Blood Pressure Control for Patients With Diabetes (BPD)

This measure identifies all members between 18–75 years of age with diabetes (types 1 and 2) whose blood pressure (BP) was adequately controlled (< 140/90 mm Hg) during the measurement year.

- **Compliant or Controlled:** Any systolic value between < 130 and 139 or any diastolic value between < 80 and 90
- **Non-Compliant or Uncontrolled:** Any systolic value > 140 and any diastolic value > 90

Note: If multiple readings were recorded for a single date, use the lowest systolic and lowest diastolic BP on that date as the representative BP. The systolic and diastolic results do not need to be from the same reading.

Members are identified through the following methods:

1. Members who were diagnosed with diabetes within the last two years, or
2. Members who were dispensed insulin or hypoglycemics/antihyperglycemics within the last two years and had at least one diagnosis of diabetes within the last two years.

How You Can Help

Recommend lifestyle modifications:

- Diet
- Exercise
- Weight management
- Stress reduction
- Smoking cessation

Manage needed medications:

- **ACE inhibitors and ARBs.** These medications are often the first line of treatment for hypertension in patients with diabetes, as they can help protect the kidneys and slow the progression of diabetic kidney disease.
- **Diuretics.** Also known as “water pills,” diuretics help the body get rid of excess fluid, which can lower blood pressure.
- **Calcium channel blockers.** These medications relax blood vessels, making it easier for blood to flow and lowering blood pressure.
- **Beta blockers.** These medications can help lower blood pressure and heart rate, but they can also mask the symptoms of low blood sugar, so patients with diabetes should be cautious when using them and monitor their blood sugar levels closely.
- **Alpha blockers.** These medications can be helpful for patients with hypertension and diabetes, as they can improve blood sugar control and lipid levels.
- **Combination therapy.** Many patients with diabetes and hypertension may need a combination of medications to achieve optimal blood pressure control.
- **SGLT2 inhibitors.** These medications, primarily used to treat diabetes, have also been shown to help lower blood pressure and slow down kidney and heart damage.
- **GLP-1 receptor agonists (GLP-1RAs).** These medications, used to treat type 2 diabetes, can also help reduce body weight and blood pressure.

Monitor and follow up on a regular basis:

- **Regular blood pressure checks.** Patients should regularly monitor their blood pressure and report any concerns to their doctor.
- **Blood sugar monitoring.** Patients with diabetes need to closely monitor their blood sugar levels and work with their doctor to manage their diabetes effectively.
- **Kidney function tests.** Regular monitoring of kidney function is important, especially for patients taking medications that can affect kidney health.
- **Regular check-ups.** Patients should attend regular check-ups with their doctor to monitor their blood pressure, diabetes, and overall health.

Exclude blood pressure data when performed as follows:

- BPs taken during an **acute inpatient** stay or an ED visit.
- BPs taken o**n the same day as a diagnostic test or diagnostic or therapeutic procedure** that requires a change in diet or change in medication on or one day before the day of the test or procedure, except for fasting blood tests.
- BPs **taken by the member using a non-digital device** such as with a manual blood pressure cuff and a stethoscope.
- Members who use **hospice services** or elect to **use a hospice benefit during** the year.
- Members who **die** any time during the year.
- Members receiving **palliative care** any time during the year or had an **encounter for palliative care** (ICD-10-CM code Z51.5) any time during the measurement year. Do not include laboratory claims.
- Medicare members 66 years of age and older as of December 31 who were enrolled in an **Institutional SNP** (I-SNP), living **long-term in an institution**, had at least **two indications of frailty** on different dates of service, or were identified with **advanced illness** during the measurement year.
  - Advanced illness is identified as either of the following during the measurement year or the year prior:
    - Advanced illness on at least two different dates of service (do not include laboratory claims).
    - Dispensed dementia medication (refer to the table below).

Dementia medications to dispense:

Cholinesterase inhibitors	Donepezil
	Galantamine
	Rivastigmine
Miscellaneous central nervous system agents	Memantine
Dementia combinations	Donepezil-memantine

Coding Tips and Billing Recommendations

When closing open BPD care gaps, it's best practice to utilize all applicable Reporting Codes when billing services.

What are Reporting Codes?

- **CPT® II:** Current Procedural Terminology (CPT) Category II Codes
  - Supplemental, alphanumeric codes used for tracking and measuring performance and quality of care, rather than for billing, and are intended to facilitate data collection on services and test results that contribute to positive patient outcomes.
- **LOINC:** Logical Observation Identifiers, Names, and Codes
  - A common language (set of identifiers, names, and codes) for identifying health measurements, observations, and documents. If you think of an observation as a "question" and the observation result value as an "answer."
- **SNOMED CT:** Systematized Nomenclature of Medicine — Clinical Terms
  - A comprehensive clinical terminology system used to record and share health information electronically, especially in electronic health records, by providing a standardized language for describing clinical concepts, observations, and procedures.

Why are Reporting Codes important and how do they close gaps in care?

The health plan gathers data relayed to them by the performing providers to understand the full clinical history of the member. This information can close quality care gaps related to specific health outcome measures. Reporting Codes should be submitted in conjunction with all other procedural service codes or other codes used for billing and will decrease the need for record abstraction and chart reviews, in return, minimizing your administrative burden.

How to bill Reporting Codes:

All Reporting Codes are billed in the procedure code field, just as CPT or procedure codes are billed. Reporting Codes describe clinical components usually included in evaluation and management or clinical services and are not associated with any relative value. Therefore, CPT II codes are billed with a $0.00 or $0.01 billable charge amount.

The following table lists the applicable Reporting Codes used to report controlling blood pressure values to the health plan.

Remember: Billing codes close gaps when billed and reduces medical chart collections.

Code System	Code	Definition
CPT II	3079F	Most recent diastolic blood pressure 80–89 mm Hg
	3080F	Most recent diastolic blood pressure ≥ 90 mm Hg
	3078F	Most recent diastolic blood pressure < 80 mm Hg
	3079F	Most recent diastolic blood pressure 80–89 mm Hg
	3080F	Most recent diastolic blood pressure ≥ 90 mm Hg
	3078F	Most recent diastolic blood pressure < 80 mm Hg

Code System	Code	Definition
CPT II	3075F	Most recent systolic blood pressure 130–139 mm Hg
	3077F	Most recent systolic blood pressure ≥ 140 mm Hg
	3074F	Most recent systolic blood pressure < 130 mm Hg
	3075F	Most recent systolic blood pressure 130–139 mm Hg
	3077F	Most recent systolic blood pressure ≥ 140 mm Hg
	3074F	Most recent systolic blood pressure < 130 mm Hg
LOINC	8514-2	Brachial artery — left diastolic blood pressure
	8515-9	Brachial artery — right diastolic blood pressure
	8496-2	Brachial artery diastolic blood pressure
	8462-4	Diastolic blood pressure
	75995-1	Diastolic blood pressure by continuous non-invasive monitoring
	89267-9	Diastolic blood pressure — lying in L-lateral position
	8453-3	Diastolic blood pressure — sitting
	8454-1	Diastolic blood pressure — standing
	8455-8	Diastolic blood pressure — supine
	8546-4	Brachial artery — left systolic blood pressure
	8547-2	Brachial artery — right systolic blood pressure
	8508-4	Brachial artery systolic blood pressure
	8480-6	Systolic blood pressure
	75997-7	Systolic blood pressure by continuous non-invasive monitoring
	89268-7	Systolic blood pressure — lying in L-lateral position
	8459-0	Systolic blood pressure — sitting
	8460-8	Systolic blood pressure — standing
	8461-6	Systolic blood pressure — supine
SNOMED CT	271650006	Diastolic blood pressure (observable entity)
	271649006	Systolic blood pressure (observable entity)

The information listed here is not all-inclusive and should be used as a reference only. Please refer to current ICD-10/CPT®/HCPCS coding and documentation guidelines found at cms.gov. HEDIS® measures can be found at ncqa.org.