



HEDIS® Helpful Hints: CPT II Coding for Gap Closure

Controlling Blood Pressure (CBP)

Best Practices for Gap Closure:

- Always repeat a blood pressure reading in the office if the first reading is elevated
- Blood pressures taken during a Nurse/MA visit or other ancillary visit can close the gap
- Home blood pressure readings done with a digital device and recorded in the medical record can close the gap
- The most recent blood pressure reading in the measurement year is the one that counts for the BP measures – have patients return for a BP check, or call in with a home BP reading, 1-3 weeks after medication adjustments to improve blood pressure control

What are CPT II Codes?¹:

CPT II codes are supplemental tracking codes that can be used for performance measurement. The use of the tracking codes for performance measurement will decrease the need for record abstraction and chart review, and thereby minimize administrative burdens on physicians and other healthcare professionals. These codes are intended to facilitate data collection about quality of care by coding certain services and/or test results that support performance measures and that have been agreed upon as contributing to good patient care. CPT II codes are billed with a \$0 billable charge amount.

CBP Measure Description²:

The percentage of patients 18–85 years of age who had a diagnosis of hypertension (HTN) and whose last BP reading during the measurement year showed adequate control (<140/90 mm Hg).

| | Codes | Compliant Result | Definition |
|--------------------|-------|------------------|---------------------------------------|
| Diastolic Readings | 3078F | ✓ | Most recent diastolic BP < 80 mm Hg |
| | 3079F | ✓ | Most recent diastolic BP 80-89 mm Hg |
| | 3080F | ✗ | Most recent diastolic BP ≥ 90 mm |
| Systolic Readings | 3074F | ✓ | Most recent systolic BP < 130 mm Hg |
| | 3075F | ✓ | Most recent systolic BP 130-139 mm Hg |
| | 3077F | ✗ | Most recent systolic BP ≥ 140 mm Hg |



The submission of compliant BP codes on claims is the best method to improve your rate. Both a systolic and diastolic are needed. It will not count if only one reading code is submitted and will be rejected. Retake member’s blood pressure at the end of the visit and document the best one.

For detailed information about this measure

Click here