TRICARE® | CareSource™ MILITARY & VETERANS

Quality Enhancer Program Educational Guide



TRICARE Prime® Demo by CareSource Military & Veterans™ is introducing a Quality Enhancer Program beginning October 15, 2026. This Program rewards eligible and participating providers for completing and correctly coding the selected high-value services. Submit qualifying claims with the appropriate Current Procedural Terminology (CPT), International Classification of Diseases (ICD)-10, and CPT-II codes, when applicable, to receive incentive payment.

When claims are submitted correctly with the appropriate codes, it supports quality reporting, closes care gaps and triggers incentive payment.

Provider Coding Quick Reference for High-Value Services:

Program Activity	Incentive	Max Cost/ Beneficiary/ Year	CPT/ Visit Codes	ICD-10 Diagnosis Codes	CPT-II Codes/ Trigger Codes	Billing Reminder
Well-Child Visit	**$25**	**$25**	99381-99385; 99392-99395; 99461	Z00.00; Z00.01; Z00.110; Z00.111; Z00.121; Z00.129; Z00.2; Z00.3; Z01.411; Z01.419; Z02.5; Z02.84; Z76.1; Z76.2	N/A	Submit the qualifying well-care visit claim for eligible children ages 3-21.
A1c Claim for Diabetes	**$10**	**$10**	83036; 83037	E10.XXX; E11.XXX; E13.XXX	3044F; 3051F; 3052F; 3046F	Submit the HbA1c test claim and the CPT-II result code that matches the beneficiary's most recent result.

Program Activity	Incentive	Max Cost/ Beneficiary/ Year	CPT/Visit Codes	ICD-10 Diagnosis Codes	CPT-II Codes/ Trigger Codes	Billing Reminder
Blood Pressure on Claim for Hyper-tension	**$10**	**$10**	98000-98016; 98966-98968; 98970-98972; 98980-98981; 99020-99005; 99211-99215; 99242-99245; 99341-99342; 99344-99345; 99347-99350; 99381-99387; 99391-99397; 99401-99404; 99411-99412; 99421-99423; 99455-99458; 99483	I10.XXX	Systolic: 3074F; 3075F; 3077F Diastolic: 3078F; 3079F; 3080F	Submit BOTH a systolic and a diastolic CPT-II code with the qualifying claim.

Note: A1c test claim and blood pressure screening claim enhanced payment limited to four times per beneficiary per year.

Provider Action Steps

- Verify patient eligibility on the date of service.
- Submit the qualifying claim with the correct CPT, ICD-10 and CPT-II codes when applicable.
- Include a charge amount on CPT-II codes when required by billing guidance.
- Document visit date, result, and clinical reading in the medical record.

Importance

- Laboratories are not eligible for enhanced payment.
- Payment is included with normal provider check writes when billed appropriately.
- Codes are provided as a quick reference and should be validated per federal, state, and program billing requirements.

Questions?
If you have questions, please contact CSMV Provider Services at 1-833-230-2170, Monday through Friday, 8 a.m. to 6 p.m., Eastern Time (ET).

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