

CMS Measure ID 236: Controlling High Blood Pressure

07/24/2024 12:50 pm EDT

You can easily enter data in DrChrono to sync with Healthmonix MIPSpro. You can enter some data in multiple places. Please see our [article](#) on all the areas in DrChrono you can enter data for reporting with Healthmonix MIPSpro.

Your Healthmonix MIPSpro dashboard contains a comprehensive description of the codes and criteria for each measure. Click on the **View Details** to see more.

My Measures

Select, review, and change the measures you will be reporting.

Notifications

- ✔ You have met the measure selection requirements
- ✔ You may now proceed with entering patient visits

[Select Measures](#) [Checklist](#)

#236 **Controlling High Blood Pressure** ✕

Percentage of patients 18-85 years of age who had a diagnosis of essential hypertension starting before and continuing into, or starting during the first six months of the measurement period, and whose most recent blood pressure was adequately controlled (<140/90mmHg) during the measurement period

[View details](#)

Description

Percentage of patients 18-85 years of age who had a diagnosis of essential hypertension starting before and continuing into, or starting during the first six months of the measurement period, and whose most recent blood pressure was adequately controlled (<140/90mmHG) during the measurement period.

Instructions

This measure is to be submitted a minimum of **once per performance period** for patients with hypertension seen during the performance period. The performance period for this measure is 12 months. The most recent quality code submitted will be used for performance calculation. This measure may be submitted by Merit-based Incentive Payment System (MIPS) eligible clinicians who perform the quality actions described in the measure based on the services provided and the measure-specific denominator coding.

NOTE: In reference to the numerator element, only blood pressure readings performed by a clinician or a remote monitoring device are acceptable for numerator compliance with this measure. This includes blood pressures taken in person by a clinician and blood pressures measured remotely by electronic monitoring devices capable of transmitting the blood pressure data to the clinician. Blood pressure readings taken by a remote monitoring device and conveyed by the patient to the clinician are also acceptable. It is the clinician's responsibility and discretion to

confirm the remote monitoring device used to obtain the blood pressure is considered acceptable and reliable and whether the blood pressure reading is considered accurate before documenting it in the patient's medical record.

Do not include BP readings:

1. Taken during an acute inpatient stay or an ED visit
2. Taken on the same day as a diagnostic test or diagnostic or therapeutic procedure that requires a change in diet or change in medication on or one day before the day of the test or procedure, with the exception of fasting blood tests. BP readings taken on the same day that the member receives a common low-intensity or preventive procedure are eligible for use. For example, the following procedures are considered common low-intensity or preventive (this list is just for reference, and is not exhaustive):
 - Vaccinations.
 - Injections (e.g., allergy, vitamin B-12, insulin, steroid, toradol, Depo-Provera, testosterone, lidocaine)
 - TB test
 - IUD insertion
 - Eye exam with dilating agents
 - Wart or mole removal
3. Taken by the patient using a non-digital device such as with a manual blood pressure cuff and a stethoscope. If no blood pressure is recorded during the measurement period, the patient's blood pressure is assumed "not controlled."

If there are multiple blood pressure readings on the same day, use the lowest systolic and the lowest diastolic reading as the most recent blood pressure reading. Ranges and thresholds do not meet criteria for this measure. A distinct numeric result for both the systolic and diastolic BP reading is required for numerator compliance

NOTE: Patient encounters for this measure conducted via telehealth (e.g., encounters coded with GQ, GT, 95, or POS 02 modifiers) are allowable.

Measure Submission Type

Measure data may be submitted by individual MIPS-eligible clinicians, groups, or third-party intermediaries. The listed denominator criteria are used to identify the intended patient population. The numerator options included in this specification are used to submit the quality actions as allowed by the measure. The quality data codes listed do not need to be submitted by MIPS-eligible clinicians, groups, or third-party intermediaries that utilize this modality for submissions; however, these codes may be submitted for those third-party intermediaries that utilize Medicare Part B claims data. For more information regarding Application Programming Interface (API), please refer to the Quality Payment Program (QPP) website.

The intent of the exclusion for individuals age 65 and older residing in long-term care facilities, including nursing homes, is to exclude individuals who may have limited life expectancy and increased frailty where the benefit of the process may not exceed the risks. This exclusion is not intended as a clinical recommendation regarding whether the measures process is inappropriate for specific populations, instead the exclusions allows clinicians to engage in shared decision-making with patients about the benefits and risks of screening when an individual has limited life expectancy.

Denominator

Patients 18-85 years of age who had a visit and diagnosis of essential hypertension starting before and continuing into, or starting during the first six months of the measurement period.

Date of birth information can be entered in DrChrono in the patient chart under the **Demographics** tab with the **Patient's Date of Birth**.

The screenshot shows a patient profile for Jenny (Jen) Harris. The left sidebar has a 'Demographics' tab selected. The main content area shows patient information: Name (Jenny (Jen) Harris), Gender (Female), Age (43 years old), and Date of Birth (Feb. 11, 1980). Below this, there are fields for Phone, Email, Date Added, Address, Last Scheduled Appt, Next Scheduled Appt, and CDS (Adult Immunization Schedule Age: 27-49). The Primary Provider is Dr. James Smith. There are buttons for 'New Referral', 'Fax Demographics', 'Print Demographics', 'Apple Health App Data', and 'Vitals'. A navigation bar includes 'Important', 'Demographics', 'Insurances', 'Authorizations', 'Smoking Status', 'Flags', 'Balance', and 'onpatient Payments'. Below the navigation bar, there are status indicators: 'Sufficient patient demographics to bill insurance.', 'Fall Risk', 'Gestational Diabetes', and 'Likes Cats'. The 'Demographics' section has input fields for 'Patient SSN' (111-11-1111) and 'Patient Date of birth' (02/11/1980) with a note 'e.g. 8/8/1979'.

DENOMINATOR NOTE: The diagnosis of essential hypertension must be present some time between 1 year prior to the measurement period and the first six months of the measurement period (January 1, 2022 - June 30, 2023).

To assess the age for exclusions, the patient's age on the date of the encounter should be used.

AND

ICD-10 code diagnosis for hypertension: I10

AND

A relevant **CPT** or **HCPCS** code for an encounter: 99202, 99203, 99204, 99205, 99212, 99213, 99214, 99215, 99341, 99342, 99344, 99345, 99347, 99348, 99349, 99350, 99385*, 99386*, 99387*, 99395*, 99396*, 99397*, G0438, G0439

DENOMINATOR NOTE: *Signifies that this CPT Category I code is a non-covered service under the Medicare Part B Physician Fee Schedule (PFS). These non-covered services should be counted in the denominator population for MIPS CQMs

CPT and HCPCS codes can be entered into the billing section for the encounter. Below is an example from the appointment window.

Appointment **Billing** Eligibility Vitals Growthcharts Flags Log Comm. Revisions Custom Data MU Helper

Institutional Claim Patient SuperBill Clinical Note Billing Details Other Forms

Billing Status

ICD Version

Patient Payment \$ Copay: \$20

Pre Authorization Approval

Referral #

Payment Profile

Billing Profile

Billing Pick List

Diagnosis Pick List

Credit Card Payment

HCFA Box 10 - Is patient's condition related to:

Employment

Auto Accident

Other Accident

Onset Date Type

Onset Date

Other Date Type

Other Date

Claim Billed: \$145.00 Adjustment: \$0.00 Insurer Paid: \$0.00 Patient Paid: \$0.00

ICD-10 Codes

#	Code	Description

ICD-9 Codes to Convert

#	Code	Description

NDC Codes

NDC Code	Quantity	Units	Line Item

Custom Codes

Code	Description	Price (\$)

CPT Codes

Code	Description	Price (\$)
1 99213	OFFICE O/P EST LOW 20-29 MIN	145.00

Modifiers:

Quantity/Minutes:

Diagnosis Pointers:

HCPCS Codes

Code	Description	Price (\$)
1 G0438	Ppps initial visit	0.00

Modifiers:

AND NOT

DENOMINATOR EXCLUSIONS:

Hospice services are given to patients any time during the measurement period: **G9740**

OR

Palliative care services given to patient any time during the measurement period: **G0031**

OR

Documentation of end-stage renal disease (ESRD), dialysis, renal transplant before or during the measurement period, or pregnancy during the measurement period: **G9231**

OR

Patients age 66 or older in Institutional Special Needs Plans (SNP) or residing in long-term care with POS code 32, 33, 34, 54, or 56 for more than 90 days during the measurement period: **G9910**

OR

Patients 66 - 80 years of age and older with at least one claim/encounter for frailty during the measurement period AND a dispensed medication for dementia during the measurement period or the year prior to the measurement period: **G2115**

OR

Patients 66 - 80 years of age and older with at least one claim/encounter for frailty during the measurement period AND either one acute inpatient encounter with a diagnosis of advanced illness or two outpatient, observation, ED, or nonacute inpatient encounters on different dates of service with an advanced illness diagnosis during the measurement period or the year prior to the measurement period: **G2116**

OR

Patients 81 years of age and older with at least one claim/encounter for frailty during the measurement period: **G2118**

Please see your Healthmonix [MIPSPRO](#) account, the attached document, or the [CMS website](#) for a full list of codes that identify frailty and/or advanced illness.

Table: Dementia Exclusion Medications

Description	Prescription
Cholinesterase inhibitors	Donepezil Galantamine Rivastigimine
Miscellaneous central nervous system agents	Memantine

For information on codes related to frailty and advanced illness see the measure in your [Healthmonix MIPSPRO](#) account, the [CMS website](#), or the attached document.

Numerator

Patients whose most recent blood pressure is adequately controlled (systolic blood pressure < 140 mmHg and diastolic blood pressure < 90 mmHg) during the measurement period.

Numerator Instructions

To describe both systolic and diastolic blood pressure values, **each must be submitted separately**. 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.

NUMERATOR NOTE: In reference to the numerator element, only blood pressure readings performed by a clinician or a remote monitoring device are acceptable for numerator compliance with this measure. This includes blood pressures taken in person by a clinician and blood pressures measured remotely by electronic monitoring devices capable of transmitting the blood pressure data to the clinician. Blood pressure readings taken by a remote monitoring device and conveyed by the patient to the clinician are also acceptable. It is the clinician's responsibility and discretion to confirm the remote monitoring device used to obtain the blood pressure is considered acceptable and reliable and whether the blood pressure reading is considered accurate before documenting it in the patient's medical record.

Do not include BP readings:

1. Taken during an acute inpatient stay or an ED visit
2. Taken on the same day as a diagnostic test or diagnostic or therapeutic procedure that requires a change in diet or change in medication on or one day before the day of the test or procedure, with the exception of fasting blood tests. BP readings taken on the same day that the member receives a common low-intensity or preventive procedure are eligible for use. For example, the following procedures are considered common low-

intensity or preventive (this list is just for reference, and is not exhaustive):

- Vaccinations.
- Injections (e.g., allergy, vitamin B-12, insulin, steroid, toradol, Depo-Provera, testosterone, lidocaine)
- TB test
- IUD insertion
- Eye exam with dilating agents
- Wart or mole removal

3. Taken by the patient using a non-digital device such as with a manual blood pressure cuff and a stethoscope. If no blood pressure is recorded during the measurement period, the patient's blood pressure is assumed "not controlled." If there are multiple blood pressure readings on the same day, use the lowest systolic and the lowest diastolic reading as the most recent blood pressure reading.

If no blood pressure is recorded during the measurement period, the patient's blood pressure is assumed "not controlled."

If there are multiple blood pressure readings on the same day, use the lowest systolic and the lowest diastolic reading as the most recent blood pressure reading. Ranges and thresholds do not meet criteria for this measure. A distinct numeric result for both the systolic and diastolic BP reading is required for numerator compliance.

In the **Vitals** section for a visit, you can enter the blood pressure for a patient in the area provided.

Schedule Appointment ✕

Appointment
Billing
Eligibility
Vitals
Growthcharts
Flags
Log Comm.
Revisions
Custom Data
MU Helper

Units
Full Vitals History (pdf)
Full Vitals History (csv)

System Vitals Note Rendering Options: Newest to oldest Date on side ▼

Name	03/22/2023 11:10 AM	03/23/2023 11:30 AM	03/24/2023 11:10 AM	03/28/2023 01:40 PM	03/30/2023 11:30 AM	Current Visit 04/05/2023 at 11:30 AM
Temperature (f)					98.60	<input type="text"/>
Pulse (bpm)					88	<input type="text"/>
Blood Pressure (mmHg)						<input type="text" value="139"/> / <input type="text" value="78"/>
Respiratory Rate (rpm)						<input type="text"/>
Oxygen Saturation (%)						<input type="text"/>
Height (in)					56.00	<input type="text"/>
Weight (lbs)					126.00	<input type="text"/>
BMI (kg/m2)					28.25	<input type="text"/>
Pain (0-10)						<input type="text"/>
Smoking Status						<input type="text" value=""/>
Head Circumference (in)						<input type="text"/>

Numerator Options: The following codes can be entered in the **HCPCS** code section for the visit.

Performance Met:

Most recent systolic blood pressure < 140 mmHg (**G8752**)

OR

Performance Not Met:

Most recent systolic blood pressure \geq 140 mmHg (G8753)

Schedule Appointment

Appointment **Billing** Eligibility Vitals Growthcharts Flags Log Comm. Revisions Custom Data MU Helper

Patient SuperBill Clinical Note Billing Details Other Forms

Billing Status ICD Version ICD-10 Patient Payment \$ 0 Copay: \$20 Pre Authorization Approval Referral # Payment Profile Cash Billing Profile Billing Pick List Choose Codes from Pick List Diagnosis Pick List Choose Codes from Pt Problems Credit Card Payment Process Credit Card

HCFA Box 10 - Is patient's condition related to:

Employment No Auto Accident No Other Accident No Onset Date Type Onset of Current Symptoms Onset Date Other Date Type - Other Date Type - Other Date

Claim Billed: \$0.00 Adjustment: \$0.00 Insurer Paid: \$0.00 Patient Paid: \$0.00

ICD-10 Codes Find Diagnosis codes

#	Code	Description
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ICD-9 Codes to Convert Find Diagnosis codes

#	Code	Description
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NDC Codes Find NDC Codes

NDC Code	Quantity	Units	Line Item
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Custom Codes Find Custom Procedure codes

Code	Description	Price (\$)
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CPT Codes Find CPT Procedure codes

Code	Description	Price (\$)
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HCPCS Codes Find HCPCS Procedure codes

Code	Description	Price (\$)
1 G8752	Sys bp less 140	0
Modifiers: --- --- --- ---		
Quantity/Minutes: 1		
Diagnosis Pointers: 1:0:0:0		
2 G8753	Sys bp \geq or = 140	0
Modifiers: --- --- --- ---		

-OR-

AND

Performance Met:

Most recent diastolic blood pressure $<$ 90 mmHg (G8754)

OR

Performance Not Met:

Most recent diastolic blood pressure \geq 90 mmHg (G8755)

OR

Performance Not Met:

No documentation of blood pressure measurement, reason not given (G8756)

Claim Billed: \$0.00 Adjustment: \$0.00 Insurer Paid: \$0.00 Patient Paid: \$0.00

ICD-10 Codes

#	Code	Description
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ICD-9 Codes to Convert

#	Code	Description
---	------	-------------

NDC Codes

NDC Code	Quantity	Units	Line Item
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Custom Codes

Code	Description	Price (\$)
------	-------------	------------

—OR—

CPT Codes

Code	Description	Price (\$)
------	-------------	------------

HCPCS Codes

Code	Description	Price (\$)
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1	G8754	Dias bp less 90	0	
Modifiers: <input type="text" value="---"/> <input type="text" value="---"/> <input type="text" value="---"/> <input type="text" value="---"/>				
Quantity/Minutes: <input type="text" value="1"/>				
Diagnosis Pointers: <input type="text" value="1:0:0"/>				
2	G8755	Dias bp > or = 90	0	
Modifiers: <input type="text" value="---"/> <input type="text" value="---"/> <input type="text" value="---"/> <input type="text" value="---"/>				
Quantity/Minutes: <input type="text" value="1"/>				
Diagnosis Pointers: <input type="text" value="1:0:0"/>				
3	G8756	No bp measure doc	0	
Modifiers: <input type="text" value="---"/> <input type="text" value="---"/> <input type="text" value="---"/> <input type="text" value="---"/>				
Quantity/Minutes: <input type="text" value="1"/>				
Diagnosis Pointers: <input type="text" value="1:0:0"/>				

—OR—