

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

*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 a diagnosis or symptom of ischemic stroke or transient ischemic attack (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 a diagnosis of ischemic stroke or transient ischemic attack (TIA) or intracranial hemorrhage or at least one documented symptom consistent with 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 report¹

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

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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 or symptom 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 No 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 No , report only 3112F and STOP. If Yes , 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 ¹	<input type="checkbox"/>	<input type="checkbox"/>	3110F
			If No is checked for the above, report 3110F-8P (Presence/absence of hemorrhage, mass lesion, and acute infarction not documented, reason not otherwise specified.)

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

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Coding Specifications

Codes required to document patient has a diagnosis of ischemic stroke, TIA, or intracranial hemorrhage OR at least one documented symptom consistent with ischemic stroke or TIA or intracranial hemorrhage and a procedure for CT or MRI of the brain occurred:

An ICD-9 diagnosis or symptom code for ischemic stroke, TIA, or intracranial hemorrhage and a CPT procedure code are required to identify patients to be included in this measure. For purposes of this measure, the listed symptoms will be considered “documented symptoms consistent” with stroke or intracranial hemorrhage.

Ischemic stroke, TIA, or intracranial hemorrhage ICD-9 diagnosis and symptom 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),
- 368.12 (transient visual loss),
- 368.2 (diplopia [double vision]),
- 386.2 (vertigo of central origin),
- 437.7 (transient global amnesia),
- 780.02 (transient alteration of awareness),
- 781.3 (lack of coordination),
- 781.4 (transient paralysis of limb),
- 781.94 (facial weakness),
- 782.0 (disturbance of skin sensation),
- 784.3 (aphasia)
- 784.5 (slurred speech)

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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