



### 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

**Denominator Criteria:**

All patients ages

**AND**

Diagnosis: [Dysphonia](#)

**AND**

Symptom Duration: >4 weeks

**AND**

Patient Visit: [Encounter Visit](#)

[For a list of codes that qualify as denominator eligible visits, reference Addendum attached.](#)

**Numerator:**

Patients who received or were referred for laryngeal examination.\*

\*Note: Laryngeal examination definition - Term used to describe visualization of larynx. Examination by a qualified examiner utilizing flexible laryngoscopy, or stroboscopy to examine vocal fold/cord mobility. Examination also includes indirect laryngoscopy (visualization of the larynx), which can be done by several methods—including mirror examination, rigid rod-lens telescope examination, rigid rod-lens telescope, flexible fiber optic, or flexible distal chip scopes.

**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: Care Coordination

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

**Clinical Recommendation Statement:**

In the setting of new-onset dysphonia, clinicians should document the status of the voice disorder and its resolution within a few weeks of symptom onset. If there is not resolution, clinicians should perform, or refer to a specialist for, laryngoscopy (KAS 4A/4B). Rationale for referral should be clearly documented KAS 4A/4B). Laryngoscopy is an option at any time for patients with dysphonia, but the guideline also recommends that no patient be allowed to wait >4 weeks prior to having his or her larynx examined. It is also clearly recommended that if there is a concern of an underlying serious condition, then laryngoscopy should be immediate.

Stachler, R.J., Francis, D.O., Schwartz, S.R., Damask, C.C., Digoy, G.P., Krouse, H.J., McCoy, S.J., Ouellette, D.R., Patel, R.R., Reavis, C.W., Smith, L.J., Smith, M., Strode, S.W., Woo, P. and Nnacheta, L.C. (2018), Clinical Practice Guideline: Hoarseness (Dysphonia) (Update). Otolaryngology–Head and Neck Surgery, 158: S1-S42. <https://doi.org/10.1177/0194599817751030>

**Rationale:**

Dysphonia affects nearly one-third of the population at some point in its life. Dysphonia is responsible for frequent health care visits and several billion dollars in lost productivity annually from work absenteeism.<sup>12</sup> Dysphonia is often caused by benign or self-limited conditions, but it may also be the presenting symptom of a more serious or progressive condition requiring prompt diagnosis and management.

Stachler, R.J., Francis, D.O., Schwartz, S.R., Damask, C.C., Digoy, G.P., Krouse, H.J., McCoy, S.J., Ouellette, D.R., Patel, R.R., Reavis, C.W., Smith, L.J., Smith, M., Strode, S.W., Woo, P. and Nnacheta, L.C. (2018), Clinical Practice Guideline: Hoarseness (Dysphonia) (Update). Otolaryngology–Head and Neck Surgery, 158: S1-S42. <https://doi.org/10.1177/0194599817751030>

**Supporting Clinical Practice Guideline (CPG):**

For more details, reference the [Clinical Practice Guideline: Hoarseness \(Dysphonia\) \(Update\)](#) [2018]

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## Addendum

Encounter Visit			
Measure Element	Code Type	Code	Code Description
Denominator - Consultations	CPT	99241	Office consultation
Denominator - Consultations	CPT	99242	Office or other outpatient consultation
Denominator - Consultations	CPT	99243	Office or other outpatient consultation
Denominator - Consultations	CPT	99244	Office or other outpatient consultation
Denominator - Consultations	CPT	99245	Office or other outpatient consultation
Denominator - Office Visit	CPT	99202	Office or other outpatient consultation
Denominator - Office Visit	CPT	99203	Office or other outpatient consultation
Denominator - Office Visit	CPT	99204	Office or other outpatient consultation
Denominator - Office Visit	CPT	99205	Office or other outpatient consultation
Denominator - Office Visit	CPT	99211	Office or other outpatient consultation
Denominator - Office Visit	CPT	99212	Office or other outpatient consultation
Denominator - Office Visit	CPT	99213	Office or other outpatient consultation
Denominator - Office Visit	CPT	99214	Office or other outpatient consultation
Denominator - Office Visit	CPT	99215	Office or other outpatient consultation
Denominator - Telephone Evaluation and Management Service	CPT	99441	Telephone evaluation
Denominator - Telephone Evaluation and Management Service	CPT	99442	Telephone evaluation
Denominator - Telephone Evaluation and Management Service	CPT	99443	Telephone evaluation
Denominator - Telephone Evaluation and Management Service	CPT	99444	Online evaluation

## Dysphonia

Denominator - Dysphonia	SNOMEDCT	13628000	Ataxic dysphonia (disorder)
Denominator - Dysphonia	SNOMEDCT	164277005	On examination - dysphonia (disorder)
Denominator - Dysphonia	SNOMEDCT	164278000	On examination - aphonia (finding)
Denominator - Dysphonia	SNOMEDCT	23187009	Aphonia paralytica (disorder)
Denominator - Dysphonia	SNOMEDCT	23192006	Choreic dysphonia (disorder)
Denominator - Dysphonia	SNOMEDCT	25297005	Psychogenic adductor spastic dysphonia (disorder)
Denominator - Dysphonia	SNOMEDCT	25947003	Dysphonia of organic tremor (disorder)
Denominator - Dysphonia	SNOMEDCT	275472008	Psychogenic dysphonia (disorder)
Denominator - Dysphonia	SNOMEDCT	29003001	Spastic dysphonia (disorder)
Denominator - Dysphonia	SNOMEDCT	29315008	Idiopathic adductor spastic dysphonia (disorder)
Denominator - Dysphonia	SNOMEDCT	30736009	Dysphonia of palatopharyngolaryngeal myoclonus (disorder)
Denominator - Dysphonia	SNOMEDCT	31283000	Abductor spastic dysphonia (disorder)
Denominator - Dysphonia	SNOMEDCT	43779005	Ventricular dysphonia (disorder)
Denominator - Dysphonia	SNOMEDCT	441913003	Aphonia (disorder)
Denominator - Dysphonia	SNOMEDCT	44564008	Loss of voice (finding)
Denominator - Dysphonia	SNOMEDCT	47004009	Difficulty speaking (disorder)
Denominator - Dysphonia	SNOMEDCT	48090007	Neurologic adductor spastic dysphonia (disorder)
Denominator - Dysphonia	SNOMEDCT	5208008	Flaccid dysphonia (disorder)
Denominator - Dysphonia	SNOMEDCT	56509006	Adductor spastic dysphonia of organic voice tremor (disorder)
Denominator - Dysphonia	SNOMEDCT	610000	Spastic aphonia (disorder)
Denominator - Dysphonia	SNOMEDCT	62904009	Spastic pseudobulbar dysphonia (disorder)
Denominator - Dysphonia	SNOMEDCT	63576006	Mixed flaccid-spastic pseudobulbar dysphonia (disorder)
Denominator - Dysphonia	SNOMEDCT	64161004	Psychogenic voice disorder (disorder)
Denominator - Dysphonia	SNOMEDCT	69403006	Conversion aphonia (disorder)
Denominator - Dysphonia	SNOMEDCT	71386003	Voice disorder due to iatrogenic factor (disorder)
Denominator - Dysphonia	SNOMEDCT	719276005	Primary dystonia type 4 (disorder)
Denominator - Dysphonia	SNOMEDCT	71941009	Neurologic voice disorder (disorder)

Denominator - Dysphonia	SNOMEDCT	74227009	Apraxic aphonia (disorder)
Denominator - Dysphonia	SNOMEDCT	77375009	Adductor spastic dysphonia of conversion reaction (disorder)
Denominator - Dysphonia	SNOMEDCT	8037001	Dystonic dysphonia (disorder)
Denominator - Dysphonia	SNOMEDCT	80381005	Adductor spastic dysphonia of dystonia (disorder)
Denominator - Dysphonia	SNOMEDCT	83759003	Adductor spastic dysphonia of musculoskeletal tension reaction (disorder)
Denominator - Dysphonia	SNOMEDCT	90483007	Conversion dysphonia (disorder)
Denominator - Dysphonia	SNOMEDCT	95439001	Psychogenic aphonia (disorder)
Denominator - Dysphonia	ICD10CM	R49.0	Dysphonia
Denominator - Dysphonia	ICD10CM	R49.1	Aphonia
Denominator - Dysphonia	ICD10CM	R49.8	Other voice and resonance disorders
Denominator - Dysphonia	ICD10CM	R49.9	Unspecified voice and resonance disorder