

The following are frequently asked questions about billing CPT® Category II code 1111F, which is used for members enrolled in Medicare Plus BlueSM, BCN AdvantageSM, Blue Cross commercial, and most groups under Blue Care Network who received a medication reconciliation within 30 days of an inpatient discharge to home.

Blue Cross Blue Shield of Michigan reimburses providers who conduct medication reconciliation within 30 days of a discharge for these members and submit a professional claim with CPT® II code 1111F.

Performing medication reconciliation after every discharge ensures that patients understand any new medications they may have been prescribed, as well as any previously prescribed medications that may have been discontinued.

Who conducts medication reconciliation?

Medication reconciliation must be conducted by a prescribing practitioner, clinical pharmacist, or registered nurse. It is also considered medication reconciliation if a medical assistant, certified nursing assistant, licensed practical nurse, or pharmacy student/intern documents the medications for the post-discharge visit or phone call *and* the physician or appropriate provider, such as a registered nurse, nurse practitioner, physician assistant, or clinical pharmacist signs off on the visit or phone call notes or documentation.

What are CPT Category II codes?

CPT Category II codes are supplemental tracking codes that facilitate data collection. CPT II codes are released annually as part of the full CPT code set and are updated semi-annually in January and July by the American Medical Association.

What's the description for CPT II code 1111F?

CPT II code 1111F is described as a code indicating that discharge medications have been reconciled with the current medication list in the outpatient medical record.

Why use CPT II codes when submitting claims for members?

CPT II codes will reduce the number of medical record review requests you receive from Blue Cross.

What is a qualifying inpatient stay?

An admission to an acute care or nonacute inpatient setting is qualifying. A hospital observation stay or emergency department visit is *not* considered a qualifying inpatient stay.

What are the medical record documentation requirements?

The outpatient medical record must include:

- Notations indicating that the provider was aware of hospitalization, admission, or discharge
- The hospital discharge date
- The date the medication reconciliation was completed
- A current medication list and documentation indicating that the patient's current list of medications was reconciled against the hospital discharge list of medications

How should CPT II be billed on a claim?

CPT II codes are billed in the same manner as other CPT codes. The charged amount for 1111F claim is \$35. **Note:** Blue Care Network's charged amount is based on the contracted rate.

Is there a frequency or time limitation for billing 1111F?

1111F may be billed within 30 days of each inpatient discharge to home, one per discharge. **Note:** In the case of readmissions or direct transfers, the last discharge date for medication reconciliation purposes is the final discharge date after readmission or direct transfer, including to a skilled nursing facility.

Can CPT II code 1111F be billed alone?

We encourage a face-to-face office visit, but CPT II code 1111F may be billed alone. The post-discharge office visit provides an opportunity to address conditions that caused the hospitalization and to ensure the patient understands his or her final medication list.

If CPT II code 1111F is billed alone or with a telephonic CPT code, the medication reconciliation documentation requirements in the patient's medical record must be met. If you use a third-party vendor to submit claims, tell your vendor that 1111F can be billed alone. It is an exception to the rule.

Can rural health centers and federally qualified health centers bill 1111F?

Yes. RHCs and FQHCs can bill CPT II codes. Details, including which revenue codes are payable on RHC claims, can be found in Section 50 of Chapter 9 of the *Claims Processing Manual*. See the following link for more information: [Medicare Claims Processing Manual \(cms.gov\)](#)

Can both CPT II code 1111F and a Transition Care Management (TCM) code (*99495, *99496) or care planning services for individuals with cognitive impairment code (*99483) be submitted for the same patient's discharge?

Yes. Although reimbursement for 99495 and 99496 transition care management services and 99483 care planning services include medication reconciliation, there are no billing or coding restrictions for billing both a TCM code or care planning service code and 1111F for the same patient's discharge. This is true for all lines of business – Blue Cross Commercial, Blue Care Network, Medicare Plus BlueSM, and BCN AdvantageSM members.

1111F may also be billed alone as this does not violate any billing or coding guidelines because the use of the code would not change the meaning of the code and is only being used for billing purposes.

Do both a TCM code and 1111F need to be billed to close the Medication Reconciliation Post-discharge (MRP) gap and pay providers for MRP incentives?

No. Only one TCM code OR 1111F is sufficient to close the MRP gap and give providers credit for MRP incentives.

Did previous claims that billed only 1111F OR a TCM code close the MRP gap and give providers credit for MRP incentives?

Yes. Only 1111F OR a TCM code is needed to close the MRP gap and pay providers for MRP incentives; you do NOT need to bill both to close the gap.

Which providers are eligible to receive an MRP incentive?

Primary care practices may be eligible for an MRP incentive. For details, view the *Quality Rewards* booklet which is available in the Resources section of Health e-BlueSM.

Is the reimbursement for 1111F an incentive?

No. The reimbursement for 1111F is a separately payable service for conducting medication reconciliation within 30 days of an inpatient discharge and isn't considered an incentive.

Will providers receive a separate check for 1111F?

No. Reimbursement for 1111F is paid like any other service.

Will CPT II code 1111F be reimbursed in addition to the office visit?

Yes. Code 1111F is separately reimbursable.

Frequently Asked Questions

Billing CPT® Category II code *1111F

For Blue Cross commercial, Medicare Plus BlueSM,
Blue Care Network commercial and BCN AdvantageSM

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Is there any patient cost sharing for 1111F?

There is no member cost share.

How is 1111F displayed on the member's explanation of benefits?

1111F is presented the same as any other service on the explanation of benefits and remittance form. The 1111F appears as its own detail line showing the service code, the billed amount, the \$35 allowed and the final payment. If billed with other office services, the final payment will include all services billed on the claim, including the \$35 allowance for 1111F.

How do I get more information about this topic?

For more information, see the following articles from *The Record*:

[Medication reconciliation reimbursement increases to \\$35 for Medicare Advantage members](#)

[New Medicare star ratings measure: Medication reconciliation post-discharge](#)

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