

***Measure #55: Electrocardiogram Performed for Syncope**

DESCRIPTION:

Percentage of patients aged 60 years and older with an emergency department discharge diagnosis of syncope who had a 12-lead ECG performed

INSTRUCTIONS:

This measure is to be reported each time a patient has been discharged from the emergency department with a discharge diagnosis of syncope during the reporting period. Claims data will be analyzed to determine the emergency department discharge. Patients who experienced syncope should have documentation in the medical record of having a 12-lead ECG performed. 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, CPT E/M service codes, and patient demographics (age, gender, etc.) 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 a 12-lead ECG performed

Numerator Coding:

12-Lead ECG Performed

CPT II 3120F: 12-Lead ECG Performed

OR

12-Lead ECG not Performed for Medical or Patient Reasons

Append a modifier (**1P** or **2P**) to CPT Category II code **3120F** to report documented circumstances that appropriately exclude patients from the denominator.

- **1P:** Documentation of medical reason(s) for not performing a 12-Lead ECG
- **2P:** Documentation of patient reason(s) for not performing a 12-Lead ECG

OR

12-Lead ECG not Performed, Reason not Specified

Append a reporting modifier (**8P**) to CPT Category II code **3120F** to report circumstances when the action described in the numerator is not performed and the reason is not otherwise specified.

- **8P:** 12-Lead ECG not Performed, reason not otherwise specified

DENOMINATOR:

All patients aged 60 years and older with an emergency department discharge diagnosis of syncope

Denominator Coding:

An ICD-9 diagnosis code for syncope 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: 780.2

AND

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

AND

Place of Service Indicator: 23

RATIONALE:

12-lead ECG can occasionally pick up potentially life-threatening conditions such as pre-excitation syndromes, prolonged QT syndromes, or Brugada's syndrome in otherwise healthy appearing young adults. 12-lead ECG testing is performed inconsistently, even in high risk patients; the largest study to date of 12-lead ECG testing variation in ED syncope visits using a 9 year national sample illustrated that 12-lead ECG testing was documented in only 59% of ED syncope visits.

CLINICAL RECOMMENDATION STATEMENTS:

Obtain a standard 12-lead ECG in patients with syncope when history and physical examination do not reveal a diagnosis. (ACEP) (Level A)

- A patient with normal 12-lead ECG has a low likelihood of dysrhythmias as a cause of syncope.
- Abnormal 12-lead ECG has been associated as being the most important predictor of serious outcomes and a multivariate predictor for arrhythmia or death within 1 year after the syncopal episode.