

Condition management – cardio

Controlling High Blood Pressure (CBP)

Controlling High Blood Pressure (CBP) Measure year 25 | Weight = 3

Measurement period

January–December

Eligible population

Hypertensive patients 18–85 years of age whose blood pressure (BP) was adequately controlled (< 140/90 mm Hg) during the current measurement year. Patients become eligible for this measure once they have had two outpatient visits—both with a diagnosis of hypertension.

Service needed for measure compliance

BP reading during the current measurement year on or after the second diagnosis of hypertension.

The most recent reading is utilized to determine compliance during the year. For final compliance determination, it will rely on the last reading at a qualified location in the measurement year. Most recent reading in the current measurement year must have a representative systolic BP < 140 mm Hg and a representative diastolic BP of < 90 mm Hg to be measure compliant. The adequately controlled result must be documented and reported administratively.

Note: If there are multiple BPs on the same date of service, use the lowest systolic and diastolic BP on that date as the representative BP.

Patient-reported blood pressure readings are accepted.

Exclusions

- Patients in hospice, using hospice services or receiving palliative care anytime during the measure year
- Patients who died anytime during the measurement year
- Patients with a diagnosis of end-stage renal disease (ESRD), dialysis, nephrectomy or kidney transplant anytime during patient's history
- Patients with a diagnosis of pregnancy anytime during the measurement year
- Patients 66 years of age and older enrolled in an Institutional Special Needs Plan (I-SNP) or living long-term in an institutional setting
- Patients 81 years of age and older with at least two indications of frailty with different dates of service during the measurement year
- Patients 66–80 years of age as of Dec. 31 of the measurement year with both [frailty and advanced illness](#)

Measure best practices

- Ensure in-office procedures exist to document BP readings at each office visit; and when BP is high (140/90 or greater), it is taken again during the visit. The measure allows use of the lowest systolic and diastolic readings taken in a given day, and the second reading is often lower.
- Discuss the causes of high BP and ways to manage it with all patients regardless of their reading.
- Instruct staff to record exact BP values without rounding.
- If capturing patient-reported BP via telehealth, ensure patient understands things to do/avoid prior to taking their BP (for example, avoid smoking and caffeine, sit straight with feet on floor and do not take reading over clothing).
- Ensure submitted claims or encounters include appropriate Current Procedural Terminology (CPT®) Category II codes for BP readings or information is submitted via supplemental data processes.

Healthcare Effectiveness Data and Information Set (HEDIS®)

Code	Code type	Definition
3074F	CPT II	Systolic: blood pressure less than 130 mm Hg (DM) (HTN, CKD, CAD)
3075F	CPT II	Systolic: blood pressure 130–139 mm Hg (DM)
3077F	CPT II	Most recent systolic blood pressure greater than or equal to 140 mm Hg (HTN, CKD, CAD) (DM)
3078F	CPT II	Diastolic: blood pressure less than 80 mm Hg (HTN, CKD, CAD) (DM)
3079F	CPT II	Diastolic: blood pressure 80–89 mm Hg (HTN, CKD, CAD) (DM)
3080F	CPT II	Most recent diastolic blood pressure greater than or equal to 90 mm Hg (HTN, CKD, CAD) (DM)
99457	CPT	Remote physiologic monitoring treatment management services, 20 minutes or more of clinical staff/physician/other qualified healthcare professional time in a calendar month requiring interactive communication with the patient/caregiver during the month

The coding information in this document is subject to changing requirements and should not be relied on as official coding or legal advice. All coding should be considered on a case-by-case basis and supported by medical necessity and appropriate documentation in the medical record.

The information offered in this flyer is based on Healthcare Effectiveness Data and Information Set (HEDIS®) technical specifications. It is not meant to preclude your clinical judgment.

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