## *Measure #35: Stroke and Stroke Rehabilitation: Screening for Dysphagia

**DESCRIPTION:**
Percentage of patients aged 18 years and older with a diagnosis of ischemic stroke or intracranial hemorrhage who underwent a dysphagia screening process before taking any foods, fluids or medication by mouth

**INSTRUCTIONS:**
This measure is to be reported during each hospital stay for all patients under active treatment for ischemic stroke or intracranial hemorrhage during the reporting period. Part B claims data will be analyzed to determine a hospital stay. If multiple qualifying diagnoses are submitted on the same claim form, only one instance of reporting will be counted. It is anticipated that clinicians who care for patients with a diagnosis of ischemic stroke or intracranial hemorrhage in the hospital setting will submit this measure.

**This measure is reported using CPT Category II codes:**
ICD-9 diagnosis codes, CPT E/M service codes, and patient demographics (age, gender, etc.) are used to identify patients who are included in the measure's denominator. CPT Category II codes are used to report the numerator of the measure.

When reporting the measure, submit the listed ICD-9 diagnosis codes, CPT E/M service codes, and the appropriate CPT Category II code(s) **OR** the CPT Category II code(s) **with** the modifier. The modifiers allowed for this measure are: 1P- medical reasons, 8P- reasons not otherwise specified.

**NUMERATOR:**
Patients who underwent a dysphagia screening process before taking any foods, fluids or medication by mouth

> **Definition:** Dysphagia Screening: use of a tested and validated dysphagia screening tool (e.g., Burke dysphagia screening test, 3 oz. water swallow test, Mann assessment of swallowing ability [MASA], standardized bedside swallowing assessment [SSA]) OR a dysphagia screening tool approved by the hospital's speech/language pathology (SLP) services.
>
> **Numerator Instructions:** For purposes of this measure, patients "who receive any food, fluids or medication by mouth" may be identified by the absence of an NPO (nothing by mouth) order
>
> ***NUMERATOR NOTE:*** *The correct combination of numerator code(s) must be reported on the claim form in order to properly report this measure. The "correct combination" of codes may require the submission of multiple numerator codes.*

Numerator Coding:

**Dysphagia Screening Conducted**
*(Two CPT II codes [6010F & 6015F] are required on the claim form to submit this category)*

**CPT II 6010F:** Dysphagia screening conducted prior to order for or receipt of any foods, fluids or medication by mouth
AND
**CPT II 6015F:** Patient receiving or eligible to receive food, fluids or medication by mouth

**OR**

**Dysphagia Screening not Conducted for Medical Reasons**
*(Two CPT II codes [6010F-1P & 6015F] are required on the claim form to submit this category)*

Append a modifier (**1P**) to CPT Category II code **6010F** to report documented circumstances that appropriately exclude patients from the denominator.

- **6010F *with* 1P:** Documentation of medical reason(s) for not conducting dysphagia screening prior to taking any foods, fluids or medication by mouth

AND
**CPT II 6015F:** Patient receiving or eligible to receive food, fluids or medication by mouth

**OR**

**If patient is not eligible for this measure because patient is NPO, report:**
*(One CPT II code [6020F] is required on the claim form to submit this category)*

**CPT II 6020F:** NPO (nothing by mouth) ordered

**OR**

**Dysphagia Screening not Conducted, Reason not Specified**
*(Two CPT II codes [6010F-8P & 6015F] are required on the claim form to submit this category)*

Append a reporting modifier (**8P**) to CPT Category II code **6010F** to report circumstances when the action described in the numerator is not performed and the reason is not otherwise specified.

- **6010 *with* 8P:** Dysphagia screening was not conducted prior to order for or receipt of any foods, fluids or medication by mouth, reason not otherwise specified

AND
**CPT II 6015F:** Patient receiving or eligible to receive food, fluids or medication by mouth

**DENOMINATOR:**

All patients aged 18 years and older with the diagnosis of ischemic stroke or intracranial hemorrhage who receive any food, fluids or medication by mouth

**Denominator Coding:**
An ICD-9 diagnosis code for ischemic stroke or intracranial hemorrhage and a CPT E/M service code are required to identify patients for denominator inclusion.
**ICD-9 diagnosis codes:** 431, 433.01, 433.11, 433.21, 433.31, 433.81, 433.91, 434.01, 434.11, 434.91
**AND**
**CPT E/M service codes:** 99221, 99222, 99223, 99251, 99252, 99253, 99254, 99255

## RATIONALE:

All patients should have their swallowing evaluated prior to receiving food, fluids or oral medications to help prevent aspiration. The evaluation should be performed with a validated or hospital-approved dysphagia screening tool; a routine cranial nerve examination is not sufficient.

## CLINICAL RECOMMENDATION STATEMENTS:

Recommend that all patients have their swallow screened before initiating oral intake of fluids or food, utilizing a simple valid bedside testing protocol. (VA/DoD, 2003) (Evidence II-2, Grade B)