

Controlling High Blood Pressure



Measure Description:

- The percentage of beneficiaries ages 18-85 who had a diagnosis of hypertension and whose blood pressure was adequately controlled (<140/90 mm Hg) during the measurement year.
- The measure focuses on the most recent BP reading in the year, using administrative or hybrid data to calculate compliance.
- This measure is identical to the CMS Adult Core Set (CBP-AD) specification and the 2025 DOI Primary Care APM measure, with payment tied to the overall rate.
- Hypertension diagnosis requires at least one outpatient visit with BP recorded, emphasizing control to reduce cardiovascular risks.
- Reportable via EHR documentation or claims, with remote monitoring now included for broader data capture.

Numerator:

- Beneficiaries in the denominator whose most recent blood pressure reading in CY2026 is <140/90 mm Hg (both systolic and diastolic).
- If multiple readings on the same day, use the lowest systolic and lowest diastolic values to determine compliance.
- Rate calculated as the percentage of controlled BP, with no age breakouts—payment based on the total rate for all ages 18-85.

Denominator:

- All beneficiaries ages 18-85 as of December 31, 2026, who had a diagnosis of hypertension on or between January 1, 2025, and December 31, 2026.
- Members must be enrolled in Medicaid during the measurement year to be included in the denominator.
- Diagnosis requires at least two outpatient visits with hypertension codes on different dates for administrative method, or one for hybrid.

Services to Support Blood Pressure Control:

- Outpatient or preventive care visits, where BP can be measured and controlled during routine checks.
- Remote patient monitoring (RPM) services for at-home BP tracking, using devices and telehealth follow-up.
- Community health centers or home health services for BP monitoring in underserved areas.
- Pharmacy services for antihypertensive medication management and adherence counseling.
- Telehealth visits for BP review and adjustment of treatment plans.

Best Practices:

- Measure BP at every outpatient visit, even non-routine ones, by JNC 8 guidelines, using proper cuff size and positioning to ensure accurate readings.
- Use remote patient monitoring (RPM) for high-risk patients, documenting readings in EHR to count toward the most recent BP for compliance.
- Educate patients on home BP monitoring and lifestyle changes using the "Teach Back Method" to confirm understanding, such as asking them to repeat back how to take BP at home.

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- Document BP readings in structured EHR fields (systolic/diastolic) and use CPT II codes for hybrid reporting to capture control levels precisely.
- Partner with community programs for BP education and free monitors, targeting high-risk groups like older adults or those with comorbidities.
- Conduct outreach to patients with uncontrolled BP via phone, text, or portal messages, offering follow-up appointments or telehealth to adjust medications.
- Common miss: Multiple high readings on the same day without retakes – always retake if high, as the lowest systolic and lowest diastolic are used for compliance.
- Submit claims promptly with CPT II codes to ensure BP control is captured in administrative data, reducing the need for chart reviews during audits.
- Monitor practice performance using EHR dashboards or RAE reports to identify gaps in control rates and target interventions (e.g., higher misses in elderly patients).
- Collaborate with RAE quality teams for resources like RPM devices, training on hypertension management, or incentives to improve equity in BP control access.

CY 2026 Payment Thresholds

| Level | Required Rate | Payout % | Description |
|-----------|---------------|----------|--|
| Basecamp | ≥10% | 33% | Entry-level target for basic control; focus on regular monitoring to achieve this. |
| Tree Line | ≥39% | 67% | Mid-level target; emphasize RPM and medication adherence. |
| Summit | ≥68% | 100% | High-performance target; use EHR tools and outreach to maximize rates. |

For the full list of codes, please see Appendix A on following pages.

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Appendix A

| Codes to Identify Hypertension Diagnosis | |
|--|---|
| ICD-10 | Description |
| I10 | Essential (primary) hypertension |
| I11.0 | Hypertensive heart disease with heart failure |
| I11.9 | Hypertensive heart disease without heart failure |
| I12.0 | Hypertensive chronic kidney disease with stage 5 chronic kidney disease or end-stage renal disease |
| I12.9 | Hypertensive chronic kidney disease with stage 1 through stage 4 chronic kidney disease, or unspecified chronic kidney disease |
| I13.0 | Hypertensive heart and chronic kidney disease with heart failure and stage 1 through stage 4 chronic kidney disease, or unspecified chronic kidney disease |
| I13.10 | Hypertensive heart and chronic kidney disease without heart failure, with stage 1 through stage 4 chronic kidney disease, or unspecified chronic kidney disease |
| I13.11 | Hypertensive heart and chronic kidney disease without heart failure, with stage 5 chronic kidney disease, or end-stage renal disease |
| I13.2 | Hypertensive heart and chronic kidney disease with heart failure and with stage 5 chronic kidney disease, or end-stage renal disease |
| I15.0 | Renovascular hypertension |
| I15.1 | Hypertension secondary to other renal disorders |
| I15.2 | Hypertension secondary to endocrine disorders |
| I15.8 | Another secondary hypertension |
| I15.9 | Secondary hypertension, unspecified |
| I16.0 | Hypertensive urgency |
| I16.1 | Hypertensive emergency |
| I16.9 | Hypertensive crisis, unspecified |
| I67.4 | Hypertensive encephalopathy |

| Codes to Identify Outpatient Visits | |
|-------------------------------------|--|
| Code Type | Codes |
| CPT | 99201-99205, 99211-99215, 99241-99245, 99341-99345, 99347-99350, 99381-99387, 99391-99397, 99401-99404, 99411-99412, 99483, G0402, G0438, G0439, G0463 |
| HCPCS | G0402, G0438, G0439 |

| Codes for Blood Pressure Control | |
|----------------------------------|---|
| CPT II | Description |
| 3074F | Most recent systolic blood pressure <130 mm Hg |
| 3075F | Most recent systolic blood pressure 130-139 mm Hg |
| 3077F | Most recent systolic blood pressure ≥140 mm Hg |
| 3078F | Most recent diastolic blood pressure <80 mm Hg |
| 3079F | Most recent diastolic blood pressure 80-89 mm Hg |
| 3080F | Most recent diastolic blood pressure ≥90 mm Hg |

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| Codes for Remote Patient Monitoring | |
|-------------------------------------|--|
| CPT | Description |
| 99453 | Remote monitoring of physiological parameters (e.g., weight, blood pressure, pulse oximetry, respiratory flow rate), initial; set-up and patient education on use of equipment |
| 99454 | Devices supply daily recordings or programmed alerts transmission, each 30 days |
| 99457 | Remote physiologic monitoring treatment management services, clinical staff/physician/other qualified health care professional time in a calendar month requiring interactive communication with the patient/caregiver during the month; first 20 minutes |
| 99458 | Each additional 20 minutes |
| 99091 | Collection and interpretation of physiological data (e.g., ECG, blood pressure, glucose monitoring) digitally stored and/or transmitted by the patient and/or caregiver to the physician or other qualified health care professional, qualified by education, training, licensure/regulation (when applicable) requiring a minimum of 30 minutes of time, each 30 days |

| Codes for Exclusions (E.g. Hospice) | |
|-------------------------------------|---|
| UBREV | Description |
| 0651 | Hospice routine home care (per diem) |
| 0652 | Hospice continuous home care (per hour) |
| 0655 | Hospice inpatient respite care (per diem) |
| 0656 | Hospice general inpatient care (non-respite) (per diem) |
| 0657 | Hospice physician services |
| 0658 | Hospice room and board nursing facility (per diem) |
| 0659 | Hospice other (per diem) |