



**QUALITY QUICK REFERENCE**

# Controlling High Blood Pressure (CBP)

This quick reference guide applies to our Medicaid, Ambetter (Marketplace) and Allwell (Medicare) products (Medicare CMS Star quality measure with a weighted value of 3).



## MEASURE DESCRIPTION

Evaluates the percentage of members 18-85 years of age as of Dec. 31 who had a diagnosis of hypertension (HTN) and whose BP was adequately controlled (<140/90 mm Hg).

- The last BP reading of the measurement year is the representative BP reading for the patient. The reading must be 139/89 or less to indicate adequate control of hypertension.
- The blood pressure reading must occur on or after the date of the second diagnosis of hypertension; at least two visits on different dates of service must occur.



## UPDATES FOR 2020

Patient reported BP readings are acceptable when both of the following are met:

- Taken with an electronic device\*
- Documentation in the medical record specifically states the reported reading is from an electronic device.

Patient reported BP readings taken with a manual device do not meet criteria.

\*Patients may be able to acquire an electronic BP device with health plan member incentives. Advise member to contact Customer Service at the number on the back of their ID card.



## WHY IT MATTERS

Hypertension increases the risk of heart disease, stroke and kidney disease. Controlling high blood pressure is an important step in reducing the risk of developing other serious conditions. People with diabetes have an increased risk of developing hypertension.



## SUGGESTIONS TO IMPROVE HEDIS SCORES

- For accurate measurement of BP, use the proper technique (patient sitting in a chair at least five minutes prior to reading, use correct cuff size, cuff position on patient's bare arm at the level of the midpoint of the sternum, arm of patient is supported).
- Retake BP if the initial reading is >139/89. Best practice guidelines recommend taking at least two readings. Record each reading in the medical record. If multiple BP readings are recorded on the same date of service, use the lowest systolic and the lowest diastolic results as the representative BP.

- Assess throughout the year to help the patient gain control through the following measures:
  - Change medication regimen.
  - Review diet and exercise efforts.
  - Identify barriers for medication adherence, such as filling prescriptions.



## DOCUMENTATION

Record detailed information for all services provided in the medical record for each encounter.

<b>DO THIS!</b> A non-compliant BP reading is retaken, and both readings are recorded	<b>NOT THAT!</b> A non-compliant BP is not retaken, or a second reading is not documented
Vitals: Date/Time Weight: 205lb   Height: 5ft 2in   BMI: 37.5 BSA: 2 <b>BP: 160/92</b> , sitting L arm   Pulse rate: 56 BPM Resp. Rate: 16 RMP <b>BP Retake: 138/84</b> , sitting R arm, Date/Time	Vitals: Weight: 287lb   Weight Change: -5lb Height: 67in <b>BP: 177/133</b> Temp 97.7 HR 91 Oxygen Sat %: 100

Use NCQA specified codes for services provided to close the care gap:

<b>DESCRIPTION</b>	<b>CODES</b>
<b>Hypertension</b>	<b>ICD-10:</b> I10
<b>Systolic greater than/equal to 140</b>	<b>CPT-CAT-II:</b> 3077F
<b>Systolic less than 140</b>	<b>CPT-CAT-II:</b> 3074F, 3075F
<b>Diastolic greater than/equal to 90</b>	<b>CPT-CAT-II:</b> 3080F
<b>Diastolic 80-89</b>	<b>CPT-CAT-II:</b> 3079F
<b>Diastolic less than 80</b>	<b>CPT-CAT-II:</b> 3078F
<b>Outpatient codes</b>	<b>CPT:</b> 99201-99205, 99211-99215, 99241-99245, 99347-99350, 99381-99387, 99391-99397, 99401, 99402, 99403, 99404, 99411, 99412, 99429, 99455, 99456, 99483, 99341-99345 <b>HCPCS:</b> G0402, G0438, G0439, G0463, T1015
<b>Telephone visits</b>	98966, 98967, 98968, 99441, 99442, 99443
<b>CPT modifiers for telehealth</b>	95, GT, 02 POS
<b>Remote blood pressure monitoring</b>	93784, 93788, 93790, 99091, 99453, 99454, 99457, 99473, 99474
<b>Online Assessments</b>	<b>CPT:</b> 98969-98972, 99421-99423, 99444, 99458 <b>HCPCS:</b> G2010, G2012, G2061-G2063

Codes subject to change.

Reflects NCQA 2020 Technical Specifications.

References: NCQA.org, HopkinsMedicine.org, Journal of the American College of Cardiology

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