



# Controlling High Blood Pressure (CBP)

The Controlling High Blood Pressure measure evaluates patients 18-85 years of age who had a diagnosis of hypertension (HTN) and whose blood pressure (BP) is adequately controlled (<140/90 mmHg) during the measurement year.

Product lines	Quality programs impacted	Collection and reporting method
<ul style="list-style-type: none"> <li>Commercial</li> <li>Medicaid</li> <li>Medicare</li> </ul>	<ul style="list-style-type: none"> <li>CMS Star Ratings</li> <li>NCQA Health Plan Ratings</li> <li>State Performance Measure</li> <li>Quality Rating System</li> </ul>	<ul style="list-style-type: none"> <li>Hybrid</li> <li>Claim data</li> <li>Medical record documentation</li> </ul>

Definitions	
<b>Adequate control</b>	Both a representative systolic BP < 140 mm Hg and a representative diastolic BP of < 90 mm Hg.
<b>Representative BP</b>	The most recent BP reading during the measurement year on or after the second diagnosis of hypertension. 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 patient is considered “not controlled”.

<b>Numerator compliance</b>	The most recent BP reading <140/90 mm Hg taken during the measurement year		
<b>Denominator Eligibility Criteria</b>	A member is considered eligible for the CBP measure if they had at least two outpatient visits, telephone visits, e-visits or virtual check-ins on different dates of service with a diagnosis of hypertension on or between January 1 of the year prior to the measurement year and June 30 of the measurement year.		
<b>Time period</b>	Jan. 1, 2026 – Dec. 31, 2026		
<b>Billing codes</b>	<b>Description</b>	<b>Code type</b>	<b>Codes</b>
	<b>Diastolic less than 80</b>	CPT II	3078F
	<b>Diastolic between 80-89</b>	CPT II	3079F
	<b>Diastolic greater than or equal to 90</b>	CPT II	3080F
	<b>Systolic less than 130</b>	CPT II	3074F
	<b>Systolic between 130-139</b>	CPT II	3075F
	<b>Systolic greater than or equal to 140</b>	CPT II	3077F
	<b>History of kidney transplant</b>	ICD-10 diagnosis	Z94.0
<b>Frequency/occurrence</b>	Every visit.		
<b>Required exclusions</b>	Members who use hospice services.		
	Members receiving palliative care.		

	<p>Medicare members 66 years of age and older as of December 31 of the measurement year who are enrolled in an institutional SNP (I-SNP) or living long-term in an institution (LTI).</p> <p>Members 66-80 years of age as of December 31 of the measurement year with frailty <b>and</b> advanced illness / dispensed dementia medication.</p> <p>Members 81 years of age and older as of December 31 of the measurement year with frailty.</p> <p>Members with a diagnosis that indicates end-stage renal disease (ESRD), history of Nephrectomy or kidney transplant.</p> <p>Members with a procedure that indicates ESRD: dialysis, nephrectomy or kidney transplant anytime during the patient's history on or prior to December 31 of the measurement year.</p> <p>Patients with a diagnosis of pregnancy during the measurement year.</p>
<b>Test, service or procedure to close care opportunity</b>	<p><b>The most recent blood pressure reading taken during an outpatient office visit.</b></p> <p><b>Patient reported blood pressure reading using a digital device during telehealth visits and recorded in the patient's medical record.</b></p>
<b>Medical record documentation</b>	<p><b>Medical record dates:</b> Jan. 1, 2026 – Dec. 31, 2026</p> <p><b>Documentation should include:</b></p> <ul style="list-style-type: none"> <li>Consultation reports</li> <li>Medical history</li> <li>Progress notes</li> <li>Soap notes</li> <li>Vitals sheet</li> </ul> <p><b>Submit medical record documentation to Priority Health's HEDIS department:</b></p> <p><b>Electronically uploading medical records:</b> Contact <a href="mailto:HEDIS@PriorityHealth.com">HEDIS@PriorityHealth.com</a> to get a file set up or for more information</p> <p><b>Email:</b> <a href="mailto:HEDIS@PriorityHealth.com">HEDIS@PriorityHealth.com</a></p> <p><b>Fax:</b> 616.975.8897</p> <p><b>Mail:</b> HEDIS at 1231 E Beltline, NE Mail Stop 1280, Grand Rapids, MI, 49525</p>
<b>Common chart deficiencies</b>	<ul style="list-style-type: none"> <li>No blood pressure documented during office visit</li> <li>Not documenting member reported digital blood pressure measurements during telehealth services</li> <li>Not performing a BP recheck if the initial BP reading is equal to or greater than 140/90 mm Hg</li> </ul>
<b>Claim submission deficiencies</b>	<ul style="list-style-type: none"> <li>Not submitting CPT II codes on claim submissions</li> </ul>
<p><b>Tips and best practices</b></p> <ul style="list-style-type: none"> <li>→ <b>Check your PIP reports to identify patients with open care opportunities</b></li> <li>→ If the patient's BP is 140/90 or higher at the start of the visit, recheck the BP at the end of the visit</li> <li>→ If the recheck BP reading is still 140/90 or greater, schedule a follow-up appointment before the end of the measurement year</li> <li>→ Record all BP readings taken during appointment</li> </ul>	

- Telephone visits, e-visits and virtual visits are appropriate settings for BP readings and allow patient reported BP's taken with a digital device
- BP readings can be patient-reported during a telehealth visit, telephonic visit, e-visit or virtual check-in, if the BP is taken on a digital device, it must be recorded, dated and maintained in the patient's medical record
- Use CPT II codes when billing office/telephone/virtual visits to capture blood pressure result
- Timely submission of claim data
- Blood pressure service date and values can be accepted as supplemental data

**Important Notes**

The last BP result of the year is the result that will determine if your patient is compliant for this measure.