

Controlling High Blood Pressure (CBP)

MEASURE DESCRIPTION

Persons 18-85 years of age who had a diagnosis of hypertension (HTN) and whose most recent blood pressure (BP) was adequately controlled (<140/90 mm Hg) during the measurement period. The BP reading must occur on or after the date when the second diagnosis of HTN occurred. If there are multiple BPs on the same date of service, use the lowest systolic and lowest diastolic BP on that date as the representative BP.

Do not include BP readings:

- Taken during an acute inpatient stay or an emergency department (ED) visit
- Taken on the same day as a diagnostic test or diagnostic or therapeutic procedure that requires a change in diet or medication on or one day before the day of the test or procedure, with the exception of fasting blood tests
- Taken by the person using a non-digital device such as with a manual blood pressure cuff and a stethoscope¹

EXCLUSIONS

Persons are excluded if the following apply:

Exclusion	Time frame
<ul style="list-style-type: none"> • Date of death • Hospice or use of hospice services • Palliative care • Pregnancy • Medicare enrollees, 66 years of age and older, in an institutional SNP (I-SNP) or living long-term in an institution (LTI) • 66-80 years of age with both frailty and advanced illness; for additional definition information, see the Advanced Illness and Frailty Exclusions Guide <ul style="list-style-type: none"> ◦ Frailty: At least two indications of frailty with difference dates of service during the measurement period ◦ Advanced illness or dispensed dementia medication during the measurement period or the year prior to the measurement period • 81 years of age and older with frailty; for additional definition information, see the Advanced Illness and Frailty Exclusions Guide 	Any time during the measurement period
<ul style="list-style-type: none"> • End-stage renal disease (ESRD) 	Any time during the person's history through December 31 of the measurement period

CODING²

For exclusions, use the appropriate code:

Pregnancy	
ICD10CM ³	[Codes not individually listed due to high volume]
Diagnosis that indicates ESRD	
ICD10CM	N18.5, N18.6, Z90.5, Z94.0
Dialysis procedure	
CPT® I/II ⁴	90935, 90937, 90945, 90947, 90997, 90999, 99512, 50360, 50365, 50380, 50240, 50220, 50225, 50230, 50234, 50236, 50340, 50370, 50543, 50545, 50546, 50548
HCPSC ⁵	G0257, S9339, S2065

ICD10PCS	3E1M39Z, 5A1D00Z, 5A1D60Z, 5A1D70Z, 5A1D80Z, 5A1D90Z, 0TY00Z0, 0TY00Z1, 0TY00Z2, 0TY10Z0, 0TY10Z1, 0TY10Z2, 0TB00ZZ, 0TB03ZZ, 0TB04ZZ, 0TB07ZZ, 0TB08ZZ, 0TB10ZZ, 0TB13ZZ, 0TB14ZZ, 0TB17ZZ, 0TB18ZZ, 0TT00Z0, 0TT00Z1, 0TT00Z2, 0TT00ZZ, 0TT04ZG, 0TT04ZZ, 0TT10Z0, 0TT10Z1, 0TT10Z2, 0TT10ZZ, 0TT14ZG, 0TT14ZZ, 0TT20ZZ, 0TT24ZG, 0TT24ZZ
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For BP readings, use the appropriate code, which can also be billed alone on a \$0.01 claim or with an office visit:

Systolic BP		
CPT I/II	3074F	< 130 mm Hg
	3075F	130-139 mm Hg
	3077F	≥ 140 mm Hg
Diastolic BP		
CPT I/II	3078F	<80 mm Hg
	3079F	80-89 mm Hg
	3080F	≥ 90 mm Hg

TIPS FOR SUCCESS

Patient care

- Prescribe single-pill combination medications whenever possible to assist with medication compliance
- Monitor adherence to BP medications, talk with patients about barriers to taking medications as prescribed, and ask patients not to discontinue BP medications before contacting your office
- Educate patients on the importance of BP control
- Encourage BP monitoring at home and ask patients to bring a log of their readings to all visits
- Reinforce the importance of low sodium diets, increased physical activity, smoking cessation, and medication adherence
- Ensure team members and patients who are self-reporting are following best practices for taking BP readings, which include:
 - Take it twice; if the patient has a high BP reading at the beginning of the visit, retake it and record both at the end of the visit or consider switching arms for subsequent readings
 - Have the patient empty their bladder and sit quietly for up to 10 minutes before taking the reading
 - 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
 - Make sure the elbow is at the same level as the heart; if the patient's arm is hanging below heart level and unsupported, this position can elevate the measured BP by 10-12 mm Hg
 - Do not check BP within 30 minutes of smoking, drinking coffee, or exercising
 - Use the proper cuff size

Documentation and coding

- Patient medical records should include:
 - All BP readings and dates obtained with exact readings documented
 - BP readings taken with a digital device and/or self-reported by the patient during outpatient visits, telephone or telehealth visits, virtual check-ins or e-visits, non-acute inpatient visits. If self-reported, documentation must state that it was self-reported by the patient
- Document medical and surgical history in the medical record with dates in structured fields; this will allow the corresponding code to be included in electronic reporting, including claims, to health plans
- Partner with your health plan payers to submit electronic data from your EMR

Note: Premera Blue Cross, Premera Blue Cross Blue Shield of Alaska, and Premera Blue Cross HMO review and update tip sheets regularly to include the latest technical specification updates from NCQA.

¹ National Committee for Quality Assurance. HEDIS® Measurement Year 2026 Volume 2 Technical Specifications for Health Plans (2026), 99-107.

² This information is not intended as billing or legal guidance or for creating EMR extract files. These codes are proprietary and do not guarantee payment. Not all codes are included, and coding requirements may change. Each code should be used based on medical necessity and supported by proper documentation in the member record.

³ ICD-10 created by the National Center for Health Statistics (NCHS), under authorization by the World Health Organization (WHO). Copyright WHO.

⁴ CPT® is a registered trademark of the American Medical Association (AMA).

⁵ HCPCS codes and descriptors are approved and maintained jointly by the alpha-numeric editorial panel (consisting of Centers for Medicare & Medicaid Services, America's Health Insurance Plans, and the Blue Cross Blue Shield Association).