

# Chronic Kidney Disease (CKD)

## Blood Pressure Management

### PQRI Data Collection Sheet

Patient's Name	Practice Medical Record Number (MRN)	Birth Date (mm/dd/yyyy) / /	Gender <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?			Code Required on Claim Form
	Yes	No	
Patient is aged 18 years and older.	<input type="checkbox"/>	<input type="checkbox"/>	Verify date of birth on claim form.
Patient has a diagnosis of advanced CKD (stage 4 or 5, not receiving renal replacement therapy [RRT]).	<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 <b>No</b> is checked for any of the above, STOP. Do not report a CPT category II code or a G-code.			
Step 2 Does patient also have the other requirements for this measure?			Code to be Reported on Line 24D of Paper Claim Form (or Service Line 24 of Electronic Claim Form)
	Yes	No	
Does the patient have elevated blood pressure (ie, a systolic measurement of $\geq 130$ mmHg AND/OR a diastolic measurement of $\geq 80$ mmHg) <sup>1</sup> ?	<input type="checkbox"/>	<input type="checkbox"/>	<p>If <b>No</b> (ie, most recent blood pressure has a systolic measurement of <math>&lt; 130</math> mmHg AND a diastolic measurement of <math>&lt; 80</math> mmHg), report only G8476 and STOP.</p> <p>If <b>Yes</b> (ie, most recent blood pressure has a systolic measurement of <math>\geq 130</math> mmHg AND/OR a diastolic measurement of <math>\geq 80</math> mmHg), report G8477 and proceed to Step 3.</p> <p>If blood pressure measurement is not performed or documented, report G8478 and STOP.</p>
Step 3 Does patient meet the measure?			Code to be Reported on Line 24D of Paper Claim Form, if Yes (or Service Line 24 of Electronic Claim Form)
Elevated Blood Pressure Plan of Care <sup>2</sup>	Yes	No	
Documented	<input type="checkbox"/>	<input type="checkbox"/>	0513F
			If <b>No</b> is checked for the above, report 0513F-8P (No documentation of elevated blood pressure plan of care, reason not otherwise specified.)

<sup>1</sup>If multiple blood pressure measurements are taken at a single visit, use the most recent measurement taken at that visit.

<sup>2</sup>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.