

2023 Star Measure Tips



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One in a series of tip sheets that look at key Healthcare Effectiveness Data and Information Set measures, commonly referred to as HEDIS® measures.

Controlling High Blood Pressure (CBP)

Effectiveness of Care HEDIS® Measure

Measure description

Percentage of patients with hypertension whose blood pressure was adequately controlled.

Measure population (denominator)

Patients 18-85 years of age with a diagnosis of hypertension on at least 2 different dates of service between January 1 of the year prior and June 30 of the measurement year.

Measure compliance (numerator)

The **final** blood pressure reading of the measurement year is adequately controlled ($\leq 139/89$ mm Hg).

Note: The BP reading must occur *on or after* the date of the second diagnosis of hypertension.

Exclusions

- Nonacute inpatient admission during the measurement year
- End-stage renal disease, dialysis, nephrectomy, or kidney transplant
- Pregnancy diagnosis during the measurement year
- Are age 81 or older with frailty during the measurement year
- Are age 66 - 80 with advanced illness and frailty (for additional definition information, see the *Advanced Illness and Frailty Guide*)

Did you know?

- Hypertension (high blood pressure) increases the risk of heart disease and stroke, which are the leading causes of death in the United States.
- Controlling high blood pressure is important in preventing heart attacks, stroke, and kidney disease.
- Approximately only one in four adults with hypertension have their condition under control.
- Lifestyle changes such as diet, exercise, smoking cessation and stress reduction can significantly impact blood pressure.

continued

Exclusions *(continued)*

- Received hospice services anytime during the measurement year
- Received palliative care during the measurement year
- Deceased during the measurement year

Helpful HEDIS hints

- Document all blood pressure readings and the dates they were obtained.
 - Report the lowest systolic and lowest diastolic pressures if more than one reading is taken on the same date.
- The final blood pressure reading of the year will be used to determine HEDIS measure compliance.
- Document exact readings; do not round up blood pressure readings. Ranges and thresholds are not acceptable.
- A BP noted as an “average BP” (e.g., “average BP: 139/70”) is eligible for use. Must be documented as a distinct value.
- Blood pressure readings can be captured during a virtual care visit.
- Patient reported blood pressures taken with a digital device are acceptable and should be documented in the medical record. The provider does not need to see the digital reading.
- Prescribe single-pill combination medications whenever possible to assist with medication compliance.
- BP readings can be captured from a specialty or urgent care visit if the consult note is part of the patient’s medical record.

Note: BP readings taken from an acute inpatient stay, ED visit, or the same day as a diagnostic test are not acceptable.

Tips for coding

Blood pressure CPT® II codes should be billed as a \$0.01 claim.

- BP readings should be reported with each office visit, this includes telehealth, telephone, e-visits, or virtual visits.
- BP readings can also be billed alone if taken outside of a visit (nurse visits, etc.).

CPT® II code	Most recent systolic blood pressure
3074F	< 130 mm Hg
3075F	130–139 mm Hg
3077F	≥ 140 mm Hg
CPT® II code	Most recent diastolic blood pressure
3078F	< 80 mm Hg
3079F	80–89 mm Hg
3080F	≥ 90 mm Hg

Tips for taking a blood pressure

- Ensure proper cuff size (placed on bare arm), feet flat on the floor, back supported and elbow is at the level of the heart. Advise patient not to talk during the measurement.
- Improper positioning can raise the systolic pressure up to 12 mm Hg.
- Take it twice. If the blood pressure is greater than 139/89, retake and record it at the end of the visit. Consider switching arms for subsequent readings.

Tips for patient education

One of the biggest challenges is convincing patients of the importance of maintaining a healthy blood pressure.

- Educate patients on the importance of blood pressure control and the risks when blood pressure is not controlled.
- Encourage blood pressure monitoring at home and ask patients to bring a log of their readings to all office visits. Educate patients on how to properly measure blood pressure at home.
- If the patient does not own a digital blood pressure cuff, instruct them to use their local pharmacy for a blood pressure reading.
- Discuss the importance of medication adherence at every visit. According to the Centers for Disease Control and Prevention (CDC):
 - Approximately one in four adults with hypertension have their condition controlled.
 - Many patients with Medicare Part D prescription coverage are not taking their blood pressure medication as prescribed.
- Advise patients not to discontinue blood pressure medication before contacting your office. If they experience side effects, another medication can be prescribed.
- If patients have an abnormal reading, schedule follow-up appointments for blood pressure management.
- Encourage lifestyle changes such as diet, exercise, smoking cessation and stress reduction.

Resources

1. National Committee for Quality Assurance (NCQA). 2022. "Controlling High Blood Pressure (CBP)." [ncqa.org/hedis/measures/controlling-high-blood-pressure/](https://www.ncqa.org/hedis/measures/controlling-high-blood-pressure/)
2. Centers for Disease Control and Prevention (CDC). 2022. "High Blood Pressure." [cdc.gov/bloodpressure/index.htm](https://www.cdc.gov/bloodpressure/index.htm)
3. Centers for Disease Control and Prevention (CDC). 2022. "Facts About Hypertension." Facts About Hypertension | [cdc.gov](https://www.cdc.gov)
4. American Medical Association (AMA). 2021. "The one graphic you need for accurate blood pressure reading." [ama-assn.org/delivering-care/hypertension/one-graphic-you-need-accurate-blood-pressure-reading](https://www.ama-assn.org/delivering-care/hypertension/one-graphic-you-need-accurate-blood-pressure-reading)

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