Electrocardiogram (ECG) Performed for Non-Traumatic Chest Pain

This measure is to be reported **each time** a patient is discharged from the emergency department with a diagnosis of non-traumatic chest pain during the reporting period.

Measure description

Percentage of patients aged 40 years and older with an emergency department discharge diagnosis of non-traumatic chest pain who had an electrocardiogram (ECG) performed

What will you need to report for each patient who has an emergency department discharge diagnosis of non-traumatic chest pain for this measure?

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

■ Whether or not the patient had an electrocardiogram (ECG) performed

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

There may be times when it is not appropriate for a patient to have an electrocardiogram (ECG) performed, 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, 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).

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PQRI Data Collection Sheet			
			/ / □ Male □ Female
Patient's Name Practice Medical Record N	Practice Medical Record Number (MRN)		Birth Date (mm/dd/yyyy) Gender
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 40 years and older.			Verify date of birth on claim form.
Patient has emergency department (ED) discharge diagnosis of non-traumatic chest pain.			Refer to coding specifications document for list of applicable codes.
There is a CPT E/M Service Code for this visit.			
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 accept for not meeting the measure?	able reas	on	
12-Lead ECG	Yes	No	Code to be Reported on Line 24D of Paper Claim Form, if <i>Yes</i> (or Service Line 24 of Electronic Claim Form)
Performed			3120F
Not performed for one of the following reasons: • Medical (eg, not indicated, contraindicated, other medical reason)			3120F-1P
Patient (eg, patient declined, economic, social, religious, other patient reason)			3120F-2P
Document reason here and in medical chart.			If No is checked for all of the above, report 3120F–8P (12-Lead ECG not performed, reason not otherwise specified.)

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Coding Specifications

Codes required to document patient has non-traumatic chest pain and an emergency department visit occurred:

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

Non-traumatic chest pain ICD-9 diagnosis codes

- 786.50, 786.51, 786.52, 786.59 (unspecified chest pain),
- 413.0, 413.1, 413.9 (angina pectoris)

AND

CPT E/M service codes

- 99281, 99282, 99283, 99284, 99285 (emergency department services),
- 99291 (critical care)

Quality codes for this measure (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 3120F: 12-Lead ECG performed
- *CPT II 3120F-1P*: Documentation of medical reason(s) for not performing an ECG
- *CPT II 3120F-2P*: Documentation of patient reason(s) for not performing an ECG
- *CPT II 3120F-8P:* 12-Lead ECG not performed, reason not otherwise specified

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