

***Measure #28: Aspirin at Arrival for Acute Myocardial Infarction (AMI)**

DESCRIPTION:

Percentage of patients, regardless of age, with an emergency department discharge diagnosis of AMI who had documentation of receiving aspirin within 24 hours before emergency department arrival or during emergency department stay

INSTRUCTIONS:

This measure is to be reported each time during the reporting period a patient has been discharged from the emergency department with a diagnosis of AMI. Patients who are discharged from the emergency department with a diagnosis of AMI should have documentation in the medical record of having received aspirin 24 hours before emergency department arrival or during emergency department stay. It is anticipated that clinicians who provide care in the emergency department will submit this measure. The Part B claim form place-of-service field must indicate that the encounter has taken place in the emergency department.

This measure is reported using CPT Category II codes:

ICD-9 diagnosis codes and CPT E/M service codes are used to identify patients who are included in the measure's denominator. CPT Category II codes are used to report the numerator of the measure.

When reporting the measure, submit the listed ICD-9 diagnosis codes, CPT E/M service codes, and the appropriate CPT Category II code OR the CPT Category II code with the modifier. The modifiers allowed for this measure are: 1P- medical reasons, 2P- patient reasons, 8P- reasons not otherwise specified.

NUMERATOR:

Patients who had documentation of receiving aspirin within 24 hours before emergency department arrival or during emergency department stay

Numerator Coding:

Aspirin Received or Taken 24 Hours Before Emergency Department Arrival or During Emergency Department Stay

CPT II 4084F: Aspirin received within 24 hours before emergency department arrival or during emergency department stay

OR

Aspirin not Received or Taken 24 Hours Before Emergency Department Arrival or During Emergency Department Stay for Medical or Patient Reasons

Append a modifier (1P or 2P) to CPT Category II code 4084F to report documented circumstances that appropriately exclude patients from the denominator.

- **1P:** Documentation of medical reason(s) for not receiving or taking aspirin within 24 hours before emergency department arrival or during emergency department stay
- **2P:** Documentation of patient reason(s) for not receiving or taking aspirin within 24 hours before emergency department arrival or during emergency department stay

OR

Aspirin not Received or Taken 24 Hours Before Emergency Department Arrival or During Emergency Department Stay, Reason not Specified

Append a reporting modifier (**8P**) to CPT Category II code **4084F** to report circumstances when the action described in the numerator is not performed and the reason is not otherwise specified.

- **8P:** Aspirin was not received within 24 hours before emergency department arrival or during emergency department stay, reason not otherwise specified

DENOMINATOR:

All patients, regardless of age, with an emergency department discharge diagnosis of acute myocardial infarction

Denominator Coding:

An ICD-9 diagnosis code for acute myocardial infarction and a CPT E/M service code are required to identify patients for denominator inclusion. The Part B claim form place-of-service field must indicate emergency department.

ICD-9 diagnosis codes: 410.01, 410.11, 410.21, 410.31, 410.41, 410.51, 410.61, 410.71, 410.81, 410.91

AND

CPT E/M service codes: 99281, 99282, 99283, 99284, 99285, 99291

AND

Place of Service Indicator: 23

RATIONALE:

The emergency physician should document that the patient received aspirin no matter where or when the aspirin was taken.

CLINICAL RECOMMENDATION STATEMENTS:

Aspirin should be chewed by patients who have not taken aspirin before presentation with STEMI. The initial dose should be 162 mg (*Level A*) to 325 mg (*Level C*). Although some trials have used enteric-coated aspirin for initial dosing, more rapid buccal absorption occurs with non-enteric-coated aspirin formulations. (ACC/AHA)