Diabetes Mellitus

High Blood Pressure Control in Type 1 or 2 Diabetes Mellitus

This measure is to be reported for all patients aged 18–75 years with diabetes (type 1 or 2) — a minimum of once per reporting period.

Measure description
Percentage of patients aged 18–75 years with diabetes (type 1 or type 2) who had most recent blood pressure in control (less than 140/80 mm Hg)

What will you need to report for each patient with diabetes for this measure?

- The most recent systolic blood pressure measurement
  - Systolic blood pressure < 130 mm Hg OR
  - Systolic blood pressure 130-139 mm Hg OR
  - Systolic blood pressure ≥ 140 mm Hg

AND

- The most recent diastolic blood pressure measurement
  - Diastolic blood pressure < 80 mm Hg OR
  - Diastolic blood pressure 80-89 mm Hg OR
  - Diastolic blood pressure ≥ 90 mm Hg

What if this process or outcome of care is not appropriate for your patient?

Some measures provide an opportunity for the physician or non-physician provider to document when a process or outcome of care is not appropriate for a given patient (also called performance exclusions). Because this measure is applicable to most if not all patients, there are no allowable performance exclusions.

1Two codes must be reported for this measure. For the systolic blood pressure value, report one of the systolic codes; for the diastolic blood pressure value, report one of the diastolic codes. If there are multiple blood pressures on the same date of service, use the lowest systolic and lowest diastolic blood pressure on that date as the representative blood pressure.
# High Blood Pressure Control in Type 1 or 2 Diabetes Mellitus

## PQRI Data Collection Sheet

<table>
<thead>
<tr>
<th>Patient’s Name</th>
<th>Practice Medical Record Number (MRN)</th>
<th>Birth Date (mm/dd/yyyy)</th>
<th>Gender</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td>□ Male □ Female</td>
</tr>
</tbody>
</table>

National Provider Identifier (NPI)  
Date of Service

## Clinical Information

**Step 1** Is patient eligible for this measure?

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>☐</td>
<td>☐</td>
</tr>
</tbody>
</table>

- Patient is aged 18–75 years.
- Patient has a diagnosis of diabetes.
- There is a CPT E/M Service Code for this visit.

If No is checked for any of the above, STOP. Do not report a CPT category II code.

## Billing Information

**Step 2** Does patient meet or have an acceptable reason for not meeting the measure?

<table>
<thead>
<tr>
<th>Most Recent Blood Pressure Measurement (Both Systolic and Diastolic)</th>
<th>Yes</th>
<th>No</th>
<th>Code Required on Claim Form</th>
</tr>
</thead>
<tbody>
<tr>
<td>Performed; systolic blood pressure &lt; 130 mm Hg</td>
<td>☐</td>
<td>☐</td>
<td>3074F</td>
</tr>
<tr>
<td>Performed; systolic blood pressure 130–139 mm Hg</td>
<td>☐</td>
<td>☐</td>
<td>3075F</td>
</tr>
<tr>
<td>Performed; systolic blood pressure ≥ 140 mm Hg</td>
<td>☐</td>
<td>☐</td>
<td>3077F</td>
</tr>
<tr>
<td>Performed; diastolic blood pressure &lt; 80 mm Hg</td>
<td>☐</td>
<td>☐</td>
<td>3078F</td>
</tr>
<tr>
<td>Performed; diastolic blood pressure 80–89 mm Hg</td>
<td>☐</td>
<td>☐</td>
<td>3079F</td>
</tr>
<tr>
<td>Performed; diastolic blood pressure ≥ 90 mm Hg</td>
<td>☐</td>
<td>☐</td>
<td>3080F</td>
</tr>
</tbody>
</table>

If No is checked for all of the above, report 2000F–8P (No documentation of blood pressure measurement, reason not otherwise specified.)

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Coding Specifications

Codes required to document patient has diabetes and a visit occurred:

An ICD-9 diagnosis code for diabetes and a CPT E/M service code are required to identify patients to be included in this measure.

Diabetes mellitus ICD-9 diagnosis codes
- 250.00, 250.01, 250.02, 250.03 (diabetes mellitus without mention of complication),
- 250.10, 250.11, 250.12, 250.13 (diabetes with ketoacidosis),
- 250.20, 250.21, 250.22, 250.23 (diabetes with hyperosmolarity),
- 250.30, 250.31, 250.32, 250.33 (diabetes with other coma),
- 250.40, 250.41, 250.42, 250.43 (diabetes with renal manifestations),
- 250.50, 250.51, 250.52, 250.53 (diabetes with ophthalmic manifestations),
- 250.60, 250.61, 250.62, 250.63 (diabetes with neurological manifestations),
- 250.70, 250.71, 250.72, 250.73 (diabetes with peripheral circulatory disorders),
- 250.80, 250.81, 250.82, 250.83 (diabetes with other specified manifestations),
- 250.90, 250.91, 250.92, 250.93 (diabetes with unspecified complication),
- 648.00, 648.01, 648.02, 648.03, 648.04 (diabetes mellitus in pregnancy, not gestational)

AND

CPT E/M service codes
- 97802, 97803, 97804 (medical nutrition therapy),
- 99201, 99202, 99203, 99204, 99205 (office — new patient),
- 99211, 99212, 99213, 99214, 99215 (office — established patient),
- 99241, 99242, 99243, 99244, 99245 (outpatient consult),
- 99305, 99306, 99307, 99308, 99309, 99310 (nursing facility),
- 99324, 99325, 99326, 99327, 99328, 99334, 99335, 99336, 99337 (domiciliary),
- 99341, 99342, 99343, 99344, 99345, 99347, 99348, 99349, 99350 (home visit),
- G0270, G0271

Quality codes for this measure (at least one of the following for every eligible patient):

CPT II Code descriptors
(Data Collection sheet should be used to determine appropriate combination of codes.)
- CPT II 3074F: Most recent systolic blood pressure < 130 mm Hg
- CPT II 3075F: Most recent systolic blood pressure 130 to 139 mm Hg
- CPT II 3077F: Most recent systolic blood pressure > 140 mm Hg
- CPT II 3078F: Most recent diastolic blood pressure < 80 mm Hg
- CPT II 3079F: Most recent diastolic blood pressure 80–89 mm Hg
- CPT II 3080F: Most recent diastolic blood pressure > 90 mm Hg
- CPT II 2000F–8P: Blood pressure not measured (within the last 12 months), reason not otherwise specified