

▲Measure #120: ACE Inhibitor or Angiotensin Receptor Blocker (ARB) Therapy in Patients with CKD

DESCRIPTION:

Percentage of patients aged 18 years and older with a diagnosis of advanced chronic kidney disease (CKD) (stage 4 or 5, not receiving Renal Replacement Therapy [RRT]), and hypertension and proteinuria who were prescribed angiotensin converting enzyme (ACE) inhibitor or angiotensin receptor blocker (ARB) therapy during the 12-month reporting period

INSTRUCTIONS:

This measure is to be reported a minimum of once per reporting period for patients with CKD seen during the reporting period. It is anticipated that clinicians providing care for patients with CKD will submit this measure.

This measure may be 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.

NUMERATOR:

Patients who were prescribed ACE inhibitor or ARB therapy during the 12 month reporting period

Numerator Coding:

ACE Inhibitor or ARB Therapy Prescribed

G8479: Clinician prescribed angiotensin converting enzyme (ACE) inhibitor or angiotensin receptor blocker (ARB) therapy

OR

ACE Inhibitor or ARB Therapy not Prescribed for Documented Reasons

G8480: Clinician documented that patient was not an eligible candidate for angiotensin converting enzyme (ACE) inhibitor or angiotensin receptor blocker (ARB) therapy

OR

ACE Inhibitor or ARB Therapy not Prescribed, Reason not Specified

G8481: Clinician did not prescribe angiotensin converting enzyme (ACE) inhibitor or angiotensin receptor blocker (ARB) therapy, reason not specified

DENOMINATOR:

All patients aged 18 years and older with the diagnosis of advanced CKD (stage 4 or 5, not receiving RRT) and hypertension and proteinuria

Denominator Coding:

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

ICD-9 diagnosis codes for CKD: 585.4, 585.5

AND

ICD-9 diagnosis codes for hypertension: 401.0, 401.1, 401.9, 402.00, 402.01, 402.10, 402.11, 402.90, 402.91, 403.00, 403.01, 403.10, 403.11, 403.90, 403.91, 404.00, 404.01, 404.02, 404.03, 404.10, 404.11, 404.12, 404.13, 404.90, 404.91, 404.92, 404.93

AND

ICD-9 diagnosis codes for proteinuria: 791.0

AND

CPT E/M service codes: 99201, 99202, 99203, 99204, 99205, 99212, 99213, 99214, 99215, 99241, 99242, 99243, 99244, 99245

RATIONALE:

Evidence has shown that use of ACE inhibitors and ARBs as antihypertensive therapy is effective, and may help slow the progression of CKD. These drugs help control hypertension and decrease proteinuria. However, data shows that only approximately one-third of patients with CKD are treated with an ACE inhibitor or an ARB.

Process/goal of care to be improved: Percentage of pts on ACEI or ARB and thereby slowing progression of CKD.

CLINICAL RECOMMENDATION STATEMENTS:

If a patient has $GFR \leq 30$ ml/min/1.73m² and hypertension, then s/he should receive an ACE inhibitor or an ARB as a first-line agent (Grade C). (RPA 2002)

ACE inhibitors and ARBs can be used safely in most patients with CKD. ACE Inhibitors and ARBs should be used at moderate to high doses, as used in clinical trials (Grade A). (NKF 2004)

ACE inhibitors and ARBs have not been tested in all types of CKD. Where tested, ACE inhibitors and ARBs have generally similar effects on blood pressure, urine protein excretion, and slowing the progression of kidney disease (Strength of Recommendation: STRONG). (NKF 2004)