

Tissue Plasminogen Activator (t-PA) Considered

Coding Specifications

Codes required to document patient has ischemic stroke and a visit occurred:

A line item ICD-9-CM diagnosis code for ischemic stroke 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 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)

AND

CPT E/M service codes

- 99221, 99222, 99223 (initial inpatient),
- 99251, 99252, 99253, 99254, 99255 (inpatient consult),
- 99291 (critical care services)

Quality codes for this measure:

CPT II Code descriptors

(Data collection sheet should be used to determine appropriate code or combination of codes.)

- **CPT II 1065F:** Ischemic stroke symptom onset of less than 3 hours prior to arrival
- **CPT II 1066F:** Ischemic stroke symptom onset greater than or equal to 3 hours prior to arrival
- **CPT II 4077F:** Documentation that tissue plasminogen activator (t-PA) administration was considered
- **CPT II 4077F-8P:** Tissue plasminogen activator (t-PA) administration was not considered, reason not otherwise specified

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