

Coronary Artery Disease

Angiotensin-Converting Enzyme Inhibitor (ACE) or Angiotensin Receptor Blocker (ARB) Therapy for Patients with Coronary Artery Disease and Diabetes and/or Left Ventricular Systolic Dysfunction (LVSD)

PQRI Data Collection Sheet

Patient's Name	Practice Medical Record Number (MRN)	Birth Date (mm/dd/yyyy) / /	<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.	<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 G-code.			
Step 2 Does patient also have the other requirements for this measure?			
	Yes	No	Code to be Reported on Line 24D of Paper Claim Form (or Service Line 24 of Electronic Claim Form)
Does patient have diabetes mellitus?	<input type="checkbox"/>	<input type="checkbox"/>	If No , proceed to next question. If Yes , refer to coding specifications document for list of applicable codes and proceed to Step 3.
Does patient have left ventricular systolic dysfunction [left ventricular ejection fraction (LVEF) < 40% or documentation of moderately or severely depressed left ventricular systolic function]?	<input type="checkbox"/>	<input type="checkbox"/>	If No (ie, LVEF ≥ 40%), report only G8470 and STOP. If Yes (ie, LVEF < 40%), proceed to Step 3. If LVEF not performed or documented, report G8471 and STOP.
Step 3 Does patient meet the measure?			
ACE Inhibitor or ARB 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"/>	G8473 (if patient has diabetes) OR G8468 (if patient has LVEF < 40%)
Not prescribed for the following reason: • Documented (eg, patient was not an eligible candidate for ACE inhibitor or ARB therapy)	<input type="checkbox"/>	<input type="checkbox"/>	G8474 (if patient has diabetes) OR G8469 (if patient has LVEF < 40%)
Document reason here and in medical chart. _____ _____			If No is checked for all of the above, report G8475 (if patient has diabetes) OR G8472 (if patient has LVEF < 40%) (Angiotensin converting enzyme (ACE) inhibitor or angiotensin receptor blocker (ARB) therapy not prescribed, reason not specified.)