## PROVIDER**ALERT**



To: AmeriHealth Caritas Louisiana PCPs, FQHCs, RHCs, and Specialists

Date: August 10, 2021

Subject: Earn More by Using CPT CAT II Codes When Care is Provided to

**Members with Diabetes or Hypertension** 

**Summary**: As part of our continued effort to improve outcomes, AmeriHealth Caritas Louisiana is requesting that providers use CPT CAT II codes when care is provided to members with diabetes or hypertension.

A supplemental reimbursement will be paid when the following services are rendered and billed in conjunction with a diagnosis of diabetes or hypertension:

| CPT CAT II<br>Code | Description  | Supplemental<br>Reimbursement | Age Limit   | Frequency     | Effective Date |
|--------------------|--|-------------------------------|-------------|---------------|----------------|
| 2022F*             | Dilated retinal eye exam <b>with</b> evidence of retinopathy   | \$10                          | 18 and over | Once per year | 10/1/2019      |
| 2023F*             | Dilated retinal eye exam <b>without</b> evidence of retinopathy  | \$10                          | 18 and over | Once per year | 10/1/2019      |
| 2024F*             | 7 standard field<br>stereoscopic photos<br>with evidence of<br>retinopathy                                       | \$10                          | 18 and over | Once per year | 10/1/2019      |
| 2025F*             | 7 standard field<br>stereoscopic photos<br>without evidence of<br>retinopathy                                    | \$10                          | 18 and over | Once per year | 10/1/2019      |
| 2026F*             | Eye imaging validated to match dx from 7 standard field stereoscopic photos results with evidence of retinopathy | \$10                          | 18 and over | Once per year | 10/1/2019      |

| CPT CAT II<br>Code | Description   | Supplemental<br>Reimbursement | Age Limit      | Frequency               | Effective Date |
|--------------------|---|-------------------------------|----------------|-------------------------|----------------|
| 2033F*             | Eye imaging validated to match dx from 7 standard field stereoscopic photos results without evidence of retinopathy | \$10                          | 18 and over    | Once per year           | 10/1/2019      |
| 3044F*             | Most recent HbA1c level less than 7.0%  | \$10                          | 18 and over    | Once per 90<br>days     | 10/1/2015      |
| 3046F*             | Most recent HbA1c level greater than 9.0%   | \$10                          | 18 and<br>over | Once per 90<br>days     | 10/1/2017      |
| 3051F*             | Most recent HbA1c<br>level between 7.0%<br>and less than 8.0%   | \$10                          | 18 and<br>over | Once per 90<br>days     | 10/1/2019      |
| 3052F*             | Most recent HbA1c<br>level between 8.0%<br>and less than 9.0%   | \$10                          | 18 and<br>over | Once per 90<br>days     | 10/1/2019      |
| 3072F*             | Low risk for retinopathy (no evidence of retinopathy in the prior year)   | \$10                          | 18 and<br>over | Once per year           | 10/1/2015      |
| 3074F              | Most recent<br>systolic blood<br>pressure <130 mm<br>Hg   | \$5                           | 18 and<br>over | One pair per 90 days    | 1/1/2018       |
| 3075F              | Most recent<br>systolic blood<br>pressure 130 - 139<br>mm Hg  | \$5                           | 18 and<br>over | One pair per 90 days    | 1/1/2018       |
| 3077F              | Most recent<br>systolic blood<br>pressure >=140<br>mm Hg  | \$5                           | 18 and<br>over | One pair per 90 days    | 1/1/2018       |
| 3078F              | Most recent<br>diastolic blood<br>pressure <80 mm<br>Hg   | \$5                           | 18 and<br>over | One pair per 90 days    | 1/1/2018       |
| 3079F              | Most recent<br>diastolic blood<br>pressure 80-89 mm<br>Hg   | \$5                           | 18 and<br>over | One pair per 90<br>days | 1/1/2018       |

Provider Services: 1-888-922-0007

| CPT CAT II<br>Code | Description  | Supplemental<br>Reimbursement | Age Limit      | Frequency            | Effective Date |
|--------------------|--|-------------------------------|----------------|----------------------|----------------|
| 3080F              | Most recent<br>diastolic blood<br>pressure >=90 mm<br>Hg | \$5                           | 18 and<br>over | One pair per 90 days | 1/1/2018       |

When billing these codes, providers will need to enter a charge of \$5.00 or \$10.00 to receive the full supplemental reimbursement. Reimbursement will not exceed your billed charges.

Federally Qualified Health Centers (FQHCs) and Rural Health Clinics (RHCs) that meet criteria are
also eligible for this incentive. When the above codes are billed according to the above criteria,
the supplemental reimbursement will be paid in addition to the encounterrate.

**Questions:** Thank you for your continued support and commitment to the care of our members. If you have questions about this communication, please contact AmeriHealth Caritas Louisiana's Provider Services department at 1-888-922-0007 or your Provider Network Management Account Executive.

## Missed an alert?

You can always find a complete listing of provider alerts on the Newsletters and Updates page of our website.

## Where can I find more information on COVID-19?

AmeriHealth Caritas Louisiana has updated its website to streamline communications and important notifications about COVID-19. Please visit <a href="http://amerihealthcaritasla.com/covid-19">http://amerihealthcaritasla.com/covid-19</a> for update-to-date information for both providers and members, including frequently asked questions, cancellations and postponements, and important provider alerts from AmeriHealth Caritas Louisiana and the Louisiana Department of Health.

Provider Services: 1-888-922-0007

<sup>\*</sup>Diagnosis of diabetes required.