

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 for patients aged 18 years and older 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. It is anticipated that clinicians who provide the physician component of diagnostic imaging studies will submit this measure.*

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 either 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 eligible health professional 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 hospital¹

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 report²

¹Studies (CT or MRI) performed at an outpatient imaging center should be considered for the measure if, to the best of the outpatient imaging facility's knowledge, the patient was expected to arrive at the hospital within 24 hours of the study being performed.

²Equivalent 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?			Code Required on Claim Form
	Yes	No	
Patient is aged 18 years and older on date of encounter.	<input type="checkbox"/>	<input type="checkbox"/>	Verify date of birth on claim form.
Patient has a line item 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. Codes determining a patient's eligibility must be reported on the same claim as the quality code(s) identified below.
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?			Code to be Reported on Line 24D of Paper Claim Form (or Service Line 24 of Electronic Claim Form)
	Yes	No	
Did patient have a CT or MRI of the brain performed within 24 hours of arrival to the hospital ¹ ?	<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?			Code to be Reported on Line 24D of Paper Claim Form, if Yes (or Service Line 24 of Electronic Claim Form)
Presence/Absence of Hemorrhage AND Mass Lesion AND Acute Infarction	Yes	No	
Documented ²	<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.)

¹Studies (CT or MRI) performed at an outpatient imaging center should be considered for the measure if, to the best of the outpatient imaging facility's knowledge, the patient was expected to arrive at the hospital within 24 hours of the study being performed.

²Equivalent 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:

A line item ICD-9-CM 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.

All measure-specific coding should be reported ON THE SAME CLAIM.

Ischemic stroke, TIA, or intracranial hemorrhage line item ICD-9-CM diagnosis and symptom codes

- 368.12 (transient visual loss),
- 368.2 (diplopia [double vision]),
- 386.2 (vertigo of central origin),
- 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),
- 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:

CPT II Code descriptors

(Data collection sheet should be used to determine appropriate code or 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

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.

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PQRI 2009 Measure 10, Effective Date 01/01/2009

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