

# Alameda Alliance Wellness Measure Tip Sheet



## Controlling High Blood Pressure (CBP)

This tip sheet is part of the *Alliance Medicare Stars Guide: A Resource for Providers and Clinic Staff*. This tip sheet provides measure-specific guidance, coding tips, and documentation strategies to help clinical teams close care gaps and improve performance on HEDIS® measures tied to Medicare Star Ratings.

For questions or more information, please email the Alliance Stars Team at [DeptStarsTeam@alamedaalliance.org](mailto:DeptStarsTeam@alamedaalliance.org).

**Data Collection Methodology:** Administrative and hybrid

**Measure Description:** Members 18-85 years of age with a diagnosis of hypertension and whose blood pressure (BP) was adequately controlled (less than 140/90 mm Hg) during the measurement year.

**Measure Population (denominator):** Members 18-85 years of age with a diagnosis of hypertension on at least two (2) different dates of service between January 1 of the year prior and June 30 of the measurement year.

**Measure Compliance (numerator):** The final blood pressure reading of the measurement year is adequately controlled (less than 140/90 mm Hg).

**Please Note:** The BP reading must occur on or after the date of the second diagnosis of hypertension.

Guidelines for member-reported BP readings documented in the medical record:

- A distinct numeric result for both systolic and diastolic must be documented in the medical record.
- EHR communications with BPs reported must indicate the date taken.
- May obtain BP during telephone visits, e-visits, or virtual check-ins.
- Must indicate the date that BP was taken.
- Patient-reported blood pressures taken with a digital device are acceptable and should be documented in the medical record. The provider does not need to see the digital reading.

**Coding Tips:** CPT II codes may be used to indicate compliance.

Value Set	CPT II Code	Description
<b>Systolic and Diastolic Result</b>	3074F	Systolic <130
	3075F	Systolic 130-139
	3077F	Systolic ≥140
	3078F	Diastolic <80
	3079F	Diastolic 80-89
	3080F	Diastolic ≥90

**Please Note:** CPT II codes are not reimbursable codes. They are informational codes that should be submitted in conjunction with a visit code for a visit where a BP reading was taken. The table shows a partial list of value set codes. Additional codes are available upon request.

**Not Accepted Readings:**

- Readings taken during an acute inpatient setting or an Emergency Department (ED) visit are excluded.
- Readings taken 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 test or procedure are excluded, except for fasting blood tests.
- Readings reported as a range or threshold are not acceptable.

**Exclusions:**

- Members 66-80 years of age with advanced illness and frailty, or 81 years of age and older with frailty.
- Members who died during the measurement year.
- Members who had a non-acute inpatient admission during the measurement year.
- Members who had a pregnancy diagnosis during the measurement year.
- Members who had ESRD, dialysis, nephrectomy, or kidney transplant at any time during the member's history.
- Members who received hospice services or palliative care during the measurement year.

## How to Improve Your Stars Performance

- Retake the BP if the results are high during an office visit (140/90 mmHg or greater). HEDIS allows use of the lowest systolic/diastolic readings if taken on the same day.
- Take advantage of BP readings taken from remote monitoring devices, as these are now allowed to be used for measure compliance.
- Member reported data are considered services reported by the patient to the health care provider while taking the patient's history and recording in the medical record.
- Member-reported blood pressures are acceptable when performed and documented in the acceptable time frame.
- Documented while obtaining a history (e.g., member reports blood pressure this morning was 127/88).
- Ensure documentation is clear, concise, consistent, complete, and comprehensive.
- Make every visit count by utilizing monthly gap-in-care reports to identify patients who are missing a controlled BP reading in the measurement year.
- Build an alert in your EHR system to prompt clinic staff to retake a patient's BP if reading is elevated.