AmeriHealth Caritas Pennsylvania
8040 Carlson Road, Suite 500
Harrisburg, PA 17112

AmeriHealth Caritas Pennsylvania

TO: **AmeriHealth Caritas Pennsylvania Providers**

DATE: **February 15, 2021**

SUBJECT: **Revised Category II CPT Codes (HEDIS® Measures Incentive)**
Effective April 15, 2021

To align with HEDIS® regulations, effective April 15, 2021 the CPT II codes outlined in the attached grid will be payable to the following specialty types:

- Primary Care
- OB/GYN
- Maternal Fetal Medicine
- Cardiology
- Endocrinology
- Nephrology
- Pulmonology
- Ophthalmology

The CPT II codes listed in the grid, replaces the HEDIS Measure Incentive fee schedule outlined in your current provider contract. CPT II codes listed in the grid that are submitted by a specialty provider, other than those listed above, will be denied.

We appreciate the opportunity to work with you and thank you for your commitment to caring for our members. If you have questions, please contact Provider Services at 1-800-521-6007 or your Provider Account Executive.

Sincerely,

Stephen Orndorff
Director, Provider Network Management

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CPT II Code Reimbursement Guidelines – Effective April 15, 2021

AmeriHealth Caritas Pennsylvania continues our commitment to improving outcomes in several key HEDIS measures. To encourage your engagement in meeting this goal, reimbursement will be made to an eligible provider for the CPT II codes listed in the chart below when submitted with the appropriate required diagnosis.

A diabetes related diagnosis is required for the following:				
Reportable CPT II codes for HbA1c test	**Description**	**Rate**	**Age Limit**	**Frequency**
3044F	Most recent HbA1c level less than 7.0%	$10	18 and over	Once per 90 days
3046F	Most recent HbA1c level greater than 9.0%	$10	18 and over	Once per 90 days
3051F	Most recent HbA1c level greater than or equal to 7.0% and less than 8.0%	$10	18 and over	Once per 90 days
3052F	Most recent HbA1c level greater than or equal to 8.0% and less than or equal to 9.0%	$10	18 and over	Once per 90 days
A diabetes or hypertension related diagnosis is required for the following:				
Reportable CPT II codes for Controlling High Blood Pressure <140/90 mm Hg	**Description**	**Rate**	**Age Limit**	**Frequency**
3074F	Most recent systolic blood pressure <130 mm Hg	$10	18 and over	Once every 90 days
3075F	Most recent systolic blood pressure 130-139 mm Hg	$10	18 and over	Once every 90 days
3077F	Most recent systolic blood pressure >=140 mm Hg	$10	18 and over	Once every 90 days
3078F	Most recent diastolic blood pressure <80 mm Hg	$10	18 and over	Once every 90 days
3079F	Most recent diastolic blood pressure 80-89 mm Hg	$10	18 and over	Once every 90 days
3080F	Most recent diastolic blood pressure >=90 mm Hg	$10	18 and over	Once every 90 days
Reportable CPT II codes for low risk for retinopathy	**Description**	**Rate**	**Age Limit**	**Frequency**
3072F	Low risk for retinopathy (no	$10	18 and over	Once per year

	evidence of retinopathy in prior year)			
2022F	Dilated retinal eye exam with interpretation by an ophthalmologist or optometrist documented and reviewed; with evidence of retinopathy	$10	18 and over	Once per year
2023F	Dilated retinal eye exam with interpretation by an ophthalmologist or optometrist documented and reviewed; without evidence of retinopathy	$10	18 and over	Once per year
2024F	7 standard field stereoscopic photos with interpretation by an ophthalmologist or optometrist documented and reviewed; with evidence of retinopathy	$10	18 and over	Once per year
2025F	7 standard field stereoscopic retinal photos with interpretation by an ophthalmologist or optometrist documented and reviewed; without evidence of retinopathy	$10	18 and over	Once per year
2026F	Eye imaging validated to match diagnosis from 7 standard field stereoscopic photos results documented and reviewed; with evidence of retinopathy	$10	18 and over	Once per year
2033F	Eye imaging validated to match diagnosis from 7 standard field stereoscopic retinal photos results	$10	18 and over	Once per year

	documented and reviewed; without evidence of retinopathy			
A pregnancy related diagnosis is required for the following:				
Reportable CPT II codes	**Description**	**Rate**	**Age Limit**	**Frequency**
0500F	Initial prenatal care visit (report at first prenatal encounter with health care professional providing obstetrical care. Report also date of visit and, in a separate field, the date of the last menstrual period [LMP]) (Prenatal)	$10	None	Once per pregnancy
0502F	Subsequent prenatal care visit (Prenatal) [Excludes: patients who are seen for a condition unrelated to pregnancy or prenatal care (e.g., an upper respiratory infection; patients seen for consultation only, not for continuing care)]	$10	None	None
0503F	Postpartum care visit	$10	None	Once per pregnancy, payable when date of service is between 7-84 days from the date of delivery
3725F	Screening for depression performed	$10	None	Once per pregnancy