

**▲Measure #7: Beta-blocker Therapy for Coronary Artery Disease Patients with Prior Myocardial Infarction (MI)**

**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

**INSTRUCTIONS:**

This measure is to be reported a minimum of once per reporting period for patients with prior myocardial infarction (MI) seen during the reporting period. 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.

**This measure is reported using CPT Category II codes:**

ICD-9 diagnosis codes, CPT E/M service codes, and patient demographics (age, gender, etc.) are used to identify patients who are included in the measure's denominator. CPT Category II codes are used to report the numerator of the measure.

When reporting the measure, submit the listed ICD-9 diagnosis codes, CPT E/M service codes, and the appropriate CPT Category II code **OR** the CPT Category II code **with** the modifier. The modifiers allowed for this measure are: 1P- medical reasons, 2P- patient reasons, 3P- system reasons, 8P- reasons not otherwise specified.

**NUMERATOR:**

Patients who were prescribed beta-blocker therapy

**Definition:** "Prescribed" includes patients who are currently receiving medication(s) that follow the treatment plan recommended at an encounter during the reporting period, even if the prescription for that medication was ordered prior to the encounter.

**Numerator Coding:**

**Beta-blocker Therapy Prescribed**

CPT II 4006F: Beta-blocker therapy prescribed

OR

**Beta-blocker Therapy not Prescribed for Medical, Patient, or System Reasons**

Append a modifier (**1P**, **2P**, or **3P**) to CPT Category II code **4006F** to report documented circumstances that appropriately exclude patients from the denominator.

- **1P:** Documentation of medical reason(s) for not prescribing beta-blocker therapy
- **2P:** Documentation of patient reason(s) for not prescribing beta-blocker therapy
- **3P:** Documentation of system reason(s) for not prescribing beta-blocker therapy

OR

**Beta-blocker Therapy not Prescribed, Reason not Specified**

Append a reporting modifier (8P) to CPT Category II code 4006F to report circumstances when the action described in the numerator is not performed and the reason is not otherwise specified.

- 8P: Beta-blocker therapy was not prescribed, reason not otherwise specified

**DENOMINATOR:**

Patients aged 18 years and older with a diagnosis of coronary artery disease who also have prior myocardial infarction (MI) at any time

**Denominator Coding:**

An ICD-9 diagnosis code for coronary artery disease\* and myocardial infarction and a CPT E/M service code are required to identify patients for denominator inclusion.

**ICD-9 diagnosis codes:** 411.0, 411.1, 411.81, 411.89, 413.0, 413.1, 413.9, 414.00, 414.01, 414.02, 414.03, 414.04, 414.05, 414.06, 414.07, 414.8, 414.9, V45.81, V45.82, 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\*, 412\*

**AND**

Patients who had a prior MI at any time

**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, 412

**AND**

**CPT E/M service codes:** 99201, 99202, 99203, 99204, 99205, 99212, 99213, 99214, 99215, 99238, 99239, 99241, 99242, 99243, 99244, 99245, 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

***\*Denominator 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.***

**RATIONALE:**

In the absence of contraindications, beta-blocker therapy has been shown to reduce the risk of a recurrent MI and decrease mortality for those patients with a prior MI.

**CLINICAL RECOMMENDATION STATEMENTS:**

Chronic Stable Angina: Class I – Beta-blockers as initial therapy in the absence of contraindications in patients with prior MI. Class I – Beta-blockers as initial therapy in the absence of contraindications in patients without prior MI. (ACC/AHA/ACP-ASIM)

Unstable Angina and Non-ST-Segment Elevation Myocardial Infarction: Class I – Drugs required in the hospital to control ischemia should be continued after hospital discharge in patients who do not

undergo coronary revascularization, patients with unsuccessful revascularization, or patients with recurrent symptoms after revascularization. Upward or downward titration of the doses may be required. Class I – Beta-blockers in the absence of contraindications. (ACC/AHA)

Acute Myocardial Infarction: Class I – All but low-risk patients without a clear contraindication to  $\beta$ -adrenoceptor blocker therapy. Treatment should begin within a few days of the event (if not initiated acutely) and continue indefinitely. Class IIa – Low-risk patients without a clear contraindication to  $\beta$ -adrenoceptor blocker therapy. Survivors of non-ST-elevation MI. Class IIb – Patients with moderate or severe LV failure or other relative contraindications to  $\beta$ -adrenoceptor blocker therapy, provided they can be monitored closely. (ACC/AHA)

Although no study has determined if long-term  $\beta$ -adrenoceptor blocker therapy should be administered to survivors of MI who subsequently have successfully undergone revascularization, there is no reason to believe that these agents act differently in coronary patients who have undergone revascularization. (ACC/AHA)