

High Blood Pressure Control in Type 1 or 2 Diabetes Mellitus

*This measure is to be reported for all patients aged 18–75 years with diabetes (type 1 or 2) — a minimum of **once** per reporting period.*

Measure description

Percentage of patients aged 18–75 years with diabetes (type 1 or type 2) who had most recent blood pressure in control (less than 140/80 mm Hg)

What will you need to report for each patient with diabetes for this measure¹?

- The most recent systolic blood pressure measurement
 - Systolic blood pressure < 130 mm Hg OR
 - Systolic blood pressure 130-139 mm Hg OR
 - Systolic blood pressure ≥ 140 mm Hg

AND

- The most recent diastolic blood pressure measurement
 - Diastolic blood pressure < 80 mm Hg OR
 - Diastolic blood pressure 80-89 mm Hg OR
 - Diastolic blood pressure ≥ 90 mm Hg

What if this process or outcome of care is not appropriate for your patient?

Some measures provide an opportunity for the physician or non-physician provider to document when a process or outcome of care is not appropriate for a given patient (also called performance exclusions). Because this measure is applicable to most if not all patients, there are no allowable performance exclusions.

¹Two codes must be reported for this measure. For the systolic blood pressure value, report one of the systolic codes; for the diastolic blood pressure value, report one of the diastolic codes. 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.

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PQRI Data Collection Sheet

Patient's Name	Practice Medical Record Number (MRN)	Birth Date (mm/dd/yyyy) / /	<input type="checkbox"/> Male <input type="checkbox"/> Female
National Provider Identifier (NPI)		Date of Service	

Clinical Information			Billing Information
Step 1 Is patient eligible for this measure?			
	Yes	No	Code Required on Claim Form
Patient is aged 18–75 years.	<input type="checkbox"/>	<input type="checkbox"/>	Verify date of birth on claim form.
Patient has a diagnosis of diabetes.	<input type="checkbox"/>	<input type="checkbox"/>	Refer to coding specifications document for list of applicable codes.
There is a CPT E/M Service Code for this visit.	<input type="checkbox"/>	<input type="checkbox"/>	
If No is checked for any of the above, STOP. Do not report a CPT category II code.			
Step 2 Does patient meet or have an acceptable reason for not meeting the measure?			
Most Recent Blood Pressure Measurement (Both Systolic and Diastolic)	Yes	No	Code to be Reported on Line 24D of Paper Claim Form, if Yes (or Service Line 24 of Electronic Claim Form)
Performed; systolic blood pressure < 130 mm Hg	<input type="checkbox"/>	<input type="checkbox"/>	3074F
Performed; systolic blood pressure 130–139 mm Hg	<input type="checkbox"/>	<input type="checkbox"/>	3075F
Performed; systolic blood pressure ≥ 140 mm Hg	<input type="checkbox"/>	<input type="checkbox"/>	3077F
Performed; diastolic blood pressure < 80 mm Hg	<input type="checkbox"/>	<input type="checkbox"/>	3078F
Performed; diastolic blood pressure 80–89 mm Hg	<input type="checkbox"/>	<input type="checkbox"/>	3079F
Performed; diastolic blood pressure ≥ 90 mm Hg	<input type="checkbox"/>	<input type="checkbox"/>	3080F
			If No is checked for all of the above, report 2000F–8P (No documentaion of blood pressure measurement, reason not otherwise specified.)

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Coding Specifications

Codes required to document patient has diabetes and a visit occurred:

An ICD-9 diagnosis code for diabetes and a CPT E/M service code are required to identify patients to be included in this measure.

Diabetes mellitus ICD-9 diagnosis codes

- 250.00, 250.01, 250.02, 250.03 (diabetes mellitus without mention of complication),
- 250.10, 250.11, 250.12, 250.13 (diabetes with ketoacidosis),
- 250.20, 250.21, 250.22, 250.23 (diabetes with hyperosmolarity),
- 250.30, 250.31, 250.32, 250.33 (diabetes with other coma),
- 250.40, 250.41, 250.42, 250.43 (diabetes with renal manifestations),
- 250.50, 250.51, 250.52, 250.53 (diabetes with ophthalmic manifestations),
- 250.60, 250.61, 250.62, 250.63 (diabetes with neurological manifestations),
- 250.70, 250.71, 250.72, 250.73 (diabetes with peripheral circulatory disorders),
- 250.80, 250.81, 250.82, 250.83 (diabetes with other specified manifestations),
- 250.90, 250.91, 250.92, 250.93 (diabetes with unspecified complication),
- 648.00, 648.01, 648.02, 648.03, 648.04 (diabetes mellitus in pregnancy, not gestational)

AND

CPT E/M service codes

- 97802, 97803, 97804 (medical nutrition therapy),
- 99201, 99202, 99203, 99204, 99205 (office — new patient),
- 99211, 99212, 99213, 99214, 99215 (office — established patient),
- 99241, 99242, 99243, 99244, 99245 (outpatient consult),
- 99305, 99306, 99307, 99308, 99309, 99310 (nursing facility),
- 99324, 99325, 99326, 99327, 99328, 99334, 99335, 99336, 99337 (domiciliary),
- 99341, 99342, 99343, 99344, 99345, 99347, 99348, 99349, 99350 (home visit),
- G0270, G0271

Quality codes for this measure (at least one of the following for every eligible patient):

CPT II Code descriptors

(Data Collection sheet should be used to determine appropriate combination of codes.)

- **CPT II 3074F:** Most recent systolic blood pressure < 130 mm Hg
- **CPT II 3075F:** Most recent systolic blood pressure 130 to 139 mm Hg
- **CPT II 3077F:** Most recent systolic blood pressure > 140 mm Hg
- **CPT II 3078F:** Most recent diastolic blood pressure < 80 mm Hg
- **CPT II 3079F:** Most recent diastolic blood pressure 80–89 mm Hg
- **CPT II 3080F:** Most recent diastolic blood pressure > 90 mm Hg
- **CPT II 2000F–8P:** Blood pressure not measured (within the last 12 months), reason not otherwise specified

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