Keystone First
Keystone First Community HealthChoices
200 Stevens Drive
Philadelphia, PA 19113

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CPT II Code Reimbursement Guidelines – Effective March 15, 2021

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.

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 evidence of retinopathy in prior year)	$10	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	$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	$10	18 and over	Once per year

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

February 15, 2021

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Reportable CPT II codes	Description	Rate	Age Limit	Frequency
	with interpretation by an ophthalmologist or optometrist documented and reviewed; with evidence of retinopathy			
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 documented and reviewed; without 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
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

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