



WellCare Health Plans, Inc.

Key Medicare Quality Codes (Category II CPT)

What are CPT II Codes?

- CPT II Codes are quality data codes that translate clinical actions so they can be captured in the administrative process. These codes relay that a measure requirement was met or not met. In addition, these are “tracking” codes which facilitate data collection for the purpose of performance measurement.

Why are these codes needed?

- These codes track quality measures and monitor patient care.
- CPT II codes improve quality of care but are not “billable.”
- CPT II codes reduce the administrative encumbrance of HEDIS® chart reviews.
- Capturing CPT II codes helps drive HEDIS performance.

Will I be reimbursed for the submission of a CPT II Code?

- At this time, WellCare does not provide reimbursement for the submission of any CPT II code. However, the reimbursement of CPT II codes may be embedded within some WellCare quality initiatives.

How do I submit CPT II codes?

- CPT II codes are billed in the procedure code field just as CPT Category I codes are billed.



How do I submit CPT II with a zero charge amount?

- Leading zeros are not permitted in the total charge amount field, so “0.00” should not be used or the claim will be rejected.
- The proper way to bill a zero charge amount is to use “0” **NOT** “0.00”.

Which CPT II Codes are most helpful to my patients’ health care outcomes?

- Care of Older Adult – Functional Status Assessment – 1170F
- Care of Older Adult – Medication Review/List – 1159F & 1160F
- Care of Older Adult – Pain Assessment – 0521F, 1125F, 1126F
- Colorectal Cancer Screening – 3017F
- HbA1c Control ≤ 9 for Members with Diabetes – 3044F
- Nephropathy Screening for Members with Diabetes – 3060F
- Osteoporosis Treatment for Women – 1100F, 1101F

CPT Category II codes are arranged according to the following categories and are composed of four digits followed by the letter “F”.

- Composite Measures 0001F – 0015F
- Patient Management 0500F – 0575F
- Patient History 1000F – 1220F
- Physical Examination 2000F – 2050F
- Diagnostic/Screening Processes/Results 3006F – 3573F
- Therapeutic, Preventive or Other Interventions 4000F – 4306F
- Follow-up or Other Outcomes 5005F – 5100F
- Patient Safety 6005F – 6045F
- Structural Measures 7010F – 7025F

If you have questions about submitting CPT II codes, please contact your Provider Relations representative. Thank you for working with us to deliver quality health care to our members.

