

Increasing CPT2 reporting of blood pressure control

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Introduction and Background

- ◆ According to new CDC data, about half of all adult patients in the United States have high blood pressure, yet only 1 in 4 have it under control.
- ◆ To help improve this gap, the National Committee of Quality Assurance has implemented standardized performance metrics to hold providers accountable.
- ◆ These metrics are often input by quality specialists after a claim, leading to concerns about inaccurate data or missed encounters. Many payors are now pushing for CPT2 reporting as a claims-based process to evaluate quality metrics.

Aim Statement

- ◆ This study aims to determine if implementing CPT2 coding into the workflow increases reporting of blood pressure numbers with the future goal of improving quality metrics.

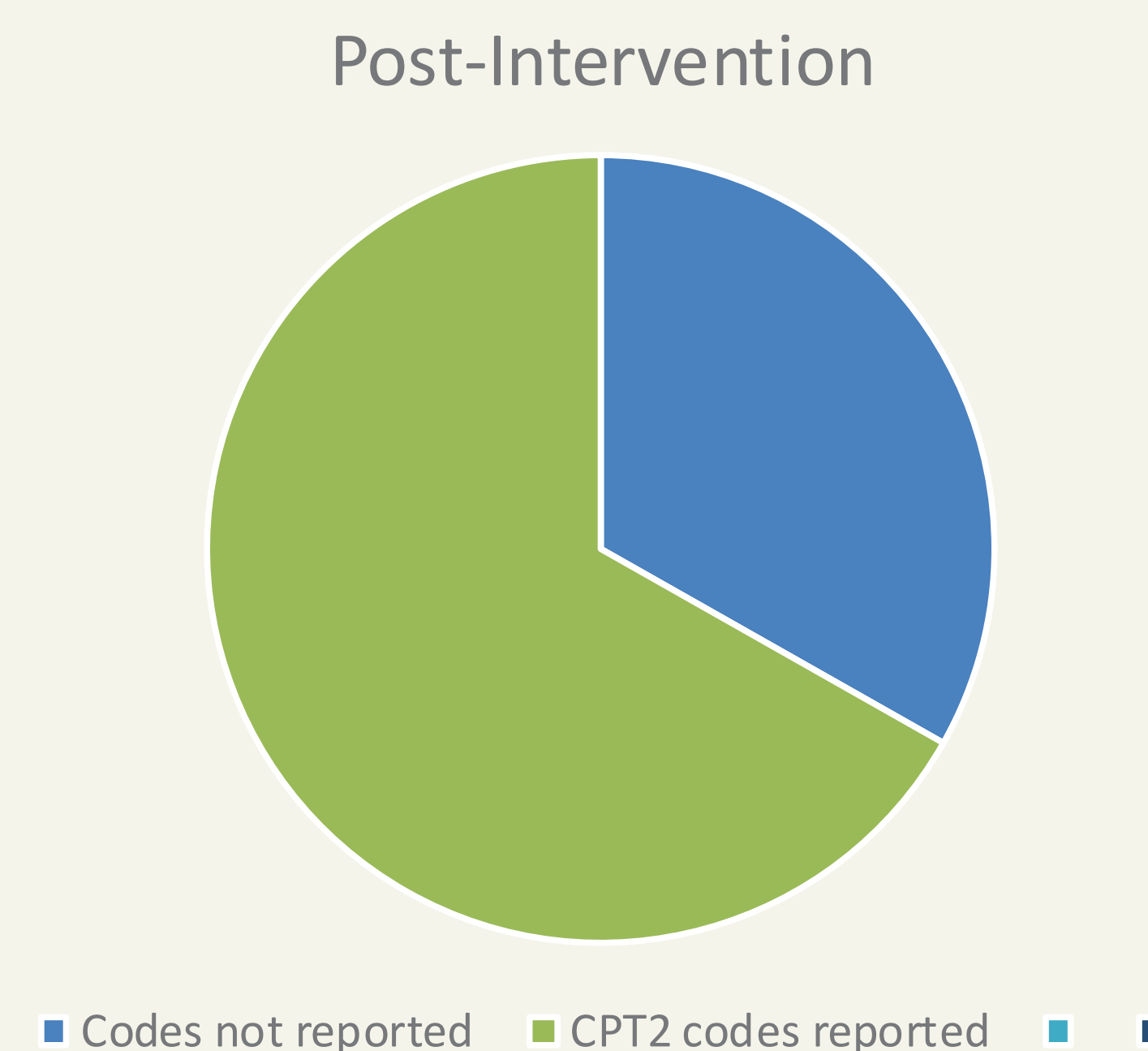
Methods

- ◆ The medical assistants (MAs) were provided with a pocket reference card and asked to input CPT2 codes for all patients meeting criteria with blood pressures <140/90. If over this value, the provider was asked to input CPT2 codes following a blood pressure recheck.
- ◆ This was monitored over a 1-month period at which time data was collected based on encounters for which CPT2 coding occurred or did not occur.

Results

- ◆ Encounters with a provider in the FHCW for any adult were included in this study. Excluded encounters included virtual visits, under 18, and nurse visits for which vitals are not taken.
- ◆ Before intervention, reporting of CPT2 codes was 0% for FHCW. Following intervention in March 2025, 66.8% of encounters had CPT2 code reporting.

Figures or Tables



CPT II Codes

BP Systolic
3074F Less than 130
3075F 130-139
Retake BP if 140 or greater

BP Diastolic
3078F Less than 80
3079F 80-89
Retake BP if 90 or greater

In Office A1C Test Results
3044F Less than 7%
3051F 7% to less than 8%
3052F 8% to less than 9%
3046F Greater than 9%

Inpatient Hosp or SNF F/U Appt
1111F 1-30 Day visit post discharge

CPT2 Pocket Reference Card

Discussion

- ◆ At the McLaren Family Health and Wellness Center (FHCW), this was not built into the workflow, and our quality metrics were reliant on quality specialists ensuring accurate data after the claim.
- ◆ Adult patients aged 18-99 are seen at the McLaren Health & Wellness Clinic after their first elevated blood pressure reading.
- ◆ This project's primary target is to increase CPT2 reporting for blood pressure, with a secondary endpoint of improved HEDIS quality metrics.
- ◆ HEDIS numbers will have to increase to make the clinic 100% in quality scoring in primary care clinics.

Conclusion and Lessons Learned

- ◆ Implementation of CPT2 reporting during the MA workflow increased claims-based blood pressure reporting to payors within the FHCW. Due to the initiation of a new step in the process, some blood pressures were likely not reported either from the MAs or providers, forgetting to place the orders, or providers forgetting to recheck blood pressures. Future studies will look to assess if the increased codes show improvement in quality metrics.

References and Acknowledgements

- ◆ McLaren Health and Wellness clinic.
- ◆ [High Blood Pressure Facts | High Blood Pressure | CDC](#)
- ◆ [HEDIS MY 2025 Measures and Descriptions.](#)