

AAO34: Dysphonia: Postoperative Laryngeal Examination

High Priority Status: No; N/A
NQF Number: N/A

Percentage of patients age 18 years and older who were diagnosed with new onset dysphonia within 2 months after a thyroidectomy who received or were referred for a laryngeal examination to examine vocal fold/cord mobility, and, if abnormal vocal fold mobility is identified, receive a plan of care for voice rehabilitation.

Denominator:

1. All patients 18 years and older diagnosed with new onset dysphonia within 2 months after a thyroidectomy.
2. All patients who received a laryngeal examination and identified with abnormal vocal fold mobility.
Dysphonia definition: Dysphonia is a disorder characterized by harsh and raspy voice arising from or spreading to the larynx. For the purposes of this measure, dysphonia refers to a change or hoarseness in the patient's voice.

Denominator Exclusions:

Exclude patients diagnosed with dysphonia or vocal fold paralysis prior to thyroidectomy and patients undergoing concurrent laryngectomy at the time of thyroidectomy.

Denominator Exceptions:

Patient refusal of laryngeal examination or plan of care for treatment.

Numerator:

1. Patients who received or were referred for a laryngeal examination to examine vocal fold/cord mobility. Laryngeal examination definition: examination by a qualified examiner utilizing flexible laryngoscopy, or stroboscopy to examine vocal fold/cord mobility.
2. Patients who received a plan of care for voice rehabilitation.

Plan of care for voice rehabilitation includes one of the following:

- Voice and/or swallowing therapy or referral for voice and/or swallowing therapy to a speech-language pathologist; or
- Surgical therapy, including but not limited to:
 - Injection laryngoplasty
 - Framework procedures – operations to improve vocal fold mobility
 - Reinnervation – operation to improve vocal fold position, or
- Medical therapy

Numerator Exclusions:

None

Measure Classifications:

Measure Type: Process
National Quality Strategy (NQS) domain: Effective Clinical Care
Meaningful Measures Area: Appropriate Use of Healthcare
Care Setting(s): Ambulatory Care: Clinician Office/Clinic
Includes Telehealth: Yes
Number of Performance Rates: 1
Inverse measure: No
Continuous measure: No
Proportional measure: Yes
Ratio measure: No
Risk-adjusted measure: No

© 2022 American Academy of Otolaryngology–Head and Neck Surgery Foundation. All rights reserved.

Limited proprietary coding is contained in the measure specifications for convenience. Users of the proprietary code sets should obtain all necessary licenses from the owners of these code sets. The measures, while copyrighted, can be reproduced and distributed, without modification, for noncommercial purposes, e.g. use by health care providers in connection with their practices. Commercial use is defined as the sale, license, or

distribution of the measures for commercial gain, or incorporation of the measures into a product or service that is sold, licensed or distributed for commercial gain. Commercial uses of the measures require a license agreement between the user and the American Academy of Otolaryngology – Head and Neck Surgery Foundation.

The measure is not a clinical guideline, does not establish a standard of medical care, and has not been tested for all potential applications. The measure and specifications are provided “as is” without warranty of any kind. Neither the American Academy of Otolaryngology – Head and Neck Surgery Foundation (AAO-HNSF), nor its members shall be responsible for any use of the measure. The AAO-HNSF and its members disclaim all liability for use or accuracy of any Current Procedural Terminology (CPT®) or other coding contained in the specifications.