

2018 Adequate Control of Blood Pressure in Hypertension*

Need for Improvement:

Approximately one in three U.S. adults, or approximately 75 million people, have high blood pressure, but only about half (54%) of these people have it under control (Centers for Disease Control and Prevention, 2018. "High Blood Pressure." <http://www.cdc.gov/bloodpressure>). Controlling high blood pressure is an important step in preventing heart attack, stroke, kidney disease, and congestive heart failure and in reducing the risk of developing other serious conditions.

Measure :

The percentage of members 18–85 years of age who had a diagnosis of hypertension (HTN) and whose blood pressure (BP) was adequately controlled during the measurement year based on the following criteria: Adequate control is defined as meeting any of the following criteria:

- Members 18–59 years of age whose BP was <140/90 mm Hg.
- Members 60–85 years of age with a diagnosis of diabetes whose BP was <140/90 mm Hg.
- Members 60–85 years of age without a diagnosis of diabetes whose BP was <150/90 mm Hg.

Use proper coding identified below to receive the highest quality score.

Systolic Value	CPT II Code
Most recent systolic blood pressure less than 130 mm Hg	3074F
Most recent systolic blood pressure 130 - 139 mm Hg	3075F
Diastolic	CPT II Code
Most recent diastolic blood pressure less than 80 mm Hg	3078F
Most recent diastolic blood pressure 80 - 89 mm Hg	3079F

****CPT II codes must be billed on the same date of service.**

Note: There are NO codes for systolic BPs above 139 or diastolic BPs above 89

Tips to improve this measure:

1. Bill the above CPT II codes on the same date of service as appropriate to capture adequate control.
2. Studies performed in hypertensive patients report prevalence of "white coat" effect is approximately 30%. All of the following may help reduce the higher BPs seen in the providers office:
 - a. Advise the patient to refrain from smoking cigarettes or drinking coffee within 30 minutes of BP measurement.
 - b. Have the patient take a couple deep breaths before the BP is taken.
 - c. Do not deflate the BP cuff too rapidly.
 - d. Do not have conversations with the patient during BP measurement.
 - e. Make sure you have a large BP cuff for overweight patients or a pediatric cuff for children or adults with arms of small circumference.
 - f. Advise your care team to perform other vital signs and take the time to update medical history prior to checking the BP. Allow the patient to sit several moments prior to having the BP check.
3. You cannot satisfy the measure with coding if the BP is above 139/89 even for your diabetic and geriatric population.
4. Check if your IT vendor can automate this coding process for BP.
5. You may take several BP readings at the time of the visit. You can record the lowest systolic and lowest diastolic reading for the date of the visit per HEDIS guidelines.
6. For BCBSM, BCN and Medicare Advantage, BPs can be entered into Health eBlue. Please note that the last BP recorded is used for the numerator in calculating the percentage of adequately controlled hypertension patients.

***ACC/AHA High Blood Pressure Guidelines 2017 differ from HEDIS guidelines**