

CPT II Codes and HCPCS Billing for Medicaid

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.

NH Healthy Families has made a change to CPT II code payment to assist in the pursuit of Quality.

NH Healthy Families has added CPT II 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
- ✓ 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
- ✓ Comprehensive Diabetes Care
 - Hba1c levels
 - Diabetic Retinal Eye Exams
- ✓ Prenatal and Postpartum Care
 - Stand-Alone Prenatal Visits
 - Postpartum Visits

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

Attention Billers:

Starting November 1, 2022 NH Healthy Families will be paying \$0.01 for CPT II and HCPCS 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	<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) result >=7% and <8% • 3052F Most recent hemoglobin A1c (HbA1c) result >=8% and <=9% 	
Eye Exams	<ul style="list-style-type: none"> • 2022F Dilated retinal eye exam with interpretation by an ophthalmologist or optometrist documented and reviewed • 2023F Dilated retinal eye exam with interpretation by an ophthalmologist or optometrist documented and reviewed; without evidence of retinopathy • 2024F Seven (7) standard field stereoscopic photos with interpretation by an ophthalmologist or optometrist documented and reviewed; with evidence of retinopathy • 2025F Seven 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 7 standard field stereoscopic photos results documented and reviewed; with evidence of retinopathy • 2033F Eye Imaging validated to match diagnosis from seven 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 • S0620 Diabetic Retinal Screening • S3000 Diabetic Retinal Screening
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 	

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CATEGORY OF CODES	CPT II CODES	HCPCS CODES
Prenatal and Postpartum Care Stand-Alone Prenatal Visits	0500F, 0501F, 0502F	H1000, H1001, H1002, H1003, H1004
Prenatal and Postpartum Care Postpartum Visits	0503F	G0101