**Definition**
Percentage of patients ages 18–85 who had a diagnosis of hypertension and whose blood pressure (BP) was adequately controlled during the measurement year based on the following criteria:

- Patients ages 18–59 whose BP was <140/90 mm Hg.

**Plans Affected**
- Commercial.
- Medicaid.
- Medicare Advantage.

**Quality Programs Affected**
- CMS Star Ratings.
- CPC+.
- HMSA P4Q.
- HMSA PT.
- NCQA Accreditation.

**Collection and Reporting Method**
- Hybrid claim/encounter data and medical record documentation.

This is a quick reference tool to help you with coding and documentation of quality measures that close care gaps.

**Codes**

| Most recent systolic BP < 130 mm Hg | CPT/CPT II | 3074F |
| Most recent systolic BP 130-139 mm Hg | CPT/CPT II | 3075F |
| Most recent systolic blood pressure ≥ 140 mm Hg | CPT/CPT II | 3077F |
| Most recent diastolic BP < 80 mm Hg | CPT/CPT II | 3078F |
| Most recent diastolic BP 80-89 mm Hg | CPT/CPT II | 3079F |
| Most recent diastolic BP ≥ 90 mm Hg | CPT/CPT II | 3080F |

**Exclusion(s)**

**Standard exclusions**

- Patients in hospice.
- Medicare patients age 66 and older as of January 1 of the measurement year who are living in long-term care institutions.
- Medicare patients 66 and older as of January 1 of the measurement year who are enrolled in an Institutional SNP (I-SNP).
- Patients age 81 and older as of January 1 of the measurement year with frailty.
- Patients age 66-80 as of January 1 of the measurement year who have frailty and advanced illness.

**Optional exclusions**

- End-stage renal disease (ESRD).
- Kidney transplant.
- Diagnosis of pregnancy.
- Non-acute inpatient admission.

Anytime during the measurement year.

Anytime during the measurement year.

Anytime during the measurement year.

On or prior to December 31 of the measurement year.

HMSA will make the final decision about reimbursement when we receive a claim. Submitting a claim with a code from this document doesn’t guarantee payment. Payment of covered services depends on a patient’s plan benefits, your eligibility for payment, claim processing requirements, and your contract with HMSA.
Medical Record Documentation

<table>
<thead>
<tr>
<th>Test, service, or procedure to close the care gap</th>
<th>Medical record detail, any of the following:</th>
</tr>
</thead>
</table>
| Diagnosis of hypertension on or before June 30 of the measurement year and last BP reading included in the outpatient medical record within the limits listed in the "Collection and Reporting Method" section for this measure. | • Consultation reports.  
• Progress notes.  
• Vitals sheet.  
• Medical history.  
• SOAP notes. |
| • BP reading must be performed within the measurement year. The last BP result of the year is used for this measure.  
• Diagnosis must not be on the same day as the BP reading.  
• Readings taken in the following situations won’t count toward compliance:  
  - Acute inpatient stay or an emergency department visit.  
  - Same day as a diagnostic test or procedure that requires a change in diet or medication regimen on or one day before the day of the test or procedure, with the exception of a fasting blood test.  
  - Reported by or taken by the patient. | |

Tips and Best Practices to Help Close the Care Gap

- Take multiple readings if BP is elevated and include all values in the patient’s chart. If multiple readings are taken on the same day, the lowest diastolic and systolic values should be used to document the overall reading.
- Re-measure BP at the end of the appointment when the patient may be more relaxed.
- Review medication adherence and barriers to therapy at each appointment.
- Evaluate for a change in medication regimen. Addition of a second agent may be needed to achieve therapeutic goals.
- Make follow-up appointments monthly until patient’s treatment goals are reached.
- Consider a referral to a dietitian for Medical Nutrition Therapy if lifestyle modification is an option.
- Encourage patients to have medical records from other specialists (particularly cardiologists) transferred to your office to provide a complete picture of changes in their BP readings over time.

For information about Medicare Star Ratings measures, please visit the Provider Resource Center at hmsa.com/portal/provider/zav_pel.aa.MED.100.htm.

Information in this guide is based on National Committee for Quality Assurance (NCQA) HEDIS technical specifications. For details, visit ncqa.org.

If you have any questions, call HMSA Provider Services at 948-6820 on Oahu or 1 (877) 304-4672 toll-free on the Neighbor Islands.