

CPTII Codes and HCPCS Billing for Medicare and Medicaid

Important Information on CPT II and HCPCS Codes

We're asking our providers to make sure 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 our members.

WellCare has made a change to CPTII code payment to assist in the pursuit of Quality.

Starting January 1, 2019, WellCare will add CPTII and HCPCS codes to the fee schedule. This will allow billing of these important codes without a denial of "non-payable code".



How does this help you, our Providers?

- 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 HEDIS measure data year round, resulting in fewer chart requests during chart collection season

What measures do these codes apply to?

- Controlling Blood Pressure
 - Blood pressure results
- Comprehensive Diabetes Care
 - HbA1C levels
 - Nephropathy – urine protein tests or treatment
 - Diabetic Retinal Eye Exams, DRE
- Care of Older Adults
 - Pain Assessment
 - Medication List and Review
 - Functional Status Assessment
- Medication Reconciliation Post Discharge
 - Medication List and Review after hospital discharge



Please use the following documents to alert your Billers and Billing Companies.

Attention Billers:

Starting January 1, 2019 WellCare Health Plans will be paying for CPTII and HCPCS codes associated with Quality Measures. The following codes must be billed on all claims and encounters when applicable:

Category of Codes	CPTII Codes	CPTII Reimbursement Amount	HCPCS Codes	HCPCS Reimbursement Amount
HbA1c Results	3044F Most recent hemoglobin A1c (HbA1c) <7%	\$10.00	NA	
	3045F Most recent hemoglobin A1c (HbA1c) 7% – 9%	\$.01		
	3046F Most recent hemoglobin A1c (HbA1c) >9%	\$10.00	NA	NA
Eye Exams	2022F Dilated retinal eye exam with interpretation by an ophthalmologist or optometrist documented and reviewed	\$.01	S0621 Diabetic Retinal Screening	\$.01
	2024F Seven (7) standard field stereoscopic photos with interpretation by an ophthalmologist or optometrist documented and reviewed	\$.01	S0620 Diabetic Retinal Screening	\$.01
	2026F Eye Imaging validated to match diagnosis from 7 standard field stereoscopic photos results documented and reviewed	\$.01	S3000 Diabetic Retinal Screening	\$.01
	3072F Low risk for retinopathy (no evidence of retinopathy in the prior year)	\$.01	NA	
Nephropathy	3061F Negative microalbuminuria test result documented and reviewed	\$10.00	NA	
	3062F Positive macroalbuminuria test result documented and reviewed	\$.01	NA	
	3066F Documentation of treatment for nephropathy (e.g., patient receiving dialysis, patient being treated for ESRD, CRF, ARF or renal insufficiency, any visit to a nephrologist)	\$.01	NA	
	4010F Angiotensin Converting Enzyme (ACE) Inhibitor or Angiotensin Receptor Blocker (ARB) therapy prescribed or currently being taken	\$.01	NA	
	3060F Positive microalbuminuria test result documented and reviewed	\$10.00	NA	



Category of Codes	CPTII Codes	CPTII Reimbursement Amount	HCPCS Codes	HCPCS Reimbursement Amount
Blood Pressure Control	3074F Most recent Systolic <130mm Hg	\$10.00	NA	
	3075F Most recent Systolic 130–139mm Hg	\$10.00		
	3077F Most recent Systolic ≥140mm Hg	\$10.00		
	3078F Most recent Diastolic <80mm Hg	\$10.00		
	3079F Most recent Diastolic 80–89mm Hg	\$10.00		
	3080F Most recent Diastolic ≥90mm Hg	\$10.00		
Medication Review 2 codes: Review and List *One of each must be billed to demonstrate compliance	Medication Review 1160F Bill with 1159F Review of all medications by a prescribing practitioner or clinical pharmacist documented in the medical record	\$10.00	NA	
	Medication List 1159F Bill with 1160F Medication list in the medical record	\$10.00	G8427 Medication List	\$.01
Medication Reconciliation	1111F Discharge medications reconciled with the current medication list in the outpatient record	\$10.00	NA	
Functional Status Assessment	1170F Functional status assessed	\$10.00	NA	
Pain Assessment	1125F pain present	\$10.00	NA	
	1126F no pain present	\$10.00		
Advance Care Planning	1157F Advance Care Plan in Record	\$10.00	S0257	\$10.00
	1158F Advance Care Plan discussion documented	\$10.00		
LDL-C Results	3048F LDL-C level <100	\$10.00	NA	
	3049F LDL-C level 100-129	\$10.00		
	3050F LDL-C level ≥ 130	\$10.00		