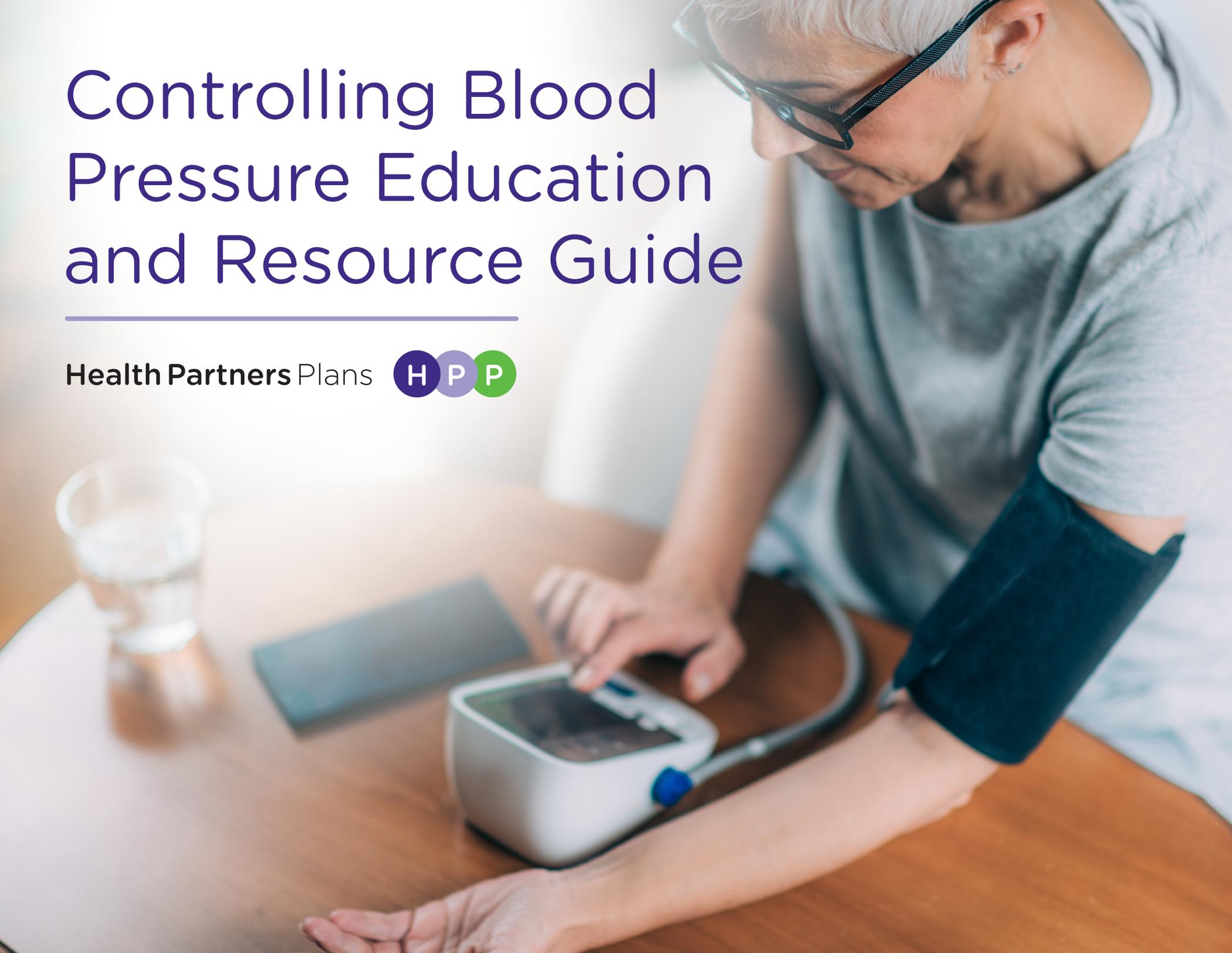


Controlling Blood Pressure Education and Resource Guide

Health Partners Plans 



INTRODUCTION

Hypertension is one of the most common chronic conditions among the HPP population. Controlling high blood pressure is an important step in preventing other adverse health outcomes like heart attacks, stroke, kidney disease and other serious conditions. HPP has identified opportunity 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 CBP measure
- Understand how you can impact your QCP incentive
- Discover how HPP 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:** HPP's QCP program helps providers earn up to \$2.75 per member per month for Medicare members and \$2.00 per member per month for Medicaid members if the member's blood pressure is less than 140/90.

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Measure Specifications

<p>Description</p>	<p>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.</p> <p>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.</p> <p>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.</p> <p>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.</p>
<p>Product Lines</p>	<p>Medicaid and Medicare</p>
<p>Eligible Patients</p>	<p>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.</p>
<p>Exclusions</p>	<ul style="list-style-type: none"> • Patients in hospice or receiving palliative care during the measurement year. • Patients 66 years of age and older with frailty and advanced illness. Patients must meet both of the following to be excluded: <ul style="list-style-type: none"> o Claim/encounter for frailty during the measurement year o Any of the following during the measurement year or the year prior: <ul style="list-style-type: none"> • Two outpatient visits, observation visits, ED visits, telephone visits, e-visits/virtual check-ins, or nonacute inpatient encounters/discharges on different dates of service, with an advanced illness diagnosis. • One acute inpatient encounter with an advanced illness diagnosis. • At least one acute inpatient discharge with an advanced illness diagnosis. • A dispensed dementia medication.

Coding 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, 99441 - 99443

Codes for Blood Pressure		
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

Tips to Improve Performance

- Confirm the diagnosis using blood pressure readings and tests. Do not code hypertension based on member reported information.
- 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 BP rechecked as needed.
- Review your patient's adherence to hypertension medications. Ask 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. Submit the appropriate ICD-10 CM codes to indicate the appropriate social determinant of health.
- Review your patient's treatment plan for uncontrolled BP (e.g., lifestyle modifications, adherence to treatment recommendations).
- Review HPP's weekly member level reports in our provider portal to identify noncompliant members.
- 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 of the HPP provider 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.

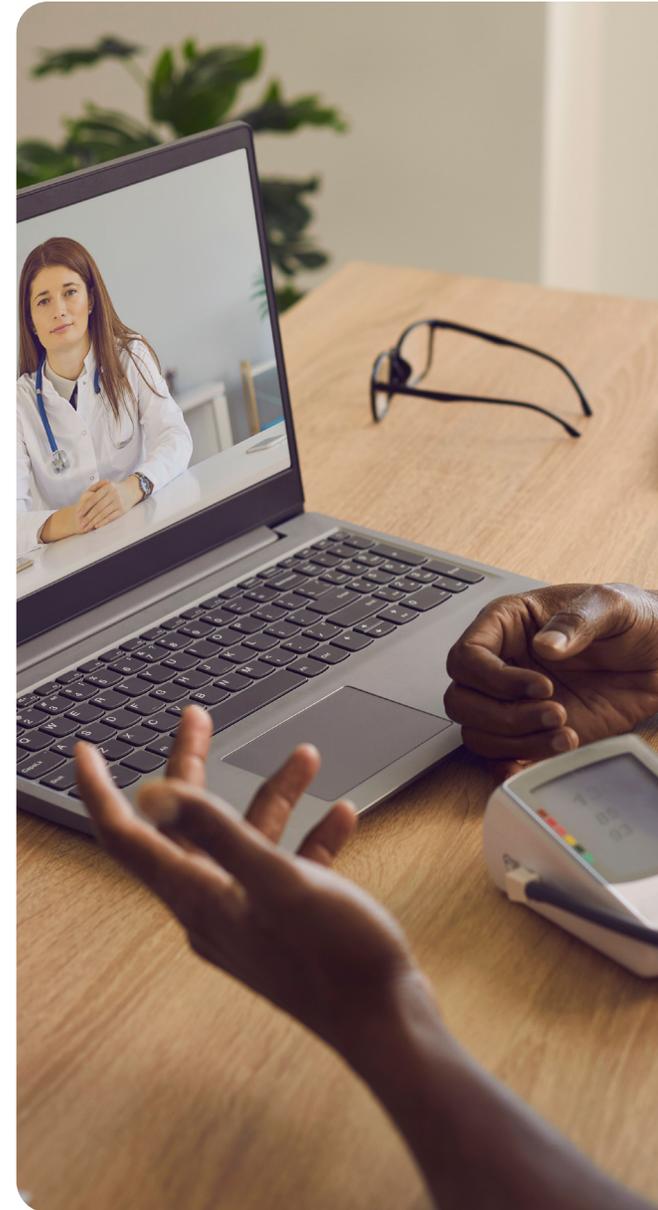
Telemedicine is a great opportunity to monitor chronic conditions like hypertension remotely in between in-person visits. Patients should take their blood pressure immediately prior to any telemedicine visit with your practice and the reading should be documented in their medical record. Patient self-reported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

HPP provides free automatic blood pressure cuffs to our hypertensive members. More information is available in the Coverage for 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 account manager can provide a manual for you if you need one.

HPP encourages 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:
 - o Interactive, synchronous (real-time) two-way audio and video
 - o A telephone (audio telecommunication only/telephone call)
 - o Online digital communication.
- Interaction must occur between provider and member.
- Service must be rendered by HPP 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 HPP's telehealth policies on [HPPlans.com/policybulletins](https://www.hppplans.com/policybulletins).



Coverage for Blood Pressure Cuffs

Blood pressure cuffs can allow patients to monitor their blood pressure and report their results based on your direction. As a provider, you can complete and submit a blood pressure cuff referral form when appropriate for Medicaid and Medicare patients. A prescription from a provider is required.

- Medicaid: Any Medicaid member with a hypertension diagnosis is eligible to get a BP cuff with a physicians' script.
- Medicare: Blood pressure cuffs will be offered to members with uncontrolled hypertension. A doctor must recommend that a member needs these items. Limitations may apply. HPP offers telemonitoring for DM/CHF/HTN. ***New in 2022***

A4670 - Automatic blood pressure monitor is payable for Medicare and Medicaid members > 18 years old, when reported by a par DME provider.



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 90-day supplies for eligible medications.
- 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, HPP may be able to assist members through:

- 90-day supply
- Mail order pharmacy
- Pharmacies that offer delivery options

For Medicare and Medicaid members with stable treatment regimens, consider writing 90-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. Health Partners Plans relies 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](https://www.caremark.com/mailservice).

OR

2. Members can call CVS Caremark Mail Service Pharmacy at 1-800-552-8159 to contact their doctor about changing to mail order pharmacy.

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

Please visit [HPPlans.com/tools](https://www.HPPlans.com/tools) to see a list of participating pharmacies.

White Coat Syndrome

“White coat syndrome” is a phenomenon that occurs when a patient’s blood pressure registers higher in a doctor’s office than it does in other settings, such as at home. Whether from anxiety about the visit or the stress of trying to get to an appointment on time, systolic pressure can register 10-30 mmHg and the diastolic reading 5mmHg higher than what is typical for that patient.

For those who are already prescribed medication for hypertension, it’s good practice to retake a blood pressure that registers 140/90 or higher, waiting until a bit later in the visit to do so. Ideally, the patient should be sitting in a relaxed position, with their legs uncrossed, their arm supported and the BP taken with an appropriately fitting cuff.

While automatic blood pressure machines are a convenient way to record pressure, a manual measurement taken by a clinician or well-trained ancillary staff member might provide a more accurate standard of reference and should be considered, especially if you suspect that “white coat syndrome” may be a factor in a patient who is compliant with medication and diet.

