

Quality ID #441: Ischemic Vascular Disease (IVD) All or None Outcome Measure (Optimal Control)

2026 COLLECTION TYPE:

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

MEASURE TYPE:

Intermediate Outcome – High Priority

DESCRIPTION:

The IVD All-or-None Measure is one outcome measure (optimal control). The measure contains four goals. All four goals within a measure must be reached in order to meet that measure. The numerator for the all-or-none measure should be collected from the organization's total IVD denominator. All-or-None Outcome Measure (Optimal Control) - Using the IVD denominator optimal results include:

- Most recent blood pressure (BP) measurement is less than or equal to 130/80 mm Hg -- **AND**
- Most recent tobacco status is Tobacco Free -- **AND**
- Daily Aspirin or Other Antiplatelet Unless Contraindicated – **AND**
- High Intensity Statin Use Unless Contraindicated

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 Ischemic Vascular Disease.

This measure may be submitted by Merit-based Incentive Payment System (MIPS) eligible clinicians who perform the quality actions as defined by the numerator 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 two performance rates.

There are 2 Submission Criteria for this measure:

- 1) Patients with coronary artery disease (CAD) or a CAD Risk-Equivalent Condition 18-75 years of age and alive as of the last day of the measurement period and a minimum of two CAD or CAD Risk-Equivalent Condition coded office visits with a Primary Care Provider (PCP) / Cardiologist in 24 months and one office visit in 12 months

OR

- 2) Patients with one Acute Coronary Event (Acute Myocardial Infarction [AMI], Percutaneous Coronary Intervention [PCI], or Coronary Artery Bypass Graft [CABG]) 18-75 years of age and alive as of the last day of the measurement period from a hospital visit (excluding Emergency and Lab Only visits) and have been seen by a primary care provider (PCP) / Cardiologist for two office visits in 24 months and one office visit in 12 months

Please note that a patient will only be included once in the measurement if they meet the denominator criteria for both Submission Criteria 1 and Submission Criteria 2.

The measure will be calculated with 2 performance rates:

- 1) Patients with coronary artery disease (CAD) or a CAD Risk-Equivalent Condition 18-75 years of age and alive as of the last day of the measurement period and a minimum of two CAD or CAD Risk-Equivalent Condition coded office visits with a Primary Care Provider (PCP) / Cardiologist in 24 months and one office visit in 12 months
- 2) Patients with one Acute Coronary Event (Acute Myocardial Infarction [AMI], Percutaneous Coronary Intervention [PCI], or Coronary Artery Bypass Graft [CABG]) 18-75 years of age and alive as of the last day of the

measurement period from a hospital visit (excluding Emergency and Lab Only visits) and have been seen by a primary care provider (PCP) / Cardiologist for two office visits in 24 months and one office visit in 12 months

Implementation Considerations:

The most recent quality data code submitted will be used for performance calculation.

For the purposes of MIPS implementation, this patient-intermediate measure is submitted a minimum of once per patient for the performance period. The most recent quality data code (QDC) 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.

SUBMISSION CRITERIA 1: PATIENTS WITH CORONARY ARTERY DISEASE (CAD) OR A CAD RISK- EQUIVALENT CONDITION 18-75 YEARS OF AGE AND ALIVE AS OF THE LAST DAY OF THE MEASUREMENT PERIOD AND A MINIMUM OF TWO CAD OR CAD RISK-EQUIVALENT CONDITION CODED OFFICE VISITS WITH A PRIMARY CARE PROVIDER (PCP) / CARDIOLOGIST IN 24 MONTHS AND ONE OFFICE VISIT IN 12 MONTHS

DENOMINATOR (CRITERIA 1):

Patients with CAD or a CAD Risk-Equivalent Condition (other atherosclerotic vascular disease, including peripheral arterial disease, atherosclerotic aortic disease, and carotid artery disease) 18-75 years of age and alive as of the last day of the measurement period and a minimum of two CAD or CAD Risk-Equivalent Condition coded office visits with a Primary Care Provider (PCP) / Cardiologist in 24 months and one office visits in 12 months.

DENOMINATOR NOTE:

To meet the denominator criteria, the 24-month look back period applies to the performance period plus prior year.

***This measure requires two patient encounters. At least one of the encounters should occur during the performance period to be eligible.*

**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 through 75 years during the performance period

AND

Diagnosis for CAD (ICD-10-CM): I20.0, I20.1, I20.8, 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.A1, I21.A9, I21.B, I22.0, I22.1, I22.8, I22.9, I24.0, I24.1, I24.8, I24.81, 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, I25.85, I25.89, I25.9, Z95.1, Z95.5, Z95.818, Z95.820, Z95.828, Z95.9, Z98.61, Z98.62

OR

Diagnosis for CAD Risk-Equivalent Condition (ICD-10-CM): I63.00, I63.011, I63.012, I63.013, I63.019, I63.02, I63.031, I63.032, I63.033, I63.039, I63.09, I63.10, I63.111, I63.112, I63.113, I63.119, I63.12, I63.131, I63.132, I63.133, I63.139, I63.19, I63.211, I63.212, I63.213, I63.219, I63.20, I63.22, I63.29, I63.231, I63.232, I63.233, I63.239, I63.30, I63.311, I63.312, I63.313, I63.319, I63.321, I63.322, I63.323, I63.329, I63.331, I63.332, I63.333, I63.339, I63.341, I63.342, I63.349, I63.39, I63.40, I63.411, I63.412, I63.413, I63.419, I63.421, I63.422, I63.423, I63.429, I63.431, I63.432, I63.433, I63.439, I63.441, I63.442, I63.449, I63.49, I63.50, I63.511, I63.512, I63.513, I63.519, I63.521, I63.522, I63.523, I63.529, I63.531, I63.532, I63.533, I63.539, I63.541, I63.542, I63.543, I63.549, I63.59, I63.6, I63.81, I63.89, I63.9, I65.01, I65.02, I65.03, I65.09, I65.1, I65.21, I65.22, I65.23, I65.29, I65.8, I65.9, I66.01, I66.02, I66.03, I66.09, I66.11, I66.12, I66.13, I66.19, I66.21, I66.22, I66.23, I66.29, I66.3, I66.8, I66.9, I70.1, I70.201, I70.202, I70.203, I70.208, I70.209, I70.211, I70.212, I70.213, I70.218, I70.219, I70.221, I70.222, I70.223, I70.228, I70.229, I70.231, I70.232, I70.233, I70.234, I70.235, I70.238, I70.239, I70.241, I70.242, I70.243, I70.244, I70.245, I70.248, I70.249, I70.25, I70.261, I70.262, I70.263, I70.268, I70.269, I70.291, I70.292, I70.293, I70.298, I70.299, I70.301, I70.302, I70.303, I70.308, I70.309, I70.311, I70.312, I70.313, I70.318, I70.319, I70.321, I70.322, I70.323, I70.328, I70.329, I70.331, I70.332, I70.333, I70.334, I70.335, I70.338, I70.339, I70.341, I70.342, I70.343, I70.344, I70.345, I70.348, I70.349, I70.35, I70.361, I70.362, I70.363, I70.368, I70.369, I70.391, I70.392, I70.393, I70.398, I70.399, I70.401, I70.402, I70.403, I70.408, I70.409, I70.411, I70.412, I70.413, I70.418, I70.419, I70.421, I70.422, I70.423, I70.428, I70.429, I70.431, I70.432, I70.433, I70.434, I70.435, I70.438, I70.439, I70.441, I70.442, I70.443, I70.444, I70.445, I70.448, I70.449, I70.45, I70.461, I70.462, I70.463, I70.468, I70.469, I70.491, I70.492, I70.493, I70.498, I70.499, I70.501, I70.502, I70.503, I70.508, I70.509, I70.511, I70.512, I70.513, I70.518, I70.519, I70.521, I70.522, I70.523, I70.528, I70.529, I70.531, I70.532, I70.533, I70.534, I70.535, I70.538, I70.539, I70.541, I70.542, I70.543, I70.544, I70.545, I70.548, I70.549, I70.55, I70.561, I70.562, I70.563, I70.568, I70.569, I70.591, I70.592, I70.593, I70.598, I70.599, I70.601, I70.602, I70.603, I70.608, I70.609, I70.611, I70.612, I70.613, I70.618, I70.619, I70.621, I70.622, I70.623, I70.628, I70.629, I70.631, I70.632, I70.633, I70.634, I70.635, I70.638, I70.639, I70.641, I70.642, I70.643, I70.644, I70.645, I70.648, I70.649, I70.65, I70.661, I70.662, I70.663, I70.668, I70.669, I70.691, I70.692, I70.693, I70.698, I70.699, I70.701, I70.702, I70.703, I70.708, I70.709, I70.711, I70.712, I70.713, I70.718, I70.719, I70.721, I70.722, I70.723, I70.728, I70.729, I70.731, I70.732, I70.733, I70.734, I70.735, I70.738, I70.739, I70.741, I70.742, I70.743, I70.744, I70.745, I70.748, I70.749, I70.75, I70.761, I70.762, I70.763, I70.768, I70.769, I70.791, I70.792, I70.793, I70.798, I70.799, I70.92, I75.011, I75.012, I75.013, I75.019, I75.021, I75.022, I75.023, I75.029, I75.81, I75.89

AND

At least two patient encounters within 24 months (one encounter during the reporting year) (CPT or HCPCS):** 98000, 98001, 98002, 98003, 98004, 98005, 98006, 98007, 98008, 98009, 98010, 98011, 98012, 98013, 98014, 98015, 98016, 99202, 99203, 99204, 99205, 99211, 99212, 99213, 99214, 99215, 99241*, 99242*, 99243*, 99244*, 99245*, 99347, 99348, 99349, 99350, 99385*, 99386*, 99387*, 99395*, 99396*, 99397*, 99401*, 99402*, 99403*, 99404*, 99411*, 99412*, 99424, 99426, 99429*, 99461, 99490, 99491, 99495, 99496, G0402, G0438, G0439, 99421, 99422, 99423, G2010, 99341, 99342, 99343, 99344, 99345

AND

Patient alive as of the last day of the measurement year: G9787

AND NOT

DENOMINATOR EXCLUSION:

Patient receiving hospice services any time during the measurement period: G9690

NUMERATOR (ALL OR NOTHING):

The number of IVD patients who meet ALL of the following targets:

- Most recent BP is less than or equal to 130/80 mm Hg
- Most recent tobacco status is Tobacco Free (NOTE: If there is No Documentation of Tobacco Status the patient is not compliant for this measure)

- Daily Aspirin or Other Antiplatelet Unless Contraindicated
- High Intensity Statin Use Unless Contraindicated

Numerator Options:

COMPONENT 1:

Most recent BP is less than or equal to 130/80 mm Hg.

NUMERATOR NOTES:

Submit G9789 for blood pressures recorded during Inpatient Stays, Emergency Room Visits, or Urgent Care Visits. In order to meet performance, the most recent blood pressure should be recorded within the performance period. Home BP results which can be obtained digitally, in writing or verbally, and are able to be stored in the EMR in a discrete field can be included. Accepting these BP results is at the discretion of the provider.

Component Options:

Performance Met:

Most recent BP is less than or equal to 130/80 mm Hg
(G9788)

OR

Denominator Exception:

Blood pressure recorded during inpatient stays, Emergency Room Visits, or Urgent Care Visits (G9789)

OR

Denominator Exception:

Procedure-related BP's not taken during an outpatient visit. Examples include Same Day Surgery, Ambulatory Service Center, G.I. Lab, Dialysis, Infusion Center, Chemotherapy (G2129)

OR

Performance Not Met:

Most recent BP is greater than 130/80 mm Hg, or blood pressure not documented (G9790)

AND

COMPONENT 2:

Most recent tobacco status is tobacco free.

NUMERATOR NOTE:

Submit G9792, if there is no documentation of tobacco status. In order to meet performance, the most recent tobacco status should be recorded within the performance period.

Component Options:

Performance Met:

Most recent tobacco status is tobacco free (G9791)

OR

Performance Not Met:

Most recent tobacco status is not tobacco free (G9792)

AND

COMPONENT 3:

Daily aspirin or other antiplatelet unless contraindicated.

Component Options:

Performance Met:

Patient is currently on a daily aspirin or other antiplatelet
(G9793)

OR

Performance Met:

Documentation of medical reason(s) for not on a daily aspirin or other antiplatelet (e.g. history of gastrointestinal bleed, intra-cranial bleed, blood disorders, Idiopathic Thrombocytopenic Purpura (ITP), Gastric Bypass or documentation of active anticoagulant use during the measurement period) (G2128)

OR

Performance Not Met:

Patient is not currently on a daily aspirin or other antiplatelet (G9795)

AND

COMPONENT 4:

High Intensity Statin Use.

NUMERATOR NOTE:

Valid High Intensity statins include Atorvastatin 40-80 mg and Rosuvastatin 20-40 mg.

Component Options:

Performance Met:

Patient is currently on a high intensity statin therapy (G9796)

OR

Performance Met:

Documentation of medical reason(s) for not on a high intensity statin (e.g. Pregnancy, In Vitro Fertilization, Clomiphene RX, ESRD, Cirrhosis, Muscular Pain and Disease during the measurement period or prior year) (G9940)

OR

Performance Not Met:

Patient is not on a high intensity statin therapy (G9797)

OR

SUBMISSION CRITERIA 2: PATIENTS WITH ONE ACUTE CORONARY EVENT (ACUTE MYOCARDIAL INFARCTION [AMI], PERCUTANEOUS CORONARY INTERVENTION [PCI], OR CORONARY ARTERY BYPASS GRAFT [CABG]) 18-75 YEARS OF AGE AND ALIVE AS OF THE LAST DAY OF THE MEASUREMENT PERIOD) FROM A HOSPITAL VISIT (EXCLUDING EMERGENCY AND LAB ONLY VISITS) AND HAVE BEEN SEEN BY A PRIMARY CARE PROVIDER (PCP) / CARDIOLOGIST FOR TWO OFFICE VISITS IN 24 MONTHS AND ONE OFFICE VISIT IN 12 MONTHS

DENOMINATOR (CRITERIA 2):

Patients with one Acute Coronary Event (AMI, PCI or CABG) 18-75 years of age and alive as of the last day of the measurement period from a hospital visit (excluding Emergency and Lab Only visits) and been seen by a PCP / Cardiologist for two office visits in 24 months and one office visit in 12 months.

DENOMINATOR NOTE:

*To meet the denominator criteria, the 24-month look back period applies to the reporting year plus prior year. **This measure requires two patient encounters. At least one of the encounters should occur during the performance period to be eligible. If the patient has the history of AMI, PCI or CABG inclusion criterion, there should be documentation of the diagnosis or procedure at the encounter being evaluated for the numerator actions.*

**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) 2:

Patients aged 18 through 75 years during the performance period

AND

History of diagnosis for AMI - include patients that had a prior (within the past 24 months) (ICD-10-CM):

I21.01, I21.02, I21.09, I21.11, I21.19, I21.21, I21.29, I21.3, I21.4, I21.9, I21.A1, I21.A9, I21.B, I22.0, I22.1, I22.8, I22.9

OR

History of procedures for PCI - include patients that had a prior (within the past 24 months) (CPT or HCPCS): 92920, 92924, 92930, 92933, 92937, 92941, 92943, 92945, C9600, C9602, C9604, C9606, C9607

OR

History of procedure for CABG - include patients that had a prior (within the past 24 months) (CPT or HCPCS): 33509, 33510, 33511, 33512, 33513, 33514, 33516, 33533, 33534, 33535, 33536, 92920, 92924, 92928, 92933, S2205*, S2206*, S2207*, S2208*, S2209*

AND

At least two patient encounters within 24 months (one encounter during the reporting year)** (CPT or HCPCS): 98000, 98001, 98002, 98003, 98004, 98005, 98006, 98007, 98008, 98009, 98010, 98011, 98012, 98013, 98014, 98015, 98016, 99202, 99203, 99204, 99205, 99211, 99212, 99213, 99214, 99215, 99241*, 99242*, 99243*, 99244*, 99245*, 99347, 99348, 99349, 99350, 99385*, 99386*, 99387*, 99395*, 99396*, 99397*, 99401*, 99402*, 99403*, 99404*, 99411*, 99412*, 99424, 99426, 99429*, 99461, 99490, 99491, 99495, 99496, G0402, G0438, G0439, 99421, 99422, 99423, G2010, 99341, 99342, 99343, 99344, 99345

AND

Patient alive as of the last day of the measurement year: G9787

AND NOT

DENOMINATOR EXCLUSION:

Patient receiving hospice services any time during the measurement period: G9690

NUMERATOR (ALL OR NOTHING):

The number of IVD patients who meet ALL of the following targets:

- Most recent BP is less than or equal to 130/80 mm Hg
- Most recent tobacco status is Tobacco Free (NOTE: If there is No Documentation of Tobacco Status the patient is not compliant for this measure)
- Daily Aspirin or Other Antiplatelet Unless Contraindicated
- High Intensity Statin Use Unless Contraindicated

Numerator Options:

COMPONENT 1:

Most recent BP is less than or equal to 130/80 mm Hg.

NUMERATOR NOTES:

Submit G9789, if blood pressures recorded during inpatient stays, Emergency Room Visits, or Urgent Care Visits do not qualify. In order to meet performance, the most recent blood pressure should be recorded within the performance period.

Home BP results which can be obtained digitally, in writing or verbally, and are able to be stored in the EMR in a discrete field can be included. Accepting these BP results is at the discretion of the provider.

Component Options:

Performance Met:

Most recent BP is less than or equal to 130/80 mm Hg
(G9788)

OR

Denominator Exception:

Blood pressure recorded during inpatient stays, Emergency Room Visits, or Urgent Care Visits (G9789)

OR

Denominator Exception:

Procedure-related BP's not taken during an outpatient visit. Examples include Same Day Surgery, Ambulatory Service Center, G.I. Lab, Dialysis, Infusion Center, Chemotherapy (G2129)

OR

Performance Not Met:

Most recent BP is greater than 130/80 mm Hg, or blood pressure not documented (G9790)

AND

COMPONENT 2:

Most recent tobacco status is tobacco free

NUMERATOR NOTE:

Submit G9792, if there is no documentation of tobacco status. In order to meet performance, the most recent tobacco status should be recorded within the performance period.

Component Options:

Performance Met:

Most recent tobacco status is tobacco free (G9791)

OR

Performance Not Met:

Most recent tobacco status is not tobacco free (G9792)

AND

COMPONENT 3:

Daily aspirin or other antiplatelet unless contraindicated.

Component Options:

Performance Met:

Patient is currently on a daily aspirin or other antiplatelet (G9793)

OR

Performance Met:

Documentation of medical reason(s) for not on a daily aspirin or other antiplatelet (e.g. history of gastrointestinal bleed, intra-cranial bleed, blood disorders, Idiopathic Thrombocytopenic Purpura (ITP), Gastric Bypass or documentation of active anticoagulant use during the measurement period) (G2128)

OR

Performance Not Met:

Patient is not currently on a daily aspirin or other antiplatelet (G9795)

AND

COMPONENT 4:

High Intensity Statin Use.

NUMERATOR NOTE:

Valid high intensity statins include Atorvastatin 40-80 mg and Rosuvastatin 20-40 mg.

Component Options:

Performance Met:

Patient is currently on a high intensity statin therapy (G9796)

OR

Performance Met:

Documentation of medical reason(s) for not on a high intensity statin (e.g. Pregnancy, In Vitro Fertilization, Clomiphene RX, ESRD, Cirrhosis, Muscular Pain and Disease during the measurement period or prior year) (G9940)

OR

Performance Not Met:

Patient is not on a high intensity statin therapy (G9797)

RATIONALE:

There has been important evidence from clinical trials that further supports and broadens the merits of risk-reduction therapies for patients with established coronary and other atherosclerotic vascular disease, including peripheral arterial disease, atherosclerotic aortic disease, and carotid artery disease.

CLINICAL RECOMMENDATION STATEMENTS:

The American College of Cardiology (ACC) and the American Heart Association (AHA) recommend that high-intensity statin therapy should be initiated or continued as first-line therapy in women and men less than or equal to 75 years of age who have clinical atherosclerotic cardiovascular disease, unless contraindicated.

In November 2013, the ACC and AHA Task Force on Practice Guidelines released updated guidance for the treatment of blood cholesterol. The new recommendations remove treatment targets for LDL-C for the primary or secondary prevention of atherosclerotic cardiovascular disease (ASCVD) and recommend high or moderate intensity statin therapy based on patient risk factors. Four major statin benefit groups were identified for whom ASCVD risk clearly outweighs the risk of adverse events. Individuals with ASCVD are one of the identified groups.

Based on trials involving other secondary prevention therapies, the ACC and AHA recommend aspirin in all patients, unless contraindicated, with established coronary and other atherosclerotic vascular disease, including peripheral arterial disease, atherosclerotic aortic disease, and carotid artery disease. The ACC and AHA also recommend the use of other antiplatelet agents based on disease type and clinical conditions.

Patients with blood pressure greater than or equal to 130/80 mm Hg should be treated, as tolerated, with blood pressure medication, treating initially with beta blockers and/or ACE inhibitors, with addition of other drugs as needed to achieve goal blood pressure.

The ACC and AHA recommends secondary prevention for patients with Coronary and other Vascular Disease that includes strongly encouraging patient and family to stop smoking and to avoid secondhand smoke through the provision of counseling, pharmacological therapy and formal smoking cessation programs as appropriate. The goal is for complete smoking cessation.

REFERENCES:

Stone NJ, Robinson J, Lichtenstein AH, Bairey Merz CN, Blum CB, Eckel RH, Goldberg AC, Gordon D, Levy D, Lloyd-Jones DM, McBride P, Schwartz JS, Shero ST, Smith SC Jr, Watson K, Wilson PWF. 2013 ACC/AHA guideline on the treatment of blood cholesterol to reduce atherosclerotic cardiovascular risk in adults: a report of the [American College of Cardiology/American Heart Association Task Force on Practice Guidelines. Circulation. 2013;00:000–000.](#)

[AHA/ACC Guidelines for Preventing Heart Attack and Death in Patients With Atherosclerotic Cardiovascular Disease: 2001 Update](#)

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2026 Clinical Quality Measure Flow for Quality ID #441: **Ischemic Vascular Disease (IVD) All or None Outcome Measure (Optimal Control)** **Multiple Performance Rates**

ACCOUNTABILITY REPORTING IN THE CMS MIPS PROGRAM: SAMPLE CALCULATIONS****

Overall Data Completeness (All Submission Criteria) =

Pt 1 (a¹, a², a³, a⁵) + Pt 2 (a¹, a², a⁴, a⁵) + Pt 3 (a¹, a², a⁴, a⁵) + Pt 4 (b¹, c², a³, a⁵) + Pt 5 (b², a², a³, a⁵) + Pt 6 (c¹, a², a³, a⁵) + Pt 7 (c¹, c², c³, c⁴) + Pt 9 (a⁷, a⁸, a⁹, a¹¹) + Pt 10 (a⁷, a⁸, a⁹, a¹¹) + Pt 11 (b³, c⁵, a⁹, a¹¹) + Pt 12 (a⁷, a⁸, a⁹, a¹¹) + Pt 13 (b⁴, a⁸, a⁹, a¹¹) + Pt 14 (c⁵, a⁸, a⁹, a¹²) + Pt 15 (c⁵, c⁶, c⁷, c⁸)

Eligible Population / Denominator (d¹ + d²) = 16 patients

= 14 patients = 87.50%
 = 16 patients

Overall Performance Rate (All-or-None) =

Performance Met (a = 6 patients: Pt 1, Pt 2, Pt 3, Pt 9, Pt 10, Pt 12) = 6 patients = 60.00%
 Data Completeness Numerator (14 patients) – Denominator Exception (b¹ + b² + b³ + b⁴) = 4 patients: Pt 4, Pt 5, Pt 11, Pt 13) = 10 patients

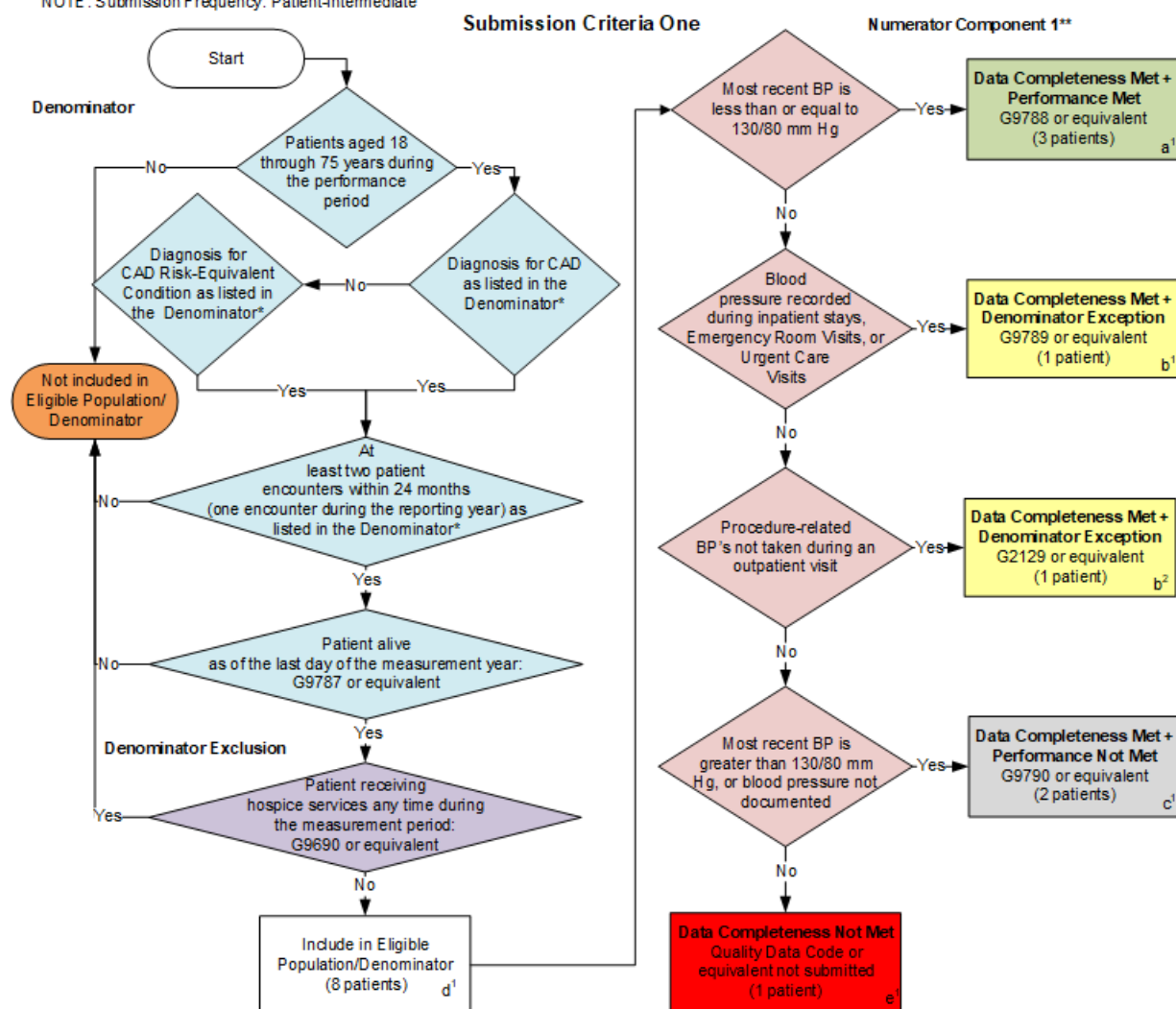
*See the posted measure specification for specific coding and instructions to submit this measure.

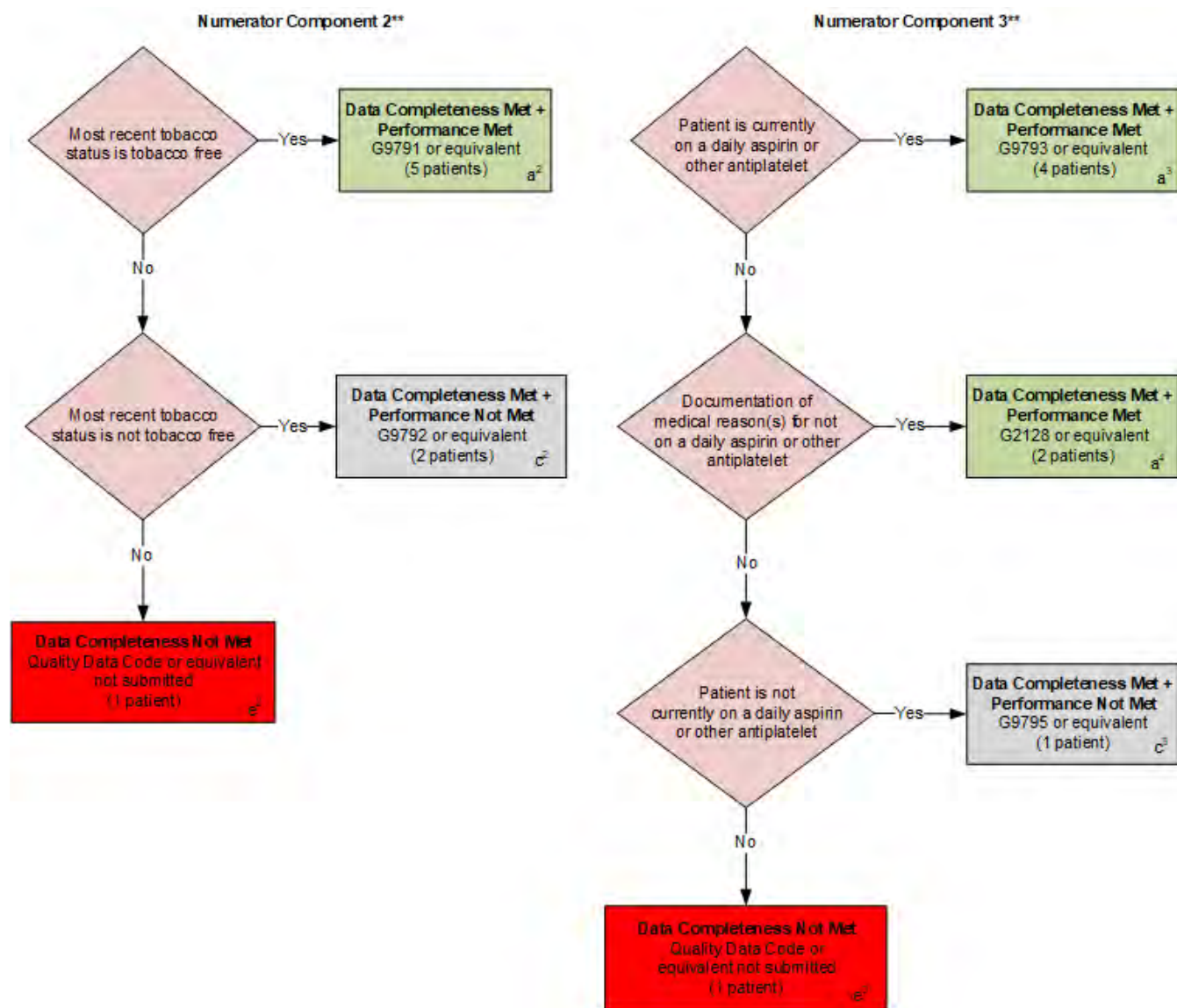
**Each component should be submitted in order to determine the data completeness and performance rate for the overall percentage of patients that meet ALL targets represented as the numerator.

***To meet the denominator criteria, the 24-month look back period applies to the performance year plus prior year. If the patient has the history of AMI, PCI or CABG inclusion criterion, there should be documentation of the diagnosis or procedure at the encounter being evaluated for the numerator action.

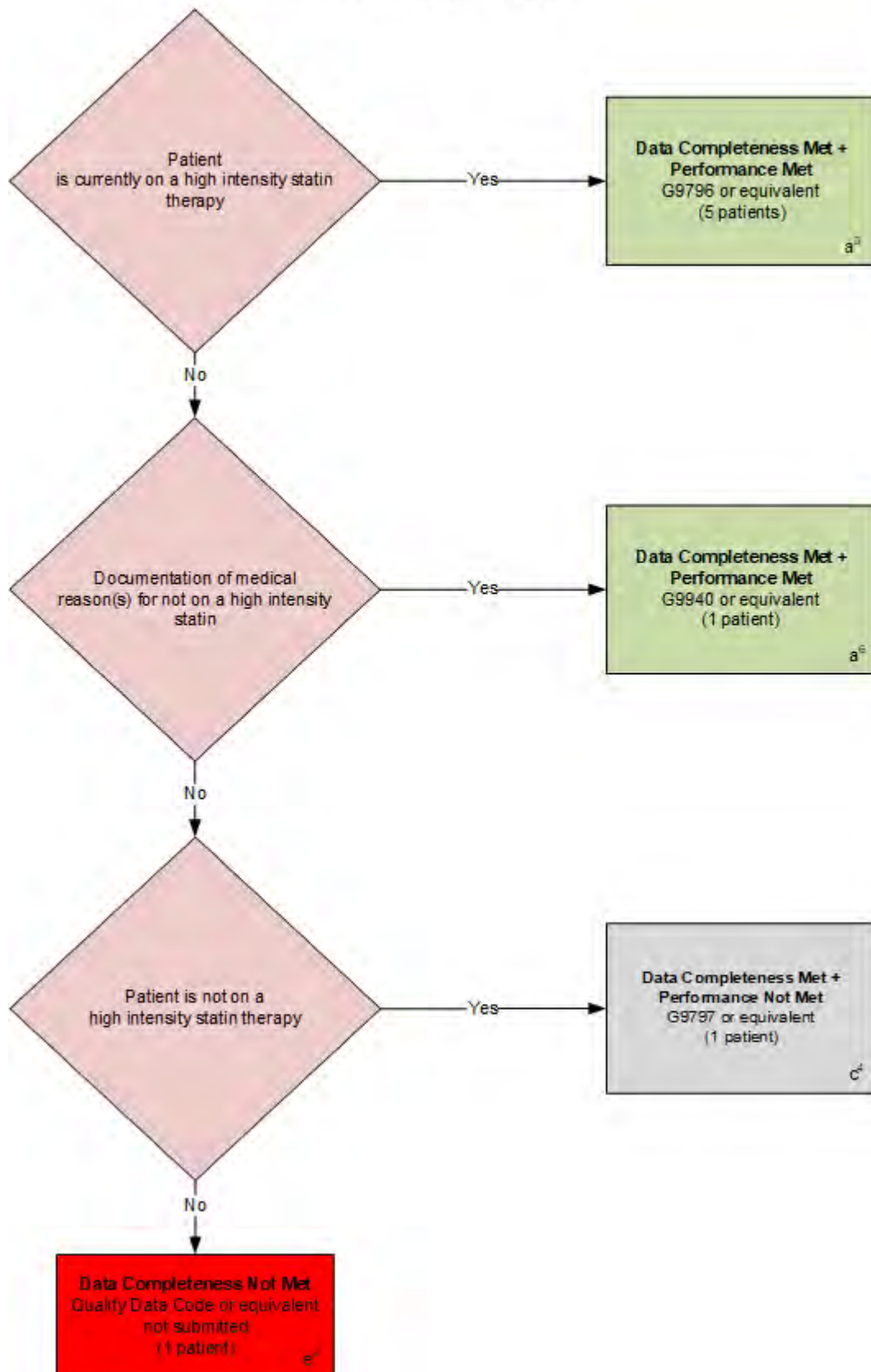
****It is anticipated for registry submission that for every Performance Rate, a Data Completeness will be submitted. CMS will determine or use the overall data completeness and performance rate

NOTE: Submission Frequency: Patient-Intermediate

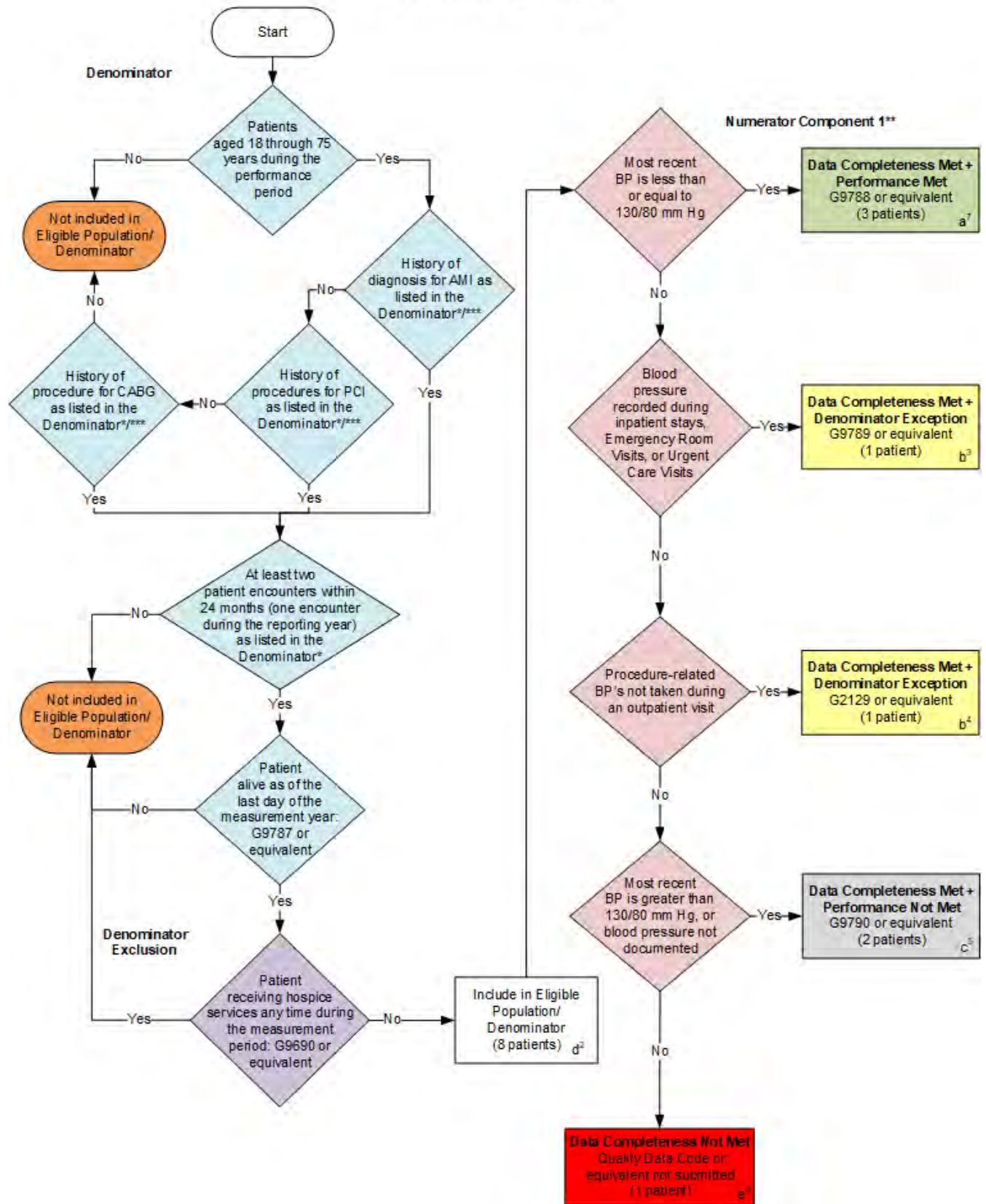


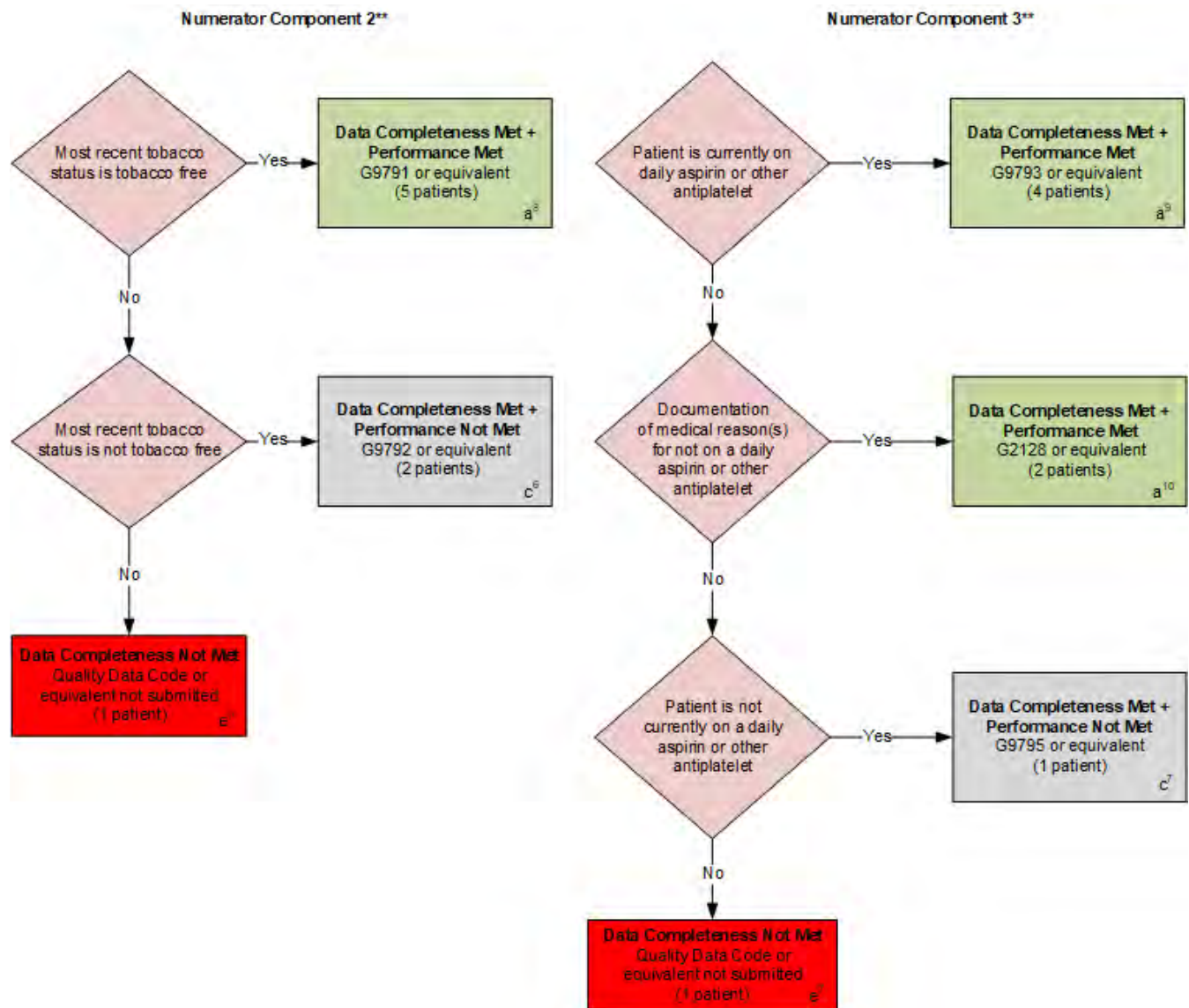


Numerator Component 4**

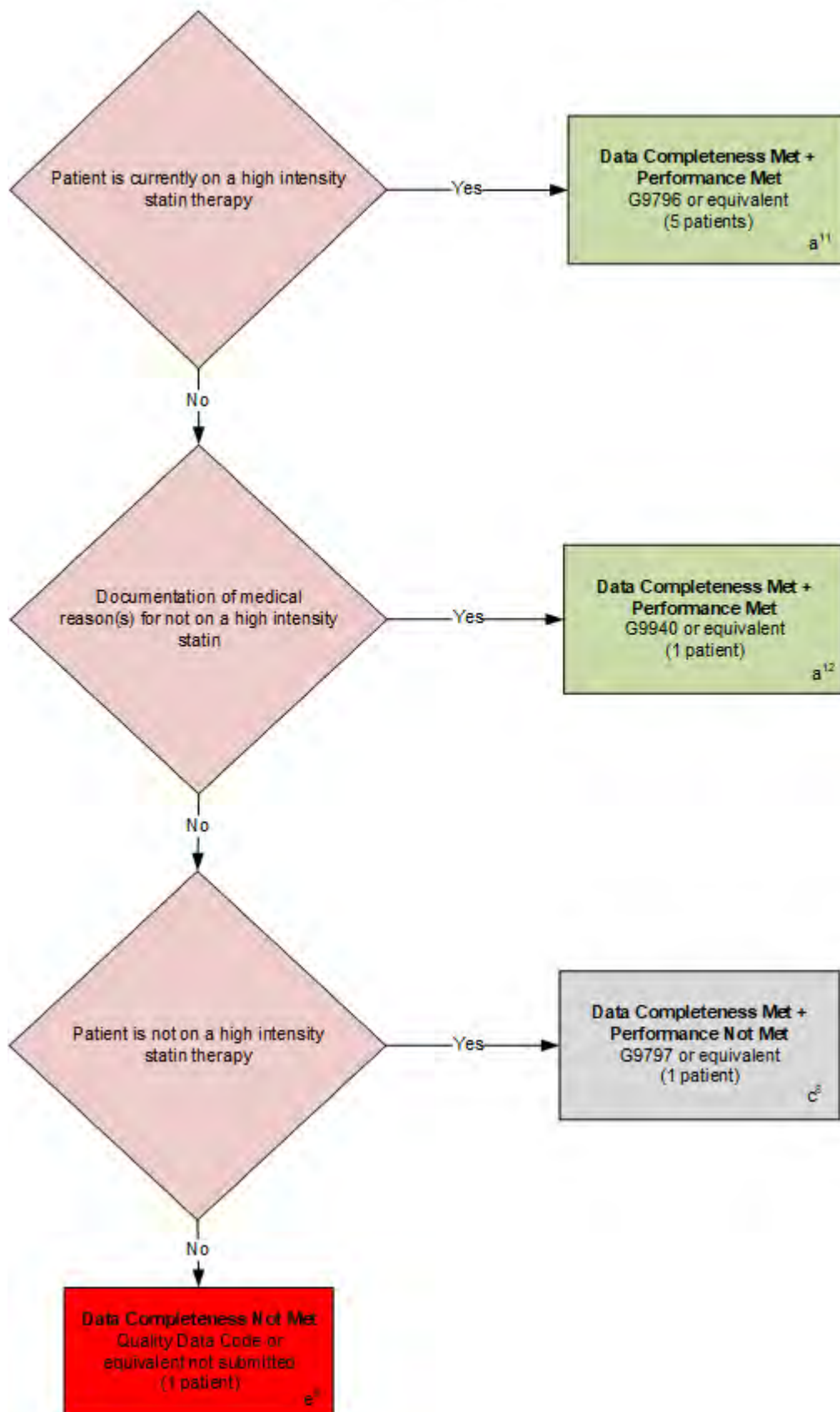


Submission Criteria Two





Numerator Component 4**



Submission Criteria One

	Patient 1	Patient 2	Patient 3	Patient 4	Patient 5	Patient 6	Patient 7	Patient 8
Numerator Component 1	Met (a ¹)	Met (a ¹)	Met (a ¹)	Exception (b ¹)	Exception (b ²)	Not Met (c ¹)	Not Met (c ¹)	Not Reported (e ¹)
Numerator Component 2	Met (a ²)	Met (a ²)	Met (a ²)	Not Met (c ²)	Met (a ²)	Met (a ²)	Not Met (c ²)	Not Reported (e ²)
Numerator Component 3	Met (a ³)	Met (a ⁴)	Met (a ⁴)	Met (a ³)	Met (a ³)	Met (a ³)	Not Met (c ³)	Not Reported (e ³)
Numerator Component 4	Met (a ⁵)	Met (a ⁵)	Met (a ⁵)	Met (a ⁵)	Met (a ⁵)	Met (a ⁵)	Not Met (c ⁴)	Not Reported (e ⁴)

Submission Criteria Two

	Patient 9	Patient 10	Patient 11	Patient 12	Patient 13	Patient 14	Patient 15	Patient 16
Numerator Component 1	Met (a ⁷)	Met (a ⁷)	Exception (b ³)	Met (a ⁷)	Exception (b ⁴)	Not Met (c ⁵)	Not Met (c ⁵)	Not Reported (e ⁵)
Numerator Component 2	Met (a ⁸)	Met (a ⁸)	Not Met (c ⁶)	Met (a ⁸)	Met (a ⁸)	Met (a ⁸)	Not Met (c ⁶)	Not Reported (e ⁶)
Numerator Component 3	Met (a ⁹)	Met (a ¹⁰)	Met (a ⁹)	Met (a ¹⁰)	Met (a ⁹)	Met (a ⁹)	Not Met (c ⁷)	Not Reported (e ⁷)
Numerator Component 4	Met (a ¹¹)	Met (a ¹¹)	Met (a ¹¹)	Met (a ¹¹)	Met (a ¹¹)	Met (a ¹²)	Not Met (c ⁸)	Not Reported (e ⁸)

SAMPLE CALCULATIONS: Overall Data Completeness and Performance Rate****

Data Completeness=

Pt 1 (a¹,a²,a³,a⁵) + Pt 2 (a¹,a²,a⁴,a⁵) + Pt 3 (a¹,a²,a⁴,a⁵) + Pt 4 (b¹,c²,a³,a⁵) + Pt 5 (b²,a²,a³,a⁵) + Pt 6 (c¹,a²,a³,a⁵) + Pt 7 (c¹,c²,c³,c⁴) + Pt 9 (a⁷,a⁸,a⁹,a¹¹) + Pt 10 (a⁷,a⁸,a¹⁰,a¹¹) + Pt 11 (b³,c⁵,a⁸,a¹¹) + Pt 12 (a⁷,a⁸,a¹⁰,a¹¹) + Pt 13 (b⁴,a⁸,a⁹,a¹¹) + Pt 14 (c⁵,a⁸,a⁹,a¹²) + Pt 15 (c⁵,c⁶,c⁷,c⁸)

Eligible Population / Denominator (d¹ + d² = 16 patients)

= $\frac{14 \text{ patients}}{16 \text{ patients}}$ = 87.50%

Performance Rate=

Performance Met (a= 6 patients: Pt 1, Pt 2, Pt 3, Pt 9, Pt 10, Pt 12) = $\frac{6 \text{ patients}}{10 \text{ patients}}$ = 60.00%

Data Completeness Numerator (14 patients) – Denominator Exception (b¹ + b² + b³ + b⁴ = 4 patients: Pt 4, Pt 5, Pt 11, Pt 13) = 10 patients

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

**Each component should be submitted in order to determine the data completeness and performance rate for the overall percentage of patients that meet ALL targets represented as the numerator.

***To meet the denominator criteria, the 24-month look back period applies to the performance year plus prior year. If the patient has the history of AMI, PCI or CABG inclusion criterion, there should be documentation of the diagnosis or procedure at the encounter being evaluated for the numerator action.

****It is anticipated for registry submission that for every Performance Rate, a Data Completeness will be submitted. CMS will determine or use the overall data completeness and performance rate

NOTE: Submission Frequency: Patient-Intermediate

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v10

**2026 Clinical Quality Measure Flow Narrative for Quality ID #441:
Ischemic Vascular Disease (IVD) All or None Outcome Measure (Optimal
Control)**

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

Accountability Reporting in the CMS MIPS Program: Sample Calculations****

Overall Data Completeness (All Submission Criteria) equals Patient 1 (a¹,a²,a³,a⁵) plus Patient 2 (a¹,a²,a⁴,a⁵) plus Patient 3 (a¹,a²,a⁴,a⁵) plus Patient 4 (b¹,c²,a³,a⁵) plus Patient 5 (b²,a²,a³,a⁵) plus Patient 6 (c¹,a², a³,a⁶) plus Patient 7 (c¹,c²,c³,c⁴) plus Patient 9 (a⁷,a⁸,a⁹,a¹¹) plus Patient 10 (a⁷,a⁸,a¹⁰,a¹¹) plus Patient 11 (b³,c⁶,a⁹,a¹¹) plus Patient 12 (a⁷,a⁸,a¹⁰,a¹¹) plus Patient 13 (b⁴,a⁸,a⁹,a¹¹) plus Patient 14 (c⁵,a⁸,a⁹,a¹²) plus Patient 15 (c⁵,c⁶,c⁷,c⁸) divided by Eligible Population/Denominator (d¹ plus d² equals 16 patients). All equals 14 patients divided by 16 patients. All equal 87.50 percent

Overall Performance Rate (All-or-None) equals Performance Met (a equals 6 patients: Patient 1, Patient 2, Patient 3, Patient 9, Patient 10, Patient 12) divided by Data Completeness Numerator (14 patients) minus Denominator Exception (b¹ plus b² plus b³ plus b⁴ equals 4 patients: Patient 4, Patient 5, Patient 11, Patient 13). All equals 6 patients divided by 10 patients. All equals 60.00 percent.

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

**Each component should be submitted in order to determine the data completeness and performance rate for the overall percentage of patients that meet ALL targets represented as the numerator.

***To meet the denominator criteria, the 24-month look back period applies to the performance year plus prior year. If the patient has the history of AMI, PCI or CABG inclusion criterion, there should be documentation of the diagnosis or procedure at the encounter being evaluated for the numerator action.

****It is anticipated for registry submission that for every Performance Rate, a Data Completeness will be submitted. CMS will determine or use the overall data completeness and performance rate.

NOTE: Submission Frequency: Patient-Intermediate

Submission Criteria One:

1. Start with Denominator
2. Check *Patients aged 18 through 75 years during the performance period*:
 - a. If *Patients aged 18 through 75 years during the performance period* equals No; do not include in *Eligible Population/Denominator*. Stop processing.
 - b. If *Patients aged 18 through 75 years during the performance period* equals Yes; proceed to check *Diagnosis for CAD as listed in the Denominator**.
3. Check *Diagnosis for CAD as listed in the Denominator**:
 - a. If *Diagnosis for CAD as listed in the Denominator** equals No; proceed to check *Diagnosis for CAD Risk-Equivalent Condition as listed in the Denominator**.
 - b. If *Diagnosis for CAD as listed in the Denominator** equals Yes; proceed to check *At least two patient encounters within 24 months (one encounter during the reporting year) as listed in the Denominator**.
4. Check *Diagnosis for CAD Risk-Equivalent Condition as listed in the Denominator**:
 - a. If *Diagnosis for CAD Risk-Equivalent Condition as listed in the Denominator** equals No; do not include in *Eligible Population/Denominator*. Stop processing.
 - b. If *Diagnosis for CAD Risk-Equivalent Condition as listed in the Denominator** equals Yes; proceed to

check *At least two patient encounters within 24 months (one encounter during the reporting year) as listed in the Denominator**.

5. Check *At least two patient encounters within 24 months (one encounter during the reporting year) as listed in the Denominator**:
 - a. If *At least two patient encounters within 24 months (one encounter during the reporting year) as listed in the Denominator** equals No; do not include in *Eligible Population/Denominator*. Stop processing.
 - b. If *At least two patient encounters within 24 months (one encounter during the reporting year) as listed in the Denominator** equals Yes; proceed to check *Patient alive as of the last day of the measurement year*.
6. Check *Patient alive as of the last day of the measurement year*:
 - a. If *Patient alive as of the last day of the measurement year* equals No; do not include in *Eligible Population/Denominator*. Stop processing.
 - b. If *Patient alive as of the last day of the measurement year* equals Yes; proceed to check *Patient receiving hospice services any time during the measurement period*.
7. Check *Patient receiving hospice services any time during the measurement period*:
 - a. If *Patient receiving hospice services any time during the measurement period* equals Yes; do not include in *Eligible Population/Denominator*. Stop processing.
 - b. If *Patient receiving hospice services any time during the measurement period* 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 d¹ equals 8 patients in the Sample Calculation.
9. Start Numerator Component 1**:
10. Check *Most recent BP is less than or equal to 130/80 mm Hg*:
 - a. If *Most recent BP is less than or equal to 130/80 mm Hg* 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 3 patients in the Sample Calculation.
 - b. If *Most recent BP is less than or equal to 130/80 mm Hg* equals No; proceed to check *Blood pressure recorded during inpatient stays, Emergency Room Visits, or Urgent Care Visits*.
11. Check *Blood pressure recorded during inpatient stays, Emergency Room Visits, or Urgent Care Visits*:
 - a. If *Blood pressure recorded during inpatient stays, Emergency Room Visits, or Urgent Care Visits* 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 1 patient in the Sample Calculation.

- b. If *Blood pressure recorded during inpatient stays, Emergency Room Visits, or Urgent Care Visits* equals No; proceed to check *Procedure-related BP's not taken during an outpatient visit*.
12. Check *Procedure-related BP's not taken during an outpatient visit*:
 - a. If *Procedure-related BP's not taken during an outpatient visit* 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 1 patient in the Sample Calculation.
 - b. If *Procedure-related BP's not taken during an outpatient visit* equals No; proceed to check *Most recent BP is greater than 130/80 mm Hg, or blood pressure not documented*.
13. Check *Most recent BP is greater than 130/80 mm Hg, or blood pressure not documented*:
 - a. If *Most recent BP is greater than 130/80 mm Hg, or blood pressure not documented* 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 2 patients in the Sample Calculation.
 - b. If *Most recent BP is greater than 130/80 mm Hg, or blood pressure not documented* 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*. Letter e¹ equals 1 patient has been subtracted from the Data Completeness Numerator in the Sample Calculation.
15. Start Numerator Component 2**:
16. Check *Most recent tobacco status is tobacco free*:
 - a. If *Most recent tobacco status is tobacco free* 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 5 patients in the Sample Calculation.
 - b. If *Most recent tobacco status is tobacco free* equals No; proceed to check *Most recent tobacco status is not tobacco free*.
17. Check *Most recent tobacco status is not tobacco free*:
 - a. If *Most recent tobacco status is not tobacco free* 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 2 patients in the Sample Calculation.

- b. If *Most recent tobacco status is not tobacco free* equals No; proceed to check *Data Completeness Not Met*.
18. Check *Data Completeness Not Met*:
- If *Data Completeness Not Met*, the *Quality Data Code* or equivalent was not submitted. Letter e2 equals 1 patient has been subtracted from the *Data Completeness Numerator* in the *Sample Calculation*.
19. Start Numerator Component 3**:
20. Check *Patient is currently on a daily aspirin or other antiplatelet*:
- a. If *Patient is currently on a daily aspirin or other antiplatelet* 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 a³ equals 4 patients in the *Sample Calculation*.
- b. If *Patient is currently on a daily aspirin or other antiplatelet* equals No; proceed to check *Documentation of medical reason(s) for not on a daily aspirin or other antiplatelet*.
21. Check *Documentation of medical reason(s) for not on a daily aspirin or other antiplatelet*:
- a. If *Documentation of medical reason(s) for not on a daily aspirin or other antiplatelet* 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 a4 equals 2 patients in the *Sample Calculation*.
- b. If *Documentation of medical reason(s) for not on a daily aspirin or other antiplatelet* equals No; proceed to check *Patient is not currently on a daily aspirin or other antiplatelet*.
22. Check *Patient is not currently on a daily aspirin or other antiplatelet*:
- a. If *Patient is not currently on a daily aspirin or other antiplatelet* 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 c³ equals 1 patient in the *Sample Calculation*.
- b. If *Patient is not currently on a daily aspirin or other antiplatelet* equals No; proceed to check *Data Completeness Not Met*.
23. Check *Data Completeness Not Met*:
- If *Data Completeness Not Met*, the *Quality Data Code* or equivalent was not submitted. Letter e3 equals 1 patient has been subtracted from the *Data Completeness Numerator* in the *Sample Calculation*.
24. Start Numerator Component 4**:
25. Check *Patient is currently on a high intensity statin therapy*.

- a. If *Patient is currently on a high intensity statin therapy* 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 a⁵ equals 5 patients in the Sample Calculation.
 - b. If *Patient is currently on a high intensity statin therapy* equals No; proceed to check *Documentation of medical reason(s) for not on a high intensity statin*.
26. Check *Documentation of medical reason(s) for not on a high intensity statin*:
- a. If *Documentation of medical reason(s) for not on a high intensity statin* 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 a⁶ equals 1 patient in the Sample Calculation.
 - b. If *Documentation of medical reason(s) for not on a high intensity statin* equals No; proceed to check *Patient is not on a high intensity statin therapy*.
27. Check *Patient is not on a high intensity statin therapy*:
- a. If *Patient is not on a high intensity statin therapy* 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 c⁴ equals 1 patient in the Sample Calculation.
 - b. If *Patient is not on a high intensity statin therapy* equals No; proceed to check *Data Completeness Not Met*.
28. Check *Data Completeness Not Met*:
- If *Data Completeness Not Met, the Quality Data Code or equivalent was not submitted*. Letter e⁴ equals 1 patient has been subtracted from the Data Completeness Numerator in the Sample Calculation.

Submission Criteria Two:

1. Start with Denominator
2. Check *Patients aged 18 through 75 years during the performance period*:
 - a. If *Patients aged 18 through 75 years during the performance period* equals No; do not include in *Eligible Population/Denominator*. Stop processing.
 - b. If *Patients aged 18 through 75 years during the performance period* equals Yes; proceed to check *History of diagnosis for AMI as listed in the Denominator*/****.
3. Check *History of diagnosis for AMI as listed in the Denominator*/****:
 - a. If *History of diagnosis for AMI as listed in the Denominator*/**** equals No; proceed to check *History of procedures for PCI as listed in the Denominator*/****.
 - b. If *History of diagnosis for AMI as listed in the Denominator*/**** equals Yes; proceed to check *At least*

two patient encounters within 24 months (one encounter during the reporting year) as listed in Denominator.*

4. Check *History of procedures for PCI as listed in the Denominator*/****:
 - a. If *History of procedures for PCI as listed in the Denominator*/**** equals No; proceed to check *History of procedure for CABG as listed in the Denominator*/****.
 - b. If *History of procedures for PCI as listed in the Denominator*/**** equals Yes; proceed to check *At least two patient encounters within 24 months (one encounter during the reporting year) as listed in Denominator**.
5. Check *History of procedure for CABG as listed in the Denominator*/****:
 - a. If *History of procedure for CABG as listed in the Denominator*/**** equals No; do not include in *Eligible Population/Denominator*. Stop processing.
 - b. If *History of procedure for CABG as listed in the Denominator*/**** equals Yes; proceed to check *At least two patient encounters within 24 months (one encounter during the reporting year) as listed in Denominator**.
6. Check *At least two patient encounters within 24 months (one encounter during the reporting year) as listed in Denominator**:
 - a. If *At least two patient encounters within 24 months (one encounter during the reporting year) as listed in Denominator** equals No; do not include in *Eligible Population/Denominator*. Stop processing.
 - b. If *At least two patient encounters within 24 months (one encounter during the reporting year) as listed in Denominator** equals Yes; proceed to check *Patient alive as of the last day of the measurement year*.
7. Check *Patient alive as of the last day of the measurement year*:
 - a. If *Patient alive as of the last day of the measurement year* equals No; do not include in *Eligible Population/Denominator*. Stop processing.
 - b. If *Patient alive as of the last day of the measurement year* equals Yes; proceed to check *Patient receiving hospice services any time during the measurement period*.
8. Check *Patient receiving hospice services any time during the measurement period*:
 - a. If *Patient receiving hospice services any time during the measurement period* equals Yes; do not include in *Eligible Population/Denominator*. Stop processing.
 - b. If *Patient receiving hospice services any time during the measurement period* equals No; include in *Eligible Population/Denominator*.
9. 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 8 patients in the Sample Calculation.
10. Start Numerator Component 1**:
11. Check *Most recent BP is less than or equal to 130/80 mm Hg*:
 - a. If *Most recent BP is less than or equal to 130/80 mm Hg* 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 a⁷ equals 3 patients in Sample Calculation.
- b. If *Most recent BP is less than or equal to 130/80 mm Hg* equals No; proceed to check *Blood pressure recorded during inpatient stays, Emergency Room Visits, or Urgent Care Visits*.
12. Check *Blood pressure recorded during inpatient stays, Emergency Room Visits, or Urgent Care Visits*:
- a. If *Blood pressure recorded during inpatient stays, Emergency Room Visits, or Urgent Care Visits* 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 1 patient in the Sample Calculation.
- b. If *Blood pressure recorded during inpatient stays, Emergency Room Visits, or Urgent Care Visits* equals No; proceed to check *Procedure-related BP's not taken during an outpatient visit*.
13. Check *Procedure-related BP's not taken during an outpatient visit*:
- a. If *Procedure-related BP's not taken during an outpatient visit* 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 1 patient in the Sample Calculation.
- b. If *Procedure-related BP's not taken during an outpatient visit* equals No; proceed to check *Most recent BP is greater than 130/80 mm Hg, or blood pressure not documented*.
14. Check *Most recent BP is greater than 130/80 mm Hg, or blood pressure not documented*:
- a. If *Most recent BP is greater than 130/80 mm Hg, or blood pressure not documented* 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 c⁵ equals 2 patients in the Sample Calculation.
- b. If *Most recent BP is greater than 130/80 mm Hg, or blood pressure not documented* equals No; proceed to check *Data Completeness Not Met*.
15. Check *Data Completeness Not Met*:
- *If Data Completeness Not Met, the Quality Data Code or equivalent was not submitted. Letter e⁵ equals 1 patient has been subtracted from the Data Completeness Numerator in the Sample Calculation.*
16. Start Numerator Component 2**:
17. Check *Most recent tobacco status is tobacco free*:
- a. If *Most recent tobacco status is tobacco free* 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 a⁸ equals 5 patients in the Sample Calculation.
- b. If *Most recent tobacco status is tobacco free* equals No; proceed to check *Most recent tobacco status is not tobacco free*.
18. Check *Most recent tobacco status is not tobacco free*:
- a. If *Most recent tobacco status is not tobacco free* 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 and Performance Rate in the Sample Calculation listed at the end of this document. Letter c⁶ equals 2 patients in the Sample Calculation.
- b. If *Most recent tobacco status is not tobacco free* equals No; proceed to check *Data Completeness Not Met*.
19. Check *Data Completeness Not Met*:
- *If Data Completeness Not Met, the Quality Data Code or equivalent was not submitted. Letter e⁶ equals 1 patient has been subtracted from the Data Completeness Numerator in the Sample Calculation.*
20. Start Numerator Component 3**:
21. Check *Patient is currently on daily aspirin or other antiplatelet*:
- a. If *Patient is currently on daily aspirin or other antiplatelet* 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 a⁹ equals 4 patients in the Sample Calculation.
- b. If *Patient is currently on daily aspirin or other antiplatelet* equals No; proceed to check *Documentation of medical reason(s) for not on a daily aspirin or other antiplatelet*.
22. Check *Documentation of medical reason(s) for not on a daily aspirin or other antiplatelet*:
- a. If *Documentation of medical reason(s) for not on a daily aspirin or other antiplatelet* 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 a¹⁰ equals 2 patients in the Sample Calculation.
- b. If *Documentation of medical reason(s) for not on a daily aspirin or other antiplatelet* equals No; proceed to check *Patient is not currently on a daily aspirin or other antiplatelet*.
23. Check *Patient is not currently on a daily aspirin or other antiplatelet*:
- a. If *Patient is not currently on a daily aspirin or other antiplatelet* 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 c⁷ equals 1 patient in the Sample Calculation.

- b. If *Patient is not currently on a daily aspirin or other antiplatelet* equals No; proceed to check *Data Completeness Not Met*.
24. Check *Data Completeness Not Met*:
- If *Data Completeness Not Met, the Quality Data Code or equivalent was not submitted*. Letter e7 equals 1 patient has been subtracted from the *Data Completeness Numerator* in the *Sample Calculation*.
25. Start Numerator Component 4**:
26. Check *Patient is currently on a high intensity statin therapy*:
- a. If *Patient is currently on a high intensity statin therapy* 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 a¹¹ equals 5 patients in the *Sample Calculation*.
- b. If *Patient is currently on a high intensity statin therapy* equals No, proceed to check *Documentation of medical reason(s) for not on a high intensity statin*.
27. Check *Documentation of medical reason(s) for not on a high intensity statin*:
- a. If *Documentation of medical reason(s) for not on a high intensity statin* 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 a¹² equals 1 patient in the *Sample Calculation*.
- b. If *Documentation of medical reason(s) for not on a high intensity statin* equals No, proceed to check *Patient is not on a high intensity statin therapy*.
28. Check *Patient is not on a high intensity statin therapy*:
- a. If *Patient is not on a high intensity statin therapy* 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 c⁸ equals 1 patient in the *Sample Calculation*.
- b. If *Patient is not on a high intensity statin therapy* equals No, proceed to check *Data Completeness Not Met*.
29. Check *Data Completeness Not Met*:
- If *Data Completeness Not Met, the Quality Data Code or equivalent was not submitted*. Letter e8 equals 1 patient has been subtracted from the *Data Completeness Numerator* in the *Sample Calculation*.

Sample Calculations****

Data Completeness equals Patient 1 (a¹, a², a³, a⁵) plus Patient 2 (a¹, a², a⁴, a⁵) plus Patient 3 (a¹, a², a⁴, a⁵) plus Patient 4 (b¹, c², a³, a⁵) plus Patient 5 (b², a², a³, a⁵) plus Patient 6 (c¹, a², a³, a⁶) plus Patient 7 (c¹, c², c³, c⁴) plus Patient 9 (a⁷, a⁸, a⁹, a¹¹) plus Patient 10 (a⁷, a⁸, a¹⁰, a¹¹) plus Patient 11 (b³, c⁶, a⁹, a¹¹) plus Patient 12 (a⁷, a⁸, a¹⁰, a¹¹) plus Patient 13 (b⁴, a⁸,

a⁹, a¹¹) plus Patient 14 (c⁵, a⁸, a⁹, a¹²) plus Patient 15 (c⁵, c⁶, c⁷, c⁸) divided by Eligible Population/Denominator (d¹ plus d² equals 16 patients). All equals 14 patients divided by 16 patients. All equals 87.50 percent.

Performance Rate equals Performance Met (a equals 6 patients: Patient 1, Patient 2, Patient 3, Patient 9, Patient 10, Patient 12) divided by Data Completeness Numerator (14 patients) minus Denominator Exception (b¹ plus b² plus b³ plus b⁴ equals 4 patients: Patient 4, Patient 5, Patient 11, Patient 13). All equals 6 patients divided by 10 patients. All equals 60.00 percent.

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

**Each component should be submitted in order to determine the data completeness and performance rate for the overall percentage of patients that meet ALL targets represented as the numerator.

***To meet the denominator criteria, the 24-month look back period applies to the performance year plus prior year. If the patient has the history of AMI, PCI or CABG inclusion criterion, there should be documentation of the diagnosis or procedure at the encounter being evaluated for the numerator action.

****It is anticipated for registry submission that for every Performance Rate, a Data Completeness will be submitted. CMS will determine or use the overall data completeness and performance rate.

NOTE: Submission Frequency: Patient-Intermediate

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.