

[Date]

[Provider name]

[Provider address 1]

[Provider address 2]

[City, State ZIP code]

**Subject: CPT Category II code reimbursements**

Dear [Provider]:

We are writing to inform you of a recent change regarding the program that provides additional reimbursement on health and wellness services for Healthy Blue members. The program encourages the use of CPT® Category II codes to help foster improvements in member care.

Providers are eligible to receive reimbursement for the administrative work and effort of completing services and reporting CPT Category II codes. Please note that each CPT Category II code can only be claimed once **per service, per member, per year** and are earned by completing the criteria for billing the CPT Category II codes listed in Table 1 on the following page.

Effective October 1, 2019, the American Medical Association updated the CPT Category II codes and deleted code **3045F**. CPT Category II code 3045F has been replaced with two new codes, 3051F and 3052F. The two new codes will allow providers to report more specific results regarding hemoglobin A1c (HbA1c) testing for members (see Table 1 below).

**Next steps you need to take:**

- Remove CPT Category II 3045F code from your billing systems.
- Review and replace CPT Category II code 3045F with the updated CPT Category II codes noted in Table 1 and set up your billing system to bill us for the codes when applicable.
- Be sure that you meet the criteria for billing the CPT Category II codes in Table 1 by matching the diagnosis codes and age ranges, and set up your billing system to bill appropriately.

**Note:** All CPT Category II codes are eligible for payment only once per member, per calendar year. Continuation of payment and payment rates for billing the CPT Category II codes will be evaluated annually.

If you have any questions, please contact Provider Services.

Take advantage of this great opportunity to enhance your revenue and billing processes. Thank you for delivering health and wellness care to our members.

Sincerely,

Provider Relations department  
Healthy Blue

Table 1				
CPT II code to include on claim	Description	Diagnosis category code to include on claim	Criteria	2019 pay
3051F	Most recent HbA1c level greater than or equal to 7% and less than 8% (DM)	E08, E09, E10, E11, E13	<ul style="list-style-type: none"> <li>• Provider conducts office evaluation for a member with diabetes mellitus (any type).</li> <li>• Provider completes and documents HbA1c results 7 to 8.</li> <li>• Provider reports appropriate office visit code, diagnosis code(s) and Category II code 3051F.</li> </ul>	[XX]
3052F	Most recent HbA1c level greater than or equal to 8% and less than 9%(DM)2	E08, E09, E10, E11, E13	<ul style="list-style-type: none"> <li>• Provider conducts office evaluation for a member with diabetes mellitus (any type).</li> <li>• Provider completes and documents HbA1c results when 8 to 9.</li> <li>• Provider reports appropriate office visit code, diagnosis code(s) and Category II code 3052F.</li> </ul>	[XX]