

# 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

<b>Applicable Commercial Market</b>	PA	<input checked="" type="checkbox"/>	WV	<input checked="" type="checkbox"/>	DE	<input checked="" type="checkbox"/>	NY	<input checked="" type="checkbox"/>
<b>Applicable Medicare Advantage Market</b>	PA	<input checked="" type="checkbox"/>	WV	<input checked="" type="checkbox"/>	DE	<input checked="" type="checkbox"/>	NY	<input checked="" type="checkbox"/>
<b>Applicable Claim Type</b>	UB	<input checked="" type="checkbox"/>	1500	<input checked="" type="checkbox"/>				

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

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

(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 \(ama-assn.org\)](https://www.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

# Highmark Reimbursement Policy Bulletin



**Bulletin Number:** RP- 073  
**Subject:** Performance Measurement  
**Effective Date:** July 4, 2022      **End Date:**  
**Issue Date:** January 1, 2024      **Revised Date:** January 2024  
**Date Reviewed:** November 2023  
**Source:** Reimbursement Policy

<b>Applicable Commercial Market</b>	PA	<input checked="" type="checkbox"/>	WV	<input checked="" type="checkbox"/>	DE	<input checked="" type="checkbox"/>	NY	<input checked="" type="checkbox"/>
<b>Applicable Medicare Advantage Market</b>	PA	<input checked="" type="checkbox"/>	WV	<input checked="" type="checkbox"/>	DE	<input checked="" type="checkbox"/>	NY	<input checked="" type="checkbox"/>
<b>Applicable Claim Type</b>	UB	<input checked="" type="checkbox"/>	1500	<input checked="" type="checkbox"/>				

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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

(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 \(ama-assn.org\)](https://www.ama-assn.org/practice-management/cii)

#### POLICY UPDATE HISTORY INFORMATION:

7 / 2022	Implementation
1 / 2024	Removed codes 1100F, 1101F, 0518F, 1090F, and 0509F from NY MA exceptions

# Highmark Reimbursement Policy Bulletin



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**Bulletin Number:** RP- 073  
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**Issue Date:** July 4, 2022  
**Date Reviewed:**  
**Source:** Reimbursement Policy

**End Date:**  
**Revised Date:**

**Applicable Commercial Market**

PA  WV  DE  NY

**Applicable Medicare Advantage Market**

PA  WV  DE  NY

**Applicable Claim Type**

UB  1500

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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

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 \(ama-assn.org\)](https://www.ama-assn.org)

**POLICY UPDATE HISTORY INFORMATION:**

7 / 2022	Implementation
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