

Comprehensive Diabetes Care (CDC): Blood Pressure Control

Patient Profile

MVP members 18–75 years of age with Diabetes (Type 1 and Type 2) and who have had adequate blood pressure control (Systolic <140 and Diastolic <90) during the current calendar year.

Exclusions include members on dementia medications: Donepezil, Galantamine, Rivastigmine, Memantine, and Donepezil-Memantine.

Refer to the *Comprehensive Diabetes Care (CDC) Overview* Tip Sheet for exclusions to this sub-measure.



How to Implement Best Practices and Improve Performance

- Identify member as having a diagnosis of Type 1 or Type 2 Diabetes either during the measurement year or the year prior to the measurement year.
- Blood pressure readings from remote monitoring devices are allowed to be taken by the member from any digital device during a phone visit, e-visit, and/or virtual check-in.
- Be sure to 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. MVP will report the lowest systolic and diastolic values submitted for that date of service.
- 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.
- Self-reported blood pressure readings or those taken from a patient's Blood Pressure Diary cannot be used.
- Ranges and thresholds cannot be accepted; only exact systolic and diastolic readings can be submitted.
- Statements such as "rule out HTN," "possible HTN," "white-coat HTN," "questionable HTN," and "consistent with HTN" are not sufficient to confirm the diagnosis, if such statements are the only notations of hypertension in the medical record.
- 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 from the numerator, 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.
- Injection of lidocaine prior to mole removal is considered a diagnostic procedure (if the mole is being tested) or a therapeutic procedure (if removal of the mole is the treatment) that requires a change in medication (lidocaine administered for pain control) during the procedure.

- 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.

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:

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

Information related to all 2020 HEDIS measures has been extracted from the NCQA 2020 HEDIS Technical Specifications Volume 2.

2020 Coding for Comprehensive Diabetes Care (CDC): Blood Pressure Control

Codes for CDC: Blood Pressure Control	Use of these codes will make the member a pass for CDC, specifically Blood Pressure Control
Acute Inpatient with diagnosis of DM and without telehealth modifier	CPT: 99221-99223, 99231-99233, 99238-99239, 99251-99255, 9929
Bilateral Modifier	Modifier: 50
Diabetes	ICD-10 CM: Multiple codes in E10.10 through O24.83 code values.
Diabetes Mellitus Without Complications	ICD-10 CM: E10.9, E11.9, E13.9
Diastolic Blood Pressure	LOINC: 8462-4
Diastolic 80-89	CPT-CAT-II: 3079F
Diastolic Greater Than/Equal to 90	CPT- CAT-II: 3080F
Diastolic Less Than 80	CPT-CAT-II: 3078F
ED	CPT: 99281-99285
	UB Rev: 0450-0452, 0456, 0459, 098
Inpatient Stay	UB Rev: 0164, 0167, 0179, 0219, 0100-1, 0110-14, 0116-24, 0126-34, 0136-44, 0146-54, 0156-60, 0169-74, 0190-94, 0199-0204, 0206-14, 1000-2
Nonacute Inpatient with a diagnosis of DM	CPT: 99304-99310, 99315-99316, 99318, 99324-99328, 99334-99337
	UB Rev: 0118, 0128, 0138, 0148, 0158, 0190- 0194, 0199, 0524-0525, 0550-0552, 0559-0663, 0669
Observation	CPT: 99217-99220
Online Assessment	CPT: 98969, 99444
Outpatient	CPT: 99201-99205, 99211-99215, 99241-99245, 99341-99345, 99347-99350, 99381-99387, 99391-99397, 99401-99404, 99411-99412, 99420, 99429, 99455-99456, 99483
	HCPCS: G0402, G0438-G0439, G0463, T1015
	UB Rev: 0510-0517, 0519-0523, 0526-0529, 0982-0983
Remote BP Monitoring	CPT: 99453, 99454, 99457
Systolic Blood Pressure	LOINC: 8480-6
Systolic Greater Than/Equal To 140	CPT-CAT-II: 3077F
Systolic Less Than 140	CPT-CAT-II: 3074F, 3075

2020 Coding for Comprehensive Diabetes Care (CDC): Blood Pressure Control (continued)	
Telehealth Modifier	CPT Modifier: 95, GT
Telehealth POS	POS: 02
Phone Visit	CPT: 98966, 98967, 98968, 99441, 99442, 99443
Exclusion from CDC: Blood Pressure Control	Use of these codes will exclude member from CDC, specifically Blood Pressure Control
Advanced Illness	ICD-10 CM: Multiple codes such as A81.00, A81.01, A81.09, C25.1-C25.9, C71.0-C71.9, C77.0-C94.32, F01.50-F10.97, G10-G31.83, through N18.6
Diabetes Exclusions	ICD-10 CM: Multiple codes from E08.00-E08.9, E09.00-E09.9, O24.410-O24.93
Dementia	ICD-10 CM: F01.50-F01.51, F02.80-F02.81, F03.90-F03.91, F04, F10.27, F10.97, F13.27, F13.97, F18.17, F18.27, F18.97, F19.17, F19.27, F19.97, G30.0-G30.1, G30.8-G30.9, G31.83
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	ICD-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, Z99.89
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
Frontotemporal Dementia	ICD-10 CM: G31.01, G31.09
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
Nonacute Inpatient Stay	UB Rev: 0022, 0024, 0118, 0128, 0138, 0148, 0158, 0190-0194, 0199, 0524-0525, 0550-0552, 0559, 0660-0663, 0669, 1000, 1001, 1002
Palliative Care	ICD-10 CM: Z51.5