

March 2019

CPT Category II code reimbursements

As of February 1, 2019, you can earn additional reimbursement on health and wellness services provided to Anthem Blue Cross and Blue Shield (Anthem) members. Anthem is offering reimbursement for the use of CPT Category II codes starting this year in 2019 to encourage continued improvements in member care. The use of CPT Category II codes benefits the health care system by providing more specific information about health care encounters. These CPT Category II codes provide data that can be used to help us all work more efficiently and effectively in the best interest of the member. Take advantage of this great revenue opportunity by enhancing your billing processes now!

Reimbursement for the administrative work and effort of completing and reporting CPT Category II codes are made once **per service, per member, per year** and are earned by completing the criteria for billing the CPT Category II codes listed in Table 1.

The CPT Category II code must be billed with one of these outpatient visit codes: 99201 to 99215.

The additional reimbursement applies to physicians and qualified health care allied practitioners (for example, PCPs, cardiologists, endocrinologists, internists, nurse practitioners, physician assistants, etc.)

What is a CPT Category II code?

- CPT Category II codes provide more detailed information about clinical services performed.
- These codes are billed similar to the way that your office bills regular CPT codes and are placed in the same location on the claim form.

Benefits of using CPT Category II codes:

- Additional revenue to your practice in 2019 for providing and reporting important services to Anthem members
- Reduction in the need for Anthem to review your medical records by providing more detailed information through your claims submissions
- Better tracking and management of members' care needs from use of the detailed information provided with the billing of CPT Category II codes

Next steps you need to take:

- Review the CPT Category II code billing opportunities in Table 1 and set up your billing system to bill us for the codes when applicable.
- Be sure that you meet the criteria for billing the CPT Category II codes in Table 1 with matching diagnosis codes and age ranges, and set up your billing system to bill appropriately.

<https://mediproviders.anthem.com/wi>

Table 1

CPT II code	Description	Diagnosis included on claim	Age	Criteria	2019 pay*
3117F	For patients who have congestive heart failure: heart failure disease-specific structured assessment tool completed	I50	All	Provider completes office visit for member with heart condition. Provider completes heart failure disease-specific structured assessment tool (includes lab tests, examination procedures, radiologic examination, and/or results and medical decision making). Provider reports appropriate office visit, diagnosis code(s) and CPT Category II code 3117F.	\$10
0513F	For patients who have hypertension: elevated blood pressure plan of care	I10 to I16	All	Provider completes office visit for member with hypertension or hypertensive diseases. Provider completes and documents elevated blood pressure plan of care. Provider reports appropriate office visit, diagnosis code(s) and CPT Category II code 0513F.	\$10
3011F	Lipid panel results documented and reviewed	I25	All	Provider completes office visit. Provider documents and reviews lipid panel results in the medical record. Provider reports appropriate office visit, diagnosis code(s) and CPT Category II code 3011F.	\$10
3044F	For patients who have diabetes: most recent HbA1c < 7	E08, E09, E10, E11, E13	All	Provider completes office visit for member with diabetes mellitus (any type). Provider completes and documents hemoglobin A1C results when less than seven. Provider reports appropriate office visit, diagnosis code(s) and CPT Category II code 3044F.	\$10

CPT II code	Description	Diagnosis included on claim	Age	Criteria	2019 pay*
3045F	For patients who have diabetes: most recent HbA1c 7 to 9	E08, E09, E10, E11, E13	All	Provider completes office visit for member with diabetes mellitus (any type). Provider completes and documents hemoglobin A1C results when 7 to 9. Provider reports appropriate office visit, diagnosis code(s) and CPT Category II code 3045F.	\$10
3046F	For patients who have diabetes: most recent HbA1c > 9	E08, E09, E10, E11, E13	All	Provider completes office visit for member with diabetes mellitus (any type). Provider completes and documents hemoglobin A1C results when greater than 9. Provider reports appropriate office visit, diagnosis code(s) and CPT Category II code 3046F.	\$10

** All CPT Category II codes are eligible for payment only once per member, per calendar year. Continuation of payment and payment rates for billing the CPT II codes in Table 1 will be evaluated annually.*

If you have questions, please call Provider Services at **1-855-558-1443**. Thank you for delivering health and wellness care to our members.