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

2026 COLLECTION TYPE:
MERIT-BASED INCENTIVE PAYMENT SYSTEM (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:

Reporting Frequency:
This measure is to be submitted a minimum of once per performance period for denominator eligible cases as defined in the denominator criteria.

Intent and Clinician Applicability:
This measure is intended to reflect the quality of services provided for patients with a diagnosis of coronary artery disease. 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.

Measure Strata and Performance Rates:
This measure contains two strata defined by two submission criteria.
This measure produces a single performance rate using a weighted average.

There are 2 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

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.

Implementation Considerations:
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.

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Telehealth:
TELEHEALTH ELIGIBLE: This measure is appropriate for and applicable to the telehealth setting. Patient encounters conducted via telehealth using encounter code(s) found in the denominator encounter criteria are allowed for this measure. Therefore, if the patient meets all denominator criteria for a telehealth encounter, it would be appropriate to include them in the denominator eligible patient population. Telehealth eligibility is at the measure level for inclusion within the denominator eligible patient population and based on the measure specification definitions which are independent of changes to coding and/or billing practices.

Measure Submission:
The quality data codes listed do not need to be submitted by MIPS eligible clinicians, groups, or third party intermediaries that utilize this collection type for submissions; however, these codes may be submitted for those third party intermediaries that utilize Medicare Part B claims data. The coding provided to identify the measure criteria: Denominator or Numerator, may be an example of coding that could be used to identify patients that meet the intent of this clinical topic. When implementing this measure, please refer to the 'Reference Coding' section to determine if other codes or code languages that meet the intent of the criteria may also be used within the medical record to identify and/or assess patients. For more information regarding Application Programming Interface (API), please refer to the Quality Payment Program (QPP) website.

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

DENOMINATOR (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 on date of encounter (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,

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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, 92930, 92933, 92937, 92941, 92943, 92945

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) **≤ 40%** or documentation of moderate or severe LVSD: G8694

NUMERATOR (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 ≤ 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:

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

OR

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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 (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 on date of encounter (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, 92930, 92933, 92937, 92941, 92943, 92945

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

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NUMERATOR (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 ≤ 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 ≤ 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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REFERENCES:

ACCF/AHA/ACP/AATS/PCNA/SCAI/STS. (2012). ACCF/AHA/ACP/AATS/PCNA/SCAI/STS Guideline for the Diagnosis and Management of Patients With Stable Ischemic Heart Disease. *Circulation, 126*(25), e354-e471. Retrieved from https://doi.org/10.1161/CIR.0b013e318277d6a0

(AHA/ACC/ACCP/ASPC/NLA/PCNA. (2023). AHA/ACC/ACCP/ASPC/NLA/PCNA Guideline for the Management of Patients with Chronic Coronary Disease. *Circulation, 148*(9), e9-e119. Retrieved from https://doi.org/10.1161/CIR.0000000000001168

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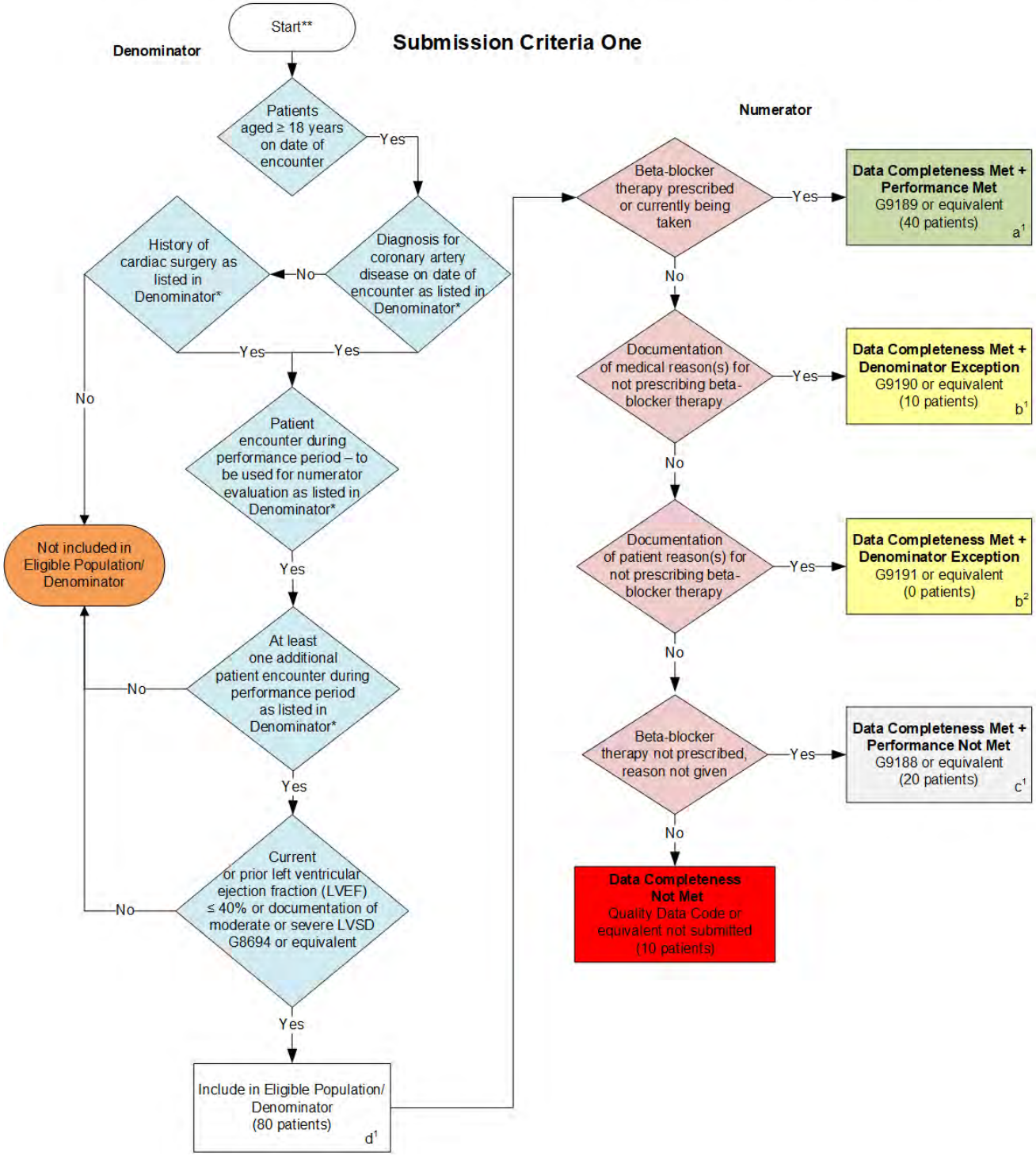
2026 Clinical Quality Measure Flow for Quality ID #007 (CBE 0070): Coronary Artery Disease (CAD): Beta-Blocker Therapy – Prior Myocardial Infarction (MI) or Left Ventricular Systolic Dysfunction (LVEF ≤ 40%)

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



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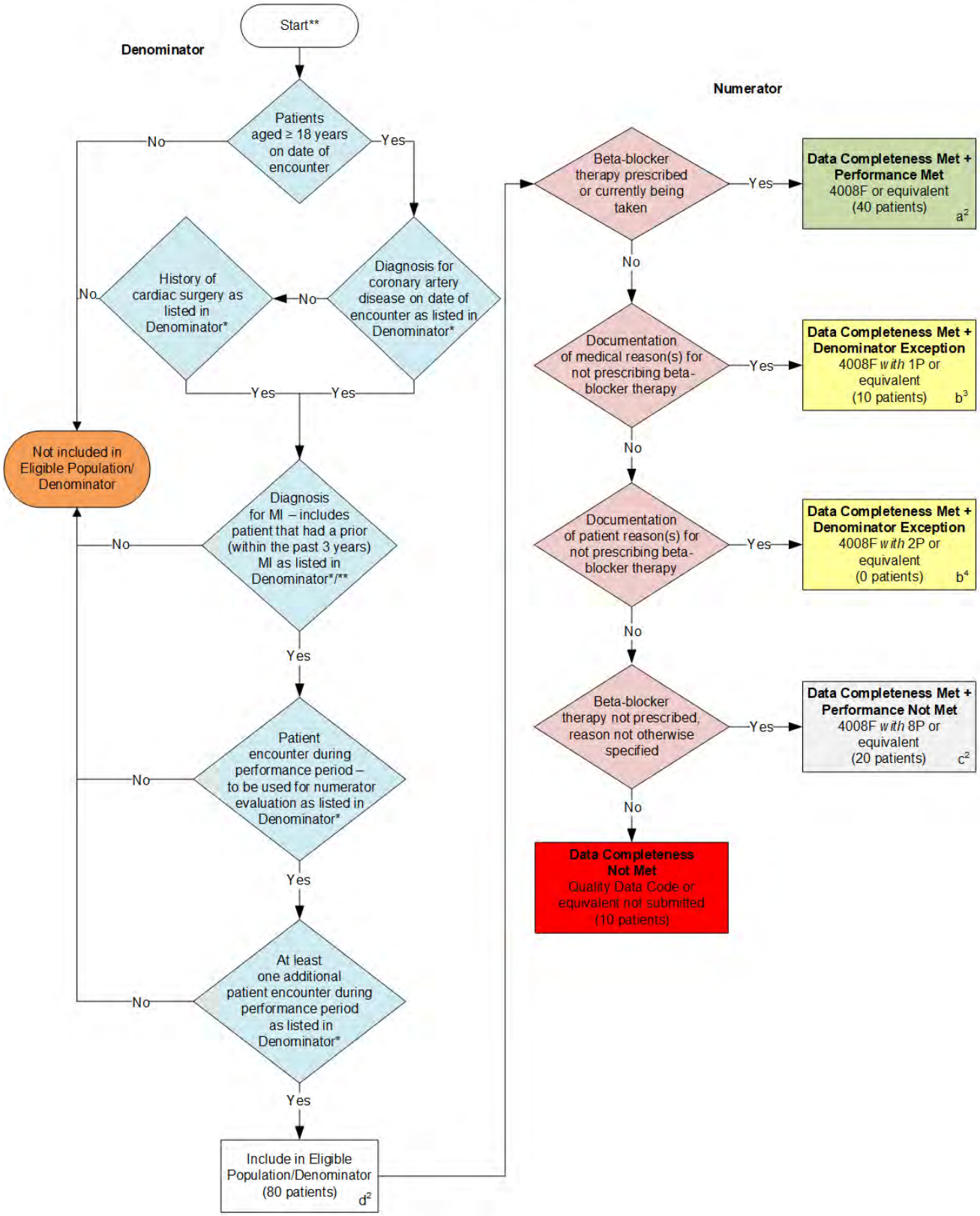
Submission Criteria Two



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SAMPLE CALCULATIONS

Data Completeness=

Performance Met (a^1+a^2=80 pts) + Denominator Exception ($b^1+b^2+b^3+b^4$=20 pts) + Performance Not Met (c^1+c^2=40 pts) = 140 pts = **87.50%**

Eligible Population / Denominator (d^1+d^2=160 pts) = 160 pts

Performance Rate=

Performance Met (a^1+a^2=80 pts) = 80 pts = **66.67%**

Data Completeness Numerator (140 pts) – Denominator Exception ($b^1+b^2+b^3+b^4$=20 pts) = 120 pts

*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

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2026 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%)

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 coronary artery disease on date of encounter as listed in Denominator**.
3. Check *Diagnosis for coronary artery disease on date of encounter as listed in Denominator**:
    a. If *Diagnosis for coronary artery disease on date of encounter as listed in Denominator** equals No, proceed to check *History of cardiac surgery as listed in Denominator**.
    b. If *Diagnosis for coronary artery disease on date of encounter 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 *Current or prior left ventricular ejection fraction (LVEF) less than or equal to 40 percent or documentation of moderate or severe LVSD*.
7. Check *Current or prior left ventricular ejection fraction (LVEF) less than or equal to 40 percent or documentation of moderate or severe LVSD*:

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a. If *Current or prior 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 *Current or prior 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 d^1 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 a^1 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 b^1 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 b^2 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*.

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- *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 c[1] 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 coronary artery disease on date of encounter as listed in Denominator**.

3. Check *Diagnosis for coronary artery disease on date of encounter as listed in Denominator**:

   a. If *Diagnosis for coronary artery disease on date of encounter as listed in Denominator** equals No, proceed to check *History of cardiac surgery as listed in Denominator**.

   b. If *Diagnosis for coronary artery disease on date of encounter 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.

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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 d^2 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 a^2 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 b^3 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 b^4 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*:

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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 c^2 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 (a^1 plus a^2 equals 80 patients) plus Denominator Exception (b^1 plus b^2 plus b^3 plus b^4 equals 20 patients) plus Performance Not Met (c^1 plus c^2 equals 40 patients) divided by Eligible Population / Denominator (d^1 plus d^2 equals 160 patients). All equals 140 patients divided by 160 patients. All equals 87.50 percent.

Performance Rate equals Performance Met (a^1 plus a^2 equals 80 patients) divided by Data Completeness Numerator (140 patients) minus Denominator Exception (b^1 plus b^2 plus b^3 plus b^4 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.

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