Measure #8 (NQF 0083): Heart Failure (HF): Beta-Blocker Therapy for Left Ventricular Systolic Dysfunction (LVSD) – National Quality Strategy Domain: Effective Clinical Care

2016 PQRS OPTIONS FOR INDIVIDUAL MEASURES:
REGISTRY ONLY

DESCRIPTION:
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 beta-blocker therapy either within a 12 month period when seen in the outpatient setting OR at each hospital discharge

INSTRUCTIONS:
This measure is to be reported for all heart failure patients a minimum of once per reporting period when seen in the outpatient setting AND reported at each hospital discharge (99238* and 99239*) during the reporting period. Only patients who had at least two denominator eligible visits during the reporting period will be counted for Reporting Criteria 1.

*NOTE: When reporting CPT code 99238 and 99239, it is recommended the measure be reported each time the code is submitted for hospital discharge.

This measure is intended to reflect the quality of services provided for patients with heart failure and decreased left ventricular systolic function. 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. Only patients who had at least two denominator eligible visits during the reporting period will be counted for Reporting Criteria 1.

Measure Reporting via Registry:
ICD-10-CM diagnosis codes, CPT codes, a quality-data code (Reporting Criteria 1 and 2), and patient demographics are used to identify patients who are included in the measure’s denominator. The listed numerator options are used to report the numerator of the measure.

The quality-data codes listed do not need to be submitted for registry-based submissions; however, these codes may be submitted for those registries that utilize claims data. It is expected that a single performance rate will be calculated for this measure.

THERE ARE TWO REPORTING CRITERIA FOR THIS MEASURE:
1) Patients who are 18 years and older with a diagnosis of HF with a current or prior LVEF < 40% seen in the outpatient setting with two denominator eligible visits

OR

2) Patients who are 18 years and older with a diagnosis of HF with a current or prior LVEF < 40% and discharged from hospital

REPORTING CRITERIA 1: ALL PATIENTS WITH A DIAGNOSIS OF HF SEEN IN THE OUTPATIENT SETTING

DENOMINATOR (REPORTING CRITERIA 1):
All patients aged 18 years and older with a diagnosis of heart failure with a current or prior LVEF < 40%

DENOMINATOR NOTE: LVEF < 40% corresponds to qualitative documentation of moderate dysfunction or severe 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 systolic function. Any current or prior ejection fraction study documenting LVSD can be used to identify patients.

In order for the patient to be included in Reporting Criteria 1, the patient must have two denominator eligible visits

Denominator Criteria (Eligible Cases) 1:
Patients aged ≥ 18 years on date of encounter
AND
AND
Patient encounter(s) during the reporting period (CPT): 99201, 99202, 99203, 99204, 99205, 99212, 99213, 99214, 99215, 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
AND
Two Denominator Eligible Visits
AND
Left ventricular ejection fraction (LVEF) < 40% or documentation of moderately or severely depressed left ventricular systolic function: G8923

Numerators (Reporting Criteria 1):
Patients who were prescribed beta-blocker therapy within a 12 month period when seen in the outpatient setting

Definitions:
Prescribed - Outpatient Setting — prescription given to the patient for beta-blocker therapy at one or more visits in the measurement period OR patient already taking beta-blocker therapy as documented in current medication list.
Beta-blocker Therapy — For patients with prior LVEF < 40%, beta-blocker therapy should include bisoprolol, carvedilol, or sustained release metoprolol succinate.

Numerator Options:
Performance Met: Beta-blocker therapy prescribed (G8450)
OR
Other Performance Exclusion: Beta-Blocker Therapy for LVEF < 40% not prescribed for reasons documented by the clinician (e.g., low blood pressure, fluid overload, asthma, patients recently treated with an intravenous positive inotropic agent, allergy, intolerance, other medical reasons, patient declined, other patient reasons, or other reasons attributable to the healthcare system) (G8451)
OR
Performance Not Met: Beta-blocker therapy not prescribed (G8452)

Reporting Criteria 2: All patients with a diagnosis of HF and discharged from hospital

Denominator (Reporting Criteria 2):
All patients aged 18 years and older with a diagnosis of heart failure with a current or prior LVEF < 40%
DENOMINATOR NOTE: LVEF < 40% corresponds to qualitative documentation of moderate dysfunction or severe 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 systolic function. Any current or prior ejection fraction study documenting LVSD can be used to identify patients.

Denominator Criteria (Eligible Cases) 2:
Patients aged ≥ 18 years on date of encounter

AND


AND

Patient encounter during reporting period (CPT): 99238, 99239

AND

Left ventricular ejection fraction (LVEF) < 40% or documentation of moderately or severely depressed left ventricular systolic function: G8923

NUMERATOR (REPORTING CRITERIA 2):
Patients who were prescribed beta-blocker therapy at each hospital discharge

Definitions:
Prescribed - Inpatient Setting — prescription given to the patient for beta-blocker therapy at discharge OR beta-blocker therapy to be continued after discharge as documented in the discharge medication list.

Beta-blocker Therapy — For patients with prior LVEF < 40%, beta-blocker therapy should include bisoprolol, carvedilol, or sustained release metoprolol succinate.

Numerator Options:
Performance Met: Beta-blocker therapy prescribed (G8450)

OR

Other Performance Exclusion: Beta-Blocker Therapy for LVEF < 40% not prescribed for reasons documented by the clinician (e.g., low blood pressure, fluid overload, asthma, patients recently treated with an intravenous positive inotropic agent, allergy, intolerance, other medical reasons, patient declined, other patient reasons, other reasons attributable to the healthcare system) (G8451)

OR

Performance Not Met: Beta-blocker therapy not prescribed (G8452)

RATIONALE:
Beta-blockers are recommended for all patients with stable heart failure and left ventricular systolic dysfunction, unless contraindicated. Treatment should be initiated as soon as a patient is diagnosed with left ventricular systolic dysfunction and does not have low blood pressure, fluid overload, or recent treatment with an intravenous positive inotropic agent. Beta-blockers have been shown to lessen the symptoms of heart failure, improve the clinical status of patients, reduce future clinical deterioration, and decrease the risk of mortality and the combined risk of mortality and hospitalization.

CLINICAL RECOMMENDATION STATEMENTS:
Use of 1 of the 3 beta blockers proven to reduce mortality (e.g., bisoprolol, carvedilol, and sustained-release metoprolol succinate) is recommended for all patients with current or prior symptoms of HF/EF [heart failure with
reduced ejection fraction], unless contraindicated, to reduce morbidity and mortality. (Class I, Level of Evidence: A) (ACCF/AHA, 2013)

Treatment with a beta blocker should be initiated at very low doses [see excerpt from guideline table below] followed by gradual increments in dose if lower doses have been well tolerated... Clinicians should make every effort to achieve the target doses of the beta blockers shown to be effective in major clinical trials. Even if symptoms do not improve, long-term treatment should be maintained to reduce the risk of major clinical events. Abrupt withdrawal of treatment with a beta blocker can lead to clinical deterioration and should be avoided. (ACCF/AHA, 2013)

Drugs Commonly Used for Stage C HF/EF (abbreviated to align with focus of measure to include only Beta-blocker therapy)

Table 1: Drugs Commonly Used for Stage C HFrEF Beta Blocker Therapy

<table>
<thead>
<tr>
<th>Drug</th>
<th>Initial Daily Dose(s)</th>
<th>Maximum Dose(s)</th>
<th>Mean Doses Achieved in Clinical Trials</th>
</tr>
</thead>
<tbody>
<tr>
<td>Beta blockers</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Bisoprolol</td>
<td>1.25 mg once</td>
<td>10 mg once</td>
<td>8.6 mg/d</td>
</tr>
<tr>
<td>Carvedilol</td>
<td>3.125 mg twice</td>
<td>50 mg twice</td>
<td>37 mg/d</td>
</tr>
<tr>
<td>Carvedilol CR</td>
<td>10 mg once</td>
<td>80 mg once</td>
<td>N/A</td>
</tr>
<tr>
<td>Metoprolol succinate extended release</td>
<td>12.5 to 25 mg once</td>
<td>200 mg once</td>
<td>159 mg/d</td>
</tr>
<tr>
<td>(metoprolol CR/XL)</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

For the hospitalized patient:

In patients with HF/EF experiencing a symptomatic exacerbation of HF requiring hospitalization during chronic maintenance treatment with GDMT[guideline-directed medical therapy; GDMT represents optimal medical therapy as defined by ACCF/AHA guideline-recommended therapies (primarily Class I)], it is recommended that GDMT be continued in the absence of hemodynamic instability or contraindications. (Class I, Level of Evidence: B) (ACCF/AHA, 2013)

Initiation of beta-blocker therapy is recommended after optimization of volume status and successful discontinuation of intravenous diuretics, vasodilators, and inotropic agents. Beta-blocker therapy should be initiated at a low dose and only in stable patients. Caution should be used when initiating beta blockers in patients who have required inotropes during their hospital course. (Class I, Level of Evidence: B) (ACCF/AHA, 2013)

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2016 Registry Individual Measure Flow
PQRS #8 NQF #0083: Heart Failure (HF): Beta-Blocker Therapy for Left Ventricular Systolic Dysfunction (LVSD)
Reporting Criteria One

Denominator

Start

Patient Age at Date of Service ≤ 18 Years

No

Yes

Diagnosis of Heart Failure as Listed in Denominator**

No

Yes

Current or Prior Diagnosis of LVSD (LVEF <40%) G9923 or equivalent

No

Yes

Outpatient Encounter as Listed in Denominator** (1/1/2016 thru 12/31/2016)

No

Yes

Two Denominator Eligible Visits During the Reporting Period

No

Yes

Include in Eligible Population/ Denominator (6 patients)*

Numerator

Beta-Blocker Therapy Prescribed

Yes

Reporting Met + Performance Met G6450 or equivalent (4 patients) a

No

Beta-Blocker Therapy for LVEF <40% Not Prescribed for Reasons Documented by the Clinician

Yes

Reporting Met + Performance Exclusion G6451 or equivalent (1 patient) b

No

Beta-Blocker Therapy Not Prescribed

Yes

Reporting Met + Performance Not Met G6452 or equivalent (2 patients) c

No

Reporting Not Met Quality-Code or equivalent not reported (1 patient)

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*This measure is to be reported at two different frequencies, depending upon the clinical setting. This measure is to be reported for a minimum of once per reporting period when seen in the outpatient setting AND reported at each hospital discharge (99238 and 99239) during the reporting period. Please reference the Reporting Criteria 2 for Hospital Discharge Setting Flow.

**See the posted Measure Specification for specific coding and instructions to report this measure.

NOTE: Reporting Frequency: Patient-process

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2016 Registry Individual Measure Flow
PQRS #8 NQF #0083: Heart Failure (HF): Beta-Blocker Therapy for Left Ventricular Systolic Dysfunction (LVSD)
Reporting Criteria Two

Denominator

Start

No

Patient Age at Date of Service ≥ 18 Years

Yes

Diagnosis of Heart Failure as Listed in Denominator**

No

Current or Prior Diagnosis of LVSD (LVEF <40%)

GB923 or equivalent

Yes

Hospital Discharge Encounter as Listed in Denominator***

(11/1/2016 thru 12/31/2016)

No

Ineligible Population/ Denominator

(5 visits)*c

Yes

Include in Eligible Population/ Denominator

(8 visits)*d

Numerator

Beta-Blocker Therapy Prescribed

Yes

Reporting Met + Performance Met

GB8450 or equivalent (4 visits) a^2

No

Beta-Blocker Therapy for LVEF <40%

Not Prescribed for Reasons Documented by the Clinician

Yes

Reporting Met + Performance Exclusion

GB8451 or equivalent (1 visit) b^2

No

Beta-Blocker Therapy Not Prescribed

Yes

Reporting Met + Performance Not Met

GB8452 or equivalent (2 visits) c^2

No

Reporting Not Met

Quality-Data Code or equivalent not reported (1 visit)

*This measure is to be reported at two different frequencies, depending upon the clinical setting. This measure is to be reported a minimum of once per reporting period: when seen in the outpatient setting AND reported at each hospital discharge (99238 and 99239) during the reporting period. Please reference the Reporting Criteria for Outpatient Setting Flow. **See the posted Measure Specification for specific coding and instructions to report this measure.

NOTE: Reporting Frequency: Visit
2016 Registry Individual Measure Flow
PQRS #8 NQF #0083: Heart Failure Beta-Blocker Therapy for Left Ventricular Systolic Dysfunction (LVSD)

Please refer to the specific section of the Measure Specification to identify the denominator and numerator information for use in reporting this Individual Measure.

Reporting Criteria 1

1. Start with Denominator

2. Check Patient Age:
   a. If the Age is greater than or equal to 18 years of age on Date of Service and equals No during the measurement period, do not include in Eligible Patient Population. Stop Processing.
   b. If the Age is greater than or equal to 18 years of age on Date of Service and equals Yes during the measurement period, proceed to check Patient Diagnosis.

3. Check Patient Diagnosis:
   a. If Diagnosis of Heart Failure as Listed in the Denominator equals No, do not include in Eligible Patient Population. Stop Processing.
   b. If Diagnosis of Heart Failure as listed in the denominator equals Yes, proceed to check Current of Prior Diagnosis of LVSD (LVEF <40%).

4. Check Current of Prior Diagnosis of LVSD (LVEF <40%):

5. If Diagnosis of LVSD (LVEF <40%) equals No, do not include in Eligible Patient Population. Stop Processing.
   a. If Diagnosis of LVSD (LVEF <40%) equals Yes, proceed to check Encounter Performed.

6. Check Encounter Performed:
   a. If Outpatient Encounter as Listed in the Denominator equals No, do not include in Eligible Patient Population. Stop Processing.
   b. If Outpatient Encounter as Listed in the Denominator equals Yes, include in the Eligible population.

7. Check Two Denominator Eligible Encounters Performed:
   a. If Two Denominator Eligible Encounters Performed as Listed in the Denominator equals No, do not include in Eligible Patient Population. Stop Processing.
   b. If Two Denominator Eligible Encounters Performed as Listed in the Denominator equals Yes, include in the Eligible population.

8. Denominator Population:
   a. Denominator population is all Eligible Patients in the denominator. Denominator is represented as Denominator in the Sample Calculation listed at the end of this document. Letter d1 equals 8 visits in the sample calculation.

9. Start Numerator
10. Check Beta-Blocker Therapy Prescribed:
   a. If Beta-Blocker Therapy Prescribed equals Yes, include in Reporting Met and Performance Met.
   b. Reporting Met and Performance Met letter is represented in the Reporting Rate and Performance Rate in the Sample Calculation listed at the end of this document. Letter a1 equals 4 patients in Sample Calculation.
   c. If Beta-Blocker Therapy Prescribed equals No, proceed to check Beta Blocker Therapy for LVEF <40% Not Prescribed for Reasons Documented by the Clinician.

11. Check Beta-Blocker Therapy for LVEF <40% Not Prescribed for Reasons Documented by the Clinician:
   a. If Beta-Blocker Therapy for LVEF <40% Not Prescribed for Reasons Documented by the Clinician equals Yes, include in Reporting Met and Performance Exclusion.
   b. Reporting Met and Performance Exclusion letter is represented in the Reporting Rate and Performance Rate in the Sample Calculation listed at the end of this document. Letter b1 equals 1 patient in the Sample Calculation.
   c. If Beta-Blocker Therapy for LVEF <40% Not Prescribed for Reasons Documented by the Clinician equals No, proceed to check Beta-Blocker Therapy Not Prescribed.

12. Check Beta-Blocker Therapy Not Prescribed:
   a. If Beta-Blocker Therapy Not Prescribed equals Yes, include in Reporting Met and Performance Not Met.
   b. Reporting Met and Performance Not Met letter is represented in the Reporting Rate in the Sample Calculation listed at the end of this document. Letter c1 equals 2 patients in the Sample Calculation.
   c. If Beta-Blocker Therapy Not Prescribed equals No, proceed to Reporting Not Met.

13. Check Reporting Not Met:
   a. If Reporting Not Met, the Quality Data Code or equivalent was not reported. 1 patient has been subtracted from the reporting numerator in sample calculation.
2016 Registry Individual Measure Flow

PQRS #8 NQF #0083: Heart Failure Beta-Blocker Therapy for Left Ventricular Systolic Dysfunction (LVSD)

Please refer to the specific section of the Measure Specification to identify the denominator and numerator information for use in reporting this Individual Measure.

**Reporting Criteria 2**

1. Start with Denominator

2. Check Patient Age:
   a. If the Age is greater than or equal to 18 years of age on Date of Service and equals No during the measurement period, do not include in Eligible Patient Population. Stop Processing.
   b. If the Age is greater than or equal to 18 years of age on Date of Service and equals Yes during the measurement period, proceed to check Patient Diagnosis.

3. Check Patient Diagnosis:
   a. If Diagnosis of Heart Failure as Listed in the Denominator equals No, do not include in Eligible Patient Population. Stop Processing.
   b. If Diagnosis of Heart Failure as listed in the denominator equals Yes, proceed to check Current of Prior Diagnosis of LVSD (LVEF <40%).

4. Check Current of Prior Diagnosis of LVSD (LVEF <40%):
   a. If Diagnosis of LVSD (LVEF <40) equals No, do not include in Eligible Patient Population. Stop Processing.
   b. If Diagnosis of LVSD (LVEF <40%) equals Yes, proceed to check Encounter Performed.

5. Check Hospital Discharge Encounter Performed:
   a. If Hospital Discharge Encounter as Listed in the Denominator equals No, do not include in Eligible Patient Population. Stop Processing.
   b. If Hospital Discharge Encounter as Listed in the Denominator equals Yes, include in the Eligible Population.

6. Denominator Population:
   a. Denominator population is all Eligible Patients in the denominator. Denominator is represented as Denominator in the Sample Calculation listed at the end of this document. Letter d2 equals 8 visits in the sample calculation.

7. Start Numerator

8. Check Beta-Blocker Therapy Prescribed:
   a. If Beta-Blocker Therapy Prescribed equals Yes, include in Reporting Met and Performance Met.
b. Reporting Met and Performance Met letter is represented in the Reporting Rate and Performance Rate in the Sample Calculation listed at the end of this document. Letter a2 equals 4 patients in Sample Calculation.

c. If Beta-Blocker Therapy Prescribed equals No, proceed to Documentation of Beta-Blocker Not Prescribed for Reasons Documented by the Clinician.

9. Check Beta-Blocker Therapy for LVEF <40% Not Prescribed for Reasons Documented by the Clinician:

   a. If Beta-Blocker Therapy for LVEF <40% Not Prescribed for Reasons Documented by the Clinician equals Yes, include in Reporting Met and Performance Exclusion.

   b. Reporting Met and Performance Exclusion letter is represented in the Reporting Rate and Performance Rate in the Sample Calculation listed at the end of this document. Letter b2 equals 1 patient in the Sample Calculation.

   c. If Beta-Blocker Therapy for LVEF <40% Not Prescribed for Reasons Documented by the Clinician equals No, proceed to Beta-Blocker Therapy Not Prescribed.

10. Check Beta-Blocker Therapy Not Prescribed:

   a. If Beta-Blocker Therapy Not Prescribed equals Yes, include in Reporting Met and Performance Not Met.

   b. Reporting Met and Performance Not Met letter is represented in the Reporting Rate in the Sample Calculation listed at the end of this document. Letter c2 equals 2 patients in the Sample Calculation.

   c. If Beta-Blocker Therapy Not Prescribed equals No, proceed to Reporting Not Met.

11. Check Reporting Not Met:

   a. If Reporting Not Met, the Quality Data Code or equivalent was not reported. 1 patient has been subtracted from the reporting numerator in sample calculation.

   | **SAMPLE CALCULATIONS:** |
   | **Reporting Rate** | Performance Met (a) + Performance Exclusion (b) + Performance Not Met (c) = 14 patients, = 87.50% |
   | **Performance Rate** | Reporting Numerator (14 patients) – Performance Exclusion (b) = 8 patients, = 66.67% |

This measure contains 2 Reporting Criteria, although as the Sample Calculation indicates, there is **ONLY** one reporting rate and one performance rate for this measure.