



Controlling High Blood Pressure

Learn how to improve your HEDIS® rates. This tip sheet provides key details about the Controlling High Blood Pressure (CBP) measure, best practices, codes and other resources.



Measure

The percentage of patients ages 18–85 who had a diagnosis of hypertension (HTN) and whose blood pressure (BP) was adequately controlled (<140/90) during the measurement year.

Note: For denominator inclusion only, members must have at least two visits on different dates of service with a diagnosis of HTN on or between January 1 of the year prior to the measurement year and June 30 of the measurement year. Visit type does not need to be the same for the two visits.

Exclusions

Members who meet any of the following criteria are excluded from the measure:

- Died any time during the measurement year.
- Had a diagnosis of pregnancy any time during the measurement year.
- Had nonacute, inpatient admission any time during the measurement year.
- Received palliative care any time during the measurement year.
- Was in hospice care or using hospice services any time during the measurement year.
- Had evidence of end-stage renal disease (ESRD), dialysis, nephrectomy, or kidney transplant any time during the member's history on or prior to December 31 of the measurement year.

The following exclusions are classified as administrative only (not medical record exclusions):

- Medicare members ages 66 years and older as of December 31 of the measurement year enrolled in an Institutional Special Needs Plan (I-SNP) or living long-term in an institution.
- Members ages 66–80 years as of December 31 of the measurement year (all product lines) with frailty and advanced illness.
- Members ages 81 years and older as of December 31 of the measurement year (all product lines) with at least two indications of frailty, with different dates of service during the measurement year.

Telehealth-specific changes

- For denominator requirement only, removed the restriction that only one of the two visits with an HTN diagnosis be an outpatient telehealth, phone visit, e-visit or virtual check-in when identifying the event/diagnosis.
- Added phone visits, e-visits, and virtual check-ins to the advanced illness administrative exclusion.
- Added phone visits, e-visits, and virtual check-ins as appropriate settings for BP readings.
- Requirements for remote monitoring were removed to allow BP readings to be taken by any digital device.

Best practices

- Identify the most recent BP reading noted during the measurement year on or after the second diagnosis of HTN.
- If multiple BP readings were recorded on a single date, use the lowest systolic and lowest diastolic BP on that date as the representative BP. The systolic and diastolic results do not need to be from the same reading.
- The patient is not compliant if the BP reading is $\geq 140/90$ mm Hg or is missing. If no BP is recorded during the measurement year or if the reading is incomplete (e.g., the systolic or diastolic level is missing), assume that the patient is “not controlled.”
- Bill BP CPT II codes on each office visit claim along with an HTN condition.
- Remote measurements by any digital device are acceptable.
- The BP reading cannot be used if:
 - Taken during an acute inpatient stay or emergency department visit.
 - Taken on the same day as a diagnostic test or diagnostic or therapeutic procedure that requires a change in diet or change in medication on or one day before the day of the test or procedure – with the exception of fasting blood tests.
 - Taken by a patient using a non-digital device, such as a manual blood pressure cuff and a stethoscope.
- Instruct staff to take a repeat reading if abnormal BP is obtained.
- Educate patients about the risks of HTN and encourage lifestyle changes at every visit – increased physical activity, smoking cessation, low sodium diets, and medication adherence.
- Initiate proper pharmacologic treatment to lower BP. Prescribe single-pill combination medications whenever possible to assist with medication compliance.
- Monitor adherence to blood pressure medications and talk with your patients about barriers to taking medications as prescribed.
- Promote the use of proper technique by staff taking BP readings if indicated (See Tips to Get an Accurate Blood Pressure Reading).
- Data files will require an outpatient visit on the same date of service with the provider’s National Provider Identifier (NPI) when submitting BPs.
- BP readings taken by the patient using a digital device and documented in the patient’s medical record are eligible for use in reporting if they do not meet any exclusion criteria. No evidence is required that the BP readings were collected by a PCP or specialist.
- Ranges and thresholds do not meet criteria for this measure. A distinct numeric result for both the systolic and diastolic BP reading is required for numerator compliance. A BP documented as an “average BP” (e.g., “average BP: 139/70”) is eligible for use.
- Promote self-measured blood pressure (SMBP) monitoring by educating patients on how to properly measure blood pressure at home.
- Encourage patients to use, if available, their durable medical equipment (DME) benefit to obtain a home blood pressure cuff/monitor. Clinicians need to write an order and submit it to the member’s DME provider.
- Encourage SMBP at home and ask patients to bring a log of their readings to all office visits.

CPT codes

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HYPERTENSION DIAGNOSIS CPT® II CODES

Patient claims should include blood pressure CPT II codes:

Description	CPT II Codes
Systolic blood pressure <130 mm Hg	3074F
Systolic blood pressure 130-139 mm Hg	3075F
Systolic blood pressure ≥ 140 mm Hg	3077F
Diastolic blood pressure <80 mm Hg	3078F
Diastolic blood pressure 80-89 mm Hg	3079F
Diastolic blood pressure ≥ 90 mm Hg	3080F

Tips to get an accurate blood pressure reading

Follow these recommendations for obtaining accurate blood pressure measurements:

- Ask the patient not to smoke, exercise, or drink caffeinated beverages or alcohol for at least 30 minutes before measurement.
- Have the patient empty their bladder.
- Have the patient rest calmly in a chair for at least five minutes with an arm resting comfortably on a flat surface at heart level.
- Ensure the patient is sitting upright with their back supported, legs uncrossed, and feet flat on the floor.
- The patient's arm should be bare. Use proper cuff size and make sure the bottom of the cuff is placed directly above the bend of the elbow.
- Do not talk to the patient while taking their blood pressure.
- Take at least two readings. If the patient has a high blood pressure reading at the beginning of the visit, retake and record it at the end of the visit. Consider switching arms for subsequent readings.

Resources

- Centers for Disease Control and Prevention: www.cdc.gov/bloodpressure/index.htm
- American Heart Association: www.heart.org/en/health-topics/high-blood-pressure
- NCQA. HEDIS 2023 Technical Specifications for Health Plans, Volume 2, Washington, D.C., 2022

¹HEDIS – Healthcare Effectiveness Data and Information Set.