

Screening for Dysphagia

*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 underwent a dysphagia screening¹ process before taking any foods, fluids or medication by mouth

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 the patient is receiving or eligible to receive food, fluids, or medication by mouth²

If the patient is receiving or eligible to receive food, fluids, or medication by mouth, you will then need to report:

- Whether or not you conducted dysphagia screening prior to order for or receipt of any foods, fluids or medication by mouth

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

There may be times when it is not appropriate to conduct dysphagia screening prior to the order for or the patient's receipt of any foods, fluids or medication by mouth, due to:

- Medical reasons (eg, not indicated, contraindicated, other medical reason)

In these cases, you will need to indicate that the medical 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).

¹Dysphagia screening: use of a tested and validated dysphagia screening tool (eg, Burke dysphagia screening test, 3 oz. water swallow test, Mann assessment of swallowing ability [MASA], standardized bedside swallowing assessment [SSA]) OR a dysphagia screening tool approved by the hospital's speech/language pathology (SLP) services.

²For purposes of this measure, patients "who receive any food, fluids or medication by mouth" may be identified by the absence of an NPO (nothing by mouth) order.

Stroke and Stroke Rehabilitation

Screening for Dysphagia

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 also have the other requirements for this measure?			
	Yes	No	Code to be Reported on Line 24D of Paper Claim Form (or Service Line 24 of Electronic Claim Form)
Is the patient receiving or eligible to receive food, fluids, or medication by mouth ¹ ?	<input type="checkbox"/>	<input type="checkbox"/>	If No (ie, NPO [nothing by mouth] ordered), report only 6020F and STOP. If Yes , report 6015F and proceed to Step 3.
Step 3 Does patient meet or have an acceptable reason for not meeting the measure?			
Dysphagia Screening²	Yes	No	Code to be Reported on Line 24D of Paper Claim Form, if Yes (or Service Line 24 of Electronic Claim Form)
Conducted	<input type="checkbox"/>	<input type="checkbox"/>	6010F
Not conducted for the following reason: • Medical (eg, not indicated, contraindicated, other medical reason)	<input type="checkbox"/>	<input type="checkbox"/>	6010F-1P
Document reason here and in medical chart. _____ _____			If No is checked for all of the above, report 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.)

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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 cerebral 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)

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) 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

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