

**Quality ID #008 (CBE 0083): Heart Failure (HF): Beta-Blocker Therapy for Left Ventricular Systolic Dysfunction (LVSD)**

**2026 COLLECTION TYPE:**

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

**MEASURE TYPE:**

Process

**DESCRIPTION:**

Percentage of patients aged 18 years and older with a diagnosis of heart failure (HF) with a current or prior left ventricular ejection fraction (LVEF)  $\leq 40\%$  who were prescribed beta-blocker therapy either within a 12-month period when seen in the outpatient setting OR at each hospital discharge.

**INSTRUCTIONS:**

**Reporting Frequency:**

This measure is to be submitted a **minimum of once per performance period** for denominator eligible cases seen in the outpatient setting AND submitted **at each hospital discharge** (99238 and 99239) 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 heart failure and (LVEF)  $\leq 40\%$ . This measure may be submitted by Merit-based Incentive Payment System (MIPS) eligible clinicians who perform the quality actions described in the measure 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 HF seen in the outpatient setting
- OR
- 2) All patients with a diagnosis of HF and discharged from hospital

Both submission criteria should be submitted as appropriate.

**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.

Only patients who had at least two denominator eligible visits during the performance period will be counted for Submission Criteria 1.

When submitting CPT code 99238 and 99239, it is recommended the measure be submitted each time the code is submitted for hospital discharge.

## Telehealth:

### **SUBMISSION CRITERIA 1:**

**TELEHEALTH ELIGIBLE:** This measure submission criteria 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 submission criteria 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.

### **SUBMISSION CRITERIA 2:**

**NOT TELEHEALTH ELIGIBLE:** This measure submission criteria is not appropriate for nor applicable to the telehealth setting. Patient encounters for this measure conducted via telehealth should be removed from the denominator eligible patient population. Therefore, if the patient meets all denominator criteria but the encounter is conducted via telehealth, it would be appropriate to remove them from the denominator eligible patient population. Telehealth eligibility is at the measure submission criteria 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 HF SEEN IN THE OUTPATIENT SETTING**

### **DENOMINATOR (CRITERIA 1):**

All patients aged 18 years and older with a diagnosis of heart failure with a current or prior LVEF  $\leq$  40%.

#### **DENOMINATOR NOTE:**

*LVEF  $\leq$  40% corresponds to qualitative documentation of moderate dysfunction or severe dysfunction. The left ventricular systolic dysfunction 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.*

*To meet the denominator criteria, a patient must have an active diagnosis of heart failure at the time of the encounter which 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 heart failure diagnosis criterion, the diagnosis needs to be active only 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  $\geq 18$  years on date of encounter

**AND**

**Diagnosis for heart failure on date of encounter (ICD-10-CM):** I11.0, I13.0, I13.2, I50.1, I50.20, I50.21, I50.22, I50.23, I50.30, I50.31, I50.32, I50.33, I50.40, I50.41, I50.42, I50.43, I50.814, I50.82, I50.83, I50.84, I50.89, I50.9

**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 moderately or severely depressed left ventricular systolic function:** G8923

**AND NOT**

**DENOMINATOR EXCLUSION:**

**Patients with a history of heart transplant or with a Left Ventricular Assist Device (LVAD):** M1152

**NUMERATOR (CRITERIA 1):**

Patients who were prescribed beta-blocker therapy within a 12-month period when seen in the outpatient setting.

**Definitions:**

**Prescribed – Outpatient Setting** – 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 current or prior LVEF  $\leq 40\%$ , “beta-blocker therapy” should include 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 heart failure is documented. Denominator Exception(s) are determined on the date of the denominator eligible encounter.*

**Numerator Options:**

**OR**

**Performance Met:**

Beta-blocker therapy prescribed (G8450)

**Denominator Exception:**

Beta-Blocker Therapy for LVEF  $\leq 40\%$  not prescribed for reasons documented by the clinician (e.g., low blood pressure, fluid overload, asthma, patients recently treated with an intravenous positive inotropic agent, allergy, intolerance, other medical reasons, patient declined, other patient reasons) (G8451)

**OR**

**Performance Not Met:**

Beta-blocker therapy not prescribed (G8452)

**OR**

## **SUBMISSION CRITERIA 2: ALL PATIENTS WITH A DIAGNOSIS OF HF AND DISCHARGED FROM HOSPITAL**

### **DENOMINATOR (CRITERIA 2):**

All patients aged 18 years and older with a diagnosis of heart failure with a current or prior LVEF  $\leq$  40%.

#### **DENOMINATOR NOTE:**

*LVEF  $\leq$  40% corresponds to qualitative documentation of moderate dysfunction or severe dysfunction. The left ventricular systolic dysfunction 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.*

#### **Denominator Criteria (Eligible Cases) 2:**

Patients aged  $\geq$  18 years on date of encounter

#### **AND**

Diagnosis for heart failure on date of encounter (ICD-10-CM): I11.0, I13.0, I13.2, I50.1, I50.20, I50.21, I50.22, I50.23, I50.30, I50.31, I50.32, I50.33, I50.40, I50.41, I50.42, I50.43, I50.814, I50.82, I50.83, I50.84, I50.89, I50.9

#### **AND**

Patient encounter during performance period (CPT): 99238, 99239

#### **WITHOUT**

Encounters conducted via telehealth: M1426

#### **AND**

Current or prior left ventricular ejection fraction (LVEF)  $\leq$  40% or documentation of moderately or severely depressed left ventricular systolic function: G8923

#### **AND NOT**

#### **DENOMINATOR EXCLUSION:**

Patients with a history of heart transplant or with a Left Ventricular Assist Device (LVAD): M1152

### **NUMERATOR (CRITERIA 2):**

Patients who were prescribed beta-blocker therapy at each hospital discharge.

#### **Definitions:**

**Prescribed – Inpatient Setting** – Prescription given to the patient for beta-blocker therapy at discharge OR beta-blocker therapy to be continued after discharge as documented in the discharge medication list.

**Beta-blocker Therapy** – For patients with current or prior LVEF  $\leq$  40%, “beta-blocker therapy” should include bisoprolol, carvedilol, or sustained release metoprolol succinate.

#### **NUMERATOR NOTE:**

*To meet the intent of the measure, the numerator quality action must be performed at each denominator eligible discharge. Denominator Exception(s) are determined on the date of the denominator eligible discharge.*

#### **Numerator Options:**

##### **Performance Met:**

Beta-blocker therapy prescribed (G8450)

**OR**

##### **Denominator Exception:**

Beta-Blocker Therapy for LVEF  $\leq$  40% not prescribed for reasons documented by the clinician (e.g., low blood pressure, fluid overload, asthma, patients recently treated with an intravenous positive inotropic agent, allergy, intolerance, other medical reasons, patient declined, other patient reasons) (G8451)

**OR**

**RATIONALE:**

Beta blockers improve survival and reduce hospitalization for patients with stable heart failure and reduced LVEF (HFrEF). Treatment should be initiated as soon as a patient is diagnosed with reduced LVEF and does not have prohibitively low systemic blood pressure, fluid overload, or recent treatment with an intravenous positive inotropic agent. Beta blockers have also been shown to lessen the symptoms of heart failure, improve the clinical status of patients, and reduce future clinical deterioration. Despite these benefits, use of beta blockers in eligible patients remains suboptimal.

**CLINICAL RECOMMENDATION STATEMENTS:**

In patients with HFrEF, with current or previous symptoms, use of 1 of the 3 beta blockers proven to reduce mortality (e.g., bisoprolol, carvedilol, sustained-release metoprolol succinate) is recommended to reduce mortality and hospitalizations. (Class 1, Level of Evidence A) (AHA/ACC/HFSA, 2022).

Drugs Commonly Used for Stage C HFrEF (abbreviated to align with focus of measure to include only Beta-blocker therapy)

**Table 1: Drugs Commonly Used for Stage C HFrEF Beta Blocker Therapy**

Drug	Initial Daily Dose(s)	Maximum Dose(s) Total Daily Target Dose	Mean Doses Achieved in Clinical Trials
Beta Blockers			
Bisoprolol	1.25 mg once	10 mg once	8.6 mg/d
Carvedilol	3.125 mg twice	25-50 mg twice	37 mg/d
Carvedilol CR	10 mg once	80 mg once	N/A
Metoprolol succinate extended release (metoprolol CR/XL)	12.5 to 25 mg once	200 mg once	159 mg/d

For the hospitalized patient:

In patients with HFrEF requiring hospitalization, preexisting GDMT\* should be continued and optimized to improve outcomes, unless contra-indicated (Class 1, Level of Evidence B-NR) (AHA/ACC/HFSA, 2022).

In patients with HFrEF, GDMT should be initiated during hospitalization after clinical stability is achieved (Class 1, Level of Evidence B-NR) (AHA/ACC/HFSA, 2022).

In patients with HFrEF, if discontinuation of GDMT is necessary during hospitalization, it should be reinitiated and further optimized as soon as possible (Class 1, Level of Evidence B-NR) (AHA/ACC/HFSA, 2022).

\*Guideline-Directed Medical Therapy

**REFERENCES:**

AHA/ACC/HFSA. (2022). 2022 AHA/ACC/HFSA Guideline for the Management of Heart Failure: Executive Summary: A Report of the American College of Cardiology/American Heart Association Joint Committee on Clinical Practice Guidelines. *Circulation*, 145(18), e876-e894. doi:10.1161/CIR.0000000000001062

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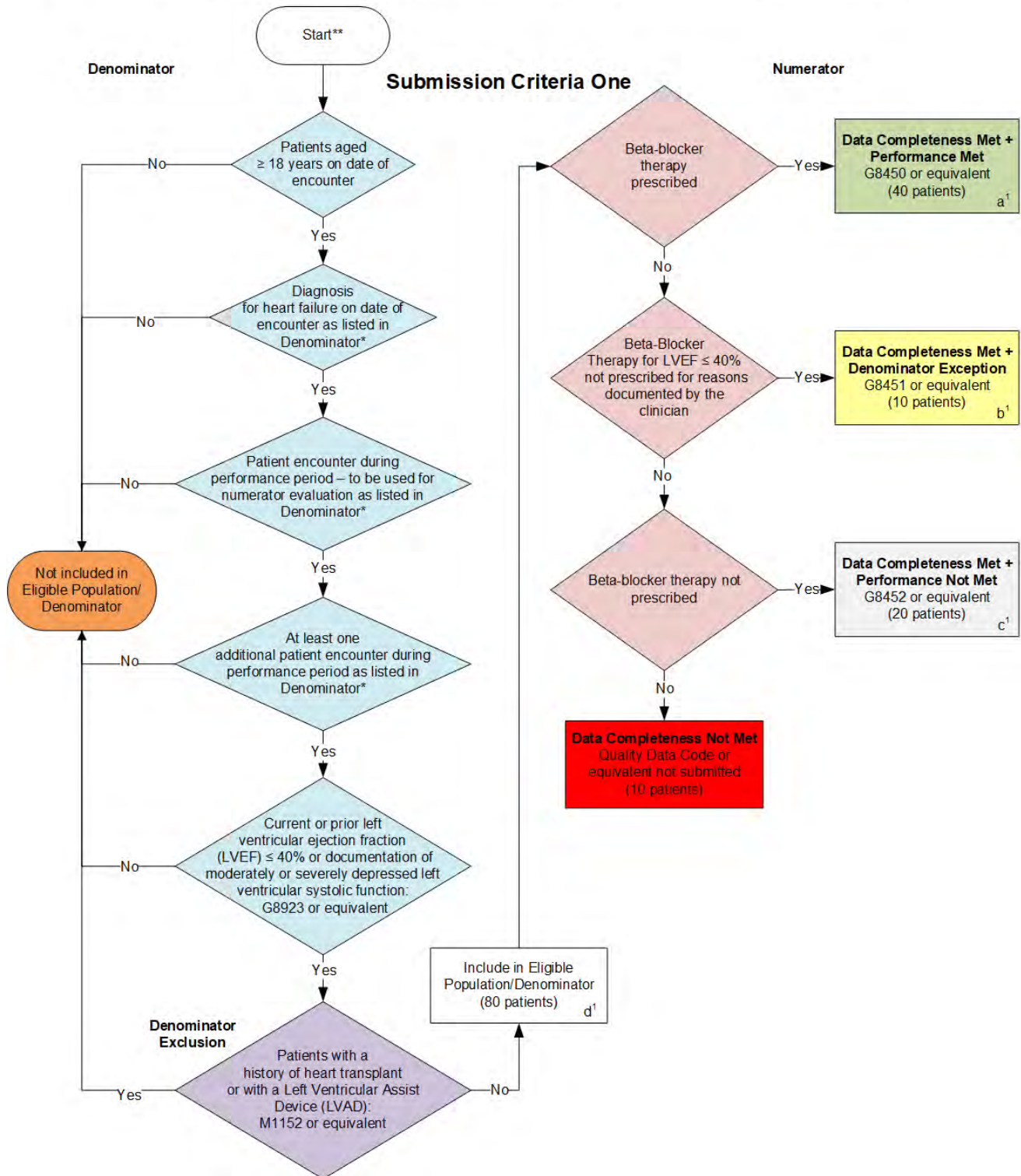
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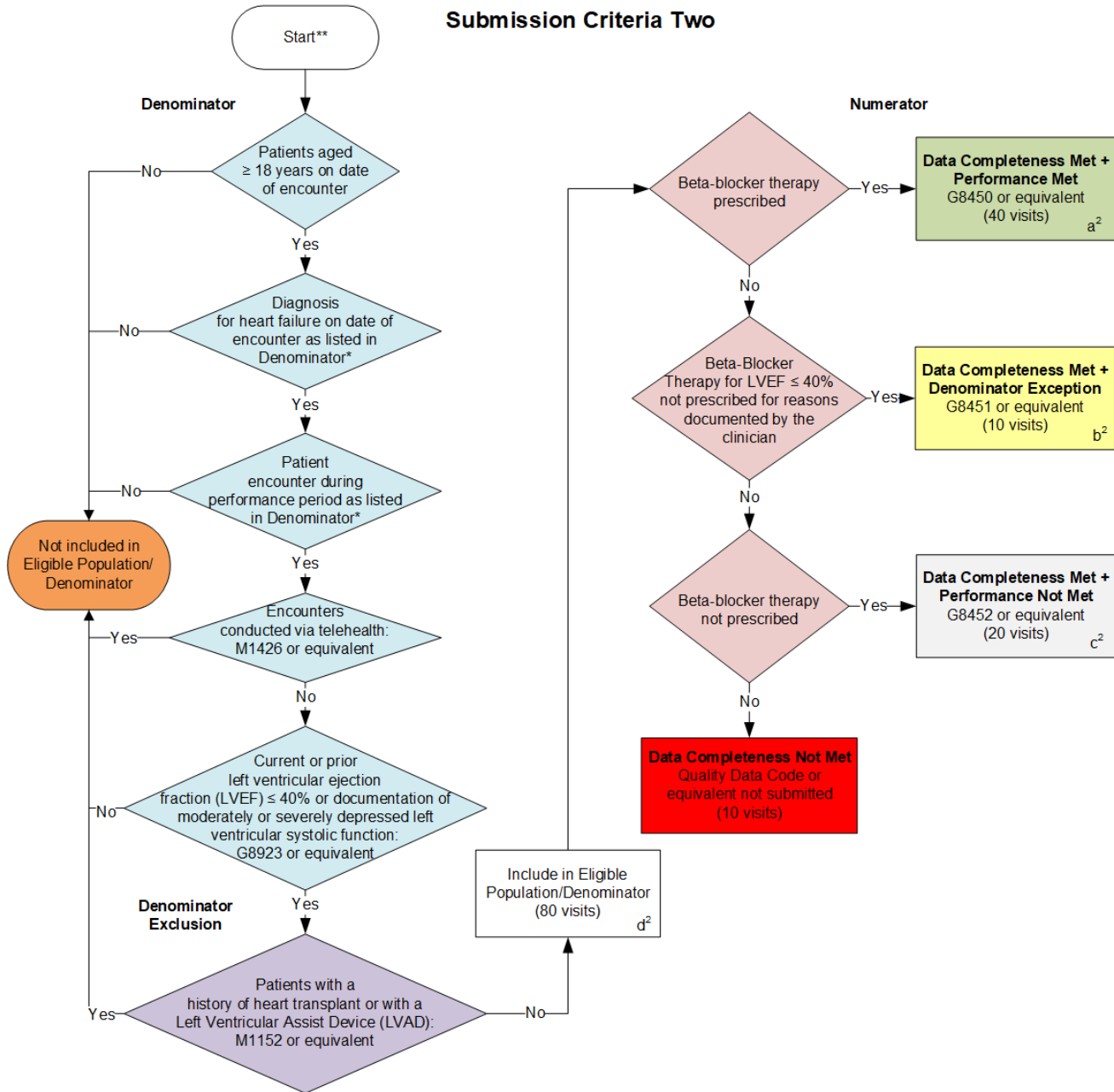
The American Medical Association's and the PCPI® Foundation's significant past efforts and contributions to the performance measures are gratefully acknowledged.

**2026 Clinical Quality Measure Flow for Quality ID #008 (CBE 0083):  
Heart Failure (HF): Beta-Blocker Therapy for Left Ventricular Systolic Dysfunction (LVSD)**

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



## Submission Criteria Two



### SAMPLE CALCULATIONS

**Data Completeness=**  
 Performance Met (a<sup>1</sup>+a<sup>2</sup>=80 visits) + Denominator Exception (b<sup>1</sup>+b<sup>2</sup>=20 visits) + Performance Not Met (c<sup>1</sup>+c<sup>2</sup>=40 visits) = 140 visits = 87.50%  
 Eligible Population / Denominator (d<sup>1</sup>+d<sup>2</sup>=160 visits\*\*) = 160 visits

**Performance Rate=**  
 Performance Met (a<sup>1</sup>+a<sup>2</sup>=80 visits) = 80 visits = 66.67%  
 Data Completeness Numerator (140 visits) – Denominator Exception (b<sup>1</sup>+b<sup>2</sup>=20 visits) = 120 visits

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

\*\*This measure is to be submitted at two different frequencies, depending upon the clinical setting. This measure is to be submitted for a minimum of **once per performance period** when **seen in the outpatient setting AND submitted at each hospital discharge** during the performance period. In order to show an accurate calculation for Submission Criteria One and Submission Criteria Two, patients and visits were combined and shown as visits within the calculation.

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: Submission Criteria One: Patient-Process;  
 Submission Criteria Two: Visit

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**2026 Clinical Quality Measure Flow Narrative for Quality ID #008 (CBE 0083):  
Heart Failure (HF): Beta-Blocker Therapy for Left Ventricular Systolic Dysfunction (LVSD)**

*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 heart failure on date of encounter as listed in Denominator\**.
3. Check *Diagnosis for heart failure on date of encounter as listed in Denominator\**:
  - a. If *Diagnosis for heart failure on date of encounter as listed in Denominator\** equals No, do not include in *Eligible Population/Denominator*. Stop processing.
  - b. If *Diagnosis for heart failure 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 *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\**.
5. 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 moderately or severely depressed left ventricular systolic function*.
6. Check *Current or prior left ventricular ejection fraction (LVEF) less than or equal to 40 percent or documentation of moderately or severely depressed left ventricular systolic function*:
  - a. If *Current or prior left ventricular ejection fraction (LVEF) less than or equal to 40 percent or documentation of moderately or severely depressed left ventricular systolic function* 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 moderately or severely depressed left ventricular systolic function* equals Yes, proceed to check *Patients with a history of heart transplant or with a Left Ventricular Assist Device (LVAD)*.

7. Check *Patients with a history of heart transplant or with a Left Ventricular Assist Device (LVAD)*:
  - a. If *Patients with a history of heart transplant or with a Left Ventricular Assist Device (LVAD)* equals Yes, do not include in *Eligible Population/Denominator*. Stop processing.
  - b. If *Patients with a history of heart transplant or with a Left Ventricular Assist Device (LVAD)* equals No, 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<sup>1</sup> equals 80 patients in the Sample Calculation.
9. Start Numerator
10. Check *Beta-blocker therapy prescribed*:
  - a. If *Beta-blocker therapy prescribed* 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<sup>1</sup> equals 40 patients in the Sample Calculation.
  - b. If *Beta-blocker therapy prescribed* equals No, proceed to check *Beta-Blocker Therapy for LVEF less than or equal to 40 percent not prescribed for reasons documented by the clinician*.
11. Check *Beta-Blocker Therapy for LVEF less than or equal to 40 percent not prescribed for reasons documented by the clinician*:
  - a. If *Beta-Blocker Therapy for LVEF less than or equal to 40 percent not prescribed for reasons documented by the clinician* 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 *Beta-Blocker Therapy for LVEF less than or equal to 40 percent not prescribed for reasons documented by the clinician* equals No, proceed to check *Beta-blocker therapy not prescribed*.
12. Check *Beta-blocker therapy not prescribed*:
  - a. If *Beta-blocker therapy not prescribed* 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<sup>1</sup> equals 20 patients in the Sample Calculation.
  - b. If *Beta-blocker therapy not prescribed* equals No, proceed to check *Data Completeness Not Met*.
13. 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 heart failure on date of encounter as listed in Denominator\**.
3. Check *Diagnosis for heart failure on date of encounter as listed in Denominator\**:
  - a. If *Diagnosis for heart failure on date of encounter as listed in Denominator\** equals No, do not include in *Eligible Population/Denominator*. Stop processing.
  - b. If *Diagnosis for heart failure on date of encounter as listed in Denominator\** equals Yes, proceed to check *Patient encounter during performance period as listed in Denominator\**.
4. Check *Patient encounter during performance period as listed in Denominator\**:
  - a. If *Patient encounter during performance period as listed in Denominator\** equals No, do not include in *Eligible Population/Denominator*. Stop processing.
  - b. If *Patient encounter during performance period as listed in Denominator\** equals Yes, proceed to check *Encounters conducted via telehealth*.
5. Check *Encounters conducted via telehealth*:
  - a. If *Encounters conducted via telehealth* equals Yes, do not include in *Eligible Population/Denominator*. Stop processing.
  - b. If *Encounters conducted via telehealth* equals No, proceed to check *Current or prior left ventricular ejection fraction (LVEF) less than or equal to 40 percent or documentation of moderately or severely depressed left ventricular systolic function*.
6. Check *Current or prior left ventricular ejection fraction (LVEF) less than or equal to 40 percent or documentation of moderately or severely depressed left ventricular systolic function*:
  - a. If *Current or prior left ventricular ejection fraction (LVEF) less than or equal to 40 percent or documentation of moderately or severely depressed left ventricular systolic function* 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 moderately or severely depressed left ventricular systolic function* equals Yes, proceed to check *Patients with a history of heart transplant or with a Left Ventricular Assist Device (LVAD)*.
7. Check *Patients with a history of heart transplant or with a Left Ventricular Assist Device (LVAD)*:
  - a. If *Patients with a history of heart transplant or with a Left Ventricular Assist Device (LVAD)* equals Yes, do not include in *Eligible Population/Denominator*. Stop processing.
  - b. If *Patients with a history of heart transplant or with a Left Ventricular Assist Device (LVAD)* equals No, include in *Eligible Population/Denominator*.
8. Denominator Population:

- Denominator Population is all Eligible Visits in the Denominator. Denominator is represented as Denominator in the Sample Calculation listed at the end of this document. Letter d<sup>2</sup> equals 80 visits in the Sample Calculation.
9. Start Numerator
10. Check *Beta-blocker therapy prescribed*:
- a. If *Beta-blocker therapy prescribed* 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<sup>2</sup> equals 40 visits in the Sample Calculation.
  - b. If *Beta-blocker therapy prescribed* equals No, proceed to check *Beta-Blocker Therapy for LVEF less than or equal to 40 percent not prescribed for reasons documented by the clinician*.
11. Check *Beta-Blocker Therapy for LVEF less than or equal to 40 percent not prescribed for reasons documented by the clinician*:
- a. *Beta-Blocker Therapy for LVEF less than or equal to 40 percent not prescribed for reasons documented by the clinician* 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 10 visits in the Sample Calculation.
  - b. If *Beta-Blocker Therapy for LVEF less than or equal to 40 percent not prescribed for reasons documented by the clinician* equals No, proceed to check *Beta-blocker therapy not prescribed*.
12. Check *Beta-blocker therapy not prescribed*:
- a. If *Beta-blocker therapy not prescribed* 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<sup>2</sup> equals 20 visits in the Sample Calculation.
  - b. If *Beta-blocker therapy not prescribed* equals No, proceed to check *Data Completeness Not Met*.
13. Check *Data Completeness Not Met*:
- If *Data Completeness Not Met*, the Quality Data Code or equivalent was not submitted. 10 visits have been subtracted from the Data Completeness Numerator in the Sample Calculation.

### Sample Calculations

Data Completeness equals Performance Met (a<sup>1</sup> plus a<sup>2</sup> equals 80 visits) plus Denominator Exception (b<sup>1</sup> plus b<sup>2</sup> equals 20 visits) plus Performance Not Met (c<sup>1</sup> plus c<sup>2</sup> equals 40 visits) divided by Eligible Population / Denominator (d<sup>1</sup> plus d<sup>2</sup> equals 160 visits\*\*). All equals 140 visits divided by 160 visits. All equals 87.50 percent.

Performance Rate equals Performance Met (a<sup>1</sup> plus a<sup>2</sup> equals 80 visits) divided by Data Completeness Numerator (140 visits) minus Denominator Exception (b<sup>1</sup> plus b<sup>2</sup> equals 20 visits). All equals 80 visits divided by 120 visits. All equals 66.67 percent.

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

\*\*This measure is to be submitted at two different frequencies, depending upon the clinical setting. This measure is to be submitted for a minimum of once per performance period when seen in the outpatient setting **AND** submitted at each hospital discharge during the performance period. In order to show an accurate calculation for Submission Criteria One and Submission Criteria Two, patients and visits were combined and shown as visits within the calculation.

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: Submission Criteria One: Patient-Process; Submission Criteria Two: Visit

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