

▲Measure #118: Angiotensin Converting Enzyme Inhibitor (ACE) or Angiotensin Receptor Blocker (ARB) Therapy for Patients with Coronary Artery Disease and Diabetes and/or Left Ventricular Systolic Dysfunction (LVSD)

DESCRIPTION:

Percentage of patients aged 18 years and older with a diagnosis of coronary artery disease (CAD) who also have diabetes mellitus and/or left ventricular systolic dysfunction (LVSD) who were prescribed ACE Inhibitor or ARB therapy

INSTRUCTIONS:

This measure is to be reported a minimum of once per reporting period for all patients with CAD seen during the reporting period. This measure may be reported by clinicians who perform the quality actions described in the measure based on the services provided and the measure-specific denominator coding.

There are two reporting options for this measure:

(1) Patients who are 18 years and older with a diagnosis of CAD who also have LVSD who are prescribed ACE Inhibitor or ARB therapy

OR

(2) Patients who are 18 years and older with a diagnosis of CAD who are also diabetic who are prescribed ACE Inhibitor or ARB therapy.

This measure is reported using G-codes:

ICD-9 diagnosis codes, CPT E/M service codes, and patient demographics (age, gender, etc.) are used to identify patients who are included in the measure's denominator. G-codes are used to report the numerator of the measure.

When reporting the measure, submit the appropriate denominator code(s) and the appropriate numerator G-code.

REPORTING OPTION 1: For patients with CAD and LVSD

NUMERATOR:

Patients who were prescribed ACE inhibitor or ARB therapy

Numerator Instructions: The LVSD may be determined by quantitative or qualitative assessment. Examples of a quantitative or qualitative assessment may include an echocardiogram: 1) that provides a numerical value of LVSD or 2) that uses descriptive terms such as moderately or severely depressed left ventricular dysfunction.

Numerator Coding:

ACE Inhibitor or ARB Therapy Prescribed

G8468: Angiotensin converting enzyme (ACE) inhibitor or angiotensin receptor blocker (ARB) therapy prescribed for patients with a left ventricular ejection fraction (LVEF) <40% or documentation of moderately or severely depressed left ventricular systolic function

OR

ACE Inhibitor or ARB Therapy not Prescribed for Documented Reasons

G8469: Clinician documented that patient with a left ventricular ejection fraction (LVEF) <40% or documentation of moderately or severely depressed left ventricular systolic function was not an eligible candidate for angiotensin converting enzyme (ACE) inhibitor or angiotensin receptor blocker (ARB) therapy

OR

If patient is not eligible for this measure because LVEF ≥ 40% or LVEF not performed or documented, report:

Left Ventricular Ejection Fraction (LVEF) ≥ 40%

G8470: Patient with left ventricular ejection fraction (LVEF) ≥40% or documentation as normal or mildly depressed left ventricular systolic function

OR

Left Ventricular Ejection Fraction (LVEF) not Performed or Documented

G8471: Left ventricular ejection fraction (LVEF) was not performed or documented

OR

ACE Inhibitor or ARB Therapy not Prescribed for Patients with LVSD, Reason not Specified

G8472: Angiotensin converting enzyme (ACE) inhibitor or angiotensin receptor blocker (ARB) therapy not prescribed for patients with a left ventricular ejection fraction (LVEF) <40% or documentation of moderately or severely depressed left ventricular systolic function, reason not specified

DENOMINATOR:

All CAD patients aged 18 years and older who also have a diagnosis of LVSD

Denominator Coding:

An ICD-9 diagnosis code for CAD and a CPT E/M service code are required to identify patients for denominator inclusion.

ICD-9 diagnosis codes for CAD: 410.00, 410.01, 410.02, 410.10, 410.11, 410.12, 410.20, 410.21, 410.22, 410.30, 410.31, 410.32, 410.40, 410.41, 410.42, 410.50, 410.51, 410.52, 410.60, 410.61, 410.62, 410.70, 410.71, 410.72, 410.80, 410.81, 410.82, 410.90, 410.91, 410.92, 411.0, 411.1, 411.81, 411.89, 413.0, 413.1, 413.9, 414.00, 414.01, 414.02, 414.03, 414.04, 414.05, 414.06, 414.07, 414.8, 414.9, V45.81, V45.82

AND

CPT E/M service codes: 99201, 99202, 99203, 99204, 99205, 99212, 99213, 99214, 99215, 99241, 99242, 99243, 99244, 99245, 99304, 99305, 99306, 99307, 99308, 99309, 99310, 99324, 99325, 99326, 99327, 99328, 99334, 99335, 99336, 99337, 99341, 99342, 99343, 99344, 99345, 99347, 99348, 99349, 99350

OR

REPORTING OPTION 2: For patients with CAD and diabetes

NUMERATOR:

Patients who were prescribed ACE inhibitor or ARB therapy

Numerator Coding:

ACE Inhibitor or ARB Therapy Prescribed

G8473: Angiotensin converting enzyme (ACE) inhibitor or angiotensin receptor blocker (ARB) therapy prescribed

OR

ACE Inhibitor or ARB Therapy not Prescribed for Documented Reasons

G8474: Angiotensin converting enzyme (ACE) inhibitor or angiotensin receptor blocker (ARB) therapy not prescribed for reasons documented by the clinician

OR

ACE Inhibitor or ARB Therapy not Prescribed, Reason not Specified

G8475: Angiotensin converting enzyme (ACE) inhibitor or angiotensin receptor blocker (ARB) therapy not prescribed, reason not specified

DENOMINATOR:

All CAD patients aged 18 years and older who also have a diagnosis of diabetes

Denominator Coding:

ICD-9 diagnosis codes for CAD and diabetes and a CPT E/M service code are required to identify patients for denominator inclusion.

ICD-9 diagnosis codes for CAD: 410.00, 410.01, 410.02, 410.10, 410.11, 410.12, 410.20, 410.21, 410.22, 410.30, 410.31, 410.32, 410.40, 410.41, 410.42, 410.50, 410.51, 410.52, 410.60, 410.61, 410.62, 410.70, 410.71, 410.72, 410.80, 410.81, 410.82, 410.90, 410.91, 410.92, 411.0, 411.1, 411.81, 411.89, 413.0, 413.1, 413.9, 414.00, 414.01, 414.02, 414.03, 414.04, 414.05, 414.06, 414.07, 414.8, 414.9, V45.81, V45.82

AND

ICD-9 diagnosis codes for diabetes: 250.00, 250.01, 250.02, 250.03, 250.10, 250.11, 250.12, 250.13, 250.20, 250.21, 250.22, 250.23, 250.30, 250.31, 250.32, 250.33, 250.40, 250.41, 250.42, 250.43, 250.50, 250.51, 250.52, 250.53, 250.60, 250.61, 250.62, 250.63, 250.70, 250.71, 250.72, 250.73, 250.80, 250.81, 250.82, 250.83, 250.90, 250.91, 250.92, 250.93, 648.00, 648.01, 648.02, 648.03, 648.04

AND

CPT E/M service codes: 99201, 99202, 99203, 99204, 99205, 99212, 99213, 99214, 99215, 99241, 99242, 99243, 99244, 99245, 99304, 99305, 99306, 99307, 99308, 99309, 99310, 99324, 99325, 99326, 99327, 99328, 99334, 99335, 99336, 99337, 99341, 99342, 99343, 99344, 99345, 99347, 99348, 99349, 99350

RATIONALE:

In the absence of contraindications, ACE inhibitors or ARBs are recommended for patients with coronary artery disease; especially those with diabetes and /or left ventricular systolic dysfunction. ACE inhibitors and ARBs have shown to decrease morbidity and mortality, including significant reductions in the occurrence of myocardial infarction, stroke, and diabetic complications.

CLINICAL RECOMMENDATION STATEMENTS:

ACE inhibitor use is recommended in all patients with CAD who also have diabetes and/or left ventricular systolic dysfunction. (ACC/AHA)

ACE inhibitor use is also recommended in patients with CAD or other vascular disease. (ACC/AHA)

In ST elevation myocardial infarction (STEMI) patients who tolerate ACE inhibitors, an angiotensin receptor blocker (ARB) can be useful as an alternative to ACE inhibitors in the long-term management of STEMI patients, provided there are either clinical or radiological signs of heart failure or LVEF less than 0.40. (ACC/AHA)