

**Quality ID #409: Clinical Outcome Post Endovascular Stroke Treatment**

– National Quality Strategy Domain: Effective Clinical Care

– Meaningful Measure Area: Management of Chronic Conditions

**2021 COLLECTION TYPE:**

**MIPS CLINICAL QUALITY MEASURES (CQMS)**

**MEASURE TYPE:**

Outcome – High Priority

**DESCRIPTION:**

Percentage of patients with a mRs score of 0 to 2 at 90 days following endovascular stroke intervention

**INSTRUCTIONS:**

This measure is to be submitted **each time** an endovascular stroke intervention procedure is performed during the performance period. This measure may be submitted by Merit-based Incentive Payment System (MIPS) eligible clinicians who perform the quality actions described in the measure based on the services provided and the measure-specific denominator coding.

**NOTE:** Include only patients that have cerebrovascular accidents through **September 30** of the performance period. This will allow the evaluation of at least 90 days after the cerebrovascular accident within the performance period.

**Measure Submission Type:**

Measure data may be submitted by individual MIPS eligible clinicians, groups, or third party intermediaries. The listed denominator criteria are used to identify the intended patient population. The numerator options included in this specification are used to submit the quality actions as allowed by the measure. The quality-data codes listed do not need to be submitted by MIPS eligible clinicians, groups, or third party intermediaries that utilize this modality for submissions; however, these codes may be submitted for those third party intermediaries that utilize Medicare Part B claims data. For more information regarding Application Programming Interface (API), please refer to the Quality Payment Program (QPP) website.

**DENOMINATOR:**

All patients with CVA undergoing endovascular stroke treatment

**Denominator Criteria (Eligible Cases):**

All patients, regardless of age

**AND**

**Diagnosis for ischemic stroke (ICD-10-CM):** I63.00, I63.011, I63.012, I63.013, I63.019, I63.02, I63.031, I63.032, I63.033, I63.039, I63.09, I63.10, I63.111, I63.112, I63.113, I63.119, I63.12, I63.131, I63.132, I63.133, I63.139, I63.19, I63.20, I63.211, I63.212, I63.213, I63.219, I63.22, I63.231, I63.232, I63.233, I63.239, I63.29, I63.30, I63.311, I63.312, I63.313, I63.319, I63.321, I63.322, I63.323, I63.329, I63.331, I63.332, I63.333, I63.339, I63.341, I63.342, I63.343, I63.349, I63.39, I63.40, I63.411, I63.412, I63.413, I63.419, I63.421, I63.422, I63.423, I63.429, I63.431, I63.432, I63.433, I63.439, I63.441, I63.442, I63.443, I63.449, I63.49, I63.50, I63.511, I63.512, I63.513, I63.519, I63.521, I63.522, I63.523, I63.529, I63.531, I63.532, I63.533, I63.539, I63.541, I63.542, I63.543, I63.549, I63.59, I63.81, I63.89 I63.9

**AND**

**Patient procedure during the performance period (CPT):** 36223, 36224, 36225, 36226, 61645

**NUMERATOR:**

Patients with a mRs of 0 to 2 at 90 days

**Definition:**

**The Modified Rankin Scale (mRs) -**

The scale runs from 0-6, running from perfect health without symptoms to death.

0 - No symptoms

1 - No significant disability. Able to carry out all usual activities, despite some symptoms

2 - Slight disability. Able to look after own affairs without assistance, but unable to carry out all previous activities

3 - Moderate disability. Requires some help, but able to walk unassisted

4 - Moderately severe disability. Unable to attend to own bodily needs without assistance, and unable to walk unassisted

5 - Severe disability. Requires constant nursing care and attention, bedridden, incontinent

6 - Dead

**Numerator Options:**

***Performance Met:***

Patients with 90 day mRs score of 0 to 2 (**G9646**)

**OR**

***Denominator Exception:***

Patients in whom mRs score could not be obtained at 90 day follow-up (**G9647**)

**OR**

***Performance Not Met:***

Patients with 90 day mRs score greater than 2 (**G9648**)

**RATIONALE:**

Patient outcomes following endovascular stroke therapy can be assessed using the mRS, a simple to administer scale that ascertains the degree of disability or dependence in the daily activities of patients suffering a stroke. The objective of endovascular therapy in stroke is to enable patients to maintain their independence in daily activities. Achieving a mRS of 2 or less after endovascular therapy is considered an excellent outcome following a stroke.

**CLINICAL RECOMMENDATION STATEMENTS:**

The standard definition of a good clinical outcome from intra-arterial therapy is a modified Rankin Scale (mRS) score of 0-2 at 90 days as assessed by a certified examiner independent of the interventional physician. This measure is supported by the multispecialty guidelines published in 2013.

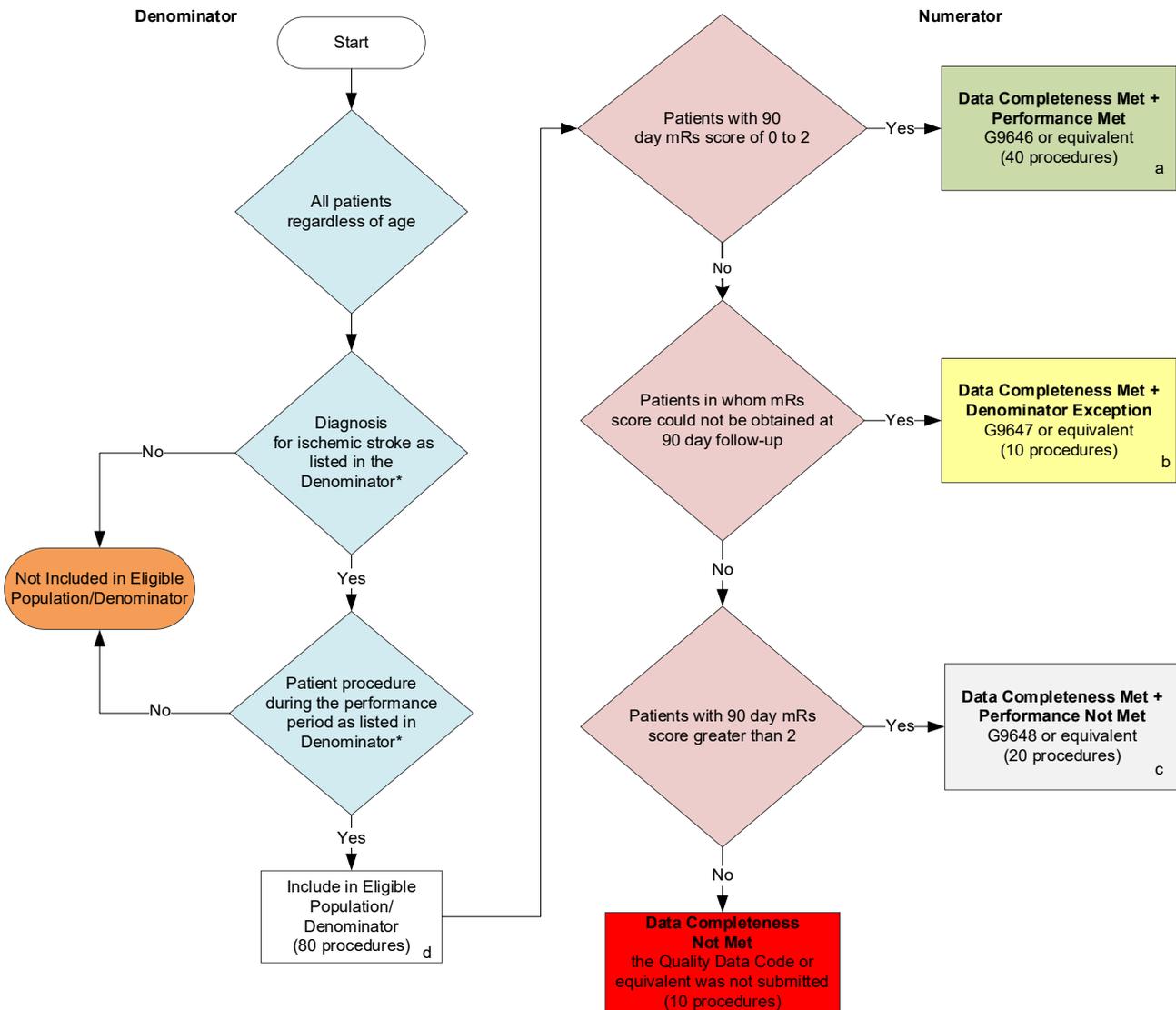
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## 2021 Clinical Quality Measure Flow for Quality ID #409: Clinical Outcome Post Endovascular Stroke Treatment

*Disclaimer: Refer to the measure specification for specific coding and instructions to submit this measure.*



**SAMPLE CALCULATIONS**

**Data Completeness=**  

$$\frac{\text{Performance Met (a=40 procedures)} + \text{Denominator Exception (b=10 procedures)} + \text{Performance Not Met (c=20 procedures)}}{\text{Eligible Population / Denominator (d=80 procedures)}} = \frac{70 \text{ procedures}}{80 \text{ procedures}} = 87.50\%$$

**Performance Rate=**  

$$\frac{\text{Performance Met (a=40 procedures)}}{\text{Data Completeness Numerator (70 procedures) - Denominator Exception (b=10 procedures)}} = \frac{40 \text{ procedures}}{60 \text{ procedures}} = 66.67\%$$

\* See the posted measure specification for specific coding and instructions to submit this measure.  
 NOTE: Submission Frequency: Procedure

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 The measure diagrams were developed by CMS as a supplemental resource to be used in conjunction with the measure specifications. They should not be used alone or as a substitution for the measure specification.

**2021 Clinical Quality Measure Flow Narrative for Quality ID #409:  
Clinical Outcome Post Endovascular Stroke Treatment**

**Disclaimer:** Refer to the measure specification for specific coding and instructions to submit this measure.

1. Start with Denominator
2. All patients regardless of age
3. Check *Diagnosis for ischemic stroke as listed in Denominator\**:
  - a. If *Diagnosis for ischemic stroke as listed in Denominator\** equals No, do not include in *Eligible Population/Denominator*. Stop processing.
  - b. If *Diagnosis for ischemic stroke as listed in Denominator\** equals Yes, proceed to check *Patient procedure during the performance period as listed in Denominator\**.
4. Check *Patient procedure during the performance period as listed in Denominator\**:
  - a. If *Patient procedure during the performance period as listed in Denominator\** equals No, do not include in *Eligible Population/Denominator*. Stop processing.
  - b. If *Patient procedure during the performance period as listed in Denominator\** equals Yes, include in *Eligible Population/Denominator*.
5. Denominator Population:
  - Denominator population is all Eligible Procedures in the Denominator. Denominator is represented as Denominator in the Sample Calculation listed at the end of this document. Letter d equals 80 procedures in the Sample Calculation.
6. Start Numerator
7. Check *Patients with 90 day mRs score of 0 to 2*:
  - a. If *Patients with 90 day mRs score of 0 to 2* equals Yes, include in *Data Completeness Met and Performance Met*.
    - *Data Completeness Met and Performance Met* letter is represented in the Data Completeness and Performance Rate in the Sample Calculation listed at the end of this document. Letter a equals 40 procedures in the Sample Calculation.
  - b. If *Patients with 90 day mRs score of 0 to 2* equals No, proceed to check *Patients in whom mRs score could not be obtained at 90 day follow-up*.
8. Check *Patients in whom mRs score could not be obtained at 90 day follow-up*:
  - a. If *Patients in whom mRs score could not be obtained at 90 day follow-up* equals Yes, include in *Data Completeness Met and Denominator Exception*.
    - *Data Completeness Met and Denominator Exception* letter is represented in the Data Completeness and Performance Rate in the Sample Calculation listed at the end of this document. Letter b equals 10 procedures in the Sample Calculation.
  - b. If *Patients in whom mRs score could not be obtained at 90 day follow-up* equals No, proceed to check *Patient with 90 day mRs score greater than 2*.

9. Check *Patient with 90 day mRs score greater than 2*:
  - a. If *Patient with 90 day mRs score greater than 2* equals Yes, include in *Data Completeness Met and Performance Not Met*.
    - *Data Completeness Met and Performance Not Met* letter is represented in the Data Completeness in the Sample Calculation listed at the end of this document. Letter c equals 20 procedures in the Sample Calculation.
  - b. If *Patient with 90 day mRs score greater than 2* equals No, proceed to check *Data Completeness Not Met*.
10. Check *Data Completeness Not Met*:
  - a. If *Data Completeness Not Met*, the Quality Data Code or equivalent was not submitted. 10 procedures have been subtracted from the Data Completeness Numerator in the Sample Calculation.

### **Sample Calculations**

Data Completeness equals Performance Met (a equals 40 procedures) plus Denominator Exception (b equals 10 procedures) plus Performance Not Met (c equals 20 procedures) divided by Eligible Population / Denominator (d equals 80 procedures). All equals 70 procedures divided by 80 procedures. All equals 87.50 percent.

Performance Rate equals Performance Met (a equals 40 procedures) divided by Data Completeness Numerator (70 procedures) minus Denominator Exception (b equals 10 procedures). All equals 40 procedures divided by 60 procedures. All equals 66.67 percent.

\* See the posted measure specification for specific coding and instructions to submit this measure.

NOTE: Submission Frequency: Procedure

The measure diagrams were developed by CMS as a supplemental resource to be used in conjunction with the measure specifications. They should not be used alone or as a substitution for the measure specification.