

**Attention Providers:
Your CPT II Code Spot Bonus Is Waiting
Act Now And Through December 2023**

CPT II coding is critical for closing Healthcare Effectiveness Data and Information Set (HEDIS^{®1}) care gaps. To encourage CPT II coding, Florida Blue Medicare is offering a spot bonus for new claims that meet certain requirements through the end of the 2023 calendar year. The claims must contain qualifying CPT II codes resulting in care gap closures for:

- Controlling High Blood Pressure (CBP)
- Hemoglobin A1c Control for Patients with Diabetes (HBD)
- Eye Exam for Patients with Diabetes (EED)
- Transition of Care — Medication Reconciliation Post-Discharge (TRC-M)
- Care of the Older Adult — Medication Review and Pain Assessment, which applies to Dual Eligible Special Needs Plan (D-SNP) members only

CPT II Spot Bonus Details

From October 1 through December 31, 2023, a provider group may receive a spot bonus of up to \$10 for each new claim submitted with a CPT II code listed below. The CPT II Spot Bonus will be awarded in addition to any bonus associated with closing a care gap in accordance with 2023 Value based and Non-Value based Quality bonus program terms and conditions.

Eligible claims must be submitted by January 15, 2024, with dates of service from October 1 through December 31, 2023. Bonuses will be paid in April 2024.

Measure	CPT II Codes	Bonus Amount	Description	Frequency of Codes Payments
Hemoglobin A1c (HBD)	3044F	\$10.00	Most recent hemoglobin A1c level less than 7.0%	Once for a compliant HbA1c submitted for DOS from 10/1/23 through 12/31/23
	3051F	\$6.00	Most recent hemoglobin A1c level greater than or equal to 7.0% and less than 8.0%	
	3052F	\$6.00	Most recent hemoglobin A1c level greater than or equal to 8.0% and less than or equal to 9.0%	
Controlling High Blood Pressure (CBP)	3074F	\$6.00	Most recent systolic blood pressure less than 130 mm Hg	Once for a compliant systolic AND diastolic reading submitted for DOS from 10/1/23 through 12/31/23
	3075F	\$6.00	Most recent systolic blood pressure 130 – 139 mm Hg	
	3078F	\$6.00	Most recent diastolic pressure less than 80 mm Hg	
	3079F	\$6.00	Most recent diastolic pressure 80 – 89 mm Hg	

¹HEDIS[®] is a registered trademark of the National Committee for Quality Assurance (NCQA).

Measure	CPT II Codes	Bonus Amount	Description	Frequency of Codes Payments
Dilated or Retinal Eye Exam (EED)	2022F	\$4.00	Dilated retinal eye exam with interpretation by an ophthalmologist or optometrist documented and reviewed; with evidence of retinopathy	Once for DOS from 10/1/23 through 12/31/23
	2023F	\$4.00	Dilated retinal eye exam with interpretation by an ophthalmologist or optometrist documented and reviewed; without evidence of retinopathy	
	2024F	\$4.00	Seven standard field stereoscopic retinal photos with interpretation by an ophthalmologist or optometrist documented and reviewed: with evidence of retinopathy	
	2025F	\$4.00	Seven standard field stereoscopic retinal photos with interpretation by an ophthalmologist or optometrist documented and reviewed: without evidence of retinopathy	
	2026F	\$4.00	Eye imaging validated to match diagnosis from seven standard field stereoscopic retinal photos results documented and reviewed: with evidence of retinopathy	
	2033F	\$4.00	Eye imaging validated to match diagnosis from seven standard field stereoscopic retinal photos results documented and reviewed: without evidence of retinopathy	
	3072F	\$4.00	Low risk for retinopathy (no evidence of retinopathy in the prior year)	
Transition of Care-Med. Recon. Post-Discharge (TRC-M)	1111F	\$10.00	Discharge medications reconciled with current medication list in outpatient medical record	Once per qualifying discharge event, for DOS from 10/1/23 through 12/31/23
Care of the Older Adult-Medication Review – D-SNP only	1159F AND 11160F	\$10.00	A medication review conducted by a prescribing provider along with a medication list present in the medical record. A notation can include the member is not taking any medication.	Once for DOS from 10/1/23 through 12/31/23 (both codes must be included in the same submission)
Care of the Older Adult-Pain Assessment, D-SNP only	1125F or 1126F	\$4.00	Documentation in the medical record includes evidence of a pain assessment and the date it was performed. Notation must include evidence of a positive or negative finding for pain.	Once with DOS from 10/1/23 through 12/31/23