

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*
 - NCQA plans to transition away from the CBP hybrid reporting method to all administrative (no chart chase) in 2028



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 mmHg
3075F	130-139 mmHg
3077F	≥ 140 mmHg
CPT II code	Most recent diastolic blood pressure
3078F	< 80 mmHg
3079F	80-89 mmHg
3080F	≥ 90 mmHg



Learn more

For more information about CBP and other quality measures, including applicable codes and best practices, see the 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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