

### Anticoagulant Therapy Prescribed for Atrial Fibrillation at Discharge

*This measure is to be reported for all patients aged 18 years and older with either ischemic stroke or transient ischemic attack (TIA) AND documented atrial fibrillation **each time** a patient is discharged from the hospital during the reporting period.*

#### Measure description

Percentage of patients aged 18 years and older with a diagnosis of ischemic stroke or transient ischemic attack (TIA) with documented permanent, persistent, or paroxysmal atrial fibrillation<sup>1</sup> who were prescribed an anticoagulant at discharge

#### What will you need to report each time a patient with either stroke or TIA AND atrial fibrillation<sup>1</sup> is discharged from the hospital for this measure?

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

- Whether or not you prescribed an anticoagulant 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 an anticoagulant at discharge for stroke or TIA patients with documented permanent, persistent, or paroxysmal atrial fibrillation, 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, 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 exclusions).

<sup>1</sup>Persistent atrial fibrillation: recurrent atrial fibrillation, not self-terminating or terminated electrically or pharmacologically; paroxysmal atrial fibrillation: recurrent atrial fibrillation, self-terminating; permanent atrial fibrillation: long-standing atrial fibrillation (>1 year), cardioversion failed or not attempted.

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### PQRI Data Collection Sheet

Patient's Name	Practice Medical Record Number (MRN)	Birth Date (mm/dd/yyyy) / /	Gender <input type="checkbox"/> Male <input type="checkbox"/> Female
National Provider Identifier (NPI)		Date of Service	

Clinical Information			Billing Information
<b>Step 1 Is patient eligible for this measure?</b>			
	<b>Yes</b>	<b>No</b>	<b>Code Required on Claim Form</b>
Patient is aged 18 years and older.	<input type="checkbox"/>	<input type="checkbox"/>	Verify date of birth on claim form.
Patient has a diagnosis of atrial fibrillation AND a diagnosis of either ischemic stroke or transient ischemic attack.	<input type="checkbox"/>	<input type="checkbox"/>	Refer to coding specifications document for list of applicable codes.
There is a CPT E/M Service Code for this visit.	<input type="checkbox"/>	<input type="checkbox"/>	
If <b>No</b> is checked for any of the above, STOP. Do not report a CPT category II code.			
<b>Step 2 Does patient meet or have an acceptable reason for not meeting the measure?</b>			
<b>Anticoagulant Therapy</b>	<b>Yes</b>	<b>No</b>	<b>Code to be Reported on Line 24D of Paper Claim Form, if Yes (or Service Line 24 of Electronic Claim Form)</b>
Prescribed	<input type="checkbox"/>	<input type="checkbox"/>	4075F
Not prescribed for one of the following reasons:			
• Medical (eg, not indicated, contraindicated, other medical reason)	<input type="checkbox"/>	<input type="checkbox"/>	4075F-1P
• Patient (eg, patient declined, economic, social, religious, other patient reason)	<input type="checkbox"/>	<input type="checkbox"/>	4075F-2P
Document reason here and in medical chart. _____ _____			If <b>No</b> is checked for <b>all</b> of the above, report 4075F-8P (Anticoagulant therapy was not prescribed at discharge, reason not otherwise specified.)

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### Coding Specifications

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

An ICD-9 diagnosis code for ischemic stroke or TIA and atrial fibrillation and a CPT E/M service code are required to identify patients to be included in this measure.

### Ischemic stroke and transient ischemic attack ICD-9 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

### Atrial fibrillation ICD-9 diagnosis code:

- 427.31 (atrial fibrillation)

AND

### CPT E/M service codes

- 99238, 99239 (hospital discharge),
- 99251, 99252, 99253, 99254, 99255 (inpatient consult)

Quality codes for this measure (at least 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 4075F:** Anticoagulant therapy prescribed at discharge
- **CPT II 4075F-1P:** Documentation of medical reason(s) for not prescribing anticoagulant therapy at discharge
- **CPT II 4075F-2P:** Documentation of patient reason(s) for not prescribing anticoagulant therapy at discharge
- **CPT II 4075F-8P:** Anticoagulant therapy was not prescribed at discharge, reason *not* otherwise specified

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