Measure description
Percentage of patients aged 18 years and older with a diagnosis of coronary artery disease and prior myocardial infarction (MI) who were prescribed beta-blocker therapy

What will you need to report for each patient with coronary artery disease and prior MI for this measure?
If you select this measure for reporting, you will report:
■ Whether or not you prescribed beta-blocker therapy

What if this process or outcome of care is not appropriate for your patient?
There may be times when it is not appropriate to prescribe beta-blocker therapy, due to:
■ Medical reasons (eg, not indicated, contraindicated, other medical reason) OR
■ Patient reasons (eg, patient declined, economic, social, religious, other patient reason) OR
■ System reasons (eg, resources to perform the services not available, insurance coverage/payer-related limitations, other reason attributable to health care delivery system)

In these cases, you will need to indicate which reason applies, specify the reason on the worksheet and in the medical chart. The office/billing staff will then report a code with a modifier that represents these valid reasons (also called exclusions).

This measure is to be reported for all patients aged 18 years and older with coronary artery disease and prior myocardial infarction — a minimum of once per reporting period.
### Beta-blocker Therapy for Coronary Artery Disease (CAD) Patients with Prior Myocardial Infarction (MI)

#### Step 1  Is patient eligible for this measure?

<table>
<thead>
<tr>
<th>Clinical Information</th>
<th>Billing Information</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Step 1</strong> Is patient eligible for this measure?</td>
<td>Code Required on Claim Form</td>
</tr>
<tr>
<td><strong>Yes</strong></td>
<td><strong>No</strong></td>
</tr>
<tr>
<td>Patient is aged 18 years and older.</td>
<td>☐</td>
</tr>
<tr>
<td>Patient has a diagnosis of coronary artery disease and prior myocardial infarction (MI).</td>
<td>☐</td>
</tr>
<tr>
<td>There is a CPT E/M Service Code for this visit.</td>
<td>☐</td>
</tr>
</tbody>
</table>

If **No** 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?

<table>
<thead>
<tr>
<th>Beta-blocker Therapy</th>
<th>Code to be Reported on Line 24D of Paper Claim Form, if <strong>Yes</strong> (or Service Line 24 of Electronic Claim Form)</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Prescribed</strong></td>
<td>4006F</td>
</tr>
<tr>
<td>Not prescribed for one of the following reasons:</td>
<td></td>
</tr>
<tr>
<td>• Medical (eg, not indicated, contraindicated, other medical reason)</td>
<td>☐</td>
</tr>
<tr>
<td>• Patient (eg, patient declined, economic, social, religious, other patient reason)</td>
<td>☐</td>
</tr>
<tr>
<td>• System (eg, resources to perform the services not available, other reason attributable to healthcare delivery system)</td>
<td>☐</td>
</tr>
</tbody>
</table>

Document reason here and in medical chart.

If **No** is checked for **all** of the above, report 4006F–8P (Beta-blocker therapy was not prescribed, reason not otherwise specified.)
Beta-blocker Therapy for Coronary Artery Disease Patients with Prior Myocardial Infarction (MI)

Coding Specifications

Codes required to document patient has coronary artery disease with prior myocardial infarction (MI) and a visit occurred:

An ICD-9 diagnosis code for coronary artery disease and for prior myocardial infarction (MI) and a CPT E/M service code are required to identify patients to be included in this measure.¹

Coronary artery disease ICD-9 diagnosis codes

- 410.00, 410.01, 410.02, 410.10, 410.11, 410.12, 410.20, 410.21, 410.22, 410.30, 410.31, 410.32, 410.40, 410.41, 410.42, 410.50, 410.51, 410.52, 410.60, 410.61, 410.62, 410.70, 410.71, 410.72, 410.80, 410.81, 410.82, 410.90, 410.91, 410.92 (acute myocardial infarction),
- 411.0, 411.1, 411.81, 411.89 (other acute and subacute forms of ischemic heart disease),
- 412 (old myocardial infarction),
- 413.0, 413.1, 413.9 (angina),
- 414.00, 414.01, 414.02, 414.03, 414.04, 414.05, 414.06, 414.07, 414.8, 414.9 (coronary artery disease),
- V45.81 (aortocoronary bypass status),
- V45.82 (PTCA status)

AND

ICD-9 diagnosis codes for patients who had a prior MI at any time

- 410.00, 410.01, 410.02, 410.10, 410.11, 410.12, 410.20, 410.21, 410.22, 410.30, 410.31, 410.32, 410.40, 410.41, 410.42, 410.50, 410.51, 410.52, 410.60, 410.61, 410.62, 410.70, 410.71, 410.72, 410.80, 410.81, 410.82, 410.90, 410.91, 410.92 (acute myocardial infarction),
- 412 (old myocardial infarction)

¹Denominator inclusion for this measure requires the presence of a prior MI diagnosis AND at least one E/M code during the measurement period. Diagnosis codes for coronary artery disease (which include MI diagnosis codes) may also accompany the MI diagnosis code, but are not required for inclusion in the measure.