

▲Measure #8: Heart Failure: Beta-blocker Therapy for Left Ventricular Systolic Dysfunction

DESCRIPTION:

Percentage of patients aged 18 years and older with a diagnosis of heart failure who also have left ventricular systolic dysfunction (LVSD) and who were prescribed beta blocker therapy

INSTRUCTIONS:

This measure is to be reported a minimum of once per reporting period for all heart failure patients seen during the reporting period. This measure is intended to reflect the quality of services provided for patients with heart failure and decreased left ventricular systolic function. The left ventricular systolic dysfunction may be determined by quantitative or qualitative assessment, which may be current or historical. Examples of a quantitative or qualitative assessment may include an echocardiogram: 1) that provides a numerical value of left ventricular systolic dysfunction or 2) that uses descriptive terms such as moderately or severely depressed left ventricular dysfunction. 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 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 beta-blocker therapy

Definition: "Prescribed" includes patients who are currently receiving medication(s) that follow the treatment plan recommended at an encounter during the reporting period, even if the prescription for that medication was ordered prior to the encounter.

Numerator Coding:

Beta-blocker Therapy Prescribed

G8450: Beta-blocker therapy prescribed for patients with left ventricular ejection fraction (LVEF) <40% or documentation as moderately or severely depressed left ventricular systolic function

OR

Beta-blocker Therapy not Prescribed for Documented Reasons

G8451: \Clinician documented patient with left ventricular ejection fraction (LVEF) <40% or documentation as moderately or severely depressed left ventricular systolic function was not eligible candidate for beta-blocker therapy

OR

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

Left Ventricular Ejection Fraction (LVEF) \geq 40%

G8395: Left ventricular ejection fraction (LVEF) \geq 40% or documentation as normal or mildly depressed left ventricular systolic function

OR

Left Ventricular Ejection Fraction (LVEF) not Performed or Documented

G8396: Left ventricular ejection fraction (LVEF) not performed or documented

OR

Beta-blocker Therapy not Prescribed, Reason not Specified

G8452: Beta-blocker therapy not prescribed for patients with left ventricular ejection fraction (LVEF) $<$ 40% or documentation as moderately or severely depressed left ventricular systolic function

DENOMINATOR:

Patients aged 18 years and older with a diagnosis of heart failure with left ventricular ejection fraction (LVEF) $<$ 40% or with moderately or severely depressed left ventricular systolic function

Denominator Coding:

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

ICD-9 diagnosis codes: 402.01, 402.11, 402.91, 404.01, 404.03, 404.11, 404.13, 404.91, 404.93, 428.0, 428.1, 428.20, 428.21, 428.22, 428.23, 428.30, 428.31, 428.32, 428.33, 428.40, 428.41, 428.42, 428.43, 428.9

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:

Beta-blockers are recommended for all patients with symptoms of heart failure and left ventricular systolic dysfunction, unless contraindicated. Treatment with beta-blockers has been shown to provide multiple benefits to the patient, including reducing the symptoms of heart failure, improving the clinical status of patients, and decreasing the risk of mortality and hospitalizations.

CLINICAL RECOMMENDATION STATEMENTS:

Beta-blockers (using 1 of the 3 proven to reduce mortality, i.e., bisoprolol, carvedilol, and sustained release metoprolol succinate) are recommended for all stable patients with current or prior symptoms of HF and reduced LVEF, unless contraindicated. (*Class I Recommendation, Level of Evidence: A*) (ACC/AHA)