

Controlling High Blood Pressure

Tip sheet for health care professionals

The Controlling High Blood Pressure (CBP) HEDIS® measure assesses the percentage of members ages 18–85 who had a diagnosis of hypertension and whose blood pressure (BP) was adequately controlled at <140/90 mmHg during the measurement year.

Tips to improve performance on the CBP measure

- Confirm the hypertension diagnosis using BP readings and tests. Do not code hypertension based on member-reported information.
- Take a second reading during the member’s visit if the initial reading is 140/90 or higher
 - Regularly rechecking and recording patients’ BP can help improve health outcomes. In fact, the Centers for Disease Control and Prevention created the **Million Hearts®** program in 2012 to promote this awareness among health care practitioners.¹
 - Use the “**7 Simple Tips to get an Accurate Blood Pressure Measurement**” from the American Medical Association to obtain the most accurate BP reading
- If multiple BP readings are recorded on the same date, use the lowest systolic and lowest diastolic reading for reporting
 - This includes member-reported BP readings, as long as the date is documented and on the same date as the office visit
- Have the member monitor their BP at home using a digital monitor and document member-reported readings*
- Schedule follow-up visits for the member to have their BP rechecked as needed
- Review the member’s adherence to hypertension medications. Ask about and address any barriers that prevent them from being compliant, such as medication cost or transportation concerns.
 - If barriers are identified, refer the member to available community resources that may help
 - Submit the appropriate ICD-10 CM codes to indicate the appropriate social determinant of health
- Review the member’s treatment plan for uncontrolled BP (e.g., lifestyle modifications, adherence to treatment recommendations)
- Review weekly member level reports for non-compliant members to address

*The member can call the number on their member ID card to find out if a BP monitor is part of their over-the-counter (OTC) benefit.



Data collection methods

- Administrative (claims with CPT® II codes) – *preferred*
 - We do not review medical records to confirm BP values when the gap is closed administratively
- Supplemental data submission
- HEDIS hybrid chase – *least preferred*



How CPT II codes can help you close the CBP measure

BP CPT II codes indicate members' compliance with the CBP measure.² To receive credit for closing the CBP measure, you must include CPT II codes on claims for office or telehealth visits.

When you submit BP CPT II codes:

- It provides more accurate medical data and can help decrease medical record requests
- Gaps are closed more accurately and quickly; this drives performance on HEDIS measures and quality improvement initiatives
- Member screenings are tracked to help you monitor care and avoid sending unnecessary reminders to members to complete a BP reading

CPT II code	Most recent systolic blood pressure
3074F	< 130 mm Hg
3075F	130–139 mm Hg
3077F	≥ 140 mm Hg
CPT II code	Most recent diastolic blood pressure
3078F	< 80 mm Hg
3079F	80–89 mm Hg
3080F	≥ 90 mm Hg



Learn more

For more information about CBP and other quality measures, including applicable codes and best practices, see the 2024 PATH Reference Guide at UHCprovider.com/path.

For training, see our self-paced Blood Pressure Recheck course at UHCprovider.com/training > Clinical Tools > [Blood Pressure Recheck](#).

¹ Results from a 4-year study (2007-2011) by Ellsworth Medical Clinic showed hypertension control increased from 73% to 97% among patients with diabetes and from 68%–97% amount patients with cardiovascular disease.

² The list of CPT II codes is updated annually according to HEDIS specifications published by the National Committee for Quality Assurance (NCQA).

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CPT® is a registered trademark of the American Medical Association.