

HEDIS MEASURE OVERVIEW

Controlling Blood Pressure (CBP)

Controlling Blood Pressure (CBP) is an important preventive measure for your patients' health, and one of the Healthcare Effectiveness Data and Information Set (HEDIS®) performance measures used to evaluate the care and services provided by physicians and other healthcare providers.

Please note: The information offered in this flyer is based on HEDIS technical specifications. It is not meant to preclude your clinical judgment.

Who is included in the CBP measure?

The eligible population for this measure includes patients 18–85 years old diagnosed with hypertension (HTN). Patients become eligible for the CBP measure once they have two visits during the prior year or within the first six months of the current measurement year with:

- A diagnosis of hypertension
- Two different dates of service

Note: Visits with the HTN diagnosis can be outpatient, telehealth or an online assessment.

Exclusions

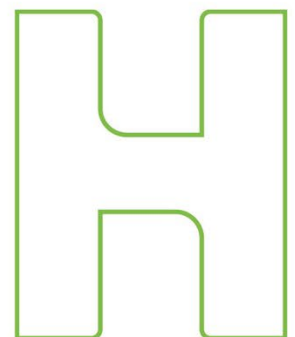
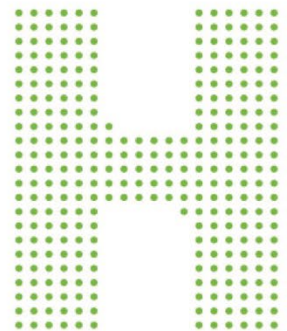
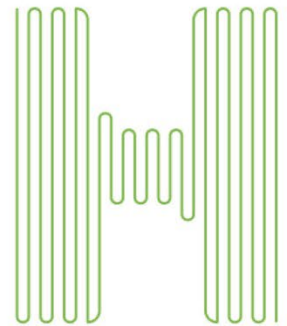
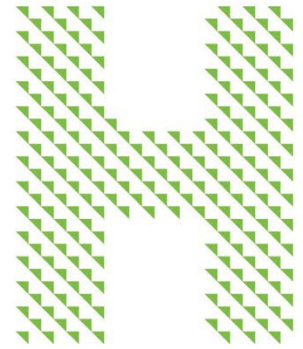
Unless otherwise indicated, these apply to Medicare, Medicaid and commercial patients.

- Patients with Medicare coverage who are 66 years old and older enrolled in an Institutional Special Needs Plan (I-SNP) or living long-term in an institutional setting
- Patients 66–80 years old with frailty and advanced illness
- Patients 81 years old and older with frailty only
- Patients in hospice, using hospice services or receiving palliative care
- Patients with evidence of end-stage renal disease (ESRD), dialysis, nephrectomy or kidney transplant
- Patients who had a nonacute inpatient admission during the measurement year
- Pregnant women

Performing well on the CBP measure

To address and satisfy the CBP measure, patients diagnosed with HTN must have blood pressure (BP) that was adequately controlled ($< 140/90$ mmHg) during the measurement year. A BP measurement should have been taken and recorded during any of the following:

- Outpatient visit
- Telephone visit
- E-visit or virtual check-in
- Nonacute inpatient encounter
- Remote monitoring event



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Proper notation of the diagnosis in the medical record is essential if collected through medical chart review. Administrative data also can be used for reporting. Therefore, claims submitted throughout the year with applicable Current Procedural Terminology (CPT®) and CPT category II codes will impact patient compliance.

Humana also looks for the most recent documented or received BP reading during the measurement year reported via claims or supplemental data. BP results can be received from the patient by an electronic submission, printout or screenshot, or patient-reported from a digital device.

Measure best practices

Office visit:

- Document BP readings taken at each office visit.
- Do not round BP values. If using an automated machine, record exact values.
- If the BP is high (140/90 or greater) at the office visit, please take it again before the patient leaves the office. HEDIS allows the lowest systolic and diastolic readings in a given day, and the second reading is often lower.
- Review hypertensive medication history and patient compliance, and consider modifying treatment plans for uncontrolled BP, as needed.
- Have the patient return in three months if the BP is out of target range.
- Ensure submitted claims or encounters include appropriate CPT II codes for BP readings.

Telehealth – advise patients on these best practices if they use a home blood pressure monitor:*

- Don't smoke, drink caffeinated beverages or exercise within 30 minutes before the BP measurement.
- Allow at least five minutes of quiet rest before BP measurement.
- Sit with your back straight and supported with feet flat on the floor. Arm should be supported on a flat surface, and upper arm should be at heart level.
- Measure at the same time every day, and take multiple measurements one minute apart.
- Don't take measurement over clothes.

* Follow this web link for more information: www.heart.org/en/health-topics/high-blood-pressure/understanding-blood-pressure-readings/monitoring-your-blood-pressure-at-home

Coding for the CBP measure

<p>ICD-10 diagnosis code</p>	<ul style="list-style-type: none"> • I10 – Essential (primary) hypertension Code that places the patient in the eligible population
<p>CPT category II codes</p> <p>As part of a claim for an outpatient visit, a nonacute inpatient stay or a remote blood pressure monitoring event, please include the appropriate codes for the BP ranges observed.</p>	<p>Systolic:</p> <ul style="list-style-type: none"> • 3074F – blood pressure less than 130 mmHg (DM) (HTN, CKD, CAD) • 3075F – blood pressure 130-139 mmHg (DM) • 3077F – blood pressure greater than or equal to 140 mmHg (HTN, CKD, CAD) (DM) <p>Diastolic:</p> <ul style="list-style-type: none"> • 3078F – blood pressure less than 80 mmHg (HTN, CKD, CAD) (DM) • 3079F – blood pressure 80-89 mmHg (HTN, CKD, CAD) (DM) • 3080F – blood pressure greater than or equal to 90 mmHg (HTN, CKD, CAD) (DM)
<p>CPT codes for remote monitoring devices</p>	<ul style="list-style-type: none"> • 93784 – Ambulatory blood pressure monitoring, utilizing a system such as magnetic tape and/or computer disc, for 24 hours or longer; including recording, scanning analysis, interpretation and report • 93788 – Scanning analysis with report • 93790 – Review with interpretation and report • 99091 – Collection and interpretation of physiologic 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 healthcare professional, qualified by education and training • 99453 – Remote monitoring of physiologic parameter(s) (e.g., weight, blood pressure, pulse oximetry, respiratory flow rate), initial; setup and patient education on use of equipment • 99454 – Remote monitoring of physiologic parameter(s) (e.g., weight, blood pressure, pulse oximetry, respiratory flow rate), initial; device(s) supply with daily recording(s) or programmed alert(s) transmission, each 30 days • 99457 – Remote physiologic monitoring treatment management services, 20 minutes or more of clinical staff/physician/other qualified healthcare professional time in a calendar month requiring interactive communication with the patient/caregiver during the month • 99473 – Self-measured blood pressure using a device validated for clinical accuracy; patient education/training and device calibration • 99474 – Self-measured blood pressure using a device validated for clinical accuracy; separate self-measurements of two readings one minute apart, twice daily over a 30-day period (minimum of 12 readings), collection of data reported by the patient and/or caregiver to the physician or other qualified healthcare professional, with report of average systolic and diastolic pressures and subsequent communication of a treatment plan to the patient

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