

Quality ID #007 (CBE 0070): Coronary Artery Disease (CAD): Beta-Blocker Therapy – Prior Myocardial Infarction (MI) or Left Ventricular Systolic Dysfunction (LVEF ≤ 40%)

2025 COLLECTION TYPE:

MIPS CLINICAL QUALITY MEASURES (CQMS)

MEASURE TYPE:

Process

DESCRIPTION:

Percentage of patients aged 18 years and older with a diagnosis of coronary artery disease seen within a 12-month period who also have a prior MI or a current or prior LVEF ≤ 40% who were prescribed beta-blocker therapy.

INSTRUCTIONS:

This measure is to be submitted a minimum of **once per performance period** for all patients with a diagnosis of CAD seen during the performance period. Only patients who had at least two denominator-eligible visits during the performance period will be counted for Submission Criteria 1 and Submission Criteria 2 of this measure. This measure may be submitted by Merit-based Incentive Payment System (MIPS) eligible clinicians who perform the quality actions described in the measure for the primary management of patients with CAD based on the services provided and the measure-specific denominator coding.

The MIPS eligible clinician should submit data on one of the submission criteria, depending on the clinical findings. If the patient has CAD or history of cardiac surgery and a current or prior LVEF ≤ 40% (or moderate or severe LVSD), use Submission Criteria 1. If the patient has CAD or history of cardiac surgery and has a prior (within the past 3 years) MI, use Submission Criteria 2. The 3-year lookback period for the prior MI should be from the time of the encounter that is used to qualify for the denominator and evaluate the numerator. If the patient has had an MI within the past 3 years and has a current or prior LVEF ≤ 40% (or moderate or severe LVSD), the MIPS eligible clinician should submit quality data codes for Submission Criteria 1 and this will count as appropriate submission for this patient.

NOTE: Patient encounters for this measure conducted via telehealth (including but not limited to encounters coded with GQ, GT, POS 02, POS 10) are allowable. Please note that effective January 1, 2025, while a measure may be denoted as telehealth eligible, specific denominator codes within the encounter may no longer be eligible due to changes outlined in the CY 2024 PFS Final Rule List of Medicare Telehealth Services.

Measure Submission Type:

Measure data may be submitted by individual MIPS eligible clinicians, groups, or third-party intermediaries. The listed denominator criteria are used to identify the intended patient population. The numerator options included in this specification are used to submit the quality actions as allowed by the measure. The quality data codes listed do not need to be submitted by MIPS eligible clinicians, groups, or third-party intermediaries that utilize this modality for submissions; however, these codes may be submitted for those third-party intermediaries that utilize Medicare Part B claims data. For more information regarding Application Programming Interface (API), please refer to the Quality Payment Program (QPP) website.

THERE ARE TWO SUBMISSION CRITERIA FOR THIS MEASURE:

- 1) All patients with a diagnosis of CAD or history of cardiac surgery who have a current or prior LVEF ≤ 40%

OR

- 2) All patients with a diagnosis of CAD or history of cardiac surgery who have a prior (within the past 3 years) MI

SUBMISSION CRITERIA 1: ALL PATIENTS WITH A DIAGNOSIS OF CAD OR HISTORY OF CARDIAC SURGERY WHO HAVE A CURRENT OR PRIOR LVEF ≤ 40%

DENOMINATOR (SUBMISSION CRITERIA 1):

All patients aged 18 years and older with a diagnosis of coronary artery disease seen within a 12-month period who also have a current or prior LVEF ≤ 40%

DENOMINATOR NOTE: LVEF ≤ 40% corresponds to qualitative documentation of moderate dysfunction or severe dysfunction (LVSD). The LVSD may be determined by quantitative or qualitative assessment, which may be current or historical. Examples of a quantitative or qualitative assessment may include an echocardiogram: 1) that provides a numerical value of left ventricular systolic dysfunction or 2) that uses descriptive terms such as moderately or severely depressed left ventricular systolic function. Any current or prior ejection fraction study documenting LVSD can be used to identify patients.

The history of cardiac surgery serves as a proxy for a diagnosis of CAD; a diagnosis is not needed if the patient has documented history of cardiac surgery. Only one of the two criteria – a diagnosis of CAD or history of cardiac surgery proxy – is required. To meet the denominator criteria, a patient must have an active diagnosis of CAD (or proxy documented) at the time of the encounter that is used to qualify for the denominator and evaluate the numerator.

The encounter used to evaluate the numerator counts as 1 of the 2 encounters required for denominator inclusion. If the patient meets the CAD diagnosis criterion, the diagnosis needs to be active only at the encounter being evaluated for the numerator action. If the patient meets the proxy of a history of cardiac surgery inclusion criterion, there should be documentation of the proxy at the encounter being evaluated for the numerator action.

**Signifies that this CPT Category I code is a non-covered service under the Medicare Part B Physician Fee Schedule (PFS). These non-covered services should be counted in the denominator population for MIPS CQMs.*

Denominator Criteria (Eligible Cases) 1:

Patients aged ≥ 18 years on date of encounter

AND

Diagnosis for coronary artery disease (ICD-10-CM): I20.0, I20.1, I20.2, I20.81, I20.89, I20.9, I24.0, I24.89, I24.9, I25.10, I25.110, I25.111, I25.112, I25.118, I25.119, I25.5, I25.6, I25.700, I25.701, I25.702, I25.708, I25.709, I25.710, I25.711, I25.712, I25.718, I25.719, I25.720, I25.721, I25.722, I25.728, I25.729, I25.730, I25.731, I25.732, I25.738, I25.739, I25.750, I25.751, I25.752, I25.758, I25.759, I25.760, I25.761, I25.762, I25.768, I25.769, I25.790, I25.791, I25.792, I25.798, I25.799, I25.810, I25.811, I25.812, I25.82, I25.83, I25.84, I25.89, I25.9, Z95.1, Z95.5, Z98.61

OR

History of cardiac surgery (CPT): 33140, 33510, 33511, 33512, 33513, 33514, 33516, 33533, 33534, 33535, 33536, 92920, 92924, 92928, 92933, 92937, 92941, 92943

AND

Patient encounter during performance period – to be used for numerator evaluation (CPT): 98000, 98001, 98002, 98003, 98004, 98005, 98006, 98007, 98008, 98009, 98010, 98011, 98012, 98013, 98014, 98015, 98016, 99202, 99203, 99204, 99205, 99212, 99213, 99214, 99215, 99242*, 99243*, 99244*, 99245*, 99304, 99305, 99306, 99307, 99308, 99309, 99310, 99315, 99316, 99341, 99342, 99344, 99345, 99347, 99348, 99349, 99350, 99424, 99426

AND

At least one additional patient encounter during performance period (CPT): 98000, 98001, 98002, 98003, 98004, 98005, 98006, 98007, 98008, 98009, 98010, 98011, 98012, 98013, 98014, 98015, 98016, 99202, 99203, 99204, 99205, 99212, 99213, 99214, 99215, 99242*, 99243*, 99244*, 99245*, 99304, 99305, 99306, 99307, 99308, 99309, 99310, 99315, 99316, 99341, 99342, 99344, 99345, 99347, 99348, 99349, 99350, 99424, 99426

AND

Current or prior left ventricular ejection fraction (LVEF) \leq 40% or documentation of moderate or severe LVSD: G8694

NUMERATOR (SUBMISSION CRITERIA 1):

Patients who were prescribed beta-blocker therapy

Definitions:

Prescribed – May include prescription given to the patient for beta-blocker therapy at one or more visits in the measurement period OR patient already taking beta-blocker therapy as documented in current medication list.

Beta-blocker Therapy – For patients with prior LVEF \leq 40%, “beta-blocker therapy” includes the following: bisoprolol, carvedilol, or sustained release metoprolol succinate.

NUMERATOR NOTE: *To meet the intent of the measure, the numerator quality action must be performed at the encounter at which the active diagnosis of CAD or history of cardiac surgery proxy is documented. Denominator Exception(s) are determined on the date of the denominator-eligible encounter.*

Numerator Options:

<u>Performance Met:</u>	Beta-blocker therapy prescribed or currently being taken (G9189)
<u>OR</u>	
<u>Denominator Exception:</u>	Documentation of medical reason(s) for not prescribing beta-blocker therapy (e.g., allergy, intolerance, other medical reasons) (G9190)
<u>OR</u>	
<u>Denominator Exception:</u>	Documentation of patient reason(s) for not prescribing beta-blocker therapy (e.g., patient declined, other patient reasons) (G9191)
<u>OR</u>	
<u>Performance Not Met:</u>	Beta-blocker therapy not prescribed, reason not given (G9188)

OR

SUBMISSION CRITERIA 2: ALL PATIENTS WITH A DIAGNOSIS OF CAD OR HISTORY OF CARDIAC SURGERY WHO HAVE A PRIOR (WITHIN THE PAST 3 YEARS) MI

DENOMINATOR (SUBMISSION CRITERIA 2):

All patients aged 18 years and older with a diagnosis of coronary artery disease seen within a 12-month period who also have prior (within the past 3 years) MI

Definition:

Prior Myocardial Infarction (MI) – for Submission Criteria 2, prior MI is limited to those occurring within the past 3 years. The 3-year lookback period for the prior MI should be from the time of the encounter that is used to qualify for the denominator and evaluate the numerator.

DENOMINATOR NOTE: *The history of cardiac surgery serves as a proxy for a diagnosis of CAD; a diagnosis is not needed if the patient has documented history of cardiac surgery. Only one of the two criteria – a diagnosis of CAD or history of cardiac surgery proxy – is required. To meet the denominator criteria, a patient must have an active diagnosis of CAD (or proxy documented) at the time of the encounter that is used to qualify for the denominator and evaluate the numerator.*

The encounter used to evaluate the numerator counts as 1 of the 2 encounters required for denominator inclusion. If the patient meets the CAD diagnosis criterion, the diagnosis needs to be active only at the encounter being evaluated for the numerator action. If the patient meets the proxy of a history of cardiac

surgery inclusion criterion, there should be documentation of the proxy at the encounter being evaluated for the numerator action.

*Signifies that this CPT Category I code is a non-covered service under the Medicare Part B PFS. These non-covered services should be counted in the denominator population for MIPS CQMs.

Denominator Criteria (Eligible Cases) 2:

Patients aged ≥ 18 years on date of encounter

AND

Diagnosis for coronary artery disease (ICD-10-CM): I20.0, I20.1, I20.2, I20.81, I20.89, I20.9, I24.0, I24.89, I24.9, I25.10, I25.110, I25.111, I25.112, I25.118, I25.119, I25.5, I25.6, I25.700, I25.701, I25.702, I25.708, I25.709, I25.710, I25.711, I25.712, I25.718, I25.719, I25.720, I25.721, I25.722, I25.728, I25.729, I25.730, I25.731, I25.732, I25.738, I25.739, I25.750, I25.751, I25.752, I25.758, I25.759, I25.760, I25.761, I25.762, I25.768, I25.769, I25.790, I25.791, I25.792, I25.798, I25.799, I25.810, I25.811, I25.812, I25.82, I25.83, I25.84, I25.89, I25.9, Z95.1, Z95.5, Z98.61

OR

History of cardiac surgery (CPT): 33140, 33510, 33511, 33512, 33513, 33514, 33516, 33533, 33534, 33535, 33536, 92920, 92924, 92928, 92933, 92937, 92941, 92943

AND

Diagnosis for myocardial infarction – includes patient that had a prior (within the past 3 years) myocardial infarction (ICD-10-CM): I21.01, I21.02, I21.09, I21.11, I21.19, I21.21, I21.29, I21.3, I21.4, I21.9, I21.A9, I21.B

AND

Patient encounter during performance period – to be used for numerator evaluation (CPT): 98000, 98001, 98002, 98003, 98004, 98005, 98006, 98007, 98008, 98009, 98010, 98011, 98012, 98013, 98014, 98015, 98016, 99202, 99203, 99204, 99205, 99212, 99213, 99214, 99215, 99242*, 99243*, 99244*, 99245*, 99304, 99305, 99306, 99307, 99308, 99309, 99310, 99315, 99316, 99341, 99342, 99344, 99345, 99347, 99348, 99349, 99350, 99424, 99426

AND

At least one additional patient encounter during performance period (CPT): 98000, 98001, 98002, 98003, 98004, 98005, 98006, 98007, 98008, 98009, 98010, 98011, 98012, 98013, 98014, 98015, 98016, 99202, 99203, 99204, 99205, 99212, 99213, 99214, 99215, 99242*, 99243*, 99244*, 99245*, 99304, 99305, 99306, 99307, 99308, 99309, 99310, 99315, 99316, 99341, 99342, 99344, 99345, 99347, 99348, 99349, 99350, 99424, 99426

NUMERATOR (SUBMISSION CRITERIA 2):

Patients who were prescribed beta-blocker therapy

Definitions:

Prescribed – May include prescription given to the patient for beta-blocker therapy at one or more visits in the measurement period OR patient already taking beta-blocker therapy as documented in current medication list.

Beta-blocker Therapy – For patients with prior MI, “beta-blocker therapy” includes any agent within the beta-blocker drug class.

NUMERATOR NOTE: To meet the intent of the measure, the numerator quality action must be performed at the encounter at which the active diagnosis of CAD or history of cardiac surgery proxy is documented.

Denominator Exception(s) are determined on the date of the denominator-eligible encounter.

Numerator Options:

Performance Met:

Beta-blocker therapy prescribed or currently being taken
(4008F)

OR

Denominator Exception:

Documentation of medical reason(s) for not prescribing beta-blocker therapy (e.g., allergy, intolerance, other medical reasons) **(4008F with 1P)**

OR

Denominator Exception:

Documentation of patient reason(s) for not prescribing beta-blocker therapy (e.g., patient declined, other patient reasons) **(4008F with 2P)**

OR

Performance Not Met:

Beta-blocker therapy not prescribed, reason not otherwise specified **(4008F with 8P)**

RATIONALE:

For patients with coronary artery disease (CAD), beta-blockers are recommended for 3 years after myocardial infarction or acute coronary syndrome. Beta-blockers, particularly carvedilol, metoprolol succinate, or bisoprolol, which have been shown to reduce risk of death, are recommended indefinitely for patients with CAD and LV systolic dysfunction. These agents have proven efficacy in reducing angina onset and improving the ischemic threshold during exercise. In patients who have suffered an MI, beta-blockers significantly reduce deaths and recurrent MIs (ACCF/AHA/ACP/AATS/PCNA/SCAI/STS, 2012).

Nonadherence to cardio protective medications is prevalent among outpatients with CAD and can be associated with a broad range of adverse outcomes, including all-cause and cardiovascular mortality, cardiovascular hospitalizations, and the need for revascularization procedures (ACC/AHA, 2002).

This measure is intended to promote beta-blocker usage in select patients with CAD.

CLINICAL RECOMMENDATION STATEMENTS:

Beta-blocker therapy should be started and continued for 3 years in all patients with normal LV function after MI or ACS. (Class I, Level of Evidence: B) (ACCF/AHA/ACP/AATS/PCNA/SCAI/STS, 2012).

Beta-blocker therapy should be used in all patients with LV systolic dysfunction ($EF \leq 40\%$) with heart failure or prior MI, unless contraindicated. (Use should be limited to carvedilol, metoprolol succinate, or bisoprolol, which have been shown to reduce risk of death.) (Class I, Level of Evidence: A) (ACCF/AHA/ACP/AATS/PCNA/SCAI/STS, 2012).

In patients with CCD and $LVEF \leq 40\%$ with or without previous MI, the use of beta-blocker therapy is recommended to reduce the risk of future MACE, including cardiovascular death. (Class 1, Level of Evidence: A) (AHA/ACC/ACCP/ASPC/NLA/PCNA, 2023)

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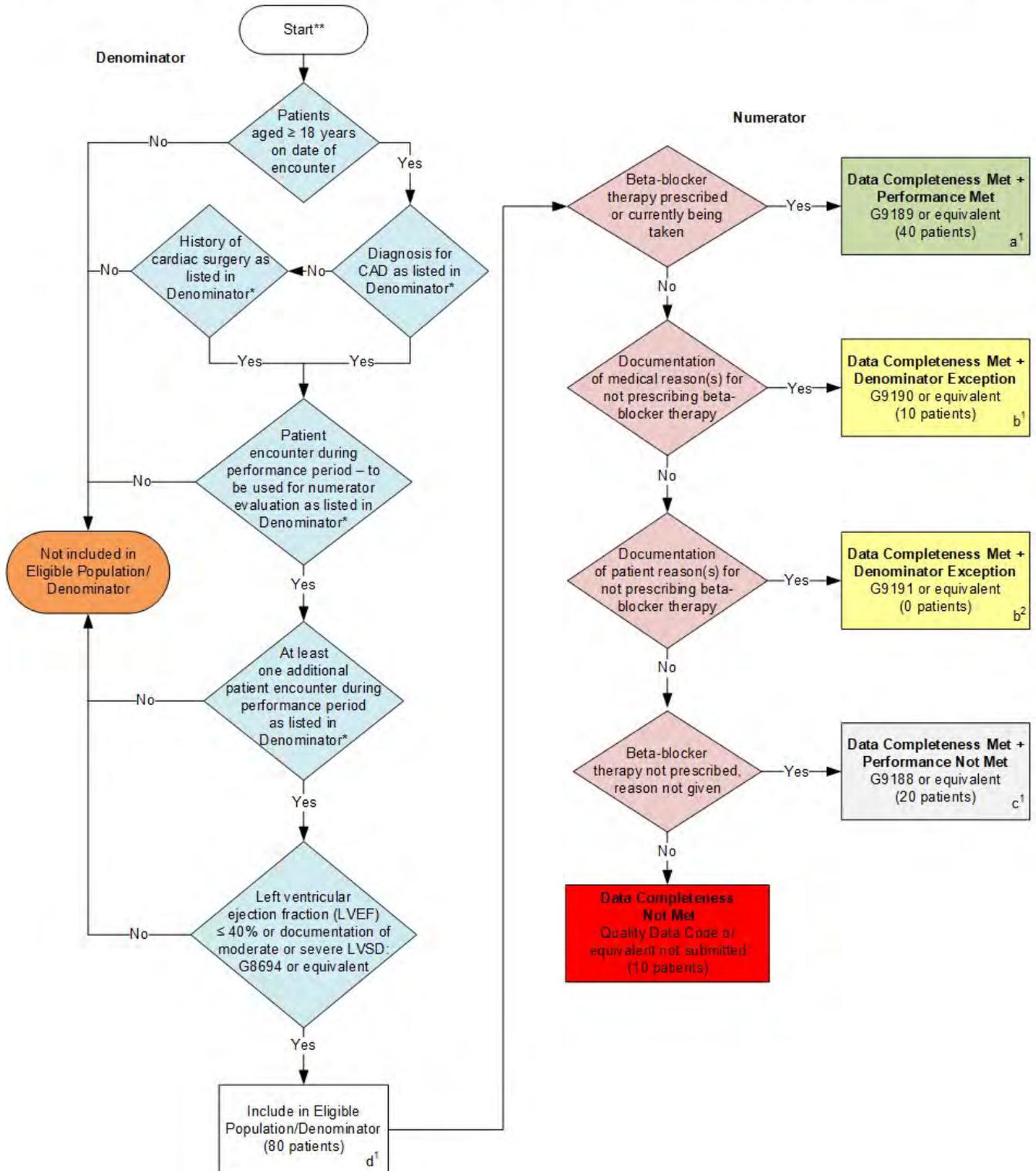
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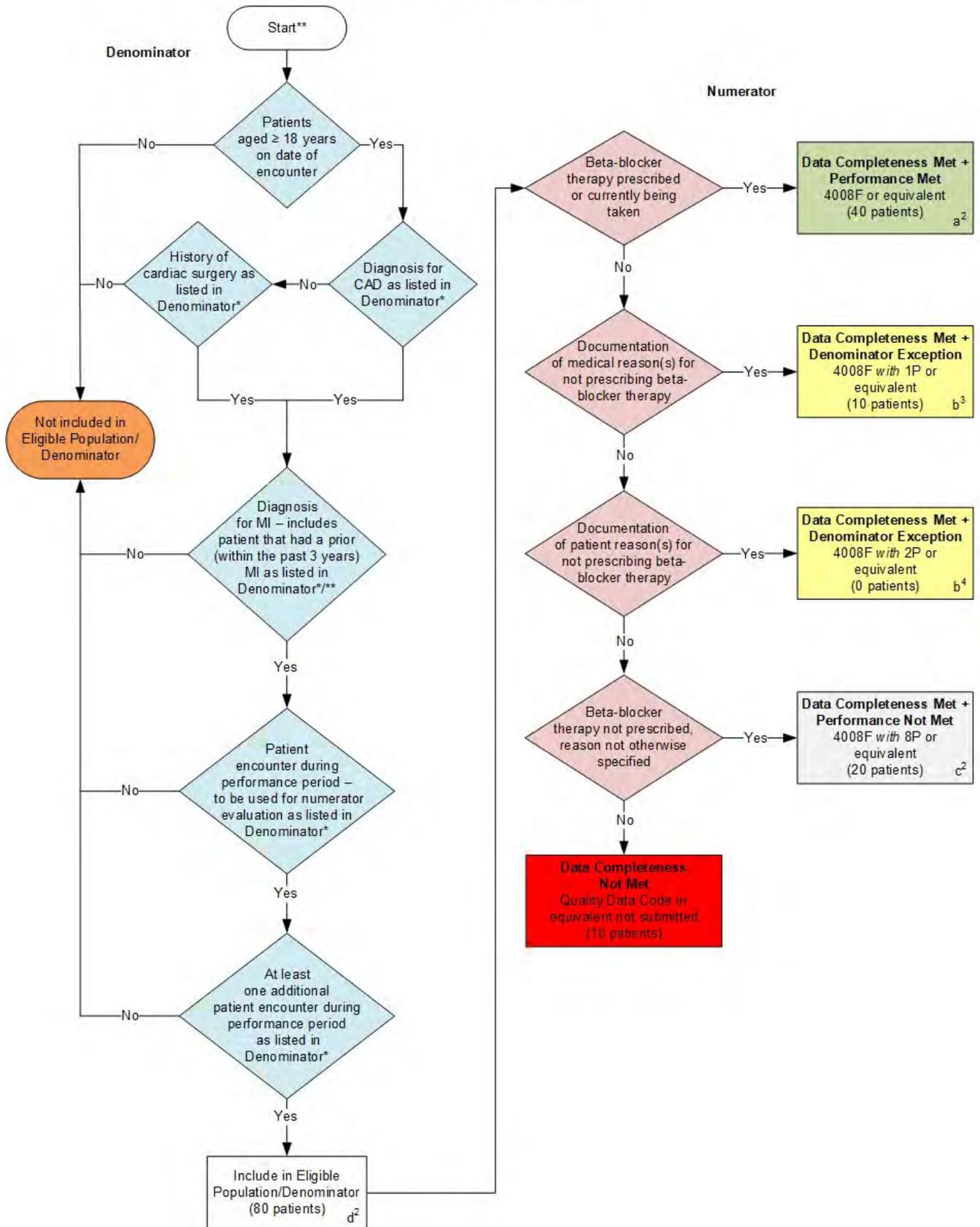
The American Medical Association's and the PCPI® Foundation's significant past efforts and contributions to the performance measures are gratefully acknowledged.

**2025 Clinical Quality Measure Flow for Quality ID #007 (CBE 0070):
Coronary Artery Disease (CAD): Beta-Blocker Therapy – Prior Myocardial Infarction (MI)
or Left Ventricular Systolic Dysfunction (LVEF ≤ 40%)
Submission Criteria One**

Disclaimer: Refer to the measure specification for specific coding and instructions to submit this measure.



Submission Criteria Two



SAMPLE CALCULATIONS

Data Completeness=

$$\frac{\text{Performance Met (a}^1+\text{a}^2=80 \text{ pts)} + \text{Denominator Exception (b}^1+\text{b}^2+\text{b}^3+\text{b}^4=20 \text{ pts)} + \text{Performance Not Met (c}^1+\text{c}^2=40 \text{ pts)}}{\text{Eligible Population / Denominator (d}^1+\text{d}^2=160 \text{ pts)}} = \frac{140 \text{ pts}}{160 \text{ pts}} = 87.50\%$$

Performance Rate=

$$\frac{\text{Performance Met (a}^1+\text{a}^2=80 \text{ pts)}}{\text{Data Completeness Numerator (140 pts) - Denominator Exception (b}^1+\text{b}^2+\text{b}^3+\text{b}^4=20 \text{ pts)}} = \frac{80 \text{ pts}}{120 \text{ pts}} = 66.67\%$$

*See the posted measure specification for specific coding and instructions to submit this measure.

**If the patient has both prior (within the past 3 years) MI and LVEF \leq 40%, the MIPS eligible clinician should submit quality data codes for Submission Criteria 1 and this will count as appropriate submission for this patient.

This measure contains two Submission Criteria, although as the Sample Calculation indicates, there is ONLY one data completeness and one performance rate for this measure.

NOTE: Submission Frequency: Patient-Process

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The measure diagrams were developed by CMS as a supplemental resource to be used in conjunction with the measure specifications. They should not be used alone or as a substitution for the measure specification.

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**2025 Clinical Quality Measure Flow Narrative for Quality ID #007 (CBE 0070):
Coronary Artery Disease (CAD): Beta-Blocker Therapy – Prior Myocardial Infarction (MI)
or Left Ventricular Systolic Dysfunction (LVEF ≤ 40 Percent)**

Disclaimer: Refer to the measure specification for specific coding and instructions to submit this measure.

Submission Criteria One:

1. Start with Denominator
2. Check *Patients aged greater than or equal to 18 years on date of encounter*:
 - a. If *Patients aged greater than or equal to 18 years on date of encounter* equals No, do not include in *Eligible Population/Denominator*. Stop processing.
 - b. If *Patients aged greater than or equal to 18 years on date of encounter* equals Yes, proceed to check *Diagnosis for CAD as listed in Denominator**.
3. Check *Diagnosis for CAD as listed in Denominator**:
 - a. If *Diagnosis for CAD as listed in Denominator** equals No, proceed to check *History of cardiac surgery as listed in Denominator**.
 - b. If *Diagnosis for CAD as listed in Denominator** equals Yes, proceed to check *Patient encounter during performance period – to be used for numerator evaluation as listed in Denominator**.
4. Check *History of cardiac surgery as listed in Denominator**:
 - a. If *History of cardiac surgery as listed in Denominator** equals No, do not include in *Eligible Population/Denominator*. Stop processing.
 - b. If *History of cardiac surgery as listed in Denominator** equals Yes, proceed to check *Patient encounter during performance period – to be used for numerator evaluation as listed in Denominator**.
5. Check *Patient encounter during performance period – to be used for numerator evaluation as listed in Denominator**:
 - a. If *Patient encounter during performance period – to be used for numerator evaluation as listed in Denominator** equals No, do not include in *Eligible Population/Denominator*. Stop processing.
 - b. If *Patient encounter during performance period – to be used for numerator evaluation as listed in Denominator** equals Yes, proceed to check *At least one additional patient encounter during performance period as listed in Denominator**.
6. Check *At least one additional patient encounter during performance period as listed in Denominator**:
 - a. If *At least one additional patient encounter during performance period as listed in Denominator** equals No, do not include in *Eligible Population/Denominator*. Stop processing.
 - b. If *At least one additional patient encounter during performance period as listed in Denominator** equals Yes, proceed to check *Left ventricular ejection fraction (LVEF) less than or equal to 40 percent or documentation of moderate or severe LVSD*.
7. Check *Left ventricular ejection fraction (LVEF) less than or equal to 40 percent or documentation of moderate or severe LVSD*:

- a. If *Left ventricular ejection fraction (LVEF) less than or equal to 40 percent or documentation of moderate or severe LVSD* equals No, do not include in *Eligible Population/Denominator*. Stop processing.
 - b. If *Left ventricular ejection fraction (LVEF) less than or equal to 40 percent or documentation of moderate or severe LVSD* equals Yes, include in *Eligible Population/Denominator*.
8. Denominator Population:
- Denominator Population is all Eligible Patients in the Denominator. Denominator is represented as Denominator in the Sample Calculation listed at the end of this document. Letter d¹ equals 80 patients in the Sample Calculation.
9. Start Numerator
10. Check *Beta-blocker therapy prescribed or currently being taken*:
- a. If *Beta-blocker therapy prescribed or currently being taken* equals Yes, include in *Data Completeness Met and Performance Met*.
 - *Data Completeness Met and Performance Met* letter is represented in the Data Completeness and Performance Rate in the Sample Calculation listed at the end of this document. Letter a¹ equals 40 patients in the Sample Calculation.
 - b. If *Beta-blocker therapy prescribed or currently being taken* equals No, proceed to check *Documentation of medical reason(s) for not prescribing beta-blocker therapy*.
11. Check *Documentation of medical reason(s) for not prescribing beta-blocker therapy*:
- a. If *Documentation of medical reason(s) for not prescribing beta-blocker therapy* equals Yes, include in *Data Completeness Met and Denominator Exception*.
 - *Data Completeness Met and Denominator Exception* letter is represented in the Data Completeness and Performance Rate in the Sample Calculation listed at the end of this document. Letter b¹ equals 10 patients in the Sample Calculation.
 - b. If *Documentation of medical reason(s) for not prescribing beta-blocker therapy* equals No, proceed to check *Documentation of patient reason(s) for not prescribing beta-blocker therapy*.
12. Check *Documentation of patient reason(s) for not prescribing beta-blocker therapy*:
- a. If *Documentation of patient reason(s) for not prescribing beta-blocker therapy* equals Yes, include in *Data Completeness Met and Denominator Exception*.
 - *Data Completeness Met and Denominator Exception* letter is represented in the Data Completeness and Performance Rate in the Sample Calculation listed at the end of this document. Letter b² equals 0 patients in the Sample Calculation.
 - b. If *Documentation of patient reason(s) for not prescribing beta-blocker therapy* equals No, proceed to check *Beta-blocker therapy not prescribed, reason not given*.
13. Check *Beta-blocker therapy not prescribed, reason not given*:
- a. If *Beta-blocker therapy not prescribed, reason not given* equals Yes, include in *Data Completeness Met and Performance Not Met*.

- *Data Completeness Met and Performance Not Met* letter is represented in the Data Completeness in the Sample Calculation listed at the end of this document. Letter c¹ equals 20 patients in the Sample Calculation.
- b. If *Beta-blocker therapy not prescribed, reason not given* equals No, proceed to check *Data Completeness Not Met*.
14. Check *Data Completeness Not Met*:
- If *Data Completeness Not Met*, the Quality Data Code or equivalent was not submitted. 10 patients have been subtracted from the Data Completeness Numerator in the Sample Calculation.

Submission Criteria Two:

1. Start with Denominator
2. Check *Patients aged greater than or equal to 18 years on date of encounter*:
 - a. If *Patients aged greater than or equal to 18 years on date of encounter* equals No, do not include in *Eligible Population/Denominator*. Stop processing.
 - b. If *Patients aged greater than or equal to 18 years on date of encounter* equals Yes, proceed to check *Diagnosis for CAD as listed in Denominator**.
3. Check *Diagnosis for CAD as listed in Denominator**:
 - a. If *Diagnosis for CAD as listed in Denominator** equals No, proceed to check *History of cardiac surgery as listed in Denominator**.
 - b. If *Diagnosis for CAD as listed in Denominator** equals Yes, proceed to check *Diagnosis for MI – includes patient that had a prior (within the past 3 years) MI as listed in Denominator*/***.
4. Check *History of cardiac surgery as listed in Denominator**:
 - a. If *History of cardiac surgery as listed in Denominator** equals No, do not include in *Eligible Population/Denominator*. Stop Processing.
 - b. If *History of cardiac surgery as listed in Denominator** equals Yes, proceed to check *Diagnosis for MI – includes patient that had a prior (within the past 3 years) MI as listed in Denominator*/***.
5. Check *Diagnosis for MI – includes patient that had a prior (within the past 3 years) MI as listed in Denominator*/***:
 - a. If *Diagnosis for MI – includes patient that had a prior (within the past 3 years) MI as listed in Denominator*/*** equals No, do not include in *Eligible Population/Denominator*. Stop processing.
 - b. If *Diagnosis for MI – includes patient that had a prior (within the past 3 years) MI as listed in Denominator*/*** equals Yes, proceed to check *Patient encounter during performance period – to be used for numerator evaluation as listed in Denominator**.
6. Check *Patient encounter during performance period – to be used for numerator evaluation as listed in Denominator**:
 - a. If *Patient encounter during performance period – to be used for numerator evaluation as listed in Denominator** equals No, do not include in *Eligible Population/Denominator*. Stop processing.

- b. If *Patient encounter during performance period* – to be used for numerator evaluation as listed in *Denominator** equals Yes, proceed to check *At least one additional patient encounter during performance period as listed in Denominator**.
7. Check *At least one additional patient encounter during performance period as listed in Denominator**:
 - a. If *At least one additional patient encounter during performance period as listed in Denominator** equals No, do not include in *Eligible Population/Denominator*. Stop processing.
 - b. If *At least one additional patient encounter during performance period as listed in Denominator** equals Yes, include in *Eligible Population/Denominator*.
8. Denominator Population:
 - Denominator Population is all Eligible Patients in the Denominator. Denominator is represented as Denominator in the Sample Calculation listed at the end of this document. Letter d² equals 80 patients in the Sample Calculation.
9. Start Numerator
10. Check *Beta-blocker therapy prescribed or currently being taken*:
 - a. If *Beta-blocker therapy prescribed or currently being taken* equals Yes, include in *Data Completeness Met and Performance Met*.
 - *Data Completeness Met and Performance Met* letter is represented in the Data Completeness and Performance Rate in the Sample Calculation listed at the end of this document. Letter a² equals 40 patients in the Sample Calculation.
 - b. If *Beta-blocker therapy prescribed or currently being taken* equals No, proceed to check *Documentation of medical reason(s) for not prescribing beta-blocker therapy*.
11. Check *Documentation of medical reason(s) for not prescribing beta-blocker therapy*:
 - a. If *Documentation of medical reason(s) for not prescribing beta-blocker therapy* equals Yes, include in *Data Completeness Met and Denominator Exception*.
 - *Data Completeness Met and Denominator Exception* letter is represented in the Data Completeness and Performance Rate in the Sample Calculation listed at the end of this document. Letter b³ equals 10 patients in the Sample Calculation.
 - b. If *Documentation of medical reason(s) for not prescribing beta-blocker therapy* equals No, proceed to check *Documentation of patient reason(s) for not prescribing beta-blocker therapy*.
12. Check *Documentation of patient reason(s) for not prescribing beta-blocker therapy*:
 - a. If *Documentation of patient reason(s) for not prescribing beta-blocker therapy* equals Yes, include in *Data Completeness Met and Denominator Exception*.
 - *Data Completeness Met and Denominator Exception* letter is represented in the Data Completeness and Performance Rate in the Sample Calculation listed at the end of this document. Letter b⁴ equals 0 patients in the Sample Calculation.
 - b. If *Documentation of patient reason(s) for not prescribing beta-blocker therapy* equals No, proceed to check *Beta-blocker therapy not prescribed, reason not otherwise specified*.

13. Check *Beta-blocker therapy not prescribed, reason not otherwise specified*:
- a. If *Beta-blocker therapy not prescribed, reason not otherwise specified* equals Yes, include in *Data Completeness Met and Performance Not Met*.
 - *Data Completeness Met and Performance Not Met* letter is represented in the Data Completeness in the Sample Calculation listed at the end of this document. Letter c² equals 20 patients in the Sample Calculation.
 - b. If *Beta-blocker therapy not prescribed, reason not otherwise specified* equals No, proceed to check *Data Completeness Not Met*.
14. Check *Data Completeness Not Met*:
- If *Data Completeness Not Met*, the Quality Data Code or equivalent was not submitted. 10 patients have been subtracted from the Data Completeness Numerator in the Sample Calculation.

Sample Calculations

Data Completeness equals Performance Met (a¹ plus a² equals 80 patients) plus Denominator Exception (b¹ plus b² plus b³ plus b⁴ equals 20 patients) plus Performance Not Met (c¹ plus c² equals 40 patients) divided by Eligible Population / Denominator (d¹ plus d² equals 160 patients). All equals 140 patients divided by 160 patients. All equals 87.50 percent.

Performance Rate equals Performance Met (a¹ plus a² equals 80 patients) divided by Data Completeness Numerator (140 patients) minus Denominator Exception (b¹ plus b² plus b³ plus b⁴ equals 20 patients). All equals 80 patients divided by 120 patients. All equals 66.67 percent.

*See the posted measure specification for specific coding and instructions to submit this measure.

**If the patient has both prior (within the past 3 years) MI and LVEF ≤ 40%, the MIPS eligible clinician should submit quality data codes for Submission Criteria 1 and this will count as appropriate submission for this patient.

This measure contains two Submission Criteria, although as the Sample Calculation indicates, there is ONLY one data completeness and one performance rate for this measure.

NOTE: Submission Frequency: Patient-Process

The measure diagrams were developed by CMS as a supplemental resource to be used in conjunction with the measure specifications. They should not be used alone or as a substitution for the measure specification.