

Medicare Advantage

2023 Provider Incentive for Using CPT Category II Codes

What is the incentive program?

As a network provider, you are eligible to participate and receive incentive for sending accurate CPT Category II codes for services performed. Depending on the HEDIS® measure, you can earn up to \$50 for each code that closes HEDIS® gaps. The incentive program takes place January 1 to December 31 of the calendar year with claims run out accepted until February 1 of the following year. Payment will be made in one lump sum when the program is complete.

What is a CPT Category II code?

Category II codes make it easier to track the delivery of quality care. The codes also simplify how performance measures are reported and eliminate the need for medical record collection. Doctors and hospitals can use these codes to report specific services that contribute to positive outcomes and high-quality care.

Why should I use a CPT Category II code?

When you use these codes for specific services performed during an office visit:

- It decreases the amount of medical record requests your office may receive.
- We can identify and close gaps in care more timely, which drives HEDIS measures and Star Ratings improvements. This can increase performance in any other incentive program in which you participate.
- It provides access to more accurate medical data. This helps us support your care plan through more targeted case management services and additional needs of our members

The attached grid lists the HEDIS® measures and applicable codes that, when billed correctly, will result in an incentive payment. Incentive payment will be made to the primary care physician or specialist that completed the service, according to claims. For any discrepancies in claims and codes submitted, the attributed primary care provider will receive the incentive payment.

The incentive program is subject to changes NCQA makes in HEDIS® specifications. BlueCross BlueShield of South Carolina may change the incentive at its discretion.

If you have any questions about the CPT incentive please speak with your Medicare Advantage Quality Nurse Navigator.

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HEDIS Measure and Claim Specifications		CPTII Code Definition	CPT or CPTII Code	Incentive Amount
Diabetes Care	HbA1C Control	HbA1c Level Less Than 7.0	3044F	\$10
		HbA1c Level Greater Than or Equal To 7.0 and Less Than 8.0	3051F	\$10
		HbA1c Level Greater Than or Equal To 8.0 and Less Than or Equal To 9.0	3052F	\$10
Diabetes Care CPTII codes must be submitted on a claim with an ICD-10 diagnosis code for diabetes: E10.9- 13.9, O24.011 - O24.33, O24.811- O24.83	Retinal Eye Exam Only one code per member is paid annually	Automated Eye Exam imaging with retinal camera	92229	\$15
		Eye Exam With Evidence of Retinopathy	2022F 2024F 2026F	\$15
		Eye Exam Without Evidence of Retinopathy	2023F 2025F 2033F	\$15
Kidney Disease Monitoring Codes must be billed together	Quantitative Urine Albumin Lab Test	82043	\$10	
	Urine Creatinine Lab Test	82570		
Hypertension Management CPTII codes must be submitted on a claim with an ICD-10 diagnosis for Essential Hypertension: I10	Controlling Blood Pressure One blood pressure reading per date of service If multiple blood pressure readings taken on same date of service, code for lowest values	Systolic Blood Pressure less than 130mm Hg	3074F	\$5
		Systolic Blood Pressure 130-139mm Hg	3075F	\$5
		Diastolic Blood Pressure less than 80mm Hg	3078F	\$5
		Diastolic Blood Pressure 80-89mm Hg	3079F	\$5
Transitions of Care	Medication Reconciliation	Discharge medications are reconciled with the current medication list in outpatient medical record	1111F	\$50

* Please note that the codes listed here will result in closure of an identified care opportunity. This is not a guarantee of benefits or payment of claims. Benefits are always subject to the terms and limitations of the plan.