

# Ascension Complete

## CPTII codes and HCPCS billing for Medicare

### 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.

Ascension Complete has made a change to CPTII code payment to assist in the pursuit of Quality. Starting January 1, 2022, Ascension Complete will add CPTII and HCPCS codes to the fee schedule at a price of \$0.01. 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 (Including diabetics)
  - Blood pressure results
- ✓ Comprehensive diabetes care
  - Hba1c levels
  - Diabetic retinal eye exams
- ✓ 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

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Please use the following documents to alert your billers and billing companies.

### Attention billers:

Starting January 1, 2022 Ascension Complete health plans will be paying \$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% and &lt;8%</li> <li>▪ 3052F Most recent hemoglobin A1c (HbA1c) result &gt;=8% and &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; with evidence of retinopathy</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; with evidence of retinopathy</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> |

| CATEGORY OF CODES                            | CPTII CODES  | HCPCS CODES           |
|--|--|-----------------------|
| Advance care planning                        | <ul style="list-style-type: none"> <li>▪ 1123F Advance care planning discussed and documented advance care plan or surrogate decision maker documented in the medical record</li> <li>▪ 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</li> <li>▪ 1157F Advance care plan or similar legal document present in the medical record</li> <li>▪ 1158F Advance care planning discussion documented in the medical record</li> </ul> |                       |
| Blood pressure control (includes diabetics)  | <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 U140mm 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 U90mm Hg</li> </ul>  |                       |
| Medication review (2 codes: review and list) | <ul style="list-style-type: none"> <li>✓ Medication list <ul style="list-style-type: none"> <li>▪ 1159F Bill with 1160F Medication list in the medical record</li> </ul> </li> <li>✓ Medication list <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; pain severity quantified</li> <li>▪ 1126F no pain present; pain severity quantified</li> </ul>  |                       |

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