



To: AmeriHealth Caritas Next and First Choice Next Providers

Date: October 15, 2024

Subject: CPT CAT II Code Incentive Program

As part of our commitment to improving the health outcomes of our members, AmeriHealth Caritas Next/First Choice Next would like to introduce our Provider incentive program for diabetic members who have not yet had an annual eye exam.

Effective for dates of service from 10/1/2024 through 12/31/2024, you can earn additional reimbursement for the use of CPT® Category II codes which help satisfy the Healthcare Effectiveness Data and Information Set (HEDIS) – Eye Exam for Patients with Diabetes performance measure.

Measure Definition

The percentage of members 18–75 years of age with diabetes (types 1 and 2) who had a retinal eye exam.

Criteria for Reimbursement

Supplemental reimbursement for the administrative work and effort of completing and reporting CPT Category II codes can only be claimed once per service and per member. For every diabetic eye exam screening you complete between **October 1 and December 31**, you will receive a **\$30** incentive. Reimbursement will be made when the CPT Category II code is submitted with the appropriate required diagnosis. Reimbursement is earned by completing the criteria for billing the CPT Category II codes listed in Table 1 during the effective time frame in conjunction with a diagnosis of diabetes.

Table 1

Code	Type	Description	Criteria	Payment
2022F	CPT II	Dilated retinal eye exam with evidence of retinopathy	<ul style="list-style-type: none"> Provider conducts office evaluation for a member with diabetes mellitus (type 1 or type 2). 	\$30

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			<ul style="list-style-type: none"> • Dilated retinal eye exam with interpretation by an ophthalmologist or optometrist documented and reviewed, with evidence of retinopathy. • Provider reports appropriate office visit, diagnosis code(s), and category II code 2022F. 	
2023F	CPT II	Dilated retinal eye exam without evidence of retinopathy	<ul style="list-style-type: none"> • Provider conducts office evaluation for a member with diabetes mellitus (type 1 or type 2). • Dilated retinal eye exam with interpretation by an ophthalmologist or optometrist documented and reviewed, without evidence of retinopathy. • Provider reports appropriate office visit, diagnosis code(s), and category II code 2023F 	\$30
2024F	CPT II	7 standard field stereoscopic photos with evidence of retinopathy	<ul style="list-style-type: none"> • Provider conducts office evaluation for a member with diabetes mellitus (type 1 or type 2). • Seven standard field stereoscopic photos with interpretation by an ophthalmologist or optometrist documented and reviewed: with evidence of retinopathy. • Provider reports appropriate office visit, diagnosis code(s), and category II code 2024F. 	\$30

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2025F	CPT II	7 standard field stereoscopic photos without evidence of retinopathy	<ul style="list-style-type: none"> • Provider conducts office evaluation for a member with diabetes mellitus (type 1 or type 2). • Seven standard field stereoscopic retinal photos with interpretation by an ophthalmologist or optometrist documented and reviewed: without evidence of retinopathy. • Provider reports appropriate office visit, diagnosis code(s), and category II code 2025F. 	\$30
2026F	CPT II	Eye imaging validated to match dx from 7 standard field stereoscopic photos results with evidence of retinopathy	<ul style="list-style-type: none"> • Provider conducts office evaluation for a member with diabetes mellitus (type 1 or type 2). • Eye imaging validated to match diagnosis from seven standard field stereoscopic photos results documented and reviewed: with evidence of retinopathy. • Provider reports appropriate office visit, diagnosis code(s), and category II code 2026F. 	\$30
2033F	CPT II	Eye imaging validated to match dx from 7 standard field stereoscopic photos results	<ul style="list-style-type: none"> • Provider conducts office evaluation for a member with diabetes mellitus (type 1 or type 2). • Eye imaging validated to match diagnosis from seven standard field 	\$30

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		without evidence of retinopathy	<p>stereoscopic retinal photos with interpretation by an ophthalmologist or optometrist documented and reviewed: without evidence of retinopathy.</p> <ul style="list-style-type: none"> • Provider reports appropriate office visit, diagnosis code(s), and category II code 2033F. 	
3072F	CPT II	Low risk for retinopathy (no evidence of retinopathy in the prior year)	<ul style="list-style-type: none"> • Provider conducts office evaluation for a member with diabetes mellitus (type 1 or type 2). • Low risk for retinopathy (no evidence of retinopathy in the prior year). • Provider reports appropriate office visit, diagnosis code(s), and category II code 3072F. 	\$30

What is a CPT Category II code?

- A CPT Category II code provides more detailed information about the clinical service(s) performed.
- CPT Category II codes are billed similar to the way your office bills for regular CPT codes and are placed in the same location on the claim form.

How can I identify eligible members?

Eligible members are easy to identify. Members due for eligible services may be identified in NaviNet by going to <http://www.navinet.net> and following the steps below:

- Care gap reports: Highlight the Report Inquiry option, then choose Clinical Reports. Select the care gap report option available in the drop-down menu that best suits your needs.
- Member clinical summary: Highlight the Report Inquiry option, then choose Member Clinical Summary Reports. Select Member Clinical Summary.

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- Under the Eligibility and Benefits option, search for a member. If the member has a missing care gap, you will get a pop-up alert. That member's clinical summary report is also accessible here.

How are the reimbursements paid out?

Incentive payments are based on each eligible service submitted on a claim. Payments will be remitted just like any other claim you submit. Federally qualified health centers (FQHCs) and rural health clinics (RHCs) that submit the appropriate CPT category II codes are also eligible for this incentive. When the above CPT Category II code is submitted with the appropriate required diagnosis of diabetes (**see table 1**), the supplemental reimbursement will be paid in addition to the encounter rate through a one-time CAP payment.

Are there other benefits?

Yes! Submitting the correct CPT II code helps inform us that you have provided the service and may decrease the need for us to request medical records to review for this information to satisfy HEDIS measures.

How are members engaged to seek these services?

AmeriHealth Caritas Next/First Choice Next members who need one or more of the eligible services may receive live phone calls and text reminders from the health plan encouraging them to contact their provider offices and schedule needed services.

Please encourage and remind patients with diabetes within your practice to see their primary care provider to get their needed screenings. If your member doesn't have a PCP, they can select one from our online Provider directory, at www.amerhealthcaritasnext.com

Thank you for the continued support and commitment to the care of our members. If you have any questions about this communication, please contact your Provider Network Management Account Executive or the Provider Services dept. for your state.

AmeriHealth Caritas Next/First Choice Next will continue to educate and outreach to members on the importance of preventive screenings. Together, we can make a difference.

Best regards,



Angela Perry, MD
Chief Medical Officer- Exchange

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