

HEDIS Provider Guide: Controlling High Blood Pressure (CBP)

Measure Description	Using Correct Billing Codes																				
<p>Patients 18 to 85 years of age who had a diagnosis of hypertension (HTN) and whose most recent blood pressure (BP) was adequately controlled (<140/90 mm Hg) during the measurement year.</p> <p>Product Line: Medicaid, Medicare, Commercial</p> <p>Notes</p> <ul style="list-style-type: none"> 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, the member is “not controlled.” Do not include BPs taken during an acute inpatient stay or ED visit. <p>Telehealth Visits</p> <p>Member-reported services and biometrics values are eligible for compliance (automated machines only) for Medi-Cal members. Medicare members, beginning January 31, 2026, must live in a rural area and go to an office or medical facility in a rural area (in the U.S.) for most telehealth services.</p> <p>Exclusions</p> <ul style="list-style-type: none"> Diagnosis of end-stage renal disease Pregnancy Receiving hospice or palliative care Medicare enrollees, 66 years of age and older, by the last day of the measurement period, in an institutional special needs program or living long-term in an institution Persons 66-80 years of age with both frailty and advanced illness 	<p>Codes to Identify Hypertension</p> <table border="1" data-bbox="708 506 1507 600"> <thead> <tr> <th>Description</th> <th>Codes</th> </tr> </thead> <tbody> <tr> <td>Hypertension</td> <td>ICD-10-CM: I10</td> </tr> </tbody> </table> <p>Codes to Record Systolic Results</p> <table border="1" data-bbox="708 657 1507 1010"> <thead> <tr> <th>Description</th> <th>CPT-CAT-II Codes</th> </tr> </thead> <tbody> <tr> <td>Most recent systolic blood pressure less than 130 mm Hg</td> <td>3074F</td> </tr> <tr> <td>Most recent systolic blood pressure 130 – 139 mm Hg</td> <td>3075F</td> </tr> <tr> <td>Most recent systolic blood pressure greater than or equal to 140 mm Hg</td> <td>3077F (does not meet measure)</td> </tr> </tbody> </table> <p>Codes to Record Diastolic Results</p> <table border="1" data-bbox="708 1066 1507 1467"> <thead> <tr> <th>Description</th> <th>CPT-CAT-II Codes</th> </tr> </thead> <tbody> <tr> <td>Most recent diastolic blood pressure less than 80 mm Hg</td> <td>3078F</td> </tr> <tr> <td>Most recent diastolic blood pressure 80-89 mm Hg</td> <td>3079F</td> </tr> <tr> <td>Most recent diastolic blood pressure greater than or equal to 90 mm Hg</td> <td>3080F (does not meet measure)</td> </tr> </tbody> </table>	Description	Codes	Hypertension	ICD-10-CM: I10	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)	Description	CPT-CAT-II Codes	Most recent diastolic blood pressure less than 80 mm Hg	3078F	Most recent diastolic blood pressure 80-89 mm Hg	3079F	Most recent diastolic blood pressure greater than or equal to 90 mm Hg	3080F (does not meet measure)
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- 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.
- 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.
- Telehealth visits can be used to capture Medi-Cal 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 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 2025 AHA/ACC hypertension guidelines recommend initiation of medication therapy in addition to lifestyle interventions for all adults with average blood pressure $\geq 140/90$ mmHg, and for adults with average blood pressure $\geq 130/80$ mmHg who have cardiovascular disease, have had a previous stroke, have diabetes, chronic kidney disease, or increased 10-year predicted cardiovascular risk of $\geq 7.5\%$.
First line monotherapy includes thiazide diuretics, long-acting dihydropyridine calcium channel blockers (CCBs), ACE-I and ARBs. Comorbid conditions may warrant alternative preferred therapies such as:
 - For patients with CKD or albuminuria ≥ 30 , ACE-I or ARB is preferred
 - For pregnant patients, labetalol, or ER nifedipine is preferred
- Combination therapy of two first-line agents of different classes in a single pill is preferred over two separate pills for all adults with stage 2 hypertension to improve adherence and reduce time to achieve blood pressure control.

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