# CPT II Code Reimbursement Guidelines – Effective October 1, 2024

AmeriHealth Caritas Pennsylvania (PA) and AmeriHealth Caritas PA Community HealthChoices continue our commitment to improving outcomes in several key HEDIS® measures. To encourage your engagement in meeting this goal, reimbursement will be made for the CPT II codes outlined in the chart below when submitted with the appropriate required diagnosis.

| **Reportable CPT II codes for Medication Reconciliation Post-Discharge** | **Description** | **Rate** | **Age Limit** | **Frequency** |
|---|---|---|---|---|
| **1111F** | Discharge medications reconciled with the current medication list in outpatient medical record | $25 | 18 and over | Payable within 30 days after every inpatient hospitalization discharge |
| **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% | $25 | 18 and over | Once per 90 days |
| **3044F-U9** | Most recent HbA1c level less than 7.0% | $75 | 18 and over | Payable at this rate only in the 4th Quarter |
| **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% | $25 | 18 and over | Once per 90 days |
| **3051F-U9** | Most recent HbA1c level greater than or equal to 7.0% and less than 8.0% | $75 | 18 and over | Payable at this rate only in the 4th Quarter |
| **3052F** | Most recent HbA1c level greater than or equal to 8.0% and less than or equal to 9.0% | $25 | 18 and over | Once per 90 days |
| **3025F-U9** | Most recent HbA1c level greater than or equal to 8.0% and less than or equal to 9.0% | $75 | 18 and over | Payable at this rate only in the 4th Quarter |
| **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** |

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| 3074F | Most recent systolic blood pressure <130 mm Hg | $25 | 18 and over | Once every 90 days |
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| **3074F-U9** | Most recent systolic blood pressure <130 mm Hg | $75 | 18 and over | Payable at this rate only in the 4th Quarter |
| **3075F** | Most recent systolic blood pressure 130-139 mm Hg | $25 | 18 and over | Once every 90 days |
| **3075F-U9** | Most recent systolic blood pressure 130-139 mm Hg | $75 | 18 and over | Payable at this rate only in the 4th Quarter |
| **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 | $25 | 18 and over | Once every 90 days |
| **3078F-U9** | Most recent diastolic blood pressure <80 mm Hg | $75 | 18 and over | Payable at this rate only in the 4th Quarter |
| **3079F** | Most recent diastolic blood pressure 80-89 mm Hg | $25 | 18 and over | Once every 90 days |
| **3079F-U9** | Most recent diastolic blood pressure 80-89 mm Hg | $75 | 18 and over | Payable at this rate only in the 4th Quarter |
| **3080F** | Most recent diastolic blood pressure >=90 mm Hg | $10 | 18 and over | Once every 90 days |
| **Reportable CPT II codes for members with diabetes for screening or retinopathy diagnosis** | **Description** | **Rate** | **Age Limit** | **Frequency** |
| **3072F** | Low risk for retinopathy (no evidence of retinopathy in prior year) | $25 | 18 and over | Once per year |
| **2022F** | Dilated retinal eye exam with interpretation by an ophthalmologist or optometrist documented and reviewed; with evidence of retinopathy | $25 | 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 | $25 | 18 and over | Once per year |
| **2024F** | 7 standard field stereoscopic photos | $25 | 18 and over | Once per year |
| **2025F** | 7 standard field stereoscopic retinal photos with interpretation by an ophthalmologist or | $25 | 18 and over | Once per year |

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| | optometrist documented and reviewed; without evidence of retinopathy | | | |
| **2026F** | Eye imaging validated to match diagnosis from 7 standard field stereoscopic photos results documented and reviewed; with evidence of retinopathy | $25 | 18 and over | Once per year |
| **2033F** | Eye imaging validated to match diagnosis from 7 standard field stereoscopic retinal photos results documented and reviewed; without evidence of retinopathy | $25 | 18 and over | Once per year |
| **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 |