

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 eligible health professional 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 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 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 were not considered, 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 (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:

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

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.

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PQRI 2009 Measure 36, Effective Date 01/01/2009

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