

Blood Pressure Control for Patients With Diabetes (BPD and BPD-E)

 This measure is also an ECDS measure

New for 2026

- 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
<ul style="list-style-type: none"> • Commercial • Medicaid • Medicare 	<ul style="list-style-type: none"> • CMS Star Ratings • NCQA Health Plan Ratings 	<p>Hybrid</p> <ul style="list-style-type: none"> • 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 mmHg

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
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Diastolic blood pressure level <80 mmHg

CPT®/CPT II	3078F
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Diastolic blood pressure level >/=90 mmHg

CPT®/CPT II	3080F
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***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.**

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

Required exclusion(s)

Exclusion	Time frame
<ul style="list-style-type: none"> Members in hospice or using hospice services Members receiving palliative care Members who died 	<p>Any time during the measurement year</p>
<ul style="list-style-type: none"> 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: <ul style="list-style-type: none"> 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: <ul style="list-style-type: none"> Advanced illness on at least 2 different dates of service. Laboratory claims should not be used. Dispensed dementia medication Donepezil, Donepezil-memantine, galantamine, rivastigmine or memantine 	<ul style="list-style-type: none"> 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
<p>Medicare members ages 66 and older as of Dec. 31 of the measurement year who are either:</p> <ul style="list-style-type: none"> Enrolled in an Institutional Special Needs Plan (I-SNP) Living long term in an institution 	<p>Any time during the measurement year</p>

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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
<ul style="list-style-type: none"> • 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: <ul style="list-style-type: none"> - 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 	<p>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.</p>	<ul style="list-style-type: none"> • 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
<ul style="list-style-type: none"> • BP readings taken in the following situations will not count toward compliance: <ul style="list-style-type: none"> - 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: <ul style="list-style-type: none"> • 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 	<p>BP reading taken during the measurement year via:</p> <ul style="list-style-type: none"> - Outpatient visits - Telephone or telehealth visits - Virtual check-ins or e-visits - Non-acute inpatient visits <p>Member reported BP readings must be taken with a digital device, 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.</p> <p>Ranges and thresholds do not meet criteria for this measure. A distinct numeric result for both the systolic and diastolic BP reading is required for numerator compliance. A BP documented as an average BP (e.g., average BP: 139/70) is eligible for use.</p> <p>Documentation of 'average BP' will meet the intent of the measure.</p> <p>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.</p>	<ul style="list-style-type: none"> • 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

- **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**
- 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.

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