

Quality Spotlight 2026

Controlling Blood Pressure (CPB)

Controlling High Blood Pressure (CBP)

Percentage of patients with hypertension whose blood pressure was adequately controlled

Denominator:

- Patients 18-85 years of age with a diagnosis of hypertension on at least two different dates of service between January 1 of the year prior and June 30 of the measurement year

Numerator:

- The final blood pressure reading of the measurement year is adequately controlled ($\leq 139/89$ mm Hg)

The BP reading must occur **on or after** the date of the **second** diagnosis of hypertension

Blood Pressures must be **AT or BELOW 139 AND AT or BELOW 89.**

*Systolic of 140 / __ does not meet
Diastolic of __/ 90 does not meet*

Controlling a Patients' Blood Pressure may count for 2 measures:

Controlling Blood Pressure measure (CPB)

And if diagnosed with DM, Diabetic Blood Pressure measure (BPD)

Exclusions

- Nonacute inpatient admission during the measurement year
- End stage renal disease, dialysis, nephrectomy or kidney transplant any time during the **patient's history**
- **Pregnancy** diagnosis during the measurement year
- Are **age 81 or older with frailty**
- Are **age 66-80 with advanced illness and frailty**
- Received **hospice** services anytime during the measurement year
- Received **palliative care** during the measurement year
- **Deceased** during the measurement year

CBP Tips:



- Report the lowest systolic and lowest diastolic pressures if more than one reading is taken on the same date
- The final blood pressure reading of the year will be used to determine HEDIS measure compliance
- Document exact readings
 - Do not round up blood pressure readings
 - Ranges and thresholds are not acceptable
- Virtual visit readings allowed
- Document patient reported blood pressures taken with a digital device
 - The provider does not need to see the digital reading
- Prescribe single-pill combination medications to assist with medication compliance
- BP readings can be captured from a specialty or urgent care visit if the consult note is part of the patient's medical record
 - Encourage patients to call after urgent care visits
- **Not included in measure:** BP readings taken from:
 - An acute inpatient stay
 - ED visit
 - Same day as a diagnostic or therapeutic procedure that requires a change in diet or medication



Practice Workflows

- “Every Patient - Every Time” care team mindset
- Wait to take BP
 - Did patient struggle walking into the room?
 - Did the patient drink caffeine this morning?
 - Did patient take BP meds?
- Take a second BP if needed **139/89**
- If BP remains over **139/89**
 - Alert provider with sticky note on the door to repeat
 - All patients: If still elevated Care Manager (CM) referral
 - *Provider discusses referral directly with patient*
 - CM to see patient during this visit
 - Bring back for virtual visit, “Nurse Visit” or care management visit
 - Bill 99211 or PDCM codes
 - Encourage Home Monitoring of BP’s

Coding Blood Pressure Readings

CPT® II code	Most recent systolic blood pressure
3074F	< 130 mm Hg
3075F	130–139 mm Hg
3077F	≥ 140 mm Hg
CPT® II code	Most recent diastolic blood pressure
3078F	< 80 mm Hg
3079F	80–89 mm Hg
3080F	≥ 90 mm Hg

- Blood pressure CPT II codes should be billed as a \$0.01 claim.
- Report with each office visit; this includes telehealth, telephone, e-visits or virtual visits.
- Can also be billed alone if taken outside of a visit (nurse visits, etc.).

Home Monitoring Blood Pressures (HMBP)

Educate patient on proper technique

- AHA 3-minute video <https://youtu.be/rAwliNWe1bI>
- AHA handout

Selecting a digital device for UPPER ARM

- Correct Size
- Storage of BP history lookback option preferred but not required
- Meijer , Amazon, Walmart about \$30
 - What to do about low-income patients?
- After a device is purchased have patient bring it to appt and demonstrate for you how they use it



**American
Heart
Association.**

My Blood Pressure Log

Name: _____

My Blood Pressure Goal: _____ mm Hg

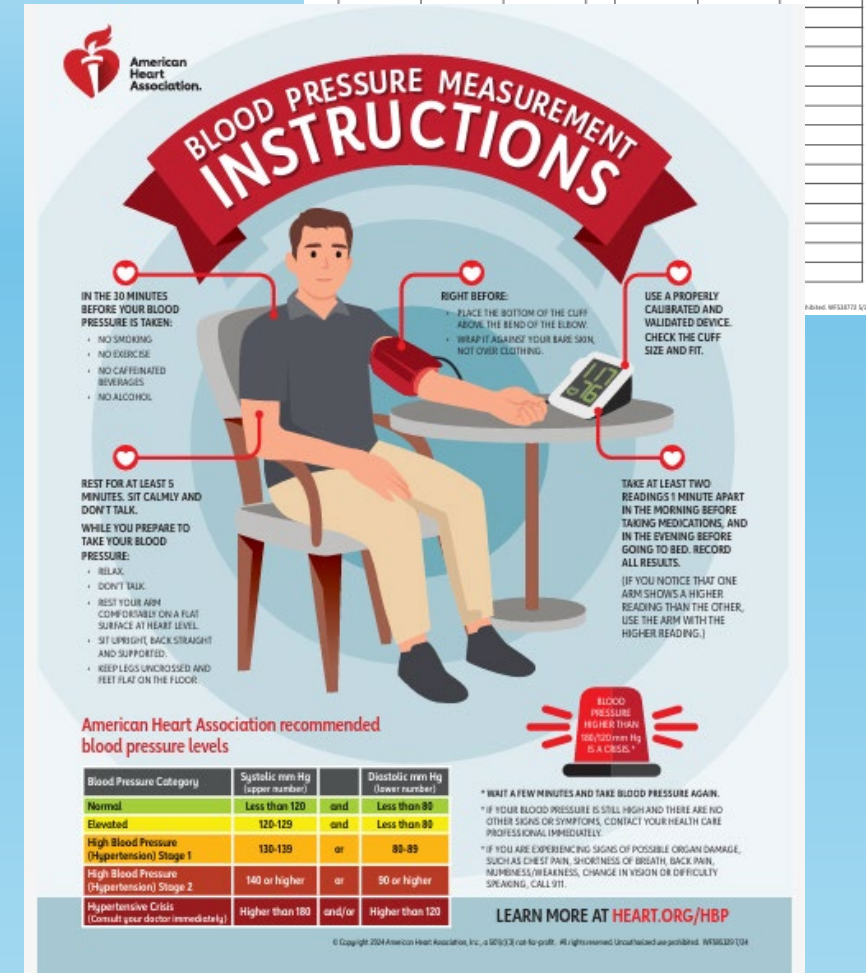
Instructions:

- Measure your blood pressure twice a day — in the morning before taking your medications and in the evening before going to bed. Take at least two readings one minute apart each time.
- For best results, sit comfortably with both feet on the floor for at least five minutes before taking a measurement. Sit calmly and don't talk.
- When taking your blood pressure, rest your arm on a table so the blood pressure cuff is at about the same height as your heart.
- Record your blood pressure on this sheet and show it to your health care professional at every visit.

DATE	AM	PM

DATE	AM	PM

**Learn more about
monitoring your
blood pressure
at home.**



Payer Variations:

BCBSM & BCN: Medicare & Commercial

Priority: Medicare, Commercial & Medicaid

HAP: Medicare & Commercial

Molina: Medicaid

MSSP Practice: FFS Medicare

Proper Technique for Accuracy

Is your exam
room set up
for success??

AMA MAP™ Hypertension

7 SIMPLE TIPS TO GET AN ACCURATE BLOOD PRESSURE READING

The common positioning errors can result in inaccurate blood pressure measurement. Figures shown are estimates of how improper positioning can potentially impact blood pressure readings.

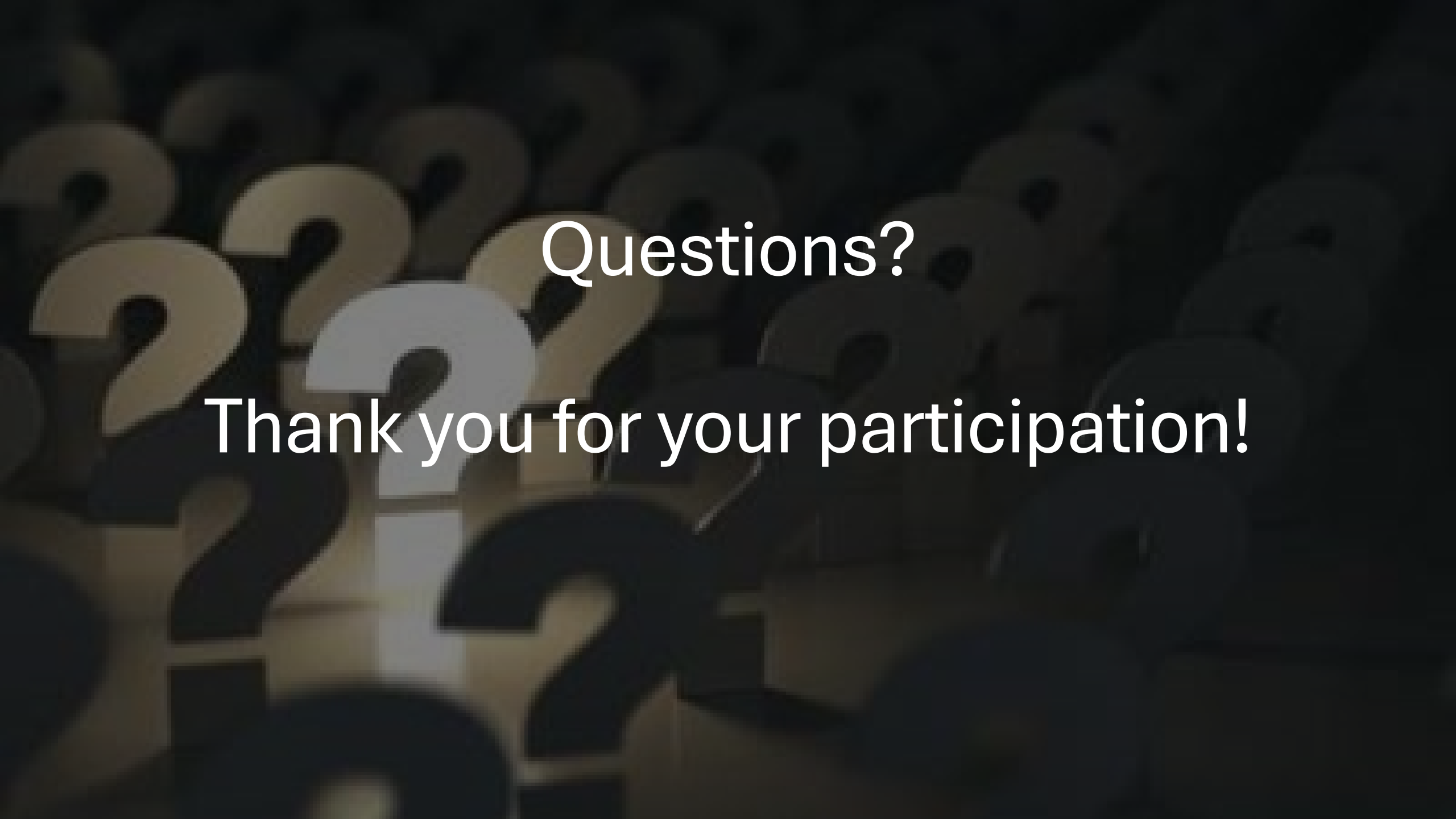
Sources:

1. Pickering, et al. Recommendations for Blood Pressure Measurement in Humans and Experimental Animals Part 1: Blood Pressure Measurement in Humans. *Circulation*. 2005;111: 697-716.
2. Handler I. The importance of accurate blood pressure measurement. *The Permanente Journal/Summer 2009/Volume 13 No. 3* 51

This 7 simple tips to get an accurate blood pressure reading was adapted with permission of the American Medical Association and The Johns Hopkins University. The original copyrighted content can be found at www.ama-assn.org/ama-johns-hopkins-blood-pressure-resources.



This resource is part of AMA MAP™ Hypertension, a quality improvement program. Using a single or subset of AMA MAP™ tools or resources does not constitute implementing this program. AMA MAP™ includes guidance from AMA hypertension experts and has been shown to improve BP control rates by 10 percentage points and sustain results.

The background of the slide is a dark, textured surface covered with a dense pattern of question marks. The question marks are rendered in various shades of brown, tan, and grey, creating a subtle, repeating pattern. Some question marks are more prominent than others, giving the background a sense of depth and texture.

Questions?

Thank you for your participation!