CHESS HEALTH SOLUTIONS

Value-based Care Chronicle: Guide to Improving Performance

September 2025

From Readings to Results: Improving BP Control Together

Controlling high blood pressure is one of the most effective ways to prevent heart attacks, stroke, and kidney disease. While hypertension has no cure, healthcare professionals can help patients lower their risk of complications through lifestyle counseling, regular monitoring, and appropriate medications.

Quality Measure Reminder:
This measure looks at the percentage of patients 18-85 years old with a hypertension diagnosis whose most recent BP during the measurement year is adequately controlled (<140/90 mm Hg).

- Only the most recent reading counts toward compliance.
- If multiple readings are taken on the same day, report the lowest systolic and diastolic values.
- Patient-reported digital device readings are acceptable.
- Do not include readings taken in the ED, inpatient stays, or during procedures requiring medication/diet changes.
- If no reading is recorded, the patient is considered "not controlled."

Documentation & Reporting Tips:

- Submit claims using two CPT II codes to document BP results and close gaps.
- Recheck an elevated blood pressure at least 5 minutes later. If still high, document a plan.

Clinical & Workflow Best Practices:

- Standardize repeat BP checks during office visits. Consider using a visual reminder to prompt rechecks.
- Provide annual staff training on accurate measurement.
- Refer to pharmacists for medication reviews and social workers for financial assistance.
- Encourage home BP monitoring and reporting.

Controlling Blood Pressure Quality Flyer
Medication Adherence for Hypertension (MAH)

Keep Patients on Track with Colorectal Cancer Screenings

As we approach the end of the year, colonoscopy appointments are often in high demand and may be limited. This is a great time to emphasize alternative screening methods that patients can complete sooner, helping them stay current with preventive care while meeting quality measures.

Collaborate as a team to identify patients who are overdue and connect them with the most accessible screening option before year-end.

Appropriate screenings are defined by any one of the following:

Screening Test	Interval
Colonoscopy	10 Years
Sigmoidoscopy	5 Years
CT Colonography	5 Years
FIT-DNA (Cologuard)	3 Years
FIT or FOBT	1 Year

Colorectal Cancer Screening Quality Flyer

Helping Patients Choose the Right Screening Test

CODING CORNER: DIABETES WITH COMPLICATIONS

When coding diabetes, there are specific codes that link the condition to specific complications, but there isn't one code that covers multiple complications at the same time. That's why every complication for each body system should be listed on the Problem List separately and reviewed yearly as part of the encounter diagnosis.

Coding Perils and Pearls:

- Comorbidities commonly associated with diabetes need to be addressed alongside the diabetic complication to accurately reflect the severity of the illness. Conditions such as PAD, CKD, or polyneuropathy should be addressed at least once a year as individual conditions.
- The assessment and plan should include each diabetic complication and associated comorbidities. Ensure the Problem List is also up to date.
- "Uncontrolled" diabetes lacks specificity. Clarify diabetes with hyperglycemia or hypoglycemia in the documentation and code selection.
- Clearly document the type of diabetes in the note. If not documented, coding will default to Type 2.
- Diabetes associated with "other specified complications" can be used if the complication is explicitly linked to diabetes with words such as "associated with" or "due to" within the progress note. Do not use when there is a defined complication (kidney, ophthalmic, neurological, circulatory, oral, or skin) as these conditions have correlating diabetic combination codes.

Diabetes with Complications Documentation & Coding Best Practices

PATIENT EDUCATION POINTER OF THE MONTH

Culturally Competent Care

Understanding and respecting cultural differences in healthcare isn't just compassionate, it's effective. Culturally competent care improves communication, builds trust, and enhances treatment adherence, ultimately leading to better health outcomes, reduces disparities, and cost savings.

Explore how culturally competent care can transform outcomes: https://www.chesshealthsolutions.com/2025/05/22/the-power-of-culturally-competent-care/.

Additional Resources

- What Providers Must Know About the 2026 Medicare Physician Fee Schedule Proposed Rule
- CMS Launches $50 Billion Rural Health Transformation Program

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