

CORRECTION: Save time tomorrow by using CPT II codes today: Introducing the FEP® Quality Reimbursement Program for PPO providers

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In the [April 2022](#) edition of *Provider News*, we published incorrect information in the heading of the First Prenatal Visit section of the article. We have corrected the information, and the updated article is included below. We apologize for any inconvenience.

The Federal Employee Program (FEP) is introducing a new Quality Reimbursement Program for PPO providers. Coding for CPT II Category Codes for A1c results, blood pressure readings and the first prenatal visit will now be reimbursed at \$10 per code.

CPT II codes are supplemental tracking codes that are used to measure quality performance. The use of these tracking codes decreases the need for record submissions and chart reviews, minimizing administrative burden on physicians and other healthcare professionals.

How to use CPT II codes

Use these CPT II codes when submitting a claim. In field 24F on the CMS-1500 claim form, enter the CPT II code along with the amount of \$10. In order to receive reimbursement, the exact dollar amount (\$10) and the date of service must be entered on the claim along with the appropriate code for the service performed:

Blood Pressure – Receive \$10 for the systolic and the diastolic readings:

- | | |
|-------|--|
| 3074F | Most recent systolic blood pressure less than 130 mm Hg |
| 3075F | Most recent systolic blood pressure 130-139 mm Hg |
| 3077F | Most recent systolic blood pressure greater than or equal to 140 mm Hg |
| 3078F | Most recent diastolic blood pressure less than 80 mm Hg |
| 3079F | Most recent diastolic blood pressure 80-89 mm Hg |
| 3080F | Most recent diastolic blood pressure greater than or equal to 90 mm Hg |

Hemoglobin A1c:

- 3044F Most recent hemoglobin A1c (HbA1c) level less than 7.0%
- 3046F Most recent hemoglobin A1c (HbA1c) level greater than 9.0%
- 3051F Most recent hemoglobin A1c (HbA1c) level greater than or equal to 7.0% and
- 3052F less than 8.0%
- Most recent hemoglobin A1c (HbA1c) level greater than or equal to 8.0% and less than or equal to 9.0%

First Prenatal Visit – The first prenatal visit date of service must be on the claim (Field 24A CMS-1500) with the appropriate code:

- 0500F Initial prenatal care visit (report at first prenatal encounter with health care professional providing obstetrical care. Report also date of visit, and in a separate field, the date of the last menstrual period [LMP]) (Prenatal)
- 0501F Prenatal flow sheet documented in medical record by first prenatal visit (documentation includes at minimum blood pressure, weight, urine protein, uterine size, fetal heart tones, and estimated date of delivery). Report also: date of visit and, in a separate field, the date of the last menstrual period [LMP] (Note: If reporting 0501F Prenatal flow sheet, it is not necessary to report 0500F Initial prenatal care visit) (Prenatal)

For additional information about the Quality Reimbursement Program, email us at FEPproviderGIC@anthem.com.

This incentive program is for preferred providers who see FEP members. The program can be altered or rescinded at any time

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