CPT II CODING ENGINE

Quality Reporting Safety Net

Payer-sponsored shared savings incentives require physicians to report on a selection of quality measures. A common method for reporting these measures to the payer is by adding CPT II, or Category II, codes onto claims for those encounters. CPT II codes are used for performance measurement on important quality measures.

CPT II coding, while intended to report quality of care, is yet another administrative requirement for physicians. Physicians are experts at patient care, not billing, HCC coding, or CPT II coding. In cases where physicians capture and document the appropriate clinical values but not the associated CPT II code, RCxRules can automate the CPT II coding process to ensure coding and quality reporting accuracy without burdening physicians or clinical staff.

Automatically Connect the Clinical Values in your EHR to CPT II Code Capture

The CPT II Coding Engine can automatically translate clinical data elements into the appropriate CPT II codes and ensure these codes are included on the claim. The software assesses an encounter for diagnoses and procedures associated with quality measures. This triggers a query into the EHR for structured data and returns the clinical values used to map to accurate CPT II codes. The CPT II Coding Engine saves staff time while also increasing quality reporting accuracy.

Here are a few measures where RCxRules, through artificial intelligence and deep EHR integration, has automated the translation of EHR clinical values into accurate CPT II codes to automatically add them to a claim:

Clinical Rule BP Systolic CPT
Clinical Rule BP Diastolic CPT
Clinical Rule BMI Dx
Pain Assessment
Medication Review
Clinical Rule HbA1c CPT

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