

# Controlling High Blood Pressure (CBP)

## New for 2025

- No applicable changes for this measure



**Yes!**

Supplemental data accepted

## Definition

Percentage of members ages 18–85 who had a diagnosis of hypertension (HTN) and whose blood pressure (BP) was adequately controlled at **<140/90 mmHg** during the measurement year.

Plans(s) affected	Quality program(s) affected	Collection and reporting method
<ul style="list-style-type: none"> <li>• Commercial</li> <li>• Exchange/Marketplace</li> <li>• Medicaid</li> <li>• Medicare</li> </ul>	<ul style="list-style-type: none"> <li>• CMS Quality Rating System</li> <li>• CMS Star Ratings</li> <li>• NCQA Accreditation</li> <li>• NCQA Health Plan Ratings</li> </ul>	<p><b>Hybrid</b></p> <ul style="list-style-type: none"> <li>• Claim/encounter data</li> <li>• Medical record documentation</li> <li>• Pharmacy data</li> </ul>

## Codes

The following codes can be used to submit outcome results for this measure; they are not intended to be a directive of your billing practice.

<b>Systolic blood pressure levels 130-139 mm Hg</b>	
<b>CPT®/CPT II</b>	3075F
<b>Systolic blood pressure level &lt;130 mmHg</b>	
<b>CPT®/CPT II</b>	3074F
<b>Systolic blood pressure level &gt;=140 mmHg</b>	
<b>CPT®/CPT II</b>	3077F

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## Controlling High Blood Pressure (CBP) (cont.)

### Diastolic blood pressure level 80-89 mmHg

CPT®/CPT II	3079F
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### Diastolic blood pressure level <80 mmHg

CPT®/CPT II	3078F
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### Diastolic blood pressure level $\geq$ 90 mmHg

CPT®/CPT II	3080F
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**\*Please continue to code using CPT II codes for a blood pressure reading including a diastolic  $\geq$ 90 and systolic  $\geq$ 140, as it is important for tracking and addressing quality of care and health outcomes.**

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# Controlling High Blood Pressure (CBP) (cont.)

## Required exclusion(s)

Exclusion	Time frame
<ul style="list-style-type: none"> <li>Members in hospice or using hospice services</li> <li>Members receiving palliative care</li> <li>Members who died</li> <li>Members with a diagnosis of pregnancy</li> </ul>	<p>Any time during the measurement year</p>
<p>Members ages 81 and older as of Dec.31 of the measurement year who had at least 2 diagnoses of frailty on different dates of service</p>	<p><b>Frailty</b> diagnoses must be in the measurement year on different dates of service</p>
<p>Members 66-80 years of age as of Dec.31 of the measurement year with frailty and advanced illness. Members must meet both frailty and advanced illness criteria to qualify as an exclusion:</p> <ul style="list-style-type: none"> <li>- <b>Frailty:</b> At least 2 diagnoses of frailty on different dates of service during the measurement year. Do not include claims where the frailty diagnosis was from an independent lab (POS 81).</li> <li>- <b>Advanced Illness:</b> Indicated by 1 of the following: <ul style="list-style-type: none"> <li>o At least 2 diagnoses of advanced illness on different dates of service during the measurement year or year prior. Do not include claims where the advanced illness diagnosis was from an independent lab (POS 81).</li> <li>o Dispensed dementia medication Donepezil, Donepezil-memantine, galantamine, rivastigmine or memantine</li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>• <b>Frailty</b> diagnoses must be in the measurement year on different dates of service</li> <li>• <b>Advanced illness</b> diagnosis must be in the measurement year or year prior to the measurement year</li> </ul>
<p>Medicare members ages 66 and older as of Dec. 31 of the measurement year who are either:</p> <ul style="list-style-type: none"> <li>• Enrolled in an Institutional Special Needs Plan (I-SNP)</li> <li>• Living long term in an institution*</li> </ul>	<p>Any time during the measurement year on or before Dec. 31 of the measurement year</p>

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# Controlling High Blood Pressure (CBP) (cont.)

## Required exclusion(s)

Exclusion	Time frame
<ul style="list-style-type: none"><li>• Dialysis</li><li>• End-stage renal disease (ESRD)</li><li>• Kidney transplant</li><li>• Nephrectomy</li></ul>	On or before Dec. 31 of the measurement year

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# Controlling High Blood Pressure (CBP) (cont.)



## Important notes

	<b>Test, service or procedure to close care opportunity</b>	<b>Medical record detail including, but not limited to</b>
<ul style="list-style-type: none"> <li>• BP reading must be on or after the second hypertension diagnosis and must be the latest performed within the measurement year.</li> <li>• BP readings taken on the same day the member receives a common low-intensity or preventive procedure can be used. Examples include, but aren't limited to:                             <ul style="list-style-type: none"> <li>- Eye exam with dilating agents</li> <li>- Injections (e.g., allergy, Depo-Provera®, insulin, lidocaine, steroid, testosterone toradol or vitamin B-12)</li> <li>- Intrauterine device (IUD) insertion</li> <li>- Tuberculosis (TB) test</li> <li>- Vaccinations</li> <li>- Wart or mole removal</li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>• BP reading taken during the measurement year via:                             <ul style="list-style-type: none"> <li>- Outpatient visits</li> <li>- Telephone or telehealth visits</li> <li>- Virtual check-ins or e-visits</li> <li>- Non-acute inpatient visits</li> </ul> </li> <li>• Member reported BP readings must be taken with a digital device, in any of these visit settings and documented in member's medical record. Does not require documentation that it was taken with a digital device.</li> <li>• Ranges and threshold will not meet the intent of the measure. A specific BP result needs to be documented. Documentation of average BP will meet the intent of the measure.</li> <li>• If multiple BPs were taken on the same day, the lowest systolic and the lowest diastolic should represent the BP result for the date of service</li> </ul>	<ul style="list-style-type: none"> <li>• Consultation reports</li> <li>• Progress notes</li> <li>• Medical history</li> <li>• SOAP notes</li> <li>• Vitals sheet</li> <li>• CPT II codes on claims</li> </ul>

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# Controlling High Blood Pressure (CBP) (cont.)



## Important Notes (cont.)

	Test, service or procedure to close care opportunity	Medical record detail including, but not limited to
<ul style="list-style-type: none"> <li>• BP readings taken in the following situations will <b>not</b> count toward compliance:                             <ul style="list-style-type: none"> <li>- During an acute inpatient stay or an emergency department visit</li> <li>- On the same day as a diagnostic test, or diagnostic or therapeutic procedure that requires a change in diet or medication on or 1 day before the day of the test or procedure - with the exception of a fasting blood test. Examples include, but are not limited to:                                     <ul style="list-style-type: none"> <li>o Colonoscopy</li> <li>o Dialysis, infusions and chemotherapy</li> <li>o Nebulizer treatment with albuterol</li> </ul> </li> </ul> </li> <li>• If the retrieval method is not mentioned (i.e., manual/digital), assume the method was digital and is acceptable</li> </ul>		<ul style="list-style-type: none"> <li>• Consultation reports</li> <li>• Progress notes</li> <li>• Medical history</li> <li>• SOAP notes</li> <li>• Vitals sheet</li> </ul>

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# Controlling High Blood Pressure (CBP) (cont.)

## Tips and best practices to help close this care opportunity

- Please check your Patient Care Opportunity Report (PCOR) or Practice Assist often to see members with open care opportunities. If you have questions, your UnitedHealthcare representative can help.
- For additional resources on Blood Pressure rechecks, go to [UHCprovider.com](https://www.uhcprovider.com) > Resource Library > Healthcare Professional Education and Training > Clinical Tools
- It is important to document patient reported vitals in the official medical record when conducting telehealth, telephone or online assessment visits. Please encourage patients to use a digital device to track and report their BP during every visit.
- **Always list the date of service and BP reading together**
  - If BP is listed on the vital flow sheet, it must have a date of service
- It's critical to follow up with a member for a BP check after their initial diagnosis. Schedule member's follow-up visit prior to discharging from clinic.
  - Members who have an elevated BP during an office visit in August, September or October should be brought back in for a follow-up visit before Dec. 31
- Talk with members about what a lower goal BP reading is
  - For example: 130/80 mmHg
- Remind members who are NPO for a fasting lab they should continue to take their anti-hypertensive medications with a sip of water on the morning of their appointment
- If your office uses manual blood pressure cuffs, don't round up the BP reading
- For example: 138/89 mmHg rounded to 140/90 mmHg
- If a member's initial BP reading is elevated at the start of a visit, you can take multiple readings during the same visit and use the lowest diastolic and lowest systolic to document the overall reading. Retake the member's BP after they've had time to rest.
  - For example: If a member's first BP reading was 160/80 mmHg and the second reading was 120/90 mmHg, use the 120 systolic of the second reading and the 80 diastolic of the first reading to show a BP result of 120/80 mmHg
  - Place a BP recheck reminder at exam room to recheck blood pressure if initial blood pressure was 140/90 or higher
- If a member is seeing a cardiologist for their hypertension, please encourage them to also have their records transferred to their primary care provider's office
- If a member is new to your office, please get their medical record from their previous care provider to properly document the transfer of care
- If your office submits CCDs to UnitedHealthcare via our clinical data exchange program, please ensure the CCD function within your EMR system is set up to send CPT II Codes in the extract

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- The use of CPT® Category II codes helps UnitedHealthcare identify clinical outcomes such as systolic and diastolic BP readings. It can also reduce the need for some chart review.
  - BP readings can be accepted as supplemental data, reducing the need for some chart review. Please contact your UnitedHealthcare representative to discuss clinical data exchange opportunities.
  - Sharing member demographic data is critical to understanding the cultural, linguistic and social needs of those we serve and decreasing health inequities across the care continuum. This data can include, but is not limited to, race, ethnicity, language, sexual orientation, gender identity, pronouns, sex assigned at birth and disability status.
- As part of the UnitedHealthcare clinical structured data exchange program, we encourage you to include this demographic data with any structured data file or CCD. Your information is confidential. UnitedHealthcare will keep personally identifiable information confidential and won't disclose any information without your written consent.

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