Oral Antiplatelet Therapy Prescribed for Patients with Coronary Artery Disease

PQRI Data Collection Sheet			
			/ / \square Male \square Female
Patient's Name Practice Medical Record Nu	Practice Medical Record Number (MRN)		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
Patient is aged 18 years and older.			Verify date of birth on claim form.
Patient has a diagnosis of coronary artery disease.			Refer to coding specifications document for list of applicable codes.
There is a CPT E/M Service Code for this visit.			
If \mathbf{No} is checked for any of the above, STOP. Do not repo a CPT category II code.	ort		
Step 2 Does patient meet or have an acceptation for not meeting the measure?	ible reas	son	
Oral Antiplatelet Therapy	Yes	No	Code to be Reported on Line 24D of Paper Claim Form, if <i>Yes</i> (or Service Line 24 of Electronic Claim Form)
Prescribed ¹			4011F
Not prescribed for one of the following reasons: • Medical (eg, not indicated, contraindicated, other medical reason)			4011F–1P
Patient (eg, patient declined, economic, social, religious, other patient reason)			4011F-2P
System (eg, resources to perform the services not available, other reason attributable to healthcare delivery system)			4011F-3P
Document reason here and in medical chart.			If No is checked for all of the above, report 4011F–8P (Oral antiplatelet therapy [eg, aspirin, clopidogrel/Plavix or combination of aspirin and dipyridamole/Aggrenox] not prescribed, reason not otherwise specified.)

¹"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.