

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 year of 2020 and/or 2019, and whose blood pressure was adequately controlled as of the final recorded blood pressure reading 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.
- Patients who have had a non-acute inpatient admission in the measurement year.
- 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 the measurement year.
- Members dispensed on dementia medication.
- Members 81 years and older as of December 31 of the measurement year and with frailty.



How to Implement Best Practices and Improve Performance

- To identify members as eligible for this measure they have to have at least two visits on different dates of service with a diagnosis of hypertension during either the measurement year or the year prior to the measurement year.
- Both visits can be a phone visit, online assessment, or outpatient telehealth visit.
- 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. MVP will report the lowest systolic and diastolic values 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 are allowed to be taken by the member from any digital device.
- 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 2020 HEDIS measures has been extracted from the NCQA 2020 HEDIS Technical Specifications Volume 2.

2020 Coding for Controlling High Blood Pressure (CBP)

Codes for CBP	Use of these codes will make the member a pass for CBP
Diastolic Blood Pressure	LOINC: 8462-4
Diastolic 80-89	CPT-CAT-II: 3079F
Diastolic less than 80	CPT-CAT-II: 3078F
Diastolic Greater Than/Equal to 90	CPT-CAT II: 3080F
Essential Hypertension	ICD-10 CM: I10
Online Assessments	CPT: 98969, 99444
Outpatient Without UB Rev	CPT: 99201-99205, 99211-99215, 99241-99245, 99341-99345, 99347-99350, 99381-99387, 99391-99397, 99401-99404, 99411-99412, 99455-99456 HCPCS: G0402, G0438-G0439, G0463, T1015
Remote Blood Pressure Monitoring	CPT: 93784, 93788, 93790, 99091
Systolic Blood Pressure	LOINC: 8480-6
Systolic Greater Than/Equal to 140	CPT-CAT II: 3077F
Systolic Less Than 140	CPT-CAT II: 3074F, 3075F
Telehealth Modifier	CPT Modifier: 95, GT
Telehealth POS	POS: 02
Telephone Visits	CPT: 98966-98968, 99441-99443
Exclusion from CBP	Use of these codes will exclude member from CBP
Acute Inpatient	CPT: 99221-99223, 99231-99233, 99238-99239, 99251-99255, 99291
Advanced Illness	ICD-10 CM: Multiple codes such as A81.00, A81.01, A81.09, C25.1-C25.9, C71/0-C71.0, C77.0-C94.32, F01.50-F10.97, G10-G31.83, through N18.6
Dialysis Procedure	CPT: 90935, 90937, 90945, 90947, 90997, 90999, 99512 HCPCS: G0257, S9339
ED	ICD-10 CM: N18.5, N18.6, Z99.2

2020 Coding for Controlling High Blood Pressure (CBP) (continued)	
Exclusion from CBP	Use of these codes will exclude member from CBP
Frailty Device	HCPCS: E0100, E0105, E0130, E0135, E0140-E0141, E0143-E0144, E0147-E0149, E0163, E0165, E0167-E0168, E0170-E0171, E0250-E0251, E0255-E0256, E0260-E0261, E0265-E0266, E0270, E0290-E0297, E0301-E0304, E0424-E0425, E0430-E0431, E0433-E0435, E0439-E0444, E0462, E0465-E0466, E0470-E0472, E0561-E0562, E1130, E1140, E1150, E1160-E1161, E1240, E1250, E1260, E1270, E1280, E1285, E1290, E1295-E1298
Frailty Diagnosis	CD-10 CM: L89.119, L89.139, L89.149, L89.159, L89.209, L89.309, L89.899, L89.90, M62.50, M62.81, M62.84, W01.0XXA, W01.0XXD, W01.0XXS, W01.10XA, W01.10XD, W01.10XS, W01.110A, W01.110D, W01.110S, W01.111A, W01.111D, W01.111S, W01.118A, W01.118D, W01.118S, W01.119A, W01.119D, W01.119S, W01.190A, W01.190D, W01.190S, W01.198A, W01.198D, W01.198S, W06.XXXA, W06.XXXD, W06.XXXS, W07.XXXA, W07.XXXD, W07.XXXS, W08.XXXA, W08.XXXD, W08.XXXS, W10.0XXA, W10.0XXD, W10.0XXS, W10.1XXA, W10.1XXD, W10.1XXS, W10.2XXA, W10.2XXD, W10.2XXS, W10.8XXA, W10.8XXD, W10.8XXS, W10.9XXA, W10.9XXD, W10.9XXS, W18.00XA, W18.00XD, W18.00XS, W18.02XA, W18.02XD, W18.02XS, W18.09XA, W18.09XD, W18.09XS, W18.11XA, W18.11XD, W18.11XS, W18.12XA, W18.12XD, W18.12XS, W18.2XXA, W18.2XXD, W18.2XXS, W18.30XA, W18.30XD, W18.30XS, W18.31XA, W18.31XD, W18.31XS, W18.39XA, W18.39XD, W18.39XS, W19.XXXA, W19.XXXD, W19.XXXS, Y92.199, Z59.3, Z73.6, Z74.01, Z74.09, Z74.1-.3, Z74.8-.9, Z91.81, Z99.11, Z99.3, Z99.81, Z99.8
Frailty Encounter	CPT: 99504, 99509 HCPCS: G0162, G0299, G0300, G0493, G0494, S0271, S0311, S9123, S9124, T1000-5, T1019-22, T1030-31
Frailty Symptom	ICD-10 CM: R26.0-R26.2, R26.89, R26.9, R41.81, R53.1, R53.81, R53.83, R54, R62.7, R63.4, R63.6, R64
History of Kidney Transplant	ICD-10 CM: Z94.0
Hospice Encounter	HCPCS: G9474-79, Q5003-8, Q5010, S9126, T2042-46 UB Rev: 0115, 0125, 0135, 0145, 0155, 0235, 0650-52, 0655-59
Hospice Intervention	CPT: 99377-78 HCPCS: G08182
Inpatient Stay	UB Rev: 0100-0101, 0110-0114, 0116-0124, 0126-0134, 0136-0144, 0146-0154, 0156-0160, 0164, 0167, 0169-0174, 0179, 0190-0194, 0199-0204, 0206-0214, 0219, 1000-1002
Kidney Transplant	CPT: 50360, 50365, 50380 HCPCS: S206 ICD-10 PCS: 0TY00Z0-0TY00Z2, 0TY10Z0-0TY10Z2
Nephrectomy	CPT: 50340, 50370 ICD-10 PCS: 0TB00ZX, 0TB00ZZ, 0TB03ZX, 0TB03ZZ, 0TB04ZX, 0TB04ZZ, 0TB07ZX, 0TB07ZZ, 0TB08ZX, 0TB08ZZ, 0TB10ZX, 0TB10ZZ, 0TB13ZX, 0TB13ZZ, 0TB14ZX, 0TB14ZZ, 0TB17ZX, 0TB17ZZ, 0TB18ZX, 0TB18ZZ
Non-acute Inpatient Stay	UB Rev: 0022, 0024, 0118, 0128, 0138, 0148, 0158, 0190-0194, 0199, 0524-0525, 0550-0552, 0559, 0660-0663, 0669, 1000-1002
Observation	CPT: 99217-99220
Outpatient	CPT: 99201-99205, 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 UB Rev: 0510-0517, 0519-0523, 0526-0529, 0982-0983
Palliative Care	ICD-10 CM: Z51.5
Pregnancy	ICD-10 CM: Over 5,000 codes Ranging from: O00.0-O00.2 and O00.8-O04.89 through 09A.519 and Z03.71 through Z36.8A