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 patient 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 undergoing treatment for ischemic stroke or intracranial hemorrhage 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, 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).

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

PQRI 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></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

National Provider Identifier (NPI) | Date of Service

Clinical Information

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

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
<th>Code Required on Claim Form</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>Verify date of birth on claim form.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
<th>Code Required on Claim Form</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>Refer to coding specifications document for list of applicable codes.</td>
</tr>
</tbody>
</table>

Patient is aged 18 years and older.  
Patient has a diagnosis of ischemic stroke or intracranial hemorrhage.  
There is a CPT E/M Service Code for this visit.

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&lt;sup&gt;1&lt;/sup&gt;</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>
</tbody>
</table>
| Not received for one of the following reasons:  
  • Medical (eg, not indicated, contraindicated, other medical reason including physician documentation that patient is ambulatory)  
  • Patient (eg, patient declined, economic, social, religious, other patient reason) |     |    | 4070F–1P                                          |
| Document reason here and in medical chart. |     |    | 4070F–2P                                          |

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.)

<sup>1</sup> For 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.

Disclaimers, Copyright and other Notices indicated on the Coding Specifications document are incorporated by reference.

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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 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.

**Ischemic stroke or intracranial hemorrhage ICD-9 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 (initial inpatient consultations)
- 99291 (critical care services)

Quality codes for this measure (one of the following for every eligible patient):

**CPT II Code descriptors**

(Data Collection sheet should be used to determine appropriate combination of codes.)

- **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