

***Measure #77: Assessment of GERD Symptoms in Patients Receiving Chronic Medication for GERD**

DESCRIPTION:

Percentage of patients aged 18 years and older with the diagnosis of gastroesophageal reflux disease (GERD) who have been prescribed continuous proton pump inhibitor (PPI) or histamine H₂ receptor antagonist (H₂RA) therapy who received an annual assessment of their GERD symptoms after 12 months of therapy

INSTRUCTIONS:

This measure is to be reported a minimum of once per reporting period for all patients with GERD 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.

This measure is reported using CPT Category II 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. CPT Category II codes are used to report the numerator and denominator of the measure.

When reporting the measure, submit the listed ICD-9 diagnosis codes, CPT E/M service codes, and the appropriate CPT Category II code(s) OR the CPT Category II code(s) with the modifier. The modifiers allowed for this measure are: 1P- medical reasons, 8P- reasons not otherwise specified.

NUMERATOR:

Patients who had an annual assessment of their GERD symptoms after 12 months of therapy

***NUMERATOR NOTE:** The correct combination of numerator code(s) must be reported on the claim form in order to properly report this measure. The "correct combination" of codes may require the submission of multiple numerator codes.*

Numerator Coding:

GERD Symptoms Assessed

(Two CPT II codes [1118F & 4185F] are required on the claim form to submit this category)

CPT II 1118F: GERD symptoms assessed after 12 months of therapy

AND

CPT II 4185F: Continuous (12-months) therapy with proton pump inhibitor (PPI) or histamine H₂ receptor antagonist (H₂RA) received

OR

GERD Symptoms not Assessed for Medical Reasons

(Two CPT II codes [1118F-1P & 4185F] are required on the claim form to submit this category)

Append a modifier (**1P**) to CPT Category II code **1118F** to report documented circumstances that appropriately exclude patients from the denominator

- **1118F with 1P**: Documentation of medical reason(s) for not assessing GERD symptoms

AND

CPT II 4185F: Continuous (12-months) therapy with proton pump inhibitor (PPI) or histamine H₂ receptor antagonist (H₂RA) received

OR

If patient is not eligible for this measure because patient was not prescribed continuous medication therapy, report:

(One CPT II code [4186F] is required on the claim form to submit this category)

CPT II 4186F: No continuous (12-months) therapy with either proton pump inhibitor (PPI) or histamine H₂ receptor antagonist (H₂RA) received

OR

GERD Symptoms not Assessed, Reason not Specified

(Two CPT II codes [1118F-8P & 4185F] are required on the claim form to submit this category)

Append a reporting modifier (**8P**) to CPT Category II code **1118F** to report circumstances when the action described in the numerator is not performed and the reason is not otherwise specified.

- **1118F with 8P**: GERD symptoms not assessed after 12 months of therapy, reason not otherwise specified

AND

CPT II 4185F: Continuous (12-months) therapy with proton pump inhibitor (PPI) or histamine H₂ receptor antagonist (H₂RA) received

DENOMINATOR:

All patients aged 18 years and older with a diagnosis of GERD who have been prescribed continuous proton pump inhibitor (PPI) or histamine H₂ receptor antagonist (H₂RA) therapy

Definition: Continuous medication therapy is defined as any patient receiving proton pump inhibitor (PPI) or histamine H₂ receptor antagonist (H₂RA) therapy lasting 12 months or more to treat GERD.

Denominator Coding:

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

ICD-9 diagnosis codes: 530.10, 530.11, 530.12, 530.19, 530.81

AND

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

RATIONALE:

Many patients with GERD remain on medication therapy for years, and experts suspect that not all patients are being reassessed on a regular basis to determine whether the medication is still needed. This measure attempts to capture whether or not a patient on chronic medication have their GERD symptoms are assessed at least annually. Research indicates that patients on chronic therapy are able to have their dose modified or reduced based on the presence or absence of symptoms.

CLINICAL RECOMMENDATION STATEMENTS:

Because GERD is a chronic condition, continuous therapy to control symptoms and prevent complications is appropriate. (ACG)

Nonresponders to adequate trials of drug therapy, particularly PPI therapy, should have their symptoms reassessed, undergo endoscopy if it was not previously done, and be considered for additional diagnostic work-up. (VHA/DOD)

Inadequate response to a 4- to 8-week course of standard-dose PPI may indicate longer treatment is needed, more severe disease, or incorrect diagnosis. If there is an adequate response to a course of standard-dose PPI (the recommended duration of therapy for PPIs in the treatment of GERD is 4 to 8 weeks), extend treatment with either the same or double dose of PPI. (VHA/DOD)