



Aetna Better Health[®] of Florida Current Procedural Terminology (CPT[®]) Coding Incentive Program for Providers

Aetna Better Health[®] of Florida providers will have the opportunity to earn an additional \$25 by adding **specific** CPT[®] codes to their claims. CPT[®] codes simplify how performance measures are reported and reduce the need for medical record requests. Providers can use these codes to report specific services that contribute to high-quality care and close Gaps in Care (GIC).

The table in this document has the HEDIS[®] measures and applicable CPT[®] codes that when billed correctly, will result in an incentive payment. The CPT[®] codes in this table come directly from the HEDIS measure values sets from NCQA and are the only ones in which the \$25 incentive is paid. The incentive program takes place January 1 to December 31 of 2024, with claims run out accepted until March 1 of 2025. Incentive payments are made directly to the claims with applicable CPT[®] codes.

CPT[®] I Category Codes

HEDIS Measure	Description	CPT Codes
Childhood Immunization Series (CIS) CPT codes for the 3 vaccines in the NCQA Combo 10 series	Hep A	90633
	Rotavirus – 2 Dose	90681
	Rotavirus – 3 Dose	90680
	Influenza (ages 2 and under)	90655, 90657, 90661, 90673, 90674, 90685, 90686, 90687, 90688, 90689, 90756

Children who turn 2 years of age during the measurement year, and have the following vaccinations with different dates of service, by or on their second birthday:

- Hep A - One hepatitis A vaccine on or between the child's first and second birthday or history in medical record of Hepatitis A illness or anaphylaxis due to hepatitis A vaccine
- Influenza - At least two influenza vaccinations or history of anaphylaxis due to influenza vaccine in medical record. Vaccines administered prior to 6 months do not count
- RV – Two- or three-dose rotavirus or at least one dose of the two-dose rotavirus vaccine and at least two doses of the three-dose rotavirus vaccine on different dates of service or anaphylaxis due to influenza vaccine in medical record. Vaccines prior to 42 days after birth do not count
- **All vaccine doses must be given by age 2**

HEDIS Measure	Description	CPT Codes
<p>*New for 2024</p> <p>Adolescent Immunizations (IMA)</p> <p>CPT code for the HPV vaccine</p>	HPV Vaccine	90651

Information on the HPV vaccine:

- To close a gap in care (GIC) for the Adolescent Immunization (IMA) HEDIS® measure, patients require two doses of the HPV vaccine administered after 9 years of age and before the child’s 13th birthday
- There must be 146 days between the two doses of the HPV vaccine
- The top reason why members receiving all the required IMA vaccines still show as having a GIC in IMA is when a patient receives first dose of HPV at age 12 and receives next dose at age 13. Both doses of HPV must be administered **before** the patient’s 13th birthday

CPT® II Category Codes

HEDIS Measure	Description	CPT Codes
<p>Blood Pressure CPT II Codes</p> <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 every visit. Incentive is only paid on compliant BP result of <140/90.</p>	*Systolic <140	3074F, 3075F
	*Diastolic <80	3078F
	*Diastolic 80-89	3079F

Controlling High Blood Pressure (CBP)

Patients 18–85 years of age who had a diagnosis of hypertension (HTN) and whose BP is adequately controlled (<140/90 mm Hg) during the measurement year

Blood Pressure Control for Patients with Diabetes (BPD)

Patients 18–75 years of age who have a diagnosis of diabetes (types 1 and 2) and whose BP is adequately controlled (<140/90 mm Hg) during the measurement year

- BOTH the systolic and diastolic codes must be provided in the claim to receive the \$25 payment
- Retake at the end of the visit if the BP is 140/90 or higher
 - Consider switching arms
 - Use exact measurements, do not round up
- Member reported BPs during telehealth visits are acceptable if documented in the medical record

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HEDIS Measure	Description	CPT Codes
Prenatal/Postpartum Care (PPC) CPT II Codes <ul style="list-style-type: none"> • Timeliness of Prenatal Care • Postpartum Care 	Prenatal Visit Postpartum Visit	0500F, 0501F, 0502F 0503F

Prenatal and Postpartum Care (PPC)

This measure assesses the following facets of prenatal and postpartum care

- **Timeliness of Prenatal Care:** Patients that received a prenatal care visit in the first trimester or within 42 days of enrollment in the organization
- **Postpartum Care:** Patients that had a postpartum visit on or between 7 and 84 days after delivery

****Submit a claim for postpartum visits even if you are using global billing**

Frequently Asked Questions: CPT® Codes

Why Does Aetna Encourage the Use of these CPT® Codes?

- Facilitates data collection related to quality and HEDIS® measure performance
- Reduces administrative burden on provider offices by decreasing the need for medical record collection and chart review
- Improves quality and timeliness of care and services that Aetna members need:
 - They help Aetna refer members to programs appropriate for their health
 - Codes help to support the provider plan of care
 - Increases accuracy of gaps-in-care reporting

What Are the Benefits of Using CPT® Codes?

- Eases the burden of medical record requests for many NCQA HEDIS® performance measures
- Enables more effective monitoring of quality care desired health outcomes
- Allows providers to report services and/or values based on nationally recognized, evidence-based guidelines for improving the quality of patient care
- Captures data that ICD 10 codes do not provide
- Enables 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
- Generates high-risk adjusted payments for members with chronic conditions
- Improves member quality of care
- Identifies interventions to proactively enhance overall health

How Are CPT® Codes Billed?

- CPT® I codes for immunizations should always be billed, even when using from your VFC stock. This allows Aetna to know which vaccines have been administered and helps to close Gaps in Care for the Childhood Immunization Series (CIS) and the Immunizations for Adolescents (IMA) measures
- Do not submit the CPT® codes for Vaccine Administration without submitting the actual immunization provided CPT® code. The \$25 incentive payment is based on the described vaccine codes in the table provided not on Vaccine Administration codes
- CPT® Category II codes are billed with a \$0 charge amount in the procedure code field
- If your claims submission does not allow a \$0 charge, enter \$0.01 for billing

For more information send an email to: FLMedicaidQualityDept@aetna.com

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