

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.

Controlling High Blood Pressure



- 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.

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

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)