Blood Pressure Control for Patients With Diabetes (BPD)

New for 2025

- No applicable changes for this measure

Yes!
Supplemental data accepted

Definition

Percentage of members ages 18–75 with diabetes (Types 1 and 2) who have a blood pressure (BP) reading of <140/90 mmHg in the measurement year.

Plans(s) affected	Quality program(s) affected	Collection and reporting method
• Commercial • Medicaid • Medicare	• CMS Star Ratings • NCQA Accreditation • NCQA Health Plan Ratings	**Hybrid** • Claim/encounter data • Medical record documentation

Codes

The following codes can be used to submit outcome results for this measure; they are not intended to be a directive of your billing practice.

Systolic blood pressure levels 130-139 mm Hg	
CPT®/CPT II	3075F
Systolic blood pressure level <130 mmHg	
CPT®/CPT II	3074F
Systolic blood pressure level >/=140 mmHg	
CPT®/CPT II	3077F

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Blood Pressure Control for Patients With Diabetes (BPD) (cont.)

Diastolic blood pressure level 80-89 mmHg	
CPT®/CPT II	3079F
Diastolic blood pressure level <80 mmHg	
CPT®/CPT II	3078F
Diastolic blood pressure level >/=90 mmHg	
CPT®/CPT II	3080F

***Please continue to code using CPT II codes for a blood pressure reading including a diastolic >90 and systolic >140, as it is important for tracking and addressing quality of care and health outcomes.**

Blood Pressure Control for Patients With Diabetes (BPD) (cont.)

Required exclusion(s)

Exclusion	Time frame
• Members in hospice or using hospice services • Members receiving palliative care • Members who died	Any time during the measurement year
• Members 66 years of age and older as of Dec. 31 of the measurement year with frailty and advanced illness. Members must meet both frailty and advanced illness criteria to qualify as an exclusion: – **Frailty:** At least 2 indications of frailty with different dates of service during the measurement year. Laboratory claims should not be used. – **Advanced Illness:** Either of the following during the measurement year or the year prior to the measurement year: o Advanced illness on at least 2 different dates of service. Laboratory claims should not be used. o Dispensed dementia medication Donepezil, Donepezil-memantine, galantamine, rivastigmine or memantine	• **Frailty** diagnoses must be in the measurement year on 2 different dates of service • **Advanced illness** diagnosis must be in the measurement year or year prior to the measurement year
Medicare members ages 66 and older as of Dec. 31 of the measurement year who are either: • Enrolled in an Institutional Special Needs Plan (I-SNP) • Living long term in an institution*	Any time during the measurement year

Blood Pressure Control for Patients With Diabetes (BPD) (cont.)

Important notes

	Test, service or procedure to close care opportunity	Medical record detail including, but not limited to
• BP reading must be performed within the measurement year — **most recent** BP result of the year is the one measured • BP readings taken on the same day the member receives a common low-intensity or preventive procedure can be used. Examples include, but aren't limited to: – Eye exam with dilating agents – Injections (e.g., allergy, Depo-Provera,® insulin, lidocaine, steroid, testosterone toradol or vitamin B-12) – Intrauterine device (IUD) insertion – Tuberculosis (TB) test – Vaccinations – Wart or mole removal	BP reading taken or reported and recorded during the measurement year via Outpatient visits, telephone or telehealth visits, e-visits, virtual check-ins or non-acute inpatient visits.	• Consultation reports • Diabetic flow sheets • Progress notes • Vitals sheet

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Blood Pressure Control for Patients With Diabetes (BPD) (cont.)

Important Notes (cont.)

	Test, service or procedure to close care opportunity	Medical record detail including, but not limited to
• BP readings taken in the following situations will **not** count toward compliance: – During an acute inpatient stay or an emergency department visit – On the same day as a diagnostic test, or diagnostic or therapeutic procedure that requires a change in diet or medication on or 1 day before the day of the test or procedure – with the exception of a fasting blood test. Examples include, but are not limited to: • Colonoscopy • Dialysis, infusions and chemotherapy • Nebulizer treatment with albuterol • If the retrieval method is not mentioned (i.e., manual/digital), assume the method was digital and is acceptable	BP reading taken during the measurement year via: - Outpatient visits - Telephone or telehealth visits - Virtual check-ins or e-visits - Non-acute inpatient visits Member reported BP readings must be taken with a digital devise, in any of these visit settings and documented in member's medical record. Does not require documentation that it was taken with a digital device. Ranges and threshold will not meet the intent of the measure. A specific BP result needs to be documented. Documentation of 'average BP' will meet the intent of the measure. If multiple BPs were taken on the same day, the lowest systolic and the lowest diastolic should represent the BP result for the date of service.	• Consultation reports • Diabetic flow sheets • Progress notes • Vitals sheet

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Blood Pressure Control for Patients With Diabetes (BPD) (cont.)

Tips and best practices to help close this care opportunity

- **Please check your Patient Care Opportunity Report (PCOR) or Practice Assist often to see members with open care opportunities.** If you have questions, your UnitedHealthcare representative can help.
- It is important to document patient reported vitals in the official medical record when conducting telehealth, telephone or online assessment visits. Please encourage patients to use a digital device to track and report their BP during every visit.
- **Always list the date of service and BP reading together**
  - If BP is listed on the vital flow sheet, it must have a date of service
- Members who have an elevated BP during an office visit in August, September or October should be brought back in for a follow-up visit before Dec. 31.
- Talk with members about what a lower goal is for a healthy BP reading
  - For example: 130/80 mmHg
- Remind members who are NPO for a fasting lab they should continue to take their anti-hypertensive medications with a sip of water on the morning of their appointment
- If your office uses manual blood pressure cuffs, don't round up the BP reading
  - For example: 138/89 mmHg rounded to 140/90 mmHg
- If a member's initial BP reading is elevated at the start of a visit, you can take multiple readings during the same visit and use the lowest diastolic and lowest systolic to document the overall reading. Retake the member's BP after they've had time to rest.
  - For example: **If a member's first BP reading was 160/80 mmHg and the second reading was 120/90 mmHg, use the 120 systolic of the second reading and the 80 diastolic of the first reading to show a BP result of 120/80 mmHg**
- If your office submits CCDs to UnitedHealthcare via our clinical data exchange program, please ensure the CCD function within your EMR system is set up to send CPT II Codes in the extract
- The use of CPT® Category II codes helps UnitedHealthcare identify clinical outcomes such as diastolic and systolic readings. It can also reduce the need for some chart review.
  - Adding CPT II modifier codes to a claim may result in the gap not closing
- BP readings can be accepted as supplemental data, reducing the need for some chart review. Please contact your UnitedHealthcare representative to discuss clinical data exchange opportunities.

Blood Pressure Control for Patients With Diabetes (BPD) (cont.)

Tips and best practices to help close this care opportunity

- Sharing member demographic data is critical to understanding the cultural, linguistic and social needs of those we serve and decreasing health inequities across the care continuum. This data can include, but is not limited to, race, ethnicity, language, sexual orientation, gender identity, pronouns, sex assigned at birth and disability status.
  - As part of the UnitedHealthcare clinical structured data exchange program, we encourage you to include this demographic data with any structured data file or CCD. Your information is confidential. UnitedHealthcare will keep personally identifiable information confidential and won't disclose any information without your written consent.