

Beta-Blocker Therapy for Left Ventricular Systolic Dysfunction

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?			Code Required on Claim Form
	Yes	No	
Patient is aged 18 years and older on date of encounter.	<input type="checkbox"/>	<input type="checkbox"/>	Verify date of birth on claim form.
Patient has a line item diagnosis of heart failure.	<input type="checkbox"/>	<input type="checkbox"/>	Refer to coding specifications document for list of applicable codes. Codes determining a patient's eligibility must be reported on the same claim as the quality code(s) identified below.
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?			Code to be Reported on Line 24D of Paper Claim Form (or Service Line 24 of Electronic Claim Form)
	Yes	No	
Does patient have left ventricular systolic dysfunction [most recent 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 G8395 and STOP. If Yes (ie, LVEF < 40%), proceed to Step 3. If LVEF not performed or documented, report G8396 and STOP.
Step 3 Does patient meet or have an acceptable reason for not meeting the measure?			Code to be Reported on Line 24D of Paper Claim Form, if Yes (or Service Line 24 of Electronic Claim Form)
Beta-Blocker Therapy	Yes	No	
Prescribed ¹	<input type="checkbox"/>	<input type="checkbox"/>	G8450
Documented reasons (eg, patient with LVEF < 40% or documentation as moderately or severely depressed left ventricular systolic function was not eligible candidate for beta-blocker therapy)	<input type="checkbox"/>	<input type="checkbox"/>	G8451
Document reason here and in medical chart. _____ _____			If No is checked for all of the above, report G8452 (Beta-Blocker therapy 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.