

# CPTII Codes and HCPCS Billing



## 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.

Absolute Total Care allows the billing of these important codes without a denial of "non-payable code" to assist in the pursuit of quality.

The fee schedule includes CPTII and HCPCS codes at a price of \$0.01.



## 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?

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| <ul style="list-style-type: none"> <li>✓ Controlling Blood Pressure               <ul style="list-style-type: none"> <li>– Blood pressure results</li> </ul> </li> <li>✓ Comprehensive Diabetes Care               <ul style="list-style-type: none"> <li>– Hba1c levels</li> <li>– Nephropathy – urine protein tests or treatment</li> <li>– Diabetic Retinal Eye Exams, DRE</li> </ul> </li> </ul> | <ul style="list-style-type: none"> <li>✓ Care of Older Adults               <ul style="list-style-type: none"> <li>– Pain Assessment</li> <li>– Medication List and Review</li> <li>– Functional Status Assessment</li> </ul> </li> <li>✓ Medication Reconciliation Post Discharge               <ul style="list-style-type: none"> <li>– Medication List and Review after hospital discharge</li> </ul> </li> </ul> |
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Please use the following documents to alert your Billers and Billing Companies.

### Attention Billers:

Absolute Total Care pays \$0.01 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	HCPCS CODES
HbA1c Results	<ul style="list-style-type: none"> <li>• 3044F Most recent hemoglobin A1c (HbA1c) &lt;7%</li> <li>• 3046F Most recent hemoglobin A1c (HbA1c) &gt;9%</li> <li>• 3051F Most recent hemoglobin A1c (HbA1c) result &gt;7%-8%</li> <li>• 3052F Most recent hemoglobin A1c (HbA1c) result &gt;8%-&lt;9%</li> </ul>	
Eye Exams	<ul style="list-style-type: none"> <li>• 2022F Dilated retinal eye exam with interpretation by an ophthalmologist or optometrist documented and reviewed</li> <li>• 2023F Dilated retinal eye exam with interpretation by an ophthalmologist or optometrist documented and reviewed; without evidence or retinopathy</li> <li>• 2024F Seven (7) standard field stereoscopic photos with interpretation by an ophthalmologist or optometrist documented and reviewed</li> <li>• 2025F Seven standard field stereoscopic photos with interpretation by an ophthalmologist or optometrist documented and reviewed; without evidence of retinopathy</li> <li>• 2026F Eye Imaging validated to match diagnosis from 7 standard field stereoscopic photos results documented and reviewed</li> <li>• 2033F Eye Imaging validated to match diagnosis from seven standard field stereoscopic photos, results documented and reviewed; without evidence of retinopathy</li> <li>• 3072F Low risk for retinopathy (no evidence of retinopathy in the prior year)</li> </ul>	<ul style="list-style-type: none"> <li>• S0621 Diabetic Retinal Screening</li> <li>• S0620 Diabetic Retinal Screening</li> <li>• S3000 Diabetic Retinal Screening</li> </ul>
Nephropathy	<ul style="list-style-type: none"> <li>• 3060F Positive microalbuminuria test result documented and reviewed</li> <li>• 3061F Negative microalbuminuria test result documented and reviewed</li> <li>• 3062F Positive macroalbuminuria test result documented and reviewed</li> <li>• 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)</li> <li>• 4010F Angiotensin Converting Enzyme (ACE) Inhibitor or Angiotensin Receptor Blocker (ARB) therapy prescribed or currently being taken</li> </ul>	

CATEGORY OF CODES	CPTII CODES	HCPCS CODES
Blood Pressure Control	<ul style="list-style-type: none"> <li>• 3074F Most recent Systolic &lt;130mm Hg</li> <li>• 3075F Most recent Systolic 130–139mm Hg</li> <li>• 3077F Most recent Systolic ≥140mm Hg</li> <li>• 3078F Most recent Diastolic &lt;80mm Hg</li> <li>• 3079F Most recent Diastolic 80–89mm Hg</li> <li>• 3080F Most recent Diastolic ≥90mm Hg</li> </ul>	
Medication Review (2 codes: Review and List)	<ul style="list-style-type: none"> <li>✓ <b>Medication List</b> <ul style="list-style-type: none"> <li>• 1159F Bill with 1160F Medication list in the medical record</li> </ul> </li> <li>✓ <b>Medication List</b> <ul style="list-style-type: none"> <li>• 1160F Bill with 1159F Review of all medications by a prescribing practitioner or clinical pharmacist documented in the medical record</li> </ul> </li> </ul>	G8427 Medication List
Medication Reconciliation	<ul style="list-style-type: none"> <li>• 1111F Discharge medications reconciled with the current medication list in the outpatient record.</li> </ul>	
Functional Status Assessment	<ul style="list-style-type: none"> <li>• 1170F Functional status assessed</li> </ul>	
Pain Assessment	<ul style="list-style-type: none"> <li>• 1125F pain present</li> <li>• 1126F no pain present</li> </ul>	

