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Controlling high blood pressure (CBP)¹

EFFECTIVENESS OF CARE HEDIS[®] MEASURE

The National Committee for Quality Assurance (NCQA) recommends members between the ages of 18 and 85 have a blood pressure assessment annually during an outpatient visit. According to NCQA², high blood pressure, or hypertension, increases the risk of heart disease and stroke, which are the leading causes of death in the United States.

What we measure

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

Information to include in patient medical records

- If multiple blood pressure readings are taken on the same date, document the lowest systolic and diastolic results.
- Document exact readings in the medical record. Do not round results.
- Blood pressure readings can be captured during a telehealth, telephone, e-visit, or virtual visit.
 - Patient reported readings taken with a digital device are acceptable and should be documented in the medical record. (The provider does not need to see the reading.)

Coding information

- For patients who are not diagnosed with hypertension but have an elevated blood pressure reading use the ICD-10 code R03.3.
- If a patient has a diagnosis of hypertension, then blood pressure CPT[®]II codes must be billed for all visits. Submit the distinct numeric results as a \$0.01 on the HbA1c claim with the appropriate CPT[®]II code for HEDIS compliance.

¹ Content reproduced with permission from HEDIS[®] MY2022, Volume 2: Technical Specifications for Health Plans by the National Committee for Quality Assurance (NCQA). To purchase copies of the publication, including the full measures and specifications, visit [ncqa.org/publications](https://www.ncqa.org/publications)

² <https://www.ncqa.org/hedis/measures/controlling-high-blood-pressure/>, accessed 6/20/2022

CPT codes, descriptions and two-digit numeric modifiers only are copyright 1995-2021 American Medical Association. All rights reserved.

CPT II Codes	Description
3074F	Systolic < 130 mmHg
3075F	Systolic 130-139 mmHg
3077F	Systolic \geq 140 mmHg
3078F	Diastolic < 80 mmHg
3079F	Diastolic 80-89 mmHg
3080F	Diastolic \geq 90 mmHg

Tips for success

- Use the proper cuff size and placement when taking the patient's blood pressure.
- If the patient's blood pressure is greater than or equal to 140/90 mmHg, take it twice by re-testing it later in the visit. Consider switching arms for subsequent readings.
- Ensure patients do not cross their legs and have their feet flat on the floor during the reading. Crossing the legs can raise the systolic pressure by two to eight mmHg.
- Prescribe single-pill combination medications whenever possible to assist with medication compliance.
- If patients have an abnormal reading, schedule more frequent follow-up appointments for blood pressure readings until their blood pressure is controlled.

Tips for talking with patients

- Encourage blood pressure monitoring at home with a digital device and ask patients to bring a log of their readings to all office visits.
- Educate patients on how to properly measure their blood pressure at home.
- Discuss the importance of medication adherence at every visit.
- Encourage lifestyle changes, such as diet, exercise, smoking cessation, and stress reduction.

Exclusions

Patients are excluded if they:

- Received hospice or palliative care during the measurement year.
- Have a diagnosis of pregnancy during the measurement year.
- Have end stage renal disease dialysis, nephrectomy, or kidney transplant.
- Are age 66–80 with frailty diagnosis **and** advanced illness.
- Are age 81 or older with frailty diagnosis.
- Have Medicare and are 66 years of age or older who are enrolled in an Institutional Special Needs Plan (I-SNP) or living long term in an institution any time during the measurement year.