



AAO37: Dysphonia: Laryngeal Examination

High Priority Status: Yes / Care Coordination

CBE Number: N/A

Measure Description:

Percentage of patients who were diagnosed with dysphonia who received or were referred for a laryngeal examination within 4 weeks of initial diagnosis.

Instructions:

This measure is to be submitted once for **each occurrence** of dysphonia during the performance period. For the purpose of submitting this measure, only unique occurrences of dysphonia episodes within the current performance period will be included. A unique occurrence of dysphonia is defined as the period of time that begins with the onset of dysphonia diagnosis and ends 90 days after the onset of diagnosing.

Denominator:

All patients diagnosed with dysphonia with symptoms lasting longer than 4 weeks.

Denominator note: To be eligible for the denominator, a patient record must have

- Documentation of dysphonia onset date at least four weeks prior to the current encounter
- Documentation of dysphonia during two encounters at least 4 weeks apart.

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:

None

Numerator:

Patients who received or were referred for laryngeal examination.*

*Definition: Laryngeal examination definition: examination by a qualified examiner utilizing flexible laryngoscopy, or stroboscopy to examine vocal fold/cord mobility.

Denominator Exceptions:

- Patient refusal of laryngeal examination or plan of care for treatment.
- Acute vocal cord injury within 2 weeks of diagnosis.

Measure Classifications:

Submission Pathway: Traditional MIPS

Measure Type: Process

High Priority Type: Patient Safety

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

© 2024 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.