



Controlling High Blood Pressure (CBP)

HEDIS® Measurement Year 2023

Measure Description: The percentage of members 18-85 years of age who had a diagnosis of hypertension (HTN) and who adequately controlled their blood pressure during the measurement year. Please see below for criteria to be met to be considered adequately controlled.

- HTN diagnosis must be captured twice between January 1 of the year prior to the measurement year and June 30 of the measurement year.
- The adequately controlled BP reading must occur on or after the date of the second diagnosis of HTN.
 - Adequate control is defined as <140/90 mm Hg. The highest controlled BP is 139/89 mm Hg. (Both the systolic and diastolic must be below the above readings to be considered "controlled.")

Eligible Population

- Ages 18-85 years as of December 31 of the measurement year.
- Members who are in hospice or palliative care are excluded from the eligible population.

Measure Compliance (numerator) – Blood Pressure Controlled

Identify the most recent BP reading taken during the measurement year. The member is numerator compliant if the BP is <140/90 mm Hg (or a systolic level of 139 or less and a diastolic level of 89 or less).

The member is not compliant if the BP reading is ≥140/90 mm Hg, is missing, if there is no BP reading during the measurement year, or if the reading is incomplete (i.e., the systolic or diastolic level is missing).

BP readings should be clearly documented in the clinical notes and reported through claims.

Numerator Codes

The complete NCQA approved code set list can be referenced in the coding guide at healthplan.org/providers/patient-care-programs/quality-measures.

For questions, please contact your practice management consultant. To identify your practice management consultant please refer to

healthplan.org/providers/overview/meet-practice-management-consultant.

Identifying Patients with Hypertension		
ICD-10	I10	Essential Primary Hypertension

Identifying Blood Pressure Reading		
CPT	3077F	Systolic Greater Than/Equal To 140
CPT	3074F	Systolic Less Than 130
CPT	3075F	Systolic 130-139
CPT	3079F	Diastolic 80-89
CPT	3080F	Diastolic Greater Than/Equal To 90
CPT	3078F	Diastolic Less Than 80



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Please Note:

BP readings do not count if:

- Taken during an acute inpatient stay or ED 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 a fasting blood test.

Exclusions

Members 66 years of age and older as of December 31 of the measurement year who have both a frailty and an advanced illness diagnosis.

Strategies for Improvement

- Utilize NCQA coding tips to actively reflect care rendered.
- Coordinate care with specialists such as endocrinologists, neurologists, and cardiologists.
- Stress importance of medication adherence and their effect on blood pressure readings.
- Counsel on health lifestyle changes; this could include improved diet and increased exercises and their effect on blood pressure control. An example of this might include low sodium diet and decreased carbs, 150 minutes of physical activity a week.
- Repeat blood pressures in the office when either a systolic or diastolic reading, or both readings, do not meet the compliance threshold (<140/90 mm Hg). Separate repeated measurements by 1-2 minutes.

Elements of Blood Pressure Assessment

- Instruct the patient to avoid caffeine, exercise, and smoking for at least 30 minutes before the visit
- Have the patient relax, sitting in a chair (feet on floor with back supported) for at least five minutes
- Refrain from talking during the rest period and measurement
- Remove all clothing covering the area where the cuff will be placed
- Use the correct cuff size and support the patient's arm
- Position the middle of the cuff on the patient's upper arm at the level of the right atrium (the midpoint of the sternum)

Hybrid Measure Note:

The CBP measure is hybrid. Any care not received via claims during the measurement year will result in medical record requests during the HEDIS medical record review project.

*The Health Plan has a team of member advocates, health coaches, social workers and nurses who can assist you and your patients to remove or overcome any barriers to care through benefit assistance, community resource referrals or enrollment in a THP clinical program. To refer a patient who is a THP member for assistance, call **1.877.903.7504** and let us know what we can do to help your patient receive and adhere to your recommended plan of care.*