Quality ID #413: Door to Puncture Time for Endovascular Stroke Treatment

2026 COLLECTION TYPE:
MERIT-BASED INCENTIVE PAYMENT SYSTEM (MIPS) CLINICAL QUALITY MEASURE (CQM)

MEASURE TYPE:
Intermediate Outcome – High Priority

DESCRIPTION:
Percentage of patients undergoing endovascular stroke treatment who have a door to puncture time of 90 minutes or less.

INSTRUCTIONS:

Reporting Frequency:
This measure is to be submitted each time a denominator eligible procedure as defined in the denominator criteria is performed.

Intent and Clinician Applicability:
This measure is intended to reflect the quality of services provided for patients who undergo a procedure for treatment of a cerebrovascular accident (CVA). This measure may be submitted by Merit-based Incentive Payment System (MIPS) eligible clinicians who perform the quality actions as defined by the numerator based on the services provided and the measure-specific denominator coding.

Measure Strata and Performance Rates:
This measure contains one strata defined by a single submission criteria.
This measure produces a single performance rate.

Implementation Considerations:
For the purposes of MIPS implementation, this procedure measure is submitted each time a procedure is performed during the performance period.

Telehealth:
NOT TELEHEALTH ELIGIBLE: This measure is not appropriate for nor applicable to the telehealth setting. This measure is procedure based and therefore doesn't allow for the denominator criteria to be conducted via telehealth. It would be appropriate to remove these patients from the denominator eligible patient population. Telehealth eligibility is at the measure level for inclusion within the denominator eligible patient population and based on the measure specification definitions which are independent of changes to coding and/or billing practices.

Measure Submission:
The quality data codes listed do not need to be submitted by MIPS eligible clinicians, groups, or third party intermediaries that utilize this collection type for submissions; however, these codes may be submitted for those third party intermediaries that utilize Medicare Part B claims data. The coding provided to identify the measure criteria: Denominator or Numerator, may be an example of coding that could be used to identify patients that meet the intent of this clinical topic. When implementing this measure, please refer to the 'Reference Coding' section to determine if other codes or code languages that meet the intent of the criteria may also be used within the medical record to identify and/or assess patients. For more information regarding Application Programming Interface (API), please refer to the Quality Payment Program (QPP) website.

DENOMINATOR:
All patients with cerebrovascular accident (CVA) undergoing endovascular stroke treatment.

CPT only copyright 2025 American Medical Association. All rights reserved.

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
AND NOT
DENOMINATOR EXCLUSIONS:
Patients who are transferred from one institution to another with a known diagnosis of CVA for endovascular stroke treatment: G9766
OR
Hospitalized patients with newly diagnosed CVA considered for endovascular stroke treatment: G9767
OR
Patients with secondary stroke (e.g., a subsequent stroke that may occur with vasospasm in the setting of subarachnoid hemorrhage) within 5 days of the initial procedure: M1381

NUMERATOR:
Patients with CVA undergoing endovascular stroke treatment who have a door to puncture time of less than 90 minutes.

Numerator Options:

Performance Met:	Door to puncture time of 90 minutes or less (G9580)
OR	
Performance Not Met:	Door to puncture time of greater than 90 minutes, no reason given (G9582)

RATIONALE:
Acknowledgment of the critical importance of time to reperfusion for obtaining favorable outcomes in myocardial revascularization has led to the formation of similar initiatives as a measure of effective systems to enable an endovascular treatment program for acute stroke. Multiple hospital systems must interact effectively to enable patients presenting from any location to be assessed clinically and undergo imaging to ascertain if they are candidates for endovascular therapies. By ensuring a door to puncture time of 90 minutes or less, stroke patients are given the best chance of functional recovery.

CLINICAL RECOMMENDATION STATEMENTS:
This measure is supported by the multispecialty guidelines for intra-arterial catheter directed stroke treatment published in 2013 and updated in 2018 (1, 2, 3).

REFERENCES:

1. Sacks D. et al. Society of Interventional Radiology Multisociety Consensus Quality Improvement Guidelines For Intraarterial Catheter-Directed Treatment Of Acute Ischemic Stroke. J Vasc Interv Radiol. 2013; 24: 151-163
2. Sacks, D. et al. Society of Interventional Radiology Multisociety Consensus Quality Improvement Revised Consensus Statement for Endovascular Therapy of Acute Ischemic Stroke J Vasc Interv Radiol 2018; 29:441–453
3. Multisociety consensus quality improvement guidelines for intraarterial catheter-directed treatment of acute ischemic stroke J Vasc Interv Radiol. 2013 Feb;24(2):151-63. Epub 2013 Jan 28.

CPT only copyright 2025 American Medical Association. All rights reserved.

COPYRIGHT:

THE MEASURE AND SPECIFICATIONS ARE PROVIDED "AS IS" WITHOUT WARRANTY OF ANY KIND.

© 2025 Society of Interventional Radiology.

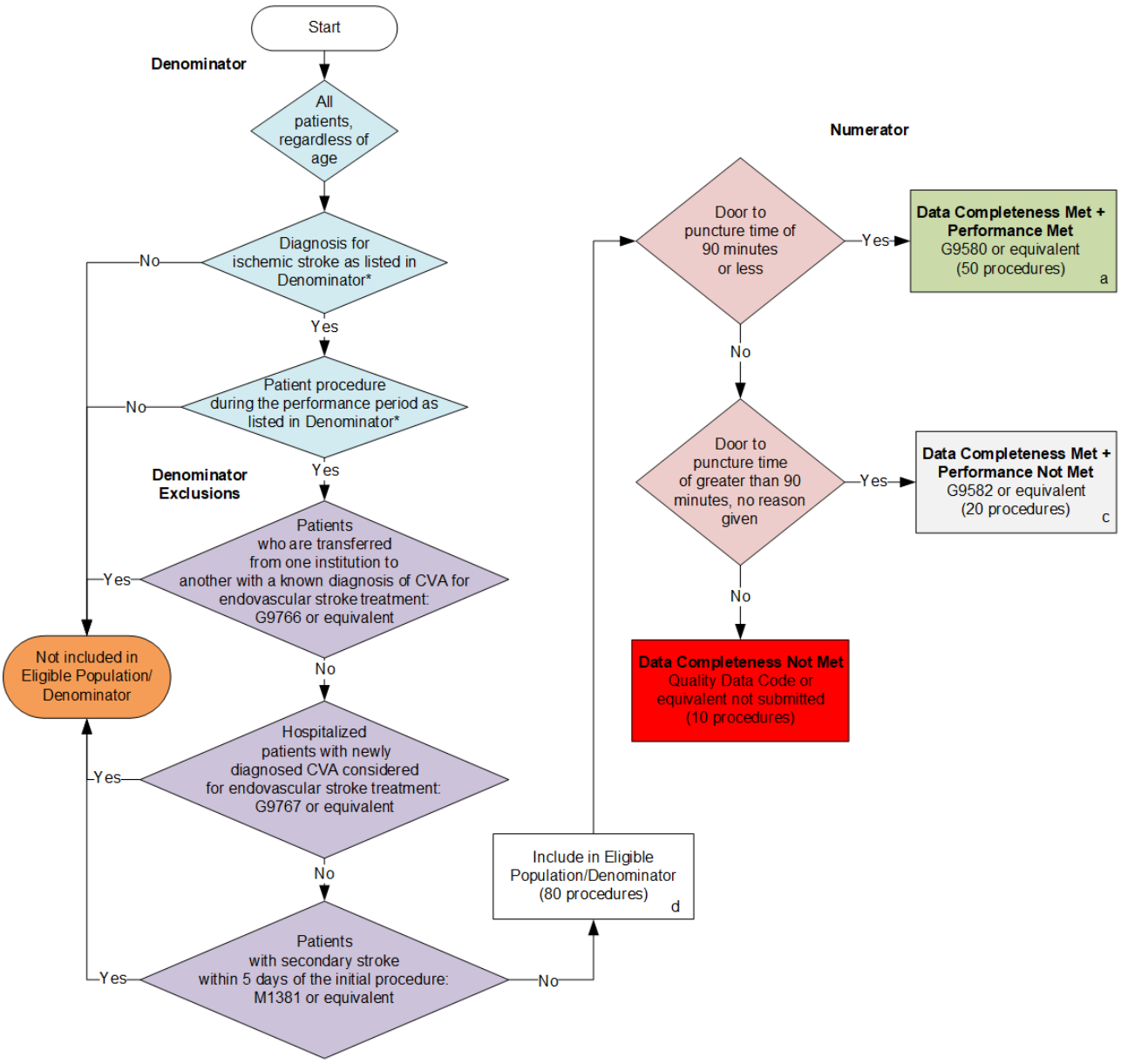
Limited proprietary coding is contained in the Measure specifications for user convenience. Users of proprietary code sets should obtain all necessary licenses from the owners of the code sets. Society of Interventional Radiology disclaims all liability for use or accuracy of any third party codes contained in the specifications.

CPT® contained in the Measure specifications is copyright 2004-2025 American Medical Association. LOINC® copyright 2004-2025 Regenstrief Institute, Inc. This material contains SNOMED Clinical Terms® (SNOMED CT®) copyright 2004-2025 International Health Terminology Standards Development Organisation. ICD-10 copyright 2025 World Health Organization. All Rights Reserved.

CPT only copyright 2025 American Medical Association. All rights reserved.

2026 Clinical Quality Measure Flow for Quality ID #413: Door to Puncture Time for Endovascular Stroke Treatment

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



SAMPLE CALCULATIONS

Data Completeness=

Performance Met (a=50 procedures) + Performance Not Met (c=20 procedures) = 70 procedures = **87.50%**
Eligible Population / Denominator (d=80 procedures) = 80 procedures

Performance Rate=

Performance Met (a=50 procedures) = 50 procedures = **71.43%**
Data Completeness Numerator (70 procedures) = 70 procedures

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

CPT only copyright 2025 American Medical Association. All rights reserved.
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.

v10

CPT only copyright 2025 American Medical Association. All rights reserved.

2026 Clinical Quality Measure Flow Narrative for Quality ID #413: Door to Puncture Time for Endovascular Stroke Treatment

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

1. Start with Denominator
2. Check *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, proceed to check *Patients who are transferred from one institution to another with a known diagnosis of CVA for endovascular stroke treatment*.
5. Check *Patients who are transferred from one institution to another with a known diagnosis of CVA for endovascular stroke treatment*:
    a. If *Patients who are transferred from one institution to another with a known diagnosis of CVA for endovascular stroke treatment* equals Yes, do not include in *Eligible Population/Denominator*. Stop processing.
    b. If *Patients who are transferred from one institution to another with a known diagnosis of CVA for endovascular stroke treatment* equals No, proceed to check *Hospitalized patients with newly diagnosed CVA considered for endovascular stroke treatment*.
6. Check *Hospitalized patients with newly diagnosed CVA considered for endovascular stroke treatment*:
    a. If *Hospitalized patients with newly diagnosed CVA considered for endovascular stroke treatment* equals Yes, do not include in *Eligible Population/Denominator*. Stop processing.
    b. If *Hospitalized patients with newly diagnosed CVA considered for endovascular stroke treatment* equals No, include in *Patients with secondary stroke within 5 days of the initial procedure*.
7. Check *Patients with secondary stroke within 5 days of the initial procedure*:
    a. If *Patients with secondary stroke within 5 days of the initial procedure* equals Yes, do not include in *Eligible Population/Denominator*. Stop processing.
    b. If *Patients with secondary stroke within 5 days of the initial procedure* equals No, include in *Eligible Population/Denominator*.
8. Denominator Population:

CPT only copyright 2025 American Medical Association. All rights reserved.

- 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.

9. Start Numerator

10. Check *Door to puncture time of 90 minutes or less*:

    a. If *Door to puncture time of 90 minutes or less* 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 50 procedures in the Sample Calculation.

    b. If *Door to puncture time of 90 minutes or less* equals No, proceed to check *Door to puncture time of greater than 90 minutes, no reason given*.

11. Check *Door to puncture time of greater than 90 minutes, no reason given*:

    a. If *Door to puncture time of greater than 90 minutes, no reason given* 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 *Door to puncture time of greater than 90 minutes, no reason given* equals No, proceed to check *Data Completeness Not Met*.

12. Check *Data Completeness Not Met*:

    - 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 50 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 50 procedures) divided by Data Completeness Numerator (70 procedures). All equals 50 procedures divided by 70 procedures. All equals 71.43 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.

CPT only copyright 2025 American Medical Association. All rights reserved.