

October 2, 2025

Additional Provider 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 members who have care gaps for certain HEDIS® measures.

Effective for dates of service from 10/1/2025 through 12/31/2025, you can earn additional reimbursement for performing services which help satisfy the below Healthcare Effectiveness Data and Information Set (HEDIS) measures:

Measure	Definition	Payment
Eye Exam for Patients with Diabetes	The percentage of members 18–75 years of age with diabetes (types 1 and 2) who had a retinal eye exam.	\$30
Colorectal Cancer Screening	The percentage of patients 45 to 75 years of age who had appropriate screening for colorectal cancer.	\$25
Cervical Cancer Screening	The percentage of women 21–64 years of age who were recommended for routine cervical cancer screening who were screened for cervical cancer using any of the following criteria: <ul style="list-style-type: none"> Members 21–64 years of age who were recommended for routine cervical cancer screening and had cervical cytology performed within the last 3 years. Members 30–64 years of age were recommended for routine cervical cancer screening and had cervical high-risk human papillomavirus (hrHPV) testing performed within the last 5 years. Members 30–64 years of age who were recommended for routine cervical cancer screening and had cervical cytology/high-risk human papillomavirus (hrHPV) cotesting within the last 5 years. 	\$25
Breast Cancer Screening	The percentage of members 40–74 years of age who were recommended for routine breast cancer screening and had a mammogram to screen for breast cancer.	\$25

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Criteria for Reimbursement

Supplemental reimbursement for the administrative work and effort of completing and reporting CPT and CPT Category II codes can only be claimed once per service and per member. For every completed service between **October 1 and December 31**, you will receive an additional incentive for each measure. Reimbursement will be made when claims for the appropriate CPT or CPT Category II code are submitted with the appropriate required diagnosis. Reimbursement is earned by completing the criteria for billing the codes listed in Table 1 on the following page during the effective time frame in conjunction with the appropriate diagnoses.

EYE EXAM FOR PATIENTS WITH DIABETES (EED)

Code	Type	Description	Criteria
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). 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
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.

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			<ul style="list-style-type: none"> Provider reports appropriate office visit, diagnosis code(s), and category II code 2024F.
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.
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.
2033F	CPT II	Eye imaging validated to match dx from 7 standard field stereoscopic photos results 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). Eye imaging validated to match diagnosis from 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 2033F.
3072F	CPT II	Low risk for retinopathy (no evidence of retinopathy in	<ul style="list-style-type: none"> Provider conducts office evaluation for a member with diabetes mellitus (type 1 or type 2).

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		the prior year)	<ul style="list-style-type: none"> • 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.
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COLORECTAL CANCER SCREENING (COL-E)

Code(s)	Type	Description	Criteria
82270, 82274	CPT	FOBT Lab Test	Documentation in the medical record must include a note indicating the date when the colorectal cancer screening was performed. A result is not required if the documentation is clearly part of the "medical history" section of the record; if this is not clear, the result or finding must also be present. (This ensures that the screening was performed and not merely ordered.) <ul style="list-style-type: none"> • Colonoscopy in past 10 years • Flexible Sigmoidoscopy in past 5 years • CT Colonography in past 5 years • Stool DNA (sDNA) with FIT test in past 3 years • Fecal Occult Blood Test (FOBT) in the measurement year.
81528	CPT	sDNA FIT Lab Test	
44388, 44389, 44390, 44391, 44392, 44394, 44401, 44402, 44403, 44404, 44405, 44406, 44407, 44408, 45378, 45379, 45380, 45381, 45382, 45384, 45385, 45386, 45388, 45389, 45390, 45391, 45392, 45393, 45398	CPT	Colonoscopy	
74261, 74262, 74263	CPT	CT Colonography	
45330, 45331, 45332, 45333, 45334, 45335, 45337, 45338, 45340, 45341, 45342, 45346, 45347, 45349, 45350	CPT	Flexible Sigmoidoscopy	

CERVICAL CANCER SCREENING (CCS-E)

Code(s)	Type	Description	Criteria
88141, 88142, 88143, 88147, 88148, 88150, 88152, 88153, 88164, 88165, 88166, 88167, 88174, 88175	CPT	Cervical Cytology (Pap)	Provider conducts office evaluation for member and includes documentation using the following criteria: <ul style="list-style-type: none"> • A note indicating the date when the cervical cytology was performed and the findings. • A note indicating the date when the hrHPV test was
87624, 87625	CPT	High-Risk HPV Testing	

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			<p>performed and the findings.</p> <p>Note: Evidence of hrHPV testing within the last 5 years also captures patients who had co-testing.</p>
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BREAST CANCER SCREENING (BCS-E)

Code(s)	Type	Description	Criteria
77061, 77062, 77063, 77065, 77066, 77067	CPT	Mammography	<p>Provider conducts office evaluation for member and includes documentation using the following criteria:</p> <ul style="list-style-type: none"> • A record of one or more mammograms performed any time on or between October 1, 2023, and December 31, 2025 • Documentation in provider notes and/or medical history of mammogram with the date performed

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.
- 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.

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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 codes are also eligible for this incentive. When the appropriate code is submitted with the appropriate diagnosis (**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 and CPT II codes 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.

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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