

Blood Pressure Control for Patients with Diabetes

Health Net*, on behalf of Community Health Plan of Imperial Valley, wants to help your practice increase HEDIS¹ rates. This tip sheet outlines key details of the Blood Pressure Control for Patients with Diabetes (BPD) measure, its codes and guidance for documentation.

Measure

The percentage of members ages 18-75 with diabetes (types 1 and 2) whose blood pressure (BP) was adequately controlled (< 140/90 mm Hg) during the measurement year.

There are two ways to identify members with diabetes, by claim/encounter data and by pharmacy data. Both methods must be used to identify the eligible population, but a member only needs to be identified by one method to be included in the measure. Members may be identified as having diabetes during the measurement year or the year prior to the measurement year, as defined by the following criteria:

- Claim/encounter data: Members who had at least two diagnoses of diabetes on different dates of service during the measurement year. Do not include laboratory claims (claims with POS code 81).
- Pharmacy data: Members who were dispensed insulin or hypoglycemics/ anti-hyperglycemics during the measurement year or the year prior to the measurement year and have at least one diagnosis of diabetes during the measurement year or the year prior to the measurement year. Do not include laboratory claims (claims with POS code 81).

Exclusions

Members who meet any of the following criteria are excluded from the measure:

- In hospice or using hospice services any time during the measurement year.
- Died any time during the measurement year.
- Received palliative care any time during the measurement year.
- Medicare members ages 66 and older as of December 31 of the measurement year who are either enrolled in an Institutional Special Needs Plan (I-SNP) or living long-term in an institution.
- Members ages 66 and older (for all product lines) with frailty and advanced illness.

Best practices

Helpful documentation tips

- Document BP reading in the patient's medical record at every office visit, telehealth visit, e-visit and virtual check-in.
- Encourage patients to use a digital device to track and report their BP values. Patient-reported data documented in the medical record is acceptable if reading is captured with a digital device.
- Document BP in the vital sign flow sheet rather than the progress notes in the electronic health record (EHR). Data needs to be in discrete fields for billing and data extraction.
- Documentation of the patient's last BP reading during the measurement year will be used to calculate compliance.

Best practices

- Ranges and thresholds do not meet criteria for this measure. A distinct numeric result for both the systolic and diastolic BP reading is required.
- Do not include BP readings taken:
 - During an acute inpatient stay or an emergency department visit.
 - 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 a fasting blood test.
 - By the member using a non-digital device such as with a manual blood pressure cuff and a stethoscope.

How to improve HEDIS scores

- Select the appropriately sized BP cuff and place cuff on bare arm.
- Help the patient get a digital monitoring machine for home use and educate on use.
- Allow the patient to rest for at least five minutes before taking the BP reading.
- Have the patient empty their bladder before taking the BP reading.
- Use appropriate techniques during the reading: the patient keeps legs uncrossed, feet flat on the floor and elbow at the same level as the heart.
- Retake the patient's BP if it is high at the office visit (140/90 mm Hg or greater), document and record the lowest systolic and diastolic reading in the same day.
- Review the patient's hypertensive medication history, patient compliance and consider modifying treatment plans for uncontrolled blood pressure, as needed. If the patient's blood pressure is out of control, refer the patient to pharmacy and/or case management services.
- Educate patients about the risks of uncontrolled blood pressure and reinforce the importance of medication adherence.

Helpful coding tips

- Use CPT Category II codes when billing BP completed in the clinic or if BP was obtained during a telehealth visit.
- Confirm that CPT Category II codes listed on the superbill or within the EHR are valid.
- Consider adding a \$0.01 penny charge when using CPT Category II codes to ensure they are not rejected on the encounter or claim.

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Code sets

Description	CPT II codes
Diastolic blood pressure less than 80 mm Hg	3078F
Diastolic blood pressure 80-89 mm Hg	3079F
Diastolic blood pressure greater than or equal to 90 mm Hg	3080F
Systolic blood pressure less than 130 mm Hg	3074F
Systolic blood pressure 130-139 mm Hg	3075F
Systolic blood pressure greater than or equal to 140 mm Hg	3077F

¹Healthcare Effectiveness Data and Information Set (HEDIS). National Committee for Quality Assurance (NCQA). HEDIS MY 2024 Technical Specifications for Health Plans, Volume 2, Washington, D.C., 2022.

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