Tissue Plasminogen Activator (t-PA) Considered

PQRI Data Collection Sheet			
			/ / □ Male □ Femal
atient's Name Practice Medical Reco	Practice Medical Record Number (MRN)		Birth Date (mm/dd/yyyy) Gender
ational Provider Identifier (NPI)			Date of Service
Clinical Information			Billing Information
Step 1 Is patient eligible for this measure	e?		
	Yes	No	Code Required on Claim Form
Patient is aged 18 years and older on date of encou	inter. \square		Verify date of birth on claim form.
Patient has a line item diagnosis of ischemic stroke	. 🗆		Refer to coding specifications document for list of applicable codes. Codes determining a patient's eligibility must be reported on the same claim as
There is a CPT E/M Service Code for this visit.			
If ${\bf No}$ is checked for any of the above, STOP. Do not report a CPT category II code.		the quality code(s) identified below.	
Step 2 Does patient also have the other r for this measure?	equirements	S	
	Yes	No	Code to be Reported on Line 24D of Paper Claim Form (or Service Line 24 of Electronic Claim Form)
Is the time of symptom onset less than 3 hours prior to arrival?			If No (ie, symptom onset ≥ 3 hours prior to arrival at hospital), report only 1066F and STOP.
			If Yes (ie, symptom onset < 3 hours prior to arrival at hospital), report 1065F and proceed to Step 3.
Step 3 Does patient meet the measure?			
Tissue Plasminogen Activator (t-PA) Administration	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)
Considered (includes patients to whom t-PA was given or patients for whom reasons for not being a candidate for t-PA therapy are documented)			4077F
			If No is checked for the above, report 4077F–8P (t-PA administration was not considered, reason not otherwise specified.)