



CPT II Code Reimbursement Guidelines - Effective October 1, 2024

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, 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 diagn	osis is required for the following	g:		•
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 4 th 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 4 th 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 4 th Quarter
A diabetes or hypertensi	on related diagnosis is required	for the follo		
Reportable CPT II codes for Controlling	Description	Rate	Age limit	Frequency
High Blood Pressure				
<140/90 mm Hg				
3074F	Most recent systolic blood pressure <130 mm Hg	\$25	18 and over	Once every 90 days
3074F-U9	Most recent systolic blood pressure <130 mm Hg	\$75	18 and over	Payable at this rate only in the 4th Quarter



20755		625	40	
3075F	Most recent systolic blood	\$25	18 and over	Once every 90 days
20755 110	pressure 130-139 mm Hg	ĊZE	10 and avan	Develop at this yets and vis
3075F-U9	Most recent systolic blood	\$75	18 and over	Payable at this rate only in
	pressure 130-139 mm Hg	ć10	10	the 4th Quarter
3077F	Most recent systolic blood	\$10	18 and over	Once every 90 days
	pressure >=140 mm Hg	625	40	00.1
3078F 3078F-U9	Most recent diastolic blood	\$25	18 and over	Once every 90 days
	pressure <80 mm Hg	675	40	
	Most recent diastolic blood	\$75	18 and over	Payable at this rate only in
3079F	pressure <80 mm Hg	625	40	the 4th Quarter
	Most recent diastolic blood	\$25	18 and over	Once every 90 days
20705 110	pressure 80-89 mm Hg	675	40	
3079F-U9	Most recent diastolic blood	\$75	18 and over	Payable at this rate only in
20005	pressure 80-89 mm Hg	640	40	the 4th Quarter
3080F	Most recent diastolic blood	\$10	18 and over	Once every 90 days
Danis antalida CDT II	pressure >=90 mm Hg	D-4-	0 1::	F
Reportable CPT II	Description	Rate	Age Limit	Frequency
codes for members with diabetes for				
screening or				
retinopathy diagnosis				
3072F	Low risk for retinopathy (no	\$25	18 and over	Once per year
3072F	evidence of retinopathy in	325	16 and over	Office per year
	prior year)			
2022F	Dilated retinal eye exam with	\$25	18 and over	Once per year
	interpretation by an			
	ophthalmologist or			
	optometrist documented			
	and reviewed; with evidence			
2023F	of retinopathy	\$25	10 and avan	0,000,000,000
2023F	Dilated retinal eye exam with	\$25	18 and over	Once per year
	interpretation by an ophthalmologist or			
	optometrist documented			
	and reviewed; without			
	evidence of			
	retinopathy			
2024F	7 standard field stereoscopic	\$25	18 and over	Once per year
LULTI	photos	723	10 dila over	once per year
	photos			
2025F	7 standard field stargesses is	\$25	18 and over	Once per year
20237	7 standard field stereoscopic retinal photos with	325 	To alia over	Once per year
	interpretation by an			
	ophthalmologist or			
	optometrist documented			
	and reviewed; without			
	evidence of retinopathy			
	evidence of reunopatriy	1		

Coverage by Vista Health Plan, an independent licensee of the Blue Cross and Blue Shield Association.

August 29, 2024



2026F	Eye imaging validated to	\$25	18 and over	Once per year
		\$25	16 and over	Office per year
	match diagnosis from 7			
	standard field stereoscopic			
	photos results documented			
	and reviewed; with			
	evidence of retinopathy			
2033F	Eye imaging validated to	\$25	18 and over	Once per year
	match diagnosis from 7			
	standard field stereoscopic			
	retinal photos results			
	documented and reviewed;			
	without evidence of			
	retinopathy			
A pregnancy related d	iagnosis is required for the follow	ing:		
Reportable CPT II	Description	Rate	Age Limit	Frequency
codes	Description	Nate	Age Lillie	rrequency
coucs				
0500F	Initial prenatal care visit	\$10	None	Once per pregnancy
	(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)			
0502F	[LMP]) (Prenatal) Subsequent prenatal care	\$10	None	None
0502F	Subsequent prenatal care	\$10	None	None
0502F	Subsequent prenatal care visit (Prenatal) [Excludes:	\$10	None	None
0502F	Subsequent prenatal care visit (Prenatal) [Excludes: patients who are seen for a	\$10	None	None
0502F	Subsequent prenatal care visit (Prenatal) [Excludes: patients who are seen for a condition unrelated to	\$10	None	None
0502F	Subsequent prenatal care visit (Prenatal) [Excludes: patients who are seen for a condition unrelated to pregnancy or prenatal care	\$10	None	None
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	\$10	None	None
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	\$10	None	None
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	\$10	None	None
	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)]			
0502F 0503F	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	\$10	None	Once per pregnancy,
	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)]			Once per pregnancy, payable when date of
	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)]			Once per pregnancy, payable when date of service is between 7-84
	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)]			Once per pregnancy, payable when date of service is between 7-84 days from the date of
0503F	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)] Postpartum care visit	\$10	None	Once per pregnancy, payable when date of service is between 7-84 days from the date of delivery
	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)]			Once per pregnancy, payable when date of service is between 7-84 days from the date of