

Beta-blocker Therapy for Coronary Artery Disease (CAD) Patients with Prior Myocardial Infarction (MI)

*This measure is to be reported for all patients aged 18 years and older with coronary artery disease and prior myocardial infarction — a minimum of **once** per reporting period.*

Measure description

Percentage of patients aged 18 years and older with a diagnosis of coronary artery disease and prior myocardial infarction (MI) who were prescribed beta-blocker therapy

What will you need to report for each patient with coronary artery disease and prior MI for this measure?

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

- Whether or not you prescribed beta-blocker 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 beta blocker therapy, due to:

- Medical reasons (eg, not indicated, contraindicated, other medical reason) OR
- Patient reasons (eg, patient declined, economic, social, religious, other patient reason) OR
- System reasons (eg, resources to perform the services not available, insurance coverage/payer-related limitations, other reason attributable to health care delivery system)

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

Coronary Artery Disease

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PQRI Data Collection Sheet

Patient's Name	Practice Medical Record Number (MRN)	Birth Date (mm/dd/yyyy)	Gender <input type="checkbox"/> Male <input type="checkbox"/> Female
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
Patient is aged 18 years and older.	<input type="checkbox"/>	<input type="checkbox"/>	Verify date of birth on claim form.
Patient has a diagnosis of coronary artery disease and prior myocardial infarction (MI).	<input type="checkbox"/>	<input type="checkbox"/>	Refer to coding specifications document for list of applicable codes.
There is a CPT E/M Service Code for this visit.	<input type="checkbox"/>	<input type="checkbox"/>	
If No is checked for any of the above, STOP. Do not report a CPT category II code.			

Step 2 Does patient meet or have an acceptable reason for not meeting the measure?

Beta-blocker Therapy	Yes	No	Code to be Reported on Line 24D of Paper Claim Form, if Yes (or Service Line 24 of Electronic Claim Form)
Prescribed	<input type="checkbox"/>	<input type="checkbox"/>	4006F
Not prescribed for one of the following reasons:			
• Medical (eg, not indicated, contraindicated, other medical reason)	<input type="checkbox"/>	<input type="checkbox"/>	4006F-1P
• Patient (eg, patient declined, economic, social, religious, other patient reason)	<input type="checkbox"/>	<input type="checkbox"/>	4006F-2P
• System (eg, resources to perform the services not available, other reason attributable to healthcare delivery system)	<input type="checkbox"/>	<input type="checkbox"/>	4006F-3P
Document reason here and in medical chart. _____ _____			If No is checked for all of the above, report 4006F-8P (Beta-blocker therapy was not prescribed, reason not otherwise specified.)

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Coding Specifications

Codes required to document patient has coronary artery disease with prior myocardial infarction (MI) and a visit occurred:

An ICD-9 diagnosis code for coronary artery disease and for prior myocardial infarction (MI) and a CPT E/M service code are required to identify patients to be included in this measure.¹

Coronary artery disease ICD-9 diagnosis codes

- 410.00, 410.01, 410.02, 410.10, 410.11, 410.12, 410.20, 410.21, 410.22, 410.30, 410.31, 410.32, 410.40, 410.41, 410.42, 410.50, 410.51, 410.52, 410.60, 410.61, 410.62, 410.70, 410.71, 410.72, 410.80, 410.81, 410.82, 410.90, 410.91, 410.92 (acute myocardial infarction),
- 411.0, 411.1, 411.81, 411.89 (other acute and subacute forms of ischemic heart disease),
- 412 (old myocardial infarction),
- 413.0, 413.1, 413.9 (angina),
- 414.00, 414.01, 414.02, 414.03, 414.04, 414.05, 414.06, 414.07, 414.8, 414.9 (coronary artery disease),
- V45.81 (aortocoronary bypass status),
- V45.82 (PTCA status)

AND

ICD-9 diagnosis codes for patients who had a prior MI at any time

- 410.00, 410.01, 410.02, 410.10, 410.11, 410.12, 410.20, 410.21, 410.22, 410.30, 410.31, 410.32, 410.40, 410.41, 410.42, 410.50, 410.51, 410.52, 410.60, 410.61, 410.62, 410.70, 410.71, 410.72, 410.80, 410.81, 410.82, 410.90, 410.91, 410.92 (acute myocardial infarction),
- 412 (old myocardial infarction)

AND

CPT E/M service codes

- 99201, 99202, 99203, 99204, 99205 (office — new patient),
- 99212, 99213, 99214, 99215 (office — established patient),
- 99238, 99239 (discharge),
- 99241, 99242, 99243, 99244, 99245 (outpatient consult)
- 99304, 99305, 99306, 99307, 99308, 99309, 99310 (nursing facility),
- 99324, 99325, 99326, 99327, 99328, 99334, 99335, 99336, 99337 (domiciliary),
- 99341, 99342, 99343, 99344, 99345, 99347, 99348, 99349, 99350 (home visit)

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

CPT II Code descriptors

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

- **CPT II 4006F:** Beta-blocker therapy prescribed
- **CPT II 4006F-1P:** Documentation of medical reason(s) for not prescribing beta-blocker therapy
- **CPT II 4006F-2P:** Documentation of patient reason(s) for not prescribing beta-blocker therapy
- **CPT II 4006F-3P:** Documentation of system reason(s) for not prescribing beta-blocker therapy
- **CPT II 4006F-8P:** Beta-blocker therapy was not prescribed, reason not otherwise specified

¹Denominator inclusion for this measure requires the presence of a prior MI diagnosis AND at least one E/M code during the measurement period. Diagnosis codes for coronary artery disease (which include MI diagnosis codes) may also accompany the MI diagnosis code, but are not required for inclusion in the measure.

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