Measure description
Percentage of patients aged 18 years and older with a diagnosis of ischemic stroke or intracranial hemorrhage who were administered 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) prophylaxis 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, patient is ambulatory, patient expired during inpatient stay, patient already on warfarin or another anticoagulant, other medical reason(s)) OR
- Patient reasons (eg, patient left against medical advice, other patient reason(s))

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 exceptions).

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1DVT prophylaxis — can include Low Molecular Weight Heparin (LMWH), Low-Dose Unfractionated Heparin (LDUH), low-dose subcutaneous heparin, or intermittent pneumatic compression devices.

2Ends at 11:59 p.m. on the second day of hospitalization; day one is day patient was admitted.
Deep Vein Thrombosis (DVT) Prophylaxis for Ischemic Stroke or Intracranial Hemorrhage

**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**

- 430 (subarachnoid hemorrhage)
- 431 (intracerebral hemorrhage)
- 432.0, 432.1, 432.9 (unspecified intracranial 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 codes**

- 99221, 99222, 99223
- 99231, 99232, 99233
- 99291

**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 (eg, patient is ambulatory, patient expired during inpatient stay, patient already on warfarin or another anticoagulant, other medical reason(s))
- **CPT II 4070F–2P**: Documentation of patient reason(s) for not receiving DVT prophylaxis by end of hospital day 2 (eg, patient left against medical advice, other patient reason(s))
- **CPT II 4070F–8P**: Deep vein thrombosis (DVT) prophylaxis was not received by end of hospital day 2, reason not otherwise specified
# Deep Vein Thrombosis (DVT) Prophylaxis for Ischemic Stroke or Intracranial Hemorrhage

**Physician Quality Reporting System Data Collection Sheet**

<table>
<thead>
<tr>
<th>Patient's Name</th>
<th>Practice Medical Record Number (MRN)</th>
<th>Birth Date (mm/dd/yyyy)</th>
<th>Gender</th>
</tr>
</thead>
<tbody>
<tr>
<td>National Provider Identifier (NPI)</td>
<td>Date of Service</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

## Clinical Information

**Step 1** Is patient eligible for this measure?

<table>
<thead>
<tr>
<th></th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>Patient is aged 18 years and older on date of encounter.</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Patient has a diagnosis of ischemic stroke or intracranial hemorrhage.</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>There is a CPT code for this visit.</td>
<td>☐</td>
<td>☐</td>
</tr>
</tbody>
</table>

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?

<table>
<thead>
<tr>
<th>DVT Prophylaxis</th>
<th>Yes</th>
<th>No</th>
<th>Code to be Reported on Line 24D of Paper Claim Form, if Yes (or Service Line 24 of Electronic Claim Form)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Received by end of hospital day two</td>
<td>☐</td>
<td>☐</td>
<td>4070F</td>
</tr>
<tr>
<td>Not received for one of the following reasons:</td>
<td></td>
<td></td>
<td>4070F–1P</td>
</tr>
<tr>
<td>• Medical (eg, patient is ambulatory, patient expired during inpatient stay, patient already on warfarin or another anticoagulant, other medical reason(s))</td>
<td>☐</td>
<td>☐</td>
<td></td>
</tr>
<tr>
<td>• Patient (eg, patient left against medical advice, other patient reason(s))</td>
<td>☐</td>
<td>☐</td>
<td>4070F–2P</td>
</tr>
</tbody>
</table>

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 2, reason not otherwise specified)

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1. **DVT prophylaxis** — can include Low Molecular Weight Heparin (LMWH), Low-Dose Unfractionated Heparin (LDUH), low-dose subcutaneous heparin, or intermittent pneumatic compression devices.

2. **Ends at 11:59 p.m. on the second day of hospitalization; day one is day patient was admitted.**