# Bridges to Excellence®
# Hypertension Care
# Recognition Program Guide

Please note that Telehealth and Home visit temporary codes for the Public Health Emergency of the COVID-19 Pandemic were added to "Face-to-Face Visits" found in Table 2 on page 36. These codes may be used for visits on or after April 1, 2020.

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# INTRODUCTION

Altarum is excited to offer the opportunity for clinicians to participate in the Bridges to Excellence (BTE) recognition program and its automated EMR/Registry performance assessment system. The BTE EMR/Registry performance assessment system allows for rapid and independent medical record-based clinician performance evaluations by connecting local and national medical record data sources to Altarum. Altarum's goals are to: reduce the reporting burden for clinicians; leverage existing reporting/data aggregation initiatives; reduce data collection and reporting costs; facilitate the connection between quality improvement and incentives; and speed up cycle times between reporting, improvement and reporting. Clinicians who meet BTE performance thresholds may be eligible for BTE incentives through participating health plans, employers and coalitions.

The Hypertension Care Recognition Program is a BTE Clinician Recognition Program intended to identify clinicians who deliver high-value hypertension care to adult patients. The program is designed with an understanding that adult patients may seek the care of various types of practitioners— primary care (PCPs), cardiologists, nephrologists and others—for treatment and management of their hypertension. Accordingly, the measures reflect that clinicians should do the following.

- Deliver high-quality care from the outset of patient contact
- Understand and consider previous treatment history to help avoid inappropriate treatment

The program comprises a set of measures, based on available clinical evidence, that promote a model of care that includes the following criteria.

- Comprehensive patient assessment and reassessment
- Patient education
- Shared decision making

BTE's Hypertension Care requirements assess clinical measures representing standards of care for patients with hypertension. Altarum believes that the BTE Hypertension Care Recognition program has the potential to significantly improve the quality of care experienced by patients with hypertension and to reduce the financial and human burden of long-term complications due to hypertension.

To earn Hypertension Care Recognition, clinicians and medical practices voluntarily submit medical record data documenting their delivery of care to patients with hypertension. Those clinicians not meeting the BTE Hypertension Care performance thresholds remain anonymous to BTE and its health plan licensees. BTE's Hypertension Care Recognition Program has three performance thresholds, which give physicians star ratings, based on their performance compared to their peers.

## Clinician Benefits of Recognition

- Clinicians can demonstrate to the public and to their professional peers that they meet the standards of care assessed by the program by issuing a press release, as well as having their recognition achievements posted on BTE's, INQUIREhealthcare® website and communicated to health plans, employers and health coalitions.
- Where applicable, clinicians can establish eligibility for pay-for-performance bonuses or differential reimbursement or other incentives from payers and health plans.
- Clinicians may use BTE Recognition(s) to demonstrate that they meet the standards of care assessed by the program when contracting with health organizations and purchasers of health services.
- Clinicians can identify areas of their practice that vary from the performance criteria and take steps to improve quality of care.
- Eligible clinicians may use their BTE Recognition(s) to qualify for "medium" status points for Improvement Activity (IA_PSPA_14) for the Merit-Based Incentive Payment System (MIPS) scoring system under QPP.
- Clinicians may use their BTE Recognition(s) to receive Maintenance of Certification (MOC) Part IV: Improvement in Medical Practice points from various medical specialty boards.

### *Background on the Measurement Criteria*

Eligible clinicians and medical practices voluntarily apply for BTE Recognition by submitting information on how they treat and manage their patients with regard to the following.

## Clinical Measures[1]

1. Blood Pressure (BP) Control in Patients age ≥ 60
2. Blood Pressure Control in Patients < 60
3. Documentation of Blood Pressure Measurement Twice Annually
4. Blood Pressure Management in Patients with CKD
5. Prescribing ACEI/ARBs in Hypertensive Patients with CKD
6. Blood Pressure Management in Diabetics
7. Blood Pressure Management in Patients with Poorly Controlled Hypertension – Pharmacotherapy
8. Documentation of Annual Urine Protein Test
9. Documentation of Annual Serum Creatinine Test – Renal Function Tests
10. Documentation of Tobacco status
11. Documentation of Tobacco Cessation counseling if user – and Treatment
12. Body Mass Index calculated
13. Documentation of Counseling for Diet, Salt Intake and Physical Activity

Clinicians who demonstrate high-quality performance based on these measures are awarded BTE Hypertension Care Recognition.

[1] Clinical measures evaluate performance based on care provided to a sample of individual patients and documented in the medical records of those patients. Clinical measures are scored based on the percentage of the sample (denominator) which meet or comply (numerator) with the measure threshold.

## Recognition Program Structure

Given the evidence in the literature advocating the creation of clinician quality reward programs that promote continuous quality improvement amongst its participants. The BTE Hypertension Recognition Program is designed for clinicians to achieve BTE award status based on their performance summed up across all measures.

Assessment for recognition in all 3 tiers is based upon data submitted on the same Hypertension measures (listed above).

**Three Stars:** Program recognition threshold has been set to focus on above average performance.

**Four Stars:** Program recognition threshold is set to focus on excellent performance.

**Five Stars:** Program recognition threshold is set to focus on exceptional performance.

## What Recognition Requires

To seek BTE Hypertension Care Recognition, clinician applicants must submit medical record data that demonstrates they meet BTE's Hypertension Care performance requirements. Each measure has an assigned maximum available point value (Table 1). A clinician achieves points for a measure based on the percentage of his or her patient sample that meets or exceeds the set thresholds for that measure.

Bridges to Excellence (BTE) awards recognition to clinicians who achieve at minimum:

| | |
|---|---|
| 3-Stars: | $50^{th}$ - $64^{th}$ percentile |
| 4-stars: | $65^{th}$ - $84^{th}$ percentile |
| 5-stars: | $85^{th}$ percentile and above |

Table 1: Hypertension Care Measures, Performance Criteria and Scoring

| Measure | Total Possible | Level of Evidence | Source |
|---|---|---|---|
| Blood Pressure (BP) Control in Patients age > 60 | 20 | A | JNC |
| Blood Pressure Control in Patients < 60 | 20 | A-E | JNC |
| Blood Pressure Measurement Twice Annually | 5 | E | JNC |
| Blood Pressure Management in Patients with CKD | 10 | E | JNC |
| ACEI/ARB Therapy in Hypertensive Patients with CKD | 10 | B | JNC |
| Blood Pressure Management in Diabetics | 5 | E | JNC |
| Blood Pressure Management in Patients with Poorly Controlled Hypertension - Pharmacotherapy | 10 | B | JNC |
| Documentation of Annual Urine Protein Test | 2.5 | None | Gold Standard |
| Documentation of Annual Serum Creatinine Test – Renal Function Tests | 2.5 | None | Gold Standard |
| Documentation of Tobacco Use Status | 2.5 | A | AHA/JNC |
| Documentation of Tobacco Cessation counseling if user – and Treatment | 5 | A | AHA/JNC |
| Body Mass Index calculated | 2.5 | A | AHA/JNC |
| Documentation of Counseling for Diet, Salt Intake and Physical Activity | 5 | A | AHA |
| Total Possible Points | 100 | | |

HTN=Hypertension
BMI= Body Mass Index
CKD=Chronic Kidney Disease
ADA= American Diabetes Association
AHA= American Heart Association
JNC= Joint National Committee

## Eligibility for Clinician Participation

Clinicians may apply for BTE Hypertension Care Recognition as individuals or part of a medical practice. To be eligible, applicants must meet the following criteria.

- Applicants must be licensed as a medical doctor (M.D. or D.O.), nurse practitioner (N.P.), or physician assistant (P.A.).
- Applicants must provide continuing care for patients with hypertension and must be able to meet the minimum patient sample sizes.
- Applicants must complete all application materials and agree to the terms of the program by executing a data use agreement and authorization with a data aggregator partner.
- Applicants must submit the required data documenting their delivery of care for all eligible patients in their full patient panel.
- Applicants must use BTE supplied or approved methods for submitting data electronically.

### Individual Clinician Applicant

An individual clinician applicant represents one licensed clinician practicing in any setting who provides continuing care for patients with hypertension.

### Medical Practice Applicant

A medical practice applicant represents any practice with three or more licensed clinicians who, by formal arrangement, share responsibility for a common panel of patients and practice at the same site, defined as a physical location or street address. For purposes of this assessment process practices of two clinicians or less must apply as individual applicants.

### Minimum Requirements

To be eligible for recognition, clinicians must have a minimum of 25 patients for the denominator for individual clinician applicants, and a minimum of 10 patients for the denominator for each individual clinician in a practice level applicant, with a minimum practice average of 25 patients per clinician.

Table 1 shows the program measures and the associated point values for scoring clinicians' performance.

## How to Submit for Recognition

Step One:

**Decide which program(s) to patriciate in** by visiting the Bridges to Excellence website, http://www.bridgestoexcellence.org/recognition-programs.


Step Two:

Once you have selected the program(s) you would like to participate in, become familiar with the program structure, chronic care recognition program clinical measures and the associated requirements, the recognition process and patient eligibility criteria.

Step Three:

**Determine which performance assessment pathway suites best**. There are two pathway options for submitting the data to be scored.

Option One: Submit data directly via Altarum's BTE Web Portal, https://portal.bridgestoexcellence.org/login.

Option Two: Have your EMR vendor pull the data and submit it for scoring. You have this option if you use one of the following EMR providers that partners with BTE: Athena Health, eClinicalWorks, MediTab, or Meridios. The EMR will submit data for all of your patients who meet the program parameters. EMR contact information is listed below.

| Vendor | Contact Information |
|---|---|
| Athena Health | ClinicalQualityPrograms@athenahealth.com |
| eClinicalWorks | IncentivePrograms@eclinicalworks.com |
| MediTab | info@meditab.com |
| Meridios | info@meridios.com |

# BTE Hypertension Care Recognition Clinical Measures

The following examples illustrate the format used for clinical measures.

Evaluation Program Title: Hypertension Care Recognition Program

## Clinical Measures

Clinical measures are standard measures with a numerator and denominator that reflect performance across a sample of eligible patients based on claims/encounter data and medical record documentation.

The following items are listed for each clinical measure.

**Description:** A statement of what is being measured specifically.

**Data Source:** A list of the data sources accepted for the clinical measure.

**Explanation:** Additional information about the clinical measure.

**Denominator:** A description of a subset of the applicant's eligible patients (domain denominator) for whom a particular measure is relevant (measure denominator).

**Numerator:** A description of patients in the applicant's eligible patients (denominator) who meet the measure threshold or standard.

**Frequency:** Time frames associated with the numerator requirements.

**Scoring:** Performance level (percentage of patients meeting or complying with the measure) translated to points total for the clinical measure.

Information on the Domain Denominator is consistent across all the clinical measures and is listed under "Patient Eligibility Criteria", beginning on page 35.

# Hypertension Care Recognition Program Measurement Set

## Blood Pressure (BP) Control in Patients age ≥ 60

**Description:** Percentage of patients aged 60 through 75 years of age with a diagnosis of essential hypertension who had a most recent blood pressure reading measuring less than 150/90 during the reporting period.

**Data Source:** Electronic data (visit, lab, encounter data, or claims) and/or medical record data (paper-based or EHR). This measure requires the use of claims/encounter or medical record data for identification of patients with essential hypertension for the denominator, and medical record data for blood pressure information for the numerator.

**Explanation:** The Eighth Report of the Joint National Committee (JNC 8) guidelines on prevention, detection, evaluation, and treatment of high blood pressure suggest that in uncomplicated patients over 60, the blood pressure target should be less than 150/90. For some patients, a lower target may be appropriate. However, there have been significant adverse events when blood pressures are managed too aggressively in this cohort of patients.

**Denominator:** Patients aged 60-75 years of age with a diagnosis of essential hypertension. See "Patient Eligibility Criteria", beginning on page 35, for information on codes to identify patients with essential hypertension (Table 2, page 37).

**Numerator:** Patients in the denominator who have had a most recent systolic blood pressure measurement of < 150 mmHg AND diastolic blood pressure of < 90 mmHg. The steps below should be followed to determine the representative blood pressure reading.

1. Identify the most recent visit to the doctor's office or clinic in which a BP reading was noted. BP reading is acceptable if the representative BP was obtained during a visit to the clinician's office or non-emergency outpatient facility, such as clinic or urgent care center.

2. Identify the lowest systolic and lowest diastolic blood pressure reading from the most recent blood pressure notation in the medical record. If there are multiple BPs recorded for a single date, use the lowest systolic and lowest diastolic BP on that date as the representative BP. The systolic and diastolic results do not need to be from the same reading.

The patient is numerator compliant if the most recent systolic blood pressure measurement during the reporting period is < 150 mmHg AND the *most recent diastolic blood pressure measurement* during the reporting period is < 90 mmHg. The patient is NOT numerator compliant if the most recent systolic blood pressure measurement is ≥ 150 mmHg or missing, OR the most recent diastolic blood pressure measurement is ≥ 90 mmHg or missing, OR if the BP reading was not done during the reporting period.

The following are not acceptable forms of documentation of blood pressure:

1. Use of terms "VS within normal limits," "VS WNL," or "Vital signs normal"
2. BP measurements obtained on the same day as a diagnostic or surgical procedure or at an emergency room visit
3. Patient self-reporting

**Frequency:** Most recent reading over the last 12 months from the last day of the reporting period.

**Scoring:** (Numerator/Denominator) * Total Points available

**Source and Level of Evidence:** JNC8, Level A

## Blood Pressure Control in Patients < 60

**Description:** Percentage of patients aged 18 through 59 years of age with a diagnosis of essential hypertension (HTN) who had a most recent blood pressure reading less than 140/90 during the reporting period.

**Data Source:** Electronic data (visit, lab, encounter data, or claims) and/or medical record data (paper-based or EHR). This measure requires the use of claims/encounter or medical record data for identification of patients with essential hypertension for the denominator, and medical record data for blood pressure information for the numerator.

**Explanation:** The Eighth Report of the Joint National Committee (JNC 8) guidelines on prevention, detection, evaluation, and treatment of high blood pressure suggest that in uncomplicated patients age 18-59 with essential HTN, the blood pressure target should be less than 140/90. For some patients, a lower target may be appropriate.

**Denominator:** Patients aged 18-59 years of age with a diagnosis of essential hypertension. See "Patient Eligibility Criteria", beginning on page 35, for information on codes to identify patients with essential hypertension (Table 2, page 36).

**Numerator:** Patients in the denominator who's most recent systolic blood pressure measurement of < 140 mmHg AND diastolic blood pressure of < 90 mmHg. The steps below should be followed to determine the representative blood pressure reading.

1. Identify the most recent visit to the doctor's office or clinic in which a BP reading was noted. BP reading is acceptable if the representative BP was obtained during a visit to the clinician's office or non-emergency outpatient facility, such as clinic or urgent care center.
2. Identify the lowest systolic and lowest diastolic blood pressure reading from the most recent blood pressure notation in the medical record. If there are multiple BPs recorded for a single date, use the lowest systolic and lowest diastolic BP on that date as the representative BP. The systolic and diastolic results do not need to be from the same reading.

DATA Collection: The patient is numerator compliant if the m*ost recent systolic blood pressure measurement* during the reporting period is < 140 mmHg AND the most recent diastolic blood pressure measurement during the reporting period is < 90 mmHg. The patient is NOT numerator compliant if the most recent systolic blood pressure measurement is ≥ 140 mmHg or missing, OR the most recent diastolic blood pressure
measurement is ≥ 90 mmHg or missing, OR if the BP reading was not done during the reporting period.

The following are not acceptable forms of documentation of blood pressure:

1. Use of terms "VS within normal limits," "VS WNL," or "Vital signs normal"
2. BP measurements obtained on the same day as a diagnostic or surgical procedure or at an emergency room visit
3. Patient self-reporting

**Frequency:** Most recent reading over the last 12 months from the last day of the reporting period.

**Scoring:** (Numerator/Denominator) * Total Points available

**Source and Level of Evidence:** JNC8

LOE:

- Grade A for diastolic goal ages 30-59
- Grade E for diastolic goal ages 18-29
- Grade E for systolic goal 18-59

## Documentation of Blood Pressure Measurement Twice Annually

**Description:** Percentage patients aged 18 through 75 years of age with a diagnosis of hypertension who had their blood pressure measured twice annually during the reporting period.

**Data Source:** Electronic data (visit, lab, encounter data, or claims) and/or medical record data (paper-based or EHR). This measure requires the use of claims/encounter or medical record data for identification of patients with hypertension who have had 2 blood pressure measurements, at least 90 days apart during the last 12 months from the reporting period

**Explanation:** JNC/AHA 2015 guidelines recommend that all hypertensive patients age 18-75 have their blood pressure measured and documented at least twice annually to determine control and make necessary adjustments to lifestyle and medications.

**Denominator:** See "Patient Eligibility Criteria", beginning on page 35, for information on codes to identify patients with essential hypertension (Table 2, page 36).

**Numerator:** Patients in the denominator who have had at least 2 blood pressure measurements within the reporting period. The measurements must be separated by at least 90 days.

DATA Collection: The hypertensive patient is numerator compliant if he or she has had 2 blood pressure measurements (separated by at least 90 days) documented during the reporting period.

**Exclusions:** Patients with terminal illness, patients on hospice.

**Frequency:** Blood pressure reading documented twice and 90 days apart, within the 12 months prior to the last day of the reporting period.

**Scoring:** (Numerator/Denominator) * Total Possible Points

**Source and Level of Evidence:** JNC8/AHA, Grade B

## Blood Pressure Management in Patients with CKD

**Description:** Percentage of patients aged 18 through 75 years of age with a diagnosis of hypertension and chronic kidney disease (CKD) whose most recent blood pressure reading was less than 140/90 during the reporting period.

**Data Source:** Electronic data (visit, lab, encounter data, or claims) and/or medical record data (paper-based or EHR). This measure requires the use of claims/encounter or medical record data for identification of patients with essential hypertension for the denominator, and medical record data for blood pressure information for the numerator.

**Explanation:** The Eighth Report of the Joint National Committee (JNC 8) guidelines on prevention, detection, evaluation, and treatment of high blood pressure suggest that in patients age 18-75 with essential HTN and CKD, the blood pressure target should be less than 140/90.

**Denominator:** See "Patient Eligibility Criteria", beginning on page 35, for information on codes to identify patients with essential hypertension (Table 2, page 36) and chronic kidney disease (CKD) (Table 4, page 39).

**Numerator:** Patients in the denominator who's most recent systolic blood pressure measurement is < 140 mmHg AND diastolic blood pressure of < 90 mmHg. The steps below should be followed to determine the represented blood pressure reading.

1. Identify the most recent visit to the doctor's office or clinic in which a BP reading was noted. BP reading is acceptable if the representative BP was obtained during a visit to the clinician's office or non-emergency outpatient facility, such as clinic or urgent care center.

2. Identify the lowest systolic and lowest diastolic blood pressure reading from the most recent blood pressure notation in the medical record. If there are multiple BPs recorded for a single date, use the lowest systolic and lowest diastolic BP on that date as the representative BP. The systolic and diastolic results do not need to be from the same reading.

DATA Collection: The patient is numerator compliant if the most recent systolic blood pressure measurement during the reporting period is < 140 mmHg AND the most recent diastolic blood pressure measurement during the reporting period is < 90 mmHg. The patient is NOT numerator compliant if the most recent systolic blood pressure measurement is ≥ 140 mmHg or missing, OR the most recent diastolic blood pressure
measurement is ≥ 90 mmHg or missing, OR if the BP reading was not done during the reporting period.

The following are not acceptable forms of documentation of blood pressure:

1. Use of terms "VS within normal limits," "VS WNL," or "Vital signs normal"
2. BP measurements obtained on the same day as a diagnostic or surgical procedure or at an emergency room visit
3. Patient self-reporting

**Frequency:** Most recent reading over the last 12 months from the last day of the reporting period.

**Scoring:** (Numerator/Denominator) * Total Points available

**Source and Level of Evidence:** JNC8, Grade E

## Prescribing ACEI/ARBs in Hypertensive Patients with CKD

**Description:** Percentage of patients aged 18 through 75 years of age who have a diagnosis of hypertension and chronic kidney disease (CKD) AND are prescribed an Angiotensin Converting Enzyme Inhibitor (ACEI), Angiotensin Receptor Blocker (ARB), OR have a documented contraindication or medication allergy during the reporting period.

**Data Source:** Electronic data (visit, lab, encounter data, or claims) and/or medical record data (paper-based or EHR). This measure requires the use of claims/encounter or medical record data for identification of patients with hypertension and CKD for the denominator, and claims/encounter and medical record data that states that these patients are prescribed ACEI/ARB medication.

**Explanation:** JNC-8 guidelines recommend that all hypertensive patients age 18-75 with CKD be prescribed an ACEI or ARB for renal protection and BP control, unless contraindicated.

**Denominator:** See "Patient Eligibility Criteria", beginning on page 35, for information on codes to identify patients with essential hypertension (Table 2, page 37) and chronic kidney disease (CKD) (Table 4, page 39).

**Numerator:** Patients in the denominator who are on an ACEI or ARB (Medications may be found starting on page 40 under "Relevant Medication Lists for Hypertension Care Measurement Set") unless allergy or contraindication is recorded in chart.

DATA Collection: The patient is numerator compliant if patient has a diagnosis of hypertension and CKD and is prescribed an ACEI or ARB medication.

**Exclusions:** ESRD, dialysis patients, ARB/ACEI allergy or documented contraindication

**Frequency:** Most recent documentation of ACEI/ARB use in hypertensive patients with CKD within the 12 months prior to the last day of the reporting period.

**Scoring:** (Numerator/Denominator) * Total Possible Points

**Source and Level of Evidence:** JNC8, Grade B

## Blood Pressure Management in Diabetics

**Description:** Percentage of patients aged 18 through 75 years of age with a diagnosis of hypertension (HTN) and diabetes (DM) who had an appropriate control of blood pressure (less than 140/90) during the reporting period.

**Data Source:** Electronic data (visit, lab, encounter data, or claims) and/or medical record data (paper-based or EHR). This measure requires the use of claims/encounter, pharmacy or medical record data for identification of patients with hypertension and diabetes for the denominator, and medical record data for blood pressure information for the numerator.

**Explanation:** American Diabetes Association (ADA) 2015 guidelines and JNC8 guidelines recommend blood pressure of <140/90 mmHg as a treatment goal for all adults with diabetes. It is anticipated that clinicians who provide services for the primary management of hypertension and diabetes will submit this measure.

**Denominator:** See "Patient Eligibility Criteria", beginning on page 35, for information on codes to identify patients with essential hypertension (Table 2, page 37) and those that have diabetes (Table 5, page 35).

**Numerator:** Patients in the denominator with a most recent systolic blood pressure measurement of < 140 mmHg AND diastolic blood pressure of < 90 mmHg. The steps below should be followed to determine the representative blood pressure reading.

1. Identify the most recent visit to the doctor's office or clinic in which a BP reading was noted. BP reading is acceptable if the representative BP was obtained during a visit to the clinician's office or non-emergency outpatient facility such as a cardiology/endocrine office or urgent care center.

2. Identify the lowest systolic and lowest diastolic blood pressure reading from the most recent blood pressure notation in the medical record. If there are multiple BPs recorded for a single date, use the lowest systolic and lowest diastolic BP on that date as the representative BP. The systolic and diastolic results do not need to be from the same reading, but must be from the same date.

DATA Collection: The patient is numerator compliant if the patient has a diagnosis of hypertension and if the most recent systolic blood pressure measurement during the reporting period is < 140 mmHg AND the most recent diastolic blood pressure measurement during the reporting period is < 90 mmHg. The patient is NOT numerator compliant if the most recent systolic blood pressure measurement is ≥ 140 mmHg or missing, OR the most recent diastolic blood pressure measurement is ≥ 90 mmHg, or if either result is missing, OR if the BP reading was not done during the reporting period.

The following are NOT acceptable forms of documentation of blood pressure:

1. Use of terms "VS within normal limits," "VS WNL," or "Vital signs normal"
2. BP measurements obtained on the same day as a diagnostic or surgical procedure or at an emergency room visit

3. Patient self-reporting

**Frequency:** Most recent reading within 12 months prior to the last day of the reporting period.

**Scoring:** (Numerator/Denominator) * Total Possible Points

**Source and Level of Evidence:** ADA/JNC8, Level A/Grade E

## Blood Pressure Management in Patients with Poorly Controlled Hypertension - Pharmacotherapy

**Description:** Percentage of patients 18 through 75 years of age with a diagnosis of hypertension (HTN) who require pharmacotherapy and are prescribed a thiazide, ACEI/ARB or calcium channel blocker (CCB) during the reporting period.

**Data Source:** Electronic data (visit, lab, encounter data, or claims) and/or medical record data (paper-based or EHR). This measure requires the use of claims/encounter or medical record data for identification of patient's with essential hypertension for the denominator, and claims/encounter and medical record data, which states that these patients are prescribed thiazides, ACEI/ARB or calcium channel blocker (CCB) medication.

**Explanation:** The Eighth Report of the Joint National Committee (JNC 8) guidelines on prevention, detection, evaluation, and treatment of high blood pressure suggest that in patients age 18-75 with essential HTN a thiazide, ACEI/ARB, or CCB should be used if pharmacologic treatment is indicated. Beta-blockers should not be used as first line treatment of hypertension.

**Denominator:** See "Patient Eligibility Criteria", beginning on page 35, for information on codes to identify patients with essential hypertension (Table 2, page 37) and who are on any blood pressure pharmacotherapy (Tables 6-12, pages 36-42) are the denominator for this measure.

**Numerator:** Patients in the denominator who are prescribed a thiazide, ACEI/ARB, or calcium channel blocker (CCB)

**Frequency:** Medication must have been prescribed within the last year

**Scoring:** (Numerator/Denominator) * Total Points available

**Source and Level of Evidence:** JNC8, Grade B

## Documentation of Annual Urine Protein Test

**Description:** Percentage of patients aged 18 through 75 years of age with a diagnosis of hypertension (HTN) who had evidence of nephropathy or went through a nephropathy screening during the reporting period.

**Data Source:** Electronic data (visit, lab, encounter data, or claims) and/or medical record data (paper-based or EHR). This measure requires the use of claims/encounter, pharmacy or medical record data for identification of patients with hypertension for the denominator, and claims/encounter, pharmacy, laboratory or medical record data for nephropathy diagnosis, medical treatment or screening information for the numerator.

**Explanation:** JNC8 Guidelines recommend testing for adult patients with hypertension to detect nephropathy in patients with no known history of nephropathy. It is anticipated that clinicians who provide services for the primary management of hypertension will submit this measure.

**Denominator:** See "Patient Eligibility Criteria", beginning on page 35, for information on codes to identify patients with essential hypertension (Table 2, page 37).

**Numerator:** Patients in the denominator with documentation of evidence of nephropathy or nephropathy screening.

DATA Collection: The patient is numerator compliant if the patient has a diagnosis of hypertension and has evidence of nephropathy or screening for nephropathy, as identified by claims or pharmacy data. This includes those patients with hypertension who had one of the following:

1. Evidence of nephropathy diagnosis or medical treatment for nephropathy during the patient's lifetime.
2. Nephropathy screening during the reporting period.

Evidence of Nephropathy: Documentation in the medical record must include diagnosis of or medical treatment for one of the following during the patient's lifetime:

1. Hypertensive Nephrosclerosis
2. Chronic renal failure (CRF)
3. Chronic Renal insufficiency
4. Chronic Kidney Disease (CKD)
5. Chronic renal disorder
6. Proteinuria
7. Azotemia
8. Microalbuminuria

Evidence of Nephropathy: The following codes may be used to identify nephropathy diagnosis:
ICD-10 Codes: N14.0 – N14.4, N15.0, N13.71, N07.0 - N07.9, E08.21, E09.21, E10.21, E11.21, E13.21, A36.84
CPT code (2008): 3062F

CPT code (2006): 3066F
CPT code (2009): 3082F - 3084F

Nephropathy Screening: Documentation in the medical record must include the date on which the screening test was performed, and the test result that has been reviewed is within the 12 months, prior to the last day of the reporting period. Notation of the following may count for microalbuminuria screening test:

- 24-hour urine for microalbumin
- Timed urine for microalbumin
- Spot urine for micro albumin
- Microalbumin/Creatine ratio
- 24-hour urine for total protein
- Random urine for protein/creatinine ratio

Nephropathy Screening: The following codes may be used to identify nephropathy-screening tests:

Microalbuminuria Test: 81005, 81015, 81050, 81099, 82042, 82043, 82044 81000-81003, 81005.

Notation of the following may count for macroalbuminuria screening test:

- Positive result on urine dipstick
- CPT code (2008): 3062F
- CPT code (2006): 3066F
- CPT code (2009): 3082F - 3084F

Note: A negative result on urine dipstick is insufficient for numerator compliance.

The following is not acceptable documentation for nephropathy assessment:

- Patient self-reporting

**Frequency:** If patient with diagnosis of or medical treatment for nephropathy: during patient lifetime.

**Scoring:** (Numerator/Denominator) * Total Possible Points

**Source and Level of Evidence:** Expert Opinion/Gold Standard

## Documentation of Annual Serum Creatinine Test – Renal Function Tests

**Description:** Percentage of patients aged 18 through 75 years of age with a diagnosis of hypertension (HTN) who had a blood creatinine lab test within the past year.

**Data Source:** Electronic data (visit, lab, encounter data, or claims) and/or medical record data (paper-based or EHR). This measure requires the use of claims/encounter or medical record data for identification of patients with essential hypertension for the denominator, and claims/encounter, laboratory or medical record data for renal function testing for the numerator.

**Explanation:** The Eighth Report of the Joint National Committee (JNC 8) guidelines on prevention, detection, evaluation, and treatment of high blood pressure suggest that in patients age 18-75 with essential HTN, a blood creatinine level should be checked annually to monitor for kidney damage.

**Denominator:** Patients aged 18-75 years with the diagnosis of essential hypertension. See "Patient Eligibility Criteria", beginning on page 35, for information on codes to identify patients with essential hypertension (Table 2, page 37).

**Numerator:** Patients in the denominator who have had a blood creatinine level checked in the past year.

CPT I Codes (2013): 80047, 80048
CPT I Codes (2004): 80050
CPT I Codes (2009): 80053, 80069
CPT I Codes (2000): 82565, 82570, 82575

**Frequency:** Most recent lab value over the last 12 months from the last day of the reporting period.

**Scoring:** (Numerator/Denominator) * Total Points available

**Source and Level of Evidence:** Expert Opinion/Gold Standard

## Documentation of Tobacco Status

**Description:** Percentage of patients aged 18 through 75 years of age with a diagnosis of hypertension (HTN) whose tobacco use status is documented during the reporting period.

**Data Source:** Electronic data (visit, lab, encounter data, or claims) and/or medical record data (paper-based or EHR). This measure requires the use of claims/encounter, pharmacy or medical record data for identification of patients with hypertension for the denominator, and medical record data for documentation of tobacco use status information for the numerator.

**Explanation:** JNC-8 guidelines recommend that hypertensive patients do not use tobacco products and that those who do receive cessation counseling and treatment. It is anticipated that clinicians who provide services for the primary management of hypertension will submit this measure.

**Denominator:** See "Patient Eligibility Criteria", beginning on page 35, for information on codes to identify patients with essential hypertension (Table 2, page 37).

**Numerator:** Patients in the denominator with documentation of tobacco use status.

The patient is NOT numerator compliant if:

1. His or her tobacco use status documentation is missing.

OR

2. His or her tobacco status was not asked.

**Frequency:** Most recent tobacco use status over the last 12 months from the last day of the reporting period.

**Scoring:** (Numerator/Denominator) * Total Possible Points

**Source and Level of Evidence:** ACC/AHA, Level A

## Documentation of Tobacco Cessation Counseling if user – and Treatment

**Description:** Percentage of patients aged 18 through 75 years of age with a diagnosis of hypertension (HTN) who use tobacco and have received cessation counseling or treatment during the reporting period.

**Data Source:** Electronic data (visit, lab, encounter data, or claims) and/or medical record data (paper-based or EHR). This measure requires the use of claims/encounter, pharmacy or medical record data for identification of patients with hypertension that use tobacco for the denominator, and for documentation of cessation counseling or treatment for the numerator.

**Explanation:** JNC-8 guidelines recommend that hypertensive patients do not use tobacco products, and that those who do, received cessation counseling and treatment. It is anticipated that clinicians who provide services for the primary management of hypertension will submit this measure.

**Denominator:** See "Patient Eligibility Criteria", beginning on page 35, for information on codes to identify patients with essential hypertension (Table 2, page 37) and who are current users of tobacco products.

**Numerator:** Patients in the denominator who are tobacco users and have received cessation counseling and/or treatment.

DATA Collection: The patient is numerator compliant if the patient has a diagnosis of hypertension and is a tobacco user and has documented date of receipt of cessation counseling and/or treatment during the reporting period, as identified by medical claims data or medical record data. The following codes may be used to identify smoking cessation counseling and/or treatment:

CPT I Codes (2008): 99406, 99407
CPT II Codes (2012): 4000F, 4001F, 4004F
HCPCS Codes (2002): S9453
HCPCS Codes (2015): G9458

For a list of numerator compliant medications, see Tables 21, pages 46 under "Tobacco Cessation Medications".

Medical Record Collection: Acceptable forms of cessation counseling and treatment methods/resources include dated documentation of patient receiving/ participating in at least one of the following:

1. 1:1 teaching
2. Written or web-based risk-based educational materials
3. Group education class focused on tobacco cessation
4. Drug therapy

If the patient is a tobacco user, the patient is NOT numerator compliant if:

1. His or her status documentation is missing.
   OR
2. His or her tobacco user status was not asked.

OR

3. His or her documentation on receiving cessation counseling and/or treatment is missing.
   OR
4. He or she has not received cessation counseling and/or treatment.
   OR
5. He or she has not received cessation counseling and/or treatment during the reporting period.
   OR
6. His or her documentation on receiving cessation counseling and/or treatment is not available during the reporting period.

**Frequency:** Most recent counseling/treatment within the 12 months prior to the last day of the reporting period.

**Scoring:** (Numerator/Denominator) * Total Possible Points

**Source and Level of Evidence:** ACC/AHA, Level A

## Body Mass Index Calculated

**Description:** Percentage of patients aged 18 through 75 years of age with a diagnosis of hypertension (HTN) for whom a documented body mass index (BMI) is calculated during the reporting period.

**Data Source:** Electronic data (visit, lab, encounter data, or claims) and/or medical record data (paper-based or EHR). This measure requires the use of claims/encounter or medical record data for identification of patients with hypertension for the denominator, and for BMI information for the numerator.

**Explanation:** JNC8 guidelines recognized that overweight and obesity status are independent risk factors for development and worsening of hypertension. It is anticipated that clinicians who provide services for the primary management of hypertension will submit this measure.

**Denominator:** See "Patient Eligibility Criteria", beginning on page 35, for information on codes to identify patients with essential hypertension (Table 2, page 37).

**Numerator:** Patients in the denominator with a documented BMI calculation.

**DATA Collection:** The patient is numerator compliant if the patient has a diagnosis of hypertension and a calculation of their BMI documented during the reporting period. The following codes may be used to identify a documented BMI:

CPT II Code: 3008F
HCPCS Codes: G8417-G8420, G8938, G9716
ICD-10: Z68.1 BMI less than 19, adult; Z68.20 – Z68.24 BMI between 20-24, adult; Z68.25-Z68.29 BMI between 25-29, adult; Z68.30 – Z68.39 BMI between 30-39, adult; Z68.4 BMI between 40 and over, adult.

Medical Record Collection: Evidence of one of the following is present in the eligible patient's chart:

1. Documentation of the result of a BMI calculation during the reporting period
2. Documentation in the medical record must include BMI result and exam date. Calculated BMI – Requires that both the height and weight be actually measured by an eligible professional or by their staff.

The following are not acceptable documentation for documented BMI calculation:

- Patient self-reporting

Not Eligible/Not Appropriate for BMI Measurement –
Patients can be considered not eligible in the following situations:

1. If the patient has a terminal illness – life expectancy less than 6 months
2. If the patient is pregnant
3. Patient physically unable to provide weight.

**Frequency:** Most recent test result over the last 12 months from last day of the reporting period.

**Scoring:** (Numerator/Denominator) * Total Points Possible = Points awarded

**Source and Level of Evidence:** AHA/ACC, Level A

## Documentation of Counseling for Diet, Salt Intake and Physical Activity

**Description:** Percentage of patients aged 18 through 75 years of age with a diagnosis of hypertension (HTN) for whom nutrition and physical activity counseling is performed and documented during the reporting period.

**Data Source:** Electronic data (visit, lab, encounter data, or claims) and/or medical record data (paper-based or EHR). This measure requires the use of claims/encounter or medical record data for identification of patients with hypertension for the denominator, and for nutrition counseling for the numerator.

**Explanation:** JNC8 guidelines recognize that even in hypertensive patients with a normal weight, a low salt diet (DASH) is recommended. All individuals who have hypertension should be counseled to eat a low salt diet, be physically active, and achieve a healthy weight. The DASH diet has been shown to decrease systolic blood pressure by approximately 10 points. A PCP, RN, dietician, or nutritionist can perform this counseling. It is anticipated that clinicians who provide services for the primary management of hypertension will submit this measure.

**Denominator:** See "Patient Eligibility Criteria", beginning on page 35, for information on codes to identify patients with essential hypertension (Table 2, page 37).

**Numerator:** Patients in the denominator with documentation of counseling for DASH diet nutrition, DASH Sodium (low salt diet) and for physical activity.

DATA Collection: The patient is numerator compliant if he or she has documentation of DASH nutrition, low salt diet and physical activity counseling.

Medical Record Collection: Evidence of one of the following is present in the eligible patient's chart:

- Must document that nutritional counseling has been provided for diet, low salt diet and for physical activity counseling.

The following are not acceptable documentation for documented nutritional counseling:

- Patient self-reporting

**Frequency:** Most recent test result over the last 12 months from last day of the reporting period.
Not Eligible/Not Appropriate for nutritional counseling –
Patients can be considered not eligible in the following situations:

- If the patient has a terminal illness – life expectancy less than 6 months If the patient is pregnant

**Scoring:** (Numerator/Denominator) * Total Possible Points

**Source and Level of Evidence:** AHA/ACC, Level A

# Recognition Process

## Applying for Recognition

Clinician applicants opt to voluntarily submit their data to BTE for performance assessment through the Hypertension Care Recognition program. Participating clinicians must execute a data use agreement with the data aggregator partner through which they plan to submit data for BTE's automated performance assessment process. All data aggregator partners have data use agreements executed with Altarum. All necessary steps will be taken by the data aggregator and BTE to protect the confidentiality of patient data, as required by The Health Insurance Portability and Accountability Act of 1996 (HIPAA). To assist with clinician compliance with HIPAA, the data aggregator partner provides a Business Associate addendum referenced in the data use agreement, which states that both the data aggregator and the clinician applicant will comply with HIPAA requirements.

Clinicians considering applying for recognition should:

1. Determine eligibility. See "Eligibility for Clinician Participation" for more information.
2. Familiarize themselves with the BTE Hypertension Care measures and specifications. See "What Recognition Requires".
3. Determine whether to apply as an individual clinician or medical practice.

Clinicians submitting through an electronic data aggregator partner are required to submit medical record data for all eligible patients across their full patient population on a quarterly calendar schedule. Clinicians are required to continue submitting data for all eligible patients each quarter unless they cease using the data aggregator's electronic system.

Clinicians that are new to an electronic data aggregator partner's system, where the system is not yet fully integrated in the clinicians' office and patient records have not been back loaded, are required to prospectively enter all eligible patients from their full patient panel into the data aggregator's electronic system. For individual applicants, clinician assessment will automatically be triggered after all required data is submitted through the data aggregator's electronic system for the minimum requirement of 25 eligible patients. For practice level applicants, assessment will automatically be triggered after all required data is submitted through the data aggregator's electronic system for 10 patients per individual clinician and a practice average of 25 patients per clinician. It is assumed that after one full year of usage of the data aggregator's electronic system that all eligible patients will be included.

Completed applications are processed for compliance with performance requirements, and applicant-specific reports with results for all Hypertension Care measures are produced within 30 days. The begin recognition date is calculated based on the date that the applicant's data is scored. BTE releases an official award certificate for each recognized clinician or medical practice via the BTE web page, http://www.bridgestoexcellence.org.

Additionally, BTE reserves the right to complete an audit of any individual or practice application for Recognition. BTE or specified local organization subcontractors conduct audits of at least 5 percent of the recognized clinicians from each data aggregator partner each year. Audits may be completed by mail, electronically or on site, as determined by BTE. The remainder of the five percent will be identified by a single methodology that randomizes the medical groups who submit to the data aggregator and then sequentially selecting medical groups. The number of

medical groups selected is dependent on the total number of recognized clinicians in each medical group, enough groups will be selected to account for 5% of total recognized clinicians submitted by the data aggregator.

BTE will notify the data aggregator, which will notify the applicant if their application is chosen for audit, ascertain that audit personnel have no conflict of interest with the audited organization and provide instructions on audit requirements. Obtaining final Recognition results takes longer than usual for applicants chosen for audit. For those applicants selected for audit, final Recognition determination will be made within 60 days of the date of data submission. Upon passing an audit, the applicant's recognition dates are assigned retroactively to the date the applicant's data was scored. Failure to pass an audit or failure to respond to an audit request and complete the audit within 30 days results in no further consideration for the program for six months to two years (depending on the audit score) from the date of submission of the application.

## Duration of Recognition

The Chronic Care Recognition Programs have duration of two years from the date on which the recognition was awarded; regardless of the pathway the clinician achieved the recognition – electronic data submission, direct data manual submission.

For continuously assessed applicants who maintain their current level of recognition, new begin and end recognition dates will be assigned at the time of the most recent assessment. Recognition determinations are made on the basis of a specific patient population. Recognition status remains in effect for the duration of recognition as long as the clinician maintains their current practice and patient base. Clinicians are responsible for informing the data aggregator within 30 days who will inform BTE if they move or change practices.

## Changes in Recognition Levels

Continuous data submission applicants are eligible for changes in recognition level. Clinicians who achieve at least Three Star HYPERTENSION Care Recognition will maintain their Hypertension Care Recognition for the duration of recognition outlined above. However, during this time it is possible for the recognition status to move between program levels (3, 4, or 5 Stars) based on changes in clinical data from quarter to quarter. Changes to program level and recognition dates occur according to the following rules:

- Clinicians who achieve a higher level of recognition for two consecutive assessment periods will have their recognition level changed effective the date of the most recent assessment.
- Clinicians recognized at Four Stars or Five Stars can drop in levels of recognition based on lower scoring results for two consecutive assessment periods.
- Each time a clinician's recognition status changes levels in either direction a new begin recognition date is assigned for the date of the most recent assessment and a new end recognition date is calculated.
- Clinicians who drop below Three Stars for two consecutive quarterly assessments will be assigned or maintain Three Star Hypertension Care Recognition status and maintain their current begin and end recognition dates.

Example 1

- A provider submitted for Q1 and was assessed at a 3 Star Rating
  - The providers 'Current Recognition' Level is a 3 Star Rating
- The provider was submitted in Q2 and was assessed at a 5 Star Rating
  - The providers 'Current Recognition' Level is a 3 Star Rating
- The provider was submitted in Q3 and was assessed at a 4 Star Rating
  - The providers 'Current Recognition' Level is now a 4 Star Rating

How this works:

If a provider's assessment level increases for 2 consecutive assessments, the new recognition level equals the lower of the 2 most recent assessment levels.

| Assessment Date | Assessed Rating | Recognition Rating | Recognition Dates |
|---|---|---|---|
| Q1 | 3 | 3 | 01/21/2016 - 01/20/2018 |
| Q2 | 5 | 3 | 04/21/2016 - 04/20/2018 |
| Q3 | 4 | 4 | 07/21/2016 -07/20/2018 |

Example 2

- A provider submitted in Q1 and was assessed at a 5 Star Rating
  - The providers 'Current Recognition' Level is a 5 Star Rating
- The provider submitted in Q2 and was assessed at a 4 Star Rating
  - The providers 'Current Recognition' Level is a 5 Star Rating
- The provider submitted in Q3 and was assessed at a 3 Star Rating
  - The providers 'Current Recognition' Level is now a 4 Rating

How this works:

If a provider's assessment level decreases for 2 consecutive assessments, the new recognition level equals the higher of the 2 most recent assessment levels.

| Assessment Date | Assessed Rating | Recognition Rating | Recognition Dates |
|---|---|---|---|
| Q1 | 5 | 5 | 01/21/2016 - 01/20/2018 |
| Q2 | 4 | 5 | 04/21/2016 - 04/20/2018 |
| Q3 | 3 | 4 | 07/21/2016 -07/20/2018 |

Example 3

- A provider submitted for Q1, Q2, and Q3, and was assessed at a 5 Star Rating all three submissions
  - The providers 'Current Recognition' Level remains unchanged and will be a 5 Star Rating

How it works:

If a provider's assessment level remains the same for 2 consecutive assessments, the recognition level is unchanged.

| Assessment Date | Assessed Rating | Recognition Rating | Recognition Dates |
|---|---|---|---|
| Q1 | 5 | 5 | 01/21/2016 - 01/20/2018 |
| Q2 | 5 | 5 | 04/21/2016 - 04/20/2018 |
| Q3 | 5 | 5 | 07/21/2016 -07/20/2018 |

## Reporting Results to BTE and Its Partners

As part of Altarum's mission to identify and promote quality, the PAO report results to the following:

- To the data aggregator partner through which the recognition application was submitted. The data aggregator is required to share results reports with the clinician applicant to facilitate quality improvement.
- To BTE: Only Recognized statuses are reported to BTE for display on Altarum's BTE web site: www.bridgestoexcellence.org and transmission to BTE-licensed health plans for associated rewards payments. Once the final decision is made, the PAO will reveal the identity, program name and program rating of the recognized clinicians only. No clinical data is shared with BTE at any point in the process.

## Terms of Recognition

When communicating with patients, third-party payers, managed care organizations (MCOs) and others, clinicians or practices who receive BTE Hypertension Care Recognition may represent themselves as BTE-recognized and meeting NQF/AQA quality measure requirements; however, clinicians or practices may not characterize themselves as "NQF/AQA-Approved" or "NQF/AQA- Endorsed." The use of this mischaracterization or other similarly inappropriate statements will be grounds for revocation of status.

## Revoking Recognition

BTE may revoke a Recognition decision if any of the following occurs:

- The clinician or practice submits false data or does not collect data according to the procedures outlined in this manual, as determined by discussion with the clinician or practice or audit of application data and materials.
- The clinician or practice misrepresents the credentials of any of its clinicians.
- The clinician or practice misrepresents its Recognition status.
- The clinician or any of the practice's clinicians experience a suspension or revocation of medical licensure.
- The clinician or practice has been placed in receivership or rehabilitation and is being liquidated.
- State, federal or other duly authorized regulatory or judicial action restricts or limits the clinician or practice's operations.
- BTE identifies a significant threat to patient safety or care.

## Data Use Terms

Data use terms are outlined in the data use agreement that the applicant signs with the selected data aggregator partner.

## Patient Eligibility Criteria

An eligible essential hypertension patient is one who meets all three criteria:

1. Is between 18 and 75 years of age.[2]

2. Has had a documented diagnosis of essential hypertension (as defined in Table 3 below) for at least 12 months, from the last day of the reporting period. Eligible diagnosis categories exclude causes of secondary hypertension.

3. Has been under the care of the applicant for at least 12 months. This is defined by documentation of one or more face-to-face visits for hypertension care between the clinician and the patient: one within 12 months of the last day of the reporting period.

There are two accepted data sources that can be used to identify patients with hypertension:

Claims/Encounter data: Patient is denominator compliant if patient 18-75 years of age during the measurement period, has a documented diagnosis of Hypertension listed on the problem list, has had at least one (1) face-to-face-to-face encounter in an ambulatory setting and has been under the care of the applicant for at least 12 months. See Table 3 for further information on diagnoses to identify patients with Hypertension and Table 2 for further information on procedural codes to identify a face-to-face visit.

Medical Record data: Patient is denominator compliant if the patient 18-75 years of age, with a documented diagnosis of Hypertension listed on the problem list, has had at least one (1) face-to-face encounter in an ambulatory setting and has been under the care of the applicant for at least 12 months. See Table 3 for further information on diagnoses to identify patients with Hypertension and Table 2 for further information on procedural codes to identify a face-to-face visit.

**Exclusions:** Patients with a diagnosis of secondary hypertension OR other related conditions: Patients in hospice or palliative care are also excluded from the denominator. See Table 4 below for further information on codes to identify patients with exclusions.

Please note that Telehealth and Home visit temporary codes for the Public Health Emergency of the COVID-19 Pandemic were added to "Face-to-Face Visits" found in Table 2 on page 36. These codes may be used for visits on or after April 1, 2020.

[2] As of the last day of the reporting period. Patients known to be deceased should be excluded.

# Relevant Procedural and Diagnosis Codes for Hypertension Care Measurement Set

## Table 2: Face-to-Face Visits

| Procedural Codes |
|---|
| CPT (2013): 99201-99215<br>Value Set Authority-Value Set Name - Office Visit – OID - 2.16.840.1.113883.3.464.1003.101.12.1001<br><br>CPT (2013): 99341, 99342, 99343, 99344, 99345, 99347, 99348, 99349, 99350<br>Value Set Authority-Value Set Name - Home Healthcare Services – OID - 2.16.840.1.113883.3.464.1003.101.12.1016<br><br>HCPCS (2014): G0438, G0439<br>Value Set Authority-Value Set Name - Annual Wellness Visit –OID 2.16.840.1.113883.3.526.3.1240<br><br>CPT (2009): 99385, 99386, 99387<br>Value Set Authority-Value Set Name - Preventive Care Services-Initial Office Visit, 18 and Up – OID - 2.16.840.1.113883.3.464.1003.101.12.1023<br><br>CPT (2009): 99395,99396,99397<br>Value Set Authority-Value Set Name - Preventive Care Services - Established Office Visit, 18 and Up – OID - 2.16.840.1.113883.3.464.1003.101.12.1025<br><br>Temporary Addition for Telehealth Services for Est Patients for the COVID-19 Pandemic (Added 04/2020)<br>CPT: 98966, 98967, 98968, 99441, 99442, 99443<br>Value Set Authority-Value Set Name – Telehealth Services – OID - 2.16.840.1.113883.3.464.1003.101.12.1031<br><br>Temporary Addition for the PHE for the COVID-19 Pandemic (Added 04/2020)<br>CPT: Patient Evaluations - 97161, 97162, 97163, 97164,<br>CPT: Home Visits - 99347, 99348, 99349, 99350, 99341, 99342, 99343, 99344, 99345 |

## Table 3: Codes to Identify a Patient with a Diagnosis of Essential Hypertension

| Diagnosis Codes |
|---|
| ICD-10: I10<br>Value Set Authority-Value Set Name – Essential **Hypertension – OID - 2.16.840.1.113883.3.464.1003.104.11.1031** |

## Table 4: Codes/Notations to Identify Patients with Exclusions

| Procedural & Diagnosis Codes / Notations |
|---|
| HYPERTENSIVE DISEASE<br>Hypertensive Heart Disease<br>ICD-10: I11.9, I11.0<br><br>Secondary Hypertension<br>ICD-10: I15.0, I15.1, I15.2, I15.8, I15.9<br><br>Complications affecting other specified body systems, not elsewhere classified-Hypertension<br>ICD-10: I97.3<br><br>CORONARY ARTERY DISEASE, OTHER |

Acute Myocardial Infarction

ICD-10: I21.01, I21.02, I21.09, I21.11, I21.19, I21.21, I21.29, I21.3, I21.4, I21.9, I21.A1, I21.A9

Value Set Authority-Value Set Name- Acute Myocardial Infarction -OID - 2.16.840.1.113883.3.464.1003.104.11.1003

Stable Angina

ICD-10: I20.1, I20.8, I20.9

Percutaneous Coronary Intervention

CPT: 92920, 92924, 92928, 92933, 92937, 92941, 92943

HCPCS: C9600, C9602, C9604, C9606, C9607

Value Set Authority-Value Set Name - Percutaneous Coronary Interventions -OID - 2.16.840.1.113883.3.464.1003.104.12.1010

CABG

CPT: 33510, 33511, 33512, 33513, 33514, 33516, 33517, 33518, 33519, 33521, 33522, 33523, 33533, 33534, 33535, 33536

Value Set Authority-Value Set Name- Coronary Artery Bypass Graft-OID - 2.16.840.1.113883.3.464.1003.104.11.1005

ICD-10PCS: 0210083, 0210088, 0210089, 021008C, 021008F, 021008W, 0210093, 0210098, 0210099, 021009C, 021009F, 021009W, 02100A3, 02100A8, 02100A9, 02100AC, 02100AF, 02100AW, 02100J3, 02100J8, 02100J9, 02100JC, 02100JF, 02100JW, 02100K3, 02100K8, 02100K9, 02100KC, 02100KF, 02100KW, 02100Z3, 02100Z8, 02100Z9, 02100ZC, 02100ZF, 0211083, 0211088, 0211089, 021108C, 021108F, 021108W, 0211093, 0211098, 0211099, 021109C, 021109F, 021109W, 02110A3, 02110A8, 02110A9, 02110AC, 02110AF, 02110AW, 02110J3, 02110J8, 02110J9, 02110JC, 02110JF, 02110JW, 02110K3, 02110K8, 02110K9, 02110KC, 02110KF, 02110KW, 02110Z3, 02110Z8, 02110Z9, 02110ZC, 02110ZF, 0212083, 0212088, 0212089, 021208C, 021208F, 021208W, 0212093, 0212098, 0212099, 021209C, 021209F, 021209W, 02120A3, 02120A8, 02120A9, 02120AC, 02120AF, 02120AW, 02120J3, 02120J8, 02120J9, 02120JC, 02120JF, 02120JW, 02120K3, 02120K8, 02120K9, 02120KC, 02120KF, 02120KW, 02120Z3, 02120Z8, 02120Z9, 02120ZC, 02120ZF, 0213083, 0213088, 0213089, 021308C, 021308F, 021308W, 0213093, 0213098, 0213099, 021309C, 021309F, 021309W, 02130A3, 02130A8, 02130A9, 02130AC, 02130AF, 02130AW, 02130J3, 02130J8, 02130J9, 02130JC, 02130JF, 02130JW, 02130K3, 02130K8, 02130K9, 02130KC, 02130KF, 02130KW, 02130Z3, 02130Z8, 02130Z9, 02130ZC, 02130ZF

Set Authority-Value Set Name- Coronary Artery Bypass Graft ICD10PCS - OID - 2.16.840.1.113883.3.464.1003.104.11.1054

PERIPHERAL ARTERIAL DISEASE

Lower Extremity Arterial Disease/Peripheral Arterial Disease

ICD-10: I70.201-I70.209, I70.211-I70.213, I70.218, I70.219, I70.221-I70.223, I70.228, I70.229, I70.231-I70.235, I70.238, I70.239, I70.241-I70.245, I70.248, I70.249, I70.25, I70.261-I70.263, I70.268, I70.269, I70.291- I70.293, I70.298, I70.299, I74.3-I74.5, I74.8, I74.9, I77.9

CEREBROVASCULAR DISEASE

Ischemia

ICD-10: I20.0, I20.8, I20.9, I24.0, I24.1, I24.8, I24.9, I25.10, I25.110, I25.111, I25.118, I25.119, I25.5, I25.6, I25.700, I25.701, I25.708, I25.709, I25.710, I25.711, I25.718, I25.719, I25.720, I25.721, I25.728, I25.729, I25.730, I25.731, I25.738, I25.739, I25.750, I25.751, I25.758, I25.759, I25.760, I25.761

Stroke

ICD-10: G45.0, G45.1, G45.2, G45.8, G45.9, G46.0, G46.1, G46.2, G46.3, G46.4, G46.5, G46.6, G46.7, G46.8,

I63.00, I63.011, I63.012, I63.013, I63.019, I63.02, I63.031, I63.032, I63.033, I63.039, I63.09, I63.10, I63.111, I63.112, I63.113, I63.119, I63.12, I63.131, I63.132, I63.133, I63.139, I63.19, I63.20, I63.211, I63.212, I63.213, I63.219, I63.22, I63.231, I63.232, I63.233, I63.239, I63.29, I63.30, I63.311, I63.312, I63.313, I63.319, I63.321, I63.322, I63.323, I63.329, I63.331, I63.332, I63.333, I63.339, I63.341, I63.342, I63.343, I63.349, I63.39, I63.40, I63.411, I63.412, I63.413, I63.419, I63.421, I63.422, I63.423, I63.429, I63.431, I63.432, I63.433, I63.439, I63.441, I63.442, I63.443, I63.449, I63.49, I63.50, I63.511, I63.512, I63.513, I63.519, I63.521, I63.522, I63.523, I63.529, I63.531, I63.532, I63.533, I63.539, I63.541, I63.542, I63.543, I63.549, I63.59, I63.6, I63.81, I63.89, I63.9, I69.00, I69.010, I69.011, I69.012, I69.013, I69.014, I69.015, I69.018, I69.019, I69.020, I69.021, I69.022, I69.023, I69.028, I69.031, I69.032, I69.033, I69.034, I69.039, I69.041, I69.042, I69.043, I69.044, I69.049, I69.051, I69.052, I69.053, I69.054, I69.059, I69.061, I69.062, I69.063, I69.064, I69.065, I69.069, I69.090, I69.091, I69.092, I69.093, I69.098, I69.10, I69.110, I69.111, I69.112, I69.113, I69.114, I69.115, I69.118, I69.119, I69.120, I69.121, I69.122, I69.123, I69.128, I69.131, I69.132, I69.133, I69.134, I69.139, I69.141, I69.142, I69.143, I69.144, I69.149, I69.151, I69.152, I69.153, I69.154, I69.159, I69.161, I69.162, I69.163, I69.164, I69.165, I69.169, I69.190, I69.191, I69.192, I69.193, I69.198, I69.20, I69.210, I69.211, I69.212, I69.213, I69.214, I69.215, I69.218, I69.219, I69.220, I69.221, I69.222, I69.223, I69.228, I69.231, I69.232, I69.233, I69.234, I69.239, I69.241, I69.242, I69.243, I69.244, I69.249, I69.251, I69.252, I69.253, I69.254, I69.259, I69.261, I69.262, I69.263, I69.264, I69.265, I69.269, I69.290, I69.291, I69.292, I69.293, I69.298, I69.30, I69.310, I69.311, I69.312, I69.313, I69.314, I69.315, I69.318, I69.319, I69.320, I69.321, I69.322, I69.323, I69.328, I69.331, I69.332, I69.333, I69.334, I69.339, I69.341, I69.342, I69.343, I69.344, I69.349, I69.351, I69.352, I69.353, I69.354, I69.359, I69.361, I69.362, I69.363, I69.364, I69.365, I69.369, I69.390, I69.391, I69.392, I69.393, I69.398, I69.80, I69.810, I69.811, I69.812, I69.813, I69.814, I69.815, I69.818, I69.819, I69.820, I69.821, I69.822, I69.831, I69.832, I69.833, I69.834, I69.839, I69.841, I69.842, I69.843, I69.844, I69.849, I69.863, I69.864, I69.865, I69.869, I69.890, I69.892, I69.893, I69.898, I69.90, I69.910, I69.911, I69.912, I69.913, I69.914, I69.915, I69.918, I69.919, I69.920, I69.921, I69.922, I69.923, I69.928, I69.931, I69.932, I69.933, I69.934, I69.939, I69.941, I69.942, I69.943, I69.944, I69.949, I69.990, I69.991, I69.992, I69.993, I69.998, Z86.73

Set Authority-Value Set Name- Cerebrovascular disease, Stroke, TIA- OID - 2.16.840.1.113762.1.4.1047.44

Atheroembolism

ICD-10: I75.011, I75.012, I75.013, I75.019, I75.021, I75.022, I75.023, I75.029, I75.81, I75.89

ESRD

ICD10: N18.6

Value Set Authority-Value Set Name-End Stage Renal Disease-OID 2.16.840.1.113883.3.526.3.353

Dialysis

CPT: 1019320, 90935, 90937, 90940, 90945, 90947, 90957, 90958, 90959

HCPCS: G0257

Value Set Authority-Value Set Name-Dialysis Services-OID 2.16.840.1.113883.3.464.1003.109.12.1013

Hospice Care

CPT: 1013823, 99377, 99378

Value Set Authority-Value Set Name-Hospice Care CPT-OID 2.16.840.1.113883.3.3157.1004.19

Palliative Care

ICD-10: Z51.5

Value Set Authority-Value Set Name- Palliative Care Encounter -OID 2.16.840.1.113883.3.600.1.1575

Table 5: Codes to Identify a Patient with a Diagnosis of Chronic Kidney Disease

| Diagnosis Codes |
| --- |
| ICD-10: N18.1, N18.2, N18.3, N18.4, N18.5, N18.9<br>Value Set Authority-Value Set Name- Chronic **Kidney Disease** -**OID 2.16.840.1.113883.3.464.1003.109.12.1026** |

Table 6: Codes to Identify a Patient with a Diagnosis of Diabetes

| Diagnosis Codes |
| --- |
| ICD-10: E10.10, E10.11, E10.21, E10.22, E10.29, E10.311, E10.319, E10.321, E10.329, E10.331, E10.339, E10.341, E10.349, E10.351, E10.359, E10.36, E10.39, E10.40, E10.41, E10.42, E10.43, E10.44, E10.49, E10.51, E10.52, E10.59, E10.610, E10.618, E10.620, E10.621, E10.622, E10.628, E10.630, E10.638, E10.641, E10.649, E10.65, E10.69, E10.8, E10.9, E11.00, E11.01, E11.21, E11.22, E11.29, E11.311, E11.319, E11.321, E11.329, E11.331, E11.339, E11.341, E11.349, E11.351, E11.359, E11.36, E11.39, E11.40, E11.41, E11.42, E11.43, E11.44, E11.49, E11.51, E11.52, E11.59, E11.610, E11.618, E11.620, E11.621, E11.622, E11.628, E11.630, E11.638, E11.641, E11.649, E11.65, E11.69, E11.8, E11.9, E13.00, E13.01, E13.10, E13.11, E13.21, E13.22, E13.29, E13.311, E13.319, E13.321, E13.329, E13.331, E13.339, E13.341, E13.349, E13.351, E13.359, E13.36, E13.39, E13.40, E13.41, E13.42, E13.43, E13.44, E13.49, E13.51, E13.52, E13.59, E13.610, E13.618, E13.620, E13.621, E13.622, E13.628, E13.630, E13.638, E13.641, E13.649, E13.65, E13.69, E13.8, E13.9 |

# Relevant Medication Lists for Hypertension Care Measurement Set

Table 7: Beta-Blocker

| Drug Names | Generic Names |
|---|---|
| Acebutolol | Generic |
| Atenolol | Generic |
| Betapace | Sotalol |
| Betapace AF | Sotalol AF |
| Betaxolol | Generic |
| Bisoprolol | Generic |
| Brevibloc | Esmolol |
| Bystolic | Nebivolol |
| Byvalson | Nebivolol/valsartan |
| Carvedilol | Generic |
| Coreg | Carvedilol |
| Coreg CR | Carvedilol |
| Corgard | Nadolol |
| Esmolol | Generic |
| Hemangeol | Propranolol Hydrochloride |
| Inderal | Propranolol Hydrochloride |
| Inderal LA | Propranolol Hydrochloride |
| InnoPran XL | Propranolol Hydrochloride |
| Kerlone | Betaxolol |
| Labetalol | Generic |
| Levatol | Penbutolol |
| Lopressor | Metoprolol Tartrate |
| Metoprolol succinate | Generic |
| Metoprolol tartrate | Generic |
| Nadolol | Generic |
| Pindolol | Generic |
| Propranolol hydrochloride | Generic |

| | |
|---|---|
| Sectral | Acebutolol |
| Sorine | Sotalol |
| Sotalol | Generic |
| Sotalol AF | Generic |
| Sotylize | Sotalol |
| Tenormin | Generic |
| Timolol | Generic |
| Toprol-XL | Metoprolol Succinate |
| Trandate | Labetalol |
| Zebeta | Bisoprolol |

Table 8: Angiotensin-Converting Enzyme (ACE) Inhibitors

| Drug Names | Generic Names |
|---|---|
| Accupril | Quinapril |
| Aceon | Perindopril Erbumine |
| Altace | Ramipril |
| Amlodipine/Benazepril | Generic |
| Benazepril | Generic |
| Capoten | Captopril |
| Captopril | Generic |
| Enalapril | Generic |
| Enalaprilat | Generic |
| Epaned | Enalapril |
| Gosinopril | Generic |
| Lisinopril | Generic |
| Lotensin | Benazepril |
| Lotrel | Amlodipine/Benazepril |
| Mavik | Trandolapril |
| Moexipril | Generic |
| Monopril | Fosinopril |
| Perindopril Erbumine | Generic |

| | |
|---|---|
| Prestalia | Perindopril Arginine/Amlodipine |
| Prinivil | Lisinopril |
| Qbrelis | Lisinopril |
| Quinapril | Generic |
| Ramipril | Generic |
| Tarka | Trandolapril/Verapamil |
| Trandolapril | Generic |
| Trandolapril/Verapamil | Generic |
| Univasc | Moexipril |
| Vasotec | Enalapril |
| Vasotec IV | Enalaprilat |
| Zestril | Lisinopril |

Table 9: Angiotensin Receptor Blockers (ARBs)

| Drug Names | Generic Names |
|---|---|
| Amlodipine/Olmesartan Medoxomi | Generic |
| Amlodipine/Valsartan | Generic |
| Atacand | Candesartan Cilexetil |
| Avapro | Irbesartan |
| Azor | Amlodipine/Olmesartan Medoxomil |
| Benicar | Olmesartan Medoxomil |
| Byvalson | Nebivolol/Valsartan |
| Candesartan Cilexetil | Generic |
| Cozaar | Losartan |
| Diovan | Valsartan |
| Edarbi | Azilsartan Medoxomil |
| Entresto | Sacubitril/Valsartan |
| Eprosartan | Generic |
| Exforge | Amlodipine/Valsartan |
| Irbesartan | Generic |
| Losartan | Generic |
| Micardis | Telmisartan |
| Olmesartan Medoxomil | Generic |

| | |
|---|---|
| Telmisartan | Generic |
| Telmisartan/Amlodipine | Generic |
| Teveten | Eprosartan |
| Twynsta | Telmisartan/Amlodipine |
| Valsartan | Generic |

Table 10: Thiazide

| Drug Names | Generic Names |
|---|---|
| Aldactazide | Spironolactone/Hydrochlorothiazide |
| Amiloride/Hydrochlorothiazide | Generic |
| Amturnide | Aliskiren/Amlodipine/Hydrochlorothiazide |
| Chlorothiazide | Generic |
| Chlorthalidone | Generic |
| Clorpres | Clonidine/Chlorthalidone |
| Diuril | Chlorothiazide |
| Dyazide | Triamterene/Hydrochlorothiazide |
| Esidrix | Hydrochlorothiazide |
| Hydra-Zide | Hydralazine/Hydrochlorothiazide |
| Hydrochlorothiazide | Generic |
| Indapamide | Generic |
| Lozol | Indapamide |
| Maxzide | Triamterene/Hydrochlorothiazide |
| Methyclothiazide | Generic |
| Metolazone | Generic |
| Microzide | Hydrochlorothiazide |
| Spironolactone/Hydrochlorothiazide | Generic |
| Tekturna HCT | Aliskiren/Hydrochlorothiazide |
| Triamterene/Hydrochlorothiazide | Generic |
| Zaroxolyn | Metolazone |

Table 11: Beta Blocker/Thiazide Combos

| Drug Names | Generic Names |
|---|---|
| Atenolol/Chlorthalidone | Generic |
| Bisoprolol/Hydrochlorothiazide | Generic |
| Corzide | Nadolol/Bendroflumethiazide |
| Dutoprol | Metoprolol succinate/Hydrochlorothiazide |
| Lopressor HCT | Metoprolol Tartrate/Hydrochlorothiazide |
| Metoprolol Tartrate/Hydrochlorothiazide | Generic |
| Nadolol/Bendroflumethiazide | Generic |
| Propranolol Hydrochloride/Hydrochlorothiazide | Generic |
| Tenoretic | Atenolol/Chlorthalidone |
| Ziac | Bisoprolol/Hydrochlorothiazide |

Table 12: Angiotensin-Converting Enzyme (ACE) Inhibitor/Thiazide Combos

| Drug Names | Generic Names |
|---|---|
| Accuretic | Quinapril/Hydrochlorothiazide |
| Benazepril/Hydrochlorothiazide | Generic |
| Capozide | Captopril/Hydrochlorothiazide |
| Captopril/Hydrochlorothiazide | Generic |
| Enalapril/Hydrochlorothiazide | Generic |
| Fosinopril/Hydrochlorothiazide | Generic |
| Lisinopril/Hydrochlorothiazide | Generic |
| Lotensin HCT | Benazepril/Hydrochlorothiazide |
| Moexipril/Hydrochlorothiazide | Generic |
| Monopril-HCT | Fosinopril/Hydrochlorothiazide |
| Prinzide | Lisinopril/Hydrochlorothiazide |
| Quinapril/Hydrochlorothiazide | Generic |
| Uniretic | Moexipril/Hydrochlorothiazide |
| Vaseretic | Enalapril/Hydrochlorothiazide |
| Zestoretic | Lisinopril/Hydrochlorothiazide |

Table 13: Angiotensin Receptor Blocker (ARB)/Thiazide Combos

| Drug Names | Generic Names |
|---|---|
| Amlodipine/Valsartan/Hydrochlorothiazide | Generic |
| Atacand HCT | Candesartan Cilexetil/Hydrochlorothiazide |
| Avalide | Irbesartan/Hydrochlorothiazide |
| Benicar HCT | Olmesartan Medoxomil/Hydrochlorothiazide |
| Candesartan Cilexetil/Hydrochlorothiazide | Generic |
| Diovan HCT | Valsartan/Hydrochlorothiazide |
| Hyzaar | Losartan/Hydrochlorothiazide |
| Edarbyclor | Azilsartan Medoxomil/Chlorthalidone |
| Exforge HCT | Amlodipine/Valsartan/Hydrochlorothiazide |
| Irbesartan/Hydrochlorothiazide | Generic |
| Losartan/Hydrochlorothiazide | Generic |
| Micardis HCT | Telmisartan/Hydrochlorothiazide |
| Telmisartan/Hydrochlorothiazide | Generic |
| Teveten HCT | Eprosartan/Hydrochlorothiazide |
| Tribenzor | Olmesartan Medoxomil/Amlodipine/Hydrochlorothiazide |
| Valsartan/Hydrochlorothiazide | Generic |

Table 14: Loop Diuretics

| Drug Names | Generic Names |
|---|---|
| Bumetanide | Generic |
| Bumex | Bumetanide |
| Demadex | Torsemide |
| Edecrin | Ethacrynic Acid |
| Ethacrynic Acid | Generic |
| Furosemide | Generic |
| Lasix | Furosemide |
| Torsemide | Generic |

Table 15: Potassium-Sparing Diuretics

| Drug Names | Generic Names |
|---|---|
| Aldactazide | Spironolactone/Hydrochlorothiazide |
| Aldactone | Spironolactone |
| Amiloride | Generic |
| Amiloride/Hydrochlorothiazide | Generic |
| Dyazide | Triamterene/Hydrochlorothiazide |
| Dyrenium | Triamterene |
| Maxzide | Triamterene/Hydrochlorothiazide |
| Midamor | Amiloride |
| Spironolactone | Generic |
| Spironolactone/Hydrochlorothiazide | Generic |
| Triamterene/Hydrochlorothiazide | Generic |

Table 16: Calcium Channel Blockers (CCBs), Dihydropyridine

| Drug Names | Generic Names |
|---|---|
| Adalat CC | Nifedipine |
| Afeditab CR | Nifedipine |
| Amlodipine | Generic |
| Amlodipine/Atorvastatin | Generic |
| Amlodipine/Benazepril | Generic |
| Amlodipine/Valsartan | Generic |
| Amlodipine/Valsartan/Hydrochlorothiazide | Generic |
| Amturnide | Aliskiren/Amoldipine/Hydrochlorothiazide |
| Azor | Amoldipine/Olmesartan Medoxomil |
| Caduet | Amoldipine/Atorvastatin |
| Cardene | Nicardipine |
| Cardene SR | Nicardipine |
| Cleviprex | Clevidipine |
| Dynarcirc CR | Isradipine |

| | |
|---|---|
| Exforge | Amoldipine/Valsartan |
| Exforge HCT | Amoldipine/Valsartan/Hydrochlorothiazide |
| Felodipine | Generic |
| Isradipine | Generic |
| Lotrel | Amoldipine/Benazepril |
| Nicardipine | Generic |
| Nifedical CC | Nifedipine |
| Nifedical XL | Nifedipine |
| Nifedipine | Generic |
| Nimodipine | Generic |
| Nimotop | Nimodipine |
| Nisoldipine | Generic |
| Norvasc | Amlodipine |
| Nymalize | Nimodipine |
| Plendil | Felodipine |
| Prestalia | Perindopril Arginine/Amlodipine |
| Procardia | Nifedipine |
| Procardia XL | Nifedipine |
| Sular | Nisoldipine |
| Tekamlo | Aliskiren/Amlodopine |
| Telmisartan/amoldipine | Generic |
| Tribenzor | Olmesartan Medoxomil/ Amlodipine/Hydrochlorothiazide |
| Twynsta | Telmisartan/Amlodipine |

Table 17: Calcium Channel Blockers (CCBs), Non-Dihydropyridine

| Drug Names | Generic Names |
|---|---|
| Calan | Verapamil |
| Calan SR | Verapamil |
| Cardizem | Diltiazem |

| | |
|---|---|
| Cardizem CD | Diltiazem |
| Cardizem LA | Diltiazem |
| Cartia XT | Diltiazem |
| Covera-HS | Verapamil |
| Dilacor XR | Diltiazem |
| Dilt-CD | Diltiazem |
| Diltia XT | Diltiazem |
| Diltiazem | Generic |
| Isopitin SR | Verapamil |
| Tarka | Trandolapril/Verapamil |
| Taztia XT | Diltiazem |
| Tiazac | Diltiazem |
| Trandolapril/Verapamil | Generic |
| Verapamil | Generic |
| Verelan | Verapamil |
| Verelan PM | Verapamil |

Table 18: Nitrates

| Drug Names | Generic Names |
|---|---|
| Apresoline | Hydralazine |
| BiDil | Isosorbide Dinitrate/Hydralazine |
| Corlopam | Fenoldopam |
| Dilatrate-SR | Isosorbide Dinitrate |
| Gonitro | Nitroglycerin |
| Hydra-Zide | Hydralazine/Hydrochlorothiazide |
| Hydralazine | Generic |
| Imdur | Isosorbide Mononitrate |
| Ismo | Isosorbide Mononitrate |
| Isordil | Isosorbide Dinitrate |
| Isordil Titradose | Isosorbide Dinitrate |

| | |
|---|---|
| Isosorbide Dinitrate | Generic |
| Isosorbide Mononitrate | Generic |
| Minoxidil | Generic |
| Monoket | Isosorbide Mononitrate |
| Nipride | Nitroprusside |
| Nitro-Bid | Nitroglycerin Topical |
| Nitro-Dur | Nitroglycerin Transdermal |
| Nitroglycerin | Generic |
| Nitroglycerin Transdermal | Generic |
| Nitrolingual | Nitroglycerin |
| NitroMist | Nitroglycerin |
| Nitropress | Nitroprusside |
| Nitrostat | Nitroglycerin |

Table 19: Alpha Agents

| Drug Names | Generic Names |
|---|---|
| Cardura | Doxazosin |
| Dibenzyline | Phenoxybenzamine |
| Doxazosin | Generic |
| Hytrin | Terazosin |
| Minipress | Prazosin |
| Phenoxybenzamine | Generic |
| Phentolamine | Generic |
| Prazosin | Generic |
| Terazosin | Generic |
| Guanfacine | Generic |

Table 20: Tobacco Cessation Medications

| | | | |
|---|---|---|---|
| Buproban Oral | Habitrol (TD) | Nicotine TD | NTS Step 1 TD |
| Bupropion SR | INTS Step 3 TD | Nicotine Transdermal TD | NTS Step 2 TD |
| Brupopion XL | Medic Nicotine TD | Nicotrol (PDR) | NTS Step 3 TD |
| Chantix (varenicline) | NicoDerm CQ | Nicotrol Inhaler (PDR) | Prostep TD |
| CVS NTS Step 1 TD | NicoDerm CQ TD | Nicotrol NS (PDR) | Wellbutrin |

| | | | |
|---|---|---|---|
| CVS NTS Step 2 TD | NicoDerm TD | Nicotrol NS Nasl | Zyban (PDR) |
| CVS NTS Step 3 TD | Nicotine Nasal | Nicotrol TD | Zyban Oral |
| Habitrol (PDR) | Nicotine Patches (PDR) | Nicotrol TD | |

# APPENDICES

## Appendix A: Audit Methodology

Altarum is responsible for conducting three levels of audit pertaining to applicant submissions for BTE Hypertension Care Recognition:

- Level 1: Data Aggregator (DA) Data Extraction code review
- Level 2: Data Validation (Load Summary) See table below
- Level 3: Clinician Chart Audit

Detailed audit policies are included in the *Recognition Process* section of this guide.

The following data validation checks are used in creating the load summary provided to the data aggregator after each data file submission to identify any missing or invalid data values:

### Clinician Identifier Data

| Data Field | Data Field Specifications and Acceptable/Valid Data Range(s) |
|---|---|
| Clinician_RespID | (Required field) Alphanumeric value up to 26 characters in length |
| Clinician_NPI | (Required field)<br>Numeric value 10 characters in length |
| Clinician_DEA | Alphanumeric value 9 characters in length<br>First letter must be “A”, “B”, “F” or “M”. |
| Clinician_MedicalLicense | Alphanumeric value up to 10 characters in length |
| Clinician_LastName | (Required field)<br>Alpha value up to 50 characters in length |
| Clinician_FirstName | (Required field)<br>Alpha value up to 50 characters in length |
| Clinician_MiddleName | Alpha value up to 30 characters in length |
| Clinician_Degree | (Required field)<br>Numeric value<br>01 = M.D.<br>02 = D.O.<br>03 = N.P.<br>04 = P.A. |
| Clinician_PracticeAddress1 | (Required field)<br>Alphanumeric value up to 100 characters in length |
| Clinician_PracticeAddress2 | Alphanumeric value up to 100 characters in length |
| Clinician_PracticeCity | (Required field)<br>Alpha value up to 100 characters in length |

| | |
|---|---|
| Clinician_PracticeState | (Required field)<br>Alpha value 2 characters in length |
| Clinician_PracticeZipCode | Numeric value 5 (#####), 9 (#########) or 10 characters (#####-####) in length |
| Clinician_emailaddress | Example: smith@email.com |
| Clinician_PracticePhone | Alphanumeric value up to 30 characters in length |
| Clinician_DateofBirth | Numeric value: MM/DD/YYYY |
| Clinician_Gender | F = Female<br>M = Male<br>U = Unknown |
| Clinician_Specialty | 01 = Allergy/Immunology<br>02 = Cardiology<br>03 = Critical Care Services<br>04 = Dermatology<br>05 = Endocrinology<br>06 = Gastroenterology<br>07 = Gen/Fam Practice<br>08 = Geriatric Medicine<br>09 = Hematology<br>10 = Infectious Disease<br>11 = Internal Medicine<br>12 = Nephrology<br>13 = Neurology<br>14 = Neurosurgery<br>15 = Obstetrics/Gynecology<br>16 = Occ. Medicine<br>17 = Oncology<br>18 = Ophthalmology<br>19 = Orthopedics<br>20 = Otolaryngology<br>21 = Pediatrics<br>22 = Phys/Rehab Medicine<br>23 = Psychiatry<br>24 = Psychopharmacology<br>25 = Pulmonary Medicine<br>26 = Rheumatology<br>27 = Surgery<br>28 = Urology<br>29 = Other – not listed |
| Practice ID | (Required field)<br>Alphanumeric value up to 26 characters in length |

| | |
|---|---|
| PracticeName | (Required field)<br>Alpha value up to 100 characters in length |
| Individual_Group | (Required Field) Alpha value<br>I - Individual Scoring or G - Group Scoring |
| Group_GroupID | If yes, Provide the Group ID that the Individual Provider wishes to be associated with.<br>Numeric value 10 characters in length |
| Data Submission through CCHIT /Meaningful Use Certified System | Yes/No |
| Full Patient Panel | Yes/No |

### Clinical Measures Data

| Data field | Data field specifications | Data Values |
|---|---|---|
| responsibleProviderID | Internal provider ID that matches with the ID in the physician file | Any unique combination of characters and numbers |
| NPI | Responsible Provider NPI | Alphanumeric value 10 characters in length |
| groupID | The unique identifier that will identify the providers within a group applying for recognition together. | Alphanumeric value up to 50 characters in length |
| individualGroup | G if the provider is applying as part of a group for recognition. I if the provider is applying individually. | I or G - blank will default to I |
| chartID | Unique patient or chart ID | Alphanumeric value up to 50 characters in length |
| lastVisitDate | The date of the last face-to face encounter/visit for the patient | MM/DD/YYYY - cannot be after the end of the reporting period |
| patientDOB | The date of birth, or year of birth, of the patient | MM/DD/YYYY must be 18-75 years old throughout the *entire* reporting period |
| patientGender | Patient's Gender | Female, Male |

| | | |
|---|---|---|
| medicarePartB | Is the patient a Medicare Part B Fee-For-Service (FFS) beneficiary (includes Railroad Retirement Board, Medicare Secondary Payer, and Critical Access Hospitals method II; does not include Medicare Advantage beneficiaries)? | YES, NO<br>blank will generate a WARNING when uploading |
| hypertensionDiagnosis | Does this patient have a diagnosis of Hypertension? | YES, NO<br>blank will generate a WARNING when uploading |
| bloodPressureDate1 | Date of prior Blood Pressure reading | MM/DD/YYYY |
| systolic1 | Prior Systolic blood pressure value | Numeric value between 60 and 300 |
| diastolic1 | Prior Diastolic blood pressure value | Numeric value between 40 and 150 |
| bloodPressureDate2 | Date of most recent Blood Pressure reading | MM/DD/YYYY |
| systolic2 | Most recent Systolic blood pressure value | Numeric value between 60 and 300 |
| diastolic2 | Most recent Diastolic blood pressure value | Numeric value between 40 and 150 |
| chronicKidneyDiseaseDiagnosis | Does this patient have a diagnosis of Chronic Kidney Disease? | YES, NO |
| diabetesDiagnosis | Does this patient have a diagnosis of Diabetes? | YES, NO |
| calciumChannelBlocker | Has the patient been prescribed a Calcium Channel Blocker? | • YES<br>• NO<br>• Documented allergy or contraindication |
| Thiazide | Has the patient been prescribed Thiazide? | • YES<br>• NO<br>• Documented allergy or contraindication |
| nephropathyDiagnosis | Does this patient have a diagnosis of Nephropathy? | • YES<br>• NO<br>• Documented allergy or contraindication |
| nephropathyScreening | Was the patient screened for Nephropathy? | YES, NO |
| nephropathyScreeningDate | Date of most recent Nephropathy Screening? | MM/DD/YYYY - cannot be after the end of the reporting period |
| creatinineDate | Date of most recent creatinine test? | MM/DD/YYYY |

| | | |
|---|---|---|
| tobaccoStatus | Is the patient a tobacco user? | Tobacco Free, Current Tobacco User |
| tobaccoStatusAssessmentDate | Date the patient's tobacco use status was most recently assessed | MM/DD/YYYY - cannot be after the end of the reporting period |
| tobaccoCessationAdviceOrTreatmentDate | Date the patient was most recently given tobacco cessation counseling or treatment | MM/DD/YYYY - cannot be after the end of the reporting period |
| bmiValue | Most recent Body Mass Index | Numeric Value |
| bmiValueDate | Date of most recent Body Mass Index (BMI) Calculation | MM/DD/YYYY |
| DASHDietCounseling | Was the patient's nutritional counseling to include the DASH diet conducted? | YES, NO |
| DASHDietDate | Date the patient was most recently given the DASH diet counseling | MM/DD/YYYY - cannot be after the end of the reporting period MM/DD/YYYY |
| DASHSodiumCounseling | Was the patient's nutritional counseling to include a DASH low-salt diet conducted? | YES, NO |
| DASHSodiumDate | Date the patient was most recently given the DASH low-salt counseling | MM/DD/YYYY - cannot be after the end of the reporting period |
| activityStatus | What is the most recent activity status of the patient? | Active, Not Active |
| activityStatusDate | Date the patient's activity status was assessed | MM/DD/YYYY - cannot be after the end of the reporting period |
| activityCounseling | Did the patient receive physical activity counseling? | YES, NO |

# Measures Specifications

## Blood Pressure (BP) Control in Patients age ≥ 60

DENOMINATOR REQUIREMENTS

Patients are included in the denominator when:

- Patient age = 60-75
- HypertensionDiagnosis = YES
- lastVisitDate = date is present and within reporting period (12 months)

NUMERATOR REQUIREMENTS

Patients in the denominator are numerator compliant when:

Systolic2 = value is present AND value is <150
AND
Diastolic2 = value is present AND value is <90
AND
BloodPressureDate2 = date is present and within reporting period (12 months)

SCORING

Score=(numerator/denominator) x Total Possible Points

## Blood Pressure Control in Patients < 60

DENOMINATOR REQUIREMENTS

Patients are included in the denominator when:

- Patient age = 18 – 59
- HypertensionDiagnosis = YES
- lastVisitDate = date is present and within reporting period (12 months)

NUMERATOR REQUIREMENTS

Patients in the denominator are numerator compliant when:

Systolic2 = value is present AND value is <140
AND
Diastolic2 = value is present AND value is <90
AND
Blood Pressure Date2 = date is present and within reporting period (12 months)

SCORING

Score=(numerator/denominator) x Total Possible Points

## Documentation of Blood Pressure Measurement Twice Annually

DENOMINATOR REQUIREMENTS:

Patients are included in the denominator when:

- PatientAge = 18 – 75
- HypertensionDiagnosis = YES
- lastVisitDate = date is present and within reporting period (12 months)

NUMERATOR REQUIREMENTS:

Patients in the denominator are numerator compliant when:

Systolic1 = value is present
AND
Diastolic1 = value is present
AND
BloodPressureDate1 = date is present and within reporting period (12 months)

AND

Systolic2 = value is present
AND
Diastolic2 = value is present
AND
BloodPressureDate2 = date is present and at least 90 days apart from BP Date1 and within reporting period (12 months prior to the last day of the reporting period)

SCORING

Score=(numerator/denominator) x Total Possible Points

## Blood Pressure Control in Patients with Chronic Kidney Disease

DENOMINATOR REQUIREMENTS:

Patients are included in the denominator when:

- PatientAge = 18 – 75
- HypertensionDiagnosis = YES
- ChronicKidneyDiseaseDiagnosis = YES
- lastVisitDate = date is present and within reporting period (12 months)

NUMERATOR REQUIREMENTS:

Patients in the denominator are numerator compliant when:

Systolic2 = value is present AND value is <140
AND
Diastolic2 = value is present AND value is <90
AND
Blood Pressure Date2 = date is present and within reporting period (12 months)

SCORING

Score=(numerator/denominator) x Total Possible Points

## ACEI/ARB Treatment for Hypertensive Patients with CKD

DENOMINATOR REQUIREMENTS:

Patients are included in the denominator when:

- PatientAge = 18 – 75
- HypertensionDiagnosis = YES
- ChronicKidneyDiseaseDiagnosis = YES
- lastVisitDate = date is present and within reporting period (12 months)

NUMERATOR REQUIREMENTS:

Patients in the denominator are numerator compliant when:

AceiArbTherapy = YES

OR

AceiArbTherapy = documented allergy or contraindication

SCORING

Score=(numerator/denominator) x Total Possible Points

## Blood Pressure Control in Patients with Diabetes

DENOMINATOR REQUIREMENTS:

Patients are included in the denominator when:

- PatientAge = 18 – 75
- HypertensionDiagnosis = YES
- DiabetesDiagnosis = YES
- lastVisitDate = date is present and within reporting period (12 months)

NUMERATOR REQUIREMENTS:

Patients in the denominator are numerator compliant when:

Systolic2 = value is present AND value is <140
AND
Diastolic2 = value is present AND value is <90
AND
Blood Pressure Date2 = date is present and within reporting period (12 months)

SCORING

Score=(numerator/denominator) x Total Possible Points

## Blood Pressure Treatment in Patients Requiring Pharmacotherapy

DENOMINATOR REQUIREMENTS:

Patients are included in the denominator when:

- PatientAge = 18 – 75
- HypertensionDiagnosis = YES
- lastVisitDate = date is present and within reporting period (12 months)

NUMERATOR REQUIREMENTS:

Patients in the denominator are numerator compliant when:

AceiArbTherapy = YES
or
AceiArbTherapy = documented allergy or contraindication
OR

ThiazidePrescribed = YES
or
ThiazidePrescribed = documented allergy or contraindication

OR

CalciumChannelBlockerPrescribed = YES
or
CalciumChannelBlockerPrescribed = documented allergy or contraindication

SCORING

Score=(numerator/denominator) x Total Possible Points

## Documentation of Annual Urine Protein Test

DENOMINATOR REQUIREMENTS:

Patients are included in the denominator when:

- PatientAge = 18 – 75
- HypertensionDiagnosis = YES
- lastVisitDate = date is present and within reporting period (12 months)

NUMERATOR REQUIREMENTS:

Patients in the denominator are numerator compliant when:

NephropathyDiagnosis = YES
OR
NephropathyScreeningDate = date is present and within reporting period (12 months)

SCORING

Score=(numerator/denominator) x Total Possible Points

## Renal Function Testing in Hypertensive Patients

DENOMINATOR REQUIREMENTS:

Patients are included in the denominator when:

- PatientAge = 18 – 75
- HypertensionDiagnosis = YES
- lastVisitDate = date is present and within reporting period (12 months)

NUMERATOR REQUIREMENTS:

Patients in the denominator are numerator compliant when:

Creatinine = YES
AND
SerumCreatinineDate = date is present and within reporting period (12 months)

SCORING

Score=(numerator/denominator) x Total Possible Points

## Documentation of Tobacco Status

DENOMINATOR REQUIREMENTS:

Patients are included in the denominator when:

- PatientAge = 18 – 75
- HypertensionDiagnosis = YES
- lastVisitDate = date is present and within reporting period (12 months)

NUMERATOR REQUIREMENTS:

Patients in the denominator are numerator compliant when:

TobaccoStatusAssessmentDate = date is present and within reporting period (12 months)

SCORING

Score=(numerator/denominator) x Total Possible Points

## Documentation of Tobacco Cessation counseling if user – and Treatment

DENOMINATOR REQUIREMENTS:

Patients are included in the denominator when:

- PatientAge = 18 – 75
- HypertensionDiagnosis = YES
- TobaccoStatus = Current Tobacco User
- lastVisitDate = date is present and within reporting period (12 months)

NUMERATOR REQUIREMENTS:

Patients in the denominator are numerator compliant when:

TobaccoCessationAdviceOrTreatmentDate = date is present and within reporting period (12 months)

SCORING

Score=(numerator/denominator) x Total Possible Points

## Body Mass Index and Nutrition Counseling

DENOMINATOR REQUIREMENTS:

Patients are included in the denominator when:

- PatientAge = 18 – 75
- HypertensionDiagnosis = YES
- lastVisitDate = date is present and within reporting period (12 months)

NUMERATOR REQUIREMENTS:

Patients in the denominator are numerator compliant when:

BMI = <=25
AND
BMI Date = date is present and within reporting period (12 months)

OR

BMI = >25
AND
BMI Date = date is present and within reporting period (12 months)

SCORING

Score=(numerator/denominator) x Total Possible Points

## Nutrition Counseling for Low Salt (DASH) Diet

DENOMINATOR REQUIREMENTS:

Patients are included in the denominator when:

- PatientAge = 18 – 75
- HypertensionDiagnosis = YES
- lastVisitDate = date is present and within reporting period (12 months)

NUMERATOR REQUIREMENTS:

Patients in the denominator are numerator compliant when:

DashDietCounseling = YES
AND
DashDietDate= date is present and within reporting period (12 months)

AND

DASHSodiumCounseling = YES
AND
DASHSodiumDate= date is present and within reporting period (12 months)

AND

activityStatus= Active or Not Active
AND
activityStatusDate= date is present and within reporting period (12 months)

AND

activityCounseling= YES
AND
activityCounselingDate= date is present and within reporting period (12 months)

SCORING

Score=(numerator/denominator) x Total Possible Points