

Supporting Our Providers in Improving Blood Pressure Rates for Members with Hypertension

The Healthcare Effectiveness Data and Information Set (HEDIS®) measure Controlling High Blood Pressure (CBP) was developed by the National Committee for Quality Assurance (NCQA) as a performance improvement indicator for blood pressure control. The CBP information helps us identify members with uncontrolled hypertension so steps can be taken to improve health outcomes and prevent complications.

Documenting Blood Pressure for the CBP Measure

Below is information on the CBP measure from our [2025 HEDIS Documentation Reference Guide](#), which is available at [MedMutual.com/Provider > Resources](#).

HEDIS Measure	Description
Controlling High Blood Pressure (CBP)	Percentage of members 18–85 years of age who had a diagnosis of hypertension (HTN) and whose BP was adequately controlled (<140/90 mm Hg) during the measurement year.
Best Practices	Compliant BP is 139/89 or less <ul style="list-style-type: none">▪ Schedule follow up visits for blood pressure readings until the blood pressure is controlled▪ Document all blood pressures taken during an office visit.▪ BP readings taken by the member using any digital device and reported to a provider during a visit are acceptable for use.<ul style="list-style-type: none">○ Documentation must be specific enough to link it to a date: “last Wednesday”, “yesterday”, “last week”, etc.▪ Telehealth Accepted: Patient reported home blood pressures using any digital device are acceptable for this measure.▪ A BP documented as an average is acceptable.▪ Document any conditions that might exclude the member

Codes for Documenting Care Gap Closures for Patients with Hypertension

The CBP measure is no longer required to be completed only by chart review to obtain HEDIS rates. The following CPT II codes reflect systolic and diastolic readings. Including these codes on claims and supplemental data will improve rates and reduce requests for medical record review. The following CPT II codes reflect systolic and diastolic readings.

	CPT – CAT II Code*	Definition
Compliance for systolic pressure	3074F	Most recent systolic BP < 130 mm Hg
	3075F	Most recent systolic BP 130-139 mm Hg
Compliance for diastolic pressure	3078F	Most recent diastolic blood pressure < 80 mm Hg
	3079F	Most recent diastolic blood pressure 80-89 mm Hg
Elevated systolic pressures	3077F	Most recent systolic BP >= to 140 mm Hg
Elevated diastolic pressures	3080F	Most recent diastolic blood pressure >=to 90 mm Hg

*If you have questions on how to add these codes to your supplemental data, contact your Medical Mutual provider representative to discuss data exchange opportunities.

Medical Mutual Support Programs

We offer programs that can help support our members who are your patients that have hypertension. Providing quality care for our members, your patients, is a team effort. Thank you for working with us to help care for our members with hypertension.

- **Case Management** - Offers help and support with complex medical needs. Provider referral:
 - For Medicare Advantage Case Management referral, call 1-855-887-2273 or email CaseMgmt-MedAdv@medmutual.com.
 - Commercial Case Management: 1-800-258-3175 option 2 (members) or option 3 (providers) or email CaseMgmt-Triage@medmutual.com.
- **Managing Chronic Conditions** - Members are identified through predictive modeling, or the members can be referred. Please call 1-800-590-2583 to refer a member.
 - Remote Patient Monitoring Program (Lark, Bravo etc.)
 - Telephonic coaching
 - Digital Hypertension (scale and BP cuff available to members)
 - Online resources, including support for stress, nutrition and fitness
- **Pharmacy assistance for cost or access to medications** - Express Scripts® Coverage Management 1-800-753-2851. Mail order, 90-day supply prescriptions are available for our members to help avoid any access issues
- **Weight Watchers** - www.weightwatchers.com/us/
- **Silver Sneakers** - tools.silversneakers.com

These recommendations are informational only. They are not intended to require a specific course of treatment or take the place of professional medical advice, diagnosis or treatment. Members should make decisions about care with their healthcare providers. Recommended treatment or services may not be covered. Eligibility and coverage depend on the member's specific benefit plan.

None of the information included in this article is intended to be legal advice. It remains the provider's responsibility to ensure that all coding and documentation are done in accordance with applicable state and federal laws and regulations.