

## Consideration of Rehabilitation Services

### 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 (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 codes

- 99221, 99222, 99223
- 99238, 99239

Quality codes for this measure:

#### CPT II Code descriptors

(Data collection sheet should be used to determine appropriate code.)

- **CPT II 4079F:** Documentation that rehabilitation services were considered
- **CPT II 4079F-8P:** Rehabilitation services were not considered, reason not otherwise specified

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