Discharged on Antithrombotic 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. It is anticipated that clinicians who care for patients with a diagnosis of ischemic stroke or TIA in the hospital setting will submit this measure.

Measure description

Percentage of patients aged 18 years and older with a diagnosis of ischemic stroke or transient ischemic attack (TIA) who were prescribed antithrombotic 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 prescribed antithrombotic therapy 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 antithrombotic therapy at discharge, due to:

- Documented reasons (e.g., patient admitted for performance of elective carotid intervention, patient had stroke during hospital stay, patient expired during inpatient stay, other medical reason(s)); (e.g., patient left against medical advice, other patient reason(s))

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 exceptions).

1Prescribed may include prescription given to the patient for antithrombotic therapy at discharge or therapy to be continued after discharge as documented in the discharge medication list.

2Antithrombotic therapy: aspirin, combination of aspirin and extended-release dipyridamole, clopidogrel, ticlopidine, warfarin, low molecular weight heparin, dabigatran, rivaroxaban.
Coding Specifications

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

An ICD-9-CM diagnosis code for ischemic stroke or TIA and a CPT code are required to identify patients to be included in this measure.

All measure specific coding should be reported on the claim(s) representing the eligible encounter.

Ischemic stroke or TIA 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 codes

- 99221, 99222, 99223
- 99231, 99232, 99233
- 99234, 99235, 99236
- 99238, 99239

Quality codes for this measure:

G-code descriptors

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

- **G8696**: Antithrombotic therapy prescribed at discharge
- **G8697**: Antithrombotic therapy was not prescribed for documented reasons (eg, patient admitted for performance of elective carotid intervention, patient had stroke during hospital stay, patient expired during inpatient stay, other medical reason(s)); (eg, patient left against medical advice, other patient reason(s))
- **G8698**: Antithrombotic therapy was not prescribed at discharge, reason not given
Discharged on Antithrombotic Therapy

Physician Quality Reporting System Data Collection Sheet

/ / Male Female

Patient's Name Practice Medical Record Number (MRN) Birth Date (mm/dd/yyyy) Gender

National Provider Identifier (NPI) Date of Service

Clinical Information

**Step 1** Is patient eligible for this measure?

<table>
<thead>
<tr>
<th></th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>Patient is aged 18 years and older on date of encounter.</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Patient has a diagnosis of ischemic stroke or transient ischemic attack.</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>There is a CPT code for this visit.</td>
<td>☐</td>
<td>☐</td>
</tr>
</tbody>
</table>

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?

<table>
<thead>
<tr>
<th>Antithrombotic Therapy¹</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>Prescribed² at discharge</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Not prescribed for the following reason:</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>• Documented reasons (eg, patient admitted for performance of elective carotid intervention, patient had stroke during hospital stay, patient expired during inpatient stay, other medical reason(s)); (eg, patient left against medical advice, other patient reason(s))</td>
<td>☐</td>
<td>☐</td>
</tr>
</tbody>
</table>

Document reason here and in medical chart.

<table>
<thead>
<tr>
<th>Code to be Reported on Line 24D of Paper Claim Form, if Yes (or Service Line 24 of Electronic Claim Form)</th>
</tr>
</thead>
<tbody>
<tr>
<td>G8696</td>
</tr>
<tr>
<td>G8697</td>
</tr>
</tbody>
</table>

If No is checked for all of the above, report G8698

(Antithrombotic therapy was not prescribed at discharge, reason not given)

¹Antithrombotic therapy: aspirin, combination of aspirin and extended-release dipyridamole, clopidogrel, ticlopidine, warfarin, low molecular weight heparin, dabigatran, rivaroxaban.

²Prescribed may include prescription given to the patient for antithrombotic therapy at discharge or therapy to be continued after discharge as documented in the discharge medication list.

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