

Controlling Blood Pressure (CBP)

Description of Measure

Percentage of patients 18-85 years of age who had a diagnosis of hypertension (HTN) and whose blood pressure was adequately controlled (< 140/90 mm Hg) during the measurement year (MY).¹

Members are identified by having had at least two visits on two different dates of service with a diagnosis of hypertension (I10) on or between January 1 of the year prior to the measurement year and June 30 of the measurement year.

Documentation

- 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 of service, use the lowest systolic and lowest diastolic BP reading. The systolic and diastolic results do not need to be from the same reading or from the same encounter.
- Member reported BP readings must be taken with a digital device.
- A distinct number result for the BP is required. Average BP reading is acceptable. Ranges do not meet criteria.
- BP's can be abstracted from a BP log with dates of BP taken.
- BP readings taken on the same day that the member receives a common-low intensity or preventive procedure are eligible. Examples of what is considered low- intensity but this is not inclusive:
 - Injections (e.g., vaccinations allergy shots or skin testing, Vit. B-12, insulin, steroid, Toradol, Depo-Provera, testosterone, lidocaine)
 - TB test
 - Eye exam with dilating agents
 - Biopsies, wart, or mole removal with lidocaine only
 - Procedure with no documentation of diet changes or change in medications, (Cardiac Stress test, Exercise Stress test, EKG, X-ray, Mammogram, IUD insertion, Fasting blood test, Eye exam with dilating agents)

Codes

| Code | Definition |
|-------|--|
| I10 | Essential Hypertension (only diagnosis to place member in denominator) |
| 3074F | Systolic blood pressure < 130mm Hg |
| 3075F | Systolic blood pressure 130 – 139mm Hg |
| 3077F | Systolic blood pressure ≥ 140mm Hg |
| 3078F | Diastolic blood pressure < 80mm Hg |
| 3079F | Diastolic blood pressure 80 -89mm Hg |
| 3080F | Diastolic blood pressure ≥ 90mm Hg |

Exclusions

| Exclusions | Timeframe | | | | | | | | |
|--|---|--------------------------|--------------|---------------------------|--|------------------|---|-----------------------|---|
| <ul style="list-style-type: none"> Members who elect or use hospice services Member who died Members receiving palliative care | Any time during MY | | | | | | | | |
| <ul style="list-style-type: none"> Dialysis End-stage renal disease (ESRD) Kidney transplant Nephrectomy (total, partial) | Any time during the member's history on or prior to Dec. 31 MY | | | | | | | | |
| Members with a diagnosis of pregnancy | Any time during the MY | | | | | | | | |
| <p>Members 66 – 80 years of age and older by Dec. 31 MY with Advanced Illness and Frailty.</p> <p>Members must meet BOTH frailty and advanced illness criteria to be excluded.</p> | <ul style="list-style-type: none"> Frailty diagnosis in MY on 2 different DOS during the MY Advanced Illness: Either of the following during the MY or PY <ul style="list-style-type: none"> Advanced illness on 2 different DOS OR Dispensed a dementia medication <table border="1"> <thead> <tr> <th>Dementia Med Description</th> <th>Prescription</th> </tr> </thead> <tbody> <tr> <td>Cholinesterase inhibitors</td> <td> <ul style="list-style-type: none"> Donepezil Galantamine Rivastigmine </td> </tr> <tr> <td>Misc. CNS Agents</td> <td> <ul style="list-style-type: none"> Memantine </td> </tr> <tr> <td>Dementia combinations</td> <td> <ul style="list-style-type: none"> Donepezil-memantine </td> </tr> </tbody> </table> | Dementia Med Description | Prescription | Cholinesterase inhibitors | <ul style="list-style-type: none"> Donepezil Galantamine Rivastigmine | Misc. CNS Agents | <ul style="list-style-type: none"> Memantine | Dementia combinations | <ul style="list-style-type: none"> Donepezil-memantine |
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| Dementia combinations | <ul style="list-style-type: none"> Donepezil-memantine | | | | | | | | |
| Members 81 years of age and older by Dec. 31 MY with at least two indications of frailty with different dates of service during the MY. | Indication of frailty with 2 different DOS in MY | | | | | | | | |

Exclusion Codes

| Code | Definition |
|-------|---|
| N18.5 | Chronic kidney disease, Stage 5 |
| N18.6 | End stage renal disease |
| Z99.2 | Dependence on renal dialysis |
| Z94.0 | Kidney transplant status (History of kidney/renal transplant) |



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| <p>Disqualifying Events</p> | <p>If a blood pressure is taken in any of the following circumstances, the blood pressure may not be used.</p> <ul style="list-style-type: none"> ■ Taken during an acute inpatient stay or an ED visit. ■ Taken by the member using a non-digital device, such as with a manual blood pressure cuff. ■ Taken on the same day as a diagnostic test or diagnostic or therapeutic procedure that requires a change in diet or a change in medication on or one day before the day of the test or procedure, except for fasting blood tests. The following list of examples of disqualifying events is not all inclusive: <ul style="list-style-type: none"> - Colonoscopy - Dialysis - Nebulizer treatment with albuterol - Lidocaine with epinephrine |
| <p>Strategies for Success</p> | <ul style="list-style-type: none"> ■ If patient no longer has essential hypertension (e.g., I12, I13) remove essential hypertension from the problem list. If either are coded then the member will be inappropriately moved into the denominator of the measure ■ Record all blood pressures during visits, especially if multiple blood pressures are taken. ■ Educate staff on proper technique for taking blood pressures. ■ Implement process to re-take & document any systolic BP ≥ 140 or diastolic BP ≥ 90. <ul style="list-style-type: none"> - If initial BP is out of range, retake the BP, ensuring the patient is quiet, their feet are flat on the floor, arm is at heart level, and appropriate size cuff is being used. ■ Establish a plan to monitor patients with elevated blood pressures. ■ Initiate specialist, pharmacist consult and/ or care management referrals when appropriate. ■ Tailor treatment regimens to the patient’s lifestyle and needs ■ Encourage patients use a digital BP monitor at home. ■ Educate members on the chronic nature of their disease, risk of hypertension and benefits of effective treatment. ■ Work to prevent medication nonadherence by providing health education, shared decision making, and promotion of self-care and self-management. |

Resources

- I. National Committee for Quality Assurance, HEDIS® Measurement Year 2025 Volume 2 Technical Specifications for Health Plans