



HEDIS® measures

Controlling High Blood Pressure (CBP)

This HEDIS® measure represents the percentage of members ages 18–85 and older who had a diagnosis of hypertension (HTN) and who adequately controlled their blood pressure (BP) (< 140/90 mm HG) during the measurement year.

- 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.
- Controlled BP reading must occur on or after the date of the second HTN diagnosis.

Definitions related to CBP

Identify the most recent BP reading taken during the measurement year.

Adequate control

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

- 18–85 years of age whose BP was <140/90 mm Hg. (Both the systolic and diastolic must be below the above readings to be considered “controlled.”)
- Highest compliant BP 139/89 mm Hg.

Representative BP

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 date, use the lowest systolic and lowest diastolic BP reading.
- If there’s no recorded BP during the measurement year, we’ll identify the member as “not controlled.”
- Representative BP can occur during outpatient visits, telehealth, an e-visit or virtual check-in with the regular treating physician, nonacute inpatient encounter or remote BP monitoring in the measurement year.

These 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, with the exception of fasting blood tests.
 - Examples include colonoscopy, dialysis and nebulizer treatments
 - BP’s taken by the member using a non-digital device such as with a manual BP cuff and a stethoscope.

These BP readings **can be used** as the representative BP:

- BPs taken on the same day as injections, vaccinations, TB test, IUD insertion, eye exam with dilating agents, wart or mole removals, or fasting blood tests are eligible BPs
- 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

Strategies for improvement

- ✓ Use NCQA coding tips to actively reflect care rendered.
- ✓ Document BP readings at every visit.
- ✓ BP readings that are 140/90 or greater should be re-taken. Consider switching arms for subsequent readings.
- ✓ Make sure the proper cuff size is used.
- ✓ Ensure patients don't cross their legs and have their feet flat on the floor during the reading. Crossing legs can raise the systolic pressure by 2-8 mmHg.
- ✓ Make sure the elbow is at the same level as the heart. If the patient's arm is hanging below heart level and unsupported, this position can elevate the measured blood pressure by 10-12 mmHg.
- ✓ Coordinate care with specialists such as endocrinologists, nephrologists and cardiologists.
- ✓ Schedule follow-up visits for blood pressure control after diagnosis or medication adjustment.
- ✓ Consider referral to cardiologist for those whose BP goal cannot be attained, or for complicated patients.
- ✓ Educate patients about the risks of uncontrolled blood pressure.
- ✓ Reinforce the importance of medication adherence and encourage patients to report side effects.
- ✓ Counsel on healthy lifestyle changes such as improved diet and increased exercise and their effect on blood pressure control.

Numerator codes for CBP

There is a large list of approved NCQA codes used to identify services included in the CBP measure. Below are a few of the approved codes. For a complete list, see [NCQA.org](https://www.ncqa.org).

Identifying Patients with Hypertension

ICD-10	I10	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

Identifying Location of BP Reading

CPT	99201-99205; 99211-99215	Outpatient Visit
CPT	98966-98968; 99441-99443	Telephone Visits
CPT	98969-98972; 99421-99423; 99444; 99458	Online Assessments

LOINCS codes for Systolic BP

LOINCS	8459-0	Systolic blood pressure, systolic blood pressure - sitting
LOINCS	8460-8	Systolic blood pressure - standing
LOINCS	8461-6	Systolic blood pressure - supine
LOINCS	8480-6	Systolic blood pressure
LOINCS	8508-4	Brachial artery systolic blood pressure
LOINCS	8546-4	Brachial artery - left systolic blood pressure
LOINCS	8547-2	Brachial artery - right systolic blood pressure
LOINCS	75997-7	Systolic blood pressure by continuous non-invasive monitoring
LOINCS	89268-7	Systolic blood pressure - lying in L-lateral position

LOINCS codes for Diastolic BP

LOINCS	759951	Diastolic blood pressure by continuous non-invasive monitoring
LOINCS	8453-3	Diastolic blood pressure - sitting
LOINCS	8454-1	Diastolic blood pressure - standing
LOINCS	8455-8	Diastolic blood pressure - supine
LOINCS	8462-4	Diastolic blood pressure
LOINCS	8496-2	Brachial artery diastolic blood pressure
LOINCS	8514-2	Brachial artery - left diastolic blood pressure
LOINCS	8515-9	Brachial artery - right diastolic blood pressure
LOINCS	8926-9	Diastolic blood pressure - lying in L-lateral position

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