

Clarification on Blood Pressure Readings

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For 2022, the UDS the blood pressure (BP) measure has been updated to align with [CMS165v10](#). This added some more detail on what types of readings can be accepted, specifically around readings taken by patients. Here is what the [2022 UDS Manual](#) says about acceptable readings (new information is highlighted):

- *Only blood pressure readings performed by a provider or remote monitoring device are acceptable for the numerator criteria with this measure.*
- *Blood pressure readings are acceptable if:*
 - *taken in person by a clinician,*
 - *measured remotely by an electronic monitoring device capable of transmitting the blood pressure data to the clinician, or*
 - *taken by a remote monitoring device and conveyed by the patient to the clinician.*

And here are the readings that should not be accepted:

- *DO NOT include blood pressure readings:*
 - *taken during an acute inpatient stay or emergency department visit,*
 - *taken on 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 (with the exception of fasting blood tests), or*
 - *taken by the patient using a non-digital device, such as a manual blood pressure cuff and stethoscope.*

The UDS manual does state that “it is the clinician’s responsibility and discretion to confirm the remote monitoring device used to obtain the blood pressure is considered acceptable and reliable and whether the blood pressure reading is considered accurate before documenting it in the patient’s medical record.”

That kind of detail might fall under the discretion of the CHC to confirm that the device is acceptable. The UDS manual just kind of says that nondigital devices (such as such as a manual blood pressure cuff and stethoscope) can’t be used. It also may be the CHC’s discretion to determine the timeframe.

“For the Table 7 Controlling High Blood Pressure measure, only blood pressure readings performed by a clinician, measured remotely by an electric monitoring device, or taken by a remote monitoring device and conveyed by the patient to the clinician are acceptable for numerator compliance. The remote monitoring device must capture and store the reading that is seen by the provider or care team member, and the reading must be recorded in the patient’s health record at the health center. Additionally, the reading must be transmitted directly to the EHR or read by the clinician. In other words, the device must capture and store the reading taken by the patient from a device which is observed by the clinician or member of the care team and recorded in the patient’s chart at the health center.

The blood pressure reading can be performed by the patient electronically through a virtual visit so long as it is observed by a clinician or member of the care team and documented by

them in the patient's chart. This is different from a patient providing this information to the provider (e.g., verbally or by entering the result into a patient portal), which would not meet the measurement standard. Therefore, this reading could not come from an audio-only virtual visit.”

Sources:

1. [eCQI Resource Center: Controlling High Blood Pressure](#)
2. [Uniform Data System \(UDS\) 2022 Health Center Data Reporting Requirements](#)