



Controlling High Blood Pressure (CBP)

HEDIS® Measurement Year 2024

Measure description: The percentage of members 18–85 years of age and older (as of December 31 of measurement year) who had a diagnosis of hypertension (HTN) and who adequately controlled their blood pressure BP during the measurement year. Please see below for criteria to be met to be considered adequately controlled.

- HTN diagnosis must be captured twice between January 1 of the year prior to the measurement year and June 30 of the measurement year.
- Diagnosis is captured administratively and no longer requires chart confirmation
- Controlled BP reading must occur on or after the date of the second diagnosis of HTN.

Numerator codes

There is a large list of approved NCQA codes used to identify the services included in the CBP measure.

For a complete list please refer to the NCQA website at www.ncqa.org.

Identifying Representative Blood Pressure		
ICD-10	I10	Essential primary hypertension
CPT II	3077F	Systolic Greater Than/Equal To 140
CPT II	3074F & 3075F	Systolic Less Than 140
CPT II	3079F	Diastolic 80–89
CPT II	3080F	Diastolic Greater Than/Equal To 90
CPT II	3078F	Diastolic Less Than 80

Strategies for improvement

- Utilize NCQA coding tips to actively reflect care rendered.
- Outreach patients to schedule follow-up appointments and diagnostic tests.
- Coordinate care with specialists such as endocrinologists, nephrologists, and cardiologists.
- Stress the importance of medication adherence and their effect on blood pressure readings.
- Counsel on healthy lifestyle changes such as improved diet and increased exercise and their effect on blood pressure control. Examples might include low sodium diet and decreased carbs, 150 minutes of physical activity a week.

Note: Representative BPs should occur during outpatient visits with the regular treating physician. If there’s no recorded BP during the measurement year, we’ll identify the member as “not controlled.” Adequate control is defined as BP <140/90 mm Hg.