

Effectiveness of Care Measure

# Controlling Blood Pressure



Learn how to improve your HEDIS® rates. This tip sheet gives key details about the Controlling High Blood Pressure (CBP) measure, best practices, codes and more resources.



**Measure**

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

**Note:** Patients must have at least two visits on different dates of services with a diagnosis of HTN on or between January 1 of the year prior to the measurement year and June 30 of the measurement year. Visit type does not need to be the same for the two visits.

**Exclusions**

The measure excludes patients who meet the following criteria:

- Patients ages 66 and older enrolled in an institutional Special Needs Plan (I-SNP) or living long-term in an institution.
- Ages 66–80 with frailty and advanced illness.
- Ages 81 and older with frailty.
- In hospice care.
- Received palliative care in the measurement year.
- Have evidence of end-stage renal disease (ESRD), dialysis, nephrectomy, or kidney transplant.
- Have a diagnosis of pregnancy.
- Had nonacute, inpatient admission.

**Telehealth-specific changes**

- Removed the restriction that only one of the two visits with a HTN diagnosis be an outpatient telehealth, telephone visit, e-visit, or virtual check-in when identifying the event/diagnosis.
- Added telephone visits, e-visits, and virtual check-ins to the advanced illness exclusion.
- Added telephone visits, e-visits, and virtual check-ins as appropriate settings for BP readings.
- Requirements for remote monitoring were removed to allow BPs to be taken by any digital device.

**Best practices**

- Determine the representative blood pressure (BP):
  - Identify the most recent BP reading noted during the measurement year on or after the second diagnosis of HTN.
  - If multiple BP readings were recorded on a single date, use the lowest systolic and lowest diastolic BP on that date as the representative BP. The systolic and diastolic results do not need to be from the same reading.

(continued)

## Controlling Blood Pressure (continued)

### Best practices (continued)

- If no BP is recorded during the measurement year or if the reading is incomplete, assume that the patient is “not controlled.”
- Bill BP CPT II codes on each office visit claim along with a HTN condition.
- Remote measurements by any digital device are acceptable.
- The BP reading cannot be used if:
  - Taken during an acute inpatient stay or emergency department visit.
  - Taken on the same day as a diagnostic test or diagnostic or therapeutic procedure that requires a change in diet or change in medication on or one day before the day of the test or procedure, with the exception of fasting blood tests.
  - Taken by a patient using a non-digital device, such as a manual blood pressure cuff and a stethoscope.
- Instruct staff to take a repeat reading if abnormal BP is obtained.
- Educate patient about the risks of HTN and encourage lifestyle changes.
- Initiate proper pharmacologic treatment to lower BP.
- Promote the use of proper technique by staff taking BP readings if indicated (See *Tips to Get an Accurate Blood Pressure Reading*).
- Data files will require an outpatient visit on same date of service with provider’s National Provider Identifier (NPI) when submitting BPs.

### CPT codes

#### ESSENTIAL HYPERTENSION DIAGNOSIS ICD-10 CODE: I10

##### Blood pressure CPT® II codes

Description	CPT II Code
Diastolic < 80 mm Hg	3078F
Diastolic between 80–89 mm Hg	3079F
Diastolic ≥ 90 mm Hg	3080F
Systolic < 130 mm Hg	3074F
Systolic between 130–139 mm Hg	3075F
Systolic ≥ 140 mm Hg	3077F

#### Remote blood pressure monitoring CPT codes:

93784, 93788, 93790, 99091, 99453, 99454, 99457, 99473, 99474



## Tips to Get an Accurate Blood Pressure Reading

Follow these recommendations for obtaining accurate blood pressure measurements:

- Ask the patient not to smoke, exercise, or drink caffeinated beverages or alcohol for at least 30 minutes before measurement.
- Have patient empty their bladder.
- Have the patient rest calmly in a chair, for at least five minutes with arm resting comfortably on a flat surface at heart level.
- Ensure patient is sitting upright with back supported and feet flat on the floor (legs uncrossed).
- Patient’s arm should be bare. Use proper cuff size and make sure the bottom of the cuff is placed directly above the bend of the elbow.
- Do not talk to the patient while taking their blood pressure.
- Take at least two readings. If the patient has a high blood pressure reading at the beginning of the visit, retake and record it at the end of the visit. Consider switching arms for subsequent readings.

### Resources

- Centers for Disease Control and Prevention: [www.cdc.gov/bloodpressure/index.htm](http://www.cdc.gov/bloodpressure/index.htm).
- American Heart Association: [www.heart.org/en/health-topics/high-blood-pressure](http://www.heart.org/en/health-topics/high-blood-pressure).
- National Committee for Quality Assurance (NCQA). HEDIS® Measurement Year 2020 & Measurement Year 2021 Technical Specifications for Health Plans, Volume 2, Washington, D.C., 2020