

Medicaid: CPT II Coding
OB Provider Initiative
(2023)
TRAINING GUIDE

Introduction

- SSHP implemented a CPT Category II (CPT II) coding initiative with the goal to increase CPT II code submission for prenatal and postpartum care .
- Unbundling the initial prenatal visit and postpartum visit will enable us to identify women that are in need of care coordination timely.

CPT® II CODES



What are CPT 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. Some codes in this category may relate to compliance by the health care professional with state or federal law.
- The use of these codes is optional. The codes are not required for correct coding and may not be used as a substitute for Category I codes.
- CPT 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. Consequently, they do not have a relative value associated with them.
- Services/procedures or test results described in this category make use of alpha characters as the 5th character in the string (i.e., 4 digits followed by an alpha character). Example: 0500**F**
- CPT II codes are owned by the American Medical Association (AMA) :<https://www.ama-assn.org/practice-management/cpt/category-ii-codes>

CPT® II CODES



Why use CPT II codes ?

- NCQA is progressively moving away from hybrid reporting.
- CPT II codes make it easier for providers to share data with SSHP quickly and efficiently.
- CPT II codes results in the following benefits:
 1. **Fewer medical records request-** Submitting CPT II codes allows the plan to confirm care that's already been provided.
 2. **Enhanced performance-** With better information, we can work with you to help identify opportunities to improve patient care.
 3. **Improved health outcomes -** With more precise data, we can refer plan members to programs that may be appropriate for their health situation to help support your plan of care.
 4. **Less mail for members-** With more complete information, we can avoid sending reminders to members to get screenings they may have already completed.

Initiative specifications

Here's how it works:

- Reimbursement for reporting CPT® Category II codes are eligible once ***per member, per calendar year, per provider group, per service.***
- Payment will be distributed to the provider that billed the CPT® Category II Codes, when applicable.
- Reimbursement will be distributed in *the claim* and not as separate payment.
- If two different providers in the same group bill the same codes, the payment will only be made once to the provider who bills first.
- Only applicable for codes submitted in 2023.
- 0500F & 0503F CPT® II codes can billed by practitioner type is an OB/GYN or other prenatal care practitioner or PCP.

Medicaid CPT® II Codes: PPC



CPT II CODE	HEDIS MEASURE	MEDICAID	PAYOUT AMOUNT
0500F	PPC PRE	X	\$50
0503F	PPC POST	X	\$50

- 0500F & 0503F codes are eligible to all participating providers in addition to ALL OB/GYN providers.

HEDIS MEASURES: CPT® II CODES



HEDIS® MEASURE		CPT® II CODE & DESCRIPTION
Prenatal and Postpartum Care- <i>Timeliness of Prenatal Care</i>	PPC PRE	0500F: Initial prenatal care visit (report at first prenatal encounter with health care professional providing obstetrical care. Report also date of visit and, in a separate field, the date of the last menstrual period – LMP)
Prenatal and Postpartum Care- <i>Postpartum Care</i>	PPC POST	0503F: Postpartum care visit

Documentation & Billing

Examples: 0500F & 0503F

PRENATAL CARE 0500F

Timeliness of Prenatal Care: PPC PRE

Documentation Examples:

“This is a 23 year old patient who presents for nausea/vomiting, suspected pregnancy. Her last LMP was 6/3/23 . OB history : Gravida 2, Para 1”

Assessments

1. Amenorrhea - N91.2 (Primary)
2. Pregnancy - Z34.90

CPT II CODES		
PPC PRE	0500F	Initial prenatal care visit, AND
CPT/ICD-10		
ICD-10	Z34.90	<i>Pregnancy</i>

0500F

Initial Prenatal Care Visit

- Documentation in the medical record must include a note indicating the date **when** the prenatal care visit occurred and evidence of **one** of the following:
 - ❑ Documentation indicating the member is pregnant or references to the pregnancy; for example:
 - ❖ Positive pregnancy test, **or**
 - ❖ Documentation in a standardized prenatal flow sheet, **or**
 - ❖ Documentation of last menstrual period (LMP), EDD or gestational age, **or**
 - ❖ Documentation of gravidity and parity, **or**
 - ❖ Documentation of complete obstetrical history, **or**
 - ❖ Documentation of prenatal risk assessment and counseling/education
 - ❑ A basic physical obstetrical examination that includes auscultation for fetal heart tone, or pelvic exam with obstetric observations, or measurement of fundus height (a standardized prenatal flow sheet may be used).
 - ❑ Evidence that a prenatal care procedure was performed, such as:
 - ❖ Screening test in the form of an obstetric panel (must include all of the following: hematocrit, differential WBC count, platelet count, hepatitis B surface antigen, rubella antibody, syphilis test, RBC antibody screen, Rh and ABO blood typing), **or**
 - ❖ TORCH antibody panel alone, **or**
 - ❖ A rubella antibody test/titer with an Rh incompatibility (ABO/Rh) blood typing, **or**
 - ❖ Ultrasound of a pregnant uterus

PPC PRE : 0500F Billing/Coding



0500F

Initial Prenatal Care Visit

- Submit a claim for the first prenatal visit immediately after the initial contact (confirmation of pregnancy) and include the following:
 - Line 1: Appropriate initial prenatal visit code (e.g. 99201-99205; 99211-99215; 99241-99245; 99483) **AND** diagnosis of pregnancy (**ICD-10 Z34.90**).
 - Line 2: CPT II code 0500F on the second line with a charge of \$50.00
 - Report date of first visit **and** in a separate field, **date of the last menstrual period (LMP)**
- Prenatal visit can be in person or telephonic or online assessment.
- Please bill separately from global (bundled) payment
- Prenatal care visit must be completed in the ***first trimester***.
- Eligible Provider types**
 - ✓ OB/GYN or other prenatal care practitioner
 - ✓ Primary Care Providers
 - ❖ For visits to a PCP, a diagnosis of pregnancy **must** be present (Z34.90)

CPT II codes with *Stand Alone* on Claims : **PRENATAL VISIT 0500F**



ADD LMP

14. DATE OF CURRENT ILLNESS, INJURY, or PREGNANCY (LMP) MM DD YY QUAL 06 03 2023										15. OTHER DATE QUAL MM DD YY				16. DATES PATIENT UNABLE TO WORK IN CURRENT OCCUPATION FROM MM DD YY TO MM DD YY					
17. NAME OF REFERRING PROVIDER OR OTHER SOURCE 17a										17b NPI				18. HOSPITALIZATION DATES RELATED TO CURRENT SERVICES FROM MM DD YY TO MM DD YY					
19. ADDITIONAL CLAIM INFORMATION (Designated by NUCC)										20. OUTSIDE LAB? \$ CHARGES <input type="checkbox"/> YES <input type="checkbox"/> NO									
21. DIAGNOSIS OR NATURE OF ILLNESS OR INJURY Relate A-L to service line below (24E) A. Z34.90 B. C. D. ICD Ind. E. F. G. H. I. J. K. L.										22. RESUBMISSION CODE ORIGINAL REF. NO. 23. PRIOR AUTHORIZATION NUMBER									
24. A. DATE(S) OF SERVICE From MM DD YY To MM DD YY		B. PLACE OF SERVICE	C. EMG	D. PROCEDURES, SERVICES, OR SUPPLIES (Explain Unusual Circumstances) OPT/HCPCS MODIFIER				E. DIAGNOSIS POINTER	F. \$ CHARGES		G. DAYS OR UNITS	H. EPSDT Family Plan	I. ID. QUAL	J. RENDERING PROVIDER ID. #					
1	07	04	23	07	04	23	11	N	99202				105.00	1	NPI	123456789			
2	07	04	23	07	04	23	11	N	0500F				50.00	1	NPI	123456789			
3															NPI				
4															NPI				
5															NPI				
6															NPI				
25. FEDERAL TAX I.D. NUMBER 98-7654321			SSN EIN <input checked="" type="checkbox"/> <input type="checkbox"/>		26. PATIENT'S ACCOUNT NO. SUE001			27. ACCEPT ASSIGNMENT? (For gov. claims, see back) <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO			28. TOTAL CHARGE \$ 0.00		29. AMOUNT PAID \$ 155.00		30. Rsvd. for NUCC Use				
31. SIGNATURE OF PHYSICIAN OR SUPPLIER INCLUDING DEGREES OR CREDENTIALS (I certify that the statements on the reverse apply to this bill and are made a part thereof.) Bruce Lee, MD 07/04/2023 SIGNED DATE					32. SERVICE FACILITY LOCATION INFORMATION 123 BEST OB PRACTICE 123 MAIN STREET LAS VEGAS, NV 89124 a. NPI b.					33. BILLING PROVIDER INFO & PH # (702) 123-3456 123 BEST OB PRACTICE 123 MAIN STREET LAS VEGAS, NV 89124 a. NPI b.									

PHYSICIAN OR SUPPLIER INFORMATION

POSTPARTUM CARE 0503F

Postpartum Care: PPC POST

Documentation Examples:

Reason for Appointment

1. Stitches Check

History of Present Illness

General:

This is a 29 year old female
G3P3

Pt is 1.5 weeks **PP**. Pt has a concern about her vaginal lacerations and wants to make sure that they are healing well. denies fever. bleeding is light. Pt states discomfort at site with sitting and walking.

Vital Signs

BP: **120/78 mm Hg**, Wt: **171.2 lbs**, Ht: 64 in, BMI: **29.38 Index**, Ht-cm: 162.56 cm, Wt-kg: 77.65 kg.

CPT II CODES		
PPC POST	0503F	Postpartum care visit

PPC POST : 0503F Medical Record Documentation



0503F

Postpartum Care Visit

- Documentation in the medical record must include a note indicating the date **when** the postpartum care visit occurred and evidence of **one** of the following:
 - Pelvic exam
 - Evaluation of weight, BP, breasts and abdomen.
 - ❖ Notation of “breastfeeding” is acceptable for the “evaluation of breasts” component.
 - Notation of postpartum care, including, but not limited to:
 - ❖ Notation of “postpartum care,” “PP care,” “PP check,” “6-week check.”
 - ❖ A preprinted “Postpartum Care” form in which information was documented during the visit.
 - Screening for depression, anxiety, tobacco use, substance use disorder, or preexisting mental health disorders.
 - Documentation of any of the following topics: *Infant care or breastfeeding, resumption of intercourse, birth spacing or family planning, sleep/fatigue, resumption of physical activity, attainment of healthy weight.*
 - Perineal or cesarean incision/wound check.
 - Glucose screening for members with gestational diabetes.

PPC POST : 0503F Coding/Billing



0503F

Postpartum Care Visit

- Submit a claim for postpartum visit only:
 - Line 1: Appropriate initial postpartum visit code (e.g 59430) with the date of service
 - Line 2: CPT II code 0503F on the second line with a charge of \$50.00
- Postpartum visit can be in person or telephonic or online assessment.
- Postpartum visit must be completed on or between **7 and 84** days after delivery.
- Eligible Provider types**
 - ✓ OB/GYN or other prenatal care practitioner
 - ✓ Primary Care Providers

CPT II codes with **Stand Alone** on Claims : **POSTPARTUM VISIT 0503F**

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21. DIAGNOSIS OR NATURE OF ILLNESS OR INJURY Relate A-L to service line below (24E) A. Z39.2 B. C. ICD Ind. D. E. F. G. H. I. J. K. L.						23. PRIOR AUTHORIZATION NUMBER											
24. A. DATE(S) OF SERVICE From To MM DD YY MM DD YY		B. PLACE OF SERVICE	C. EMG	D. PROCEDURES, SERVICES, OR SUPPLIES (Explain Unusual Circumstances) OPT/HCPCS MODIFIER				E. DIAGNOSIS POINTER	F. \$ CHARGES	G. DAYS OR UNITS	H. EPSDT Family Plan	I. ID. QUAL	J. RENDERING PROVIDER ID. #				
1 07 04 23 07 04 23		11	N	99214					105.00	1		NPI	123456789				
2 07 04 23 07 04 23		11	N	0503F					50.00	1		NPI	123456789				
3												NPI					
4												NPI					
5												NPI					
6												NPI					
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