

Consideration of Rehabilitation Services

*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 for whom consideration of rehabilitation services is documented

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 you considered¹ rehabilitation services at or prior to discharge

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

Some measures provide an opportunity for the physician or non-physician provider to document when a process or outcome of care is not appropriate for a given patient (also called performance exclusions). Because this measure is applicable to most if not all patients, there are no allowable performance exclusions.

¹For purposes of this measure, “consideration of rehabilitation services” includes an order for rehabilitation services or documentation that rehabilitation services were not indicated.

Consideration of Rehabilitation Services

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 meet the measure?			
Rehabilitation Services	Yes	No	Code to be Reported on Line 24D of Paper Claim Form, if Yes (or Service Line 24 of Electronic Claim Form)
Considered ¹	<input type="checkbox"/>	<input type="checkbox"/>	4079F
			If No is checked for the above, report 4079F-8P (Rehabilitation services not considered at discharge, reason not otherwise specified.)

¹For purposes of this measure, "consideration of rehabilitation services" includes an order for rehabilitation services or documentation that rehabilitation services were not indicated.

Consideration of Rehabilitation Services

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 (intercerebral 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

- 99238, 99239 (hospital discharge),
- 99251, 99252, 99253, 99254, 99255 (inpatient consult)

Quality codes for this measure (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 4079F:** Documentation that rehabilitation services were considered
- **CPT II 4079F-8P:** Rehabilitation services were not considered, 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 36, 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