



Controlling High Blood Pressure (CBP)

HEDIS® Measurement Year 2022 Measures

Measure Description: The percentage of members 18-85 years of age and older who had a diagnosis of hypertension (HTN) and who adequately controlled their blood pressure BP 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.
- Diagnosis is captured administratively and no longer requires chart confirmation.
- The controlled BP reading must occur on or after the date of the second diagnosis of HTN.

Eligible Population

- Ages 18-85 years as of December 31 of the measurement year.

Strategies for Improvement

- Utilize NCQA coding tips to actively reflect care rendered.
- Coordinate care with specialists such as endocrinologists, neurologists, and cardiologists.
- Outreach patients to schedule follow-up appointments and diagnostic tests.
- 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.

**Please Note:

The CBP measure is hybrid. Any care missed via claims during the measurement year will result in medical record requests in the HEDIS Medical Record Review Project.

Numerator Codes

The complete NCQA approved code set list can be referenced in the coding guide at healthplan.org/providers/patient-care-programs/population-health. For questions, please contact your practice management consultant. To identify your practice management consultant please refer to healthplan.org/providers/overview/meet-provider-servicing-team

Identifying Patients with Hypertension

ICD-10	10	Essential Primary Hypertension
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Identifying Representative Blood Pressure

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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Explanations

- **Adequate control** is defined as meeting any of the following criteria:

- 18-85 years of age whose BP was <140/90 mm Hg.

**** Please Note:** Both the systolic and diastolic must be below the above readings to be considered “controlled.”

- Highest compliant blood pressure 139/89 mm Hg.

- **Representative BP** is defined as the most recent BP reading during the measurement year on or after the second diagnosis of hypertension. If multiple BP measurements occur on the same date, or noted in the chart on the same data, use the lowest systolic and diastolic BP reading. If no BP during the measurement year is recorded, members are identified as “not controlled.”

**** Please Note:** The Representative BP can occur during outpatient visits, telehealth visits, e-visits, or virtual check-in visits with the regular treating physician, nonacute inpatient encounter or remote blood pressure monitoring in the measurement year.

**** Please Note:** The following BP readings cannot be used as the representative BP:

- 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, except for fasting blood tests. Examples include: Colonoscopy, dialysis, nebulizer treatments.
- A patient forgetting to take regular medications on the day of the procedure is not considered a required change in medication, and therefore the BP is eligible.
- BPs taken on the same day as injections, vaccinations, TB tests, IUD insertion, eye exam with dilating agents, wart or mole removals, or fasting blood tests are eligible BPs.
- Taken by the member using a non-digital device such as with a manual blood pressure cuff and a stethoscope.

*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.*