HEDIS MEASURE OVERVIEW

Controlling High Blood Pressure (CBP)

Controlling High 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?

Patients who are:

- 18–85 years old
- Diagnosed with hypertension (HTN) during two visits on different dates of service during the prior year or within the first six months of the current measurement year

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

Exclusions

Unless otherwise indicated, these apply to Medicare and Medicaid 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 two indications of frailty and advanced illness with different dates of service during the measurement year*
- Patients 81 years old and older with at least two indications of frailty with different dates of service during the measurement year*
- Patients in hospice, using hospice services or receiving palliative care*
- Patients who died anytime during the measurement year*
- Patients with evidence of end-stage renal disease, dialysis, nephrectomy or kidney transplant*
- Patients who had a nonacute inpatient admission during the measurement year
- Pregnant patients*

* Required exclusion

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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 on or after the date of the second diagnosis of hypertension. A BP measurement should have been taken and recorded during any of the following:

- Outpatient visit
- Telephone visit
- Telehealth (e-visit or virtual check-in)

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 readings taken by the patient using a digital device are eligible for use.

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 use of the lowest systolic and diastolic readings taken 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 for a follow-up 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

ICD-10 diagnosis code	• I10 – Essential (primary) hypertension Code that places the patient in the eligible population
CPT category II codes 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.	Systolic: • 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) Diastolic: • 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)
CPT codes for remote monitoring devices	• 99457 – Remote physiologic monitoring treatment management services, first 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

Coding included above is based on the NCQA Value Set, but each state's fee schedule determines which codes are reimbursed. Please consult your respective state's fee schedule for reimbursement information.

The coding information in this document is subject to changing requirements and should not be relied on as official coding or legal advice. All coding should be considered on a case-by-case basis and supported by medical necessity and appropriate documentation in the medical record.

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