Electrocardiogram (ECG) Performed for Syncope

*This measure is to be reported **each time** a patient is discharged from the emergency department with a diagnosis of syncope during the reporting period.*

Measure description

Percentage of patients aged 60 years and older with an emergency department discharge diagnosis of syncope who had an ECG performed

What will you need to report for each patient who has an emergency department discharge diagnosis of syncope 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).

PQRI 2007 Measure 55, Effective Date 07/01/2007

Syncope

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PQRI Data Collection Sheet

Patient's Name	Practice Medical Record Number (MRN)	Birth Date (mm/dd/yyyy) / /	Gender ☐ Male ☐ 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 60 years and older.	☐	☐	Verify date of birth on claim form.
Patient has emergency department (ED) discharge diagnosis of syncope.	☐	☐	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 acceptable reason for not meeting the measure?			
12-Lead ECG	**Yes**	**No**	**Code to be Reported on Line 24D of Paper Claim Form, if *Yes* (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 syncope and an emergency department visit occurred:

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

Syncope ICD-9 diagnosis codes

- 780.2 (syncope and collapse)

AND

CPT E/M service codes

- 99281, 99282, 99283, 99284, 99285 (emergency department visit),
- 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