2016 HEDIS Measure: Controlling Blood Pressure

The Healthcare Effectiveness Data and Information Set (HEDIS®) review for Controlling Blood Pressure (CBP) consists of a random selection of members 18-85 years of age with a confirmation of a hypertension diagnosis on or before June 30th of the measurement year and documentation of the most recent blood pressure reading(s) in the measurement year after the diagnosis of hypertension.

Notation of adequate control of blood pressure during the measurement year is based on the following criteria:

- Members 18-59 years of age whose BP was <140/90 mm Hg.
- Members 60-85 years of age with a diagnosis of diabetes whose BP was <140/90 mm Hg.
- Members 60-85 years of age without a diagnosis of diabetes whose BP was <150/90 mm Hg.

Best Practices

- If initial blood pressure elevated, recheck
- Do not round up blood pressure reading result (i.e., SBP 139 to 140)

Notation indicating a diagnosis of hypertension is acceptable on the following documents (at an outpatient setting):

- Problem list
- Office or progress note
- Subjective, objective, assessment and plan (SOAP) note
- Encounter form
- Diagnostic report
- Hospital discharge summary

Documentation of hypertension must include one of the following notations in the medical records:

- Elevated BP, Elevated Blood Pressure, ↑BP
- High BP, High Blood Pressure, HBP
- Hypertension, HTN
- Unspecified hypertension (e.g., labile, transient) and other terms with borderline or intermittent hypertension
- Borderline HTN
- Intermittent HTN
- History of HTN
- Hypertensive vascular disease (HVD)
- Hyperpiesia, Hyperpiesis
- Essential HTN, Malignant HTN
- Benign Hypertension (HTN), Unspecified HTN

Source: NCQA HEDIS 2016 Technical Specifications & NCQA PCS (clarifications) – 2016 HEDIS 900-1741-0516
- Essential Hypertension - ICD9 401.xx and ICD10 I10 codes
- Systemic HTN, hypertensive disorder, accelerated HTN
- HTN, HTN with CKD, hypertensive disease, hypertensive heart disease, hypertensive cardiac disease, hypertensive renal disease
- Arterial Hypertension or Arterial HTN

The following statements are not sufficient evidence to confirm a hypertension diagnosis:
- Rule out HTN
- Possible HTN
- White-coat HTN
- Questionable HTN
- Consistent with HTN
- Reactive HTN
- Pulmonary HTN
- Systolic HTN, Diastolic HTN
- Pulmonary Arterial Hypertension
- HPT, HT, HPTN abbreviations

BP reading is not acceptable in the following settings:
- Acute inpatient stay or an emergency department visit
- Outpatient visit (diagnostic test or surgical procedure performed (e.g., colonoscopy, removal of a skin lesion)
- Same day of a major diagnostic or surgical procedure (e.g., EKG/ECG, stress test, IV contrast for a radiology procedure, endoscopy).
- Self reported by the member

Medical History Exclusion Criteria:
- Evidence of end-stage renal disease (ESRD), kidney transplant or dialysis on or prior to the December 31st of the measurement year
- Diagnosis of pregnancy during the measurement year
- Non-acute inpatient admission during measurement year

Examples of documentation showing evidence of ESRD/dialysis/renal transplant include:
- Chronic Kidney Disease (CKD), Stage V
- End Stage Renal Disease (ESRD)
- Dialysis
- Hemodialysis
- Peritoneal dialysis
- Continues Ambulatory Peritoneal Dialysis (CAPD)
- AV Fistula/Dialysis Fistula
- AV Shunt/Dialysis Shunt
- Graft for dialysis
- Renal transplant
- Kidney transplant

The following does not count for evidence of ESRD:
- Renal Insufficiency (NOS)
- Chronic Kidney Disease (CKD), Stage I through IV (Stage 1; Stage II Mild; Stage III Moderate; Stage IV Severe)