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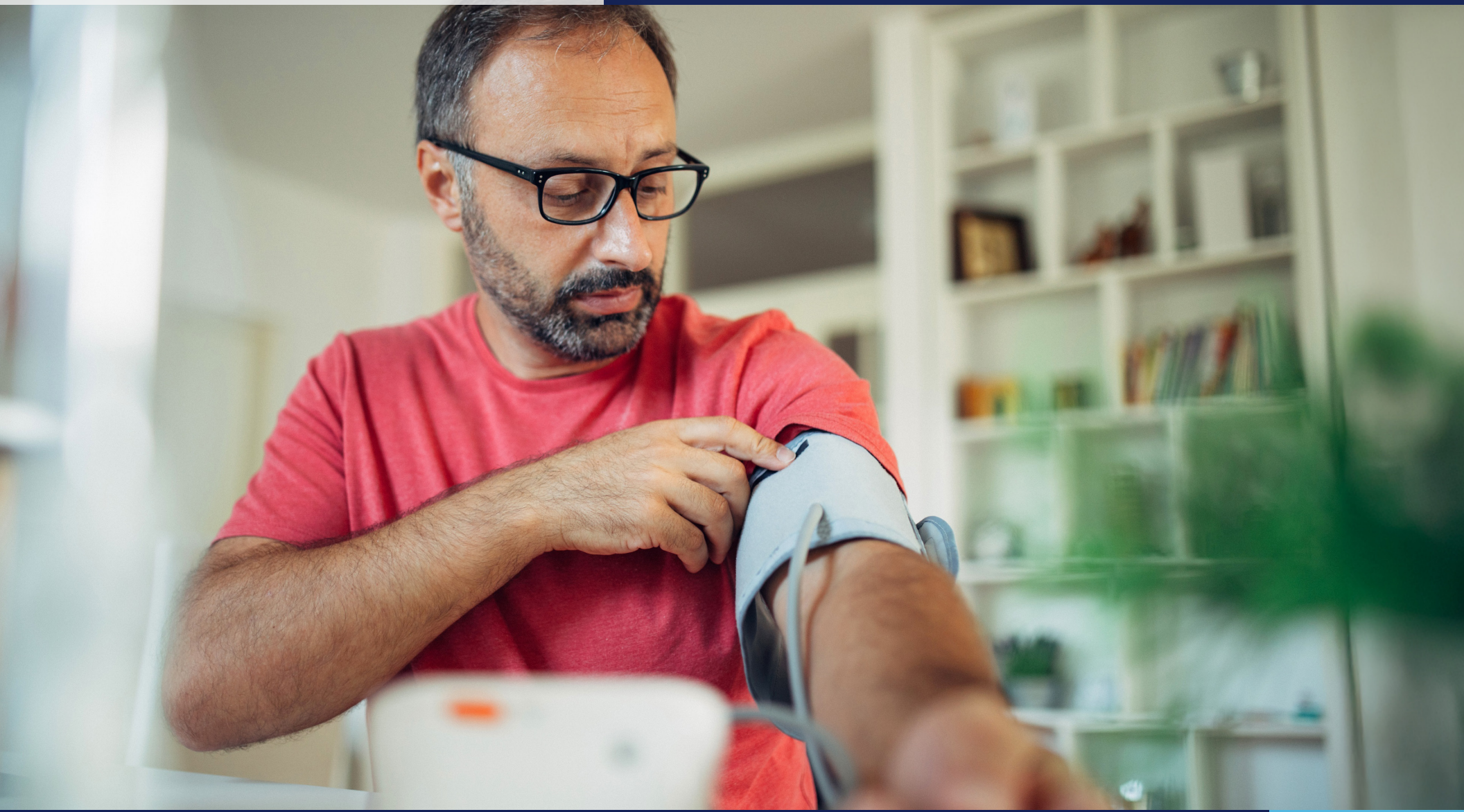
Controlling Blood Pressure Education and Resource Guide



Introduction

Hypertension is one of the most common chronic conditions among the patient population we serve. Controlling high blood pressure is an important step in preventing other adverse health outcomes like heart attacks, stroke, kidney disease, and other serious conditions. We have identified opportunities for improvement in controlling hypertension, which may also lead to better performance and increased QCP incentives for providers.

As providers, you can help patients manage their high blood pressure by prescribing medications and encouraging low-sodium diets, increased physical activity, and smoking cessation. This guide can serve as a foundation for your office to:

- Learn more about the Controlling Blood Pressure (CBP) measure
- Understand how you can impact your QCP incentive
- Discover how we can support you and your care teams

How Does the CBP Measure Impact Me?

Providers who leverage HEDIS measures, including CBP, may experience the following:

- **Improved patient care:** Clinicians obtain an integrated, holistic and clinically objective view of their patients.
- **Optimal use of visits:** Addresses important gaps in care.
- **Satisfaction of the CBP measure:** Our QCP program helps providers earn quality incentive dollars if the member's blood pressure is less than 140/90.

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CBP Measure Specifications

Description	**Data Tracked:** The percentage of patients 18-85 years of age who had a diagnosis of hypertension and whose most recent blood pressure (BP) reading was adequately controlled during the measurement year. Adequate control is defined as BP <140/90 mm Hg. **Data Collection:** Blood pressure readings must be taken using a digital device and can be taken during an outpatient visit, telephone visit, e-visit/virtual check-in, nonacute inpatient encounter or remote monitoring event. **Data Sharing:** Results can be taken by the member and reported to the provider verbally over the phone. Medical record documentation must clearly state that the reading was taken by a digital device. **Note**: This measure uses the most recent BP reading (as long as it occurred on or after the date of the second diagnosis of hypertension). If there is no BP recorded during the measurement year, or if the reading is incomplete, the patient is considered not compliant. If there are multiple BPs on the same date of service, use the lowest systolic and lowest diastolic BP on that date as the representative BP.
Product Lines	Medicaid and Medicare
Eligible Patients	Patients who turn 18 years old during the measurement year are included. Patients are identified as hypertensive if there have been at least two visits on different dates of services with a diagnosis of hypertension in the first six months of the measurement year and the year prior to the measurement year. Visit type need not be the same for both visits.

Exclusions	• Patients in hospice or receiving palliative care during the measurement year. • Patients with evidence of end-stage renal disease (ESRD), dialysis, nephrectomy or kidney transplant any time during the patient's history on or prior to December 31 of the measurement year. • Patients with a diagnosis of pregnancy any time during the measurement year. • Medicare patients 66 years of age and older who meet either of the following: ○ Enrolled in an Institutional SNP (I-SNP) ○ Living long-term in an institution

Coding and Reimbursement Information

The following codes are reported based on the service provided:

Online Assessments	
CPT/CPT II	98970 – 98972, 99421 – 99423
HCPCS	G0071: Rural Health Clinic (RHC) or Federally Qualified Health Center (FQHC) Only G2010; G2012

Telephone Visits	
CPT/CPT II	98966 – 98968, 98008 – 98016

Codes for Blood Pressure		
CPT/CPT II	Diastolic < 80 mm Hg:	3078F
	Diastolic 80-89 mm Hg:	3079F
	Diastolic ≥ 90 mm Hg: 3080F	3080F
	Systolic < 140 mm Hg:	3074F, 3075F
	Systolic ≥ 140 mm Hg:	3077F

Blood Pressure Self-Measurement	
99473	Self-measured blood pressure using a device validated for clinical accuracy; patient education/training and device calibration
99474	Self-measured blood pressure using a device validated for clinical accuracy; separate self-measurements of two blood pressure readings one minute apart, twice daily over a 30-day period (minimum of 12 blood pressure readings), collection of data reported by the patient and/or caregiver to the physician or other qualified health care professional, with report of average systolic and diastolic pressures and subsequent communication of a treatment plan to the patient

Reimbursement for Blood Pressure Cuff Education

Did you know you can get reimbursed for providing and billing for blood pressure cuff education?

CPT Code 99473 is reimbursable on both the DHS and CMS fee schedules, which includes ACA.

Additional information about blood pressure cuff education and reimbursement:

- There is zero cost sharing for your patients.
- **CPT code 99473** can be billed by a physician or other qualified health care professional.
- **CPT code 99473** has a limit of one unit per calendar year.
- E&M codes can be billed alongside **CPT code 99473**.

There is also reimbursement tied to **CPT code 99474**. Reimbursement depends on location of service. **CPT code 99474** is not on the DHS fee schedule and is not payable for Medicaid.

Click here for the Ordering Form

For more detailed instructions on Standing or EMR orders, **Click here** for the Blood Pressure Cuff Quick Reference Guide.

Tips to Improve Performance

- Confirm the diagnosis using blood pressure readings and tests.
- Do not code hypertension based on member reported information.
- Use CPT II codes to indicate the patient's blood pressure range. If possible, work with your IT teams to automate the CPT II codes that correspond to the systolic and diastolic blood pressure readings.
- Take a second reading during your patient's visit if the initial reading is not controlled.
- If multiple blood pressure readings are recorded on the same date, use the lowest reading.
- Schedule follow-up visits for your patient to have their blood pressure rechecked as needed.
- Review your patient's adherence to hypertension medications. Ask about, and address, any barriers that prevent them from being compliant, such as medication cost or transportation concerns.
- If barriers impacting adherence are identified (transportation, financial, etc.) refer your patients to available community resources that may help. They can visit **hpp.findhelp.com** to be connected with free or reduced cost help around food, housing, transit, job training, and more. Submit the appropriate ICD-10 CM codes to indicate the appropriate health related social need.
- Review your patient's treatment plan for uncontrolled blood pressure (e.g., lifestyle modifications, adherence to treatment recommendations).
- Review monthly care gap reports in our provider portal to identify non-compliant members. Refer to the **Quality Reporting Calendar** for more information about when you can expect HTN Mini-Worklists.
- Request that a blood pressure cuff be mailed to your patient's home so they can self-manage their hypertension (for details, see the **Form and Supply Requests page** on our website).
- Most local pharmacies offer blood pressure checks. If patients do not have a cuff at home or do not feel comfortable taking their own blood pressure, advise them to check with their preferred pharmacy.

Telehealth

Patient-reported blood pressure readings during telehealth visits or telephone assessments are permissible.

Importance of Recording and Correctly Coding Blood Pressures

During the COVID-19 pandemic, telemedicine became a preferred visit method for many providers and patients. That's why actively monitoring hypertensive and diabetic patients is more important than ever.

Telemedicine is a great opportunity to monitor chronic conditions like hypertension remotely in between in-person visits. Patients should take their blood pressure immediately prior to any telemedicine visit with your practice and the reading should be documented in their medical record. Patient self-reported blood pressure readings can be used to close care gaps. ***Be sure to document in the patient's chart that the blood pressure was reported by an electronic device.***

We provide free automatic blood pressure cuffs to our hypertensive members. More information is available in the Blood Pressure Cuffs section of this guide. Please use the appropriate codes when submitting a claim related to hypertension and diabetes, which can be found in the QCP manual. Your network market manager can provide a manual for you if you need one.

We encourage providers to utilize telehealth when appropriate to improve and expand patient access to care. Professional telehealth services are covered and are reimbursable when the following requirements are met:

- Service is medically necessary and is delivered using:
  - Interactive, synchronous (real-time) two-way audio and video
  - A telephone (audio telecommunication only/telephone call)
  - Online digital communication.
- Interaction must occur between provider and member.
- Service must be rendered by Jefferson Health Plans/Health Partners Plans Physician (PCP or specialist), CRNP, nutritionist, registered nurse, or physician assistant working under the direct supervision of the physician contracted to perform professional telehealth services.

For more information, view our telehealth policies on **HPPlans.com/policybulletins**.

Pharmacy and Medication Adherence

As a provider, it is important to identify barriers that patients may have with staying on track with their medications. Providers can help with medication adherence by:

- Reminding patients to take the right medication at the right time each day and the way it is prescribed.
- Prescribing extended day supplies for eligible medications (up to a 90-day supply for Medicaid and up to a 100-day supply for Medicare).
- Encouraging patients to talk about any challenges they may have while taking their medications.

What may seem like a routine trip to a pharmacy may be challenging for some. However, we may be able to assist members through:

- Extended day supply (up to a 90-day supply for Medicaid and up to a 100-day supply for Medicare)
- Mail order pharmacy
- Pharmacies that offer delivery options

For Jefferson Health Plans Medicare Advantage members and Health Partners Plans Medicaid members with stable treatment regimens, consider writing extended day supplies for eligible medications. This decreases the frequency that members need to pick up their medications at the pharmacy. For some Medicare members, it can save money compared to refilling every 30 days.

Some Medicare and Medicaid members may be able to obtain their prescriptions through mail order pharmacy. This way, medications will be delivered directly to the member. We rely on a single mail order pharmacy to better serve our members, which is provided by CVS Caremark Mail Service Pharmacy. Please note that some medications may not be available through mail order pharmacy.

There are two ways to have medications filled by mail order pharmacy:

1. Members can ask their doctor to have their medication prescriptions sent to CVS Caremark Mail Service Pharmacy, which can be found at **caremark.com/mailservice**.

OR

2. Members can contact their doctor about changing to mail order pharmacy or members can call CVS Caremark Mail Service Pharmacy at **1-855-582-2023** for Medicare members or **1-800-756-7186** for Medicaid/Individual and Family Plans members.

In addition, several participating pharmacies offer delivery for our members.

Please visit **HPPlans.com/tools** to see a list of participating pharmacies.

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