



2024 CBP

Controlling High Blood Pressure

Controlling High Blood Pressure (CBP)

High Blood Pressure AKA Hypertension



Hypertension is known as the 'Silent Killer'



Half of US adults have high blood pressure (108 million)



Only 1 in 4 adults (25%) have their hypertension under control



Hypertension increases the risk of heart disease and stroke which are the leading causes of death in the US



Controlling high blood pressure is an important step in preventing heart attacks, stroke and kidney disease, and in reducing the risk of developing other serious conditions. Health care providers can help individuals manage their high blood pressure by prescribing medications and encouraging low-sodium diets, increased physical activity and smoking cessation.

Controlling High Blood Pressure (CBP)

The percentage of patients 18-85 years of age who had at least two outpatient visits on different dates of service, with a diagnosis of hypertension (HTN) on or between January 1, 2023 and June 30, 2024 and whose most recent blood pressure (BP) was adequately controlled (<140/90 mm Hg).

Note: The 2024 BP reading must occur on or after the date of the second diagnosis of hypertension and within the above date range.



18-85 years of age who have a diagnosis of hypertension (HTN)



Most recent blood pressure was **LESS** than **140/90 mm Hg** in the current performance period

X3

Triple Weighted Star Measure
Measure Steward: National Committee
for Quality Assurance (NCQA)

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Required Exclusions

These exclusions can be verified via claims **or** supplemental data submissions.

- Hospice or hospice services anytime during the current performance period
- Palliative care or had an encounter for palliative care anytime during the current performance period
- Patients who passed away anytime during the current performance period
- Evidence of end-stage renal disease (ESRD), dialysis, nephrectomy or kidney transplant anytime during the patient's history through the end of the current performance period
- Diagnosis of pregnancy anytime during the current performance period
- Patients who had a non-acute inpatient admission during the current performance period

The following exclusions are closed by **claims only**.

- Medicare patients 66 years of age and older as of the end of the current performance period who meet either of the following: enrolled in an **Institutional SNP (I-SNP)** or residing in **long-term care** as identified by the LTI flag in the CMS Monthly File any time during the current performance period
- Patients 66-80 years of age and older as of the end of the current performance period with **two frailty indications on different dates of service** in the current performance period and an **advanced illness diagnosis on at least two different dates of service** or dispensed dementia medication during the current performance period or the 12 months prior.
- Patients 81 years of age and older as of the end of the current performance period with **two frailty indications on different dates of service** during the current performance period.



Controlling High Blood Pressure (CBP)

CBP Documentation and Submission



Document BP on every patient encounter.



Retake and document BP when found to be $\geq 140/90$ after the patient has been seated and visited with the clinician. The lowest systolic and diastolic value may be used if the readings are from the same visit.



Patient reported blood pressures can be used as long as the patient did not use a manual cuff and stethoscope.



Blood pressures can be taken from a **Remote Patient Monitoring device**.



Remember, the last blood pressure of the measurement year is the abstracted BP and will determine gap compliance.

Best Practice: Blood Pressure Recheck Workflow

The Centers for Disease Control and Prevention has determined that the best practice for blood pressure monitoring is to recheck the patient's blood pressure before the patient leaves the provider's office. This small action has significantly improved blood pressure readings and performance in the Controlling Blood Pressure (CBP) HEDIS® measure.

1

Collect Initial Patient Blood Pressure and Document

Use American Medical Association's 7 Tips to ensure you obtained an accurate blood pressure.



***Accurate blood pressure readings may help ensure accuracy of a hypertension diagnosis and identify effectiveness of existing medications and medication adherence.

Empty Bladder First

Full bladder adds 10 mm HG

Support Back and Feet

Unsupported adds 6 mm HG

Keep Legs Uncrossed

Crossed legs adds 2-8 mm HG

Use Correct Cuff Size

Small cuff adds 2-10 mm HG

Place Cuff on Bare Arm

Over clothing adds 5-50 mm HG

Support Arm at Heart Level

Unsupported arm adds 10 mm HG

Don't Have a Conversation

Talking or active listening adds 10 mmHG

2

Patients with Elevated Blood Pressures (> or = 140/90)



Place a magnet or reminder on the door frame to indicate that a BP recheck is needed. Then, before the patient leaves, a clinician will recheck the patient's blood pressure to determine if it was a genuinely high BP reading.

3

Important: Document ALL Blood Pressure Readings



Document all blood pressure readings in the patient's medical records. Documentation may be placed in the patient's vital sign flow chart or simply placed into the visit progress notes. All readings are encouraged. The lowest systolic and the lowest diastolic can be used to represent the patient's final BP reading for the visit.

4

Attach Blood Pressure Reading to Claim Submission via CPT II Codes

Remember to use the lowest systolic reading and the lowest diastolic reading of the visit when coding the appropriate CPT II Codes. You will submit two codes (one for systolic and one for diastolic).



3074F	Most recent systolic blood pressure	< 130 mm Hg
3075F	Most recent systolic blood pressure	130-139 mm Hg
3077F	Most recent systolic blood pressure	\geq 140 mm Hg
3078F	Most recent diastolic blood pressure	< 80 mm Hg
3079F	Most recent diastolic blood pressure	80-89 mm Hg
3080F	Most recent diastolic blood pressure	\geq 90 mm Hg

5

Develop or Update the Patient Care Plan

Consider requesting the patient continue to check his/her blood pressure at home with a digital monitor

Consider reviewing the medication regime and medication barriers

Consider discussing diet and exercise



References

www.ahrq.gov/sites/default/files/wysiwyg/evidencenow/heart-health/blood-pressure-home-measure.pdf

<https://www.ama-assn.org/delivering-care/hypertension/quick-start-guide-measuring-bp-accurately-your-practice>

Centers for Disease Control and Prevention. Public Health Practice Stories from the Field. "Clinic Takes Team Approach to Controlling Hypertension."



Thank You!