



IMPROVING HEALTH CARE QUALITY

Controlling High Blood Pressure

Blue Cross and Blue Shield of New Mexico (BCBSNM) collects data from our providers to measure and improve the quality of care our members receive. Controlling High Blood Pressure (CBP) is one aspect of care we measure in our quality programs. Quality measures evaluate a prior calendar year performance.

What We Measure

The CBP measure captures members ages 18 to 85 who had a diagnosis of hypertension and whose blood pressure (BP) was adequately controlled (<140/90 mm Hg).

CBP is a Healthcare Effectiveness Data and Information Set (HEDIS®) measure. See the [National Committee for Quality Assurance \(NCQA\) website](#) for more details.

Why It Matters

High blood pressure increases the risk of heart disease and stroke, which are among the leading causes of death in the U.S. According to the [American Heart Association](#), blood pressure control can reduce this risk as well as the risk of kidney disease, vision loss, peripheral artery disease and sexual dysfunction.

Eligible Population

Members ages 18 to 85 are included in this measures who have a diagnosis of hypertension and whose blood pressure during the measurement year in the outpatient setting is controlled as follows:

- Systolic blood pressure < 140 mmHg
- Diastolic blood pressure < 90 mmHg

Note: If no blood pressure is recorded or if the reading is incomplete (systolic or diastolic documentation is missing) during the measurement year, the member is counted as not controlled.

Exclusions: Members who received hospice or palliative care during the measurement year.



Tips to Consider

- Discuss with our members the importance of taking medications as prescribed, smoking cessation, increased physical activity and eating a low-sodium diet.
- Encourage members to return for follow-up visits.
- Reach out to members who cancel or miss appointments and help them reschedule as soon as possible.

How to Document

CBP data is collected through claims data and chart review. The blood pressure reading must occur on or after the date of the second diagnosis of hypertension.

- Submit claims using correct Current Procedural Terminology (CPT®) II codes.
- Document blood pressure in the member's medical record. Include the date and result.
- Don't round up blood pressure values. If using an automated machine, record exact values.
- If multiple blood pressure readings are taken during a visit, record one each in the medical record.
- Document blood pressure readings taken or viewed during all outpatient visits, telephone visits, e-visits or virtual check-ins, non-acute inpatient encounters or remote monitoring events.

For more information, see [NCQA's HEDIS Measures and Technical Resources](#).



Questions?

Contact your BCBSNM Network Representative.



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