Measure #9: ALS Communication Support Referral

*Amyotrophic Lateral Sclerosis*

**Measure Description**

Percentage of patients diagnosed with amyotrophic lateral sclerosis who are dysarthric who were offered a referral at least once annually to a speech language pathologist for an augmentative/alternative communication evaluation.

**Measure Components**

<table>
<thead>
<tr>
<th>Numerator Statement</th>
<th>Patients who were offered a referral at least once annually to a speech language pathologist for an augmentative/alternative communication evaluation.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Denominator Statement</td>
<td>All patients with a diagnosis of amyotrophic lateral sclerosis who are dysarthric.</td>
</tr>
<tr>
<td>Denominator Exclusions</td>
<td>Documentation of a medical reason for not offering a referral to a speech language pathologist for an augmentative/alternative communication evaluation (e.g. patient is already using an augmentative communication device).</td>
</tr>
</tbody>
</table>
| Supporting Guideline & Other References | The following clinical recommendation statements are quoted verbatim from the referenced clinical guidelines and represent the evidence base for the measure:  
- Regular assessment (i.e. every 3-months) of communication by a trained speech therapist is recommended. (GPP)  
- The use of appropriate communication support systems (ranging from pointing boards with figures or words, to computerized speech synthesizers) should be provided as required. (GPP)  

**Measure Importance**

**Relationship to desired outcome**

Communication is vital to quality of life and most ALS patients lose the ability to communicate.1,2 Both high tech and low tech options are available through a speech language pathologist to enhance continued communication.3 Dysarthria is present in nearly all ALS patients with bulbar onset and in nearly 70% of ALS patients with spinal onset. More than 95% of ALS patients cannot speak before death and patients who accept gastrostomy tube, non-invasive ventilation or tracheostomy-assisted ventilation have a greater need for augmentative alternative communication as the disease progresses.1,3

**References**


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Speech assessment in ALS patients identifies dysarthria, independent of dysphagia, that limits communication and maintenance of their active communicator role. Speech correction should focus on the maintenance of functional communication. Assessment should involve measurement of speech rate (words per minute). Augmentative and alternative communication is recommended when speech rate is less than 125 words per minute. Nearly 88% of ALS patients are evaluated by this criterion, but fewer than half implement appropriate interventions. 1-5

References

IOM Domains of Health Care Quality Addressed
| Effective |
| Patient centered |

Exclusion Justification
A medical reason exclusion has been included for patients who are already using an augmentative communication device.

Harmonization with Existing Measures
There are no other measures currently available that are similar to this measure or need to be harmonized with this measure.

Measure Designation

Measure purpose
- Quality improvement
- Accountability

Type of measure
- Process

Level of Measurement
- Individual practitioner

Care setting
- Ambulatory Care

Data source
- Electronic health record (EHR) data
- Administrative Data/Claims (inpatient or outpatient claims)
- Administrative Data/Claims Expanded (multiple-source)
- Paper medical record

Technical Specifications: Administrative/Claims Data

Administrative claims data collection requires users to identify the eligible population (denominator) and numerator using codes recorded on claims or billing forms (electronic or paper). Users report a rate based on all patients in a given practice for whom data are available and who meet the eligible population/denominator criteria.

The specifications listed below are those needed for performance calculation. Additional CPT II codes may be required depending on how measures are implemented. (Reporting vs. Performance)
### Denominator (Eligible Population)

ICD-9 –CM Diagnosis Codes:
- 335.20 amyotrophic lateral sclerosis
- 784.51 dysarthria

AND

CPT E/M Service Code:
- 99201, 99202, 99203, 99204, 99205 (office-new patient),
- 99211, 99212, 99213, 99214, 99215 (office-established patient),
- 99241, 99242, 99243, 99244, 99245 (outpatient consult),
- 99304, 99305, 99306, 99307, 99308, 99309, 99310 (nursing facility),
- 99324, 99325, 99326, 99327, 99328, 99334, 99335, 99336, 99337 (domiciliary),
- 99341, 99342, 99343, 99344, 99345, 99347, 99350 (home visit).

### Numerator

Patients who were offered a referral at least once annually to a speech language pathologist for an augmentative/alternative communication evaluation.

Reporting Instructions:
- For all patients meeting denominator criteria, report the CPT Category II, 3762F, Patient is dysarthric or 3763F, Patient is not dysarthric.
- When 3762F is reported, also report 4552F, Patient offered referral to a speech language pathologist.

### Denominator Exclusions

All patients with a diagnosis of amyotrophic lateral sclerosis who are dysarthric.

- Documentation of a medical reason for not offering a referral to a speech language pathologist for an augmentative/alternative communication evaluation (eg patient is already using an augmentative communication device).

Reporting Instructions:
- For patient with appropriate exclusion criteria, report: 4552F-1P