



# NETWORK *Notification*

**Notice Date:** July 7, 2021  
**To:** Indiana HIP/HHW Provider  
**From:** CareSource  
**Subject:** HEDIS Incentive Payment

---

## Summary

CareSource is committed to ensuring our members receive the best care possible. Getting preventive care reduces the risk for diseases, exacerbation of chronic illness, and premature death. To assist in ensuring our members have access to these services, CareSource is enhancing reimbursement to our HIP and Hoosier Healthwise providers.

## Impact

Effective retroactively to Jan. 1, 2021, CareSource will be providing an additional \$10 for the reimbursement of some HEDIS measures. No action is needed and claims should not be corrected or resubmitted if already adjudicated. CareSource will perform a mass claim adjustment to process the payment enhancement. When coding claims for these measures, please be sure to use a qualifying CPT code with appropriate diagnosis code.

Note: This enhanced payment will not be made to Rural Health Clinics (RHCs) and Federally Qualified Health Clinics (FQHCs). CareSource is aware of the annual claim reconciliation associated to the provider-specific prospective payment system (PPS) rate. Alternative options for these provider types are available. Please contact your [Community Health Liaison or Provider Engagement Specialist](#) for more information on these value-based reimbursement programs.

## Importance

Measures and codes eligible for enhanced reimbursement are below. To ensure HEDIS measures are captured when billing CareSource, please review the [HEDIS coding guidelines](#) for children and adults and use the appropriate ICD-10 and certified procedural terminology (CPT) code.

<b><u>AAP</u></b>	<b><u>Adult Ambulatory Preventive Visits ages 20 years and older</u></b>	\$10.00 Payable once per calendar year per patient	<b>ICD10CM Codes:</b> Z00.00, Z00.01, Z00.121, Z00.129, Z00.3, Z00.5, Z00.8, Z02.2, Z02.3, Z02.4, Z02.5, Z02.6, Z02.71, Z02.79, Z02.81, Z02.82, Z02.83, Z02.89, Z02.9, Z76.1, Z76.2  <b>CPT Codes:</b> 99201-05, 99211-15, 99241-45, 99341-45, 99347-50, 99381-87, 99391-97, 99401-04, 99429
<b><u>W30</u></b>	<b><u>Well Child Visits ages 0-30 months</u></b>	\$10.00 Payable once per DOS, per claim	<b>ICD10CM Codes:</b> Z00.00, Z00.01, Z00.110, Z00.111, Z00.121, Z00.129, Z00.2, Z00.3, Z02.5, Z76.1, Z76.2  <b>CPT Codes:</b> 99381, 99382, 99383, 99391, 99392,
<b><u>WCV</u></b>	<b><u>Well Child and Adolescent Visit ages 3-21 years</u></b>	\$10.00 Payable once per DOS, per claim	<b>ICD10CM Codes:</b> Z00.00, Z00.01, Z00.110, Z00.111, Z00.121, Z00.129, Z00.2, Z00.3, Z02.5, Z76.1, Z76.2  <b>CPT Codes:</b> 99382, 99383, 99384, 99385, 99392, 99393, 99394, 99395

For other questions, please contact Provider Services at **1-844-607-2831**.

IN-MED-P-507360; Issued Date: 07/07/2021

OMPP Approved: 06/25/2021