



**Healthy Blue**<sup>SM</sup>  
BlueChoice® HealthPlan of SC

Healthy Connections 

# Healthy Blue Quality Incentive Program



# Quality Incentive Program 2021

In an effort to improve the health of our members, Healthy Blue has designated the following incentives for 2021:

- Notification of Pregnancy incentive — \$200
  - Incentive available once per pregnancy
- Quality incentive — \$30
  - Well-child incentive
- Centering up to \$475
- Screening, Brief Intervention, and Referral to Treatment (SBIRT) — \$24, \$48
  - Incentive available once a year for screening and twice a year for brief intervention
- CPT® Category II reimbursement — \$20 per code
- Sports physicals — \$30

# 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 with a professional claim to Healthy Blue after the first prenatal visit.
- The *PNR* data should be submitted within seven business days from the pregnancy diagnosis date.
- Fax the *PNR* form to Healthy Blue at **800-964-3627**.
- Keep a copy for your records.

**DISCLAIMER:** The PNR Provider Incentive is a pilot initiative that is being implemented on a limited basis with select providers. It does not apply to non-PAR providers, and it is not part of PAR providers' contractual agreement with Healthy Blue. Healthy Blue may end the PNR initiative at any time and for any reason.

To access a PDF file of the *PNR* form, visit [www.HealthyBlueSC.com](http://www.HealthyBlueSC.com) and select **Providers**.



**Pregnancy Notification Report**

All providers must submit this form. It must be submitted to Healthy Blue within seven days of assessment. Please fax the completed form to **866-387-2974**.

**SECTION A: OB provider information**

*Unless otherwise noted, all fields on form are required.*

Today's date (MM/DD/YY): \_\_\_\_\_  
 Provider last name: \_\_\_\_\_ Provider first name: \_\_\_\_\_  
 Provider phone number: \_\_\_\_\_ Provider NPI/LPI: \_\_\_\_\_

**SECTION B: Member information**

ID #/CIN number: \_\_\_\_\_ Date of birth (MM/DD/YY): \_\_\_\_\_  
 Member last name: \_\_\_\_\_ Member first name: \_\_\_\_\_  
 Address: \_\_\_\_\_ Apartment number: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP code: \_\_\_\_\_  
 Phone number: \_\_\_\_\_ Cellphone number: \_\_\_\_\_  
 Other phone number: \_\_\_\_\_ Email address: \_\_\_\_\_  
 Is the member's pregnancy confidential?  Yes  No  Unknown  
 Last menstrual period (LMP) (MM/DD/YY): \_\_\_\_\_

*And/or — At least one of these two options is required.*

Estimated due date (EDC) (MM/DD/YY): \_\_\_\_\_  
 Language spoken (at least one language is required):  English  Spanish  Other: \_\_\_\_\_

**SECTION C: Risk assessment**

**Does the member:**

- Have asthma?  Yes  No  Unknown
- Have diabetes?  Yes (if yes,  Type 1  Type 2  Gestational)  
 No  Unknown
- Have high blood pressure?  Yes  No  Unknown
- Smoke cigarettes/use other tobacco products?  Yes  No  Unknown
- Use any of the following drugs/substances? Check all that apply:
  - Alcohol  Inhalants/glue  Narcotics/heroin
  - Amphetamines  Marijuana  Sedatives/tranquilizers
  - Cocaine or crack  Methadone  Member elects not to respond
  - None  Other: \_\_\_\_\_

Have a high-risk pregnancy?  Yes  No  Unknown  
 If yes, please explain: \_\_\_\_\_

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# Notification of pregnancy (cont.)

Completion of a separate professional claim is required to receive the \$200 incentive for each Healthy Blue member's pregnancy diagnosis.

The office visit is to be billed on a separate claim with all services rendered during the visit.

- Use the date of the pregnancy diagnosis consultation in *DOS From and DOS Thru*.
- CPT/HCPCS is 99080 and Modifier is 32.
- Billed Charge is \$200.
- Days or Units is 1.
- Send the professional claim to your contracted clearinghouse/plan.

**No other services are to be billed on this professional claim.**

# Well-child quality incentive

File G9153 to receive the \$30 incentive for each Healthy Blue child that receives a wellness exam that falls into the categories listed on the next slide.

This incentive is billed on the **same** claim as well-child exam. Please file the G9153 on the line directly following the well-child exam code. The diagnosis pointer for the well-child procedure code must match the diagnosis pointer for G9153.

- Use the date of the wellness exam in *DOS From and DOS Thru*.
- CPT/HCPCS is G9153.
- Billed Charge is \$30.
- Days or Units is 1.
- Send the professional claim to your contracted clearinghouse/plan.

# Eligible quality incentive codes

**Well-infant visit:** for members who will turn 1 to 15 months within the current year.  
This includes codes:

CPT/HCPCS	MOD	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:** for members who will turn ages 3 to 6 within the current year.  
This includes codes:

CPT	MOD	ICD-10
99381-99385 99391-99395 99461	EP	Z00.0X, Z001XX, Z00X, Z02.X, Z02.71, Z02.79, Z02.8X

**Adolescent well-child visit:** for members who will turn 12 to 20 within the current year.  
This includes codes:

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

# Centering

In CenteringPregnancy, after a woman has her initial obstetric appointment and exam, she is placed in a group with 8 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 healthcare 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 Obstetrics and Gynecology. The sessions include extended time for the provider to facilitate health education and social support among the patients.

There is a financial incentive for CenteringPregnancy visits, beyond routine prenatal care visit charges. All Healthy Connections organizations offer an additional \$30 per patient, per visit, up to \$150. Healthy Blue offers up to \$475 in incentives per patient.

For more information on the CenteringPregnancy model and the consortium in South Carolina, contact Sarah Covington-Kolb, CenteringPregnancy Coordinator, at [scovington-kolb@ghs.org](mailto:scovington-kolb@ghs.org) or **864-455-8803**.



# SBIRT

SBIRT is an evidenced-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** — Five- to 10- minute session 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 member to acknowledge risks and change behavior.

# SBIRT (cont.)

When treating a pregnant member, use the SBIRT screening tool to screen the member for drug and alcohol abuse, tobacco abuse, domestic violence, and depression.

Fax SBIRT screening tool in to Healthy Blue and keep a copy for your charts.

If screening is positive, conduct a brief intervention.

Healthy Connections MEDICAID **SBIRT INTEGRATED SCREENING TOOL** 

**\* Fax the COMPLETED form to the patient's plan and referral site and keep a copy in patient file**

Absolute Total Care Fax: 877-295-3226   
  BlueChoice HealthPlan Medicaid Fax: 855-560-2810   
  Molina Fax: 866-423-3889   
  Wellcare Fax: 866-425-6562  
 Aetna Fax: 888-781-4316   
  First Choice by Select Health Fax: 866-533-5493   
  SCOH+S (Fee-For-Service) Fax: 803-253-6247   
  BlueCross BlueShield of South Carolina & BlueChoice HealthPlan Fax: 803-670-9824

**PATIENT INFORMATION**

Patient's last name: \_\_\_\_\_ First: \_\_\_\_\_ Middle: \_\_\_\_\_ Language: \_\_\_\_\_ Race: \_\_\_\_\_ Ethnicity: \_\_\_\_\_ Expected due date: \_\_\_\_\_  
 Phone no: ( ) \_\_\_\_\_ Street address: \_\_\_\_\_ Member ID no: \_\_\_\_\_

**PROVIDER INFORMATION**

Practice name: \_\_\_\_\_ Group NPI: \_\_\_\_\_ Individual NPI: \_\_\_\_\_ Screening providers name: \_\_\_\_\_ Phone no: ( ) \_\_\_\_\_

**PATIENT SCREENING INFORMATION**

**Parents**  
 Did any of your parents have a problem with alcohol or drug use? YES NO

**Peers**  
 Do any of your friends have a problem with alcohol or other drug use? YES NO

**Partner**  
 Does your partner have a problem with alcohol or other drug use? YES NO

**Violence**  
 Are you feeling at all unsafe in any way in your relationship with your current partner? YES NO

**Emotional Health**  
 Over the last few weeks, has worry, anxiety, depression or sadness made it difficult for you to do your work, get along with people or take care of things at home? YES NO

**Past**  
 In the past, have you had difficulties in your life due to alcohol or other drugs, including prescription medications? YES NO

**Present**  
 In the past month, have you drunk any alcohol or used other drugs?  
 1. How many days per month do you drink? \_\_\_\_\_  
 2. How many drinks on any given day? \_\_\_\_\_  
 3. How often did you have 4 or more drinks per day in the last month? \_\_\_\_\_  
 4. In the past month have you taken any prescription drugs? \_\_\_\_\_

**Smoking**  
 Have you smoked any cigarettes in the past three months? YES NO

Please provide additional details for any "yes" responses:

Review risk   
  Review domestic violence resources   
  Review substance use, set healthy goals   
  Consider mental evaluation

**ADVICE FOR BRIEF INTERVENTION**

	Y	N	N/A
Did you State your medical concern?			
Did you Advise to abstain or reduce use?			
Did you Check patient's reaction?			
Did you Refer for future assessment?			

**At Risk Drinking**

Non-Pregnant	Pregnant/Planning Pregnancy
7+ drinks/week 3+ drinks/day	Any Use is Risky Drinking

**CONFIDENTIAL SBIRT REFERRAL INFORMATION**

Patient referred to:  DMH  DAODAS  DHEC Quitline Fax: 800-483-3134  Private provider (Name & NPI)  Domestic violence 803-256-2900  
 (Check all that apply)

Date of referral appointment (DD/MM/YY): \_\_\_\_\_ Date screened: \_\_\_\_\_  Patient refused referral  Referral not warranted: \_\_\_\_\_  Patient requested assistance

Women's health can be affected by emotional problems, alcohol, tobacco, other drug use and domestic violence. Women's health is also affected when those same problems are presented in people close to us. By "alcohol," we mean beer, wine, wine coolers or liquor.

Physician's Signature: \_\_\_\_\_

# SBIRT (cont.)

To bill for the screening:

- Use the date of screening in *DOS From and DOS Thru*.
- CPT/HCPCS is H0002 – add HD modifier to indicate a positive screening.
- Billed Charge is \$24.
- Days or Units is 1.
- Send the professional claim to your contracted clearinghouse/plan.

To bill for the brief intervention:

- Use the date of screening in *DOS From and DOS Thru*.
- CPT/HCPCS is H0004 – add HD modifier to indicate a referral was made.
- Billed Charge is \$48.
- Days or Units is 1.
- Send the professional claim to your contracted clearinghouse/plan.

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

# CPT Category II code reimbursement

Healthy Blue is offering 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 CPT II 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 processes now!

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 *Table 1*.

# Table 1

CPT II code	Description	Diagnosis included on claim	Age	Criteria	2021 pay*
2015F	Asthma assessment	J45	All	<ul style="list-style-type: none"> <li>Complete office visit for a member with asthma.</li> <li>Perform asthma impairment assessment (such as symptom frequency and pulmonary function) during the visit.</li> <li>Report appropriate office visit, diagnosis code(s) and Category II code 2015F.</li> </ul>	\$20
3023F	Spirometry results documented and reviewed	J40–J44	All	<ul style="list-style-type: none"> <li>Complete office visit for a member with a chronic respiratory condition.</li> <li>Document and review spirometry results in the medical record.</li> <li>Report appropriate office visit, diagnosis code(s) and Category II code 3023F.</li> </ul>	\$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"> <li>Complete office visit for member with heart condition.</li> <li>Complete heart failure disease-specific structured assessment tool (lab tests, examination procedures, radiologic examination, and/or results and medical decision making).</li> <li>Report appropriate office visit, diagnosis code(s) and Category II code 3117F.</li> </ul>	\$20
0513F	For patients who have hypertension: elevated blood pressure plan of care	I10–I16	All	<ul style="list-style-type: none"> <li>Complete office visit for member with hypertension or hypertensive diseases.</li> <li>Complete and document elevated blood pressure plan of care.</li> <li>Report appropriate office visit, diagnosis code(s) and Category II code 0513F.</li> </ul>	\$20

# Table 1 (cont.)

CPT II code	Description	Diagnosis included on claim	Age	Criteria	2021 pay*
3011F	Lipid panel results documented and reviewed	I25	All	<ul style="list-style-type: none"> <li>Complete office visit.</li> <li>Document and review lipid panel results in the medical record.</li> <li>Report appropriate office visit, diagnosis code(s) and Category II code 3011F.</li> </ul>	\$20
3044F	For patients who have diabetes: most recent HbA1c < 7	E08, E09, E10, E11, E13	All	<ul style="list-style-type: none"> <li>Complete office visit for member with diabetes mellitus (any type).</li> <li>Complete and document hemoglobin A1C results when less than seven.</li> <li>Report appropriate office visit, diagnosis code(s) and Category II code 3044F.</li> </ul>	\$20
3045F	For patients who have diabetes: most recent HbA1c 7–9	E08, E09, E10, E11, E13	All	<ul style="list-style-type: none"> <li>Complete office visit for member with diabetes mellitus (any type).</li> <li>Complete and document hemoglobin A1C results when 7–9.</li> <li>Report appropriate office visit, diagnosis code(s) and Category II code 3045F.</li> </ul>	\$20

# Table 1 (cont.)

CPT II code	Description	Diagnosis included on claim	Age	Criteria	2021 pay*
3046F	For patients who have diabetes: most recent HbA1c > 9	E08, E09, E10, E11, E13	All	<ul style="list-style-type: none"> <li>Complete office for member with diabetes mellitus (any type).</li> <li>Complete and document hemoglobin A1C results when greater than 9.</li> <li>Report appropriate office visit, diagnosis code(s) and Category II code 3046F.</li> </ul>	\$20
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"> <li>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.</li> </ul>	\$20
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"> <li>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.</li> </ul>	\$20

# Table 1 (cont.)

CPT II code	Description	Diagnosis included on claim	Age	Criteria	2021 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"> <li>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.</li> </ul>	\$20
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"> <li>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.</li> </ul>	\$20
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"> <li>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.</li> </ul>	\$20
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"> <li>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.</li> </ul>	\$20



# Sports physicals

Healthy Blue will now pay 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 this year, simply 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 (cont.)

**If the member has *NOT* had a well-child exam this year, you can bill for the well-child visit, the well-child incentive, and the sports physical.**

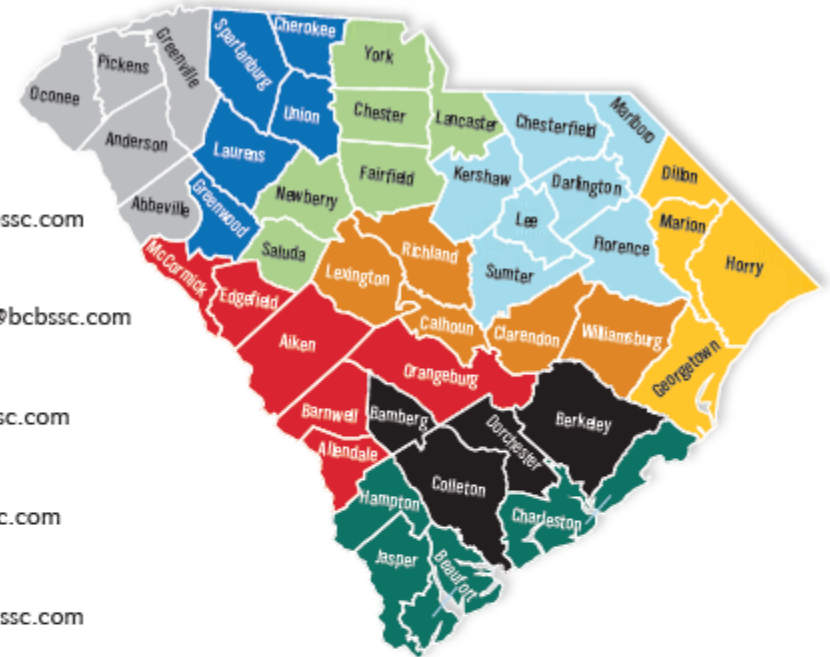
Bill the appropriate well-child code 99383, 99384, 99393, or 99394 with modifier 25 along with one of these appropriate diagnosis codes:  
Z00.0X, Z00.1XX, Z00.X, Z02.X, Z02.71, Z02.79, Z02.8X.

Bill code G9153 for the \$30 well-child reimbursement.

Bill CPT code 99212, modifier 8P, and diagnosis code Z02.5 for the sports physical for the \$30 sports physical reimbursement.


# For more information


If you have any questions about these incentives, please contact your Healthy Blue provider education representative.




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# Thank you

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