Highmark Reimbursement Policy Bulletin



HISTORY VERSION

Bulletin Number: RP-073

Subject: Performance Measurement

Effective Date: July 4, 2022 End Date:

Issue Date: January 1, 2025 Revised Date: January 2025

Date Reviewed: October 2024

Source: Reimbursement Policy

Applicable Commercial Market

Applicable Medicare Advantage Market

Applicable Claim Type

PA WV DE NY DE NY

Reimbursement Policy designation of Professional or Facility application is based on how the provider is contracted with the Plan. This Policy supersedes direction provided in Bulletins prior to the effective date of this policy.

PURPOSE:

Performance measurement codes are developed from the American Medical Association (AMA) and Centers for Medicare and Medicaid Services (CMS) to decrease the need for record abstraction and chart review. The intent was to minimize the administrative burden on physicians, other health care professionals, hospitals, and entities seeking to measure the quality of patient care.

REIMBURSEMENT GUIDELINES:

Performance measurement codes are to facilitate data collection about the quality of care rendered by coding certain services and test results that support nationally established performance measures. These codes have evidence-based results on contributing to quality patient care.

Performance Measurement codes can relay important information related to health outcome measures such as:

- Body Mass index (BMI)
- Cardiovascular Disease (CVD) cholesterol management
- Controlling Blood Pressure
- Comprehensive diabetes care
- Tobacco cessation

The Centers for Medicare and Medicaid Services (CMS) has assigned performance measurement codes a status "M" (Measurement codes used for reporting purposes only) on the Medicare Physician Fee Schedule

A checked box indicates the policy is applicable to that market either entirely, or partially, as indicated within the policy.

(MPFS) and uses these codes to assist with performance measurement for various reasons. Also, the MPFS does not assign Relative Value Units (RVUs), nor does CMS provide reimbursement for these services. The Plan will not provide reimbursement for these codes, but providers are required to report a nominal one-dollar charge for accurate processing through the claim system.

REFERENCES:

American Medical Association; Category II codes
 Category II codes | American Medical Association (ama-assn.org)

POLICY UPDATE HISTORY INFORMATION:

7 / 2022	Implementation
1 / 2024	Removed codes 1100F, 1101F, 0518F, 1090F, .and 0509F from NY MA exceptions
1 / 2025	The NY exceptions to this policy no longer apply

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Effective Date: July 4, 2022 End Date:

January 2024 Issue Date: January 1, 2024 **Revised Date:**

Date Reviewed: November 2023

Source: Reimbursement Policy

Applicable Commercial Market PA W۷ DE Applicable Medicare Advantage Market 1500 UB

Applicable Claim Type

Reimbursement Policy designation of Professional or Facility application is based on how the provider is contracted with the Plan. This Policy supersedes direction provided in Bulletins prior to the effective date of this policy.

PURPOSE:

Performance measurement codes are developed from the American Medical Association (AMA) and Centers for Medicare and Medicard Services (CMS) to decrease the need for record abstraction and chart review. The intent was to minimize the administrative burden on physicians, other health care professionals, hospitals, and entities seeking to measure the quality of patient care.

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(MPFS) and uses these codes to assist with performance measurement for various reasons. Also, the MPFS does not assign Relative Value Units (RVUs), nor does CMS provide reimbursement for these services. The Plan will not provide reimbursement for these codes, but providers are required to report a nominal one-dollar charge for accurate processing through the claim system.

Exceptions only for the New York region are listed below:

Note: Codes 1111F, 3044F, 3051F, 3052F will be considered for reimbursement for

Commercial and Medicare Advantage Plans.

Note: Codes 3074F, 3075F, 3078F, 3079F will be considered for reimbursement for Medicare Advantage

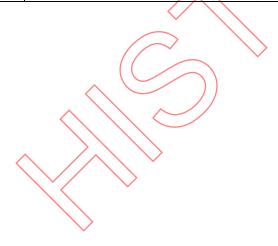
Plans only.

REFERENCES:

American Medical Association; Category II codes
 Category II codes | American Medical Association (ama-assn.org)

POLICY UPDATE HISTORY INFORMATION:

7 / 2022	Implementation		7				J,	/
1 / 2024	Removed codes 1100F, 110	01F	0518	F,	10	90F, ai	ad (0509F from NY MA exceptions



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Source: Reimbursement Policy

Applicable Commercial Market PA W۷ WV DE Applicable Medicare Advantage Market PA 1500 UB

Applicable Claim Type

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PURPOSE:

Performance measurement codes are developed from the American Medical Association (AMA) and Centers for Medicare and Medicaid Services (CMS) to decrease the need for record abstraction and chart review. The intent was to minimize the administrative burden on physicians, other health care professionals, hospitals, and entities seeking to measure the quality of patient care.

REIMBURSEMENT GUIDELINES:

These codes are to facilitate data collection about the quality of care rendered by coding certain services and test results that support nationally established performance measures, and that have an evidence base on contributing to quality patient care.

Performance Measurement codes can relay important information related to health outcome measures such as:

- Body Mass index (BMI)
- Cardiovascular Disease (CVD) cholesterol management
- Controlling Blood Pressure
- Comprehensive diabetes care
- Tobacco cessation

A checked box indicates the policy is applicable to that market either entirely, or partially, as indicated within the policy.

Medicare has assigned these services a status "M" (Measurement codes used for reporting purposes only). Medicare uses them to aid with performance measurement. There are no Relative Value Units (RVUs) and no payment amounts for these codes. These codes should be reported with a one-dollar amount but will not be reimbursed.

NOTE: For HMNY Regions Performance Measurement codes 1111F, 3044F, 3051F, 3052F will be considered for reimbursement for Commercial and Medicare Advantage Plans.

NOTE: For HMNY Regions Performance Measurement codes 1100F, 1101F, 0518F, 3074F, 3075F, 3078F, 3079F, 1090F, 0509F will be considered for reimbursement for Medicare Advantage Plans only.

REFERENCES:

American Medical Association. Category II codes
 Category II codes | American Medical Association (ama-assn.org)

POLICY UPDATE HISTORY INFORMATION:

