Controlling High Blood Pressure (CBP)

New for 2023

Added

- A direct reference code, Z51.5, for an encounter for palliative care
- Frailty exclusion now requires 2 different dates of service during the measurement year

Updated

- Members who died during the measurement year is now a required exclusion
- The following are now required exclusions:
  - ESRD, dialysis, nephrectomy, kidney transplant, or pregnancy

Yes!
Supplemental Data Accepted

Definition

Percentage of members ages 18–85 who had a diagnosis of hypertension (HTN) and whose blood pressure (BP) was adequately controlled at <140/90 mmHg during the measurement year.

Plan(s) Affected	Quality Program(s) Affected	Collection and Reporting Method
• Commercial • Exchange/Marketplace • Medicaid • Medicare	• CMS Quality Rating System • CMS Star Ratings • NCQA Accreditation • NCQA Health Plan Ratings	**Hybrid** • Claim/Encounter Data • Medical Record Documentation • Pharmacy Data

Codes

The following codes can be used to close HEDIS® numerator gaps in care; they are not intended to be a directive of your billing practice.

Systolic Blood Pressure Levels 130-139 mm Hg	
CPT®/CPT II	3075F
Systolic Blood Pressure Level <130 mmHg	
CPT®/CPT II	3074F
Systolic Blood Pressure Level >/=140 mmHg	
CPT®/CPT II	3077F
Diastolic Blood Pressure Level 80-89 mmHg	
CPT®/CPT II	3079F
Diastolic Blood Pressure Level <80 mmHg	
CPT®/CPT II	3078F
Diastolic Blood Pressure Level >/=90 mmHg	
CPT®/CPT II	3080F

***Please continue to code using CPT II codes for a blood pressure reading including a diastolic >90 and systolic >140, as it is important for tracking and addressing quality of care and health outcomes.**

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Required Exclusion(s)

Exclusion	Timeframe
• Members in hospice or using hospice services • Members receiving palliative care • Members who died • Members with a diagnosis of pregnancy	Any time during the measurement year
Members ages 81 and older as of December 31 of the measurement year who had at least 2 diagnoses of frailty on different dates of service	**Frailty** diagnoses must be in the measurement year on different dates of service
Members ages 66–80 as of December 31 of the measurement year who had a at least 2 diagnoses of frailty on different dates of service and advanced illness.* Advanced illness is indicated by one of the following: • Two or more outpatient, observation, emergency room, telephone, e-visits, virtual check-ins or non-acute inpatient encounters or discharge(s)on separate dates of service with a diagnosis of advanced illness • One or more acute inpatient encounter(s) with a diagnosis of advanced illness • One or more acute inpatient discharge(s) with a diagnosis of advanced illness on the discharge claim • Dispensed a dementia medication: Donepezil, Donepezil-memantine, galantamine, rivastigmine or memantine	**Frailty** diagnoses must be in the measurement year year on different dates of service **Advanced illness** diagnosis must be in the measurement year or year prior to the measurement year
Medicare members ages 66 and older as of Dec. 31 of the measurement year who are either: • Enrolled in an Institutional Special Needs Plan (I-SNP) • Living long term in an institution*	Any time during the measurement year on or before December 31 of the measurement year
• Dialysis • End-stage renal disease (ESRD) • Kidney transplant • Nephrectomy	On or before Dec. 31 of the measurement year

*** Supplemental and medical record data may <u>not</u> be used for the frailty, frailty with advanced illness or institutional living exclusions.**

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Important Notes

	Test, Service or Procedure to Close Care Opportunity	Medical Record Detail Including, But Not Limited To
• BP reading must be the latest performed within the measurement year, and on or after the second hypertension diagnosis. • BP readings taken on the same day the member receives a common low-intensity or preventive procedure can be used. Examples include, but aren't limited to: – Eye exam with dilating agents – Injections (e.g., allergy, Depo-Provera®, insulin, lidocaine, steroid, testosterone toradol, or vitamin B-12) – Intrauterine device (IUD) insertion – Tuberculosis (TB) test – Vaccinations – Wart or mole removal	BP reading taken during the measurement year via: - Outpatient visits - Telephone or telehealth visits - Virtual check-ins or e-visits - Non-acute inpatient visits Member-reported BP readings must be taken using a digital device in any of these visit settings and documented in member's medical record. Ranges and threshold will not meet the intent of the measure. A specific BP result needs to be documented. Documentation of 'average BP' will meet the intent of the measure. If multiple BPs were taken on the same day, the lowest systolic and the lowest diastolic should represent the BP result for the date of service.	• Consultation reports • Progress notes • Medical history • SOAP notes • Vitals sheet • CPT II codes on claims

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Important Notes

	Test, Service or Procedure to Close Care Opportunity	Medical Record Detail Including, But Not Limited To
• BP readings taken in the following situations will **not** count toward compliance: – 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 medication on or one day before the day of the test or procedure – with the exception of a fasting blood test. Examples include, but are not limited to: – Colonoscopy – Dialysis, infusions and chemotherapy – Nebulizer treatment with albuterol • BP readings taken by a member using a non-digital device, e.g., manual blood pressure cuff and stethoscope, **do not** meet numerator compliance		• Consultation reports • Progress notes • Medical history • SOAP notes • Vitals sheet

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Tips and Best Practices to Help Close This Care Opportunity

- Please check your Patient Care Opportunity Report (PCOR) often to see members with open care opportunities. If you have questions, your UnitedHealthcare representative can help.
- For additional resources on Blood Pressure rechaecks, go to UHCprovider.com > Resource Library > Healthcare Professional Education and Training > Clinical Tools
- It is important to document patient reported vitals in the official medical record when conducting telehealth, telephone or online assessment visits. Please encourage patients to use a digital device to track and report their BP during every visit.
- **Always list the date of service and BP reading together.**
  - If BP is listed on the vital flow sheet, it must have a date of service.
- It's critical to follow up with a member for a BP check after their initial diagnosis. Schedule member's follow-up visit prior to discharging from clinic.
  - Members who have an elevated BP during an office visit in Aug., Sep. or Oct. should be brought back in for a follow-up visit before Dec. 31.
- Talk with members about what a lower goal BP reading is.
  - For example: 130/80 mmHg
- Remind members who are NPO for a fasting lab they should continue to take their anti-hypertensive medications with a sip of water on the morning of their appointment.
- If your office uses manual blood pressure cuffs, don't round up the BP reading.
  - For example: 138/89 mmHg rounded to 140/90 mmHg
- If a member's initial BP reading is elevated at the start of a visit, you can take multiple readings during the same visit and use the lowest diastolic and lowest systolic to document the overall reading. Retake the member's BP after they've had time to rest.
  - For example: If a member's first BP reading was 160/80 mmHg and the second reading was 120/90 mmHg, use the 120 systolic of the second reading and the 80 diastolic of the first reading to show a BP result of 120/80 mmHg.
  - Place a BP Recheck reminder at exam room to recheck blood pressure if initial blood pressure was 140/90 or higher.
- If a member is seeing a cardiologist for their hypertension, please encourage them to also have their records transferred to their primary care provider's office.
- If a member is new to your office, please get their medical record from their previous care provider to properly document the transfer of care.
- If your office submits CCDs to UnitedHealthcare via our clinical data exchange program, please ensure the CCD function within your EMR system is set up to send CPT II Codes in the extract.
- The use of CPT® Category II codes helps UnitedHealthcare identify clinical outcomes such as systolic and diastolic BP readings. It can also reduce the need for some chart review.
- Place a BP Recheck reminder at exam room to recheck blood pressure if initial blood pressure was 140/90 or higher
- BP readings can be accepted as supplemental data, reducing the need for some chart review. Please contact your UnitedHealthcare representative to discuss clinical data exchange opportunities.
- Sharing member demographic data is critical to understanding the cultural, linguistic and social needs of those we serve and decreasing health inequities across the care continuum. This data can include, but is not limited to, race, ethnicity, language, sexual orientation, gender identity, pronouns, sex assigned at birth and disability status. As part of UnitedHealthcare's clinical structured data exchange program, we encourage you to include this demographic data with any structured data file or CCD. Your information is confidential. UnitedHealthcare will keep personally identifiable