Heart Failure: Angiotensin-Converting Enzyme (ACE) Inhibitor or Angiotensin Receptor Blocker (ARB) Therapy for Left Ventricular Systolic

Percentage of patients aged 18 years and older with a diagnosis of heart failure (HF) with a current or prior left ventricular ejection fraction (LVEF) <40% who were prescribed ACE inhibitor or ARB therapy either within a 12-month period when seen in the outpatient setting or at each hospital discharge.

Denominator:

All patients aged 18 years and older who have had two or more qualifying encounters, one of which had a diagnosis of heart failure, and the remaining encounters had findings of moderate or severe LVSD findings (where the LVEF is less than 40%).

- Patient’s age is calculated based on the patient’s Date of Birth, which is entered when you created the patient’s account.
- The diagnosis of "Heart Failure" or "Moderately or Severely Depressed Left Ventricular Systolic Function" is entered in the patient’s Problem List.
- Make sure to add a Start Date to the problem.
- LVEF results are manually entered in Labs/Studies.

Numerator:

Patients who were prescribed ACE inhibitor or ARB therapy within 12-month period when in the outpatient setting.

- Angiotensin Converting Enzyme (ACE) inhibitor or Angiotensin Receptor Blocker (ARB) therapy are either prescribed at the time of the visit or within the twelve months prior to the visit and included in Medications. See Prescribe/ePrescribe a Medication

Denominator Exceptions:

- If "Pregnancy", "Renal Failure", "Allergy to ACE Inhibitor", and/or "Allergy to ARB ingredients" are documented in the Problem List, each with a Start Date, these patients will be excluded from the numerator.
- If "Allergy to ACE Inhibitor" and/or "Allergy to ARB ingredients" are documented in the Allergies, each with a Start Date, these patients will be excluded from the numerator.
- If there was a Medical, Patient or System Reason for not prescribing ACE inhibitor or ARB
therapy, please indicate on the Exception Section.

| Office Visit Documentation: | • Create a note detailing the patient’s office visit.  
| | • Enter Procedure Codes including E/M Codes or CPT/HCPCS Codes on the Superbill.  
| | • Complete and sign the note.  
| Once all steps have been completed, the measure will be added to the Quality Report.  

| Quality ID: | 005  
| CMS Measure ID: | CMS135  
| Measure type: | Process  
| High Priority Measure: | No  

https://helpme.kareo.com/CMS_Incentive_Programs/01MACRA/01Merit-Based_Incentive_Programs_(MIPS)/01Quality/Heart...