

Controlling High Blood Pressure (CBP)

Patients 18-85 years of age with a diagnosis of hypertension who have their most recent blood pressure reading under control (<140/90 mm Hg).

Exclusions

- End-stage renal disease, dialysis, nephrectomy, or kidney transplant on or prior to the end of the measurement year.
- Pregnancy diagnosis during the measurement year.
- Nonacute inpatient admission during the measurement year.
- Dispensed dementia medication.

Relevant Codes

The following codes may support gap closure through claims. Compliance depends on meeting HEDIS-defined criteria, including timing, documentation, and qualifying services—not code submission alone.

- CBP requires an actual BP result; CPT II codes by themselves do not represent a BP value.

Code	Description
ICD-10-CM: I10	Essential HTN supporting diagnosis code
CPT/CPT II: 3079F	Diastolic 80-89 mm Hg
CPT/CPT II: 3078F	Diastolic Less than 80 mm Hg
CPT/CPT II: 3074F	Systolic Less Than 130 mm Hg
CPT/CPT II: 3075F	Systolic 130-139 mm Hg
G8752	Most recent systolic blood pressure < 140 mmHg
G8754	Most recent diastolic blood pressure < 90 mmHg
G9231	ESRD, dialysis, renal transplant and pregnancy before or during measurement period

Common Documentation Insufficiencies

- Failing to list date of service and blood pressure reading together.
- Do not round up blood pressure readings when using manual blood pressure cuffs.

Documentation Requirements

- A diagnosis of Essential (Primary) Hypertension on at least 2 visits within the first 6 months of the measurement year or during the year prior. Additionally, evidence of adequately controlled blood pressure at the last visit of the measurement year.
- Hypertension diagnosis and/or blood pressure results are counted from outpatient visits, telephone visits, e-visits, or virtual check-ins.
- If multiple readings are taken on the same date, use the lowest systolic and lowest diastolic values.
- Documentation must specify a diagnosis of Essential (Primary) Hypertension.
- Patient-reported blood pressure readings must be taken using an electronic device.
- BP readings taken by the member and documented in the member's medical record are eligible for use in reporting.
- Ranges and thresholds do not meet criteria; a specific numeric systolic and diastolic value is required.

Best Practices

- Outreach patients with hypertension who need a blood pressure check this year, or who did not have adequate control at their last visit. Utilize care gap lists to identify non-compliant patients.
- Perform additional blood pressure reading(s) during the visit if the first reading was high; the best diastolic reading can be combined with the best systolic reading for compliance.
- Follow best practices for taking accurate blood pressure readings, i.e., use the proper cuff size, ensure the elbow is at the same level as the heart, wait until the patient has been resting comfortably for several minutes.
- Educate patients on the risks of uncontrolled blood pressure, and counsel on medication adherence, healthy diet, and exercise.