Controlling High Blood Pressure (CBP)

Effectiveness of Care HEDIS® Measure

High blood pressure, or hypertension, increases the risk of stroke and heart disease, which are leading causes of death in the United States (U.S.) Controlling high blood pressure is an important step in reducing poor health outcomes and possible morbidity from these associated risks. Providers can help patients manage their high blood pressure by prescribing the right medications and encouraging healthier lifestyles.ii

HEDIS MEASURE DEFINITION
Patients ages 18-85 who had a diagnosis of hypertension (HTN) reported on an outpatient claim, and whose blood pressure was adequately controlled (<140/90 mm Hg) as of December 31 of the measurement year.iii

EXCLUSIONS FROM THE HEDIS MEASURE
The measure excludes patients that:

- Have evidence of end-stage renal disease or had a kidney transplant or dialysis in the current measurement year
- Have a diagnosis of pregnancy during the current measurement year
- Have a non-acute, inpatient admission during the current measurement year
- Are in hospice care
- Are living long-term in an institution
- Are enrolled in an institutional skilled nursing facility (SNF)
- Are age 81 or older with frailty
- Are ages 66-80 with advanced illness and frailty (For additional definition information, see the Advanced Illness and Frailty Exclusions Guide)

INFORMATION PATIENT MEDICAL RECORDS SHOULD INCLUDE

- All blood pressure readings and dates obtained (if there’s more than 1 reading at a single visit, use the lowest systolic and diastolic readings)
- Exact readings; don’t round up blood pressure readings

INFORMATION PATIENT CLAIMS SHOULD INCLUDE

- You can use the ICD-10 CMiv code R03.0 when the patient has an elevated blood pressure reading, without diagnosis of hypertension, such as white coat syndrome or transient hypertension.
- Bill blood pressure CPT® IIv codes on each office visit claim along with a hypertensive condition
<table>
<thead>
<tr>
<th>CPT® II code</th>
<th>Most recent systolic blood pressure</th>
</tr>
</thead>
<tbody>
<tr>
<td>3074F</td>
<td>&lt;130 mm Hg</td>
</tr>
<tr>
<td>3075F</td>
<td>130 -139 mm Hg</td>
</tr>
<tr>
<td>3077F</td>
<td>≥ 140 mm Hg</td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>CPT® II code</th>
<th>Most recent diastolic blood pressure</th>
</tr>
</thead>
<tbody>
<tr>
<td>3078F</td>
<td>&lt;80 mm Hg</td>
</tr>
<tr>
<td>3079F</td>
<td>80 - 89 mm Hg</td>
</tr>
<tr>
<td>3080F</td>
<td>≥ 90 mm Hg</td>
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</tbody>
</table>

TIPS FOR TAKING BLOOD PRESSURE READINGS IN THE OFFICE

- Use the proper cuff size.
- Ensure patients don’t cross their legs and have their feet flat on the floor during the reading. Crossing legs can raise the systolic pressure by 2-8 mmHg.
- Make sure the elbow is at the same level as the heart. If the patient’s arm is hanging below heart level and unsupported, this position can elevate the measured blood pressure by 10-12 mmHg.
- Take it twice. 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.

TIPS FOR TALKING WITH PATIENTS

- Educate patients about the risks of uncontrolled blood pressure.
- Reinforce the importance of medication adherence, low sodium diets, increased physical activity, and smoking cessation.
- Encourage patients to report side effects of prescribed medications.
- If patients have an abnormal reading, schedule follow-up appointments for blood pressure readings until their blood pressure is controlled.