



Blue Cross and Blue Shield of Alabama continually develops methods to obtain complete and accurate medical data that assist us with case management services for our members. Accurate and comprehensive coding also conveys the complexity of our members' health or "risk," which will impact future premium rates, quality ratings, and provider incentive programs. These instructions are only to assist providers in filing claims accurately and consistently. All services provided and billed must be documented in the patient's medical record.

Body Mass Index (BMI)

The following International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM) diagnosis codes should be used to report a patient's BMI when used with an evaluation and management code for office visits:

BMI Diagnosis Codes			
BMI, less than 19	Z68.1	32.0-32.9	Z68.32
20.0-20.9	Z68.20	33.0-33.9	Z68.33
21.0-21.9	Z68.21	34.0-34.9	Z68.34
22.0-22.9	Z68.22	35.0-35.9	Z68.35
23.0-23.9	Z68.23	36.0-36.9	Z68.36
24.0-24.9	Z68.24	37.0-37.9	Z68.37
25.0-25.9	Z68.25	38.0-38.9	Z68.38
26.0-26.9	Z68.26	39.0-39.9	Z68.39
27.0-27.9	Z68.27	40.0-44.9	Z68.41
28.0-28.9	Z68.28	45.0-49.9	Z68.42
29.0-29.9	Z68.29	50.0-59.9	Z68.43
30.0-30.9	Z68.30	60.0-69.9	Z68.44
31.0-31.9	Z68.31	70 or greater	Z68.45

Blood Pressure (BP)

The BP reading at each office visit should be reported with two line items added to the claim. Use one line item for the BP systolic number and the second line item for the BP diastolic number. Below are the Current Procedural Terminology (CPT®) II codes that should be used:

BP Systolic	
Less than 130	3074F
130-139	3075F
Above 140	3077F

BP Diastolic	
Less than 80	3078F
80-89	3079F
90+	3080F

Each of these line items should be billed with a zero charge.

Diabetes – Hemoglobin A1c (HbA1c) Testing

To send HbA1c results, submit the appropriate CPT II code (shown below) with an additional line item for claims filed with CPT code 83036. Effective January 1, 2016, CPT code 83037 (Hemoglobin A1c Home Device) will also require a line item with the result using a CPT II procedure code.

HbA1c	
Below 7	3044F
7 to 9	3045F
Above 9	3046F

This line item should be billed with a zero charge.

Chronic Conditions

If a physician has filed a claim indicating a chronic condition within the last two years, that physician is required to submit the chronic condition diagnosis code(s) on all subsequent claims if the condition still exists.

Coding Guides for these conditions are available on our website, AlabamaBlue.com/providers. Refer to the “Coding Guides” section located in *ProviderAccess*.

Additional Information

If you have questions regarding these claim filing instructions, contact your Provider Networks Consultant at 1-866-904-4130.

CPT codes, descriptions, and other data only are copyright © 2014 American Medical Association. All Rights Reserved. Applicable FARS/DFARS apply.

The information provided is general information and not a guarantee of payment. Benefits are always dependent on whether the service is medically necessary and within the terms of a Blue Cross and Blue Shield of Alabama Member’s Benefit Agreement and Blue Cross and Blue Shield of Alabama policies.

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