HEALTH PLAN OF NEVADA
A UnitedHealthcare Company

Re: CPT Category II Coding Incentive Program

Dear Provider:

Health Plan of Nevada (HPN) Medicaid will now offer reimbursement for the utilization of **Current Procedural Terminology (CPT®) Category II** codes. Beginning on September 1, 2019, HPN Medicaid network providers have the opportunity to earn additional $25 reimbursement by ***adding*** CPT Category II codes to your claims. Submitting CPT Category II codes is in the best interest of our members, because the codes will enable the collection of descriptive data about our member's health status, and guide efforts to improve health outcomes. Additionally, CPT Category II Codes will facilitate the early identification of compliance or non-compliance with certain Healthcare Effectiveness Data and Information Set (HEDIS®) measures and thus decrease the burden of chart audits.

CPT Category II codes are used for *reporting purposes* only and therefore do not have values assigned on the Medicare physician fee schedule (Resource-Based Relative Value Scale or RBRVS). The reporting of CPT Category II codes is optional, and these codes **are not used** in place of Category I CPT codes. When applicable please provide the appropriate CPT II category code in the same area of the claim form where the CPT category I codes are placed.

What are CPT Category II codes?

- CPT Category II codes are *supplemental* tracking codes that can be used for performance measurement.
- These codes are intended to facilitate data collection about quality of care by coding certain services and/or test results that support performance measures and that have been agreed upon as contributing to good patient care.
- CPT Category II codes describe components that are typically included in an evaluation and management service or test results that are part of the laboratory test/procedure.

Here's how it works:

- Reimbursement for reporting CPT Category II codes are eligible once ***per member, per calendar year, per service***.
- Providers may report CPT Category II codes for any HPN Medicaid member who appropriately meets the criteria for billing the CPT Category II codes (see below) with matching diagnosis codes, and age ranges. Please refer to the American Medical Association (AMA) website for details regarding CPT Category II codes : https://www.ama-assn.org/practice-management/cpt/category-ii-codes
- Eligible providers include: primary care and specialty physicians and licensed practitioners such as advanced practice nurses and physician assistants
- Payment will be distributed to the provider, quarterly, that billed the CPT Category II Codes, when applicable.
- Providers can retroactively bill for the CPT Category II codes that appropriately and accurately meet the criteria for 2019.

Disease Process	Brief Description of Performance Measure	Eligible Population	CPT Category II Code	Bonus Payment	Required Documentation
Asthma	Patients who were evaluated for asthma control.	Patients aged **5 through 50** years with a diagnosis of **asthma** was evaluated at least once for asthma control.	**2015F**	**$25**	*Evaluation of asthma control is defined as Documentation of an evaluation of asthma impairment which must include: daytime symptoms **AND** nighttime awakenings **AND** interference with normal activity **AND** short-acting beta2- agonist use for symptom control. Note: Completion of a validated questionnaire **will also meet** the numerator requirement for this component of the measure. **AND** Documentation of asthma risk which **must** include the number of asthma exacerbations requiring oral systemic corticosteroids in the prior 12 months.

Diabetes	Patients diagnosed with diabetes **18-75 years of age** who had evidence of medical attention for **existing nephropathy**.	Patients diagnosed with diabetes **18-75 years of age** who had Documentation of treatment for **nephropathy.**	**3066F**	**$25**	Documentation of treatment for nephropathy (e.g.; patient receiving dialysis, patient being treated for ESRD, CRF, ARF, or renal insufficiency, any visit to a nephrologist).
	Patients diagnosed with diabetes **18-75 years of age** whose most recent hemoglobin A1c **(HbA1c) level > 9.0%.**	Patients diagnosed with diabetes **18-75 years of age** whose most recent hemoglobin **A1c > 9.0%.**	**3046F**	**$25**	In order to meet this measure, the date of test, when it was performed, and the corresponding result are required.
Chronic Kidney Disease	Patients with the diagnosis of advanced CKD (stage 4 or 5, not receiving Renal Replacement Therapy (**RRT**).	Patients aged **18 years and older** with the diagnosis of advanced CKD (stage 4 or 5, not receiving Renal Replacement Therapy (**RRT**), with a blood pressure ≥130/80 mmHG **with** a documented plan of care.	**0513F**	**$25**	A documented plan of care should include one or more of the following: recheck blood pressure at specified future date; initiate or alter pharmacologic therapy; documented review of patient's home blood pressure log which indicates that patient's blood pressure is or is not well controlled If multiple blood pressure measurements are taken at a single visit, use the most recent measurement taken at that visit.
Heart Failure	Patients with a diagnosis of heart failure.	Patients aged **18 years and older** with a diagnosis of heart failure has **quantitative** results of an evaluation of **both current level of activity and clinical symptoms** are documented at each visit.	**3117F**	**$25**	Heart Failure disease specific structured assessment tool completed.
Chronic Obstructive Pulmonary Disease (COPD)	Patients with a diagnosis of COPD.	All Patients with **COPD** who had a **spirometry** evaluation documented.	**3023F**	**$25**	Spirometry results documented and reviewed.

Thank you for your consideration in providing complete and accurate coding to better serve our members and improve care. If you have any questions, please contact your Health Plan of Nevada Medicaid Quality Clinical Practice Consultant or the Quality Department at **(702) 240-8730.** Thank you.

Sincerely,

Neydis Vanegas RN, MSN
Associate Director of Clinical Quality
(702) 240-8730