

HEDIS® Tip Sheet

Controlling Blood Pressure (CBP)

Measure Description

The percentage of members 18–85 years of age who had a diagnosis of hypertension (HTN) and whose blood pressure (BP) was adequately controlled (<140/90 mm Hg) during the measurement year.

Definitions

- **Adequate Control:** Both a representative systolic BP <140 mm Hg and representative diastolic BP of <90 mm Hg.
- **Representative Blood Pressure (BP):** The most recent BP reading during the measurement year on or after the second diagnosis of hypertension. If multiple BP measurements occur on the same date or are noted in the chart on the same date, use the lowest systolic and lowest diastolic BP reading. If no BP is recorded during the measurement year, assume that the member is “not controlled.”

Product Lines: Commercial, Medicaid, Medicare, Exchange

★ Medicare Star Measure Weight: 3

Measure Specification: Administrative and Hybrid

Codes Included in the Current HEDIS® Measure

Description	Code
Essential Hypertension	ICD-10: I10
Outpatient and Telehealth <i>without</i> UBREV	CPT: 98966-98968, 98970-98972, 98980, 98981, 99202-99205, 99211-99215, 99242-99245, 99341, 99342, 99344, 99345, 99347-99350, 99381-99387, 99391-99397, 99401-99404, 99411, 99412, 99421-99423, 99429, 99441-99443, 99455-99458, 99483 HCPCS: G0071, G0402, G0438, G0439, G0463, G2010, G2012, G2250-G2252, T1015
Exclude Settings/Visits:	
Acute Inpatient	CPT: 99221-99223, 99231-99236, 99238, 99239, 99251-99255, 99291 UBREV: 0100, 0101, 0110-0114, 0116-0124, 0126-0134, 0136-0144, 0146-0154, 0156-0160, 0164, 0167, 0169-0174, 0179, 0190-0194, 0199-0204, 0206-0214, 0219, 1000-1002 POS: 21, 51
Nonacute Inpatient Stay	UBREV: 0022, 0024, 0118, 0128, 0138, 0148, 0158, 0190-0194, 0199, 0524, 0525, 0550-0552, 0559, 0660-0663, 0669, 1000-1002 POS: 31, 32, 56

Codes to Identify Blood Pressure Readings

Description	Code
Systolic Blood Pressure	CPT II: 3074F (Less than 130 mm Hg) CPT II: 3075F (Between 130-139 mm Hg) CPT II: 3077F (Greater than/equal to 140 mm Hg) Note: Do not include codes with CPT CAT II Modifier: 1P-2P, 8P. Do not include BPs taken in an acute inpatient setting or during an ED visit with POS 23.
Diastolic Blood Pressure	CPT II: 3078F (Less than 80 mm Hg)

CPT II: 3079F (Between 80-89 mm Hg)

CPT II: 3080F (Greater than/equal to 90 mm Hg)

Note:

Do not include codes with CPT CAT II Modifier: 1P-2P, 8P.

Do not include BPs taken in an acute inpatient setting or during an ED visit with POS 23.

Ways Providers can Improve HEDIS® Performance

- Ensure that sphygmomanometers are annually calibrated.
- Upgrading to automated blood pressure machines can reduce human error that is commonly associated with auscultatory measurements and provide more accurate readings.
- Retake the BP if reading is high at the office visit ($\geq 140/90$ mm Hg) as HEDIS® allows the use of the lowest systolic and diastolic readings on the same day, and often, the second reading is lower.
- Remind the patients that need to fast for labs that they should continue to take their anti-hypertensive medications with water.
- Do *not* round BP values up. If using an automated machine, record exact values.
- Schedule telehealth appointments to diagnose patients with hypertension and acquire blood pressure readings. Note: BP readings may be taken by any digital device.
- Review patient's hypertensive medication history and compliance to consider modifying treatment plans for uncontrolled blood pressure, as needed.
- Recommend that patients with elevated BP return in three months or prior to December 31st for retesting.
- Review below exclusions and code appropriately for the patient to be removed from the measure.
- Have coders add relevant CPT II codes (listed above) to claims to alleviate the need to submit medical records.
- Periodically audit staff for appropriate techniques (i.e., ensure patients are still and quiet 5 minutes prior to testing, they should be sitting comfortably with feet uncrossed, flat on the floor and arm resting at heart level with a proper fitting cuff on bare skin.)
- Upload medical record that contains BP values (e.g., vitals extracts) in Availity HEDIS Portlet, Cozeva, fax, etc. to close a data gap if the patient has a BP on file.

Ways Health Plans can Improve HEDIS® Performance

- Send blood pressure cuffs to members who have an upcoming in-home visit or telehealth visit to record reading.
- Locate and partner with local/community organizations that are working to eliminate barriers to care for target population. This includes blood pressure resources, diabetes disease management resources or educational centers, YMCA, gyms etc.
- Educate members on the importance of medication adherence, how to correctly capture blood pressure readings, and when to call their doctor about side effects.
- Identify members who are historically not compliant and enroll in disease management/case management program.
- Educate providers on the use of CPT II codes for blood pressure readings.
- BP reading taken during Urgent Care and/or telehealth visits are acceptable.
- Educate members on available OTC benefits that can be used to purchase a blood pressure cuff (if applicable).

Required Exclusions

- Members who use hospice services or elect to use a hospice benefit any time during the measurement period. Members who die any time during the measurement year.
- Members that are receiving palliative care at any time during the measurement year.
- Members who had an encounter for palliative care (ICD-10-CM code Z51.5) anytime during the measurement year. Do not include laboratory claims (POS: 81).

- Members with a diagnosis that indicates end-stage renal disease (ESRD) any time during the member's history on or prior to December 31 of the measurement year. Do not include laboratory claims (POS: 81).
- Members with a procedure that indicates ESRD: dialysis, nephrectomy, or kidney transplant any time during the member's history on or prior to December 31 of the measurement year.
- Members with a diagnosis of pregnancy any time during the measurement year. Do not include laboratory claims (POS: 81).
- Medicare members 66 years of age and older as of December 31 of the measurement year who meet either of the following:
 - Enrolled in an Institutional SNP or living long-term in an institution any time during the measurement year.
 - Living long-term in an institution any time during the intake period through the end of the measurement year as identified by the LTI flag in the Monthly Membership Detail Data File.
- Members 66–80 years of age as of December 31 of the measurement year (all product lines) with frailty and advanced illness. Members must meet **BOTH** frailty and advanced illness criteria to be excluded:
 - **Frailty.** At least two indications of frailty with different dates of service during the measurement year. Do not include laboratory claims (POS: 81).
 - **Advanced Illness.** Either of the following during the measurement year or the year prior to the measurement year: (a) Advanced illness on at least two different dates of service; (b) Dispensed dementia medication.
- Members 81 years of age and older as of December 31 of the measurement year with at least two indications of frailty with different dates of service during the measurement year. Do not include laboratory claims (POS: 81).

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