CPT II Codes and HCPCS Billing for Medicare Advantage

CPT II and HCPCS Code — Closing Gaps in Care

Submitting CPT Category II codes and HCPCS codes 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 CPT II code payment to assist in the pursuit of Quality.

Wellcare has taken steps to help ensure submissions pass through clearing house without issue for the following select CPT II and HCPCS codes to the Medicare fee schedule at a price of $0.01. This simple step allows billing of these important codes without a denial of "non-payable code."

How does this help you, our Providers?

- ✓ Reduces dropped codes and denied claims due to non-payable codes.
- ✓ Lessens the administrative burden for providers by reducing chart collection/ medical record submissions.
- ✓ Drives data capture which increases Payment for Quality (P4Q) incentive allocation.
- ✓ Improved reporting of open and closed care needs.

What measures do these codes apply to?

- ✓ Controlling Blood Pressure (Including Diabetics)
  - Blood pressure results
- ✓ Comprehensive Diabetes Care
  - Blood pressure results
  - HbA1c levels
  - Diabetic Retinal Eye Exams
- ✓ Advance Care Planning
- ✓ Care of Older Adults
  - Functional Status Assessment
  - Medication List and Review
  - Pain Assessment
- ✓ Medication Reconciliation Post Discharge
  - Medication List and Review after hospital discharge

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For more than 20 years, Wellcare has offered a range of Medicare products, which offer affordable coverage beyond Original Medicare. Beginning Jan. 1, 2022, our affiliated Medicare product brands, including Allwell, Health Net, Trillium Advantage, and 'Ohana Health Plan transitioned to the newly refreshed Wellcare brand. If you have any questions, please contact Provider Relations.

wellcare™ | wellcare By Allwell | wellcare By Health Net | wellcare By Trillium Advantage | wellcare By 'Ohana Health Plan

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

Attention Billers:

When you submit your CPT II and HCPCS codes for Medicare members, please bill $0.01. This billing component helps reduce denials and data capture issues. Payment applies to Medicare providers in the following affiliated Medicare product brands: Allwell, HealthNet, ʻOhana Health Plan, Trillium Advantage, and Wellcare.

Contact your Quality or Provider Relations representative with questions.

The following codes must be billed on all claims and encounters when applicable:

CATEGORY OF CODES	CPT II CODES	HCPCS CODES
Blood Pressure Control (Includes Diabetics)	• **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	
HbA1c Results	• **3044F** Most recent hemoglobin A1c (HbA1c) <7% • **3046F** Most recent hemoglobin A1c (HbA1c) >9% • **3051F** Most recent hemoglobin A1c (HbA1c) >=7% and <8% • **3052F** Most recent hemoglobin A1c (HbA1c) >=8% and <=9%	
Diabetic Retinal Eye Exams	• **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 or retinopathy • **2024F** Seven (7) standard filed stereoscopic photos with interpretation by an ophthalmologist or optometrist documented and reviewed; with evidence of retinopathy • **2025F** Seven (7) 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 (7) standard field stereoscopic photos results documented and reviewed; with evidence of retinopathy • **2033F** Eye Imaging validated to match diagnosis from seven (7) 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)	• **S0620** Diabetic Retinal Screening – Routine ophthalmological examination including refraction; established patient • **S0621** Diabetic Retinal Screening – Routine ophthalmological examination including refraction; new patient • **S3000** Diabetic Retinal Screening – Diabetic indicator; retinal eye exam, dilated, bilateral

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CATEGORY OF CODES	CPT II CODES	HCPCS CODES
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	• **S0257** Advance care planning – Counseling and discussion regarding advance directives or end of life care planning and decisions, with patient and/or surrogate (list separately in addition to code for appropriate evaluation and management service)
Medication Review (2 codes: Review and List)	**Medication List** • **1159F** (Bill with 1160F) Medication list documented in the medical record **Medication Review** • **1160F** (Bill with 1159F) Review of all medications by a prescribing practitioner or clinical pharmacist documented in the medical record	• **G8427** Medication List – Eligible clinician attests to documenting in the medical record they obtained, updated, or reviewed the patient's current medications
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	