

CPT II Code Reimbursement Guidelines – Effective January 1, 2020

Keystone First and Keystone First Community HealthChoices continue our commitment to improving outcomes in several key HEDIS measures. To encourage your engagement in meeting this goal, the following reimbursement will be made for any of the following eligible CPT II codes 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 (new)	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 (new)	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
Reportable CPT II code Medical Attention for Nephropathy	Description	Rate	Age Limit	Frequency
3062F	Positive macroalbuminuria test result documented & reviewed (confirm positive with lab results)	\$10	18 and over	Once per year
3060F	Positive microalbuminuria test result documented and reviewed (DM)	\$10	18 and over	Once per year
3061F	Negative microalbuminuria test result documented and reviewed (DM)	\$10	18 and over	Once per year
3066F	Documentation of treatment for nephropathy (e.g., patient receiving dialysis, patient being treated for ESRD, CRF, ARF, or renal insufficiency, any visit to a nephrologist) (DM)	\$10	18 and over	Once per year
81000	Urinalysis, by dip stick or tablet reagent for bilirubin, glucose, hemoglobin, ketones, leukocytes, nitrite, pH, protein, specific gravity,	\$10	18 and over	Once per year

	urobilinogen, any number of these constituents; non-automated, with microscopy			
Reportable CPT II code Medical Attention for Nephropathy	Description	Rate	Age Limit	Frequency
81002	Urinalysis, by dip stick or tablet reagent for bilirubin, glucose, hemoglobin, ketones, leukocytes, nitrite, pH, protein, specific gravity, urobilinogen, any number of these constituents; non-automated, without microscopy	\$10	18 and over	Once per year
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	\$5	18 and over	One pair per 90 days
3075F	Most recent systolic blood pressure 130-139 mm Hg	\$5	18 and over	One pair per 90 days
3077F	Most recent systolic blood pressure \geq 140 mm Hg	\$5	18 and over	One pair per 90 days
3078F	Most recent diastolic blood pressure <80 mm Hg	\$5	18 and over	One pair per 90 days
3079F	Most recent diastolic blood pressure 80-89 mm Hg	\$5	18 and over	One pair per 90 days
3080F	Most recent diastolic blood pressure \geq 90 mm Hg	\$5	18 and over	One pair per 90 days
4010F	ACE inhibitor and ARB prescribed	\$10	18 and over	Once per 90 days
Reportable CPT II codes for low risk for retinopathy	Description	Rate	Age Limit	Frequency
3072F	Low risk for retinopathy (no evidence of retinopathy in prior year)	\$10	18 and over	Once per year
2023F (new)	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

2025F (new)	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
2033F (new)	Eye imaging validated to match diagnosis from 7 standard field stereoscopic retinal photos results documented and reviewed; with evidence of retinopathy	\$10	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
Reportable CPT II codes	Description	Rate	Age Limit	Frequency
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

A qualifying Body Mass Index (BMI) qualifying diagnosis is required for the following:

Reportable CPT II code	Description	Rate	Age Limit	Frequency
3008F	Body Mass Index (BMI), documented	\$10	3 through 74	Once per member per calendar year