

CPT II Codes and HCPCS Billing for Medicare

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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 CPT II code payment to assist in the pursuit of Quality.

Starting January 1, 2022, Wellcare added select CPT II and HCPCS codes to the Medicare 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, 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
- ✓ 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
- ✓ 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.

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By Allwell

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By Health Net

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By Trillium Advantage

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By Ohana Health Plan

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

Attention Billers:

Starting January 1, 2022 Wellcare Health Plans will be paying \$0.01 for CPT II and HCPCS codes associated with Quality Measures. Payment applies to Medicare providers in the following affiliated Medicare product brands: Allwell, HealthNet, 'Ohana 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)	<ul style="list-style-type: none"> • 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	<ul style="list-style-type: none"> • 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	<ul style="list-style-type: none"> • 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 field 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) 	<ul style="list-style-type: none"> • S0621 Diabetic Retinal Screening <ul style="list-style-type: none"> – Routine ophthalmological examination including refraction; new patient • S0620 Diabetic Retinal Screening <ul style="list-style-type: none"> – Routine ophthalmological examination including refraction; established patient • S3000 Diabetic Retinal Screening <ul style="list-style-type: none"> – Diabetic indicator; retinal eye exam, dilated, bilateral

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CATEGORY OF CODES	CPT II CODES	HCPCS CODES
Advance Care Planning	<ul style="list-style-type: none"> • NEW 1123F Advance care planning discussed and documented advance care plan or surrogate decision maker documented in the medical record • NEW 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 • NEW 1157F Advance care plan or similar legal document present in the medical record • NEW 1158F Advance care planning discussion documented in the medical record 	<ul style="list-style-type: none"> • NEW 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)	<p>Medication List</p> <ul style="list-style-type: none"> • 1159F (Bill with 1160F) Medication list documented in the medical record <p>Medication Review</p> <ul style="list-style-type: none"> • 1160F (Bill with 1159F) Review of all medications by a prescribing practitioner or clinical pharmacist documented in the medical record 	<ul style="list-style-type: none"> • G8427 Medication List – Eligible clinician attests to documenting in the medical record they obtained, updated, or reviewed the patient’s current medications
Medication Reconciliation	<ul style="list-style-type: none"> • 1111F Discharge medications reconciled with the current medication list in the outpatient record. 	
Functional Status Assessment	<ul style="list-style-type: none"> • 1170F Functional status assessed 	
Pain Assessment	<ul style="list-style-type: none"> • 1125F Pain present; pain severity quantified • 1126F No pain present; pain severity quantified 	



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