

**Appendix H**  
**Alphabetic Index of Performance Measures**  
**by Clinical Condition or Topic**

**Important:** Appendix H provides an overview of the performance measures, a listing of CPT II codes that may be used with each measure, as well as any applicable reporting instructions. In order for a patient to be included in the numerator for a particular performance measure, a patient must meet the denominator inclusion criteria for that measure. Prior to coding, users must review the complete description of the code in the Category II section of the CPT codebook and website and the specification documents of its associated performance measure available on the measure developer’s website provided in the footnoted reference at the bottom of each page of Appendix H.

<p><b>Performance Measure Exclusion Modifiers</b></p>	<p><b>-1P Performance Measure Exclusion Modifier due to Medical Reasons</b></p> <p>Includes:</p> <ul style="list-style-type: none"> <li>- not indicated (absence of organ/limb, already received/performed, other)</li> <li>- contraindicated (patient allergic history, potential adverse drug interaction, other)</li> </ul> <p><b>-2P Performance Measure Exclusion Modifier due to Patient Reasons</b></p> <p>Includes:</p> <ul style="list-style-type: none"> <li>- patient declined,</li> <li>- economic, social, or religious reasons,</li> <li>- other patient reasons</li> </ul> <p><b>-3P Performance Measure Exclusion Modifier due to System Reasons</b></p> <p>Includes:</p> <ul style="list-style-type: none"> <li>- Resources to perform the services not available</li> <li>- Insurance coverage/payor-related limitations</li> <li>- Other reasons attributable to health care delivery system</li> </ul>	<p>Performance measurement exclusion modifiers may be used to indicate that a service specified by a performance measure was considered but, due to either medical, patient, or systems reason(s) documented in the medical record, the service was not provided. These modifiers serve as denominator exclusions from the performance measure. <b>The user should note that not all listed measures provide for exclusions.</b></p>
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## Hypertension (HTN)

Brief Description of Performance Measure & Source and Reporting Instructions	CPT Code(s)	Brief Code Descriptor
<p><b>Blood Pressure Measurement<sup>1</sup></b>            Number of visits with blood pressure measurement recorded/Number of visits  <b>Numerator:</b> Patient visits with blood pressure measurement recorded  <b>Denominator:</b> All patient visits for patients aged <math>\geq 18</math> years with hypertension</p> <p>Percentage of patient visits with blood pressure recorded for patients aged <math>\geq 18</math> years</p>	2000F	Blood pressure measured
Brief Description of Performance Measure & Source and Reporting Instructions	CPT Code(s)	Brief Code Descriptor
<p><b>Plan of Care<sup>1</sup></b>            Number of visits with documented plan of care for hypertension/Number of visits during which either systolic blood pressure <math>\geq 140</math> mm Hg or diastolic blood pressure <math>\geq 90</math> mm Hg</p> <p><b>Numerator:</b> Patient visits with documented plan of care for hypertension</p> <p>Plan of Care should include one or more of the following: Re-check blood pressure at specified future date, initiate or alter pharmacologic therapy, initiate or alter non-pharmacologic therapy.</p> <p><b>Denominator:</b> All patient visits during which patients <math>\geq 18</math> years of age diagnosed with hypertension have either systolic blood pressure <math>\geq 140</math> mm Hg or diastolic blood pressure <math>\geq 90</math> mm Hg</p> <p>Percentage of patient visits during which either systolic blood pressure <math>\geq 140</math> mm Hg or diastolic blood pressure <math>\geq 90</math> mm Hg, with documented plan of care for hypertension</p> <p><b>REPORTING INSTRUCTIONS:</b> For this measure to be met, three codes must be reported: one code for systolic blood pressure, one code for diastolic blood pressure, and the code for Hypertension Plan of Care (4050F). If no documentation of plan of care, or patient does not have elevated blood pressure at the visit, report only two codes for corresponding systolic and diastolic blood pressure values.</p>	<p>● 4050F</p> <p><b>Denominator Codes:</b></p> <p><b>Systolic Codes:</b></p> <p>● 3076F</p> <p>● 3077F</p> <p><b>Diastolic Codes:</b></p> <p>● 3078F</p> <p>● 3079F</p> <p>● 3080F</p>	<p>Hypertension plan of care documented as appropriate</p> <p>Most recent systolic blood pressure <math>&lt; 140</math> mm Hg</p> <p>Most recent systolic blood pressure <math>\geq 140</math> mm Hg</p> <p>Most recent diastolic blood pressure <math>&lt; 80</math> mm Hg</p> <p>Most recent diastolic blood pressure 80-89 mm Hg</p> <p>Most recent diastolic blood pressure <math>\geq 90</math> mm Hg</p>

<sup>1</sup>Physician Consortium for Performance Improvement, <http://www.physicianconsortium.org>  
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