

# CONTROLLING HIGH BLOOD PRESSURE (CBP)

## Effectiveness of Care HEDIS® Measure

### Measurement definition

Patients ages 18-85\* in the measurement year who had a diagnosis of hypertension (HTN) and whose blood pressure was adequately controlled (<140/90 mmHg) as of the last blood pressure reading of the measurement year. (\*Patients turning 86 on December 31, 2020 are excluded.)

### Exclusions for Patients

- Received hospice care during the measurement year.
- Have end-stage renal disease (ESRD), are on dialysis or have had a nephrectomy or kidney transplant.
- Are pregnant
- Are 81 or older and in frail health.
- Are 66-80 years old with advanced illness and frailty (for additional definition information, see the Advanced Illness and Frailty Guide.
- Medicare members 66 years of age and older who were living long-term in an institution during the measurement year

### Information that patient medical records should include

- All blood pressure readings and the dates they were obtained. The last blood pressure reading of the year will be used for HEDIS compliance determination.
  - Document exact readings; do not round up blood pressure readings.
- Blood pressure readings taken by an electronic device that is digitally stored and transmitted to and interpreted by the provider is acceptable. Patient reported results (whether electronic or taken at home) cannot be used for HEDIS compliance.

### Information that patient claims should include

Submit blood pressure CPT® II codes for each office visit:

CPT® II code	Most recent systolic blood pressure
3074F	< 130 mmHg
3075F	130-139 mmHg
3077F	≥ 140 mmHg
CPT® II code	Most recent diastolic blood pressure
3078F	< 80 mmHg
3079F	80-89 mmHg
3080F	≥ 90 mmHg



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## Tips for taking blood pressure readings in the office

- Use the proper cuff size.
- Advise the patient not to talk during the measurement.
- Ensure that patients do not 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

According to the American Heart Association and American College of Cardiology, one of the biggest challenges is convincing patients of the importance of maintaining a healthy blood pressure.

- Educate patients on the importance of blood pressure control and the risks when blood pressure is not controlled.
- Encourage blood pressure monitoring at home and ask patients to bring a log of their readings to all office visits. (Educate patients on how to properly measure blood pressure at home.)
- Prescribe single-pill combination medications whenever possible to assist with medication compliance.
- Discuss the importance of medication adherence at every visit. According to the Centers for Disease Control and Prevention:
  - Only half of hypertensive patients over age 65 have their blood pressure under control.
  - 1 in 4 patients with Medicare Part D prescription insurance are not taking their blood pressure medication as prescribed.
- Advise patients not to discontinue blood pressure medication before contacting your office. If they experience side effects, another medication can be prescribed.
- If patients have an abnormal reading, schedule follow-up appointments for blood pressure readings until their blood pressure is controlled.
- Encourage lifestyle changes such as diet, exercise, smoking cessation and stress reduction.



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