



ICD REGISTRY MEDICATION ABSTRACTION REFERENCE GUIDE

Use this guide to ensure correct medication abstraction and documentation for the ICD Registry™



Clinical Toolkits™

ICD MEDICATION METRIC DESCRIPTIONS (DEFINITION, INCLUSION AND EXCLUSION CRITERIA)*

Measure	#	Numerator/Denominator	Inclusion Criteria	Exclusion Criteria
Proportion of patients with left ventricular systolic dysfunction who were prescribed ACE-I or ARB therapy	4	$\frac{\text{Count of implantable cardioverter defibrillator (ICD) implant patients with a diagnosis of heart failure and left ventricular systolic dysfunction (LVSD) with angiotensin-converting-enzyme inhibitor (ACE-I) or angiotensin receptor blocker (ARB) therapy prescribed at discharge}}{\text{Count of ICD implant patients with LVSD (LVEF <40%)}}$	ICD implant patients with a diagnosis of LVSD	Both ACE-I and/or ARB therapy contraindicated and/or blinded
Proportion of patients with prior myocardial infarction (MI) prescribed beta-blocker therapy on discharge	5	$\frac{\text{Count of ICD implant patients with prior MI and discharged on beta-blocker therapy}}{\text{ICD patients with a prior MI}}$	ICD implant patients with prior MI	Beta-blocker therapy contraindicated and/or blinded
Proportion of patients with LVSD who were prescribed beta-blocker therapy on discharge	6	$\frac{\text{Count of ICD implant patients with a diagnosis of LVSD prescribed beta blocker therapy on discharge}}{\text{Count of ICD implant patients with LVSD (LVEF <40%)}}$	ICD implant patients with a diagnosis of LVSD	Beta blocker therapy contraindicated and/or blinded
Composite: Discharge medications (ACE/ARB and beta blockers) in eligible ICD implant patients	14	<p>Patients who receive all medications for which they are eligible:</p> <ol style="list-style-type: none"> ACE/ARB prescribed at discharge (if eligible for ACE/ARB as described in denominator) AND Beta blockers prescribed at discharge (if eligible for beta blockers as described in denominator) <hr/> <p>All patients with an ICD implant surviving hospitalization who are eligible to receive any one of the two medication classes:</p> <ol style="list-style-type: none"> Eligibility for ACE/ARB: Patients who have an ejection fraction (EF) of <40% AND do not have a documented contraindication to ACE/ARB documented OR Eligibility for beta blockers: Patients who do not have a documented contraindication to beta blocker therapy and have: <ol style="list-style-type: none"> EF of <40% AND/OR A previous MI 	ICD implant patients eligible for beta blocker or ACE/ARB	Eligible for neither medication

OTHER CODING CONSIDERATIONS FOR ICD MEDICATION AT TIME OF DISCHARGE

Topic	Consideration
Reasons for not prescribing ACE-I or ARB	<p>Documentation of a reason for not prescribing one class (either ACE-I or ARB) should be considered implicit documentation of a reason for not prescribing the other class for the following five conditions only:</p> <ul style="list-style-type: none"> · Angioedema · Hyperkalemia · Hypotension · Renal artery stenosis · Worsening renal function/renal disease/dysfunction <p style="text-align: right;">ICD v2.1 Medication FAQs: FAQ IDs 18199, 18200</p>
Contraindications without reason	<p>If a medication is contraindicated, and the prescribing practitioner documents that the medication is contraindicated in the medical record, he/she does not have to indicate the reason. The contraindication must be located in the current episode of care medical record. If a non-transient contraindication (i.e., allergy) is found in the medical record from a prior episode of care, the contraindication is acceptable to abstract.</p> <p>Allergy to ACE-I not sufficient to code contraindication to ARB</p> <p style="text-align: right;">ICD v2.1 Medication FAQs: FAQ IDs 18199, 18200</p>
Coding Sotalol as beta blocker	<p>For the purposes of the ICD Registry, capture Sotalol by coding “yes” for antiarrhythmic agent and beta blocker.</p> <p style="text-align: right;">ICD v2.1 Medication FAQs: FAQ IDs 18440</p>
Automatic contraindications	<p>The scenarios below are the only ones in which the ICD Registry will allow an automatic contraindication coded without this documentation by the prescribing practitioner in the current medical record:</p> <ol style="list-style-type: none"> 1. If the abstractor finds the patient is a current dialysis patient, contraindicated may be coded 2. If it is found in the electronic health record from a previous record that the patient is in end stage renal failure but not yet on dialysis, contraindicated may be coded 3. Moderate to severe aortic stenosis <p style="text-align: right;">ICD v2.1 Medication FAQs: FAQ IDs 18199, 18200</p>

*Source: NCDR® Public Reporting Companion Guide, ICD Measures

Note: As source documents are updated, new versions of this tool will be available.