

Save time by using CPT II codes: Introducing FEP Quality Reimbursement Program for PPO Providers

Published: Apr 1, 2022 - **State & Federal** / Federal Employee Plan (FEP)

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

Blood Pressure – The first prenatal visit date of service must be on the claim (Field 24A, CMS-1500 claim form) with the appropriate code:

0500F Initial prenatal care visit (report at first prenatal encounter with healthcare 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 [LMF]. If reporting 0501F Prenatal flow sheet, it is not necessary to report 0500F prenatal care visit) (Prenatal)

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

1503-0422-PN-CA

URL: <https://providernews.anthem.com/california/article/save-time-by-using-cpt-ii-codes-introducing-fep-quality-reimbursement-program-for-ppo-providers-5>

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