

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

*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 received DVT prophylaxis by end of hospital day two

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 your patient received deep vein thrombosis (DVT) prophylaxis¹ by the end of hospital day two

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

There may be times when it is not appropriate for a patient to receive DVT prophylaxis by the end of hospital day two, due to:

- Medical reasons (eg, not indicated, contraindicated, other medical reason including physician documentation that patient is ambulatory) OR
- Patient reasons (eg, patient declined, economic, social, religious, other patient reason)

In these cases, you will need to indicate which 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).

¹For 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.

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PQRI Data Collection Sheet

Patient's Name	Practice Medical Record Number (MRN)	Birth Date (mm/dd/yyyy) / /	<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 on date of encounter.	<input type="checkbox"/>	<input type="checkbox"/>	Verify date of birth on claim form.
Patient has a line item diagnosis of ischemic stroke or intracranial hemorrhage.	<input type="checkbox"/>	<input type="checkbox"/>	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 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 or have an acceptable reason for not meeting the measure?			
DVT Prophylaxis¹	Yes	No	Code to be Reported on Line 24D of Paper Claim Form, if Yes (or Service Line 24 of Electronic Claim Form)
Received by end of hospital day two	<input type="checkbox"/>	<input type="checkbox"/>	4070F
Not received for one of the following reasons:			
• Medical (eg, not indicated, contraindicated, other medical reason including physician documentation that patient is ambulatory)	<input type="checkbox"/>	<input type="checkbox"/>	4070F-1P
• Patient (eg, patient declined, economic, social, religious, other patient reason)	<input type="checkbox"/>	<input type="checkbox"/>	4070F-2P
Document reason here and in medical chart. _____ _____			If No is checked for all of the above, report 4070F-8P (DVT prophylaxis not received by end of hospital day two, reason not otherwise specified.)

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Coding Specifications

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

A line item ICD-9-CM 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.

All measure-specific coding should be reported ON THE SAME CLAIM.

Ischemic stroke or intracranial hemorrhage line item ICD-9-CM diagnosis codes

- 431 (intracerebral hemorrhage),
- 433.01, 433.11, 433.21, 433.31, 433.81, 433.91 (occlusion and stenosis of precerebral 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),
- 99291 (critical care)

Quality codes for this measure:

CPT II Code descriptors

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

- **CPT II 4070F:** Deep vein thrombosis (DVT) prophylaxis received by end of hospital day 2
- **CPT II 4070F-1P:** Documentation of medical reason(s) for not receiving DVT Prophylaxis by end of hospital day 2, including physician documentation that patient is ambulatory
- **CPT II 4070F-2P:** Documentation of patient reason(s) for not receiving DVT Prophylaxis by end of hospital day 2
- **CPT II 4070F-8P:** Deep vein thrombosis (DVT) prophylaxis was not received by end of hospital day 2, reason not otherwise specified

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