

Angiotensin-Converting Enzyme (ACE) Inhibitor or Angiotensin Receptor Blocker (ARB) Therapy for Left Ventricular Systolic Dysfunction (LVSD)

*This measure is to be reported for all patients aged 18 years and older with heart failure — a minimum of **once** per reporting period.*

Measure description

Percentage of patients aged 18 years and older with a diagnosis of heart failure and left ventricular systolic dysfunction (LVSD) who were prescribed ACE inhibitor or ARB therapy

What will you need to report for each patient with heart failure for this measure?

If you select this measure for reporting, you will report:

- The left ventricular systolic function for every patient with heart failure:
 - Left ventricular ejection fraction (LVEF) greater than or equal to 40% or normal or mildly depressed left ventricular systolic function OR
 - LVEF less than 40% or moderately or severely depressed left ventricular systolic function (ie, LVSD)

If the patient has LVSD (as described above), you will then need to report:

- Whether or not you prescribed ACE inhibitor or ARB therapy

What if this process or outcome of care is not appropriate for your patient?

There may be times when it is not appropriate to prescribe ACE inhibitor or ARB therapy, due to:

- Medical reasons (eg, not indicated, contraindicated, other medical reason) OR
- Patient reasons (eg, patient declined, economic, social, religious, other patient reason) OR
- System reasons (eg, resources to perform the services not available, insurance coverage/payer-related limitations, other reason attributable to health care delivery system)

In these cases, you will need to indicate which reason applies, specify the reason on the worksheet and in the medical chart. The office/billing staff will then report a code with a modifier that represents these valid reasons (also called exclusions).

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PQRI Data Collection Sheet

| | | | |
|------------------------------------|--------------------------------------|-------------------------|---|
| Patient's Name | Practice Medical Record Number (MRN) | Birth Date (mm/dd/yyyy) | Gender <input type="checkbox"/> Male <input type="checkbox"/> Female |
| National Provider Identifier (NPI) | | Date of Service | |

Clinical Information

Billing Information

| Step 1 Is patient eligible for this measure? | | | |
|--|--------------------------|--------------------------|---|
| | Yes | No | Code Required on Claim Form |
| Patient is aged 18 years and older. | <input type="checkbox"/> | <input type="checkbox"/> | Verify date of birth on claim form. |
| Patient has a diagnosis of heart failure. | <input type="checkbox"/> | <input type="checkbox"/> | Refer to coding specifications document for list of applicable codes. |
| There is a CPT E/M Service Code for this visit. | <input type="checkbox"/> | <input type="checkbox"/> | |
| If No is checked for any of the above, STOP. Do not report a CPT category II code. | | | |
| Step 2 Does patient also have the other requirements for this measure? | | | |
| | Yes | No | Code to be Reported on Line 24D of Paper Claim Form (or Service Line 24 of Electronic Claim Form) |
| Does patient have left ventricular systolic dysfunction [left ventricular ejection fraction (LVEF) < 40% or documentation of moderately or severely depressed left ventricular systolic function]? | <input type="checkbox"/> | <input type="checkbox"/> | If No (ie, LVEF ≥ 40%), report only 3022F and STOP. If Yes (ie, LVEF < 40%), report 3021F and proceed to Step 3. If LVEF not performed or documented, report 3021F-8P and STOP. |
| Step 3 Does patient meet or have an acceptable reason for not meeting the measure? | | | |
| ACE Inhibitor or ARB Therapy | Yes | No | Code to be Reported on Line 24D of Paper Claim Form, if Yes (or Service Line 24 of Electronic Claim Form) |
| Prescribed | <input type="checkbox"/> | <input type="checkbox"/> | 4009F |
| Not prescribed for one of the following reasons: | | | |
| • Medical (eg, not indicated, contraindicated, other medical reason) | <input type="checkbox"/> | <input type="checkbox"/> | 4009F-1P |
| • Patient (eg, patient declined, economic, social, religious, other patient reason) | <input type="checkbox"/> | <input type="checkbox"/> | 4009F-2P |
| • System (eg, resources to perform the services not available, other reason attributable to health care delivery system) | <input type="checkbox"/> | <input type="checkbox"/> | 4009F-3P |
| Document reason here and in medical chart. _____ _____ | | | If No is checked for all of the above, report 4009F-8P (ACE Inhibitor or ARB therapy not prescribed, reason not otherwise specified.) |

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Coding Specifications

Codes required to document patient has heart failure and a visit occurred:

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

Heart Failure ICD-9 diagnosis codes

- 402.01, 402.11, 402.91 (hypertensive heart disease with heart failure),
- 404.01, 404.03, 404.11, 404.13, 404.91, 404.93 (hypertensive heart and renal disease with heart failure),
- 428.0, 428.1, 428.20, 428.21, 428.22, 428.23, 428.30, 428.31, 429.32, 428.33, 428.40, 428.41, 428.42, 428.43, 428.9 (heart failure)

AND

CPT E/M service codes

- 99201, 99202, 99203, 99204, 99205 (office — new patient),
- 99212, 99213, 99214, 99215 (office — established patient),
- 99238, 99239 (discharge),
- 99241, 99242, 99243, 99244, 99245 (outpatient consult),
- 99304, 99305, 99306, 99307, 99308, 99309, 99310 (nursing facility),
- 99324, 99325, 99326, 99327, 99328, 99334, 99335, 99336, 99337 (domiciliary),
- 99341, 99342, 99343, 99344, 99345, 99347, 99348, 99349, 99350 (home visit)

Quality codes to be reported (at least one of the following for every eligible patient):

CPT II Code descriptors:

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

- **CPT II 3021F:** Left ventricular ejection fraction (LVEF) <40% or documentation of moderately or severely depressed left ventricular systolic function
- **CPT II 3022F:** Left ventricular ejection fraction (LVEF) ≥40% or documentation as normal or mildly depressed left ventricular systolic function (ie, LVSD)
- **CPT II 3021F-8P:** Left ventricular ejection fraction (LVEF) was not performed or documented, reason not otherwise specified
- **CPT II 4009F:** Angiotensin converting enzyme (ACE) inhibitor or angiotensin receptor blocker (ARB) therapy prescribed
- **CPT II 4009F-1P:** Documentation of medical reason(s) for not prescribing angiotensin converting enzyme (ACE) inhibitor or angiotensin receptor blocker (ARB) therapy
- **CPT II 4009F-2P:** Documentation of patient reason(s) for not prescribing angiotensin converting enzyme (ACE) inhibitor or angiotensin receptor blocker (ARB) therapy
- **CPT II 4009F-3P:** Documentation of system reason(s) for not prescribing angiotensin converting enzyme (ACE) inhibitor or angiotensin receptor blocker (ARB) therapy
- **CPT II 4009F-8P:** Angiotensin converting enzyme (ACE) inhibitor or angiotensin receptor blocker (ARB) therapy not prescribed, reason not otherwise specified

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