

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

*This measure is to be reported for all patients aged 18 years and older with advanced CKD (stage 4 or 5, not receiving renal replacement therapy [RRT]), and hypertension and proteinuria — a minimum of **once** per reporting period.*

Measure description

Percentage of patients aged 18 years and older with a diagnosis of advanced chronic kidney disease (CKD) (stage 4 or 5, not receiving renal replacement therapy [RRT]), and hypertension and proteinuria who were prescribed angiotensin converting enzyme (ACE) inhibitor or angiotensin receptor blocker (ARB) therapy during the 12-month reporting period

What will you need to report for each patient with advanced CKD (stage 4 or 5, not receiving RRT), and hypertension and proteinuria for this measure?

If you select this measure for reporting, you will report:

- Whether or not you prescribed angiotensin converting enzyme (ACE) inhibitor or angiotensin receptor blocker (ARB) therapy

What if this process or outcome of care is not appropriate for your patient?

There may be times when it is not appropriate to prescribe angiotensin converting enzyme (ACE) inhibitor or angiotensin receptor blocker (ARB) therapy, due to:

- Documented reasons (eg, clinician documented that patient was not an eligible candidate for angiotensin converting enzyme [ACE] inhibitor or angiotensin receptor blocker [ARB] therapy)

In these cases, you will need to indicate that a documented reason applies, and specify the reason on the worksheet and in the medical chart. The office/billing staff will then report the G-code that represents these valid reasons (also called exclusions.)