



## HEDIS 2024: Controlling Blood Pressure (CBP)

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This slide deck will provide you with information regarding the Controlling High Blood Pressure measure which is used to evaluate the care of our members with a history of high blood pressure.

## Learning objectives

- Measure description, exclusions and requirements
- Ways to close open gaps-HEDIS 2024
- CPT Codes
- Screening and timeframes
- Tips
- Mercy Care resources

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This slide deck will first give a brief overview of the measure description, requirements for compliance and exclusions for this measure.

Then it will move into ways the open gaps can be closed by providers along with a review of some codes that can be used to close an open gap for your patients.

Next, it will overview screening and timeframes as well as some helpful tips on closing open gaps in care.

Lastly, the slide deck will go over what Mercy Care is doing to assist with closing any open gaps in care for your assigned patients as well as give you some resources which can be very helpful.

## CBP information for 2024

Description	Exclusions	Measure Requirements
<p>The percentage of members 18-85 years of age who had a diagnosis of hypertension (HTN) and whose blood pressure (BP) was adequately controlled (&lt;140/90 mm Hg) during the measurement year.</p> <ul style="list-style-type: none"><li>Adequate control is defined as both a systolic BP of 139 mm Hg or less and a diastolic BP of 89 mm Hg or less</li></ul> <p>Requirement: The most recent (Final) blood pressure reading taken in 2024, on or after the date of the second diagnosis of hypertension.</p>	<p><b>Required:</b></p> <ul style="list-style-type: none"><li>Members who use hospice services or elect to use hospice benefit anytime during the measurement year.</li><li>Members receiving palliative care anytime during the measurement year.</li><li>Member who died any time during the measurement year.</li><li>Evidence of End Stage Renal Disease (ESRD), procedure that indicates ESRD - Dialysis Treatment, Nephrectomy, or Kidney Transplant on or prior to December 31<sup>st</sup> of the measurement year. Do not include laboratory claims.</li><li>Members with a DX of Pregnancy during the measurement year. Do not include laboratory claims.</li></ul>	<ul style="list-style-type: none"><li>The most recent BP reading noted during the measurement year.</li><li>Members whose most recent BP (both systolic and diastolic) is adequately controlled during the measurement year on or after the second diagnosis of hypertension.</li><li>For a member's BP to be controlled the systolic and diastolic BP must be <b>below</b> 140/90 mm Hg (adequate control).</li></ul>

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Please note: A blood pressure of 140/90 is NOT controlled per the measure specifications. Systolic must be BELOW 140 and diastolic BELOW 90 to be considered controlled.

## CBP Medical Record Requirements

-Identify the **last** BP reading during the measurement year

### Blood Pressure (BP) readings that ARE acceptable:

- BP readings that are member reported or taken by the member using a digital device
- BP documented as an average (e.g., “average BP 137/73”)
- Distinct numeric results for both the systolic and diastolic BP are required, and ranges and thresholds are accepted if they are distinct (BP 113-137/ 73-75)
- BP taken on same day of fasting blood tests
- BP taken at the following **types of visits**: telephone or telehealth, outpatient, and virtual check-ins or e-visits

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Acceptable blood pressure readings include: (**Final** B/P of the year)

- BP readings that are member reported or taken by the member using a digital device, as well as BP readings from remote monitoring devices that are digitally stored and transmitted to the provider
- Blood pressures documented as an average; for example, average BP 137/73, **is** acceptable
- Distinct numeric results are required, and ranges and thresholds are accepted if they are **distinct** (for example BP 113-137/73-75)
- BP taken on same day of a fasting blood test
- Please be sure to document blood pressure readings provided by your patients during telehealth visits, outpatient visits, and virtual check-ins or E-visits as these visits are approved for compliance when documented.

## Blood Pressure (BP) readings that ARE NOT acceptable:

- Taken during an acute inpatient stay or ED visit
- Taken by the member using a non-digital device (manual BP cuff or stethoscope)
- **Non-distinct ranges and thresholds** (BP 130-140s/80-90s)
- Taken on the same day as a diagnostic or therapeutic procedure that **requires a change in diet or change in medication** on the day of or day before the procedure includes but not limited to a colonoscopy, dialysis, infusions, chemotherapy(including oral) and nebulizer treatment with albuterol.

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### **Not acceptable** blood pressure readings include:

- Any BP reading taken during an acute inpatient stay or ED visit
- Taken by the member using a non-digital device. (Manual blood pressure cuff or stethoscope)
- Any **non-distinct** ranges and thresholds (e.g., 130-140s/80-90s)
- Blood pressures taken on the same day as a diagnostic test or diagnostic/therapeutic procedure that **requires a change in diet or change in medication** on or one day before the day of test or procedure. Some examples include: a colonoscopy, dialysis, infusions, chemotherapy(including oral) and nebulizer treatment with Albuterol (This list is not all the tests/procedures included)

## CBP Codes for 2024

The following codes can be used to close HEDIS gaps in care.

### **Outpatient**

CPT: 99202-99205, 99211-99215, 99241-99245, 99341-99345, 99347-99350, 99381-99387, 99391-99397, 99401-99404, 99411, 99412, 99429, 99455, 99456, 99483

HCPCS: G0402, G0438, G0439, G0463, T1015

### **Telephone visits**

CPT: 98966-98968, 99441-99443

### **Online assessments**

CPT: 98970-98972, 99421-99423, 99457, 99458

HCPCS: G0071, G2010, G2012, G2250, G2252

Remember to use the correct CPT and HCPCS codes when completing claims for the care that was provided. This can demonstrate the HEDIS measure requirements are completed timely, documented correctly, and can reduce the number of medical record requests sent to your offices.

## Additional CBP Codes to share data with Mercy Care

**Diastolic Blood Pressure:**

CPT-CAT-II: 3078F, 3079F, 3080F

**Systolic Blood Pressure:**

CPT-CAT-II: 3074F, 3075F, 3077F

**Combined with a diagnosis of hypertension - essential hypertension:**

ICD10CM: I10, I13.10

**End Stage Renal Disease (ESRD):**

ICD10CM: N18.5, M18.6

The provider can utilize CPT II and ICD10CM codes to make it easier to share data with Mercy Care and ensure that any gap in care for our members is met prior to the HEDIS audit.

## American Heart Association reminders

- High blood pressure (BP) remains the leading modifiable risk factor for cardiovascular disease (CVD) in the United States
- Some factors which can contribute to variability and inaccuracy of B/P measurement is validation and calibration status of the device used, BP cuff placement, cuff size, patient position, and situation factors of the patient (pain, anxiety, etc.)
- Home monitoring and recording of blood pressure readings by the patient can provide the provider with valuable information

Source: <https://www.heart.org/en/health-topics/high-blood-pressure/the-facts-about-high-blood-pressure>

### An American Heart Association reminder:

- Elevated BPs remain the leading modifiable risk factor for CVD in the United States
- Various factors contribute to variability and inaccuracy of B/P's taken which include non-calibrated devices, B/P cuff placement/size, patient position as well as situation factors of the patient (pain, anxiety, etc.)
- Encouragement by providers to their patients of home monitoring of their BP can provide them with valuable information on the control of the members B/P outside of the office



## Tips to close the CBP gap

- Consider waiting at least 5 minutes upon arrival to office before taking a blood pressure
- When taking BP encourage the member to sit with back and feet supported, legs uncrossed, no talking, and with arm supported at the level of their heart
- Retake blood pressure if a reading is greater than or equal to 140/90
- Consider taking a minimum of two blood pressure readings during every visit
- Educate the member on the importance of taking blood pressure medication as prescribed and schedule follow up visits to monitor the effectiveness of their blood pressure medication
- **Reminder:** Documentation of a member reported blood pressure reading meets compliance for this measure
- **Reminder:** Blood pressure ranges are compliant if they are a distinct value i.e.:
  - Patient reports BP at home ranges from 135 to 80
  - "Average BP 139/75"

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### Suggestions for assistance with closing open gaps in care:

- Please note: A blood pressure of 140/90 is NOT controlled per the measure specifications. Systolic must be BELOW 140 and diastolic BELOW 90 to be considered controlled
- If able, allow member to wait at least 5 minutes after arrival before taking a blood pressure
- Remind staff on the proper procedure for taking an accurate BP reading: member sits with back and feet supported, member has their arm supported at the level of their heart, and legs uncrossed; train staff not to ask member questions while taking the BP as this can give an inaccurate BP; **Retake** any blood-pressure that is greater than or equal to 140/90
- Give member reminders on importance of compliance with their blood pressure medication
- B/P's can be taken from a member reported BP during a telehealth visit as long as a specific reading is documented and a distinct value
- Please share these tips with the staff in your office who take blood pressures

## Mercy Care CBP resources

- [Mercy Care Website](#)
- [Mercy Care Provider Portal](#)
- [Mercy Care and Mercy Care Advantage Provider Manuals](#)
- [Mercy Care Gap Closure Reference Guide](#)

- Please visit the Provider page on the Mercy Care Website for additional Measure Specifications, information, resources and guidance
- Set up access to the Provider Portal through Availity if you haven't already within the Provider Portal. The site gives you the info, tools and resources you need to support the day-to-day needs of your patients and office
- Mercy Care and Mercy Care Advantage Provider manuals includes contact information and processes to help you care for our members
- Please visit the Mercy Care Gap Closure Reference Guide for additional Measure Specifications, information on closing gaps in care, and coding information for your billing and coding staff to familiarize themselves with CPTII billing codes that will close compliance gaps

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