Anthem

Serving Hoosier Healthwise, Healthy Indiana Plan
and Hoosier Care Connect

September 2020

Subject: CPT Category II code reimbursements

Dear Provider:

You can earn additional reimbursement on certain health and wellness services provided to Anthem Blue Cross and Blue Shield (Anthem) members enrolled in Hoosier Healthwise, Hoosier Care Connect and Healthy Indiana Plan. Anthem currently offers reimbursement for the appropriate use of certain CPT® Category II codes to encourage continued improvements in member care and to document information more specific to the health care needs of your patients.

We are expanding the current list of reimbursable CPT Category II codes. Effective for claims with dates of service October 1, 2020, providers are eligible for reimbursement for two additional CPT Category II codes (see *Table 1* for details). As a reminder, reimbursement is already available for other specific CPT Category II codes (see *Table 2* for details).

Reimbursement for the administrative work and effort of completing and reporting CPT Category II codes can only be claimed once **per service, per member, per year** and is earned by completing the criteria for billing the CPT Category II codes listed in *Table 1* and *Table 2*.

To be eligible for reimbursement, CPT Category II codes must be billed with one of these outpatient visit codes: 99201 through 99215. In addition, the criteria for the corresponding CPT Category II code per *Table 1* and *Table 2* must be met.

The additional reimbursement applies to physicians and qualified health care allied practitioners, including primary medical providers (PMPs), cardiologists, endocrinologists, pulmonologists, internal medicine physicians, nephrologists, rheumatologists, nurse practitioners, physician assistants, HIV/AIDS specialists and federally qualified health centers.

If you have any questions, please contact Provider Services:

- Hoosier Healthwise: **1-866-408-6132**
- Healthy Indiana Plan: **1-844-533-1995**
- Hoosier Care Connect: **1-844-284-1798**

What is a CPT Category II code?

- A CPT Category II code provides more detailed information about the clinical service(s) performed.

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- CPT Category II codes are billed much the same as an office bills for regular CPT codes and are placed in the same location on the claim form.

Benefits of using CPT Category II codes include:

- CPT Category II codes reduce the need for Anthem to review your medical records by providing more detailed information through your claims submissions.
- CPT Category II codes allow for better tracking and management of member care needs by providing more detailed information.

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* by matching the diagnosis codes and age ranges, and set up your billing system to bill appropriately.
- *Table 2* is a summary of current CPT Category II codes in production. Please continue to bill appropriate office visits, diagnosis codes and CPT II codes in order to receive your reimbursement.

Note: All identified CPT Category II codes are eligible for payment only once per member, per calendar year. Continuation of payment and payment rates for identified CPT Category II codes will be evaluated annually.

Take advantage of this great revenue opportunity by enhancing your billing processes. Thank you for delivering health and wellness care to our members.

Sincerely,

Provider Relations Department
Anthem Blue Cross and Blue Shield

Table 1

CPT II code	Description	Diagnosis category code	Criteria	2020 pay
2014F	Mental status assessed (normal, mildly impaired or severely impaired) (cap)	F90.0-F90.9	• Complete office visit for member with ADD or ADHD. • Complete and document mental status assessment. • Report appropriate office visit, diagnosis code(s) and CPT Category II code 2014F.	$20
3085F	Suicide risk assessed (MDD)	F32.0-F33.9	• Complete office visit for member with major depressive disorder. • Complete and document assessment of suicide risk. • Report appropriate office visit, diagnosis code(s) and CPT Category II code 3085F.	$20

Table 2

CPT II code	Description	Diagnosis category code	Criteria	2020 pay
2015F	Asthma impairment assessment	J45.20-J45.998	• Provider conducts office evaluation for a member with asthma. • Provider performs asthma impairment assessment (for example, symptom frequency and pulmonary function) during the visit. • Provider reports appropriate office visit, diagnosis code(s) and Category II code 2015F.	$20
3023F	Spirometry results documented and reviewed	J40-J44.9	• Provider conducts office evaluation for a member with a chronic respiratory condition. • Provider documents and reviews spirometry results in the medical record. • Provider reports appropriate office visit, diagnosis code(s) and Category II code 3023F.	$20

CPT II code	Description	Diagnosis category code	Criteria	2020 pay
3117F	For patients who have congestive heart failure: heart failure disease-specific structured assessment tool completed	I50.1-I50.9	• Provider conducts office evaluation for a member with a 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 Category II code 3117F.	$20
0513F	For patients who have hypertension: elevated blood pressure plan of care	I10-I16.9, N18.1-N18.9	• Provider conducts office evaluation for a 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 Category II code 0513F.	$20
3011F	Lipid panel results documented and reviewed	I25.10-I25.9	• Provider conducts office evaluation. • Provider documents and reviews lipid panel results in the medical record. • Provider reports appropriate office visit, diagnosis code(s) and Category II code 3011F.	$20
3044F	For patients who have diabetes: most recent HbA1c less than 7	E08.00-E13.9	• Provider conducts office evaluation for a member with diabetes mellitus (any type). • Provider completes and documents hemoglobin A1c results when less than 7. • Provider reports appropriate office visit, diagnosis code(s) and Category II code 3044F.	$20
3046F	For patients who have diabetes: most recent HbA1c greater than 9	E08.00-E13.9	• Provider conducts office evaluation for a 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 Category II code 3046F.	$20

CPT II code	Description	Diagnosis category code	Criteria	2020 pay
3051F	Most recent HbA1c level greater than or equal to 7% and less than 8% (DM)	E08.00-E13.9	• Provider conducts office evaluation for a member with diabetes mellitus (any type). • Provider completes and documents HbA1c results 7 to 8. • Provider reports appropriate office visit code, diagnosis code(s) and Category II code 3051F.	$20
3052F	Most recent HbA1c level greater than or equal to 8% and less than 9% (DM)2	E08.00-E13.9	• Provider conducts office evaluation for a member with diabetes mellitus (any type). • Provider completes and documents HbA1c results when 8 to 9. • Provider reports appropriate office visit code, diagnosis code(s) and Category II code 3052F.	$20
3500F	CD4 and cell count or CD4 and cell percentage documented as performed (HIV) 5	B20, Z21, B97.35, O98.7	• Provider conducts office evaluation for a member with HIV/AIDS-related diagnosis. • Provider completes and documents CD4 plus cell count or CD4 plus cell percentage in the medical record. • Provider reports appropriate office visit, diagnosis code(s) and Category II code 3500F.	$20