

CPT Category II payment opportunity

This is a reminder that Amerigroup Community Care will pay participating providers a \$10 administrative fee per code, per eligible member when they report select CPT Category II codes on claims once per calendar year. Eligible members include those receiving benefits from Amerigroup Amerivantage (Medicare Advantage) and TennCare.

The qualifying Category II codes must be billed with a charge of at least \$0.01. Any required outpatient visit or global codes (outlined on the following pages) must also be billed on the same claim as the category II code.

For questions, contact your Provider Relations representative or Provider Services at 1-800-454-3730.

Body mass index (BMI):

Effective August 1, 2018, the diagnosis code for BMI is no longer required.

Category II code
3008F: BMI assessed/documented ¹
CPT codes (Bill CPT Category II 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 codes¹	
3044F	Most recent hemoglobin A1c (HbA1c) level less than 7%
3045F	Most recent HbA1c level of 7-9%
3046F	Most recent HbA1c level greater than 9%
3060F	Positive microalbumin
3061F	Negative microalbumin
3062F	Positive macroalbumin
2022F	Dilated retinal eye exam with interpretation by ophthalmologist or optometrist
2024F	Seven standard field stereoscopic photos with interpretation by ophthalmologist or optometrist
2026F	Eye imaging validated to match diagnosis from photos
3072F	Low risk for retinopathy (no evidence of retinopathy in the previous year) Use if there is no eye exam in the current year.
3079F	Diastolic of 80-89
3080F	Diastolic of 90 or greater
3078F	Diastolic of less than 80
3077F	Systolic of 140 or greater
3074F or 3075F	Systolic of less than 140

CPT codes (Bill CPT category II 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

This benefit is eligible once per pregnancy. Maximum incentive payment is \$20 per pregnancy and only applies if both prenatal and postpartum codes are submitted.

Category II codes:

<https://providers.amerigroup.com>

0500F	Initial prenatal care visit (Report at first prenatal encounter with health care professional providing obstetrical care. In a separate field, report the date of the last menstrual period LMP.) Bill with the appropriate evaluation and management code within 30 days of the visit that confirmed the pregnancy (99201-99205, 99211-99215).
0501F	Prenatal flow sheet documented in medical record by first prenatal visit (Documentation must include blood pressure, weight, urine protein, uterine size, fetal heart tones and estimated date of delivery. 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) 0501F and 0502F must be billed with one of the following global codes: <ul style="list-style-type: none"> • 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
0503F	Postpartum visit (to be completed between 21-56 days after delivery) Bill with CPT code 59430.

Care for older adult advance directives²

Category II codes²	
1157F	Advance care plan in chart
1158F	Advance care planning discussion documented in medical record
1125F	Pain severity quantified and pain present
1126F	No pain present
1170F	Functional status assessed
1159F	Medication list documented in medical record
1160F	Review of all medications by prescribing practitioner or clinical pharmacist
CPT codes (Bill CPT II 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

Category II code (Eligible for an incentive once per post-inpatient hospital stay)	
1111F	Medication reconciliation ²
CPT codes (Bill CPT category II 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 dual enrollees (those enrolled in both TennCare and Amerigroup Amerivantage).

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