

Measure 236 (NQF 0018): Controlling High Blood Pressure

Reporting Options: Claims, Registry, EHR (Cross-cutting Measure)

Quality Domain: Effective Clinical Care

Description: Percentage of patients 18 through 85 years of age who had a diagnosis of hypertension and whose blood pressure was adequately controlled (< 140/90 mmHg) during the measurement period

Instructions: This measure is to be reported once per reporting period for patients with hypertension seen during the reporting period. Only blood pressure readings performed by a clinician in the provider office are acceptable for compliance with this measure. Do not include blood pressure readings that meet the following criteria:

- Blood pressure readings from the patient's home (including readings directly from monitoring devices).
- Taken during an outpatient visit which was for the sole purpose of having a diagnostic test or surgical procedure performed (eg, sigmoidoscopy, removal of a mole).
- Obtained the same day as a major diagnostic or surgical procedure (eg, stress test, administration of IV contrast for a radiology procedure, endoscopy).

Definitions:

Measure Reporting via Claims: When reporting the measure via claims, submit the listed ICD-9-CM/ICD-10-CM diagnosis codes, CPT or HCPCS codes and the appropriate quality-data code. The reporting modifier allowed for this measure is: 8P- reason not otherwise specified. All measure-specific coding should be reported on the claim(s) representing the eligible encounter.

Measure Reporting via Registry: The quality-data codes listed do not need to be submitted for registry-based submissions; however, these codes may be submitted for those registries that utilize claims data.

Category II Codes:

To describe both systolic and diastolic blood pressure values, each must be reported separately. If there are multiple blood pressures on the same date of service, use the lowest systolic and lowest diastolic blood pressure on that date as the representative blood pressure.

Systolic pressure (Select one (1) code from this section):

G8752 Most recent systolic blood pressure < 140 mmHg

or

G8753 Most recent systolic blood pressure \geq 140 mmHg

AND

Diastolic pressure (Select one (1) code from this section):

G8754 Most recent diastolic blood pressure $<$ 90 mmHg

or

G8755 Most recent diastolic blood pressure \geq 90 mmHg

or

G8756 No documentation of blood pressure measurement, reason not given

or

G9231 Patient not Eligible for Recommended Blood Pressure Parameters for Documented Reasons. Documentation states end stage renal disease (ESRD), dialysis, renal transplant or pregnancy.

CPT Codes: 99201, 99202, 99203, 99204, 99205, 99211, 99212, 99213, 99214, 99215, G0402, G0438, G0439

Note: Eye codes 92002, 92004, 92012, and 92014 are not included in this measure.

Diagnosis Codes:

Diagnosis for hypertension (ICD-9-CM) [for use 01/01/2015-09/30/2015]: 401.0, 401.1, 401.9

Diagnosis for hypertension (ICD-10-CM) [for use 10/01/2015-12/31/2015]: I10

RATIONALE:

Hypertension is a very significant health issue in the United States. Fifty million or more Americans have high blood pressure that warrants treatment, according to the National Health and Nutrition Examination Survey (NHANES) survey (Joint National Committee on Prevention, Detection, Evaluation, and Treatment of High Blood Pressure 2003). The United States Preventive Services Task Force (USPSTF) recommends that clinicians screen adults aged 18 and older for high blood pressure (United States Preventive Services Task Force 2007).

The most frequent and serious complications of uncontrolled hypertension include coronary heart disease, congestive heart failure, stroke, ruptured aortic aneurysm, renal disease, and retinopathy. The increased risks of hypertension are present in individuals ranging from 40 to 89 years of age. For every 20 mmHg systolic or 10 mmHg diastolic increase in blood pressure, there is a doubling of mortality from

both ischemic heart disease and stroke (Joint National Committee on Prevention, Detection, Evaluation, and Treatment of High Blood Pressure 2003).

Better control of blood pressure has been shown to significantly reduce the probability that these undesirable and costly outcomes will occur. The relationship between the measure (control of hypertension) and the long-term clinical outcomes listed is well established. In clinical trials, antihypertensive therapy has been associated with reductions in stroke incidence (35-40 percent), myocardial infarction incidence (20-25 percent) and heart failure incidence (>50percent) (Joint National Committee on Prevention, Detection, Evaluation, and Treatment of High Blood Pressure 2003).

CLINICAL RECOMMENDATION STATEMENTS:

The United States Preventive Services Task Force (2007) recommends screening for high blood pressure in adults age 18 years and older. This is a grade A recommendation.

Joint National Committee on Prevention, Detection, Evaluation, and Treatment of High Blood Pressure (2003): Treating systolic blood pressure and diastolic blood pressure to targets that are < 140/90 mmHg is associated with a decrease in cardiovascular disease complications.