



# NETWORK *Notification*

**Notice Date:** July 19, 2024  
**To:** West Virginia Marketplace Providers  
**From:** CareSource  
**Subject:** 2024 Quality Enhancer for Submitting CPT II Codes for A1C

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## Summary

CareSource wants to improve performance on quality measures related to diabetes care by educating members with diabetes about the importance of knowing their “numbers”, such as their HbA1c (A1C) and completing recommended screenings. CareSource is offering bonus payments to providers for submitting A1C CPT II Codes on claims to close care gaps.

## Impact

According to the American Diabetes Association, diabetes is an epidemic with more than 1 in 10 West Virginia adults (16.2%) having a diabetes diagnosis. Studies have found that A1C testing with a result of less than eight percent has been linked to better management of diabetes, resulting in fewer health complications such as heart disease, stroke, and amputation. It is estimated that every percentage point drop in A1C results reduces the risk of eye, kidney, and nerve damage by 40 percent.

## Reimbursement and Coding

When you participate in the Quality Enhancer Program, your reimbursement will be based on your submission of claims containing CPT II codes for the targeted quality measure. The following services and codes qualify for the reimbursement in this program:

Measure	Qualifying Service CPT	Enhancer Trigger Code	Reimbursement
Glycemic Status Assessment for Patients with Diabetes (HbA1c with documented results)	83036, 83037	3044F Most recent A1C <7.0% 3046F Most recent A1C >9.0% 3051F Most recent A1C $\geq$ 7.0% & < 8.0% 3052F Most recent A1C $\geq$ 8.0% & < 9.0%	<b>\$15.00</b> Payable four times per calendar year per patient

**How to Close the Care Gap & Receive Bonus Payments Performing the Recommended HbA1c Test**

- Perform the recommended A1C test according to the current clinical guidelines for eligible CareSource members who are 18+ years old who have a diagnosis of diabetes (Type 1 or 2).
- Document the A1C test results in the member’s medical record.
- Submit a claim to CareSource with the correct diagnosis and procedure codes. The codes should indicate the patient’s diagnosis of diabetes **AND** the **CPT II** code for the A1C test.

When you include the result of the lab tests using the appropriate code above, CareSource will be able to identify members who may need additional support from a CareSource Care Manager.

**Other important Diabetes Care Screenings & CPT Codes:**

<b>Measure</b>	<b>CPT Codes</b>
Kidney Health Evaluation for Patients with Diabetes (KED)	80047, 80048, 80050, 80053, 80069, 82565, 82043, 82570
Blood Pressure Control for Patients with Diabetes (BPD)	3074F, 3075F, 3077F, 3078F, 3079F, 3080F

**Contact your local CareSource Health Partner Manager for more information.**

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