

Screening for Dysphagia

Coding Specifications

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

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

All measure specific coding should be reported on the claim(s) representing the eligible encounter.

Ischemic stroke or intracranial hemorrhage

ICD-9-CM 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 codes

- 99221, 99222, 99223

Quality codes for this measure:

CPT II Code descriptors

(Data collection sheet should be used to determine appropriate code or 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) (eg, not indicated, contraindicated, other medical reason) 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 2010 American Medical Association

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

Physician Quality Reporting System 2011 Measure 35, Effective Date 01/01/2011
© 2004–6 American Medical Association and National Committee for Quality Assurance. All Rights Reserved.
CPT® copyright 2010 American Medical Association