What is the Controlling Blood Pressure measure?
Controlling Blood Pressure (CBP) is not only important to your patients’ health, it is also one of the Healthcare Effectiveness Data and Information Set (HEDIS®) performance measures used to evaluate the care and services provided by physicians and other healthcare providers.

Please note that the information offered in this flyer is based on HEDIS technical specifications. It is not meant to replace your clinical judgment.

Who is included in the CBP measure?
The eligible population for this measure includes patients 18 to 85 years old diagnosed with hypertension (HTN) whose blood pressure (BP) was adequately controlled (<140/90 mmHg) during the measurement year.

Patients become eligible for the CBP measure once they have two visits with a diagnosis of hypertension during the current or prior measurement year, with two different dates of service. Only one of the two visits may be a telehealth visit.

Exclusions
- 66 years old and older enrolled in an institutional special needs plans or living long-term in an institutional setting
- 66 to 80 years old with frailty and advanced illness
- 81 years old and older with frailty only
- Patients in hospice or using hospice services, or with end-stage renal disease (ESRD)
- Pregnant women

Scoring well on the CBP measure
A BP measurement should be taken and recorded during every office visit. Proper notation of the diagnosis in the medical record is essential if collected through medical chart review. Administrative data can also be used for reporting. Therefore, claims submitted throughout the year with applicable CPT and CPTII codes will impact patient compliance. Humana looks for:

- A notation of hypertension (HTN), high BP (HBP), elevated BP, borderline HTN, intermittent HTN, history of HTN, hypertensive vascular disease (HVD), hyperpiesia or hyperpiesis diagnosis
- The most recent documented BP reading during the measurement year reported via claims, supplemental data or an electronic submission from a remote monitoring device
Coding for the CBP measure

<table>
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<tr>
<th>ICD-10 code</th>
<th>ICD-10 diagnosis for hypertension I10 places the patient in the measure</th>
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**CPT category II codes**

*As part of a claim for an outpatient visit, a nonacute inpatient stay or a remote blood pressure monitoring event, please include the appropriate codes for the BP ranges observed.*

**Systolic:**
- 3074F – blood pressure less than 130 mmHg (DM) (HTN, CKD, CAD)
- 3075F – blood pressure 130-139 mmHg (DM)
- 3077F – blood pressure greater than or equal to 140 mmHg (HTN, CKD, CAD) (DM)

**Diastolic:**
- 3078F – blood pressure less than 80 mmHg (HTN, CKD, CAD) (DM)
- 3079F – blood pressure 80-89 mmHg (HTN, CKD, CAD) (DM)
- 3080F – blood pressure greater than or equal to 90 mmHg (HTN, CKD, CAD) (DM)

**CPT codes for remote monitoring devices**

- 93784 – Ambulatory blood pressure monitoring, utilizing a system such as magnetic tape and/or computer disc, for 24 hours or longer; including recording, scanning analysis, interpretation and report
- 93788 – Scanning analysis with report
- 93790 – Review with interpretation and report

**Measure best practices**

- Do not round BP values. If using an automated machine, record exact values.
- If the BP is high at the office visit (140/90 or greater), please take it again. HEDIS allows the lowest systolic and diastolic readings in a given day, and the second reading is often lower.
- Review hypertensive medication history and patient compliance, and consider modifying treatment plans for uncontrolled blood pressure as needed.
- Have the patient return in three months if the BP is out of target range.
- Document blood pressure readings taken at each office visit.
- Ensure submitted claims or encounters include appropriate CPT category II codes for BP readings.

*Source: 2019 HEDIS Technical Specifications*