

To: AmeriHealth Caritas DC Providers

Date: September 15, 2025

Subject: 2025 Provider Incentive: CPT-II Code Campaign for Blood Pressure (CBP, BPD) and

HbA1c Screenings (GSD, SSD)

Dear Provider:

AmeriHealth Caritas District of Columbia (DC) invites providers to participate in an end-of-year CPT/CPT-II Code campaign focused on blood pressure and HbA1C values. This campaign supports the following HEDIS measures:

- Controlling Blood Pressure (CBP)
- Blood Pressure Control for Patients with Diabetes (BPD)
- Glycemic Status Assessment for Patients with Diabetes (GSD)
- Diabetes Screening for People with Schizophrenia or Bipolar Disorder Who Are Using Antipsychotic Medications (SSD)

This campaign includes a quality incentive payment opportunity for enrollees who are listed as non-compliant as of September 2025 and become compliant by the end of Measurement Year (MY) 2025. Evidence of compliance will be based on CPT-II codes for blood pressure and HbA1C submitted between **October 1 and December 31**, 2025.

Eligible enrollees must appear on the non-compliant list provided to your practice by the AmeriHealth Caritas DC Quality Management team. Enrollees not on this list are not eligible for the incentive payment.

What are CPT-II codes?

CPT-II codes are supplemental tracking codes that are used to measure quality performance. Using these tracking codes decreases the need for record submissions and chart reviews, minimizing administrative burden on physicians and other healthcare professionals.

Measure Description and Documentation Guidelines

Details in the HEDIS 2025 Documentation and Coding Guidelines

- Controlling Blood Pressure (CBP): compliant BP is defined as < 140 systolic and <90 diastolic.
- Blood Pressure Control for Patients with Diabetes (BPD): compliant BP is defined as < 140 systolic and
 <90 diastolic.
- Glycemic Status Assessment for Patients with Diabetes (GSD): compliant HbA1C defined as <8%.
- Diabetes Screening for People with Schizophrenia or Bipolar Disorder Who Are Using Antipsychotic Medications (SSD): compliance is defined as HbA1C completed during the MY.

How do I participate?

Follow the steps below to participate in this campaign:

- 1. Email ACDC Quality Management to request a non-compliant list for you/your practice, vdavis3@amerihealthcaritasdc.com.
- 2. Review your non-compliant list.
- 3. If an enrollee on the list has a compliant BP and/or HbA1C in your records (as defined above), then simply submit a CPT-II code for these enrollees ensuring that the date of service is between January 1, 2025 and December 31, 2025.
- 4. If an enrollee on the list has a non-compliant BP, non-compliant HbA1C, and/or has not completed a visit this year, then schedule appointments for these enrollees to assist with chronic disease management or complete a 2025 visit. Again, these visits must be completed on or before December 31, 2025. Submit a claim for the eligible service(s) you provided with the appropriate CPT II codes following your normal claim submission procedures.

Blood Pressure CPT-II Codes (CBP and BPD)

Code	Description
3074F	Most recent systolic blood pressure less than 130 mm Hg
3075F	Most recent systolic blood pressure 130 – 139 mm Hg
3077F	Most recent systolic blood pressure greater than or equal to 140 mm Hg
3078F	Most recent diastolic blood pressure less than 80 mm Hg
3079F	Most recent diastolic blood pressure 80-89 mm Hg
3080F	Most recent diastolic blood pressure greater than or equal to 90 mm Hg

HbA1C CPT-II Codes (GSD)

Code	Description
3044F	Less than 7.0
3051F	Greater than or equal to 7.0 and less than 8.0
3052F	Greater than or equal to 8.0 and less than or equal to 9.0
3046F	Greater than 9.0

When and how is the quality incentive paid?

Quality incentive payments are based on two criteria: (1) submission of CPT-II codes for blood pressure and/or HbA1C, and (2) where applicable, values that meet National Committee for Quality Assurance (NCQA) compliance standards (blood pressure <140/90 mmHg and HbA1C <8%). Providers will receive a \$50 incentive payment for each enrollee on the non-compliant list who achieves compliance by the end of MY2025. Compliance will be verified by reconciling the initial non-compliant list with a compliant list in April 2026, following the standard claims run-out period. Payments will be issued in May 2026.

Questions

If you have questions about this campaign, please contact your Provider Account Executive or the Quality Management Manager, Wendy Alcantara, at (202) 408-2013, walcantara@amerihealthcaritasdc.com.

Thank you for your participation in the AmeriHealth Caritas DC provider network, and your commitment to ensuring healthy outcomes for our enrollees.

Sincerely, AmeriHealth Caritas DC