

Discharged on Antiplatelet Therapy

*This measure is to be reported **each time** a patient aged 18 years and older undergoing active treatment for ischemic stroke or transient ischemic attack (TIA) 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) who were prescribed antiplatelet therapy at discharge

What will you need to report each time a patient under active treatment for ischemic stroke or TIA is discharged from the hospital for this measure?

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

- Whether or not you prescribed¹ antiplatelet therapy² 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 antiplatelet therapy at discharge, due to:

- Medical reasons (eg, patient on anticoagulation therapy, 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).

¹“Prescribed” includes patients who are currently receiving medication(s) that follow the treatment plan recommended at an encounter during the reporting period, even if the prescription for that medication was ordered prior to the encounter.

²Antiplatelet therapy: aspirin, combination of aspirin and extended release dipyridamole, clopidogrel, ticlopidine.

Discharged on Antiplatelet Therapy

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 on date of encounter.	<input type="checkbox"/>	<input type="checkbox"/>	Verify date of birth on claim form.
Patient has a line item diagnosis of ischemic stroke or transient ischemic attack.	<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 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 meet or have an acceptable reason for not meeting the measure?

Antiplatelet Therapy ¹	Yes	No	Code to be Reported on Line 24D of Paper Claim Form, if Yes (or Service Line 24 of Electronic Claim Form)
Prescribed ² at discharge	<input type="checkbox"/>	<input type="checkbox"/>	4073F
Not prescribed for one of the following reasons:			
• Medical (eg, patient on anticoagulation therapy, other medical reason)	<input type="checkbox"/>	<input type="checkbox"/>	4073F-1P
• Patient (eg, patient declined, economic, social, religious, other patient reason)	<input type="checkbox"/>	<input type="checkbox"/>	4073F-2P
Document reason here and in medical chart. _____ _____			If No is checked for all of the above, report 4073F-8P (Antiplatelet therapy was not prescribed at discharge, reason not otherwise specified.)

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²"Prescribed" includes patients who are currently receiving medication(s) that follow the treatment plan recommended at an encounter during the reporting period, even if the prescription for that medication was ordered prior to the encounter.

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Coding Specifications

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

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

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

Ischemic stroke or TIA line item ICD-9-CM 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

CPT E/M service codes

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

Quality codes for this measure:

CPT II Code descriptors

(Data collection sheet should be used to determine appropriate code.)

- **CPT II 4073F**: Oral antiplatelet therapy prescribed at discharge
- **CPT II 4073F-1P**: Documentation of medical reason(s) for not prescribing antiplatelet therapy at discharge, including identification from medical record that patient on anticoagulation therapy
- **CPT II 4073F-2P**: Documentation of patient reason(s) for not prescribing antiplatelet therapy at discharge
- **CPT II 4073F-8P**: Oral antiplatelet therapy was not prescribed at discharge, reason not otherwise specified

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