

Computed Tomography (CT) or Magnetic Resonance Imaging (MRI) Reports

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

Step 1 Is patient eligible for this measure?			
	Yes	No	Code Required on Claim Form
Patient is aged 18 years and older.	<input type="checkbox"/>	<input type="checkbox"/>	Verify date of birth on claim form.
Patient has a diagnosis or symptom of ischemic stroke or TIA or intracranial hemorrhage.	<input type="checkbox"/>	<input type="checkbox"/>	Refer to coding specifications document for list of applicable codes.
There is a CPT Procedure Code for CT or MRI of the brain.	<input type="checkbox"/>	<input type="checkbox"/>	
If No is checked for any of the above, STOP. Do not report a CPT category II code.			
Step 2 Does patient also have the other requirements for this measure?			
	Yes	No	Code to be Reported on Line 24D of Paper Claim Form (or Service Line 24 of Electronic Claim Form)
Did patient have a CT or MRI of the brain performed within 24 hours of arrival to the hospital?	<input type="checkbox"/>	<input type="checkbox"/>	If No , report only 3112F and STOP. If Yes , report 3111F and proceed to Step 3.
Step 3 Does patient meet the measure?			
Presence/Absence of Hemorrhage AND Mass Lesion AND Acute Infarction	Yes	No	Code to be Reported on Line 24D of Paper Claim Form, if Yes (or Service Line 24 of Electronic Claim Form)
Documented ¹	<input type="checkbox"/>	<input type="checkbox"/>	3110F
			If No is checked for the above, report 3110F-8P (Presence/absence of hemorrhage, mass lesion, and acute infarction not documented, reason not otherwise specified.)

¹Equivalent terms or synonyms for hemorrhage, mass lesion, or infarction, if documented in the CT or MRI report, would meet the measure.