



PATIENT POPULATION: Patients 18-85 years of age with a diagnosis of hypertension.

NUMERATOR COMPLIANCE: Per HEDIS®, patients in the eligible population must have adequate blood pressure control, with adequate control defined as blood pressure less than 140/90 mm Hg.¹

- » Patients should have adequately controlled blood pressure throughout the measurement year, but only the blood pressure at the last visit of the measurement year will be assessed for measure compliance.

EXCLUSIONS

- » End-stage renal disease, dialysis, nephrectomy, or kidney transplant on or prior to the end of the measurement year
- » Pregnancy diagnosis during the measurement year
- » Nonacute inpatient admission during the measurement year
- » Patients receiving hospice or palliative care

DOCUMENTATION REQUIREMENTS

A diagnosis of Essential (Primary) Hypertension on at least 2 visits within the first 6 months of the measurement year or during the year prior. Additionally, evidence of adequately controlled blood pressure at the last visit of the measurement year.

- » Hypertension diagnosis and/or blood pressure results are counted from outpatient visits, telephone visits, e-visits, or virtual check-ins.
- » If there are multiple blood pressure readings on the same date of service, use the lowest systolic and lowest diastolic reading on that date.
- » Documentation and coding must specify diagnosis of Essential (Primary) Hypertension
- » Blood pressure readings reported by the patient must be taken utilizing an electronic blood pressure device, not a blood pressure cuff and stethoscope
- » BP readings taken by the member and documented in the member's medical record are eligible for use in reporting.
- » 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.

COMMON DOCUMENTATION INSUFFICIENCIES

- » Failing to list date of service and blood pressure reading together
- » Do not round up blood pressure readings when using manual blood pressure cuffs

BEST PRACTICES

- 1 Outreach patients with hypertension who need a blood pressure check this year, or who did not have adequate control at their last visit. Utilize care gap lists to identify non-compliant patients.
- 2 Perform additional blood pressure reading(s) during the visit if the first reading was high; the best diastolic reading can be combined with the best systolic reading for compliance.
- 3 Follow best practices for taking accurate blood pressure readings, i.e., use the proper cuff size, ensure the elbow is at the same level as the heart, wait until the patient has been resting comfortably for several minutes.
- 4 Educate patients on the risks of uncontrolled blood pressure, and counsel on medication adherence, healthy diet, and exercise. ACN has a Hypertension Toolkit for patients.
- 5 Our care coordination team can provide patients with individualized support. To refer a patient please contact us:

(602) 406-7226

CareCoordination@azcarenetwork.org

CODE SUBMISSIONS TO CLOSE GAPS BY CLAIMS

Relevant codes that a primary care provider is the direct biller are listed below. Submission of these codes will close the quality gap through claims with the payer, especially when medical record review is unavailable.

CODE	DESCRIPTION
CPT/CPT II: 3079F	Diastolic 80-89 mm Hg
CPT/CPT II: 3078F	Diastolic Less than 80 mm Hg
CPT/CPT II: 3074F	Systolic Less Than 130 mm Hg
CPT/CPT II: 3075F	Systolic 130-139 mm Hg
ICD-10: I10	Essential HTN Diagnosis



@azcarenetwork

¹HEDIS® stands for Healthcare Effectiveness Data and Information Set and is a registered trademark of the National Committee for Quality Assurance (NCQA)