

Tissue Plasminogen Activator (t-PA) Considered

*This measure is to be reported for all patients aged 18 years and older undergoing active treatment for ischemic stroke for **each** hospital stay during the reporting period.*

Measure description

Percentage of patients aged 18 years and older with a diagnosis of ischemic stroke whose time from symptom onset to arrival is less than 3 hours who were considered for t-PA administration

What will you need to report for each hospital stay for patients under active treatment for ischemic stroke for this measure?

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

- The time of ischemic stroke symptom onset for each patient with a diagnosis of ischemic stroke:
 - Onset of less than three hours prior to arrival
 - Onset greater than or equal to 3 hours prior to arrival

If the time from symptom onset to arrival is less than three hours, you will then need to report:

- Whether or not you considered administration of t-PA for the patient (includes patients to whom t-PA was given or patients for whom reasons for not being a candidate for t-PA therapy are documented)

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.

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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 of ischemic stroke. | <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 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) |
| Is the time of symptom onset less than 3 hours prior to arrival? | <input type="checkbox"/> | <input type="checkbox"/> | If No (ie, symptom onset \geq 3 hours prior to arrival at hospital), report only 1066F and STOP. If Yes (ie, symptom onset $<$ 3 hours prior to arrival at hospital), report 1065F and proceed to Step 3. |
| Step 3 Does patient meet the measure? | | | |
| Tissue Plasminogen Activator Administration (t-PA) | Yes | No | Code to be Reported on Line 24D of Paper Claim Form, if Yes (or Service Line 24 of Electronic Claim Form) |
| Considered (includes patients to whom t-PA was given or patients for whom reasons for not being a candidate for t-PA therapy are documented) | <input type="checkbox"/> | <input type="checkbox"/> | 4077F |
| | | | If No is checked for the above, report 4077F-8P (t-PA administration was not considered, reason not otherwise specified.) |

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Coding Specifications

Codes required to document patient has ischemic stroke and a visit occurred:

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

Ischemic stroke 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)

AND

CPT E/M service codes

- 99221, 99222, 99223 (initial inpatient),
- 99251, 99252, 99253, 99254, 99255 (initial inpatient consult),
- 99291 (critical care services)

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 1065F:** Ischemic stroke symptom onset of less than 3 hours prior to arrival
- **CPT II 1066F:** Ischemic stroke symptom onset greater than or equal to 3 hours prior to arrival
- **CPT II 4077F:** Documentation that tissue plasminogen activator (t-PA) administration was considered
- **CPT II 4077F-8P:** Tissue plasminogen activator (t-PA) administration was not considered, reason not otherwise specified

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