



One in a series of tip sheets that look at key 2019 Healthcare Effectiveness Data and Information Set measures, commonly referred to as HEDIS® measures.

Controlling High Blood Pressure (CBP)

Effectiveness of Care HEDIS® Measure

HEDIS measure definition

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

Exclusions from the HEDIS measure

Patients are excluded if they:

- Have evidence of end stage renal disease or had a kidney transplant or dialysis in the measurement year.
- Have a diagnosis of pregnancy during the measurement year.
- Are a patient in hospice or living in a long-term institutional setting any time in the measurement year.
- Have an advanced illness and frailty:
 - Medicare members ages 66 to 80 with advanced illness in the measurement year or the year prior to the measurement year **and** frailty in the measurement year are excluded when claims are received with advanced illness (includes dispensed dementia medication) and frailty codes.
 - Medicare members ages 81 and older with a frailty claim in the measurement year are also excluded.
 - See the *Advanced illness and frailty guide* for more information.

Information patient medical records should include

- All blood pressure readings and dates obtained. If there's more than one reading at a single visit, use the lowest systolic and diastolic readings.
- Exact readings; do not round up blood pressure readings.
- The blood pressure reading must be from the provider managing the patient for HTN.
- The controlled reading must be the last one of the year to meet the HEDIS definition.
- Blood pressure can be taken and documented from any practitioner (e.g., RN, MA) during any visit type.

continued

Information patient claims should include

- You can use the ICD-10 code R03.0 when the patient has an elevated blood pressure reading, but has no diagnosis of hypertension (such as with “white coat syndrome” or transient hypertension).
- Bill blood pressure CPT® II codes on each office visit claim along with a hypertensive condition:

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

Tips for taking blood pressure readings in the office

- Make sure the proper cuff size is used.
- Ensure 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 mm Hg.
- 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 mm Hg.
- 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.

General tips

- Educate patients about the risks of uncontrolled blood pressure.
- Reinforce the importance of medication adherence and encourage patients to report side effects.
- If patients have an abnormal reading, schedule follow-up appointments for blood pressure readings until their blood pressure is controlled.

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