



Healthy BlueSM

BlueChoice[®] HealthPlan of SC

Healthy Connections 

Provider Quality Incentive Program



Disclaimer

- The information presented does not guarantee reimbursement, benefit coverage, or payment for services. Coding guidance outlined within this presentation is not intended to replace official coding guidelines or professional coding expertise.
- Provider incentives are an initiative implemented on a limited basis with select providers. It does not apply to non-participating providers and is not part of participating providers' contractual agreement with Healthy Blue. Healthy Blue may end initiatives at any time and for any reason.
- Healthy Blue providers are required to ensure documentation supports the codes submitted for conditions and services.
- Questions regarding claims billed and reimbursement should be directed to Provider Service at **866-757-8286**.

Overview

To improve the health of our members, Healthy Blue has designated the following incentives for providers:

- Notification of pregnancy — \$200
 - **Available once per pregnancy**
- Well-child — \$60
- Centering Pregnancy — up to \$475
- Screening, Brief Intervention and Referral to Treatment (SBIRT) — \$24, \$48
 - **Available once per year for screening and twice for brief intervention**
- CPT® Category II reimbursement — \$40, per code
- Sports physicals — \$30

Notification of Pregnancy

Notification of Pregnancy

- Participating OB/GYN and PCP providers are eligible for a \$200 reimbursement for each pregnant Healthy Blue member identified:
 - Providers must complete the *Pregnancy Notification Report (PNR)* form and submit it with a professional claim after the first prenatal visit:
 - The *PNR* form should be faxed to Healthy Blue at **803-870-6509**, and the claim should be submitted using My Insurance ManagerSM.
- The PNR data should be submitted within seven business days from the pregnancy diagnosis date.

Notification of Pregnancy (Continued)

- The professional claim should be submitted separately with all services rendered during the office visit:
 - Date of service: Date of the pregnancy diagnosis consultation
 - CPT/HCPCS: 99080
 - Modifier: 32
 - Days/units: 1
 - Billed charges: \$200

Note: No other services should be billed on this professional claim.

Well Child

Well Child

- PCP providers can receive the \$60 incentive for each Healthy Blue child that receives a wellness exam and falls into the following categories.

Well-infant visit: members who will turn 1 to 15 months within the current year

CPT/HCPCS	Modifier	ICD-10
99381-99385, 99391-99395, 99461 G0438-G0439	EP	Z00.0X, Z00.1XX, Z00.X, Z02.X, Z02.71, Z02.79, Z02.8X

Well-child visit: members who will turn 3 to 6 years old within the current year

CPT/HCPCS	Modifier	ICD-10
99381-99385, 99391-99395, 99461	EP	Z00.0X, Z00.1XX, Z00.X, Z02.X, Z02.71, Z02.79, Z02.8X

Adolescent well-child visit: members who will turn 12 to 20 years old within the current year

CPT/HCPCS	Modifier	ICD-10
99461, 99381-99385, 99391-99395	EP	Z00.0X, Z00.1XX, Z00.X, Z02.X, Z02.71, Z02.79, Z02.8X, Z02.9

Well Child (Continued)

- The incentive should be billed on the same claim as the well-child exam. The G9153 should be filed on the line directly following the well-child exam code and the diagnosis pointer for both must match:
 - Date of service: date of the well-child exam
 - CPT/HCPCS: G9153
 - Days/units: 1
 - Billed charges: \$60

Centering Pregnancy

CenteringPregnancy

In CenteringPregnancy, after a woman has her initial obstetric appointment and exam, she is placed in a group with eight to 12 other women who have due dates in the same month. They receive all their prenatal care visits together in 10 sessions of two hours each throughout their second and third trimesters.

A health care provider, such as a physician, nurse practitioner or nurse-midwife, facilitates the groups, carrying out all the medical care the patients would routinely receive per the prenatal care guidelines from the American College of OB-GYN. The sessions include extended time for the provider to facilitate health education and social support among the patients.

Benefits of Centering include:

- Decreased rate of preterm and low weight.
- Increased breastfeeding.
- Better pregnancy outcomes.

The Centering Healthcare Institute is an independent company that provides access to the CenteringPregnancy program on behalf of BlueChoice HealthPlan.

CenteringPregnancy (Continued)

There is a financial incentive for CenteringPregnancy visits, beyond routine prenatal care visit charges. Healthy Blue offers an additional **\$30** per patient, up to **10** visits for the code 99078 , for a total of **\$300**. An additional **\$175** is offered when 0502F is billed on or after the **fifth** visit. Healthy Blue offers up to **\$475** in incentives per patient.

CPT/HCPCS	MOD	Billing Guidelines
99078	TH	<ul style="list-style-type: none"> • Must be billed with an E&M code (99211-99215) for up to 10 visits • Bill with pregnancy diagnosis • Bill with \$30.00 charge
CPT/HCPCS	MOD	Billing Guidelines
0502F	TH	<ul style="list-style-type: none"> • Must be billed with an E&M code (99211-99215) • Billed with or after the fifth visit • Bill with pregnancy diagnosis • Bill with \$175.00 charge

Note: For more information, contact Jessica Britt at Jessica.Britt@prismahealth.org or 864-455-8009.

Screening, Brief Intervention and Referral to Treatment

SBIRT

- Screening, brief intervention and referral to treatment (SBIRT) is an evidence-based, integrated and comprehensive approach to the identification, intervention and treatment of substance (drug and alcohol) usage, domestic violence, depression and tobacco usage.
- The SBIRT program in South Carolina is specific to pregnant women to include 12 months postpartum.
- **Screening:** Brief process of identifying substance use, behavioral health issues, domestic violence and tobacco use.
- **Brief intervention:** Sessions ranging from 5- to 10-minutes to raise awareness of risks and increase motivation to engage support in choices that support health.
- **Referral:** When a risk has been identified and treatment is needed.
- **Treatment:** Cognitive behavioral work for members to acknowledge risks and change their behavior.
- When treating a pregnant member, use the *SBIRT Integrated Screening Tool*.
 - If the screening is positive, conduct a brief intervention.
 - Fax the SBIRT screening to Healthy Blue and keep a copy for your records.

SBIRT (Continued)

To bill for screening:

- Date of service: Use the date of the screening
- CPT/HCPCS: H0002
- Modifier: HD; only use to indicate a positive screening
- Days/units: 1
- Billed charges: \$24

To bill for brief intervention:

- Date of service: Use the date of the screening
- CPT/HCPCS: H0004
- Modifier: HD; only use to indicate a referral was made
- Days/units: 1
- Billed charges: \$48

Note: This incentive can be billed on the same claim as the office visit.

CPT Category II Reimbursement

CPT Category II Reimbursement

- Healthy Blue offers reimbursement for the use of CPT II codes to encourage continued, long-term use. The use of CPT II codes benefits the healthcare system by providing more specific information about healthcare encounters. These codes provide data that can be used to help us all work more efficiently and effectively in the best interest of the member. Take advantage of this great revenue opportunity by enhancing your billing process.
- Additional payments for CPT II codes are made once **per service, per member, per year** and are earned by completing the criteria for billing the CPT II codes listed in the following tables.

CPT Category II Reimbursement (Continued)

CPT II code	Description	Diagnosis included on claim	Age	Criteria	Pay
2015F	Asthma assessment	J45	All	<ul style="list-style-type: none"> Complete office visit for a member with asthma. Perform asthma impairment assessment (such as symptom frequency and pulmonary function) during the visit. Report appropriate office visit, diagnosis code(s) and Category II code 2015F. 	\$20
3023F	Spirometry results documented and reviewed	J40 – J44	All	<ul style="list-style-type: none"> Complete office visit for a member with a chronic respiratory condition. Document and review spirometry results in the medical record. Report appropriate office visit, diagnosis code(s) and Category II code 3023F. 	\$20
3117F	For patients who have congestive heart failure: heart failure disease- specific structured assessment tool completed	I50	All	<ul style="list-style-type: none"> Complete office visit for member with heart condition. Complete heart failure disease-specific structured assessment tool (lab tests, examination procedures, radiologic examination and/or results and medical decision making). Report appropriate office visit, diagnosis code(s) and Category II code 3117F. 	\$20
0513F	For patients who have hypertension: elevated blood pressure plan of care	I10 – I16	All	<ul style="list-style-type: none"> Complete office visit for member with hypertension or hypertensive diseases. Complete and document elevated blood pressure plan of care. Report appropriate office visit, diagnosis code(s) and Category II code 0513F. 	\$20

CPT Category II Reimbursement (Continued)

CPT II code	Description	Diagnosis included on claim	Age	Criteria	Pay
3011F	Lipid panel results documented and reviewed	I25	All	<ul style="list-style-type: none"> Complete office visit. Document and review lipid panel results in the medical record. Report appropriate office visit, diagnosis code(s) and Category II code 3011F. 	\$40
3044F	For patients who have diabetes: most recent HbA1c < 7	E08, E09, E10, E11, E13	All	<ul style="list-style-type: none"> Complete office visit for member with diabetes mellitus (any type). Complete and document hemoglobin A1C results when less than seven. Report appropriate office visit, diagnosis code(s) and Category II code 3044F. 	\$40
3051F	For patients who have diabetes: most recent HbA1c 7 – 9	E08, E09, E10, E11, E13	All	<ul style="list-style-type: none"> Complete office visit for member with diabetes mellitus (any type). Complete and document hemoglobin A1C results when 7 – 9. Report appropriate office visit, diagnosis code(s) and Category II code 3045F. 	\$40

CPT Category II Reimbursement (Continued)

CPT II code	Description	Diagnosis included on claim	Age	Criteria	Pay
3052F	For patients who have diabetes: most recent HbA1c > 9	E08, E09, E10, E11, E13	All	<ul style="list-style-type: none"> Complete office for member with diabetes mellitus (any type). Complete and document hemoglobin A1C results when greater than 9. Report appropriate office visit, diagnosis code(s) and Category II code 3046F. 	\$40
3074F	When the most recent systolic blood pressure less than 130 mm Hg	I10-I13 (all) OR I10 only	18-59	<ul style="list-style-type: none"> Document blood pressure and diagnosis of hypertension in the medical record. On the claim, include diagnosis code for hypertension/hypertensive condition and report CPT II code 3074F. 	\$40
3075F	When the most recent systolic blood pressure 130-139 mm Hg	I10-I13 (all) OR I10 only	18-59	<ul style="list-style-type: none"> Document blood pressure and diagnosis of hypertension in the medical record. On the claim, include diagnosis code for hypertension/hypertensive condition and report CPT II code 3075F. 	\$40

CPT Category II Reimbursement (Continued)

CPT II code	Description	Diagnosis included on claim	Age	Criteria	Pay
3077F	When the most recent systolic blood pressure greater than or equal to 140 mm Hg	I10 – I13 (all) OR I10 only	18 – 59	<ul style="list-style-type: none"> Document blood pressure and diagnosis of hypertension in the medical record. On the claim, include diagnosis code for hypertension/hypertensive condition and report CPT II code 3077F. 	\$40
3078F	When the most recent diastolic blood pressure less than 80 mm Hg	I10 – I13 (all) OR I10 only	18 – 59	<ul style="list-style-type: none"> Document blood pressure and diagnosis of hypertension in the medical record. On the claim, include diagnosis code for hypertension/hypertensive condition and report CPT II code 3078F. 	\$40
3079F	When the most recent diastolic blood pressure 80 – 89 mm Hg	I10 – I13 (all) OR I10 only	18 – 59	<ul style="list-style-type: none"> Document blood pressure and diagnosis of hypertension in the medical record. On the claim, include diagnosis code for hypertension/hypertensive condition and report CPT II code 3079F. 	\$40
3080F	When the most recent diastolic blood pressure greater than or equal to 90 mm Hg	I10 – I13 (all) OR I10 only	18 – 59	<ul style="list-style-type: none"> Document blood pressure and diagnosis of hypertension in the medical record. On the claim, include diagnosis code for hypertension/hypertensive condition and report CPT II code 3080F. 	\$40

Sports Physicals

Sports Physicals


- Healthy Blue pays for one sports physical per benefit year for members between the ages of 6 and 18.
- In-network primary care providers, including nurse practitioners and physician assistants, can perform and bill for this service.
- If the member has already had a well-child exam in the current benefit year, bill for the sports physical using CPT code 99212 with modifier 8P and diagnosis code Z02.5
- By performing a sports physical, you will receive a reimbursement of \$30.


Sports Physicals (Continued)


- If the member has not had a well-child exam in the current benefit year, you can bill for the well-child visit, well-child incentive and the sports physical on the same claim.
- Bill the appropriate well-child code, 99383, 99384, 99393 or 99394 with modifier 25, along with an appropriate diagnosis code, Z00.0X, Z00.1XX, Z00.X, Z02.X, Z02.71, Z02.79 or Z02.8X.
- Bill code G9153 for the \$60 well-child incentive.
- Bill code 99212 with modifier 8P and diagnosis code Z02.5 for the \$30 sports physical incentive.


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Customer Service: 866-781-5094 (TTY: 866-773-9634) Monday – Friday from 8 a.m. – 6 p.m.
24-Hour Nurseline: 800-830-1525 (TTY: 711)

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