

PROVIDERALERT



To: AmeriHealth Caritas Louisiana Providers

Date: March 16, 2026

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.

This supplemental reimbursement promotes the incorporation of CPT Category II codes as a strategy to enhance the quality of member care and provides extra reimbursement for participating providers. The reimbursement will be paid when the following services are rendered and billed in conjunction with a diagnosis of diabetes or hypertension:

CPT CAT II Code	Description	Supplemental Reimbursement	Age Limit	Frequency
2022F*	Dilated retinal eye exam with evidence of retinopathy	\$10	18 and over	Once per year
2023F*	Dilated retinal eye exam without evidence of retinopathy	\$10	18 and over	Once per year
2024F*	7 standard field stereoscopic photos with evidence of retinopathy	\$10	18 and over	Once per year
2025F*	7 standard field stereoscopic photos without evidence of retinopathy	\$10	18 and over	Once per year
2026F*	Eye imaging validated to match dx from 7 standard field stereoscopic photo results with evidence of retinopathy	\$10	18 and over	Once per year
2033F*	Eye imaging validated to match dx from 7 standard field stereoscopic photo results without evidence of retinopathy	\$10	18 and over	Once per year
3072F*	Low risk for retinopathy (no evidence of retinopathy in the prior year)	\$10	18 and over	Once per year
3044F*	Most recent HbA1c levels 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 between 7.0% and less than 8.0%	\$10	18 and over	Once per 90 days
3052F*	Most recent HbA1c level between 8.0% and less than 9.0%	\$10	18 and over	Once per 90 days

CPT CAT II Code	Description	Supplemental Reimbursement	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 >=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 >=90 mm Hg	\$5	18 and over	One pair per 90 days

When billing these codes, providers must 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 encounter rate.

*Diagnosis of diabetes required.

Using CPT II codes reduces the occurrence of medical record requests associated with HEDIS measures. Please visit our AmeriHealth Caritas Louisiana website for Coding Spotlights, articles and downloadable PDFs highlighting codes that may be helpful to you when providing care. The Coding Spotlight can be found [here](#):

<https://www.amerihealthcaritasla.com/provider/resources/coding-spotlight.aspx>

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 Provider Services at 1-888-922-0007 or your [Provider Network Management Account Executive](#).

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Need to update your provider information? Send full details to network@amerihealthcaritasla.com.