



HEDIS[®] Controlling Blood Pressure (CBP)

Why HEDIS CBP?

The National Committee for Quality Assurance (NCQA) has developed Healthcare Effectiveness Data and Information Set (HEDIS) measures as a tool for performance improvement. We collect HEDIS data from our providers to measure and improve the quality of care our members receive. An adequately controlled blood pressure (CBP) is one of 96 HEDIS measurements.

NCQA recommends our members between 18 and 85 years of age have a blood pressure assessment annually during an outpatient visit. NCQA indicates that a blood pressure that is < 140/90 is deemed adequately controlled.¹

NCQA's Measure Definition for CBP: Members between 18 and 85 years of age on the date of service with a diagnosis of hypertension (HTN). CBP requires the most recent blood pressure reading during the measurement year that occurred on or after second diagnosis of hypertension.²

Chart Documentation Suggestions

- Chart documentation should include the date of service and the systolic and diastolic blood pressure values.
- If your office uses paper charts:
 - Document the lowest systolic and diastolic blood pressure reading in the medical record
- If your office uses an electronic medical record:
 - Ensure that the blood pressure reading transfers to the vitals sheet or progress notes with a date of service
- If multiple blood pressures are recorded on the same date of service, use the lowest systolic reading and lowest diastolic reading from that date as the representative blood pressure.



Tips from the American Heart Association (AHA) for Taking Blood Pressure Readings in the Office³

- Cuff size and placement: Make sure the proper cuff size is used and cuff is placed on the patient's bare arm. Improper cuff size and placement may alter a BP reading by 5-50 mmHg.
- Positioning: Ensure patient is seated in a chair with back supported, feet flat on the ground, and their legs are uncrossed. Crossing legs can elevate the BP by 2-8 mmHg.
- Support: Position patient with arm supported at heart level. An unsupported or hanging arm can elevate the BP by 10-12 mmHg.
- Take it twice: If the patient has an elevated BP reading at the beginning of the visit, switch arms and retake and record it at the end of the visit.

CBP ICD-10 Codes for Hypertension

The following ICD-10 codes are provided as a guide for physician reporting and do not constitute coding advice. Actual code(s) billed should reflect the services provided to each individual patient in the appropriate setting.

ICD-10 Code ⁴	Description
I10	Essential Primary Hypertension
I11.9	Hypertensive Heart Disease without Heart Failure
I12.9	Hypertensive chronic kidney disease with stage 1 through stage 4 chronic kidney disease, or unspecified chronic kidney disease
I13.10	Hypertensive heart and chronic kidney disease without heart failure, with stage 1 through stage 4 chronic kidney disease, or unspecified chronic kidney disease
I16.0	Hypertensive urgency
I16.1	Hypertensive emergency
I16.9	Hypertensive crisis, unspecified

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1,2. NCQA, HEDIS and Performance Measurement, 2020. <https://www.ncqa.org/hedis>

3. AHA, Target:BP. <https://targetbp.org/blood-pressure-improvement-program/control-bp/measure-accurately>

4. World Health Organization, International Classification of Diseases, Tenth Edition. https://www.who.int/classifications/icd/ICD10Volume2_en_2010.pdf

5. AMA, CPT Category II 2020. <https://www.ama-assn.org/practice-management/cpt/category-ii-codes>

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