

Chronic Kidney Disease (CKD)

ACE Inhibitor or Angiotensin Receptor Blocker (ARB) Therapy in Patients with CKD

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 advanced CKD (stage 4 or 5, not receiving renal replacement therapy [RRT]), and hypertension and proteinuria.	<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 G-code.			
Step 2 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"/>	G8479
Not prescribed for the following reason: <ul style="list-style-type: none"> Documented Reasons (eg, clinician documented that patient was not an eligible candidate for angiotensin converting enzyme [ACE] inhibitor or angiotensin receptor blocker [ARB] therapy) 	<input type="checkbox"/>	<input type="checkbox"/>	G8480
Document reason here and in medical chart. <hr/> <hr/>			If No is checked for all of the above, report G8481 (Clinician did not prescribe angiotensin converting enzyme [ACE] inhibitor or angiotensin receptor blocker [ARB] therapy, reason not specified.)