

Discharged on Antiplatelet Therapy

Coding Specifications

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

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

All measure-specific coding should be reported ON THE SAME CLAIM.

Ischemic stroke or TIA line item ICD-9-CM 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

CPT E/M service codes

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

Quality codes for this measure:

CPT II Code descriptors

(Data collection sheet should be used to determine appropriate code.)

- **CPT II 4073F**: Oral antiplatelet therapy prescribed at discharge
- **CPT II 4073F-1P**: Documentation of medical reason(s) for not prescribing antiplatelet therapy at discharge, including identification from medical record that patient on anticoagulation therapy
- **CPT II 4073F-2P**: Documentation of patient reason(s) for not prescribing antiplatelet therapy at discharge
- **CPT II 4073F-8P**: Oral antiplatelet therapy was not prescribed at discharge, reason not otherwise specified

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