

▲Measure #122: Chronic Kidney Disease (CKD): Blood Pressure Management

DESCRIPTION:

Percentage of patient visits for patients aged 18 years and older with a diagnosis of advanced CKD (stage 4 or 5, not receiving Renal Replacement Therapy [RRT]), with a blood pressure < 130/80 mmHg OR blood pressure ≥ 130/80 mmHg with a documented plan of care

INSTRUCTIONS:

This measure is to be reported at each visit for patients with a diagnosis of CKD seen during the reporting period. It is anticipated that clinicians providing care for patients with CKD will submit this measure.

This measure is reported using G-codes and/or CPT Category II codes:

ICD-9 diagnosis codes, CPT E/M service codes, and patient demographics (age, gender, etc.) are used to identify patients who are included in the measure's denominator. G-codes and/or CPT Category II codes are used to report the numerator of the measure.

When reporting the measure, submit the listed ICD-9 diagnosis codes, CPT E/M service codes and the appropriate G-code **AND/OR** CPT Category II code **OR** the CPT Category II code **with** the modifier **AND** G-code. The reporting modifier allowed for this measure is: 8P- reasons not otherwise specified. There are no allowable performance exclusions for this measure.

NUMERATOR:

Patients visits with blood pressure <130/80 mmHg OR ≥130/80 mmHg with a documented plan of care

Definition: A documented plan of care should include one or more of the following: recheck blood pressure at specified future date; initiate or alter pharmacologic therapy; initiate or alter non-pharmacologic therapy; documented review of patient's home blood pressure log which indicates that patient's blood pressure is or is not well controlled.

Numerator Instructions: If multiple blood pressure measurements are taken at a single visit, use the most recent measurement taken at that visit.

NUMERATOR NOTE: *The correct combination of numerator code(s) must be reported on the claim form in order to properly report this measure. The "correct combination" of codes may require the submission of multiple numerator codes.*

Numerator Coding:

Patient Visits with Blood Pressure < 130/80 mmHg

(One G-code [G8476] is required on the claim form to submit this category)

G8476: Most recent blood pressure has a systolic measurement of <130 mmHg and a diastolic measurement of <80 mmHg

OR

Blood Pressure Plan of Care Documented for Patient Visits with Systolic Blood Pressure \geq 130 mmHG and/or Diastolic Blood Pressure \geq 80 mmHG (If either systolic blood pressure is \geq 130 mmHg OR diastolic blood pressure is \geq 80 mmHg, patient requires a plan of care)

(One G-code & one CPT II code [G8477 & 0513F] are required on the claim form to submit this category)

G8477: Most recent blood pressure has a systolic measurement of \geq 130 mmHg and/or a diastolic measurement of \geq 80 mmHg

AND

CPT II 0513F: Elevated blood pressure plan of care documented

OR

Blood Pressure Measurement not Performed

(One G-code [G8478] is required on the claim form to submit this category)

G8478: Blood pressure measurement not performed or documented, reason not specified

OR

Elevated Blood Pressure Plan of Care not Documented for Patient Visits with Systolic Blood Pressure \geq 130 mmHg and/or Diastolic Blood Pressure \geq 80 mmHg, Reason not Specified

(One CPT II code & one G-code [0513F-8P & G8477] are required on the claim form to submit this category)

Append a reporting modifier (**8P**) to CPT Category II code **0513F** to report circumstances when the action described in the numerator is not performed and the reason is not otherwise specified.

- **0513F with 8P:** No documentation of elevated blood pressure plan of care, reason not otherwise specified

AND

G8477: Most recent blood pressure has a systolic measurement of \geq 130 mmHg and/or a diastolic measurement of \geq 80 mmHg

DENOMINATOR:

All visits for patients aged 18 years and older with the diagnosis of advanced CKD (stage 4 or 5, not receiving RRT)

Denominator Coding:

An ICD-9 diagnosis code for CKD and a CPT E/M service code are required to identify patients for denominator inclusion.

ICD-9 diagnosis codes: 585.4, 585.5

AND

CPT E/M service codes: 99201, 99202, 99203, 99204, 99205, 99212, 99213, 99214, 99215, 99241, 99242, 99243, 99244, 99245

RATIONALE:

Identification of hypertension in patients with CKD is an essential part of management of the disease. Hypertension is common in patients with CKD, and if hypertension is left untreated, it will speed the progression of the disease. Recent research has shown that during office visits, approximately 20% to 30% of CKD patients do not have their blood pressure measured. Additionally, if the CKD patient is has an anemia/ESA visit, they are even less likely to have their blood pressure measured. In these patients, recent research has shown that 75% do not have their blood pressure measured at an anemia/ESA visit. Patients with CKD should have their blood pressure measured at each office visit so that changes can be identified and treatment initiated as soon as it is necessary. Blood pressure control is important in slowing the progression of chronic kidney disease. By slowing the progression of the disease, quality of life is improved for the patient, and it results in a longer period of time before a patient requires renal replacement therapy. Patients with chronic kidney disease should have a lower target blood pressure (< 130/80) than other patients with hypertension.

CLINICAL RECOMMENDATION STATEMENTS:

Blood pressure should be measured at each health encounter. (Grade A) (NKF 2004)

If a patient has $GFR \leq 30$ ml/min/1.73m², then his/her blood pressure should be checked with every clinic visit. (Grade A) (RPA 2002)

If a patient has a $GFR \leq 30$ ml/min/1.73m², and if blood pressure is determined to be elevated (systolic > 130 mmHg OR diastolic > 80 mmHg), then s/he should receive intensified antihypertensive therapy (Grade B). (RPA, 2002)

Patients with CKD should be considered in the "highest-risk" group for CVD for implementing recommendations for pharmacological therapy, irrespective of cause of CKD (Grade A). (NKF, 2004)

Target blood pressure for CVD risk reduction in CKD and diabetic/nondiabetic kidney disease should be < 130/80 mmHg (Grade B). (NKF, 2004)