

### Computed Tomography (CT) or Magnetic Resonance Imaging (MRI) Reports

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*This measure is to be reported **each time** a CT or MRI of the brain is performed in a hospital or outpatient setting for patients with ischemic stroke or TIA or intracranial hemorrhage during the reporting period.*

#### Measure description

Percentage of final reports for CT or MRI studies of the brain performed within 24 hours of arrival to the hospital for patients aged 18 years and older with the diagnosis of ischemic stroke or TIA or intracranial hemorrhage that include documentation of the presence or absence of each of the following: hemorrhage and mass lesion and acute infarction

#### What if this process or outcome of care is not appropriate for your patient?

Some measures provide an opportunity for the physician or non-physician provider to document when a process or outcome of care is not appropriate for a given patient (also called performance exclusions). Because this measure is applicable to most if not all patients, there are no allowable performance exclusions.

#### What will you need to report for each patient undergoing CT or MRI of the brain for this measure?

If you select this measure for reporting, you will report:

- Whether or not a CT or MRI of the brain was performed within 24 hours of arrival to the hospital

If the patient had a CT or MRI of the brain performed within 24 hours of arrival to the hospital, you will then need to report:

- Whether or not you included documentation of the presence or absence of hemorrhage and mass lesion and acute infarction in the final CT or MRI report<sup>1</sup>

<sup>1</sup>Equivalent terms or synonyms for hemorrhage, mass lesion, or infarction, if documented in the CT or MRI report, would meet the measure.

## Computed Tomography (CT) or Magnetic Resonance Imaging (MRI) Reports

### PQRI Data Collection Sheet

Patient's Name	Practice Medical Record Number (MRN)	Birth Date (mm/dd/yyyy) / /	Gender <input type="checkbox"/> Male <input type="checkbox"/> Female
National Provider Identifier (NPI)		Date of Service	

#### Clinical Information

#### Billing Information

Step 1 Is patient eligible for this measure?			
	Yes	No	Code Required on Claim Form
Patient is aged 18 years and older.	<input type="checkbox"/>	<input type="checkbox"/>	Verify date of birth on claim form.
Patient has a diagnosis of ischemic stroke or TIA or intracranial hemorrhage.	<input type="checkbox"/>	<input type="checkbox"/>	Refer to coding specifications document for list of applicable codes.
There is a CPT Procedure Code for CT or MRI of the brain.	<input type="checkbox"/>	<input type="checkbox"/>	
If <b>No</b> is checked for any of the above, STOP. Do not report a CPT category II code.			
Step 2 Does patient also have the other requirements for this measure?			
	Yes	No	Code to be Reported on Line 24D of Paper Claim Form (or Service Line 24 of Electronic Claim Form)
Did patient have a CT or MRI of the brain performed within 24 hours of arrival to the hospital?	<input type="checkbox"/>	<input type="checkbox"/>	If <b>No</b> , report only 3112F and STOP. If <b>Yes</b> , report 3111F and proceed to Step 3.
Step 3 Does patient meet the measure?			
Presence/Absence of Hemorrhage AND Mass Lesion AND Acute Infarction	Yes	No	Code to be Reported on Line 24D of Paper Claim Form, if Yes (or Service Line 24 of Electronic Claim Form)
Documented <sup>1</sup>	<input type="checkbox"/>	<input type="checkbox"/>	3011F
			If <b>No</b> is checked for the above, report 3011F-8P (Presence/Absence of hemorrhage, mass lesion, and acute infarction <i>not</i> documented, reason not otherwise specified.)

<sup>1</sup>Equivalent terms or synonyms for hemorrhage, mass lesion, or infarction, if documented in the CT or MRI report, would meet the measure.

## Computed Tomography (CT) or Magnetic Resonance Imaging (MRI) Reports

### Coding Specifications

Codes required to document patient has a diagnosis of ischemic stroke, TIA, or intracranial hemorrhage and a procedure code for patient undergoing CT or MRI of the brain occurred:

An ICD-9 diagnosis code for ischemic stroke, TIA, or intracranial hemorrhage and a CPT procedure code are required to identify patients to be included in this measure.

### Ischemic stroke, TIA, or intracranial hemorrhage ICD-9 diagnosis codes

- 431 (intercerebral hemorrhage),
- 433.01, 433.11, 433.21, 433.31, 433.81, 433.91 (occlusion and stenosis of cerebral arteries),
- 434.01, 434.11, 434.91, (occlusion of cerebral arteries),
- 435.0, 435.1, 435.2, 435.3, 435.8, 435.9, (transient cerebral ischemia)

AND

### CPT procedure codes for CT or MRI of brain

- 0042T 70450, 70460, 70470, 70551, 70552, 70553,

Quality codes for this measure (at least one of the following for every eligible patient):

### CPT II Code descriptors

(Data Collection sheet should be used to determine appropriate combination of codes.)

- **CPT II 3111F:** CT or MRI of the brain performed within 24 hours of arrival to the hospital
- **CPT II 3112F:** CT or MRI of the brain performed greater than 24 hours after arrival to the hospital
- **CPT II 3110F:** Presence or absence of hemorrhage and mass lesion and acute infarction documented in final CT or MRI report
- **CPT II 3110F-8P:** Presence or absence of hemorrhage and mass lesion and acute infarction was not documented in final CT or MRI report, reason not otherwise specified

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