


PROVIDER BULLETIN

 AETNA BETTER HEALTH® OF FLORIDA 261 N. University Drive Plantation, FL 33324 www.AetnaBetterHealth.com/Florida	Date:	November 28, 2022
	Purpose:	Educate Providers on CPT Coding Incentive Program Pilot
	Subject:	CPT Coding Incentive Program Pilot
	Products:	MMA, LTC, FHK
	From:	<u>Provider Relations</u>

Aetna Better Health® of Florida CPT Coding Incentive Program Pilot

Dear Providers,

Aetna Better Health of Florida (ABHFL) CPT Coding Incentive Program is taking place effective November 1, 2022 through December 31, 2023.

Please review the attached **CPT Coding Incentive Program Pilot** information containing valuable information such as:

- Reimbursement for the utilization
- Opportunity to earn additional \$25 on claims for each submission
- HEDIS measures and CPT codes
- Frequently Asked Questions (FAQ's)

Thank you for your continued participation in the Aetna Better Health of Florida network.

For more information on CPT Coding Pilot, please send us an email at [**FLMedicaidQualityDept@aetna.com**](mailto:FLMedicaidQualityDept@aetna.com)

As always, please don't hesitate to contact our Provider Services line if you have any other questions at:

Phone: MMA: 1-800-441-5501
LTC: 1-844-645-7371
FHK: 1-844-528-5815

Email: [**FLMedicaidProviderRelations@aetna.com**](mailto:FLMedicaidProviderRelations@aetna.com)

Thank you,
Aetna Better Health of Florida
[**www.aetnabetterhealth.com/florida**](http://www.aetnabetterhealth.com/florida)

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Aetna Better Health® of Florida

CPT Coding Incentive Program Pilot

Aetna Better Health of Florida (Medicaid) will offer reimbursement for the utilization of certain Current Procedural Terminology (CPT) Category codes which are not on the Medicaid fee schedule. Our network providers will have the opportunity to earn an additional \$25 on claims for each submission of these identified CPT codes.

CPT II codes are supplemental tracking codes that can be used for performance measurement and allows providers and insurers to track the delivery of quality care. The codes also simplify how performance measures are reported and reduce the need for chart requests.

The table below identifies the HEDIS measures and applicable CPT codes that, when billed correctly, will result in an incentive payment of \$25. The incentive is paid for membership with services in the entire panel that fall into the age ranges as described below, not just on members with a gap in care. This significantly increases the offices opportunity to earn more incentive dollars when submitting the CPT codes for the program pilot.

The incentive program takes place November 1, 2022, to December 31, 2023, with claims run out accepted through February 2024. Payment is made directly to the claim submitted with pilot CPT codes. No reports to track!

For more information on CPT Coding Pilot, send an email to:
FLMedicaidQualityDept@aetna.com



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Current Procedural Terminology (CPT®) Category Codes Closing Gaps in Care

CPT I Codes

HEDIS Measure	Description	CPT Codes
Childhood Immunization Series (CIS) CPT codes for 3 vaccines in Combo 10	Hep A	90633
	Rotavirus – 2 Dose	90681
	Rotavirus – 3 Dose	90680
	Influenza (ages 2 and under)	90655, 90661, 90672 90685, 90686, 90687

CPT II Codes

HEDIS Measure	Description	CPT Codes
Blood Pressure CPT II Codes <ul style="list-style-type: none"> Controlling Blood Pressure Measure (CBP) and for BP control for patients with Diabetes (BPD) <p>* Submit BP results for each visit. Incentive is only paid on compliant BP result of <140/90.</p>	*Systolic <140	3074F, 3075F
	*Diastolic <80	3078F
	*Diastolic 80-89	3079F
Prenatal/Postpartum Care (PPC) CPT II Codes <ul style="list-style-type: none"> <i>Prenatal Care:</i> Percentage of deliveries that received a prenatal care visit in the first trimester or within 42 days of enrollment. <i>Postpartum Care:</i> The percentage of deliveries that had a postpartum visit on or between 7 and 84 days after delivery. 	Prenatal Visit Postpartum Visit	0500F, 0501F, 0502F 0503F

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Frequently Asked Questions

Why does Aetna encourage the use of CPT Category Codes?

- To facilitate data collection related to quality and performance measurement
- To reduce administrative burden for providers by decreasing the need for record collection
- They increase the accuracy of Gaps in Care reporting
- The codes help to support the provider plan of care
- Use of these codes helps to monitor members and ensure they receive appropriate care throughout the continuum of care

What are the benefits of using CPT Category Codes?

- To help ease the burden of chart review for many NCQA HEDIS® performance measures
- To enable more effective monitoring of quality and service delivery within a practice
- To allow providers to report services and/or values based on nationally recognized, evidence-based guidelines for improving the quality of patient care.
- To capture data that ICD 10 codes cannot
- They relay important information related to health outcome measures.
- To enable organizations to monitor internal performance for key measures throughout the year, rather than once per year
- Opportunities for improvement can be identified and implemented throughout the year

How should we bill the CPT Codes?

- Internal configuration has been done to allow for the \$25 incentive on the three CIS vaccines, even though administered from your Medicaid VFC stock
- Continue to submit all vaccine codes as you normally do, and the incentive will automatically be applied for each use of the vaccine code (patients <2 years of age)
- CPT II codes are NOT billing codes; they are used to track services on claims for performance measurement such blood pressure results in program pilot
- CPT Category II codes are billed with a \$0 charge amount in the procedure code field
- If your billing system does not allow \$0 charges, use \$0.01, do not leave blank or incentive cannot be paid

Resources: www.ama-assn.org/practice-management/cpt