CMS Measure ID 236: Controlling High Blood Pressure

07/08/2024 7:53 pm EDT

You can easily enter data in DrChrono to sync with Healthmonix MIPSpro. You can enter some data in multiple places. Please see our article on all the areas in DrChrono you can enter data for reporting with Healthmonix MIPSpro.

Your Healthmonix MIPSpro dashboard contains a comprehensive description of the codes and criteria for each measure. Click on the **View Details** to see more.

Description

Percentage of patients 18-85 years of age who had a diagnosis of essential hypertension starting before and continuing into, or starting during the first six months of the measurement period, and whose most recent blood pressure was adequately controlled (<140/90mmHG) during the measurement period.

Instructions

This measure is to be submitted a minimum of **once per performance period** for patients with hypertension seen during the performance period. The performance period for this measure is 12 months. The most recent quality code submitted will be used for performance calculation. This measure may be submitted by Merit-based Incentive Payment System (MIPS) eligible clinicians who perform the quality actions described in the measure based on the services provided and the measure-specific denominator coding.

NOTE: In reference to the numerator element, only blood pressure readings performed by a clinician or a remote monitoring device are acceptable for numerator compliance with this measure. This includes blood pressures taken in person by a clinician and blood pressures measured remotely by electronic monitoring devices capable of transmitting the blood pressure data to the clinician. Blood pressure readings taken by a remote monitoring device and conveyed by the patient to the clinician are also acceptable. 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.

Do not include BP readings:

1. Taken during an acute inpatient stay or an ED visit

2. 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. BP readings taken on the same day that the member receives a common low-intensity or preventive procedure are eligible for use. For example, the following procedures are considered common low-intensity or preventive (this list is just for reference, and is not exhaustive):

   - Vaccinations.

   - Injections (e.g., allergy, vitamin B-12, insulin, steroid, toradol, Depo-Provera, testosterone, lidocaine)

   - TB test

   - IUD insertion

   - Eye exam with dilating agents

   - Wart or mole removal

3. Taken by the patient using a non-digital device such as with a manual blood pressure cuff and a stethoscope. If no blood pressure is recorded during the measurement period, the patient's blood pressure is assumed "not controlled."

If there are multiple blood pressure readings on the same day, use the lowest systolic and the lowest diastolic reading as the most recent blood pressure reading. 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

NOTE: Patient encounters for this measure conducted via telehealth (e.g., encounters coded with GQ, GT, 95, or POS 02 modifiers) are allowable.

Measure Submission Type

Measure data may be submitted by individual MIPS-eligible clinicians, groups, or third-party intermediaries. The listed denominator criteria are used to identify the intended patient population. The numerator options included in this specification are used to submit the quality actions as allowed by the measure. The quality data codes listed do not need to be submitted by MIPS-eligible clinicians, groups, or third-party intermediaries that utilize this modality for submissions; however, these codes may be submitted for those third-party intermediaries that utilize Medicare Part B claims data. For more information regarding Application Programming Interface (API), please refer to the Quality Payment Program (QPP) website.

The intent of the exclusion for individuals age 65 and older residing in long-term care facilities, including nursing homes, is to exclude individuals who may have limited life expectancy and increased frailty where the benefit of the process may not exceed the risks. This exclusion is not intended as a clinical recommendation regarding whether the measures process is inappropriate for specific populations, instead the exclusions allows clinicians to engage in shared decision-making with patients about the benefits and risks of screening when an individual has limited life expectancy.

Denominator

Patients 18-85 years of age who had a visit and diagnosis of essential hypertension starting before and continuing into, or starting during the first six months of the measurement period.

Date of birth information can be entered in DrChrono in the patient chart under the**Demographics** tab with the **Patient's Date of Birth**.

DENOMINATOR NOTE: The diagnosis of essential hypertension must be present some time between 1 year prior to the measurement period and the first six months of the measurement period (January 1, 2022 - June 30, 2023).

To assess the age for exclusions, the patient's age on the date of the encounter should be used.

AND

ICD-10 code diagnosis for hypertension: I10

AND

A relevant **CPT** or **HCPCS** code for an encounter: 99202, 99203, 99204, 99205, 99212, 99213, 99214, 99215, 99341, 99342, 99344, 99345, 99347, 99348, 99349, 99350, 99385*, 99386*, 99387*, 99395*, 99396*, 99397*, G0438, G0439

DENOMINATOR NOTE: *Signifies that this CPT Category I code is a non-covered service under the Medicare Part B Physician Fee Schedule (PFS). These non-covered services should be counted in the denominator population for MIPS CQMs

CPT and HCPCS codes can be entered into the billing section for the encounter. Below is an example from the appointment window.

Billing Screen

☐ Institutional Claim	Patient SuperBill ▼	Clinical Note	Billing Details	Other Forms ▾

Appointment | **Billing** | **Eligibility** | **Vitals** | **Growthcharts** | **Flags** | **Log Comm.** | **Revisions** | **Custom Data** | **MU Helper**

❓ Billing Status: _____ ⌄
ICD Version: ICD-10 ⌄
Patient Payment: $ 0   Copay: $20 +
Pre Authorization Approval: _____
Referral #: _____
Payment Profile: Insurance ⌄
Billing Profile: ____ ⌄ +
Billing Pick List: Choose Codes from Pick List
Diagnosis Pick List: Choose Codes from Pt Problems
Credit Card Payment: Process Credit Card

HCFA Box 10 - Is patient's condition related to:
Employment: No ⌄
Auto Accident: No ⌄
Other Accident: No ⌄
Onset Date Type: Onset of Current Symptoms o ⌄
Onset Date: _____
Other Date Type: - Other Date Type - ⌄
Other Date: _____

Claim Billed: $145.00   Adjustment: $0.00   Insurer Paid: $0.00   Patient Paid: $0.00

ICD-10 Codes — Find Diagnosis codes →
#	Code	Description

CPT Codes — Find CPT Procedure codes ⬇
Code	Description	Price ($)
1 99213	OFFICE O/P EST LOW 20-29 MIN	145.00 ✖

Modifiers: --- ⌄ --- ⌄ --- ⌄ --- ⌄
Quantity/Minutes: 1.00
Diagnosis Pointers: 1:0:0:0

ICD-9 Codes to Convert — Find Diagnosis codes ⬇
#	Code	Description

NDC Codes — Find NDC Codes ⬇
NDC Code	Quantity	Units	Line Item

HCPCS Codes — Find HCPCS Procedure codes ⬇
Code	Description	Price ($)
1 G0438	Ppps initial visit	0.00 ✖

Modifiers: --- ⌄ --- ⌄ --- ⌄ --- ⌄

Custom Codes — Find Custom Procedure codes ⬇
Code	Description	Price ($)

AND NOT

DENOMINATOR EXCLUSIONS:

Hospice services are given to patients any time during the measurement period: **G9740**

OR

Palliative care services given to patient any time during the measurement period: **G0031**

OR

Documentation of end-stage renal disease (ESRD), dialysis, renal transplant before or during the measurement period, or pregnancy during the measurement period: **G9231**

OR

Patients age 66 or older in Institutional Special Needs Plans (SNP) or residing in long-term care with POS code 32, 33, 34, 54, or 56 for more than 90 days during the measurement period: **G9910**

OR

Patients 66 - 80 years of age and older with at least one claim/encounter for frailty during the measurement period AND a dispensed medication for dementia during the measurement period or the year prior to the measurement period: **G2115**

OR

Patients 66 - 80 years of age and older with at least one claim/encounter for frailty during the measurement period AND either one acute inpatient encounter with a diagnosis of advanced illness or two outpatient, observation, ED, or nonacute inpatient encounters on different dates of service with an advanced illness diagnosis during the measurement period or the year prior to the measurement period: **G2116**

OR

Patients 81 years of age and older with at least one claim/encounter for frailty during the measurement period: **G2118**

Please see your Healthmonix MIPSpro account, the attached document, or the CMS website for a full list of codes that identify frailty and/or advanced illness.

Table: Dementia Exclusion Medications

Description	Prescription
Cholinesterase inhibitors	Donepezil Galantamine Rivastigimine
Miscellaneous central nervous system agents	Memantine

For information on codes related to frailty and advanced illness see the measure in your Healthmonix MIPSpro account, the CMS website, or the attached document.

Numerator

Patients whose most recent blood pressure is adequately controlled (systolic blood pressure < 140 mmHg and diastolic blood pressure < 90 mmHg) during the measurement period.

Numerator Instructions
To describe both systolic and diastolic blood pressure values, **each must be submitted 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.

NUMERATOR NOTE: In reference to the numerator element, only blood pressure readings performed by a clinician or a remote monitoring device are acceptable for numerator compliance with this measure. This includes blood pressures taken in person by a clinician and blood pressures measured remotely by electronic monitoring devices capable of transmitting the blood pressure data to the clinician. Blood pressure readings taken by a remote monitoring device and conveyed by the patient to the clinician are also acceptable. 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.

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intensity or preventive (this list is just for reference, and is not exhaustive):

- Vaccinations.

- Injections (e.g., allergy, vitamin B-12, insulin, steroid, toradol, Depo-Provera, testosterone, lidocaine)

- TB test

- IUD insertion

- Eye exam with dilating agents

- Wart or mole removal

3. Taken by the patient using a non-digital device such as with a manual blood pressure cuff and a stethoscope. If no blood pressure is recorded during the measurement period, the patient's blood pressure is assumed "not controlled." If there are multiple blood pressure readings on the same day, use the lowest systolic and the lowest diastolic reading as the most recent blood pressure reading.

If no blood pressure is recorded during the measurement period, the patient's blood pressure is assumed "not controlled."

If there are multiple blood pressure readings on the same day, use the lowest systolic and the lowest diastolic reading as the most recent blood pressure reading. 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.

In the **Vitals** section for a visit, you can enter the blood pressure for a patient in the area provided.

Schedule Appointment

| Appointment | Billing | Eligibility | **Vitals** | Growthcharts | Flags | Log Comm. | Revisions | Custom Data | MU Helper |

Units ⚙ ▾   Full Vitals History (pdf)   Full Vitals History (csv)

System Vitals   Note Rendering Options: [Newest to oldest ▾] [Date on side ▾] [▾]

Name	03/22/2023 11:10 AM	03/23/2023 11:30 AM	03/24/2023 11:10 AM	03/28/2023 01:40 PM	03/30/2023 11:30 AM	Current Visit 04/05/2023 at 11:30 AM
Temperature (f)					98.60	[ ]
Pulse (bpm)					88	[ ]
Blood Pressure (mmHg)						[139] / [78]
Respiratory Rate (rpm)						[ ]
Oxygen Saturation (%)						[ ]
Height (in)					56.00	[ ]
Weight (lbs)					126.00	[ ]
BMI (kg/m2)					28.25	[ ]
Pain (0-10)						[ ]
Smoking Status						[▾]
Head Circumference (in)						[ ]

Numerator Options: The following codes can be entered in the **HCPCS** code section for the visit.

Performance Met:

Most recent systolic blood pressure < 140 mmHg **(G8752)**

OR

Performance Not Met:

Most recent systolic blood pressure ≥ 140 mmHg **(G8753)**

AND

Performance Met:

Most recent diastolic blood pressure < 90 mmHg **(G8754)**

OR

Performance Not Met:

Most recent diastolic blood pressure ≥ 90 mmHg **(G8755)**

OR

Performance Not Met:

No documentation of blood pressure measurement, reason not given **(G8756)**

Claim Billed: $0.00 **Adjustment: $0.00** **Insurer Paid: $0.00** **Patient Paid: $0.00**

ICD-10 Codes
Find Diagnosis codes

#	Code	Description

ICD-9 Codes to Convert
Find Diagnosis codes

#	Code	Description

NDC Codes
Find NDC Codes

NDC Code	Quantity	Units	Line Item

Custom Codes
Find Custom Procedure codes

Code	Description	Price ($)

CPT Codes
Find CPT Procedure codes

Code	Description	Price ($)

HCPCS Codes
Find HCPCS Procedure codes

Code	Description	Price ($)

1 G8754   Dias bp less 90   [0]   ✖
Modifiers: [---] [---] [---] [---]
Quantity/Minutes: [1]
Diagnosis Pointers: [1:0:0:0]

—OR—

2 G8755   Dias bp > or = 90   [0]   ✖
Modifiers: [---] [---] [---] [---]
Quantity/Minutes: [1]
Diagnosis Pointers: [1:0:0:0]

—OR—

3 G8756   No bp measure doc   [0]   ✖
Modifiers: [---] [---] [---] [---]
Quantity/Minutes: [1]
Diagnosis Pointers: [1:0:0:0]