

PROVIDER ALERT

VALUE BASED PURCHASING - EFFECTIVE FOR 2019 (REPLACEMENTS FOR ALL PREVIOUS CPT II CODE PAYMENTS)

The following CPT II codes, combined as indicated with additional coding, are eligible for an additional payment(s) for 2019 dates of service. Please bill the applicable CPT Category II codes in addition to the office visit codes (noted below) that you customarily submit on your claims, and the relevant diagnosis codes. These additional payments will be reflected on your Explanation Of Payment (EOP).

CPT II code	Description	Include the following diagnosis on the claim:	Include the following procedures on the claim:	Age	Criteria	As of Jan 2019 Pay*
3044F	For patients who have diabetes: most recent HbA1c <7.0. Result date(s) must be 3rd or 4th Quarter of Calendar Year. No more than 2 results paid.	E10-E13	99201-99215; 99241-99245; 99381-99429	All	<ul style="list-style-type: none"> Complete office visit and bill codes Order HbA1c Member completes HbA1c Review results and document in chart 	\$20
3045F	For patients who have diabetes: most recent HbA1c 7.0 to 9.0. Result date must be 3rd or 4th Quarter of Calendar Year. No more than 2 results paid.	E10-E13	99201-99215; 99241-99245; 99381-99429	All	<ul style="list-style-type: none"> Complete office visit and bill codes Order HbA1c Member completes blood work Review results and document in chart 	\$20
3008F	For adult patients: BMI documented. 1 result per calendar year.	Z68.1-Z68.45	99201-99215; 99241-99245; 99381-99429	18 and up	<ul style="list-style-type: none"> Complete office visit and bill codes Provider documents weight and BMI in chart 	\$5
3074F or 3075F with 3078F or 3079F	For patients who have hypertension: BP is less than 140/90. Result date(s) must be 3rd or 4th Quarter of Calendar Year. No more than 2 results paid.	I10-I15.9	99201-99215; 99241-99245; 99381-99429	All	<ul style="list-style-type: none"> Complete office visit and bill codes BP is < 140/90 in office and documented in chart. 	\$20
3014F	For women over 50: screening mammogram, results documented and reviewed once per calendar year.	Any	N/A	50-64	<ul style="list-style-type: none"> Provider orders mammography Member completes mammography Results reviewed and documented in chart 	\$10
0503F	For patients who complete a postpartum visit between 21 and 56 days after delivery	Any	59430	All	<ul style="list-style-type: none"> Complete a postpartum visit between 21 and 56 days after delivery Bill using the appropriate delivery code and the date of delivery Submit claim with CPT category 	\$10

* University of Maryland Medical System Health Plans (UMMSHP) will periodically evaluate the effectiveness of these payments. UMMSHP retains the right to discontinue these payments at any time without notice.

Please contact Scott McKenzie, Mgr. of Provider Clinical Quality & Engagement at smckenzie@ummshealthplans.com for additional explanation or guidance.

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