

### Anticoagulant Therapy Prescribed for Atrial Fibrillation at Discharge

---

*This measure is to be reported for all patients aged 18 years and older with either ischemic stroke or transient ischemic attack (TIA) AND documented atrial fibrillation **each time** a patient is discharged from the hospital during the reporting period.*

#### Measure description

Percentage of patients aged 18 years and older with a diagnosis of ischemic stroke or transient ischemic attack (TIA) with documented permanent, persistent, or paroxysmal atrial fibrillation<sup>1</sup> who were prescribed an anticoagulant at discharge

#### What will you need to report each time a patient with either stroke or TIA AND atrial fibrillation<sup>1</sup> is discharged from the hospital for this measure?

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

- Whether or not you prescribed an anticoagulant at discharge

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

There may be times when it is not appropriate to prescribe an anticoagulant at discharge for stroke or TIA patients with documented permanent, persistent, or paroxysmal atrial fibrillation, due to:

- Medical reasons (eg, not indicated, contraindicated, other medical reason) OR
- Patient reasons (eg, patient declined, economic, social, religious, other patient reason)

In these cases, you will need to indicate which reason applies, and specify the reason on the worksheet and in the medical chart. The office/billing staff will then report a code with a modifier that represents these valid reasons (also called exclusions).

<sup>1</sup>Persistent atrial fibrillation: recurrent atrial fibrillation, not self-terminating or terminated electrically or pharmacologically; paroxysmal atrial fibrillation: recurrent atrial fibrillation, self-terminating; permanent atrial fibrillation: long-standing atrial fibrillation (>1 year), cardioversion failed or not attempted.

## Anticoagulant Therapy Prescribed for Atrial Fibrillation at Discharge

### 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 atrial fibrillation AND a diagnosis of either ischemic stroke or transient ischemic attack.	<input type="checkbox"/>	<input type="checkbox"/>	Refer to coding specifications document for list of applicable codes.
There is a CPT E/M Service Code for this visit.	<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 meet or have an acceptable reason for not meeting the measure?

Anticoagulant Therapy	Yes	No	Code to be Reported on Line 24D of Paper Claim Form, if Yes (or Service Line 24 of Electronic Claim Form)
Prescribed	<input type="checkbox"/>	<input type="checkbox"/>	4075F
Not prescribed for one of the following reasons:			
• Medical (eg, not indicated, contraindicated, other medical reason)	<input type="checkbox"/>	<input type="checkbox"/>	4075F-1P
• Patient (eg, patient declined, economic, social, religious, other patient reason)	<input type="checkbox"/>	<input type="checkbox"/>	4075F-2P
Document reason here and in medical chart. _____ _____			If <b>No</b> is checked for <b>all</b> of the above, report 4075F-8P (Anticoagulant therapy was not prescribed at discharge, reason not otherwise specified.)

## Anticoagulant Therapy Prescribed for Atrial Fibrillation at Discharge

### Coding Specifications

Codes required to document patient has ischemic stroke or transient ischemic attack (TIA) with atrial fibrillation and a visit occurred:

An ICD-9 diagnosis code for ischemic stroke or TIA and atrial fibrillation and a CPT E/M service code are required to identify patients to be included in this measure.

#### Ischemic stroke and transient ischemic attack ICD-9 diagnosis codes

- 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

#### Atrial fibrillation ICD-9 diagnosis code:

- 427.31 (atrial fibrillation)

AND

#### CPT E/M service codes

- 99238, 99239 (hospital discharge),
- 99251, 99252, 99253, 99254, 99255 (initial inpatient consult)

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 4075F:** Anticoagulant therapy prescribed at discharge
- **CPT II 4075F-1P:** Documentation of medical reason(s) for not prescribing anticoagulant therapy at discharge
- **CPT II 4075F-2P:** Documentation of patient reason(s) for not prescribing anticoagulant therapy at discharge
- **CPT II 4075F-8P:** Anticoagulant therapy was not prescribed at discharge, reason *not* otherwise specified

Physician Performance Measures (Measures) and related data specifications, developed by the American Medical Association (AMA) in collaboration with the Physician Consortium for Performance Improvement (the Consortium) and the National Committee for Quality Assurance (NCQA) pursuant to government sponsorship under subcontract 6205-05-054 with Mathematica Policy Research, Inc. under contract 500-00-0033 with Centers for Medicare & Medicaid Services.

These performance Measures are not clinical guidelines and do not establish a standard of medical care, and have not been tested for all potential applications.

The Measures, while copyrighted, can be reproduced and distributed, without modification, for noncommercial purposes, e.g., use by health care providers in connection with their practices. Commercial use is defined as the sale, license, or distribution of the Measures for commercial gain, or incorporation of the Measures into a product or service that is sold, licensed or distributed for commercial gain. Commercial uses of the Measures require a license agreement between the user and the AMA, (on behalf of the Consortium) or NCQA. Neither the AMA, NCQA, Consortium nor its members shall be responsible for any use of the Measures.

THE MEASURES AND SPECIFICATIONS ARE PROVIDED "AS IS" WITHOUT WARRANTY OF ANY KIND.

© 2004-6 American Medical Association and National Committee for Quality Assurance. All Rights Reserved.

Limited proprietary coding is contained in the Measure specifications for convenience. Users of the proprietary code sets should obtain all necessary licenses from the owners of these code sets. The AMA, NCQA, the Consortium and its members disclaim all liability for use or accuracy of any Current Procedural Terminology (CPT®) or other coding contained in the specifications.

CPT® contained in the Measures specifications is copyright 2007 American Medical Association

G codes and associated descriptions included in these Measure specifications are in the public domain.

PQRI 2008 Measure 33, Effective Date 01/01/2008

© 2004-6 American Medical Association and National Committee for Quality Assurance. All Rights Reserved.

CPT® copyright 2007 American Medical Association