Aspirin at Arrival for Acute Myocardial Infarction (AMI)

PQRI Data Collection Sheet					
				/ / □ Male □ Fem	
tient's Name Practice Medical Record Number (MRN)			Birth Date (mm/dd/yyyy) Gender		
lational Provider Identifier (NPI)				Date of Service	
Clinical Information				Billing Information	
Step 1 Is patient eligible fo	or this measure?				
		Yes	No	Code Required on Claim Form	
Any patient regardless of age.				Verify date of birth on claim form.	
atient has a line item emergency department (ED) scharge diagnosis of acute myocardial infarction.				Refer to coding specifications document for list of applicable codes. Codes determining a patient's eligibility must be reported on the same claim as the quality code(s) identified below.	
ere is a CPT E/M Service Code for this visit.					
There is a Place of Service Indica department (23) for this visit.	tor for emergency			and quantity code(e) resimined solution	
If No is checked for any of the above, STOP. Do not report a CPT category II code.					
Step 2 Does patient meet of for not meeting the	-	ble reas	son		
Aspirin within 24 hours before ED A	rrival or during ED stay	Yes	No	Code to be Reported on Line 24D of Paper Claim Form if <i>Yes</i> (or Service Line 24 of Electronic Claim Form)	
Received				4084F	
Not received for one of the following	ng reasons:				
Medical (eg, not indicated, contraindicated, other medical reason)				4084F-1P	
 Patient (eg, patient declined, economic, social, religious, other patient reason) 				4084F-2P	
Document reason here and in medical chart.				If No is checked for all of the above, report 4084F–8P (Aspirin was not received within 24 hours before emergency department arrival or during emergency department stay, reason not otherwise specified.)	