

## Controlling High Blood Pressure (CMS 165v12)

### Measure Basic Information

**Name and date of specifications used:** Eligible Professional / Eligible Clinician electronic Clinical Quality Measure (eCQM) Specifications for Performance / Reporting Year 2024.

**URL of Specifications:** <https://ecqi.healthit.gov/ecqm/ec/2024/cms0165v12>

**Measure Type:**

- HEDIS     
  PQI     
  Survey     
  Other. Specify: eCQM

**Measure Utility:**

- CCO Incentive   
  State Quality   
  CMS Adult Core Set   
  CMS Child Core Set  
 Other. Specify:

**Data Source:** Electronic Health Records

**Measurement Period:** January 1, 2024 – December 31, 2024

**Benchmark:** This measure is not currently incentivized.

	<b>2020 and on</b>
<b>Benchmark for OHA measurement year</b>	n/a*
<b>Source</b>	

**Note on telehealth:** CMS 2024 [telehealth guidance](#) states that this electronic clinical quality measure is telehealth eligible. The [measure guidance](#) explains:

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

Do not include BP readings taken during an acute inpatient stay or an ED visit.”

For further information specific to Oregon, the Health Evidence Review Commission (HERC) has provided this [guideline](#) on telehealth services.

**Changes in Specifications from 2023 to 2024:** This summary is provided to help highlight changes. For a complete list, see the Technical Release Notes

[https://ecqi.healthit.gov/ecqm/ec/2024/cms0165v12#quicktabs-tab-tabs\\_measure-3](https://ecqi.healthit.gov/ecqm/ec/2024/cms0165v12#quicktabs-tab-tabs_measure-3):

- Replaced term 'remote monitoring device' with 'automated blood pressure monitor or device' to provide clarity on measure requirement.
- Replaced direct reference code 'Encounter with palliative care' with 'Palliative Care Diagnosis' value set in the PalliativeCare.Has Palliative Care in the Measurement Period definition to organize capture of patients receiving palliative care, per standards expert input.
- Added QDM datatype 'Diagnosis' to the Hospice.'Has Hospice Services' definition referencing a new value set containing SNOMED finding codes to provide an additional approach for identifying patients receiving hospice care.
- Added 'day of' specificity to the palliative care expressions for consistency.
- Added 'day of' specificity to hospice expressions for consistency.

Value Set Name and OID	Status
Value set Acute Inpatient (2.16.840.1.113883.3.464.1003.101.12.1083)	Added 3 CPT codes (99236, 99234, 99235) based on review by technical experts, SMEs, and/or public feedback. Added 1 SNOMED CT code (2876009) based on review by technical experts, SMEs, and/or public feedback.
Value set Advanced Illness (2.16.840.1.113883.3.464.1003.110.12.1082)	Added 47 SNOMED CT codes based on review by technical experts, SMEs, and/or public feedback.
Value set (2.16.840.1.113883.3.464.1003.101.12.1010)	Renamed to Emergency Department Evaluation and Management Visit based on recommended value set naming conventions.
Value set Essential Hypertension (2.16.840.1.113883.3.464.1003.104.12.1011)	Added 10 SNOMED CT codes (19769006, 18416000, 23717007, 35303009, 63287004, 71874008, 72022006, 78808002, 9901000, 40511000119107) based on review by technical experts, SMEs, and/or public feedback. Deleted 1 SNOMED CT code (276789009) based on review by technical experts, SMEs, and/or public feedback.
Value set Frailty Diagnosis (2.16.840.1.113883.3.464.1003.113.12.1074)	Added 1 ICD-10-CM code (L89.000) based on review by technical experts, SMEs, and/or public feedback.
Value set Frailty Symptom (2.16.840.1.113883.3.464.1003.113.12.1075)	Deleted 4 ICD-10-CM codes (R26.0, R26.1, R41.81, R53.83) based on review by technical experts, SMEs, and/or public feedback. Deleted 17 SNOMED CT codes based on review by technical experts, SMEs, and/or public feedback.
Value set Hospice Care Ambulatory (2.16.840.1.113883.3.526.3.1584)	Deleted 3 SNOMED CT codes (170935008, 170936009, 305911006) based on review by technical experts, SMEs, and/or public feedback.
Value set Hospice Diagnosis (2.16.840.1.113883.3.464.1003.1165)	Added based on review by technical experts, SMEs, and/or public feedback.

Value set Hospice Encounter (2.16.840.1.113883.3.464.1003.1003)	Added 2 SNOMED CT codes (305911006, 385765002) based on review by technical experts, SMEs, and/or public feedback.
Value set Kidney Transplant Recipient (2.16.840.1.113883.3.464.1003.109.12.1029)	Deleted 1 SNOMED CT code (161665007) based on review by technical experts, SMEs, and/or public feedback.
Value set Online Assessments (2.16.840.1.113883.3.464.1003.101.12.1089)	Added 4 CPT codes (98980, 98981, 99444, 99457) based on review by technical experts, SMEs, and/or public feedback. Added 3 HCPCS codes (G2250, G2251, G2252) based on review by technical experts, SMEs, and/or public feedback.
Value set Outpatient (2.16.840.1.113883.3.464.1003.101.12.1087)	Added 2 SNOMED CT codes (30346009, 37894004) based on review by technical experts, SMEs, and/or public feedback.
	Replaced direct reference code ICD-10-CM code (Z51.5) with value set Palliative Care Diagnosis (2.16.840.1.113883.3.464.1003.1167) based on change in measure requirements/measure specification.
Value set Palliative Care Intervention (2.16.840.1.113883.3.464.1003.198.12.1135)	Deleted 3 SNOMED CT codes (305686008, 305824005, 441874000) based on review by technical experts, SMEs, and/or public feedback.
Value set Payer (2.16.840.1.114222.4.11.3591)	Added 5 SOP codes (1111, 1112, 142, 344, 141) based on review by technical experts, SMEs, and/or public feedback.
Value set Pregnancy (2.16.840.1.113883.3.526.3.378)	Added 175 ICD-10-CM codes based on terminology update. Deleted 14 ICD-10-CM codes based on terminology update.

Denied claims: n/a

## Measure Details

The detailed measure specifications are available in the eCQI Resource Center:

<https://ecqi.healthit.gov/ecqm/ec/2024/cms0165v12>

Detailed value set contents are available in the [Value Set Authority Center](#). The following abbreviated information from the specifications is provided for convenience.

**Data elements required denominator:** Patients 18-85 years of age by the end of the measurement period who had a visit during the measurement period and diagnosis of essential hypertension starting before and continuing into, or starting during the first six months of the measurement period.

**Required exclusions for denominator:**

- Patients with evidence of end stage renal disease (ESRD), dialysis or renal transplant before or during the measurement period. Also exclude patients with a diagnosis of pregnancy during the measurement period.
- Exclude patients who are in hospice care for any part of the measurement period.
- Exclude patients 66 and older by the end of the measurement period who are living long term in a nursing home any time on or before the end of the measurement period.
- Exclude patients 66-80 by the end of the measurement period with an indication of frailty for any part of the measurement period who also meet any of the following advanced illness criteria:
  - Advanced illness with two outpatient encounters during the measurement period or the year prior
  - OR advanced illness with one inpatient encounter during the measurement period or the year prior
  - OR taking dementia medications during the measurement period or the year prior
- Exclude patients 81 and older by the end of the measurement period with an indication of frailty for any part of the measurement period.
- Exclude patients receiving palliative care for any part of the measurement period.

**Deviations from cited specifications for denominator:** None.

**Data elements required numerator:** Patients whose most recent blood pressure is adequately controlled (systolic blood pressure < 140 mmHg and diastolic blood pressure < 90 mmHg) during the measurement period

*Note:* See specifications guidance statement for additional information on blood pressure readings that can be counted for numerator compliance.

**Required exclusions for numerator:** None.

**Deviations from cited specifications for numerator:** None.

**What are the continuous enrollment criteria:** For now, OHA does not use continuous enrollment criteria for EHR-based measures; the “eligible as of the last date of the reporting period” rule may be used to identify beneficiaries.

**What are allowable gaps in enrollment:** n/a

**Define Anchor Date (if applicable):** n/a

**For more information:**

- Measure specifications, guidance on how to read eQMs, and other resources can be accessed through the CMS/ ONC eCQI Resource Center: <https://ecqi.healthit.gov/ep-ec-ecqms>
- Value set content can be accessed through the Value Set Authority Center (VSAC) at the National Library of Medicine: <https://vsac.nlm.nih.gov/>
  - For more information about value sets and the code systems used, a guide can be found in the CMS Measure Management Blueprint: <https://www.cms.gov/files/document/blueprint-codes-code-systems-value-sets.pdf>

- Additional information on OHA reporting requirements will be available in the Year Twelve (2024) Guidance Documentation, which will be posted at <https://www.oregon.gov/oha/HPA/ANALYTICS/Pages/CCO-Metrics.aspx>