
Clinical Quality Feedback Loop Update for Controlling High Blood Pressure

For program year 2020, Highmark has had to make adjustments to the Clinical Quality Feedback (CQF) Loop in regards to the Controlling High Blood Pressure Measure for both Medicare Advantage Stars and True Performance.

Due to the requirements of the measure for program year 2020, and the need to report the values for Systolic and Diastolic with an outpatient office visit, the CQF can now only accept blood pressure values for those services that occurred during a nursing only visit (CPT 99211) that were **NOT billed to Highmark via claims**.

IMPORTANT

The CQF can no longer accept Systolic and Diastolic values on service dates with claims that were billed to Highmark.

For blood pressure values that are associated with outpatient office visits that have been billed to Highmark, please consider submitting these values on the claim at the time of service using the applicable CPT II code or through NaviNet 1500 claim submission.

For nursing only visit claims (CPT 99211) that have not been billed to Highmark, an option has been added in the CQF to submit the office note for this date of service. You must submit the office note along with the Systolic and Diastolic values that are within range to be reviewed for compliance.

The following values will be **denied**:

- Blood pressure values without a corresponding nursing only visit.
- Date of service values that are submitted for office visits already on file with Highmark.

As always, if you have any further questions, please contact your Medicare Advantage Clinical Transformation Consultant or your Provider Account Liaison.

Thank you for your ongoing support and engagement with the Medicare Advantage Stars Program.