

Blood Pressure Control for Patients With Diabetes (BPD)

HEDIS Tip Sheet MY 2024



Measure definition

The percentage of members 18 – 75 years of age with a diagnosis of diabetes (type 1 and 2) whose blood pressure (BP) was adequately controlled (<140/90 mm Hg) during the measurement year

Plans(s)	Quality Program(s)	Collection and Reporting
Medicaid Medicare	CMS Star Ratings NCQA Accreditation NCQA Health Plan Ratings	Administrative and Hybrid: Claim/Encounter Data and Medical Record Review

Best practices for quality care

- Document BP readings at every visit using an appropriately sized BP cuff.
- Ensure that the member’s feet are on the floor and their arm is supported and at heart level.
- If the BP is elevated during the fall of the measurement year, the member should be brought back in for a follow up visit prior to December 31.
- Encourage members to use a digital device to track their BP at home and report their readings during every visit. Members can also report home blood pressures to their provider during a telehealth visit, e-visit or virtual visit. Members must use a digital device and this information must be included in the medical record.
- Educate members about the risks of uncontrolled blood pressure.
- Reinforce medication adherence and encourage 90 days fills when appropriate.

Quality score improvement tips

- Blood pressure reading must be performed during the measurement year. For this measure, the last BP reading of the year will be used.
- If the member’s initial BP is elevated (140/90 mmHg or greater), you can take multiple readings during the same visit and can record the lowest diastolic and the lowest systolic to document the overall reading.
- Do not round BP values up. If using an automated machine, record exact values. Ranges and thresholds will not meet criteria. A distinct numeric result for both the systolic and diastolic BP is required.
- Blood Pressure CPT II codes are underutilized. Bill blood pressure CPT II codes to increase compliance administratively and potentially decrease chart review.
- When you can and cannot use BP readings:
 - BP readings taken the same day the member receives a common, low-intensity or preventive procedure can be used. Some examples are vaccinations, exams with dilating agents, fasting blood tests, intrauterine device (IUD) insertion and wart removal.
 - Do not include BP readings taken during an inpatient stay or emergency room visit.
 - You can include BP readings from most urgent care visits.
 - Do not include BP’s taken on the same day as a diagnostic test or procedure that requires a medication or diet change (i.e. fasting). Some examples are colonoscopy, dialysis and chemotherapy infusions. Fasting blood tests are an exception.

Exclusions

- Members who used hospice services or elected to use a hospice benefit anytime during the measurement year.
- Members who died any time during the measurement year.
- Members who received palliative care or had an encounter for palliative care any time during the measurement year.
- Medicare members 66 years of age or older as of December 31 of the measurement year that meet either of the following:
 - Enrolled in an intuitional SNP (I-SNP) anytime during the measurement year.
 - Living long term in an institution anytime during the measurement year.
- Members 66 years of age and older by the end of the measurement year, with both frailty and advanced illness. Members must meet both frailty and advanced illness criteria to be excluded:
 - Frailty – At least two indications of frailty with different dates of service any time during the measurement year.
 - Advanced illness – Must have one of the following during the measurement year or the year prior to the measurement year:
 - Advanced illness on at least two different dates of service.
 - Dispensed dementia medication (Donepezil, Donepezil-memantine, galantamine, rivastigmine or memantine).

Numerator codes

There is a large list of approved NCQA codes used to identify services included in this measure. The following are the approved codes. For more information, please refer to the American Academy of Professional Coders (AAPC). CPT II codes can be accepted as supplemental data, reducing the need for chart collection and review during the HEDIS hybrid season.

CODES		DESCRIPTIONS
CPT II	3078F	Diastolic BP less than 80
CPT II	3079F	Diastolic BP 80 - 89
CPT II	3080F	Diastolic BP greater than or equal to 90
CPT II	3074F	Systolic BP less than 130
CPT II	3075F	Systolic BP 130 – 139
CPT II	3077F	Systolic BP greater than or equal to 140
ICD 10	E10.9	Type 1 diabetes mellitus without complications
ICD 10	E10.8	Type 1 diabetes mellitus with unspecified complications
ICD 10	E11.9	Type 2 diabetes mellitus without complications
ICD 10	E11.8	Type 2 diabetes mellitus with unspecified complications
ICD 10	E13.9	Other specified diabetes mellitus without complications
ICD 10	E13.8	Other specified diabetes mellitus with unspecified complications

How WellSense can help

HEDIS tip sheets are designed to help WellSense providers improve and report the quality of care delivered to WellSense members across key metrics.

If you have questions around HEDIS documentation and quality measures, please email the Quality Team at WS_Quality_Dept@wellsense.org.