

HEDIS Provider Guide: Controlling High Blood Pressure (CBP)

Measure Description	Using Correct Billing Codes	
Patients 18 to 85 years of age who had a diagnosis of hypertension (HTN) and whose blood pressure (BP) was adequately controlled (<140/90 mm Hg) during the measurement year.	Codes to Identify Hypertension	
	Description	ICD-10-CM Codes
	Hypertension	110, 111.9, 112.9, 113.10, 116.0, 116.1, 116.9
Note: The most recent blood pressure (BP) reading during the measurement year on or after the second diagnosis of hypertension is used. If multiple BP measurements occur on the same date or are noted in the chart on the same date, use the lowest systolic and lowest diastolic BP reading. If no BP is recorded during the measurement year, assume that the member is "not controlled."	Codes to Record Systolic Results	
	Description	CPT-CAT-II Codes
	Most recent systolic blood pressure less than 130 mm Hg	3074F
	Most recent systolic blood pressure 130 – 139 mm Hg	3075F
	Most recent systolic blood pressure greater than or equal to 140 mm Hg	3077F (does not meet measure)
Telehealth Visits: Member reported services and biometrics values are eligible for compliance (automated machines only).	Codes to Record Diastolic Results	
	Description	CPT-CAT-II Codes
	Most recent diastolic blood pressure less than 80 mm Hg	3078F
Exclusions:		
 Diagnosis of end-stage renal disease 	Most recent diastolic blood pressure 80-89 mm Hg	3079F
PregnancyReceiving hospice or palliative care	Most recent diastolic blood pressure greater than or equal to 90 mm Hg	3080F (does not meet measure)
Receiving hospice or palliative care	·	,

How to Improve HEDIS® Scores

- Calibrate the sphygmomanometer (BP monitor) annually.
- Select the proper BP cuff size. Ensure patients have their feet flat on the floor during the reading.
- Upgrade to an automated blood pressure machine.
- If the patient's BP is high at the office visit (140/90 or greater), take it again at the end of the visit. HEDIS® allows us to take the lowest systolic and the lowest diastolic readings on the same day, and the second reading is often lower.
- Telehealth visits can be used to capture member-reported BP readings. Submit an authorization for durable medical equipment for a BP monitor if a member needs one or contact your Blue Shield Promise Quality Program Manager to learn about our remote BP monitoring program.
- Do not round up BP values. If you are using an automated machine, record exact values.
- Review hypertension medication history and patient medication adherence. Consider modifying treatment plans for uncontrolled blood pressure as needed. Follow up with the patient in monthly intervals until control is achieved.
- The 2017 guidelines from ACC/AHA recommend two BP drugs of different classes started at the first visit if BP is \geq 140/90 mm Hg and is unlikely to respond to a single drug and lifestyle modification.

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