Quality ID #317: Preventive Care and Screening: Screening for High Blood Pressure and Follow-Up Documented
– National Quality Strategy Domain: Community/Population Health
– Meaningful Measure Area: Preventive Care

2022 COLLECTION TYPE:
MIPS CLINICAL QUALITY MEASURES (CQMS)

MEASURE TYPE:
Process

DESCRIPTION:
Percentage of patient visits for patients aged 18 years and older seen during the measurement period who were screened for high blood pressure AND a recommended follow-up plan is documented, as indicated, if blood pressure is elevated or hypertensive.

INSTRUCTIONS:
This measure is to be submitted at **each visit** for patients seen during the measurement period. Merit-based Incentive Payment System (MIPS) eligible clinicians who submit the measure must perform the blood pressure (BP) screening at each patient visit by a MIPS eligible clinician and may not obtain measurements from external sources.

This measure may be submitted by MIPS eligible clinicians who perform the quality actions described in the measure based on the services provided and the measure-specific denominator coding. The intent of this measure is to screen patients for high blood pressure and provide recommended follow-up as indicated. Both the systolic and diastolic blood pressure measurements are required for inclusion. If there are multiple blood pressures on the same date of service, use the most recent (last reading documented) as the representative blood pressure. 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 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.

DENOMINATOR:
All patient visits for patients aged 18 years and older at the beginning of the measurement period

Definition:
Not Eligible for High Blood Pressure Screening (Denominator Exclusion) -
- Patient has an active diagnosis of hypertension prior to the current encounter

***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.*

Denominator Criteria (Eligible Cases):
Patients aged ≥ 18 years at the beginning of the measurement period
AND
Patient encounter during the performance period (CPT or HCPCS): 90791, 90792, 92002, 92004, 92012,

CPT only copyright 2021 American Medical Association. All rights reserved.

92014, 99202, 99203, 99204, 99205, 99212, 99213, 99214, 99215, 99236, 99281, 99282, 99283, 99284, 99285, 99304, 99305, 99306, 99307, 99308, 99309, 99310, 99315, 99316, 99318, 99324, 99325, 99326, 99327, 99328, 99334, 99335, 99336, 99337, 99339, 99340, 99341, 99342, 99343, 99344, 99345, 99347, 99348, 99349, 99350, 99385*, 99386*, 99387*, 99395*, 99396*, 99397*, D7111, D7140, D7210, D7220, D7230, D7240, D7241, D7250, D7251, G0101, G0402, G0438, G0439
WITHOUT
Telehealth Modifier: GQ, GT, 95, POS 02
AND NOT
DENOMINATOR EXCLUSION:
Patient not eligible due to active diagnosis of hypertension: G9744

NUMERATOR:
Patient visits where patients were screened for high blood pressure AND have a recommended follow-up plan documented, as indicated, if the blood pressure is elevated or hypertensive

Definitions:
Blood Pressure (BP) Classification – BP is defined by four (4) BP reading classifications: Normal, Elevated, First Hypertensive, and Second Hypertensive Readings
- Normal BP: Systolic BP (SBP) < 120 mmHg AND Diastolic BP (DBP) < 80 mmHg
- Elevated BP: SBP of 120-129 mmHg AND DBP < 80 mmHg
- First Hypertensive Reading: SBP of >= 130 mmHg OR DBP of >= 80 mmHg without a previous SBP of >= 130 mmHg OR DBP of >= 80 mmHg during the 12 months prior to the encounter
- Second Hypertensive Reading: Requires a SBP >= 130 mmHg OR DBP >= 80 mmHg during the current encounter AND a most recent BP reading within the last 12 months SBP >= 130 mmHg OR DBP >= 80 mmHg

Recommended BP Follow-Up – The 2017 Guideline for the Prevention, Detection, Evaluation, and Management of High Blood Pressure in Adults from the American College of Cardiology and American Heart Association (2017 Guideline) recommends BP screening and thresholds as defined under Blood Pressure Classifications and recommends interventions based on the current BP reading as listed in the "Recommended Blood Pressure Follow- Up" Table below.
Recommended Nonpharmacologic Interventions (Lifestyle Modifications) – The 2017 Guideline outlines nonpharmacologic interventions 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
- Moderation in alcohol (ETOH) Consumption

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)*
Normal BP Reading	< 120	AND < 80	No Follow-Up required
Elevated BP Reading	120-129	AND < 80	Rescreen BP in 2 to 6 months **AND** recommended nonpharmacologic interventions **OR** Referral to Alternate/Primary Care Provider

CPT only copyright 2021 American Medical Association. All rights reserved.

BP Classification	Systolic BP mmHg	Diastolic BP mmHg	Recommended Follow-Up *(must include all indicated actions for each BP Classification)*
First Hypertensive BP Reading	>=130	OR >= 80	Rescreen BP > 1 day and < 4 weeks **AND** recommended nonpharmacologic interventions **OR** Referral to Alternate/Primary Care Provider
Second Hypertensive BP Reading	130-139	OR 80-89	Recommended nonpharmacologic intervention **AND** reassessment in 2 to 6 months AND an order for laboratory test or ECG for hypertension **OR** Referral to Alternate/Primary Care Provider
Second Hypertensive BP Reading	>=140	OR >=90	Recommended nonpharmacologic intervention **AND** BP-lowering medication AND reassessment within 4 weeks AND an order for laboratory test or ECG for hypertension **OR** Referral to Alternate/Primary Care Provider

Patients with a Documented Reason for not Screening or no Follow-Up Plan for High Blood Pressure (Denominator Exceptions) –

- Documentation of medical reason(s) for not screening for high blood pressure (e.g., patient is in an urgent or emergent medical situation where time is of the essence and to delay treatment would jeopardize the patient's health status).
- Documentation of patient reason(s) for not screening for blood pressure measurements or for not ordering an appropriate follow-up intervention if patient BP is elevated or hypertensive (e.g., patient refuses).

NUMERATOR NOTE: *Although the recommended screening interval for a normal BP reading is every year, to meet the intent of this measure, BP screening and follow-up must be performed at every patient visit. For patients with Normal blood pressure, a follow-up plan is not required **(G8783)**. Denominator Exception(s) are determined on the date of the denominator eligible encounter.*

Numerator Options:

Performance Met: Normal blood pressure reading documented, follow-up not required **(G8783)**

OR

Performance Met: Elevated or Hypertensive blood pressure reading documented, AND the indicated follow-up is documented **(G8950)**

OR

Denominator Exception: Documented reason for not screening or recommending a follow-up for high blood pressure **(G9745)**

OR

Performance Not Met: Blood pressure reading not documented, reason not given **(G8785)**

OR

CPT only copyright 2021 American Medical Association. All rights reserved.

Performance Not Met:	Elevated or Hypertensive blood pressure reading documented, indicated follow-up not documented, reason not given **(G8952)**

RATIONALE:

Hypertension is a prevalent condition that affects approximately 66.9 million people in the United States. It is estimated that about 20-40% of the adult population has hypertension; the majority of people over age 65 have a hypertension diagnosis (Appleton SL, et al., 2012 and Luehr D, et al., 2012). Winter (2013) noted that 1 in 3 American adults have hypertension and the lifetime risk of developing hypertension is 90% (Winter KH, et al., 2013). The African American population or non-Hispanic Blacks, the elderly, diabetics and those with chronic kidney disease are at increased risk of stroke, myocardial infarction and renal disease. Non-Hispanic Blacks have the highest prevalence at 38.6% (Winter KH, et al., 2013). Hypertension is a major risk factor for ischemic heart disease, left ventricular hypertrophy, renal failure, stroke and dementia (Luehr D, et al., 2012). Prevention of hypertension and the treatment of established hypertension are complementary approaches to reducing CVD risk in the population, but prevention of hypertension provides the optimal means of reducing risk and avoiding harmful consequences. Periodic BP screening can identify individuals who develop elevated BP over time. More frequent BP screening may be particularly important for individuals with elevated ASCVD risk (Whelton PK, et al., 2018).

Hypertension is the most common reason for adult office visits other than pregnancy. Garrison (2013) stated that in 2007, 42 million ambulatory visits were attributed to hypertension (Garrison GM and Oberhelman S, 2013). It also has the highest utilization of prescription drugs. Numerous resources and treatment options are available, yet only about 40-50% of the hypertensive patients have their blood pressure under control (<140/90) (Appleton SL, et al., 2012, Luehr D, et al., 2012). In addition to medication non-compliance, poor outcomes are also attributed to poor adherence to lifestyle changes such as a low-sodium diet, weight loss, increased exercise and limiting alcohol intake. Many adults find it difficult to continue medications and lifestyle changes when they are asymptomatic. Symptoms of elevated blood pressure usually do not occur until secondary problems arise such as with vascular diseases (myocardial infarction, stroke, heart failure and renal insufficiency) (Luehr D, et al., 2012).
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. The 2010 ACCF/AHA Guideline for the Assessment of Cardiovascular Risk in Asymptomatic Adults continues to support using a global risk score such as the Framingham Risk Score, to assess risk of coronary heart disease (CHD) in all asymptomatic adults (Greenland P, et al., 2010). 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. A review of 35 studies found that the pharmacist-led interventions involved medication counseling and patient education. Twenty-nine of the 35 studies showed statistically significant improvement in BP levels of the intervention groups at follow-up (Reeves et al., 2020). Follow-up intervals based on blood pressure control have been established by the 2017 ACC/AHA guideline 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. (2007)

COPYRIGHT:

These performance measures are not clinical guidelines and do not establish a standard of medical care, and have not been tested for all potential applications.

THE MEASURES AND SPECIFICATIONS ARE PROVIDED "AS IS" WITHOUT WARRANTY OF ANY KIND.

Limited proprietary coding is contained in the measure specifications for convenience. Users of the proprietary code

CPT only copyright 2021 American Medical Association. All rights reserved.

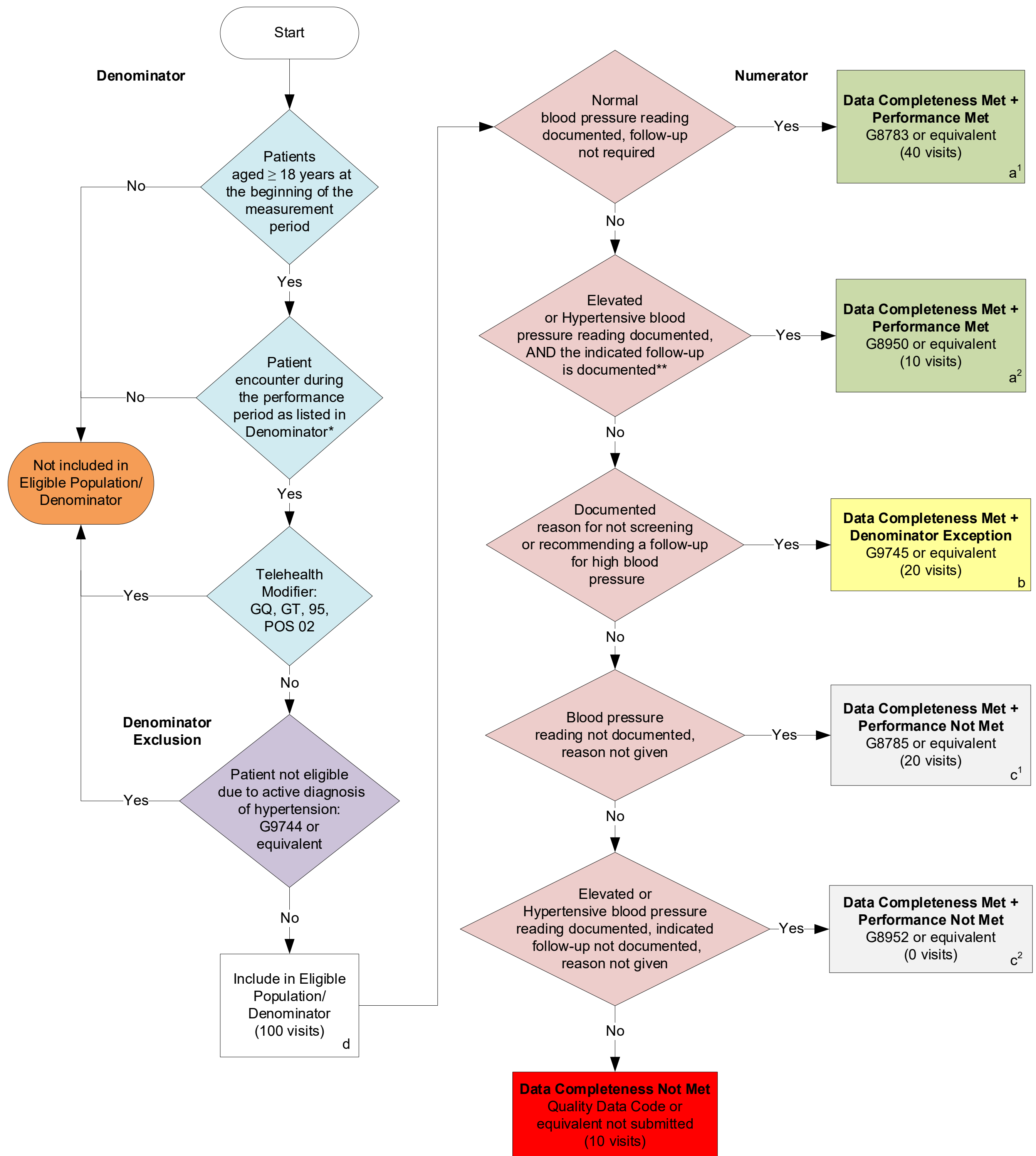
sets should obtain all necessary licenses from the owners of these code sets.

CPT® contained in the Measure specifications is copyright 2004-2021 American Medical Association. LOINC® is copyright 2004-2021 Regenstrief Institute, Inc. This material contains SNOMED Clinical Terms® (SNOMED CT®) copyright 2004-2021 International Health Terminology Standards Development Organisation. ICD-10 is copyright 2021 World Health Organization. All Rights Reserved.

CPT only copyright 2021 American Medical Association. All rights reserved.

2022 Clinical Quality Measure Flow #317:
Preventive Care and Screening: Screening for High Blood Pressure and Follow-Up Documented

Disclaimer: *Refer to the measure specification for specific coding and instructions to submit this measure.*



CPT only copyright 2021 American Medical Association. All rights reserved.

SAMPLE CALCULATIONS

Data Completeness=

$$\frac{\text{Performance Met } (a^1+a^2=50 \text{ visits}) + \text{Denominator Exception } (b=20 \text{ visits}) + \text{Performance Not Met } (c^1+c^2=20 \text{ visits})}{\text{Eligible Population / Denominator } (d=100 \text{ visits})} = \frac{90 \text{ visits}}{100 \text{ visits}} = \mathbf{90.00\%}$$

Performance Rate=

$$\frac{\text{Performance Met } (a^1+a^2=50 \text{ visits})}{\text{Data Completeness Numerator } (90 \text{ visits}) - \text{Denominator Exception } (b=20 \text{ visits})} = \frac{50 \text{ visits}}{70 \text{ visits}} = \mathbf{71.43\%}$$

*See the posted measure specification for specific coding and instructions to submit this measure.
**See the posted measure specification for classifications of blood pressure values and corresponding follow up plans.
NOTE: Submission Frequency: Visit

CPT only copyright 2021 American Medical Association. All rights reserved.
The measure diagrams were developed by CMS as a supplemental resource to be used in conjunction with the measure specifications. They should not be used alone or as a substitution for the measure specification.

v6

CPT only copyright 2021 American Medical Association. All rights reserved.

2022 Clinical Quality Measure Flow Narrative For Quality ID #317: Preventive Care and Screening: Screening for High Blood Pressure and Follow-Up Documented

Disclaimer: *Refer to the measure specification for specific coding and instructions to submit this measure.*

1. Start with Denominator
2. Check *Patients aged greater than or equal to 18 years at the beginning of the measurement period*:
    a. If *Patients aged greater than or equal to 18 years at the beginning of the measurement period* equals No, do not include in *Eligible Population/Denominator*. Stop processing.
    b. If *Patients aged greater than or equal to 18 years at the beginning of the measurement period* equals Yes, proceed to check *Patient encounter during the performance period as listed in Denominator*.*
3. Check *Patient encounter during the performance period as listed in Denominator**:
    a. If *Patient encounter during the performance period as listed in Denominator** equals No, do not include in *Eligible Population/Denominator*. Stop processing.
    b. If *Patient encounter during the performance period as listed in Denominator** equals Yes, proceed to check *Telehealth Modifier*.
4. Check *Telehealth Modifier*:
    a. If *Telehealth Modifier* equals No, proceed to check *Patient not eligible due to active diagnosis of hypertension.*
    b. If *Telehealth Modifier* equals Yes, do not include in *Eligible Population/Denominator*. Stop processing.
5. Check *Patient not eligible due to active diagnosis of hypertension*:
    a. If *Patient not eligible due to active diagnosis of hypertension* equals No, include in *Eligible Population/Denominator.*
    b. If *Patient not eligible due to active diagnosis of hypertension* equals Yes, do not include in *Eligible Population/Denominator*. Stop processing.
6. Denominator Population:
    a. Denominator Population is all Eligible Patients in the Denominator. Denominator is represented as Denominator in the Sample Calculation listed at the end of this document. Letter d equals 100 visits in the Sample Calculation.
7. Start Numerator
8. Check *Normal blood pressure reading documented, follow-up not required*:
    a. If *Normal blood pressure reading documented, follow-up not required* equals Yes, include in *Data Completeness Met and Performance Met.*
        - *Data Completeness Met and Performance Met* letter is represented as Data Completeness and Performance Rate in the Sample Calculation listed at the end of this document. Letter a[1] equals 40 visits in the Sample Calculation.
    b. If *Normal blood pressure reading documented, follow-up not required* equals No, proceed to check

CPT only copyright 2021 American Medical Association. All rights reserved.

*Elevated or Hypertensive blood pressure reading documented, AND the indicated follow-up is documented**.*

9. Check *Elevated or Hypertensive blood pressure reading documented, AND the indicated follow-up is documented***:

   a. If *Elevated or Hypertensive blood pressure reading documented, AND the indicated follow-up is documented*** equals Yes, include in *Data Completeness Met and Performance Met.*

   - *Data Completeness Met and Performance Met* letter is represented as Data Completeness and Performance Rate in the Sample Calculation listed at the end of this document. Letter a^2 equals 10 visits in the Sample Calculation.

   b. If *Elevated or Hypertensive blood pressure reading documented, AND the indicated follow-up is documented*** equals No, proceed to check *Documented reason for not screening or recommending a follow-up for high blood pressure.*

10. Check *Documented reason for not screening or recommending a follow-up for high blood pressure*:

    a. If *Documented reason for not screening or recommending a follow-up for high blood pressure* equals Yes, include in *Data Completeness Met and Denominator Exception.*

    - *Data Completeness Met and Denominator Exception* is represented as Data Completeness and Performance Rate in the Sample Calculation listed at the end of this document. Letter b equals 20 visits in the Sample Calculation.

    b. If *Documented reason for not screening or recommending a follow-up for high blood pressure* equals No, proceed to check *Blood pressure reading not documented, reason not given*.

11. Check *Blood pressure reading not documented, reason not given*:

    a. If *Blood pressure reading not documented, reason not given* equals Yes, include in *Data Completeness Met and Performance Not Met.*

    - *Data Completeness Met and Performance Not Met* is represented as Data Completeness in the Sample Calculation listed at the end of this document. Letter c^1 equals 20 visits in the Sample Calculation.

    b. If *Blood pressure reading not documented, reason not given* equals No, proceed to check *Elevated or Hypertensive blood pressure reading documented, indicated follow-up not documented, reason not given.*

12. Check *Elevated or Hypertensive blood pressure reading documented, indicated follow-up not documented, reason not given*:

    a. If *Elevated or Hypertensive blood pressure reading documented, indicated follow-up not documented, reason not given* equals Yes, include in *Data Completeness Met and Performance Not Met.*

    - *Data Completeness Met and Performance Not Met* is represented as Data Completeness in the Sample Calculation listed at the end of this document. Letter c^2 equals 0 visits in the Sample Calculation.

    b. If *Elevated or Hypertensive blood pressure reading documented, indicated follow-up not documented, reason not given* equals No, proceed to check *Data Completeness Not Met.*

13. Check *Data Completeness Not Met:*

CPT only copyright 2021 American Medical Association. All rights reserved.

- If *Data Completeness Not Met,* Quality Data Code or equivalent not submitted. 10 vists have been subtracted from the Data Completeness Numerator in the Sample Calculation.

Sample Calculations:

Data Completeness equals Performance Met (a^1 plus a^2 equals 50 visits) plus Denominator Exception (b equals 20 visits) plus Performance Not Met (c^1 plus c^2 equals 20 visits) divided by Eligible Population/Denominator (d equals 100 visits). All equals 90 visits divided by 100 visits. All equals 90.00 percent.

Performance Rate equals Performance Met (a^1 plus a^2 equals 50 visits) divided by Data Completeness Numerator (90 visits) minus Denominator Exception (b equals 20 visits). All equals 50 visits divided by 70 visits. All equals 71.43 percent.

* See the posted measure specification for specific coding and instructions to submit this measure.

**See the posted measure specification for classifications of blood pressure values and corresponding follow up plans.

NOTE: Submission Frequency: Visit

The measure diagrams were developed by CMS as a supplemental resource to be used in conjunction with the measure specifications. They should not be used alone or as a substitution for the measure specification.

CPT only copyright 2021 American Medical Association. All rights reserved.