



Blood Pressure Control for Patients With Diabetes

Wellcare 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, as defined by the following criteria:

- At least one acute inpatient encounter with a diagnosis of diabetes without telehealth.
- At least one acute inpatient discharge with a diagnosis of diabetes on the discharge claim.
- At least two outpatient visits, observation visits, phone visits, e-visits or virtual check-ins, emergency department (ED) visits, nonacute inpatient encounters or nonacute inpatient discharges, on different dates of service with a diagnosis of diabetes. Visit type need not be the same for the two encounters.

Exclusions

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

- Did not have a diagnosis of diabetes in any setting during the measurement year or the year prior and who had a diagnosis of polycystic ovarian syndrome, gestational diabetes or steroid-induced diabetes.
- 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 SNP (I-SNP) or living long-term in an institution.
- Members ages 66 and older (for all product lines) with frailty and advanced illness.

¹Healthcare Effectiveness Data and Information Set (HEDIS). National Committee for Quality Assurance (NCQA). HEDIS 2023 Technical Specifications for Health Plans, Volume 2, Washington, D.C., 2022.

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.
- 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 ED 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 (140/90mm Hg or greater), document and record the lowest systolic and diastolic reading in the same day.

Best practices, con't.

- 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 obtained during a telehealth visit.
- Confirm that CPT Category II codes listed on the superbill or within the Electronic Health Record (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