

This is an update about information in the provider manual. For access to the latest provider manual, go online to <https://providers.amerigroup.com>.

CPT Category II payment opportunity: TennCare

Summary of change: Effective January 1, 2017, Amerigroup Community Care will pay providers a \$10 administrative fee annually when they report select CPT Category II codes on claims once per calendar year. Category II codes for plan members with both Amerigroup Amerivantage (Medicare Advantage) and TennCare benefits are also represented.

Why is this change necessary?

CPT Category II codes are tracking codes that facilitate data collection for performance measurement. Reporting CPT Category II codes eases the administrative burden of chart review during HEDIS^{®*} measurement and helps us monitor performance for key measures throughout the year.

CPT Category II codes facilitate data collection about quality of care by coding certain services and test results that:

- Support nationally established performance measures.
- Have an evidence base of contributing to quality patient care.

The CPT Category II code administrative fee aims to reimburse providers for the extra effort of documenting and reporting key quality measures.

What is the impact of this change?

Effective January 1, 2017, Amerigroup will pay a \$10 administrative fee for select CPT Category II codes (listed on the following pages). Providers reporting these CPT Category II codes will be eligible for a \$10 payment per category per eligible member once per calendar year.

What if I need assistance?

If you have questions about this communication, received this fax in error or need assistance with any other item, contact your local Provider Relations representative or call Provider Services at 1-800-454-3730.

* HEDIS is a registered trademark of the National Committee for Quality Assurance (NCQA).

Body mass index (BMI) readings

BMI monitoring is eligible for an incentive once per calendar year.

Category II code		
3008F: BMI assessed/documentated ¹		
ICD codes (ICD-9-cm and ICD-10-cm must be billed with one of the following codes.)		
ICD-9-cm codes	BMI less than 19, adult	V85.0
	BMI of 19-24, adult	V85.1
	Adult BMI value codes	V85.21-V85.25
		V85.30 -V85.39
		V85.41-V85.45
Pediatric percentile codes	V85.51-V85.54	
ICD-10-cm codes	BMI of 19 or less, adult	Z68.1
	Adult BMI value codes	Z68.20-Z68.45
	Pediatric percentile codes	Z68.51-Z68.54
CPT codes (Category II codes must be billed with one of these outpatient-visit codes.)		
99201-99205, 99211-99215, 99241-99245, 99347-99350, 99381-99387, 99391-99397, 99401-99404, 99411-99412, 99420, 99429, 99455-99456		

Comprehensive diabetes care

Category II codes (eligible for an incentive once per calendar year)	
3044F	Most recent hemoglobin A1c (HbA1c) level less than 7 percent ¹
3045F	Most recent HbA1c level of 7-9 percent ¹
3046F	Most recent HbA1c level greater than 9 percent ¹
3060F	Positive microalbumin ¹
3061F	Negative microalbumin ¹
3062F	Positive macroalbumin ¹
2022F	Dilated retinal eye exam with interpretation by ophthalmologist or optometrist ¹
2024F	Seven standard field stereoscopic photos with interpretation by ophthalmologist or optometrist ¹
2026F	Eye imaging validated to match diagnosis from photos ¹
3072F	Low risk for retinopathy (no evidence of retinopathy in the previous year) Use if there is no eye exam in the current year. ¹
3079F	Diastolic of 80-89 ¹
3080F	Diastolic of 90 or greater ¹
3078F	Diastolic of less than 80 ¹
3077F	Systolic of 140 or greater ¹
3074F and 3075F	Systolic of less than 140 ¹
CPT codes (Category II codes must be billed with one of these outpatient-visit codes.)	
99201-99205, 99211-99215, 99241-99245, 99347-99350, 99381-99387, 99391-99397, 99401-99404, 99411-99412, 99420, 99429, 99455-99456	

Prenatal and postpartum care (PC): TennCare population only

Category II codes	
0500F	Initial prenatal care visit (Report at first prenatal encounter with health care professional providing obstetrical care. Also report date of visit. In a separate field, report the date of the last menstrual period [LMP].)
0501F	Prenatal flow sheet documented in medical record by first prenatal visit (At minimum, documentation includes blood pressure, weight, urine protein, uterine size, fetal heart tones and estimated date of delivery. Also report date of visit. In a separate field, report date of the LMP. Note: If you are reporting 0501F prenatal flow sheet, you do not have to report 0500F initial prenatal care visit.)
0502F	Subsequent prenatal care visit (excludes patients seen for a condition unrelated to pregnancy or prenatal care)
0503F	Postpartum visit (to be completed between 21-56 days after delivery)
CPT codes (Category II codes must be billed with one of these global billing codes.)	
59400	Routine obstetric care (ROC), including antepartum care (AC), vaginal delivery (VD) and PC
59510	ROC, including AC, cesarean delivery (CD) and PC
59610	ROC, including AC, VD and PC after previous CD
59618	ROC, including AC, CD and PC after attempted VD following previous CD

Care for older adult (COA) advance directives²

COA monitoring is eligible for an incentive once per calendar year.

Category II codes	
1157F	Advance care plan in chart ²
1158F	Advance care planning discussion documented in medical record ²
1125F	Pain severity quantified and pain present ²
1126F	No pain present ²
1170F	Functional status assessed ²
1159F	Medication list documented in medical record ²
1160F	Review of all medications by prescribing practitioner or clinical pharmacist ²
CPT codes (Category II codes must be billed with one of these outpatient-visit codes.)	
99201-99205, 99211-99215, 99241-99245, 99347-99350, 99381-99387, 99391-99397, 99401-99404, 99411-99412, 99420, 99429, 99455-99456	

Medication reconciliation

Medication reconciliation assessment is eligible for an incentive once per postinpatient hospital stay.

Category II codes	
1111F	Medication reconciliation ²
CPT codes (Category II codes must be billed with one of these outpatient-visit codes.)	
99201-99205, 99211-99215, 99241-99245, 99347-99350, 99381-99387, 99391-99397, 99401-99404, 99411-99412, 99420, 99429, 99455-99456	

1 Category II codes for members enrolled in TennCare and those enrolled in both TennCare and Amerigroup Amerivantage.

2 Category II codes for dual enrollees (those enrolled in both TennCare and Amerigroup Amerivantage).