

CMS Measure ID 236: Controlling High Blood Pressure (CMS165v10)

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 where 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.

My Measures

Select, review, and change the measures you will be reporting.

Notifications

- ✔ You have met the measure selection requirements
- ✔ You may now proceed with entering patient visits

[Checklist](#) [Select Measures](#)

Selected Measures

#236 **Controlling High Blood Pressure** ✕

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

[View details](#) ←

Description:

Percentage of patients 18 - 85 years of age who had a diagnosis of hypertension overlapping the measurement period and whose most recent blood pressure was adequately controlled (< 140/90 mmHg) 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.

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 allow clinicians to engage in shared decision-making with patients about the benefits and risks of screening when an individual has limited life expectancy.

Denominator

The patient is between 18 and 85 on the date of the encounter. This information can be entered in DrChrono in the patient chart under the **Demographics** tab with the **Patient Date of Birth**.

+ Add new patient

Demographics ←

Appointments

Clinical Dashboard

Documents

Eligibility

Tasks 0

Problem List 12

Medication List 6

Send eRx

Allergy List 4

Drug Interactions 6

CQMs

Jenny (Jen) Harris (Female | 40 years old | Feb. 11, 1980)

Phone: (844) 569-8628 Email: Missing Date Added: Nov. 3, 2020

Address: 1001 N Rengstorff Ave Last Scheduled Appt: Fri Jan 22, 2021
Mountain View , CA 94040 Next Scheduled Appt:

CDS: Adult Immunization Schedule Age: 27-49

onpatient access enabled

Primary Provider: James Smith

New Referral Fax Demographics Print Demographics

Important Demographics Insurances Authorizations Smoking Status Flags Balance onpatient Payments

✓ Sufficient patient demographics to bill insurance. Needs Authorization: Needs prior auth for procedure on 1/31.

Demographics

Patient SSN 111-11-1111

→ Patient Date of birth 02/11/1980 e.g. 8/8/1979

Approx Age (if DOB unknown)

DENOMINATOR NOTE: The diagnosis of essential hypertension must be present sometime between 1 year prior to the measurement period and the first six months of the measurement period (January 1, 2021 - June 30, 2022).

To assess the age for exclusions, the patient's age at the end of the measurement period 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, 99343, 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.

Schedule Appointment

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

Patient SuperBill Clinical Note Billing Details Other Forms

Billing Status [dropdown]
ICD Version ICD-10 [dropdown]
Patient Payment \$ 0 **Copay:** \$20 [+]
Pre Authorization Approval [text]
Referral # [text]
Payment Profile Cash [dropdown]
Billing Profile [dropdown] [+]
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 [dropdown]
Auto Accident No [dropdown]
Other Accident No [dropdown]
Onset Date Type Onset of Current Symptoms o [dropdown]
Onset Date [text]
Other Date Type - Other Date Type - [dropdown]
Other Date [text]

Claim Billing: \$0.00 **Adjustment:** \$0.00 **Insurer Paid:** \$0.00 **Patient Paid:** \$0.00

ICD-10 Codes Find Diagnosis codes [icon]

#	Code	Description
1	I10	Essential (primary) hypertension

ICD-9 Codes to Convert Find Diagnosis codes [dropdown]

#	Code	Description
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NDC Codes Find NDC Codes [dropdown]

NDC Code	Quantity	Units	Line Item
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Custom Codes Find Custom Procedure codes [dropdown]

Code	Description	Price (\$)
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CPT Codes Find CPT Procedure codes [dropdown]

Code	Description	Price (\$)
1 99213	OFFICE O/P EST LOW 20-29 MIN	0.00

Modifiers: [dropdown] [dropdown] [dropdown] [dropdown]
Quantity/Minutes: 1.00
Diagnosis Pointers: 1:0:0:0

HCPCS Codes Find HCPCS Procedure codes [dropdown]

Code	Description	Price (\$)
1 G0439	Ppps subseq visit	0.00

Modifiers: [dropdown] [dropdown] [dropdown] [dropdown]

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 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.

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.

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	01/13/2021 11:00 AM	01/19/2021 11:40 AM	01/20/2021 07:00 AM	01/22/2021 10:20 AM	01/25/2021 10:00 AM	Current Visit 01/26/2021 at 07:10 AM
Temperature (f)						<input type="text"/>
Pulse (bpm)						<input type="text"/>
Blood Pressure (mmHg)						<input type="text" value="139"/> / <input type="text" value="89"/>
Respiratory Rate (rpm)						<input type="text"/>
Oxygen Saturation (%)						<input type="text"/>
Height (in)						<input type="text"/>
Weight (lbs)						<input type="text"/>
BMI (kg/m2)						<input type="text"/>
Pain (1-10)						<input type="text"/>
Smoking Status						<input type="text"/>
Head Circumference (in)						<input type="text"/>

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 \geq 140 mmHg (G8753)

Schedule Appointment

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

Patient SuperBill Clinical Note Billing Details Other Forms

Billing Status ICD Version ICD-10 Patient Payment \$ 0 Copay: \$20 Pre Authorization Approval Referral # Payment Profile Cash 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 Onset Date Other Date Type - Other Date Type - Other Date

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

ICD-10 Codes Find Diagnosis codes

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

#	Code	Description
---	------	-------------

NDC Codes Find NDC Codes

NDC Code	Quantity	Units	Line Item
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Custom Codes Find Custom Procedure codes

Code	Description	Price (\$)
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CPT Codes Find CPT Procedure codes

Code	Description	Price (\$)
1 G8752	Sys bp less 140	0
Modifiers: --- --- --- ---		
Quantity/Minutes: 1		
Diagnosis Pointers: 1:0:0:0		
2 G8753	Sys bp > or = 140	0
Modifiers: --- --- --- ---		

HCPCS Codes Find HCPCS Procedure codes

Code	Description	Price (\$)
1 G8752	Sys bp less 140	0
Modifiers: --- --- --- ---		
Quantity/Minutes: 1		
Diagnosis Pointers: 1:0:0:0		
2 G8753	Sys bp > or = 140	0
Modifiers: --- --- --- ---		

—OR—

AND

Performance Met:

Most recent diastolic blood pressure < 90 mmHg (G8754)

OR

Performance Not Met:

Most recent diastolic blood pressure \geq 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

#	Code	Description
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ICD-9 Codes to Convert

#	Code	Description
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NDC Codes

NDC Code	Quantity	Units	Line Item
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Custom Codes

Code	Description	Price (\$)
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—OR—

CPT Codes

Code	Description	Price (\$)
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HCPCS Codes

Code	Description	Price (\$)
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1	G8754	Dias bp less 90	0	
Modifiers: <input type="text" value="---"/> <input type="text" value="---"/> <input type="text" value="---"/> <input type="text" value="---"/>				
Quantity/Minutes: <input type="text" value="1"/>				
Diagnosis Pointers: <input type="text" value="1:0:0"/>				
2	G8755	Dias bp > or = 90	0	
Modifiers: <input type="text" value="---"/> <input type="text" value="---"/> <input type="text" value="---"/> <input type="text" value="---"/>				
Quantity/Minutes: <input type="text" value="1"/>				
Diagnosis Pointers: <input type="text" value="1:0:0"/>				
3	G8756	No bp measure doc	0	
Modifiers: <input type="text" value="---"/> <input type="text" value="---"/> <input type="text" value="---"/> <input type="text" value="---"/>				
Quantity/Minutes: <input type="text" value="1"/>				
Diagnosis Pointers: <input type="text" value="1:0:0"/>				

—OR—