

Controlling High Blood Pressure (CBP)

APPLICABLE LINES OF BUSINESS

- Commercial
- Medicaid
- Medicare

MEASURE DESCRIPTION

The percentage of members 18-85 years of age who had a diagnosis of hypertension (HTN) and whose blood pressure was adequately controlled (<140/90 mm Hg) as of December 31 of the measurement year.ⁱ

EXCLUSIONS

Members are excluded if they:

- Have any of the following during the member’s history on or prior to December 31 of the measurement year:
 - End-stage renal disease (ESRD), dialysis, nephrectomy, kidney transplant
 - A diagnosis of pregnancy
- Have any of the following during the measurement year:
 - Are Medicare members 66 years of age and older who are enrolled in an institutional Special Needs Plan (SNP) or living long-term in an institution
 - Are ages 66-80 with advanced illness and frailty (for additional definition information, see the [Advanced Illness and Frailty Exclusions Guide](#))
 - Are age 81 or older with frailty during the measurement year
 - Used hospice services, received palliative care (include ICD-10-CMiii code Z51.5), or died

MEDICAL RECORDS

Patient medical records should include:

- All blood pressure readings and dates obtained with exact readings documented.
- Blood pressure readings self-reported by the patient during outpatient visits, telephone or telehealth visits, virtual check-ins or e-visits, non-acute inpatient visits. Readings must be taken with a digital device, and documentation must state that it was self-reported by the patient.

CODING

Claims should include CPT® II codesⁱⁱ, which can be billed alone on a \$0.01 claim or with an office visit.

CPT® II code	Systolic blood pressure
3074F	<130 mm Hg
3075F	130 -139 mm Hg
3077F	≥ 140 mm Hg

CPT® II code	Diastolic blood pressure
3078F	<80 mm Hg
3079F	80 - 89 mm Hg
3080F	≥ 90 mm Hg

TIPS FOR SUCCESS

Patient Care

- Educate patients on the importance of blood pressure control and the complications that may occur when blood pressure is uncontrolled. Reinforce the importance of low sodium diets, increased physical activity, smoking cessation, and medication adherence at every visit.
- Encourage blood pressure monitoring at home and ask patients to bring a log of their readings to all office visits.
 - Encourage Medicare members to use their Durable Medical Equipment (DME) benefit to obtain a home blood pressure cuff/monitor. Clinicians will need to write an order and submit it to the member's DME provider. 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. Advise patients not to discontinue blood pressure medications before contacting your office.
- Share best practices for taking blood pressure readings:
 - Have the patient sit quietly for up to 10 minutes before taking the reading.
 - Advise the patient not to talk during the measurement.
 - Have the patient empty their bladder before taking the reading.
 - Don't check blood pressure within 30 minutes of smoking, drinking coffee, or exercising.
 - Ensure patients don't cross their legs and have their feet flat on the floor during the reading; crossing legs can raise the systolic pressure by 2- 8 mm Hg.
 - Use the proper cuff size.
 - Make sure the elbow is at the same level as the heart. If the patient's arm is hanging below heart level and unsupported, it can elevate the measured blood pressure by 10-12 mm Hg.
 - Take multiple readings. If the patient has a high blood pressure reading at the beginning of the visit, retake, and record both at the end of the visit. Also, consider switching arms for subsequent readings.

Documentation and Coding

- Partner with your health plan payers to submit electronic data from your EMR.
- Document medical and surgical history in the medical record with dates in structured fields so your EMR can include these in reporting. This will allow the corresponding code to be included in electronic reporting, including claims, to health plans.
- Code for exclusions.

ⁱ National Committee for Quality Assurance. HEDIS® Measurement Year 2025 Volume 2 Technical Specifications for Health Plans (2025), 106-113.

ⁱⁱ CPT Copyright 2025 American Medical Association. All rights reserved. CPT® is a registered trademark of the American Medical Association.