

# Coronary Artery Disease

## Oral Antiplatelet Therapy Prescribed for Patients with Coronary Artery Disease

### 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 coronary artery disease.	<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 Code for this visit.	<input type="checkbox"/>	<input type="checkbox"/>	
If <b>No</b> 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?			Code to be Reported on Line 24D of Paper Claim Form, if Yes (or Service Line 24 of Electronic Claim Form)
Oral Antiplatelet Therapy	Yes	No	
Prescribed <sup>1</sup>	<input type="checkbox"/>	<input type="checkbox"/>	4011F
Not prescribed for one of the following reasons:			
• Medical (eg, not indicated, contraindicated, other medical reason)	<input type="checkbox"/>	<input type="checkbox"/>	4011F-1P
• Patient (eg, patient declined, economic, social, religious, other patient reason)	<input type="checkbox"/>	<input type="checkbox"/>	4011F-2P
• System (eg, resources to perform the services not available, other reason attributable to healthcare delivery system)	<input type="checkbox"/>	<input type="checkbox"/>	4011F-3P
Document reason here and in medical chart. _____ _____			If <b>No</b> is checked for <b>all</b> of the above, report 4011F-8P (Oral antiplatelet therapy was not prescribed, reason not otherwise specified.)

<sup>1</sup>"Prescribed" may include prescription given to the patient for aspirin or clopidogrel or combination of aspirin and extended release dipyridamole at one or more visits in the 12 month period OR patient already taking aspirin or clopidogrel or combination of aspirin and extended release dipyridamole as documented in current medication list.