

Measurement and Data Reporting Specs: Hypertension Control

Measure Up/Pressure Down National Hypertension Campaign

American Medical Group Foundation

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Note: These are the reporting specifications effective October 1, 2015. Please use these specifications for encounters on or after October 1, 2015.

Reporting Periods: Rolling 12 months, reported quarterly.

(Reporting periods, defined by quarters)

2013 Q1 (2012 Q2 – 2013 Q1)	2014 Q1 (2013 Q2 – 2014 Q1)	2015 Q1 (2014 Q2 – 2015 Q1)
2013 Q2 (2012 Q3 – 2013 Q2)	2014 Q2 (2013 Q3 – 2014 Q2)	2015 Q2 (2014 Q3 – 2015 Q2)
2013 Q3 (2012 Q4 – 2013 Q3)	2014 Q3 (2013 Q4 – 2014 Q3)	2015 Q3 (2014 Q4 – 2015 Q3)
2013 Q4 (2013 Q1 – 2013 Q4)	2014 Q4 (2014 Q1 – 2014 Q4)	2015 Q4 (2015 Q1 – 2015 Q4)

(Reporting periods, defined by months and days)

2013 Q1 (2012 Apr 1 – 2013 Mar 31)	2014 Q1 (2013 Apr 1 – 2014 Mar 30)	2015 Q1 (2014 Apr 1 – 2015 Mar 30)
2013 Q2 (2012 Jul 1 – 2013 Jun30)	2014 Q2 (2013 Jul 1 – 2014 Jun 30)	2015 Q2 (2014 Jul 1 – 2015 Jun 30)
2013 Q3 (2012 Oct 1 – 2013 Sep30)	2014 Q3 (2013 Oct 1 – 2014 Sep 30)	2015 Q3 (2014 Oct 1 – 2015 Sep 30)
2013 Q4 (2013 Jan 1 – 2013 Dec31)	2014 Q4 (2014 Jan 1 – 2014 Dec 31)	2015 Q4 (2015 Jan 1 – 2015 Dec 31)

	Total Patients	Denominator	Numerator
Male (18–64)*	# of unique patients with ≥ 1 E&M visit	# of HTN patients with ≥ 1 E&M visit	# of HTN patients whose last BP is < 140/90 mm Hg
Male (65–85)*	# of unique patients with ≥ 1 E&M visit	# of HTN patients with ≥ 1 E&M visit	# of HTN patients whose last BP is < 140/90 mm Hg
Female (18–64)*	# of unique patients with ≥ 1 E&M visit	# of HTN patients with ≥ 1 E&M visit	# of HTN patients whose last BP is < 140/90 mm Hg
Female (65–85)*	# of unique patients with ≥ 1 E&M visit	# of HTN patients with ≥ 1 E&M visit	# of HTN patients whose last BP is < 140/90 mm Hg

* Age, as of the end of the reporting period.

Total Patients — number of unique patients with 1 or more ambulatory E&M visits (including “prevention” services) during the 12-month reporting period, using Table CBP-B: Codes to Identify Outpatient Visits, from *HEDIS® 2013 Technical Specifications for Physician Measurement*, (copyright NCQA, used by permission; CPT-4 codes copyright American Medical Association):

Description	CPT
Outpatient visits	99201-99205, 99211-99215, 99241-99245, 99384-99387, 99394-99397

Note: No exclusions based on provider specialty.

Numbers of patients are broken out by:

- Age category: 18–64 years, or 65–85 years, as of the end of the reporting period.
- By gender (male, female).

Exclusions—

- patients with unknown gender,
- patients with unknown age, or age < 18 or > 85 years, as of the end of the reporting period,
- patients who had an admission to a non-acute inpatient setting any time during the reporting period (see next page),
- patients with evidence of end-stage renal disease (ESRD) during or prior to the end of the reporting period, and
- patients who are pregnant during the reporting period.

Encounters prior to October 1, 2015. Please identify ESRD and pregnancy exclusions using Table CBP-C: Codes to Identify Exclusions, from *HEDIS® 2013 Technical Specifications for Physician Measurement* (copyright NCQA, used by permission):

Description	CPT	HCPCS	ICD-9-CM Diagnosis	ICD-9-CM Procedure	UB Revenue	UB Type of Bill	POS
Evidence of ESRD	36145, 36147, 36800, 36810, 36815, 36818, 36819, 36820, 36821, 36831-36833, 50300, 50320, 50340, 50360, 50365, 50370, 50380, 90920, 90921, 90924, 90925, 90935, 90937, 90940, 90945, 90947, 90957-90962, 90965, 90966, 90969, 90970, 90989, 90993, 90997, 90999, 99512	G0257, G0308-G0319, G0322, G0323, G0326, G0327, G0392, G0393, S9339	585.5, 585.6, V42.0, V45.1	38.95, 39.27, 39.42, 39.43, 39.53, 39.93-39.95, 54.98, 55.6	0367, 080x, 082x-085x, 088x	72X	65
Pregnancy			630-679, V22, V23, V28				

Encounters on or after October 1, 2015. Please identify ESRD and pregnancy exclusions using the following table (from NCQA HEDIS® 2016 Technical Specifications for Physician Measurement and CMS.gov):

Description	CPT	HCPCS	ICD-10-CM Diagnosis	ICD-10-PCS Procedure	UB Revenue	UB Type of Bill	POS
Evidence of ESRD	36147, 36800, 36810, 36815, 36818, 36819, 36820, 36821, 36831-36833, 50300, 50320, 50340, 50360, 50365, 50370, 50380, 90935, 90937, 90940, 90945, 90947, 90957-90962, 90965, 90966, 90969, 90970, 90989, 90993, 90997, 90999, 99512	G0257, S9339, S2065	N18.5, N18.6, Z91.15, Z94.0, Z99.2	See Appendix A	0367, 080x, 082x-085x, 088x	72X	65
Pregnancy			See Appendix B				

Denominator — number of patients in the population defined above who have a diagnosis of essential hypertension:

- on patient’s problem list, any time prior to the end of the first six months of the reporting period (rolling 12-month periods, ending each calendar quarter), or
- **Encounters prior to October 1, 2015:** ICD-9-CM diagnosis code 401.XX on a claim associated with an ambulatory visit during (or before) the first six months of the reporting period, where one of the specified CPT codes is billed. **Encounters on or after October 1, 2015: Denominator definition is the same, except that ICD-10-CM diagnosis code I10 (essential hypertension), is on the claim.**

Numerator — number of patients in the denominator whose last ambulatory, in-office BP during the reporting period is < 140/90 mm Hg.

Note: Where multiple BP readings are recorded on a single day, take the lowest systolic reading and the lowest diastolic reading for the day.

Exclusions —

- Exclude BP readings from inpatient, observation, and ER settings. (Include urgent care.)
- Exclude home BP readings and ambulatory BP monitoring data.
- Exclude BP readings taken prior to diagnosis of HTN (where feasible, examine the patient’s entire longitudinal record for the first occurrence of a 401.XX **(ICD-10-CM code I10, which indicates essential hypertension, on or after 10/1/15)** diagnosis code, or consider the date when hypertension was added to the patient’s problem list, whichever is earlier).
- Exclude from the numerator patients with no BP measurement recorded during the reporting period. **Patients with no BP measurement during the reporting period are considered not in control, since they are not known to be in control.**

Special case — Handling missing BP readings when reporting using EHR data and the vast majority of an organization’s providers are recording clinical observations in the EHR but some are not:

- Provider-level approach: If the provider for a patient’s last qualifying (E&M) encounter during the reporting period does not record clinical observations in the EHR, exclude the patient from the denominator.
- Patient-level approach: If there is no BMI/height/weight or other clinical observation (TPR, pain) for the patient during the reporting period, exclude the patient from the denominator.

If a substantial number of an organization’s providers are not recording clinical observations in the EHR, NCQA’s hybrid method may be used. (Please contact AMGA to discuss.)

Please identify exclusion for admission to a non-acute inpatient setting using Table FUH-D: Codes to Identify Nonacute Care, from *HEDIS® 2013 Technical Specifications for Physician Measurement* (copyright NCQA, used by permission):

Description	HCPCS	UB Revenue	UB Type of Bill	POS
Hospice		0115, 0125, 0135, 0145, 0155, 0650, 0656, 0658, 0659	81x, 82x	34
SNF		019x	21x, 22x, 28x	31, 32
Hospital transitional care, swing bed or rehabilitation			18x	
Rehabilitation		0118, 0128, 0138, 0148, 0158		
Respite		0655		
Intermediate care facility				54
Residential substance abuse treatment facility		1002		55
Psychiatric residential treatment center	T2048, H0017-H0019	1001		56
Comprehensive inpatient rehabilitation facility				61
Other nonacute care facilities that do not use the UB Revenue or Type of Bill codes for billing (e.g., ICF, SNF)				

POS – CMS Place of Service codes.

Appendices

Appendix A: ICD-10-PCS Hospital Procedure Codes for ESRD Exclusion (Source: [CMS.gov](https://www.cms.gov))

Appendix B: ICD-10-CM Codes for Pregnancy Exclusion (Source: HEDIS® Pregnancy Value Set)