Beta-Blocker at Time of Arrival for Acute Myocardial Infarction (AMI)

*This measure is to be reported once during a hospital stay for **each occurrence** of an AMI during the reporting period for all patients, regardless of age.*

Measure description

Percentage of patients with a diagnosis of AMI who had documentation of receiving beta-blocker within 24 hours before or after hospital arrival

What will you need to report for each occurrence of an AMI during a hospital stay for this measure?

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

- Whether or not the patient received beta-blocker within 24 hours before or after hospital arrival

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

There may be times when it is not appropriate for a patient to receive beta-blocker within 24 hours before or after hospital arrival, due to:

- Documented reasons (eg, patient was not an eligible candidate for beta-blocker at arrival)

In these cases, you will need to indicate that a documented reason applies, 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).

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PQRI Data Collection Sheet

Patient's Name   Practice Medical Record Number (MRN)   /   /   ☐ Male ☐ Female

Birth Date (mm/dd/yyyy)   Gender

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**
Any patient regardless of age.	☐	☐	Verify date of birth on claim form.
Patient has diagnosis of acute myocardial infarction.	☐	☐	Refer to coding specifications document for list of applicable codes.
There is a CPT/EM Service Code for this visit.	☐	☐	
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?			
Beta-blocker within 24 Hours Before or After Hospital Arrival	**Yes**	**No**	**Code to be Reported on Line 24D of Paper Claim Form, if _Yes_ (or Service Line 24 of Electronic Claim Form)**
Received	☐	☐	G8009
Not received for the following reason: • Documented reason (eg, patient was not an eligible candidate for beta-blocker at arrival)	☐	☐	G8011
Document reason here and in medical chart. _____ _____			If **No** is checked for **all** of the above, report G8010 (Acute myocardial infarction: patient not documented to have received beta-blocker at arrival.)

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Coding Specifications

Codes required to document patient has an acute myocardial infarction and an emergency department visit occurred:

An ICD-9 diagnosis code for acute myocardial infarction and a CPT E/M service code are required to identify patients to be included in this measure.

Acute myocardial infarction ICD-9 diagnosis codes

- 410.01, 410.11, 410.21, 410.31, 410.41, 410.51, 410.61, 410.71, 410.81, 410.91 (acute myocardial infarction)

AND

CPT E/M service codes

- 99218, 99219, 99220 (initial observation care),
- 99221, 99222, 99223 (initial inpatient),
- 99234, 99235, 99236 (observation),
- 99291, 99292 (critical care)

Quality codes for this measure (one of the following for every eligible patient):

G-Code descriptors

(Data Collection sheet should be used to determine appropriate combination of codes.)

- *G8009:* Acute myocardial infarction: patient documented to have received beta-blocker at arrival
- *G8011:* Clinician documented that acute myocardial infarction patient was not an eligible candidate for beta-blocker at arrival measure
- *G8010:* Acute myocardial infarction: patient not documented to have received beta-blocker at arrival