

Controlling High Blood Pressure (CBP)

Patient Profile

MVP members 18–85 years of age who have had two outpatient visits with a diagnosis of hypertension in the years of 2019 and/or 2018, and whose blood pressure was adequately controlled as of the final recorded blood pressure reading of of the calendar year.

Adequate control is defined as meeting the following criteria:

- Patients 18–85 years of age whose blood pressure was <140/90 mm Hg (SBP<140 and DBP<90).

Exclusions include:

- Patients with ESRD, dialysis, a kidney transplant, or pregnancy during the measurement year, 2019.
- Patients who have had a non-acute inpatient admission in the measurement year, 2019.
- Patients who have used hospice services during the measurement year.
- Medicare members, 66 years of age and older living in long-term institutional settings or are enrolled in an Institutional SNP any time during the measurement year.
- Members 60-80 years of age and older with frailty and advanced illness in 2019.



How to Implement Best Practices and Improve Performance

- Refer to MVP Tip Sheet: "The Golden Rules of Blood Pressure Measurement". Adopt this standard of excellence in the practice, and train all clinical staff to ensure consistency for accurate BP readings.
- Repeat and document the blood pressure measurement at any visit where the initial reading is ≥ 140 systolic and/or ≥ 90 diastolic. There is no limit to the number of blood pressure readings taken at any one visit. The systolic and diastolic values do not have to be from the same reading. Submit all documented BP readings taken on the same date of service. The health plan will report the lowest SBP and lowest DBP submitted for that date.
- Routinely schedule blood pressure re-check appointments for patients after adjustments in therapy.
- For patients with repeated systolic blood pressure readings of 140 or higher and/or diastolic blood pressure readings of 90 or higher late in the calendar year, schedule a blood pressure re-check appointment prior to January 1.
- Only those blood pressure readings obtained in provider settings can be submitted. Self-reported blood pressure readings or those taken from a patient's Blood Pressure Diary cannot be used.
- BP readings from remote monitoring devices that are digitally stored and transmitted to the provider MAY be included. There must be documentation in the medical record that clearly states the readings were taken by an electronic device, and results were digitally stored, transmitted to the provider and interpreted by the provider.
- Ranges and thresholds cannot be accepted; only exact systolic and diastolic readings can be submitted.
- Please be sure to record exact systolic and diastolic values; do not round a result.
- Blood pressure values taken from ED visits or acute inpatient settings are not eligible for submission.
- The latest documented blood pressure value of the year will be used for reporting purposes. Blood pressure readings from dates on which the patient had a diagnostic test or procedure that required an alteration in diet or medication within the previous 24 hours (with the exception of fasting blood work), are not eligible. In that event, submit the blood pressure reading otherwise closest to the end of the calendar year.

When excluding blood pressure readings, the intent is to identify diagnostic or therapeutic procedures that require a medication regimen, a change in diet, or a change in medication. For example:

- A colonoscopy requires a change in diet (NPO on the day of procedure) and a medication change (a medication is taken to prep the colon).
- Dialysis, infusions, and chemotherapy are all therapeutic procedures that require a medication regimen.
- A nebulizer treatment with albuterol is considered a therapeutic procedure that requires a medication regimen.
- A patient forgetting to take regular medications on the day of the procedure is not considered a required change in medication, and therefore the blood pressure reading is eligible for submission.

Blood pressure readings taken on the same day that the patient receives a common low-intensity or preventive procedure are eligible for use. For example, the following procedures are considered common low-intensity or preventive procedures (this list is just for reference, and is not exhaustive):

- Vaccinations
- Injections (e.g., allergy, vitamin B-12, insulin, steroid, toradol, Depo-Provera, testosterone, lidocaine)
- TB test
- IUD insertion
- Eye exam with dilating agents
- Wart or mole removal

Information related to all 2019 HEDIS measures has been extracted from the NCQA 2019 HEDIS Technical Specifications Volume 2.

Billing Codes

ICD-10 Codes

Essential (Primary) Hypertension I10

Hypertension: I16.0, I16.1, I16.9