



Hypertension – Controlling Blood Pressure *Tip Sheet*

Health Net Health Plan of Oregon, Inc. and Health Net Life Insurance Company (Health Net) want to help you improve your quality scores on Healthcare Effectiveness Data and Information Set (HEDIS[®]) measures. To assist your practice in increasing your HEDIS rates, we have created this Controlling Blood Pressure (CBP) *Tip Sheet* outlining key aspects of the HEDIS measure, codes associated with this measure and guidance for proper documentation.

What is HEDIS?

HEDIS, developed and maintained by the National Committee for Quality Assurance (NCQA), is a set of standardized performance measures that evaluates plan performance on important dimensions of care and service. NCQA develops HEDIS measures through a committee represented by purchasers, consumers, health plans, health care providers, and policymakers. HEDIS allows for standardized measurement, standardized reporting, and accurate, objective side-by-side comparisons of quality across health plans and against benchmarks.

Controlling High Blood Pressure Facts

High blood pressure (HBP) can lead to heart disease, stroke, kidney disease, and death.¹ About one in three adults in the United States has HBP, and approximately half of them have it under control.^{2,3} You can work with your patients to improve control of their HBP by following the evidence-based measure guidelines below.

HEDIS Specifications

Lines of business: Commercial and Medicare

Description: Patients ages 18–85 who had a diagnosis of hypertension (HTN) in the first six months of the measurement year and whose HBP was adequately controlled during the measurement year based on the following criteria:

Years of age	Diagnosis	Systolic	Diastolic
18–59	HTN	<140	<90
60–85	HTN	<150	<90
60–85	Diabetes	<140	<90

The reading should be the most recent blood pressure (BP) reading during the measurement year in the record of the provider who is managing BP, as long as it occurred after the diagnosis of HTN. If no BP is recorded during the measurement year, assume that the patient is “not controlled.”

Note: The BP reading cannot be utilized if:

- Taken during an acute inpatient stay or emergency department 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.
- Reported by or taken by the patient.

The CBP measure is ultimately evaluated by chart review; however, Health Net can help providers keep track of successful BP monitoring by having providers submit codes for BP values. Provider groups are notified of Health Net members who fall outside of the compliance window for this measure. Therefore, continue to submit the codes⁴ below for BP readings.

CPT II Code	Definition
3074F	Most recent systolic blood pressure < 130 mmHg
3075F	Most recent systolic blood pressure 130–139 mmHg
3077F	Most recent systolic blood pressure ≥ 140 mmHg
3078F	Most recent diastolic blood pressure < 80 mmHg
3079F	Most recent diastolic blood pressure 80–89 mmHg
3080F	Most recent diastolic blood pressure ≥ 90 mmHg

References

¹Centers for Disease Control and Prevention. About High Blood Pressure. July, 2014. Available at www.cdc.gov/bloodpressure/about.htm.

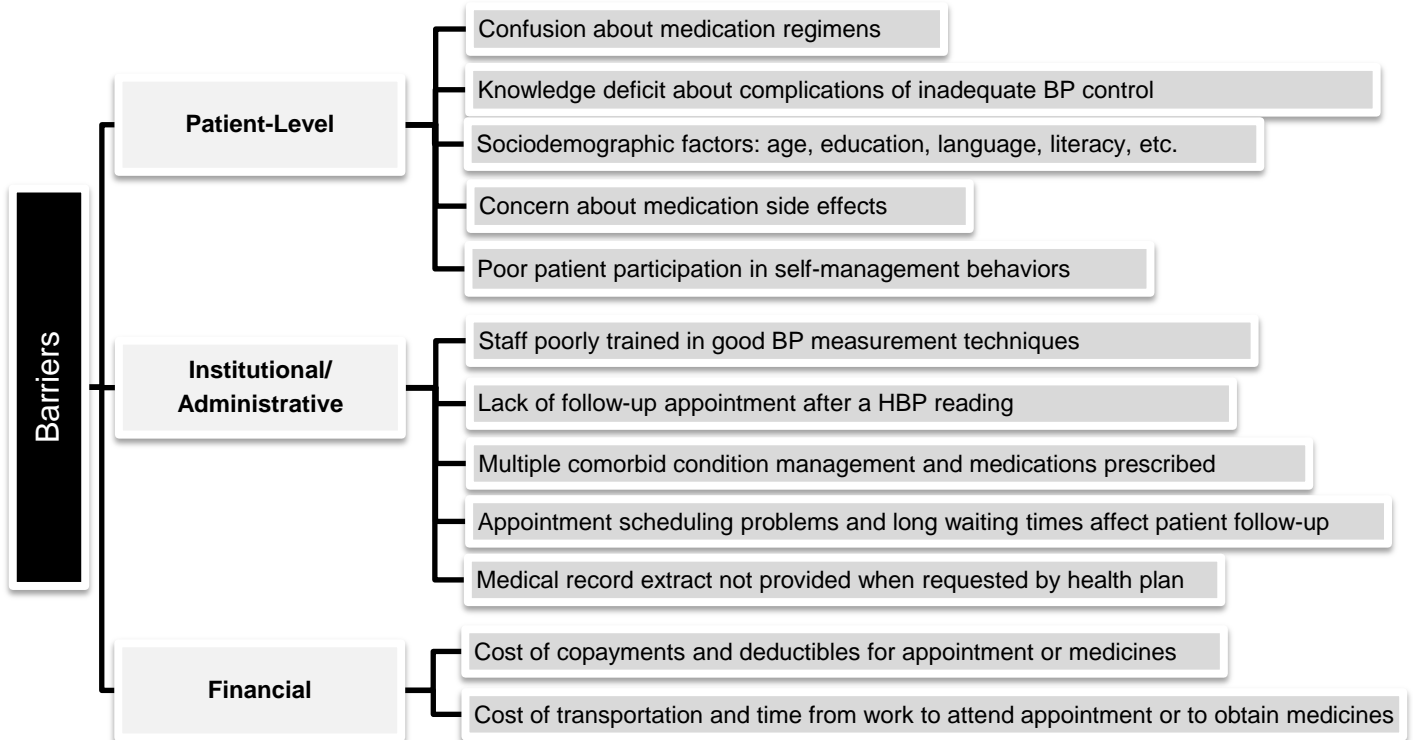
²Meraï R, Siegel C, Rakotz M, Basch P, Wright J, Wong B; DHSc., Thorpe P. CDC Grand Rounds: A Public Health Approach to Detect and Control Hypertension. MMWR Morb Mortal Wkly Rep. 2016 Nov 18;65(45):1261-1264.

³Centers for Disease Control and Prevention. High Blood Pressure Home. November 30, 2016. Available at www.cdc.gov/bloodpressure/about.htm.

⁴Practice Management Information Corporation CPT Plus 2017: Digital Series, Los Angeles, CA, 2016.

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Common Barriers to Controlling Blood Pressure



Recommendations to Improve Performance

- This measure is collected through chart review, so it is essential to provide medical records as requested by the health plan to improve performance. For all outpatient visits, record BP readings in the patient chart with the date of service. Record the diagnosis of hypertension in the chart.
- Perform outreach to patients with HTN who have not had a follow-up appointment.
- Review diet, medications, exercise regimen, and treatment adherence with the patient at each visit.
 - Educate patients on the intended actions of medicine to control their BP and the importance of medication adherence.
 - Encourage members to use the mail-order pharmacy service to save on the cost of medications.
 - Encourage healthy lifestyle activities, such as increasing physical activity and following a heart-healthy diet.
- Assess whether transportation is a concern and encourage patients to inquire about health plan and public transportation services available to them.
- Submit timely claims and encounter data. Audit claims for proper codes and provide education to staff on coding as indicated. Verify that capitated providers are submitting records of services provided.

Best Practices for Obtaining Accurate Blood Pressure Measurement

1. Ask if the patient avoided caffeinated beverages and smoking for at least 30 minutes before the examination. If not, you may need to repeat the BP reading as there is a greater chance of having an elevated reading.
2. Have the patient sit calmly for five minutes with the back supported and feet flat on the floor before taking BP.
3. Patient's arm should be bare. Cuff may be applied over a smoothly rolled-up sleeve, provided there is no tourniquet effect. Support the patient's arm on a firm surface at heart level, slightly flexed at the elbow.
4. The health care staff and the patient should refrain from talking while BP is measured.
5. Use appropriate cuff size. The inflatable part should be long enough to encircle at least 80 percent of the arm and wide enough to encircle 40 percent of the arm at midpoint. When in doubt, select the larger size.
6. Wrap the cuff snugly around the bare upper arm. The lower edge should be centered two finger-widths above the bend of the elbow, and the midline of the bladder should be over the brachial artery pulsation.
7. The dial or mercury column should be clearly visible and facing you.
8. Using light pressure, position the stethoscope over the brachial artery without touching the cuff.
9. For patients experiencing pain, anxiety or distress at the time of the initial BP reading, repeat the reading after five minutes of rest and at the end of the appointment, if needed, following the steps above. If the BP is still elevated, schedule the patient to return the next week to assess the BP and treat accordingly.

For additional information, visit www.measureuppressuredown.com/HCPProf/find/Toolkit/Plank1.pdf.