## Stroke and Stroke Rehabilitation

## Deep Vein Thrombosis (DVT) Prophylaxis for Ischemic Stroke or Intracranial Hemorrhage

				/ /	☐ Male ☐ Female
Patient's Name Praction	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 for the	his measure?				
		Yes	No	Code Required on Claim Form	
Patient is aged 18 years and older on	date of encounter.			Verify date of birth on claim form.	
Patient has a diagnosis of ischemic st intracranial hemorrhage.	roke or			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.	
There is a CPT Code for this visit.					
If <b>No</b> is checked for any of the above, a CPT category II code.	STOP. Do not repor	t		the quality code(3) racininear	
Step 2 Does patient meet or h for not meeting the me		ble reas	son		
DVT Prophylaxis¹		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 by end of hospital day two				4070F	
Not received for one of the following r  • Medical (eg, not indicated, contrain medical reason including physician that patient is ambulatory)	dicated, other			4070F–1P	
Patient (eg, patient declined, econo social, religious, other patient reaso				4070F–2P	
Document reason here and in medical chart.				If <b>No</b> is checked for <b>all</b> of the above, report 4070F–8P (DVT prophylaxis not received by end of hospital day two, reason not otherwise specified.)	

<sup>&</sup>lt;sup>1</sup>For purposes of this measure, DVT prophylaxis can include Low Molecular Weight Heparin (LMWH), Low-Dose Unfractionated Heparin (LDUH), intravenous Heparin, low-dose subcutaneous heparin, or intermittent pneumatic compression devices.