

CPT Category II payment opportunity

Summary of change

Effective April 1, 2022, 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 per pregnancy as defined in the table below. 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.

What if I need assistance?

If you have questions about this communication or need assistance with any other item, contact your assigned Provider Experience associate or call Provider Services at **800-454-3730** for Medicaid.



Email is the quickest and most direct way to receive important information from Amerigroup Community Care.

To start receiving email from us (including some sent in lieu of fax or mail), submit your information using the QR code to the right or via our online form (<https://bit.ly/2XxYAEg>).



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

<https://provider.amerigroup.com/TN>

Amerigroup Community Care complies with the applicable federal and state civil rights laws, rules, and regulations and does not discriminate against members or participants in the provision of services on the basis of race, color, national origin, religion, sex, age, or disability. If a member or a participant needs language, communication, or disability assistance or to report a discrimination complaint, call **800-454-3730**. Information about the civil rights laws can be found at tn.gov/tenncare/members-applicants/civil-rights-compliance.html.

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 codes¹	
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: 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
I11.0 to I11.9	Hypertensive heart disease
N18.1 to N18.9	Chronic kidney disease
E08.00 to E13.9	Diabetes

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 codes¹	
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	

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ICD-10-CM code (bill CPT Category II along with an associated hypertension code)	
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Prenatal and postpartum care (PPC) — TennCare population only¹

This benefit is eligible once per pregnancy:

- Incentive payment for prenatal care is \$25 per pregnancy:
 - \$25 will be paid for Category II code 0500F when billed with the appropriate CPT code as noted in the table below. The Cat II code cannot be billed itself.
 - The provider must bill the Cat II code with a value of at least \$0.01.
- Incentive payment for postpartum care is limited to a maximum submission of two postpartum visits within the fourth trimester or postpartum period (7 to 84 days after delivery) and includes reimbursement as follows:
 - \$75 will be paid for Category II code 0503F when billed with CPT® code 59430 for each visit (maximum of \$150.00 per pregnancy). The Cat II code cannot be billed itself.
 - The provider must bill the Cat II 0503F code with a value of at least \$0.01.
 - The provider must bill the 59430 CPT code with a value of \$0.00.

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).
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.

Diabetes screening for people with schizophrenia or bipolar disorder who are using antipsychotic medications (SSD)

Category II codes ¹	
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	Schizoaffective 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 130mg/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	Schizoaffective disorders
I20.0 to I75.89 (not successive or all-inclusive)	Cardiovascular disease and ischemic vascular disease Report the appropriate code(s) based on clinical documentation; please consult the current year ICD-10-CM code set for accuracy.

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