

BlueCare and TennCareSelect Global and Category II Codes Frequently Asked Questions

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1. What are Current Procedural Terminology (CPT[®]) II codes?

CPT[®] II codes are supplemental tracking codes that can be used for performance measures in patient management. These codes can be used for billing purposes in lieu of sending medical records or scheduling an onsite medical record review.

2. Providers are concerned about having their computer system re-programmed to include the Category II codes. Is the provider required to use the Category II codes or can they continue to provide medical records?

The Contractor Risk Agreement between Volunteer State Health Plan and the Bureau of TennCare requires providers to file these codes.

3. When would a provider file CPT[®] Codes 0500F; 0501F; 0502F; or 0503F?

These codes may be filed when the services are rendered or included on the claim with the global OB charge.

4. How would a provider file CPT[®] Code 0503F if he/she did not perform the delivery?

If a provider does not perform the delivery, he/she would not file a global OB code. These codes are not required if no global OB code is filed.

5. Should all applicable codes be filed with the global OB code?

Yes. The codes can be filed with the global OB or as the services are rendered.

6. Who would file the Category II codes if a global OB is obtained and the member goes for three or four visits before changing to another OB provider?

The provider who treated the member for three or four visits should not file for a global OB. Category II codes are only required when a global code is filed.

7. How should a claim filed with these codes look?

Category II codes are filed just like any other procedure code.

8. Will there be a separate reimbursement for the initial prenatal visit, CPT® Code 0500F? If not, would providers file \$.00 as the total charge for that line item?

There is no fee associated with this code. However, some provider's billing software will not allow them to file zero as the charges. Therefore, they may file whatever amount they want, but the reimbursement will be zero.

9. When filing CPT® Code 0501F, in what format and blocks on the CMS-1500 claim form should the date of visit and date of last period appear?

Providers are encouraged to refer to the billing section of the *VSHP Provider Administration Manual* for complete billing guidelines. The manual is located on the company Web site, www.vshptn.com.

10. When filing globally, should providers file all four codes?

Providers should file for the services which they provided.

11. A pregnant female shows up with no prenatal and the doctor ends up delivering/postpartum. How should the Category II be submitted?

If the provider does not file a global delivery code then the Category II codes are not required.

12. Should providers file with CPT® Code 0501F and CPT® Code 0502F each time the member comes in or is CPT® Code 0501F only filed with the initial visit?

If reporting CPT® Code 0501F prenatal flow sheet, it is not necessary to report CPT® Code 0500F – initial prenatal care visit. Prenatal CPT® Code 0502F is filed for subsequent visits. The prenatal flow sheet should be documented in the medical record by the first prenatal visit (documentation includes, at minimum, blood pressure, weight, urine protein, uterine size, fetal heart tones and estimated date of delivery). Additionally, report the date of visit and, in a separate field, the date of the last menstrual period (LMP).

13. Should a claim be filed with one of the Category II codes each time a member is seen?

Yes. However, providers have the option to file all the Category II codes along with the global code.

14. When would providers file with CPT® Code 0501F?

By the first prenatal visit, documentation must exist showing that the flow sheet has been initiated in the member's medical record. However CPT® Code 0501F may be filed anytime up to or with the global OB code.

15. Should a provider file with a Category II code when billing for a visit due to complications or problems unrelated to pregnancy?

No. Providers should file only the prenatal and postpartum care.

16. Providers with existing members already being treated for OB care would normally file a claim with the global code after delivery. If the delivery is after June 1, 2008, since it was not filed with a Category II code, will the claim deny?

Providers can file the Category II codes on the same claim as the global code.

17. When filing a Category II code for each visit, is it necessary to attach a fee schedule to each Category II code or should the provider file a claim with the total fee at the end? Should the total fee be broken up?

There are no fees associated with Category II codes. Category II codes are performance measures only and are required when a global OB code is submitted for reimbursement. However, some provider's billing software will not allow them to file zero as the charge. Therefore, they may file whatever amount they want, but the reimbursement will be zero.

18. Does the requirement to file Category II codes apply to members already receiving OB care?

Yes. If the provider is billing a global code, the Category II codes can be filed on the same claim as the global code.

19. Should a provider file Category II codes throughout pregnancy and file the global code upon delivery?

The provider has the option to file all the Category II codes when he/she files the global code or they can be submitted throughout the duration of the member's pregnancy.

20. Are lab charges filed separately or are they included in the Category II Codes?

Nothing has changed about the way lab charges are filed.

21. Where can providers obtain assistance with appointment scheduling?

Appointment scheduling is available through the CaringStart Maternity Team by calling 1-888-416-3025.

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