

Electrocardiogram (ECG) Performed for Syncope

PQRI Data Collection Sheet

Patient's Name	Practice Medical Record Number (MRN)	/ /	<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 60 years and older.	<input type="checkbox"/>	<input type="checkbox"/>	Verify date of birth on claim form.
Patient has emergency department (ED) discharge diagnosis of syncope.	<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"/>	
There is a Place-of-Service Indicator for emergency department (23) for this visit.	<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 meet or have an acceptable reason for not meeting the measure?			
	Yes	No	Code to be Reported on Line 24D of Paper Claim Form, if Yes (or Service Line 24 of Electronic Claim Form)
12-Lead ECG			
Performed	<input type="checkbox"/>	<input type="checkbox"/>	3120F
Not performed for one of the following reasons:			
<ul style="list-style-type: none"> • Medical (eg, not indicated, contraindicated, other medical reason) 	<input type="checkbox"/>	<input type="checkbox"/>	3120F-1P
<ul style="list-style-type: none"> • Patient (eg, patient declined, economic, social, religious, other patient reason) 	<input type="checkbox"/>	<input type="checkbox"/>	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.)