

Blood Pressure Management

Coding Specifications

Codes required to document patient has chronic kidney disease (CKD) and a visit occurred:

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

CKD ICD-9 diagnosis codes

- 585.4, 585.5 (CKD, stage iv or v)

AND

CPT E/M service codes

- 99201, 99202, 99203, 99204, 99205 (office — new patient),
- 99212, 99213, 99214, 99215 (office — established patient),
- 99241, 99242, 99243, 99244, 99245 (outpatient consult)

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

G-code and CPT II Code descriptors

(Data Collection sheet should be used to determine appropriate combination of codes.)

- **G8477:** Most recent blood pressure has a systolic measurement of ≥ 130 mmHg and/or a diastolic measurement of ≥ 80 mmHg
- **G8476:** Most recent blood pressure has a systolic measurement of < 130 mmHg and a diastolic measurement of < 80 mmHg
- **G8478:** Blood pressure measurement not performed or documented, reason not specified
- **CPT II 0513F:** Elevated blood pressure plan of care documented
- **CPT II 0513F-8P:** No documentation of elevated blood pressure plan of care, reason not otherwise specified

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