

Hypertension

Plan of Care

Physician Quality Reporting System 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?

	Yes	No	Code Required on Claim Form
Patient is aged 18 years and older on date of encounter.	<input type="checkbox"/>	<input type="checkbox"/>	Verify date of birth on claim form.
Patient has a diagnosis of Hypertension.	<input type="checkbox"/>	<input type="checkbox"/>	Refer to coding specifications document for list of applicable codes. Codes determining a patient's eligibility must be reported on the same claim as the quality code(s) identified below.
There is a CPT 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 also have the other requirements for this measure?

Most Recent Blood Pressure Measurement (Both Systolic and Diastolic)	Yes	No	Code to be Reported on Line 24D of Paper Claim Form (or Service Line 24 of Electronic Claim Form)
Most recent systolic blood pressure < 130 mmHg	<input type="checkbox"/>	<input type="checkbox"/>	G8677
Most recent systolic blood pressure 130 to 139 mmHg	<input type="checkbox"/>	<input type="checkbox"/>	G8678
Most recent systolic blood pressure ≥ 140 mmHg	<input type="checkbox"/>	<input type="checkbox"/>	G8675
Most recent diastolic blood pressure < 80 mmHg	<input type="checkbox"/>	<input type="checkbox"/>	G8679
Most recent diastolic blood pressure 80-89 mmHg	<input type="checkbox"/>	<input type="checkbox"/>	G8680
Most recent diastolic blood pressure ≥ 90 mmHg	<input type="checkbox"/>	<input type="checkbox"/>	G8676

If the patient has systolic blood pressure < 140 mmHg AND diastolic blood pressure > 90 mmHg, then report the corresponding G-code for *both* systolic and diastolic blood pressure and STOP.

If patient has elevated blood pressure (either systolic blood pressure ≥ 140mmHg OR diastolic blood pressure ≥ 90 mmHg) report the corresponding G-code for *both* systolic and diastolic blood pressure and proceed to Step 3.

If blood pressure is not documented during the visit, report CPT II code 4050F-8P.

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Clinical Information			Billing Information
Step 3 Does patient meet or have an acceptable reason for not meeting the measure?			
Hypertension Plan of Care¹	Yes	No	Code to be Reported on Line 24D of Paper Claim Form, if Yes (or Service Line 24 of Electronic Claim Form)
Documented	<input type="checkbox"/>	<input type="checkbox"/>	4050F
			If No is checked for all of the above, report 4050F-8P (Hypertension plan of care <i>not</i> documented, reason not otherwise specified.)

¹For the purposes of this measure, “plan of care” may include the following: rechecking the blood pressure at a later date, initiating or altering medical therapy or initiating or altering non-pharmacological therapy