

♣ Measure #317: Preventive Care and Screening: Screening for High Blood Pressure and Follow-Up Documented

2013 PQRS OPTIONS FOR INDIVIDUAL MEASURES:
CLAIMS, REGISTRY

DESCRIPTION:

Percentage of patients aged 18 years and older seen during the reporting period who were screened for high blood pressure (BP) AND a recommended follow-up plan is documented based on the current blood pressure reading as indicated

INSTRUCTIONS:

This measure is to be reported a minimum of **once per reporting period** for patients seen during the reporting period. Providers who report the measure must perform the blood pressure screening at the time of a qualifying visit by an eligible professional and may not obtain measurements from external sources. This measure may be reported by clinicians who perform the quality actions described in the measure based on the services provided and the measure-specific denominator coding. The documented follow up plan must be related to the current BP reading as indicated, example: "Patient referred to primary care provider for BP management."

Measure Reporting via Claims:

CPT or HCPCS codes and patient demographics are used to identify patients who are included in the measure's denominator. G-codes are used to report the numerator of the measure.

When reporting the measure via claims, submit the listed CPT or HCPCS codes, and the appropriate G-code. All measure-specific coding should be reported on the claim(s) representing the eligible encounter.

Measure Reporting via Registry:

CPT or HCPCS codes and patient demographics are used to identify patients who are included in the measure's denominator. The numerator options as described in the quality-data codes are used to report the numerator of the measure.

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.

DENOMINATOR:

Percentage of patients aged 18 years and older on date of encounter

Denominator Criteria (Eligible Cases):

Patients aged \geq 18 years

AND

Patient encounter during the reporting period (CPT or HCPCS): 99201, 99202, 99203, 99204, 99205, 99212, 99213, 99214, 99215, 99218, 99219, 99220, 99224, 99225, 99226, 99234, 99235, 99236, 99281, 99282, 99283, 99284, 99285, 99304, 99305, 99306, 99307, 99308, 99309, 99310, 99318, 99324, 99325, 99326, 99327, 99328, 99334, 99335, 99336, 99337, 99340, 99341, 99342, 99343, 99344, 99345, 99347, 99348, 99349, 99350, G0101, G0402, G0438, G0439

NUMERATOR:

Patients who were screened for high blood pressure **and a recommended follow-up plan is documented as indicated if the blood pressure is pre-hypertensive or hypertensive**

Date: 12/19/2012

Version 7.2

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NUMERATOR NOTE: Although recommended screening interval for a normal BP reading is every 2 years, to meet the intent of this measure, a BP screening must be performed once per measurement period. The intent of this measure is to screen patients for high blood pressure and provide recommended follow-up as indicated.

Definitions:

BP Classification - BP is defined by four BP reading classifications as listed in the "Recommended Blood Pressure Follow-Up" table below including Normal, Pre-Hypertensive, First Hypertensive, and Second Hypertensive Readings.

Recommended BP Follow-Up - The current *Report of the Joint National Committee on the Prevention, Detection, Evaluation, and Treatment of High Blood Pressure* (JNC) recommends BP screening intervals, lifestyle modifications and interventions based on BP Classification of the current BP reading as listed in the "Recommended Blood Pressure Follow-Up" table below.

Lifestyle Modifications - The current JNC report outlines lifestyle modifications which must include one or more of the following as indicated: Weight Reduction, Dietary Approaches to Stop Hypertension (DASH) Eating Plan, Dietary Sodium Restriction, Increased Physical Activity, or Moderation in Alcohol Consumption.

Second Hypertensive Reading - Requires both a BP reading of Systolic BP ≥ 140 mmHg OR Diastolic BP ≥ 90 mmHg during the current encounter AND a most recent BP reading within the last 12 months Systolic BP ≥ 140 mmHg OR Diastolic BP ≥ 90 mmHg.

Second Hypertensive Reading Interventions - The current JNC report outlines interventions based on BP Readings shown in the "Recommended Blood Pressure Follow-Up" table and must include one or more of the following as indicated: Anti-Hypertensive Pharmacologic Therapy, Laboratory Tests, or Electrocardiogram (ECG).

Recommended Blood Pressure Follow-Up Table

BP Classification	Systolic BP mmHg	Diastolic BP mmHg	Recommended Follow-Up (must include all indicated actions for each BP Classification)
<i>Normal BP Reading</i>	< 120	AND < 80	<ul style="list-style-type: none"> No Follow-Up required
<i>Pre-Hypertensive BP Reading</i>	≥ 120 AND ≤ 139	OR ≥ 80 AND ≤ 89	<ul style="list-style-type: none"> Rescreen BP within a minimum of 1 year AND Recommend Lifestyle Modifications OR Referral to Alternative/Primary Care Provider
<i>First Hypertensive BP Reading</i>	≥ 140	OR ≥ 90	<ul style="list-style-type: none"> Rescreen BP within a minimum of ≥ 1 day and ≤ 4 weeks AND Recommend Lifestyle Modifications OR Referral to Alternative/Primary Care Provider
<i>Second Hypertensive BP Reading</i>	≥ 140	OR ≥ 90	<ul style="list-style-type: none"> Recommend Lifestyle Modifications AND 1 or more of the Second Hypertensive Reading Interventions (see definitions) OR Referral to Alternative/Primary Care Provider

Not Eligible – A patient is **not** eligible if one or more of the following reasons exist:

- Patient has an active diagnosis of hypertension
- Patient refuses BP measurement
- Patient is in an urgent or emergent situation where time is of the essence and to delay treatment would jeopardize the patient's health status. This may include but is not limited to severely elevated BP when immediate medical treatment is indicated

Numerator Quality-Data Coding Options for Reporting Satisfactorily:

Normal Blood Pressure Reading Documented, Follow-Up not Required

G8783: Normal blood pressure reading documented, follow-up not required

OR

Pre-Hypertensive or Hypertensive Blood Pressure Reading Documented, Indicated Follow-Up Documented

G8950: Pre-hypertensive or Hypertensive blood pressure reading documented, indicated follow-up documented

OR

Blood Pressure Reading not Documented, Patient not Eligible/not Appropriate

G8784: Blood pressure reading not documented, patient not eligible/not appropriate

OR

Pre-Hypertensive or Hypertensive Blood Pressure Reading Documented, Indicated Follow-Up not Documented, Patient not Eligible/not Appropriate

G8951: Pre-Hypertensive or Hypertensive blood pressure reading documented, indicated follow-up not documented, patient not eligible/not appropriate

OR

Blood Pressure Reading not Documented, Reason not Given

G8785: Blood pressure reading **not** documented, reason not given

OR

Pre-Hypertensive or Hypertensive Blood Pressure Reading Documented, Indicated Follow-Up not Documented, Reason not Given

G8952: Pre-Hypertensive or Hypertensive blood pressure reading documented, indicated follow-up **not** documented, reason not given

RATIONALE:

This measure assesses the percentage of patients aged 18 and older without known hypertension who were screened for high blood pressure. Hypertension is a prevalent condition that contributes to important adverse health outcomes, including premature death, heart attack, renal insufficiency and stroke. The United States Preventive Services Task Force (USPSTF, 2007) found good evidence that blood pressure measurement can identify adults at increased risk for cardiovascular disease from high blood pressure. The relationship between systolic blood pressure and diastolic blood pressure and cardiovascular risk is continuous and graded. The actual level of blood pressure elevation should not be the sole factor in determining treatment. Clinicians should consider the patient's overall cardiovascular risk profile, including smoking, diabetes, abnormal blood lipid values, age, sex, sedentary lifestyle, and obesity, when making treatment decisions. The seventh report of the Joint National Committee on Prevention, Detection, Evaluation, and Treatment of High Blood Pressure (JNC 7) recommends screening every 2 years for patients with blood pressure less than 120/80 mmHg and every year for patients with systolic blood pressure of 120 to 139 mmHg or diastolic blood pressure of 80 to 90 mmHg.

Appropriate follow-up after blood pressure measurement is a pivotal component in preventing the progression of hypertension and the development of heart disease. Detection of marginally or fully elevated blood pressure by a specialty clinician warrants referral to a provider familiar with the management of hypertension and prehypertension. Lifestyle modifications have demonstrated effectiveness in lowering blood pressure (JNC 7, 2003). The synergistic

effect of several lifestyle modifications results in greater benefits than a single modification alone. Baseline diagnostic/laboratory testing establishes if a co-existing underlying condition is the etiology of hypertension and evaluates if end organ damage from hypertension has already occurred. Landmark trials such as ALLHAT have repeatedly proven the efficacy of pharmacologic therapy to control blood pressure and reduce the complications of hypertension. Follow-up intervals based on blood pressure control have been established by the JNC 7 and the USPSTF.

CLINICAL RECOMMENDATION STATEMENTS:

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