CPT®II Codes and HCPCS Billing for Medicare

Important Information on CPT II and HCPCS Codes

Accurate and thorough documentation is essential to our goal of helping our members reach their best health. Using accurate CPT II and HCPCS codes make it easier to identify and close gaps in patient care, and ensure that we have a robust data collection for performance measurement. When you verify that you performed quality procedures and closed gaps in patient care, you're documenting and affirming your commitment to providing excellent care to our members.

In order to help close quality gaps, Wellcare by Allwell is changing our CPT II code payment. Beginning June 1, 2021, we will add CPT II codes to the fee schedule at a price of $0.01, which will allow billing of these codes while avoiding claim denial due to a "non-payable code."

We believe providers will see the following benefits as a result of this change:

- Better reporting of open and closed care needs of your members
- Fewer dropped codes by billing companies due to denials for non-payable codes
- Increase incentives through our Continuity of Care (CoC) program due to submission of additional codes
- Better collection of HEDIS measure data year-round, resulting in fewer chart requests during chart collection seasons

These code changes will affect the following measures:

- 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
  - Advanced care planning
  - Pain assessment
  - Medication list and review
  - Functional status assessment
- Medication Reconciliation Post-Discharge
  - Medication list and review after hospital discharge

***Note:** When submitting Diabetic Retinal Eye Exam CPT II codes, you may be entitled to a $10 bonus payment per member per year. Providers must bill for $10 in the claim filing to receive reimbursement.

Please use the following to alert your billers and billing companies regarding these changes.

Attention billers: Starting June 1, 2021, Wellcare by Allwell will be paying $0.01 for CPT II 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) level <7.0% • **3046F** Most recent hemoglobin A1C (HbA1c) level >9.0% • **3051F** Most recent hemoglobin A1c (HbA1c) level ≥7.0% and <8.0% • **3052F** Most recent hemoglobin A1c (HbA1c) level ≥8.0% and ≤9.0%	
Eye Exams* *When submitting Diabetic Retinal Eye Exam CPT II codes, **you may be entitled to a $10 bonus payment per member per year.** Providers must bill $10 in the claim filing to receive reimbursement.	• **2022F** Dilated retinal eye exam with interpretation by an ophthalmologist or optometrist documented and reviewed; with evidence of retinopathy • **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 retinal 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 with evidence of retinopathy • **2033F** Eye imaging validated to match diagnosis from seven standard field stereoscopic retinal photos without evidence of retinopathy • **3072F** Low risk for retinopathy (no evidence of retinopathy in the prior year)	• **S0620** Diabetic Retinal Screening; new patient • **S0621** Diabetic Retinal Screening; est. patient • **S3000** Diabetic indicator; retinal eye exam, dilated, bilateral
Nephropathy	• **3060F** Positive microalbuminuria test result documented and reviewed • **3061F** Negative microalbuminuria test result documented and reviewed • **3062F** Positive macroalbuminuria test result documented and reviewed • **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) • **4010F** Angiotensin Converting Enzyme (ACE) Inhibitor or Angiotensin Receptor Blocker (ARB) therapy prescribed or currently being taken	
Blood Pressure Control	• **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 (2 Codes: Review and List)	Medication Review • **1159F** Bill with 1160F Medication list documented in medical record • **1160F** Bill with 1159F Review of all medications by a prescribing practitioner or clinical pharmacist documented in medical record. *Includes:* Prescriptions, OTCs, herbal therapies and supplements.	• **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 severity quantified; pain present • **1126F** Pain severity quantified; no pain present	
Advanced Care Planning	• **1123F** Advance care planning. Discussed and documented advance care plan or surrogate decision maker in medical record • **1124F** Advance care planning. Discussed and documented in 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 medical record • **1158F** Advance care planning discussion documented in medical record	