

PATHWAYS TO MANAGED CARE

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An Anthem Company

PROVIDER UPDATE

CPT Category II Payment Opportunity

Summary of change: Effective April 1, 2021, Amerigroup Community Care participating providers can earn a \$10 administrative fee for reporting eligible Category II codes. The administrative fee can only be claimed once per service, per member, per year with the exception of prenatal and postpartum care, which has an administrative reimbursement of \$20 per pregnancy. Additionally, Category II codes now require an associated diagnosis code to ensure accuracy in care and reporting. More Category II codes have been added to the payment opportunity to support compliance with HEDIS® quality measures.

To ensure accurate reimbursement of the payment opportunity, providers must:

- Report each Category II code with a billing charge of at least \$0.01.
- Report an associated diagnosis code for each Category II code.
- Report an appropriate office visit code.

If you have questions, contact your Provider Solutions representative or Provider Services at 1-800-454-3730.

Controlling High Blood Pressure (CBP)

This benefit, along with the Comprehensive Diabetes Care benefit, can only be used once per eligible member per calendar year.

Category II Codes ¹

3079F	Diastolic of 80-89
3080F	Diastolic greater than or equal to 90
3078F	Diastolic of less than 80
3077F	Systolic greater than or equal to 140
3074F or 3075F	Systolic of less than 140

Bill CPT® Category II code with one of these outpatient visit codes: 920299205, 99211-99215, 99241-99245, 99347-99350, 99381-99387, 99391-99397, 99401-99404, 99411-99412, 99429, 99455-99456, 99341-99345, 99483

ICD-10-CM code (bill CPT Category II along with an associated hypertension code)

I10 to I16.9	Hypertension and hypertensive disease
I11.0 to I19	Hypertensive heart disease
N18.1 to N18.9	Chronic kidney disease
E08.00 to E13.9	Diabetes

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This issue:

AMERIGROUP
CPT Category II Payment
Opportunity

BCBST
Potential Fraud Alert:
Third Party Fax Requests

CIGNA + OSCAR PLANS
In GA & TN



UPA

Health Care
Director
Hospital
Pharmacist
Nurse
Dentist
First Aid
Surgeon
Emergency

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Comprehensive Diabetes Care (CDC)

The highlighted codes below, along with the Controlling High Blood Pressure benefit, can only be used once per eligible member per calendar year.

Category II Codes ¹

2022F	A 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
3044F	Most recent hemoglobin A1c (HbA1c) level less than 7%
3046F	Most recent HbA1c level greater than 9%
3051F	Most recent HbA1c level greater than or equal to 7% and less than 8%
3052F	Most recent HbA1c level greater than or equal to 8% and less than or equal to 9%
3072F	Low risk for retinopathy (no evidence of retinopathy in the previous year)
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
3078F	Diastolic of less than 80

Bill CPT Category II with one of these outpatient visit codes: 99202-99205, 99211-99215, 99241-99245, 99347-99350, 99381-99387, 99391-99397, 99401-99404, 99411-99412, 99429, 99455-99456, 99341-99345, 99483

ICD-10-CM code (bill CPT Category II along with an associated hypertension code)

I10 to I16.9	Hypertension and hypertensive disease
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N18.1 to N18.9	Chronic kidney disease
E08.00 to E13.9	Diabetes

Prenatal and Postpartum Care (PPC) - TennCare population only ¹

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

Category II Codes

0500F Initial prenatal care visit

Report at the first prenatal encounter with healthcare professionals 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 (99202-99205, 99211-99215).

0501F Prenatal flow sheet documented in the medical record by the 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 the date of the LMP.

Note: If you are reporting code 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)

Bill CPT II with one of the following global codes: 59400, 59510, 59610, 59618

0503F Postpartum visit

To be completed 7 to 84 days after delivery - bill with CPT code 59430

ICD-10-CM Codes

All Each Category II code must be billed with an appropriate diagnosis code.





Amerigroup CPT Category II Payment Opportunity

An Anthem Company

Diabetes Screening for People with Schizophrenia or Bipolar Disorder Who Are Using Antipsychotic Medications (SSD)

Category II Codes¹

- 3044F Most recent HbA1c level less than 7%
- 3046F Most recent HbA1C level greater than 9%
- 3051F Most recent HbA1c level greater than or equal to 7% and less than 8%
- 3052F Most recent HbA1c level greater than or equal to 8% and less than or equal to 9%

Bill CPT Category II code with one of these outpatient visit codes: 99202-99205, 99211-99215, 99241-99245, 99347-99350, 99381-99387, 99391-99397, 99401-99404, 99411-99412, 99429, 99455-99456, 99341-99345, 99483

ICD-10-CM codes (the list is not all-inclusive)

- F20.0 to F20.9 Schizophrenia
- F25.0 to F25.9 Schizoactive disorders
- F30.10 to F30.9 Manic episode
- F31.10 to F31.9 Bipolar disorder

Cardiovascular Monitoring for People with Cardiovascular Disease and Schizophrenia (SMC)

Category II Codes¹

- 3048F Most recent LDL-C less than 100 mg/dl
- 3049F Most recent LDL-C 100-129 mg/dl
- 3050F Most recent LDL-C greater than or equal to 130 mg/dl

Bill ICD-10 CPT Category II code with the appropriate ICD-10 diagnosis code:

Schizophrenia: F20.0-F20.3, F20.5, F20.81, F20.89, F20.9, F25.0, F25.1, F25.8, F25.9

Cardiovascular disease: Report the appropriate code(s) based on clinical documentation; please consult the ICD-10-CM code set for accuracy.

Bill CPT Category II with one of these outpatient visit codes: 99202-99205, 99211-99215, 99241-99245, 99347-99350, 99381-99387, 99391-99397, 99401-99404, 99411-99412, 99429, 99455-99456, 99483

Note: This list of codes may not be all-inclusive; therefore, consult the complete ICD-10-CM code set and ensure that medical record documentation supports all codes submitted on the claim.

ICD-10-CM code (bill CPT Category II along with an associated hypertension code)

- F20.0 to F20.9 Schizophrenia
- F25.0 to F25.9 Schizoactive disorders
- I20.0 to I25.9 Cardiovascular disease and ischemic vascular disease

(not successive
or all-inclusive)

Report the appropriate code(s) based on clinical documentation; please consult the current year ICD-10-CM code set for accuracy.

¹Category II codes for members enrolled in TennCare, CoverKids is included.

UPA Managed Care Contacts

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Contact for provider load issues;
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Provider Data Verifications; provider
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All provider load issues questions and/or
issues should be emailed to:
UPAManagedCareOffice@utmck.edu



Georgia and Tennessee

Cigna and Oscar Health are committed to providing quality, cost-efficient health solutions for small employer groups in the Metro-Atlanta, Georgia area and Tennessee through new Cigna + Oscar plans. These plans bring together the power of Cigna's national and local provider networks - Open Access Plus and Cigna LocalPlus® - and Oscar Health's innovative digital customer experience.

Providers that participate in the Cigna + Oscar network

You are considered a Cigna + Oscar network-participating provider if you participate in Cigna's:

- LocalPlus network in the Metro-Atlanta area or Tennessee, or,
- Open Access Plus network, regardless of state or region.

To confirm your network participation, visit Oscar's online directory at CignaOscar.com/search or call Oscar Customer Service at 855.672.2755, press 4.

*CignaOscar.com>Providers>Provider Manual>Market: Georgia>[C + O Supplemental Provider Reference Guide & Forms](#)

**CignaOscar.com>Providers>Provider Manual>Market: Tennessee>[C + O Supplemental Provider Reference Guide & Forms](#)

More Information

To learn more about Cigna + Oscar plans, please access the resources listed below.

- Cigna + Oscar provider website (CignaOscar.com)
- Cigna + Oscar web page on the Cigna for Health Care Professionals website (CignaforHCP.com) > Get questions answered: Resource > Medical Resources > Medical Plans and Products > [Cigna + Oscar Plans](#)
- Oscar Health Customer Service: 855.672.2755, press 4

You can find additional state specific administrative guidelines and program requirements for Cigna + Oscar plans by clicking on the state below. These are supplemental to the Cigna Reference Guides. See [page 30](#) for more information.

- [Georgia*](#)
- [Tennessee**](#)

Be sure to watch for important updates about Cigna + Oscar plans in future issues of Network News.



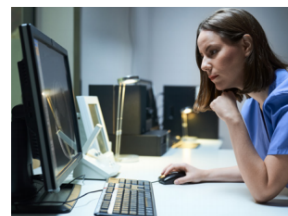
BlueCross BlueShield Potential Fraud Alert: Third-Party Fax Requests

We've been made aware that some members are receiving medications, medical supplies and equipment without requesting or needing these items.

We believe these cases are occurring because third-party companies are soliciting information from members and faxing authorization requests to their providers. In many cases, these fax forms are pre-filled and look like legitimate requests. Office staff may not know when these requests are an attempt to get approval for prescriptions or equipment that the member doesn't need or expect, so it's important to look for these tell-tale signs:

- The request comes from an out-of-state pharmacy or durable medical equipment company
- The form is pre-filled with the SIG and asks for a high number of quantities or refills
- The request lists a range of possible conditions the member may or may not have

When you receive these requests, we encourage you to contact your patients to verify if they've asked for the medication, medical supplies or equipment. If you suspect you've received a request that may be fraudulent, please contact our Confidential Compliance Hotline at 1-888-343-4221 or e-mail us at ComplianceHotline@bcbst.com



University Physicians' Association, Inc.

Vision

To extend our passion by helping clients through creating new partnerships within the medical community.

Mission

To offer the medical community seamless, knowledge-based solutions by providing services customized to a client's specific need.

Values

Partnerships, Accountability, Integrity, Expertise, Versatility.

