

Controlling High Blood Pressure (CMS 165v13)

Measure Basic Information

Name and date of specifications used: Eligible Professional / Eligible Clinician electronic Clinical Quality Measure (eCQM) Specifications for Performance / Reporting Year 2025.

URL of Specifications: <https://ecqi.healthit.gov/ecqm/ec/2025/cms0165v13>

Measure Type:

- HEDIS
 PQI
 Survey
 Other. Specify: eCQM

Measure Utility:

- CCO Incentive
 State Quality
 CMS Adult Core Set
 CMS Child Core Set
 Other. Specify:

Data Source: Electronic Health Records

Measurement Period: January 1, 2025 – December 31, 2025

Benchmark: This measure is not currently incentivized.

	2020 and on
Benchmark for OHA measurement year	n/a*
Source	

Note on telehealth: CMS 2025 [telehealth guidance](#) states that this electronic clinical quality measure is telehealth eligible. The [measure guidance](#) explains:

“In reference to the numerator element, only blood pressure readings performed by a clinician or an automated blood pressure monitor or device are acceptable for numerator compliance with this measure. This includes blood pressures taken in person by a clinician and blood pressures measured remotely by electronic monitoring devices capable of transmitting the blood pressure data to the clinician. Blood pressure readings taken by an automated blood pressure monitor or device and conveyed by the patient to the clinician are also acceptable. It is the clinician’s responsibility and discretion to confirm the automated blood pressure monitor or device used to obtain the blood pressure is considered acceptable and reliable and whether the blood pressure reading is considered accurate before documenting it in the patient’s medical record.

Do not include BP readings taken during an acute inpatient stay or an Emergency Department (ED) visit.”

For further information specific to Oregon, the Health Evidence Review Commission (HERC) has provided this [guideline](#) on telehealth services.

Changes in Specifications from 2024 to 2025: This summary is provided to help highlight changes. For a complete list, see the Technical Release Notes <https://ecqi.healthit.gov/ecqm/ec/2025/cms0165v13>

- Reduced the complexity of advanced illness criteria by removing the requirement to have at least two outpatient encounters or one inpatient encounter with the advanced illness diagnosis.
- Updated the version number of the Hospice Library to v6.0.000 and the library name from 'Hospice' to 'HospiceQDM.'
- Updated the version number of the Advanced Illness and Frailty Exclusion ECQM Library to v9.0.000 and the library name from 'AdvancedIllnessandFrailtyExclusionECQM' to 'AdvancedIllnessandFrailtyQDM.'
- Updated the version number of the Adult Outpatient Encounters Library to v4.0.000 and the library name from 'AdultOutpatientEncounters' to 'AdultOutpatientEncountersQDM.'
- Updated the timing comparison precision in the definitions from datetime to date by adding 'day of' operator to align with the measure intent and address time zone issues.
- Renamed value set to 'Payer Type' to more accurately reflect the contents and intent of the value set.
- Updated the version number of the Palliative Care Exclusion Library to v4.0.000 and the library name from 'PalliativeCareExclusionECQM' to 'PalliativeCareQDM.'
- Updated the value set name for 'Online Assessments' to 'Virtual Encounter' for a more accurate description.
- Removed ICD-9 extensional value sets from select grouping value sets, leaving codes from active terminologies (ICD-10 and SNOMED), to reduce implementer burden.
- Added clarification that reporting Healthier Oregon Population is optional. Providers may not have ability to exclude. OHA will continue to accept results with the Health Oregon Population included.

Value Set Name and OID	Status
Value set Acute Inpatient (2.16.840.1.113883.3.464.1003.101.12.1083)	Removed.
Value set Advanced Illness (2.16.840.1.113883.3.464.1003.110.12.1082)	Added 69 ICD-10-CM codes based on review by technical experts, SMEs, and/or public feedback. Deleted 5 ICD-10-CM codes (F01.51, F02.81, F03.91, J84.17, K74.0) based on review by technical experts, SMEs, and/or public feedback. Added 109 SNOMED CT codes based on review by technical experts, SMEs, and/or public feedback. Deleted 22 SNOMED CT codes based on review by technical experts, SMEs, and/or public feedback.
Value set Annual Wellness Visit (2.16.840.1.113883.3.526.3.1240)	Added 3 SNOMED CT codes (86013001, 90526000, 866149003) based on review by technical experts, SMEs, and/or public feedback. Added 1 HCPCS code (G0402) based on review by technical experts, SMEs, and/or public feedback.
Value set Essential Hypertension (2.16.840.1.113883.3.464.1003.104.12.1011)	Deleted 3 ICD-9-CM codes (401.1, 401.9, 401.0) based on applicability of value set and/or OID. Deleted 8 SNOMED CT codes (10725009, 48146000, 56218007, 59720008, 65518004, 1078301000112109, 461301000124109, 762463000) based on review by technical experts, SMEs, and/or public feedback.

Value set Frailty Device (2.16.840.1.113883.3.464.1003.118.12.1300)	Added 12 SNOMED CT codes based on review by technical experts, SMEs, and/or public feedback. Deleted 14 SNOMED CT codes based on review by technical experts, SMEs, and/or public feedback.
Value set Frailty Diagnosis (2.16.840.1.113883.3.464.1003.113.12.1074)	Deleted 7 SNOMED CT codes (414188008, 414189000, 16728003, 162845004, 699215008, 699218005, 459821000124104) based on review by technical experts, SMEs, and/or public feedback.
Value set Frailty Symptom (2.16.840.1.113883.3.464.1003.113.12.1075)	Deleted 10 SNOMED CT codes (267031002, 272062008, 314109004, 271875007, 394616008, 163600007, 163695007, 268964003, 272036004, 225612007) based on review by technical experts, SMEs, and/or public feedback.
Value set Home Healthcare Services (2.16.840.1.113883.3.464.1003.101.12.1016)	Deleted 1 CPT code (99343) based on review by technical experts, SMEs, and/or public feedback.
Value set Hospice Care Ambulatory (2.16.840.1.113883.3.526.3.1584)	Added 2 SNOMED CT codes (170935008, 170936009) based on review by technical experts, SMEs, and/or public feedback. Deleted 1 SNOMED CT code (385765002) based on review by technical experts, SMEs, and/or public feedback.
Value set Kidney Transplant Recipient (2.16.840.1.113883.3.464.1003.109.12.1029)	Deleted 1 ICD-9-CM code (V42.0) based on applicability of value set and/or OID.
Value set Nonacute Inpatient (2.16.840.1.113883.3.464.1003.101.12.1084)	Removed.
Value set Observation (2.16.840.1.113883.3.464.1003.101.12.1086)	Removed.
Value set Office Visit (2.16.840.1.113883.3.464.1003.101.12.1001)	Deleted 2 SNOMED CT codes (30346009, 37894004) based on review by technical experts, SMEs, and/or public feedback. Deleted 1 CPT code (99201) based on review by technical experts, SMEs, and/or public feedback.
Value set Virtual Encounter (2.16.840.1.113883.3.464.1003.101.12.1089)	Deleted 2 CPT codes (98969, 99444) based on review by technical experts, SMEs, and/or public feedback. Deleted 3 HCPCS codes (G2061, G2062, G2063) based on review by technical experts, SMEs, and/or public feedback.
Value set Outpatient (2.16.840.1.113883.3.464.1003.101.12.1087)	Removed.
Value set Palliative Care Encounter (2.16.840.1.113883.3.464.1003.101.12.1090)	Added 3 SNOMED CT codes (305686008, 305824005, 441874000) based on review by technical experts, SMEs, and/or public feedback.
Value set (2.16.840.1.114222.4.11.3591)	Renamed to Payer Type based on recommended value set naming conventions.
Value set Pregnancy (2.16.840.1.113883.3.526.3.378)	Added 2 SNOMED CT codes (169560008, 567941000005109) based on review by technical experts, SMEs, and/or public feedback. Deleted 1 SNOMED CT code (199064003) based on review by technical experts, SMEs, and/or public feedback. Added 5 ICD-10-CM codes (O26.641, O26.642, O26.643, O26.649, Z32.01) based on review by technical experts, SMEs, and/or public feedback.
Value set (2.16.840.1.113883.3.464.1003.101.12.1089)	Renamed to Virtual Encounter based on review by technical experts, SMEs, and/or public feedback.

Denied claims: n/a

Measure Details

The detailed measure specifications are available in the eCQI Resource Center:

<https://ecqi.healthit.gov/ecqm/ec/2025/cms0165v13>

Detailed value set contents are available in the [Value Set Authority Center](#). The following abbreviated information from the specifications is provided for convenience.

Data elements required denominator: Patients 18-85 years of age by the end of the measurement period who had a visit during the measurement period and diagnosis of essential hypertension starting before and continuing into, or starting during the first six months of the measurement period.

Required exclusions for denominator:

- Exclude patients who are in hospice care for any part of the measurement period.
- Patients with evidence of end stage renal disease (ESRD), dialysis or renal transplant before or during the measurement period. Also exclude patients with a diagnosis of pregnancy during the measurement period.
- Exclude patients 66-80 by the end of the measurement period with an indication of frailty for any part of the measurement period who also meet any of the following advanced illness criteria:
 - Advanced illness diagnosis during the measurement period or the year prior
 - OR taking dementia medications during the measurement period or the year prior
- Exclude patients 81 and older by the end of the measurement period with an indication of frailty for any part of the measurement period.
- Exclude patients 66 and older by the end of the measurement period who are living long term in a nursing home any time on or before the end of the measurement period.
- Exclude patients receiving palliative care for any part of the measurement period.

Deviations from cited specifications for denominator: None.

Data elements required numerator: Patients whose most recent blood pressure is adequately controlled (systolic blood pressure < 140 mmHg and diastolic blood pressure < 90 mmHg) during the measurement period

Note: See specifications guidance statement for additional information on blood pressure readings that can be counted for numerator compliance.

Required exclusions for numerator: None.

Deviations from cited specifications for numerator: None.

What are the continuous enrollment criteria: For now, OHA does not use continuous enrollment criteria for EHR-based measures; the “eligible as of the last date of the reporting period” rule may be used to identify beneficiaries.



Reporting Healthier Oregon Population is optional. Providers may not have ability to exclude. OHA will continue to accept results with the Health Oregon Population included.

What are allowable gaps in enrollment: n/a

Define Anchor Date (if applicable): n/a

For more information:

- For technical assistance, the electronic clinical quality measure (eCQM) Issue Tracker from CMS: <https://oncprojecttracking.healthit.gov/support/projects/CQM/summary>
- Measure specifications, guidance on how to read eCQMs, and other resources can be accessed through the CMS/ ONC eCQI Resource Center: <https://ecqi.healthit.gov/ep-ec-ecqms>
- Value set content can be accessed through the Value Set Authority Center (VSAC) at the National Library of Medicine: <https://vsac.nlm.nih.gov/>
 - For more information about value sets and the code systems used, a guide can be found in the CMS Measure Management Blueprint: <https://www.cms.gov/files/document/blueprint-codes-code-systems-value-sets.pdf>
- Additional information on OHA reporting requirements will be available in the Year Thirteen (2025) Guidance Documentation, which will be posted at <https://www.oregon.gov/oha/HPA/ANALYTICS/Pages/CCO-Metrics.aspx>