

2021 Primary Care Measures: CPT II CODES



Category II CPT codes allow for the submission of clinical data to the payers on a claim.

Submitted all year long, this will greatly reduce the need to "chase" results to provide to payers, greatly improving efficiency and freeing up your administrative staff for outreach and performing improvement activities.

Please find below a short list of CPT II codes to use in your claims.

Recognized by Medicare Advantage & Commercial Payers

Controlling Blood Pressure

- For all patients with a diagnosis of Hypertension and for all patients with Diabetes Mellitus (with or without dx of HTN).
- Submit the codes associated with readings during the most recent date of service. The most recent reading is needed for quality measure credit.
- Submit for every patient visit; (if BP is unknown, it is counted as uncontrolled)
- Control is 139/89 or lower; 140/90 or higher is considered uncontrolled

3074F: Systolic <130 mmHg

3078F: Diastolic <80 mmHG

3075F: Systolic 130-139 mmHg

3079F: Diastolic 80 - 99 mmHG

3077F: Systolic > 140 mmHG

3080F: Diastolic > 90 mmHG

Diabetes HgbA1c Control (>9%)

For Patients with a Diagnosis of Diabetes Mellitus

- Submit once each calendar year but most recent is the one that counts
- If Payer does not have a result, it is counted as >9%
- Submit the CPT II code for the most recent A1c of the calendar year on the claim for a subsequent visit.

3044F: Most recent A1c level < 7.0%

3051F: Most recent A1c level 7.0-7.9%

3052F: Most recent A1c level 8-9%

3046F: Most recent A1c level > 9.0%

Documenting BMI

- Submit once each calendar year
- Report adult BMI using a non-primary ICD-10 diagnosis codes (Z68 ICD-10 codes capture the actual BMI or the range of BMI).

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If you have questions, please contact your
[Provider Engagement Manager](#).