

Controlling Hypertension: Quality Out of Control?

Quality Measure Definition: All patients 18-85 yo with Essential Hypertension should reach adequate control of both systolic and diastolic values measured as BP < 140/90 during a regular office visit (not during ED/inpatient/testing procedure)

The I10 diagnosis, essential hypertension, high blood pressure without identifiable cause, by coding rules also implies that patients have not yet developed the complications associated with long term and/or poorly controlled primary hypertension.

The goal of this measure is preventive: control hypertension in patients who have not yet developed the long term effects of unchecked essential hypertension. The only patients in the denominator in this measure are those patients with the diagnosis I10, Essential Hypertension.

Patients with sequelae should have a "hypertension with" combination code in the I11, I12, I13 or other such category.

I10 should NOT continue to be reported with the conditions that can be reported in the combination codes.

Removing the I10 diagnosis will remove the more complicated patients from the measure, focusing efforts on the uncomplicated patients who would be good candidates for preventive care, and likely showing better measure success in your data.

Controlling Hypertension Measure: Tips for Success

- Set EMR alerts to identify blood pressures that are out of range (>140/90).
- If initial measurement is high at check-in, re-check and record updated numbers for reporting before the end of the office visit.
- Use CPT II codes to document/report systolic and diastolic blood pressures.
- Follow up any BP medication changes with a BP check before the end of the year to look for and report success with control.

30 Min Lunch Webinar JULY 30 12:15
[click here for info/RSVP](#)

For questions, contact Laurie King, RN,
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HTN CODING
Detailed One
Pager click here

HAVE YOU PAID YOUR METROCARE DUES?
LAST DAY TO PAY IS MAY 31

contact wendy.hughes@metrocarephysicians.com
for a copy of your statement or an ACH link to pay online

Summer Webinar Focus: Boost and Protect Your Revenue

- 1. Cleaner Coding for E&M: May 23**
Evaluation & Management Coding: 3 hour Deep Dive
- 2. Take Care with Modifiers: June 4 & 25**
One Hour on Modifier 25 Lunchtime program
- 3. Audit Yourself Before "They" Do: Three Days in June**
June 6
Chart Auditing for Coding and Documentation
June 12
SVMIC Presents: Payer Recoupments and Audits/the Role of Monitoring Your Revenue Cycle
June 13
Reviewing Practice Compliance Plans
- 4. Show Medical Necessity with Underlying Causes: June 13**
Coding External Causes: Injuries, Adverse Effects, Poisonings & Other Consequences
- 5. Review the Coding Guidelines: July 2 & 23**
Understanding the Official Coding Guidelines for ICD-10
- 6. Coding Basics and Medical Terminology for Administrators and other Noncoders: July 11**
9 AM Basic Coding Principles 1 PM Terminology/Anatomy

LUNCHTIME WEBINARS:

One Hour on Modifier 25 June 4 & 25
Current rules for documentation & use

Understanding the Official Coding Guidelines July 2 and 23
HIPAA mandated rules for using codes

Succeeding with the Controlling Hypertension Quality Measure July 30
Tips from our quality attestation expert

Specialty Coding Classes

May 23: 9 AM E&M Deep Dive Repeat Session

June 6: Coding Musculoskeletal Coding External Causes

July 18: Preventive Service for Medicare and Commercial Plans

[click here for more webinar info/rsvp](#)

We Are Here to Assist You

A dedicated team of professionals is committed to assuring MetroCare physicians have the tools and resources to achieve success with the changes required by transition to value-based healthcare.

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