



Blood Pressure Control for Patients with Diabetes (BPD)¹

EFFECTIVENESS OF CARE HEDIS® MEASURE

If left unmanaged, diabetes can lead to serious complications, including heart disease, stroke, hypertension, blindness, kidney disease, diseases of the nervous system, amputations, and premature death.² Proper diabetes management will reduce the risk of these complications.

What we measure

The percentage of members 18–75 years of age with diabetes (Types 1 or 2) whose blood pressure was adequately controlled (<140/90 mm Hg).

Information to include in patient medical records

- If multiple readings are taken on the same date, include both readings in the medical record.
- Document exact readings in the medical record. Do not round results.
- Blood pressure readings can be captured during a telehealth, telephone, e-visit or virtual visit.
 - Patient reported readings taken with a digital device are acceptable and should be documented in the medical record.
 (The provider does not need to see the reading.)

Coding information

- For patients who are not diagnosed with hypertension but have an elevated blood pressure reading use the ICD-10 code R03.3.
- If a patient has a diagnosis of hypertension, then blood pressure CPT®II codes must be billed with all visits. Submit the distinct numeric results as a \$0.01 on the HbA1c claim with the appropriate CPT®II code for HEDIS compliance.

CPT®II Codes	Description
3074F	Systolic < 130 mmHg
3075F	Systolic 130-139 mmHg
3077F	Systolic ≥ 140 mmHg

CPT ® II Codes	Description
3078F	Diastolic < 80 mmHg
3079F	Diastolic 80-89 mmHg
3080F	Diastolic ≥ 90 mmHg

Tips for success

- Use the proper cuff size and placement when taking the patient's blood pressure.
- If the patient's blood pressure is great than or equal to 140/90 mmHg, take the reading twice by re-testing it later in the visit.

 Consider switching arms for subsequent readings. Make sure to document in the office note all blood pressures obtained during the visit.
- Ensure patients do not cross their legs and have their feet flat on the floor during the reading. Crossing the legs can raise the systolic pressure by two to eight mmHg.
- Make sure the elbow is at the same level as the heart and their arm is supported. If the patient's arm is hanging below heart level and unsupported, this position can elevate the measured blood pressure by 10-12 mmHg.
- If more than one medication is required to adequately control blood pressure, consider prescribing single-pill combination medications whenever possible to assist with medication compliance.
- If patients have an abnormal blood pressure reading, schedule more frequent follow-up appointments until their blood pressure is adequately controlled.

Tips for talking with patients

- Educate patients on the importance of blood pressure control and the risks of uncontrolled blood pressure.
- Encourage blood pressure monitoring at home with a digital device and ask patients to bring a log of their readings to all office visits.
- Educate patients on how to properly measure their blood pressure at home.
- Discuss the importance of medication adherence at every visit.
- Advise patients not to discontinue blood pressure medication before contacting your office. If they experience side effects, another medication can be prescribed.
- Encourage lifestyle changes such as diet, exercise, smoking cessation, and stress reduction.

Exclusions

Patients are excluded if they:

- Received hospice or palliative care during the measurement year.
- Are deceased during the measurement year.
- Have Medicare and are 66 years of age or older who are enrolled in an Institutional Special Needs Plan (I-SNP) or living long term in an institution any time during the measurement year.
- Are age 66 of age or older with advance illness and frailty. (For additional information, see the Advanced Illness and Frailty Guide.)

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