

## Blood Pressure Management

### Coding Specifications

Codes required to document patient has advanced chronic kidney disease (CKD) and a visit occurred:

A line item ICD-9-CM diagnosis code for advanced CKD and a CPT E/M service code are required to identify patients to be included in this measure.

All measure-specific coding should be reported ON THE SAME CLAIM.

#### Advanced CKD line item ICD-9-CM diagnosis codes

- 585.4, 585.5 (CKD, stage iv or v)

AND

#### CPT E/M service codes

- 99201, 99202, 99203, 99204, 99205 (office — new patient),
- 99212, 99213, 99214, 99215 (office — established patient),
- 99241, 99242, 99243, 99244, 99245 (outpatient consult)

Quality codes for this measure:

#### G-code and CPT II Code descriptors

(Data collection sheet should be used to determine appropriate code or combination of codes.)

- **G8477:** Most recent blood pressure has a systolic measurement of  $\geq 130$  mmHg and/or a diastolic measurement of  $\geq 80$  mmHg
- **G8476:** Most recent blood pressure has a systolic measurement of  $< 130$  mmHg and a diastolic measurement of  $< 80$  mmHg
- **G8478:** Blood pressure measurement not performed or documented, reason not specified
- **CPT II 0513F:** Elevated blood pressure plan of care documented
- **CPT II 0513F-8P:** No documentation of elevated blood pressure plan of care, reason not otherwise specified

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