

## Quality ID #006 (CBE 0067): Coronary Artery Disease (CAD): Antiplatelet Therapy

### 2026 COLLECTION TYPE:

MERIT-BASED INCENTIVE PAYMENT SYSTEM (MIPS) CLINICAL QUALITY MEASURE (QCM)

### MEASURE TYPE:

Process

### DESCRIPTION:

Percentage of patients aged 18 years and older with a diagnosis of coronary artery disease (CAD) seen within a 12-month period who were prescribed aspirin or clopidogrel.

### 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 assess patients with coronary artery disease (CAD) who had antiplatelet therapy. 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 one strata defined by a single submission criteria.  
This measure produces a single performance rate.

#### Implementation Considerations:

For the purposes of MIPS implementation, this patient-process measure is submitted a minimum of once per patient during the performance period. The most advantageous quality data code will be used if the measure is submitted more than once.

#### 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.

### DENOMINATOR:

All patients aged 18 years and older with a diagnosis of CAD seen within a 12-month period.

**DENOMINATOR NOTE:**

*\*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):**

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, I21.01, I21.02, I21.09, I21.11, I21.19, I21.21, I21.29, I21.3, I21.4, I21.9, I21.A9, I24.0, I24.89, I24.9, I25.10, I25.110, I25.111, I25.112, I25.118, I25.119, I25.2, 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

**AND**

**Patient encounter during the 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:**

Patients who were prescribed aspirin or clopidogrel.

**Definition:**

**Prescribed** – May include prescription given to the patient for aspirin or clopidogrel at one or more visits in the measurement period OR patient already taking aspirin or clopidogrel as documented in current medication list.

**Numerator Options:**

**Performance Met:**

Aspirin or clopidogrel prescribed or currently being taken  
(4086F)

**OR**

**Denominator Exception:**

Documentation of medical reason(s) for not prescribing aspirin or clopidogrel (e.g., allergy, intolerance, receiving other thienopyridine therapy, receiving warfarin therapy, bleeding coagulation disorders, other medical reasons)  
(4086F **with 1P**)

**OR**

**Denominator Exception:**

Documentation of patient reason(s) for not prescribing aspirin or clopidogrel (e.g., patient declined, other patient reasons) (4086F **with 2P**)

**OR**

**Performance Not Met:**

Aspirin or clopidogrel was not prescribed, reason not otherwise specified (4086F **with 8P**)

**RATIONALE:**

Use of antiplatelet therapy has shown to reduce the occurrence of vascular events in patients with CAD, including myocardial infarction and death.

### **CLINICAL RECOMMENDATION STATEMENTS:**

The following evidence statements are quoted verbatim from the referenced clinical guidelines.

2012 ACCF/AHA/ACP/AATS/PCNA/SCAI/STS Guideline for the Diagnosis and Management of Patients With Stable Ischemic Heart Disease (SIHD) (ACCF/AHA/ACP/AATS/PCNA/SCAI/STS, 2012)

#### **ANTIPLATELET THERAPY**

Treatment with aspirin 75 to 162 mg daily should be continued indefinitely in the absence of contraindications in patients with SIHD. (Class I Recommendation, Level of Evidence: A)

Treatment with clopidogrel is reasonable when aspirin is contraindicated in patients with SIHD. (Class I Recommendation, Level of Evidence: B)

### **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>

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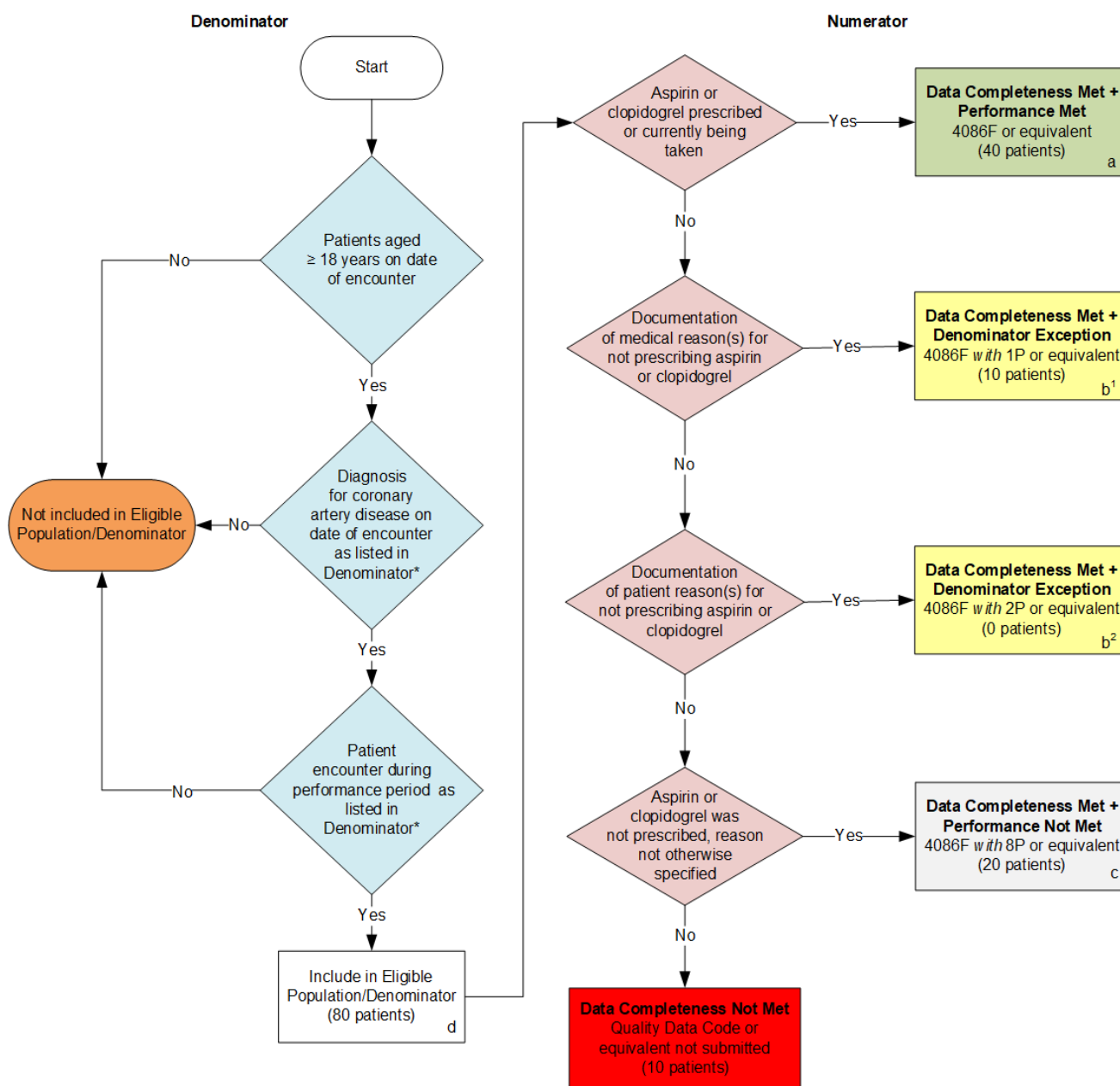
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## 2026 Clinical Quality Measure Flow for Quality ID #006 (CBE 0067): Coronary Artery Disease (CAD): Antiplatelet Therapy

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



### SAMPLE CALCULATIONS

**Data Completeness=**  

$$\frac{\text{Performance Met (a=40 patients)} + \text{Denominator Exceptions (b}^1\text{+b}^2\text{=10 patients)} + \text{Performance Not Met (c=20 patients)}}{\text{Eligible Population / Denominator (d=80 patients)}} = \frac{70 \text{ patients}}{80 \text{ patients}} = 87.50\%$$

**Performance Rate=**  

$$\frac{\text{Performance Met (a=40 patients)}}{\text{Data Completeness Numerator (70 patients) – Denominator Exceptions (b}^1\text{+b}^2\text{=10 patients)}} = \frac{40 \text{ patients}}{60 \text{ patients}} = 66.67\%$$

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

NOTE: Submission Frequency: Patient-Process

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**2026 Clinical Quality Measure Flow Narrative for Quality ID #006 (CBE 0067):  
Coronary Artery Disease (CAD): Antiplatelet Therapy**

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

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, do not include in *Eligible Population/Denominator*. Stop processing.
  - b. If *Diagnosis for coronary artery disease on date of encounter as listed in Denominator\** equals Yes, proceed to check *Patient encounter during the performance period as listed in Denominator\**.
4. Check *Patient encounter during the performance period as listed in Denominator\**:
  - a. If *Patient encounter during the performance period as listed in Denominator\** equals No, do not include in *Eligible Population/Denominator*. Stop processing.
  - b. If *Patient encounter during the performance period as listed in Denominator\** equals Yes, include in *Eligible Population/Denominator*.
5. 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 equals 80 patients in the Sample Calculation.
6. Start Numerator
7. Check *Aspirin or clopidogrel prescribed or currently being taken*:
  - a. If *Aspirin or clopidogrel 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 equals 40 patients in the Sample Calculation.
  - b. If *Aspirin or clopidogrel prescribed or currently being taken* equals No, proceed to check *Documentation of medical reason(s) for not prescribing aspirin or clopidogrel*.
8. Check *Documentation of medical reason(s) for not prescribing aspirin or clopidogrel*:
  - a. If *Documentation of medical reason(s) for not prescribing aspirin or clopidogrel* 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<sup>1</sup> equals 10 patients in the Sample Calculation.
  - b. If *Documentation of medical reason(s) for not prescribing aspirin or clopidogrel* equals No, proceed to check *Documentation of patient reason(s) for not prescribing aspirin or clopidogrel*.
9. Check *Documentation of patient reason(s) for not prescribing aspirin or clopidogrel*:
- a. If *Documentation of patient reason(s) for not prescribing aspirin or clopidogrel* 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<sup>2</sup> equals 0 patients in the Sample Calculation.
  - b. If *Documentation of patient reason(s) for not prescribing aspirin or clopidogrel* equals No, proceed to check *Aspirin or clopidogrel was not prescribed, reason not otherwise specified*.
10. Check *Aspirin or clopidogrel was not prescribed, reason not otherwise specified*:
- a. If *Aspirin or clopidogrel was 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 equals 20 patients in the Sample Calculation.
  - b. If *Aspirin or clopidogrel was not prescribed, reason not otherwise specified* equals No, proceed to check *Data Completeness Not Met*.
11. 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 equals 40 patients) plus Denominator Exceptions (b<sup>1</sup> plus b<sup>2</sup> equals 10 patients) plus Performance Not Met (c equals 20 patients) divided by Eligible Population/Denominator (d equals 80 patients). All equals 70 patients divided by 80 patients. All equals 87.50 percent.

Performance Rate equals Performance Met (a equals 40 patients) divided by Data Completeness Numerator (70 patients) minus Denominator Exceptions (b<sup>1</sup> plus b<sup>2</sup> equals 10 patients). All equals 40 patients divided by 60 patients. All equals 66.67 percent.

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

NOTE: Submission Frequency: Patient-Process

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