

Screening for Dysphagia

*This measure is to be reported for all patients aged 18 years and older undergoing active treatment for ischemic stroke or intracranial hemorrhage for **each** hospital stay during the reporting period.*

Measure description

Percentage of patients aged 18 years and older with a diagnosis of ischemic stroke or intracranial hemorrhage who underwent a dysphagia screening¹ process before taking any foods, fluids or medication by mouth

What will you need to report for each hospital stay for patients under active treatment for ischemic stroke or intracranial hemorrhage for this measure?

If you select this measure for reporting, you will report:

- Whether or not the patient is receiving or eligible to receive food, fluids, or medication by mouth²

If the patient is receiving or eligible to receive food, fluids, or medication by mouth, you will then need to report:

- Whether or not you conducted dysphagia screening prior to order for or receipt of any foods, fluids or medication by mouth

What if this process or outcome of care is not appropriate for your patient?

There may be times when it is not appropriate to conduct dysphagia screening prior to the order for or the patient's receipt of any foods, fluids or medication by mouth, due to:

- Medical reasons (eg, not indicated, contraindicated, other medical reason)

In these cases, you will need to indicate that the medical reason applies, and specify the reason on the worksheet and in the medical chart. The office/billing staff will then report a code with a modifier that represents these valid reasons (also called exclusions).

¹Dysphagia screening: use of a tested and validated dysphagia screening tool (eg, 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.

²For 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.

Stroke and Stroke Rehabilitation

Screening for Dysphagia

PQRI Data Collection Sheet

Patient's Name	Practice Medical Record Number (MRN)	Birth Date (mm/dd/yyyy) / /	Gender <input type="checkbox"/> Male <input type="checkbox"/> Female
National Provider Identifier (NPI)		Date of Service	

Clinical Information			Billing Information
Step 1 Is patient eligible for this measure?			
	Yes	No	Code Required on Claim Form
Patient is aged 18 years and older.	<input type="checkbox"/>	<input type="checkbox"/>	Verify date of birth on claim form.
Patient has a diagnosis of ischemic stroke or intracranial hemorrhage.	<input type="checkbox"/>	<input type="checkbox"/>	Refer to coding specifications document for list of applicable codes.
There is a CPT E/M Service Code for this visit.	<input type="checkbox"/>	<input type="checkbox"/>	
If No is checked for any of the above, STOP. Do not report a CPT category II code.			
Step 2 Does patient also have the other requirements for this measure?			
	Yes	No	Code to be Reported on Line 24D of Paper Claim Form (or Service Line 24 of Electronic Claim Form)
Is the patient receiving or eligible to receive food, fluids, or medication by mouth ¹ ?	<input type="checkbox"/>	<input type="checkbox"/>	If No (ie, NPO [nothing by mouth] ordered), report only 6020F and STOP. If Yes , report 6015F and proceed to Step 3.
Step 3 Does patient meet or have an acceptable reason for not meeting the measure?			
Dysphagia Screening²	Yes	No	Code to be Reported on Line 24D of Paper Claim Form, if Yes (or Service Line 24 of Electronic Claim Form)
Conducted	<input type="checkbox"/>	<input type="checkbox"/>	6010F
Not conducted for the following reason: • Medical (eg, not indicated, contraindicated, other medical reason)	<input type="checkbox"/>	<input type="checkbox"/>	6010F-1P
Document reason here and in medical chart. _____ _____			If No is checked for all of the above, report 6010F-8P (Dysphagia screening was not conducted prior to order for or receipt of any foods, fluids or medication by mouth, reason not otherwise specified.)

¹For 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.

²Dysphagia screening: use of a tested and validated dysphagia screening tool (eg, 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.

Screening for Dysphagia

Coding Specifications

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

An ICD-9 diagnosis code for ischemic stroke or intracranial hemorrhage and a CPT E/M service code are required to identify patients to be included in this measure.

Ischemic stroke and intracranial hemorrhage ICD-9 diagnosis codes

- 431 (intracerebral hemorrhage),
- 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)

Quality codes for this measure (at least one of the following for every eligible patient):

CPT II Code descriptors

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

- **CPT II 6015F:** Patient receiving or eligible to receive food, fluids or medication by mouth
- **CPT II 6020F:** NPO (nothing by mouth) ordered
- **CPT II 6010F:** Dysphagia screening conducted prior to order for or receipt of any foods, fluids or medication by mouth
- **CPT II 6010F-1P:** Documentation of medical reason(s) for not conducting dysphagia screening prior to taking any foods, fluids or medication by mouth
- **CPT II 6010F-8P:** Dysphagia screening was not conducted prior to order for or receipt of any foods, fluids or medication by mouth, reason not otherwise specified

Physician Performance Measures (Measures) and related data specifications, developed by the American Medical Association (AMA) in collaboration with the Physician Consortium for Performance Improvement (the Consortium) and the National Committee for Quality Assurance (NCQA) pursuant to government sponsorship under subcontract 6205-05-054 with Mathematica Policy Research, Inc. under contract 500-00-0033 with Centers for Medicare & Medicaid Services.

These performance Measures are not clinical guidelines and do not establish a standard of medical care, and have not been tested for all potential applications.

The Measures, while copyrighted, can be reproduced and distributed, without modification, for noncommercial purposes, e.g., use by health care providers in connection with their practices. Commercial use is defined as the sale, license, or distribution of the Measures for commercial gain, or incorporation of the Measures into a product or service that is sold, licensed or distributed for commercial gain. Commercial uses of the Measures require a license agreement between the user and the AMA, (on behalf of the Consortium) or NCQA. Neither the AMA, NCQA, Consortium nor its members shall be responsible for any use of the Measures.

THE MEASURES AND SPECIFICATIONS ARE PROVIDED "AS IS" WITHOUT WARRANTY OF ANY KIND.

© 2004-6 American Medical Association and National Committee for Quality Assurance. All Rights Reserved.

Limited proprietary coding is contained in the Measure specifications for convenience. Users of the proprietary code sets should obtain all necessary licenses from the owners of these code sets. The AMA, NCQA, the Consortium and its members disclaim all liability for use or accuracy of any Current Procedural Terminology (CPT®) or other coding contained in the specifications.

CPT® contained in the Measures specifications is copyright 2007 American Medical Association

G codes and associated descriptions included in these Measure specifications are in the public domain.

PQRI 2008 Measure 35, Effective Date 01/17/2008

© 2004-6 American Medical Association and National Committee for Quality Assurance. All Rights Reserved.

CPT® copyright 2007 American Medical Association