Quality ID #236: Controlling High Blood Pressure

2025 COLLECTION TYPE:
MEDICARE PART B CLAIMS

MEASURE TYPE:
Intermediate Outcome – High Priority

DESCRIPTION:
Percentage of patients 18-85 years of age who had a diagnosis of essential hypertension starting before and continuing into, or starting during the first six months of the measurement period, and whose most recent blood pressure was adequately controlled (< 140/90mmHg) during the measurement period.

INSTRUCTIONS:
This measure is to be submitted a minimum of **once per performance period** for patients with hypertension seen during the performance period. The performance period for this measure is 12 months. The most recent quality code submitted will be used for performance calculation. This measure may be submitted by Merit-based Incentive Payment System (MIPS) eligible clinicians who perform the quality actions described in the measure based on the services provided and the measure-specific denominator coding.

NOTE: *In reference to the numerator element, only blood pressure readings performed by a clinician or an automated blood pressure monitor or device are acceptable for numerator compliance with this measure. This includes blood pressures taken in person by a clinician and blood pressures measured remotely by electronic monitoring devices capable of transmitting the blood pressure data to the clinician. Blood pressure readings taken by an automated blood pressure monitor or device and conveyed by the patient to the clinician are also acceptable. It is the clinician's responsibility and discretion to confirm the automated blood pressure monitor or device used to obtain the blood pressure is considered acceptable and reliable and whether the blood pressure reading is considered accurate before documenting it in the patient's medical record.*

Do not include BP readings:
1) Taken during an acute inpatient stay or an ED visit
*2) Taken on the same day as a diagnostic test or diagnostic or therapeutic procedure that requires a change in diet or change in medication on or one day before the day of the test or procedure, with the exception of fasting blood tests. BP readings taken on the same day that the member receives a common low-intensity or preventive procedure **are** eligible for use. For example, the following procedures are considered common low intensity or preventive (this list is just for reference, and is not exhaustive):*

- *Vaccinations.*
- *Injections (e.g., allergy, vitamin B-12, insulin, steroid, toradol, Depo-Provera, testosterone, lidocaine).*
- *TB test.*
- *IUD insertion.*
- *Eye exam with dilating agents.*
- *Wart or mole removal.*

3) *Taken by the patient using a non-digital device such as with a manual blood pressure cuff and a stethoscope.*

If no blood pressure is recorded during the measurement period, the patient's blood pressure is assumed "not controlled."

If there are multiple blood pressure readings on the same day, use the lowest systolic and the lowest diastolic reading as the most recent blood pressure reading. 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.

NOTE: *Patient encounters for this measure conducted via telehealth (including but not limited to encounters coded with GQ, GT, POS 02, POS 10) are allowable. Please note that effective January 1, 2025, while a measure may be denoted as telehealth eligible, specific denominator codes within the encounter may no longer be eligible due to changes outlined in the CY 2024 PFS Final Rule List of Medicare Telehealth Services.*

Measure Submission Type:
Measure data may be submitted by individual MIPS eligible clinicians using Medicare Part B claims. The listed denominator criteria are used to identify the intended patient population. The numerator quality data codes included in this specification are used to submit the quality actions allowed by the measure on the claim form(s). All measure-specific coding should be submitted on the claim(s) representing the denominator eligible encounter and selected numerator option.

The intent of the exclusion for individuals age 65 and older residing in long-term care facilities, including nursing homes, is to exclude individuals who may have limited life expectancy and increased frailty where the benefit of the process may not exceed the risks. This exclusion is not intended as a clinical recommendation regarding whether the measures process is inappropriate for specific populations, instead the exclusions allows clinicians to engage in shared decision making with patients about the benefits and risks of screening when an individual has limited life expectancy.

DENOMINATOR:
Patients 18-85 years of age who had a visit during the measurement period and diagnosis of essential hypertension starting before and continuing into, or starting during the first six months of the measurement period

> ***DENOMINATOR NOTE****: The diagnosis of essential hypertension must be present some time between 1 year prior to the measurement period and the first six months of the measurement period (January 1, 2024 - June 30, 2025).*
>
> **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 will not be counted in the denominator population for Medicare Part B claims measures*.

> **Denominator Criteria (Eligible Cases):**
> Patients 18 to 85 years of age on date of encounter
> **AND**
> **Diagnosis for hypertension (ICD-10-CM):** I10
> **AND**
> **Patient encounter during performance period (CPT or HCPCS):** 98000, 98001, 98002, 98003, 98004, 98005, 98006, 98007, 98008, 98009, 98010, 98011, 98012, 98013, 98014, 98015, 98016, 98980, 99202, 99203, 99204, 99205, 99212, 99213, 99214, 99215, 99341, 99342, 99344, 99345, 99347, 99348, 99349, 99350, 99385*, 99386*, 99387*, 99395*, 99396*, 99397*, 99421, 99422, 99423, 99457, G0402, G0438, G0439, G2250, G2251, G2252

NUMERATOR:
Patients whose most recent blood pressure is adequately controlled (systolic blood pressure < 140 mmHg and diastolic blood pressure < 90 mmHg) during the measurement period

> **Numerator Instructions:**
> To describe both systolic and diastolic blood pressure values, **each must be submitted separately.** If there are multiple blood pressures on the same date of service, use the lowest systolic and lowest diastolic blood pressure on that date as the representative blood pressure.
>
> ***NUMERATOR NOTE:*** *In reference to the numerator element, only blood pressure readings performed by a clinician or an automated blood pressure monitor or device are acceptable for numerator compliance with this measure. This includes blood pressures taken in person by a clinician and blood pressures measured remotely by electronic monitoring devices capable of transmitting the blood pressure data to the clinician. Blood pressure readings taken by an automated blood pressure monitor or device and conveyed by the patient to the*

clinician are also acceptable. It is the clinician's responsibility and discretion to confirm the automated blood pressure monitor or device used to obtain the blood pressure is considered acceptable and reliable and whether the blood pressure reading is considered accurate before documenting it in the patient's medical record.

Do not include BP readings:
1) Taken during an acute inpatient stay or an ED visit
*2) Taken on the same day as a diagnostic test or diagnostic or therapeutic procedure that requires a change in diet or change in medication on or one day before the day of the test or procedure, with the exception of fasting blood tests. BP readings taken on the same day that the member receives a common low-intensity or preventive procedure **are** eligible for use. For example, the following procedures are considered common low intensity or preventive (this list is just for reference, and is not exhaustive):*

- *Vaccinations.*
- *Injections (e.g., allergy, vitamin B-12, insulin, steroid, toradol, Depo-Provera, testosterone, lidocaine).*
- *TB test.*
- *IUD insertion.*
- *Eye exam with dilating agents.*
- *Wart or mole removal.*

3) Taken by the patient using a non-digital device such as with a manual blood pressure cuff and a stethoscope
If no blood pressure is recorded during the measurement period, the patient's blood pressure is assumed "not controlled".

If there are multiple blood pressure readings on the same day, use the lowest systolic and the lowest diastolic reading as the most recent blood pressure reading. 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.

To assess the age for exclusions, the patient's age on the date of the encounter should be used.

Numerator Quality Data Coding Options:

Patient receiving Hospice Services, Patient Not Eligible

Denominator Exclusion: **G9740:**	Hospice services given to patient any time during the measurement period

OR

Patient receiving Palliative Care Services, Patient Not Eligible

Denominator Exclusion: **G0031:**	Palliative care services given to patient any time during the measurement period

OR

Patient not Eligible for Recommended Blood Pressure Parameters for Documented Reasons

Denominator Exclusion: **G9231:**	Documentation of end stage renal disease (ESRD), dialysis, renal transplant before or during the measurement period or pregnancy during the measurement period

OR

Patient age 66 or older in Institutional Special Needs Plans (SNP) or residing in long-term care facility, Patient Not Eligible

Denominator Exclusion: **G9910:**	Patients age 66 or older in Institutional Special Needs Plans (SNP) or residing in long-term care with POS code 32, 33, 34, 54, or 56 for more than 90 consecutive days during the measurement period

OR

Patient with Frailty AND Medication for Dementia, Patient Not Eligible

Denominator Exclusion: **G2115:** Patients 66- 80 years of age with at least one claim/encounter for frailty during the measurement period AND a dispensed medication for dementia during the measurement period or the year prior to the measurement period

OR

Patient with Frailty AND Advanced Illness, Patient Not Eligible

Denominator Exclusion: **G2116:** Patients 66 - 80 years of age with at least one claim/encounter for frailty during the measurement period AND an advanced illness diagnosis during the measurement period or the year prior to the measurement period

OR

Patient 81 Years of Age or Older with Frailty, Patient not Eligible

Denominator Exclusion: **G2118:** Patients 81 years of age and older with at least one claim/encounter for frailty during the measurement period

Table: Dementia Exclusion Medications

Description	Prescription
Cholinesterase inhibitors	Donepezil Rivastigmine Galantamine
Miscellaneous central nervous system agents	Memantine
Dementia combinations	Donepezil-memantine

- **Codes to identify Frailty:** 99504, 99509, E0100, E0105, E0130, E0135, E0140, E0141, E0143, E0144, E0147, E0148, E0149, E0163, E0165, E0167, E0168, E0170, E0171, E0250, E0251, E0255, E0256, E0260, E0261, E0265, E0266, E0270, E0290, E0291, E0292, E0293, E0294, E0295, E0296, E0297, E0301, E0302, E0303, E0304, E0424, E0425, E0430, E0431, E0433, E0434, E0435, E0439, E0440, E0441, E0442, E0443, E0444, E0462, E0465, E0466, E0470, E0471, E0472, E0561, E0562, E1130, E1140, E1150, E1160, E1161, E1240, E1250, E1260, E1270, E1280, E1285, E1290, E1295, E1296, E1297, E1298, G0162, G0299, G0300, G0493, G0494, S0271, S0311, S9123, S9124, T1000, T1001, T1002, T1003, T1004, T1005, T1019, T1020, T1021, T1022, T1030, T1031, L89.000, L89.001, L89.002, L89.003, L89.004, L89.006, L89.009, L89.010, L89.011, L89.012, L89.013, L89.014, L89.016, L89.019, L89.020, L89.021, L89.022, L89.023, L89.024, L89.026, L89.029, L89.100, L89.101, L89.102, L89.103, L89.104, L89.106, L89.109, L89.110, L89.111, L89.112, L89.113, L89.114, L89.116, L89.119, L89.120, L89.121, L89.122, L89.123, L89.124, L89.126, L89.129, L89.130, L89.131, L89.132, L89.133, L89.134, L89.136, L89.139, L89.140, L89.141, L89.142, L89.143, L89.144, L89.146, L89.149, L89.150, L89.151, L89.152, L89.153, L89.154, L89.156, L89.159, L89.200, L89.201, L89.202, L89.203, L89.204, L89.206, L89.209, L89.210, L89.211, L89.212, L89.213, L89.214, L89.216, L89.219, L89.220, L89.221, L89.222, L89.223, L89.224, L89.226, L89.229, L89.300, L89.301, L89.302, L89.303, L89.304, L89.306, L89.309, L89.310, L89.311, L89.312, L89.313, L89.314, L89.316, L89.319, L89.320, L89.321, L89.322, L89.323, L89.324, L89.326, L89.329, L89.40, L89.41, L89.42, L89.43, L89.44, L89.45, L89.46, L89.500, L89.501, L89.502, L89.503, L89.504, L89.506, L89.509, L89.510, L89.511, L89.512, L89.513, L89.514, L89.516, L89.519, L89.520, L89.521, L89.522, L89.523, L89.524, L89.526, L89.529, L89.600, L89.601, L89.602, L89.603, L89.604, L89.606, L89.609, L89.610, L89.611, L89.612, L89.613, L89.614, L89.616, L89.619, L89.620, L89.621, L89.622, L89.623, L89.624, L89.626, L89.629, L89.810, L89.811, L89.812, L89.813, L89.814, L89.816, L89.819, L89.890, L89.891, L89.892, L89.893, L89.894, L89.896, L89.899, L89.90, L89.91, L89.92, L89.93, L89.94, L89.95, L89.96, M62.50, M62.81, M62.84, R26.2, R26.89, R26.9, R53.1, R53.81, R54, R62.7, R63.4, R63.6, R64, W01.0XXA, W01.0XXD, W01.0XXS, W01.10XA, W01.10XD, W01.10XS, W01.110A, W01.110D, W01.110S, W01.111A, W01.111D, W01.111S, W01.118A, W01.118D, W01.118S, W01.119A, W01.119D, W01.119S, W01.190A, W01.190D, W01.190S, W01.198A, W01.198D, W01.198S, W06.XXXA, W06.XXXD, W06.XXXS, W07.XXXA, W07.XXXD, W07.XXXS, W08.XXXA, W08.XXXD, W08.XXXS, W10.0XXA, W10.0XXD, W10.0XXS, W10.1XXA, W10.1XXD, W10.1XXS, W10.2XXA, W10.2XXD, W10.2XXS, W10.8XXA, W10.8XXD, W10.8XXS, W10.9XXA, W10.9XXD,

W10.9XXS, W18.00XA, W18.00XD, W18.00XS, W18.02XA, W18.02XD, W18.02XS, W18.09XA, W18.09XD, W18.09XS, W18.11XA, W18.11XD, W18.11XS, W18.12XA, W18.12XD, W18.12XS, W18.2XXA, W18.2XXD, W18.2XXS, W18.30XA, W18.30XD, W18.30XS, W18.31XA, W18.31XD, W18.31XS, W18.39XA, W18.39XD, W18.39XS, W19.XXXA, W19.XXXD, W19.XXXS, Y92.199, Z59.3, Z73.6, Z74.01, Z74.09, Z74.1, Z74.2, Z74.3, Z74.8, Z74.9, Z91.81, Z99.11, Z99.3, Z99.81, Z99.89

- **Codes to identify Advanced Illness:** A81.00, A81.01, A81.09, C25.0, C25.1, C25.2, C25.3, C25.4, C25.7, C25.8, C25.9, C71.0, C71.1, C71.2, C71.3, C71.4, C71.5, C71.6, C71.7, C71.8, C71.9, C77.0, C77.1, C77.2, C77.3, C77.4, C77.5, C77.8, C77.9, C78.00, C78.01, C78.02, C78.1, C78.2, C78.30, C78.39, C78.4, C78.5, C78.6, C78.7, C78.80, C78.89, C79.00, C79.01, C79.02, C79.10, C79.11, C79.19, C79.2, C79.31, C79.32, C79.40, C79.49, C79.51, C79.52, C79.60, C79.61, C79.62, C79.70, C79.71, C79.72, C79.81, C79.82, C79.89, C79.9, C91.00, C91.02, C92.00, C92.02, C93.00, C93.02, C93.90, C93.92, C93.Z0, C93.Z2, C94.30, C94.32, F01.50, F01.511, F01.518, F01.52, F01.53, F01.54, F01.A0, F01.A11, F01.A18, F01.A2, F01.A3, F01.A4, F01.B0, F01.B11, F01.B18, F01.B2, F01.B3, F01.B4, F01.C0, F01.C11, F01.C18, F01.C2, F01.C3, F01.C4, F02.80, F02.811, F02.818, F02.82, F02.83, F02.84, F02.A0, F02.A11, F02.A18, F02.A2, F02.A3, F02.A4, F02.B0, F02.B11, F02.B18, F02.B2, F02.B3, F02.B4, F02.C0, F02.C11, F02.C18, F02.C2, F02.C3, F02.C4, F03.90, F03.911, F03.918, F03.92, F03.93, F03.94, F03.A0, F03.A11, F03.A18, F03.A2, F03.A3, F03.A4, F03.B0, F03.B11, F03.B18, F03.B2, F03.B3, F03.B4, F03.C0, F03.C11, F03.C18, F03.C2, F03.C3, F03.C4, F04, F10.27, F10.96, F10.97, G10, G12.21, , G20.A1, G20.A2, G20.B1, G20.B2, G20.C, G30.0, G30.1, G30.8, G30.9, G31.01, G31.09, G31.83, G35, I09.81, I11.0, I12.0, I13.0, I13.11, I13.2, I50.1, I50.20, I50.21, I50.22, I50.23, I50.30, I50.31, I50.32, I50.33, I50.40, I50.41, I50.42, I50.43, I50.810, I50.811, I50.812, I50.813, I50.814, I50.82, I50.83, I50.84, I50.89, I50.9, J43.0, J43.1, J43.2, J43.8, J43.9, J68.4, J84.10, J84.112, J84.170, J84.178, J96.10, J96.11, J96.12, J96.20, J96.21, J96.22, J96.90, J96.91, J96.92, J98.2, J98.3, K70.10, K70.11, K70.2, K70.30, K70.31, K70.40, K70.41, K70.9, K74.00, K74.01, K74.02, K74.1, K74.2, K74.4, K74.5, K74.60, K74.69, N18.5, N18.6

OR

Most Recent Blood Pressure Measurement Performed
Systolic pressure *(Select one (1) code from this section):*

***Performance Met:* G8752:**	Most recent systolic blood pressure < 140 mmHg
OR	
***Performance Not Met:* G8753:**	Most recent systolic blood pressure ≥ 140 mmHg

AND

Diastolic pressure *(Select one (1) code from this section):*

***Performance Met:* G8754:**	Most recent diastolic blood pressure < 90 mmHg
OR	
***Performance Not Met:* G8755:**	Most recent diastolic blood pressure ≥ 90 mmHg

OR

Blood Pressure Measurement not Documented, Reason not Given

***Performance Not Met:* G8756:**	No documentation of blood pressure measurement, reason not given

RATIONALE:

High blood pressure (HBP), also known as hypertension, is when the pressure in blood vessels is higher than normal (Centers for Disease Control and Prevention [CDC], 2023). The causes of hypertension are multiple and multifaceted and can be based on genetic predisposition, environmental risk factors, being overweight and obese, sodium intake, potassium intake, physical activity, and alcohol use. High blood pressure is common; according to the American Heart Association, between 2013-2016, approximately 121.5 million US adults ≥20 years of age had HBP and the prevalence of hypertension among US adults 65 and older was 77.0 percent (Virani et al, 2021). In an analysis of adults with hypertension in NHANES, the estimated age-adjusted proportion with controlled BP increased from 31.8 percent in 1999 to 53.8 percent in 2014. However, that proportion declined to 43.7 percent in 2017 to 2018 (Tsao et al., 2022).

HBP increases risks of heart disease and stroke which are two of the leading causes of death in the U.S (CDC, 2023). A person who has HBP is four times more likely to die from a stroke and three times more likely to die from heart disease

(CDC, 2021). The National Center for Health Statistics reported that in 2020 there were over 670,000 deaths with HBP as a primary or contributing cause (CDC, 2022). Between 2009 and 2019 the number of deaths due to HBP rose by 65 percent (Tsao et al, 2022). Managing and treating HBP would reduce cardiovascular disease mortality for males and females by 30.4 percent and 38.0 percent, respectively (Patel et al., 2015). Age-adjusted death rates attributable to HBP in 2019 were more than twice as high in non-Hispanic Black males (56.7 percent) when compared to rates for non-Hispanic White males (25.7 percent) (Tsao et al., 2022).

HBP costs the U.S. approximately 131 billion dollars each year, averaged over 12 years from 2003 to 2014 (Kirkland et al., 2018). A study on cost-effectiveness on treating hypertension found that controlling HBP in patients with cardiovascular disease and systolic blood pressures of ≥ 160 mm Hg could be effective and cost-saving (Moran, 2015).

Many studies have shown that controlling high blood pressure reduces cardiovascular events and mortality. The Systolic Blood Pressure Intervention Trial (SPRINT) investigated the impact of obtaining a SBP goal of <120 mm Hg compared to a SBP goal of <140 mm Hg among patients 50 and older with established cardiovascular disease and found that the patients with the former goal had reduced cardiovascular events and mortality (SPRINT Research Group et al., 2015).

Controlling HBP will significantly reduce the risks of cardiovascular disease mortality and lead to better health outcomes like reduction of heart attacks, stroke, and kidney disease (James et al., 2014). Thus, the relationship between the measure (control of hypertension) and the long-term clinical outcomes listed is well established.

- Centers for Disease Control and Prevention. (2018). Team-based care for high blood pressure. Retrieved from https://www.cdc.gov/digital-social-media-tools/cdctv/vitalsigns-high-blood-pressure/vital-signs-high-blood-pressure-transcript.html#:~:text=Of%20those%20with%20high%20blood,to%20die%20from%20heart%20disease.
- Centers for Disease Control and Prevention, National Center for Health Statistics. About Multiple Cause of Death, 1999–2020. CDC WONDER Online Database website. Atlanta, GA: Centers for Disease Control and Prevention; 2022. Available from http://www.cdc.gov/nchs/data_access/Vitalstatsonline.htm#Mortality_Multiple
- Centers for Disease Control and Prevention. (2023). Facts about hypertension. Retrieved from High Blood Pressure Facts | High Blood Pressure | CDC
- James, P.A., Oparil, S., Carter, B.L., et al. (2014). 2014 Evidence-based guideline for the management of high blood pressure in adults: report from the panel members appointed to the Eighth Joint National Committee (JNC 8). JAMA. 2014 Feb 5;311(5):507-20. doi: 10.1001/jama.2013.284427. Erratum in: JAMA. 2014 May 7;311(17):1809. PMID: 24352797
- Kirkland, E. B., Heincelman, M., Bishu, K. G., Schumann, S. O., Schreiner, A., Axon, R. N., Mauldin, P. D., & Moran, W. P. (2018). Trends in Healthcare Expenditures Among US Adults With Hypertension: National Estimates, 2003–2014. Journal of the American Heart Association, 7(11), e008731. https://doi.org/10.1161/JAHA.118.008731
- Moran, A. E., Odden, M. C., Thanataveerat, A., et al. (2015). Cost-effectiveness of hypertension therapy according to 2014 guidelines. [published correction appears in N Engl J. Med. 2015;372:1677]. New England Journal of Medicine. 2015 ;372, 447-455. doi: 10.1056/NEJMsa1406751. [published correction appears on page 1677]
- Patel, S. A., Winkel, M., Ali, M. K., et al. (2015). Cardiovascular mortality associated with 5 leading risk factors: National and state preventable fractions estimated from survey data. Annals of Internal Medicine, 163(4), 245-253. doi: 10.7326/M14-1753
- SPRINT Research Group, Wright, J. T., Jr., Williamson, J. D., et al. (2015). A randomized trial of intensive versus standard blood-pressure control. New England Journal of Medicine, 373(22), 2103–2116.
- Tsao, C. W., Aday, A. W., Almarzooq, Z. I., Alonso, A., Beaton, A. Z., Bittencourt, M. S., Boehme, A. K., Buxton, A. E., Carson, A. P., Commodore-Mensah, Y., Elkind, M. S. V., Evenson, K. R., Eze-Nliam, C., Ferguson, J. F., Generoso, G., Ho, J. E., Kalani, R., Khan, S. S., Kissela, B. M., et al. (2022). Heart Disease and Stroke Statistics—2022 Update: A Report From the American Heart Association. Circulation, 145(8), e153–e639. https://doi.org/10.1161/CIR.0000000000001052
- Virani, S.S., Alonso, A., Aparicio, H.J., et al.; on behalf of the American Heart Association Council on Epidemiology and Prevention Statistics Committee and Stroke Statistics Subcommittee. (2021). Heart

disease and stroke statistics—2021 update: a report from the American Heart Association. Circulation. 2021;143:e254–e743. doi: 10.1161/CIR.0000000000000950

CLINICAL RECOMMENDATION STATEMENTS:

U.S. Preventive Services Task Force (USPSTF) (2021):

-The USPSTF recommends screening for hypertension in adults 18 years or older with office blood pressure measurement (OBPM). The USPSTF recommends obtaining blood pressure measurements outside of the clinical setting for diagnostic confirmation before starting treatment. This is a grade A recommendation.

American College of Cardiology/American Heart Association (2017)
-For adults with confirmed hypertension and known CVD or 10-year ASCVD event risk of 10% or higher, a blood pressure target of less than 130/80 mmHg is recommended (Level of evidence: B-R (for systolic blood pressures), Level of evidence: C-EO (for diastolic blood pressure))
-For adults with confirmed hypertension, without additional markers of increased CVD risk, a blood pressure target of less than 130/80 mmHg may be reasonable (Note: clinical trial evidence is strongest for a target blood pressure of 140/90 mmHg in this population. However observational studies suggest that these individuals often have a high lifetime risk and would benefit from blood pressure control earlier in life) (Level of evidence: B-NR (for systolic blood pressure), Level of evidence: C-EO (for diastolic blood pressure))

American Academy of Family Physicians (2017):
- Treat adults who have hypertension to a standard blood pressure target (less than 140/90 mm Hg) to reduce the risk of all-cause and cardiovascular mortality (strong recommendation; high-quality evidence). Treating to a lower blood pressure target (less than 135/85 mm Hg) does not provide additional benefit at preventing mortality; however, a lower blood pressure target could be considered based on patient preferences and values. (Grade: strong recommendation, Quality of evidence: high)
- Consider treating adults who have hypertension to a lower blood pressure target (less than 135/85 mm Hg) to reduce risk of myocardial infarction (weak recommendation; moderate-quality evidence). Although treatment to a standard blood pressure target (less than 140/90 mm Hg) reduced the risk of myocardial infarction, there was a small additional benefit observed with a lower blood pressure target. There was no observed additional benefit in preventing stroke with the lower blood pressure target. (Grade: weak recommendation, Quality of evidence: low)

American Diabetes Association (2022):
-For individuals with diabetes and hypertension at higher cardiovascular risk (existing atherosclerotic cardiovascular disease or 10-year atherosclerotic cardiovascular disease risk >=15%), a blood pressure target of <130/80 mmHg may be appropriate, if it can be safely attained (Level of evidence: B).

- For individuals with diabetes and hypertension at lower risk for cardiovascular disease (10-year atherosclerotic cardiovascular disease risk <15%), treat to a blood pressure target of <140/90 mmHg (Level of evidence: A)

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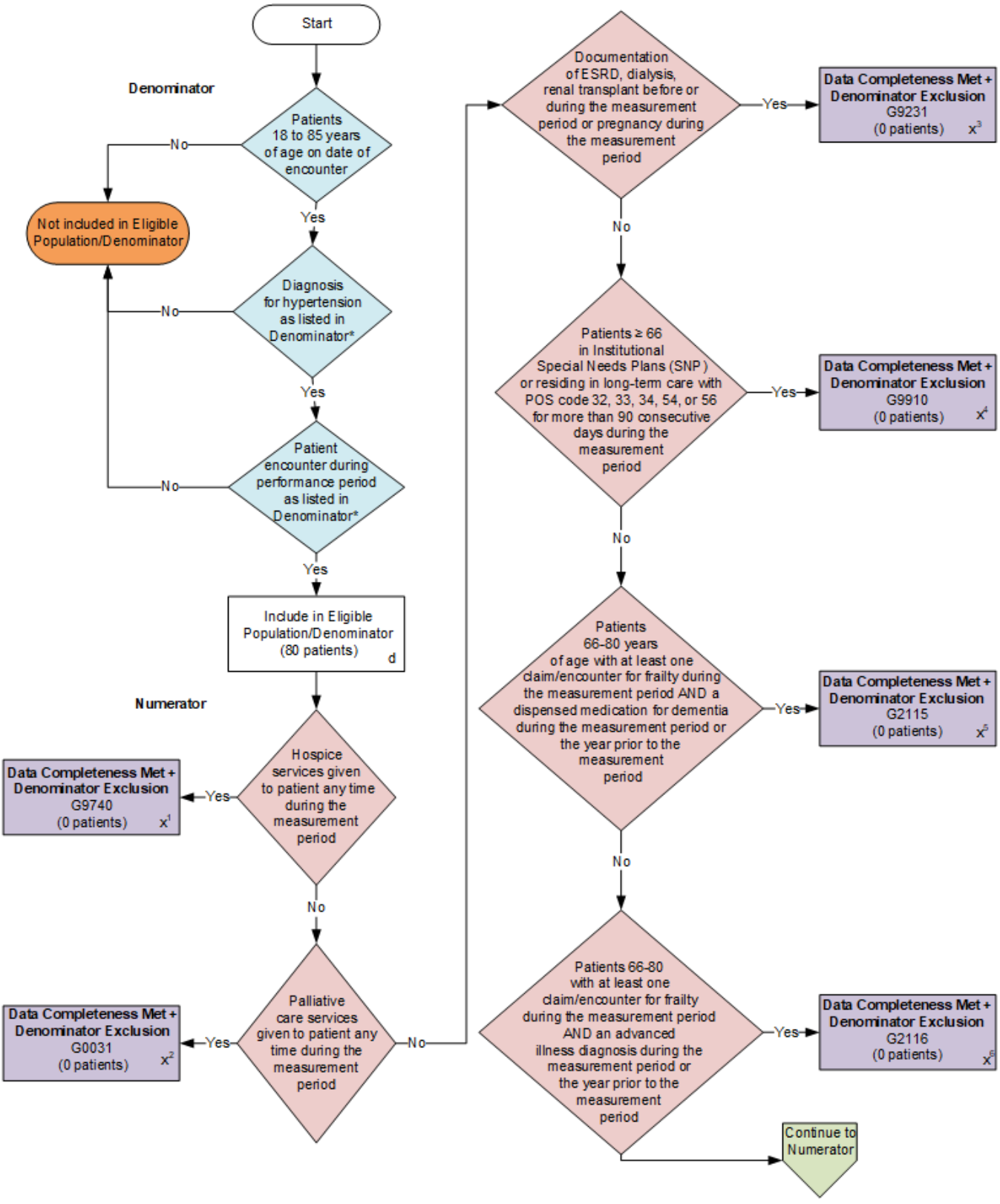
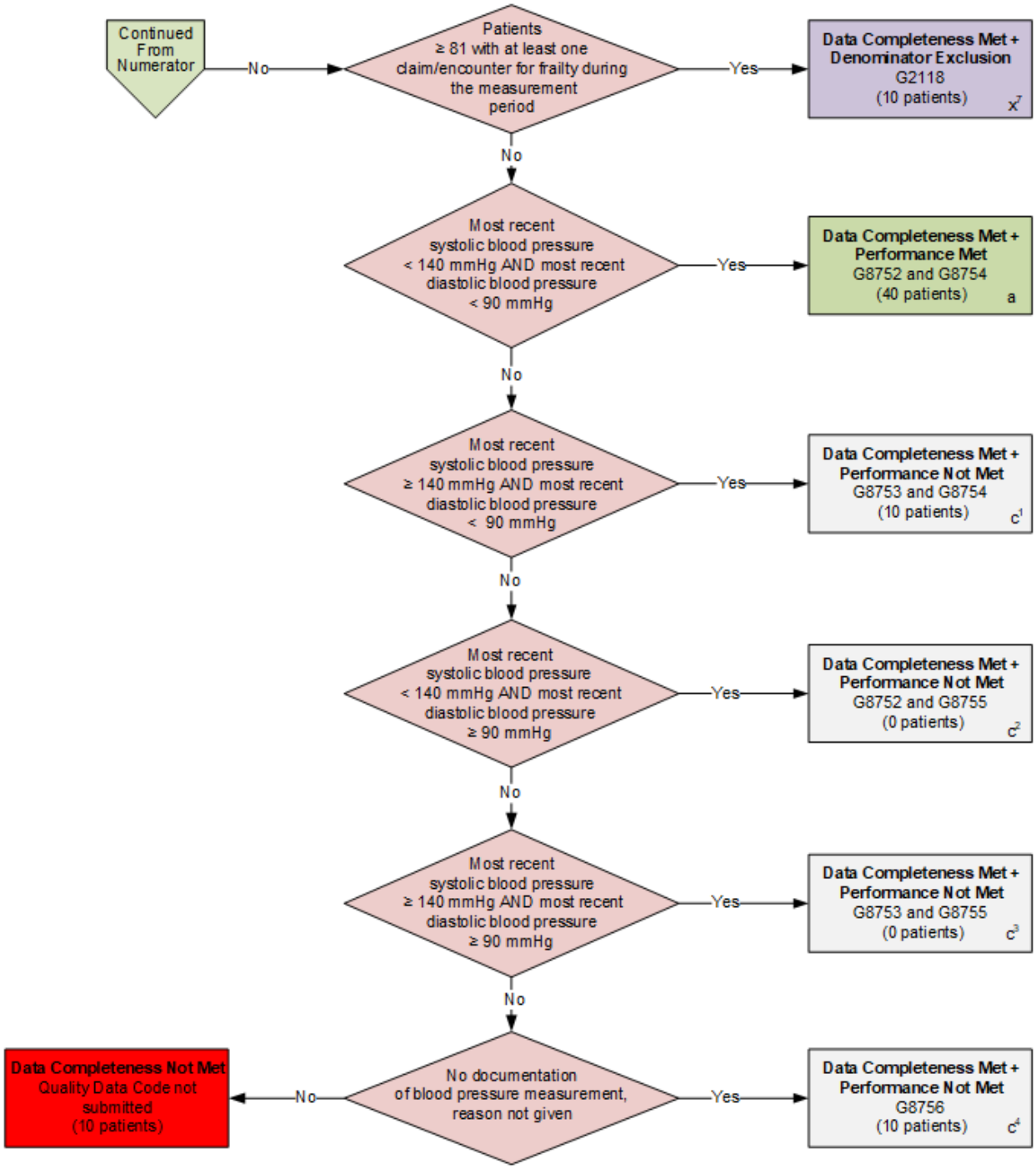
2025 Medicare Part B Claims Flow for Quality ID #236: Controlling High Blood Pressure

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





SAMPLE CALCULATIONS

Data Completeness=

$$\frac{\text{Denominator Exclusion } (x^1 \text{ thru } x^7=10) + \text{Performance Met } (a=40) + \text{Performance Not Met } (c^1+c^2+c^3+c^4=20)}{\text{Eligible Population / Denominator } (d=80)} = \frac{70 \text{ patients}}{80 \text{ patients}} = \mathbf{87.50\%}$$

Performance Rate=

$$\frac{\text{Performance Met } (a=40 \text{ patients})}{\text{Data Completeness Numerator } (70 \text{ patients}) - \text{Denominator Exclusion } (x^1 \text{ thru } x^7=10 \text{ patients})} = \frac{40 \text{ patients}}{60 \text{ patients}} = \mathbf{66.67\%}$$

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

NOTE : Submission Frequency: Patient-Intermediate

2025 Medicare Part B Claims Flow Narrative for Quality ID #236: Controlling High Blood Pressure

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

1. Start with Denominator
2. Check *Patients 18 to 85 years of age on date of encounter*:
    a. If *Patients 18 to 85 years of age on date of encounter* equals No, do not include in *Eligible Population/Denominator*. Stop processing.
    b. If *Patients 18 to 85 years of age on date of encounter* equals Yes, proceed to check *Diagnosis for hypertension as listed in Denominator**.
3. Check *Diagnosis for hypertension as listed in Denominator**:
    a. If *Diagnosis for hypertension as listed in Denominator** equals No, do not include in *Eligible Population/Denominator*. Stop processing.
    b. If *Diagnosis for hypertension as listed in Denominator** equals Yes, proceed to check *Patient encounter during performance period as listed in Denominator**.
4. Check *Patient encounter during performance period as listed in Denominator**:
    a. If *Patient encounter during performance period as listed in Denominator** equals No, do not include in *Eligible Population/Denominator*. Stop processing.
    b. If *Patient encounter during performance period as listed in Denominator** equals Yes, include in *Eligible Population/Denominator*.
5. 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 80 patients in the Sample Calculation.
6. Start Numerator
7. Check *Hospice services given to patient any time during the measurement period*:
    a. If *Hospice services given to patient any time during the measurement period* equals Yes, include in *Data Completeness Met and Denominator Exclusion.*
        - *Data Completeness Met and Denominator Exclusion* letter is represented as Data Completeness and Performance Rate in the Sample Calculation listed at the end of this document. Letter x_1 equals 0 patients in Sample Calculation.
    b. If *Hospice services given to patient any time during the measurement period* equals No, proceed to check *Palliative care services given to patient any time during the measurement period*.
8. Check *Palliative care services given to patient any time during the measurement period*:
    a. If *Palliative care services given to patient any time during the measurement period* equals Yes, include in *Data Completeness Met and Denominator Exclusion.*
        - *Data Completeness Met and Denominator Exclusion* letter is represented as Data Completeness

and Performance Rate in the Sample Calculation listed at the end of this document. Letter x^2 equals 0 patients in Sample Calculation.

b. If *Palliative care services given to patient any time during the measurement period* equals No, proceed to check *Documentation of ESRD, dialysis, renal transplant before or during the measurement period or pregnancy during the measurement period*.

9. Check *Documentation of ESRD, dialysis, renal transplant before or during the measurement period or pregnancy during the measurement period*:

   a. If *Documentation of ESRD, dialysis, renal transplant before or during the measurement period or pregnancy during the measurement period* equals Yes, include in *Data Completeness Met and Denominator Exclusion*.

      - *Data Completeness Met and Denominator Exclusion* letter is represented as Data Completeness and Performance Rate in the Sample Calculation listed at the end of this document. Letter x^3 equals 0 patients in Sample Calculation.

   b. If *Documentation of ESRD, dialysis, renal transplant before or during the measurement period or pregnancy during the measurement period* equals No, proceed to check *Patients greater than or equal to 66 in Institutional Special Needs Plans (SNP) or residing in long-term care with POS code 32, 33, 34, 54, or 56 for more than 90 consecutive days during the measurement period*.

10. Check *Patients greater than or equal to 66 in Institutional Special Needs Plans (SNP) or residing in long-term care with POS code 32, 33, 34, 54, or 56 for more than 90 consecutive days during the measurement period*:

    a. If *Patients greater than or equal to 66 in Institutional Special Needs Plans (SNP) or residing in long-term care with POS code 32, 33, 34, 54, or 56 for more than 90 consecutive days during the measurement period* equals Yes, include in *Data Completeness Met and Denominator Exclusion*.

       - *Data Completeness Met and Denominator Exclusion* letter is represented as Data Completeness and Performance Rate in the Sample Calculation listed at the end of this document. Letter x^4 equals 0 patients in Sample Calculation.

    b. If *Patients greater than or equal to 66 in Institutional Special Needs Plans (SNP) or residing in long-term care with POS code 32, 33, 34, 54, or 56 for more than 90 consecutive days during the measurement period* equals No, proceed to check *Patients 66-80 years of age with at least one claim/encounter for frailty during the measurement period AND a dispensed medication for dementia during the measurement period or the year prior to the measurement period*.

11. Check *Patients 66-80 years of age with at least one claim/encounter for frailty during the measurement period AND a dispensed medication for dementia during the measurement period or the year prior to the measurement period*:

    a. If *Patients 66-80 years of age with at least one claim/encounter for frailty during the measurement period AND a dispensed medication for dementia during the measurement period or the year prior to the measurement period* equals Yes, include in *Data Completeness Met and Denominator Exclusion*.

       - *Data Completeness Met and Denominator Exclusion* letter is represented as Data Completeness and Performance Rate in the Sample Calculation listed at the end of this document. Letter x^5 equals 0 patients in Sample Calculation.

    b. If *Patients 66-80 years of age with at least one claim/encounter for frailty during the measurement period AND a dispensed medication for dementia during the measurement period or the year prior to the measurement period* equals No proceed to check *Patients 66-80 with at least one claim/encounter for frailty during the measurement period AND an advanced illness diagnosis during the measurement period or the year prior to the measurement period.*

12. Check *Patients 66-80 with at least one claim/encounter for frailty during the measurement period AND an advanced illness diagnosis during the measurement period or the year prior to the measurement period*.

    a. If *Patients 66-80 with at least one claim/encounter for frailty during the measurement period AND advanced illness diagnosis during the measurement period or the year prior to the measurement period* equals Yes, include in *Data Completeness Met and Denominator Exclusion*.

        - *Data Completeness Met and Denominator Exclusion* letter is represented as Data Completeness and Performance Rate in the Sample Calculation listed at the end of this document. Letter x^6 equals 0 patients in Sample Calculation.

    b. If *Patients 66-80 with at least one claim/encounter for frailty during the measurement period AND an advanced illness diagnosis during the measurement period or the year prior to the measurement period* equals No, proceed to check *Patients greater than or equal to 81 with at least one claim/encounter for frailty during the measurement period*.

13. Check *Patients greater than or equal to 81 with at least one claim/encounter for frailty during the measurement period:*

    a. If *Patients greater than or equal to 81 with at least one claim/encounter for frailty during the measurement period* equals Yes, include in *Data Completeness Met and Denominator Exclusion*.

        - *Data Completeness Met and Denominator Exclusion* letter is represented as Data Completeness and Performance Rate in the Sample Calculation listed at the end of this document. Letter x^7 equals 10 patients in Sample Calculation.

    b. If *Patients greater than or equal to 81 with at least one claim/encounter for frailty during the measurement period* equals No, proceed to check *Most recent systolic blood pressure less than 140 mmHg AND most recent diastolic blood pressure less than 90 mmHg.*

14. Check *Most recent systolic blood pressure less than 140 mmHg AND most recent diastolic blood pressure less than 90 mmHg*:

    a. If *Most recent systolic blood pressure less than 140 mmHg AND most recent diastolic blood pressure less than 90 mmHg* 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 equals 40 patients in Sample Calculation.

    b. If *Most recent systolic blood pressure less than 140 mmHg AND most recent diastolic blood pressure less than 90 mmHg* equals No, proceed to check *Most recent systolic blood pressure greater than or equal to 140 mmHg AND most recent diastolic blood pressure less than 90 mmHg*.

15. Check *Most recent systolic blood pressure greater than or equal to 140 mmHg AND most recent diastolic blood pressure less than 90 mmHg*:

    a. If *Most recent systolic blood pressure greater than or equal to 140 mmHg AND most recent diastolic blood pressure less than 90 mmHg* equals Yes, include in *Data Completeness Met and Performance Not Met*.

        - *Data Completeness Met and Performance Not Met* letter is represented as Data Completeness in the Sample Calculation listed at the end of this document. Letter c^1 equals 10 patients in the Sample Calculation.

b. If *Most recent systolic blood pressure greater than or equal to 140 mmHg AND most recent diastolic blood pressure less than 90 mmHg* equals No, proceed to check *Most recent systolic blood pressure less than 140 mmHg AND most recent diastolic blood pressure greater than or equal to 90 mmHg*.

16. Check *Most recent systolic blood pressure less than 140 mmHg AND most recent diastolic blood pressure greater than or equal to 90 mmHg*:

    a. If *Most recent systolic blood pressure less than 140 mmHg AND most recent diastolic blood pressure greater than or equal to 90 mmHg* equals Yes, include in *Data Completeness Met and Performance Not Met*.

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

    b. If *Most recent systolic blood pressure less than 140 mmHg AND most recent diastolic blood pressure greater than or equal to 90 mmHg* equals No, proceed to check *Most recent systolic blood pressure greater than or equal to 140 mmHg AND most recent diastolic blood pressure greater than or equal to 90 mmHg*.

17. Check *Most recent systolic blood pressure greater than or equal to 140 mmHg AND most recent diastolic blood pressure greater than or equal to 90 mmHg*:

    a. If *Most recent systolic blood pressure greater than or equal to 140 mmHg AND most recent diastolic blood pressure greater than or equal to 90 mmHg* equals Yes, include in *Data Completeness Met and Performance Not Met*.

        - *Data Completeness Met and Performance Not Met* letter is represented as Data Completeness in the Sample Calculation listed at the end of this document. Letter c^3 equals 0 patients in the Sample Calculation.

    b. If *Most recent systolic blood pressure greater than or equal to 140 mmHg AND most recent diastolic blood pressure greater than or equal to 90 mmHg* equals No, proceed to check *No documentation of blood pressure measurement, reason not given*.

18. Check *No documentation of blood pressure measurement, reason not given*:

    a. If *No documentation of blood pressure measurement, reason not given* equals Yes, include in the *Data Completeness Met and Performance Not Met*.

        - *Data Completeness Met and Performance Not Met* letter is represented as Data Completeness in the Sample Calculation listed at the end of this document. Letter c^4 equals 10 patients in the Sample Calculation.

    b. If *No documentation of blood pressure measurement, reason not given* equals No, proceed to check *Data Completeness Not Met*.

19. Check *Data Completeness Not Met*:

    a. If *Data Completeness Not Met*, the Quality Data Code was not submitted. 10 patients have been subtracted from the Data Completeness Numerator in the Sample Calculation.

Sample Calculations:

Data Completeness equals Denominator Exclusion (x^1 thru x^7 equals 10 patients) plus Performance Met (a equals 40 patients) plus Performance Not Met (c^1 plus c^2 plus c^3 plus c^4 equals 20 patients) divided by Eligible Population/Denominator (d equals 80 patients). All equals 70 patients divided by 80 patients. All equals 87.50 percent.

Performance Rate equals Performance Met (a equals 40 patients) divided by Data Completeness Numerator (70 patients) minus Denominator Exclusion (x^1 thru x^7 equals 10 patients). All equals 40 patients divided by 60 patients. All equals 66.67 percent.

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

NOTE: Submission Frequency: Patient-Intermediate

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.