

# Healthcare Quality Measure Highlight

## Controlling High Blood Pressure (CBP)

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Alameda Alliance for Health (Alliance) values our dedicated provider partner community, and we are here for you. We are sharing the Quality Measure Highlight: Controlling High Blood Pressure (CBP) to provide a snapshot of the Healthcare Effectiveness Data and Information Set® (HEDIS®) technical specifications and best practices to meet the measure.

For more information, please email the Alliance Quality Improvement (QI) Department at [deptQIteam@alamedaalliance.org](mailto:deptQIteam@alamedaalliance.org).

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**Measure Description:** The percentage of members 18–85 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.

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### Eligible Population

- Members who had at least two (2) outpatient visits on different dates of service with a diagnosis of hypertension on or between January 1 of the prior measurement year and June 30 of the current measurement year.
- Members who had a nonacute inpatient admission during the measurement year are removed from the eligible population.

### Exclusions

- Members who were in hospice, received palliative care or died during the measurement year.
  - Members with evidence of end-stage renal disease (ESRD), dialysis, nephrectomy, or kidney transplant at any time during their medical history, on or before December 31 of the measurement year.
  - Members who were pregnant at any time during the measurement year.
  - Members age 66 and older who meet specific requirements around frailty, and advanced illness. Contact the Alliance for more information.
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## Numerator Compliance

Members are compliant if the most recent BP reading during the measurement year is <140/90 mm Hg.

### Additional details

- If there are multiple BP measurements on the same date of service, the lowest systolic and lowest diastolic readings are used.
- The BP reading must occur on or after the date of the second visit with a diagnosis of hypertension.
- The member is considered non-compliant if there is no BP reading during the measurement year or the reading is incomplete.

### Accepted Readings

- Readings taken by the member using a digital device and documented in the member's medical record may be included.
- Member-reported readings do not need to be collected by a PCP or specialist. The reading can be recorded in any part of the medical record.

- Member-reported readings documented during an office visit must include the date the reading was taken.
- Member-reported readings documented during a telehealth appointment can be the date the BP was reported or the date of service/visit.
- Readings reported as an “average BP” with a distinct numeric result for both the systolic and diastolic BP may be used (e.g., “average BP: 139/70”).
- Current Procedural Terminology (CPT) Category II codes may be used to indicate compliance:

Value Set	Numerator Compliance	CPT Category II Code
Systolic <130	Systolic compliant	3074F
Systolic 130-139	Systolic compliant	3075F
Systolic ≥140	Systolic not compliant	3077F
Diastolic <80	Diastolic compliant	3078F
Diastolic 80-89	Diastolic compliant	3079F
Diastolic ≥90	Diastolic not compliant	3080F

**Note:** CPT Category II codes are not reimbursable codes. They are informational codes that should be submitted in conjunction with a visit code for a visit where a BP reading was taken.

### Readings Not Accepted

- Readings that are taken during an acute inpatient setting or an emergency department (ED) visit.
- Readings taken on the same day as a diagnostic test or diagnostic or therapeutic procedure that requires a change in diet or medication on or one day before the test or procedure are excluded, with the exception of fasting blood tests.
- Readings that are reported as a range or threshold.

### Best Practices

- Ensure patients have access to validated electronic devices to take their blood pressure readings at home. Provide a log or facilitate remote monitoring to track daily rates.
- Educate patients on the correct way to take their own blood pressure readings, including waiting after consuming caffeine or being physically active.
- Readings can be reported in telehealth appointments that fall within the allowable timeframe and meet all other measure requirements. Allowable types of telehealth visits include:
  - Telephone visits
  - Synchronous interactive audio and video visits
  - Asynchronous visits such as emails, patient portal messaging, and text messages
- Train all staff in proper blood pressure measurement techniques, including patient positioning, cuff placement, allowing the patient to rest before taking the reading, and taking a second reading if blood pressure is elevated.
- Take the blood pressure measurement again if it is much higher than historical measurements.
- Act rapidly to start or intensify treatment with medication.

### References

American Heart Association Target BP: <https://targetbp.org/>  
 American Medical Association MAP BP: <https://map.ama-assn.org/>  
 Updates to the List of Contracted Personal Blood Pressure Monitoring Devices and Blood Pressure Cuffs: [https://medi-calrx.dhcs.ca.gov/cms/medicalrx/static-assets/documents/provider/bulletins/2023.06\\_A\\_Updates\\_to\\_List\\_Contracted\\_Personal\\_BP\\_Devices\\_Cuffs.pdf](https://medi-calrx.dhcs.ca.gov/cms/medicalrx/static-assets/documents/provider/bulletins/2023.06_A_Updates_to_List_Contracted_Personal_BP_Devices_Cuffs.pdf)  
 Criteria for CPT® Category II Codes: <https://www.ama-assn.org/practice-management/cpt/criteria-cpt-category-ii-codes>