

Quality ID #409: Clinical Outcome Post Endovascular Stroke Treatment

2024 COLLECTION TYPE: **MIPS CLINICAL QUALITY MEASURES (CQMS)**

MEASURE TYPE:
Outcome – High Priority

DESCRIPTION:
Percentage of patients with a Modified Rankin Score (mRS) score of 0 to 2 at 90 days following endovascular stroke intervention.

INSTRUCTIONS:
This measure is to be submitted a minimum of **once per performance period** for patients undergoing an endovascular stroke intervention procedure during the performance period. This measure is intended to reflect the success of the endovascular intervention inclusive of appropriate patient selection. 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. Include only patients that have cerebrovascular accidents through **September 18** of the performance period. This will allow the evaluation of clinical outcome 90 days after the cerebrovascular accident within the performance period. Assessment of the mRS between 75 and 105 days is considered acceptable for reporting this measure.

Unique to this measure is the Minimum Process of Care Performance Threshold Requirement. This measure based threshold requires that at least 90% of all eligible patients have an mRS score assessed 90 days following endovascular stroke intervention. Therefore, if the performance rate for Submission Criteria 1 is below 90%, the MIPS eligible clinician would not be able to meet the denominator of the Submission Criteria 2 and this measure CANNOT BE SUBMITTED. CMS anticipates the performance rate for Submission Criteria 2 will be calculated using 100% of patients that met performance in Submission Criteria 1.

This measure contains two submission criteria which together measure the outcome following an endovascular stroke intervention. Submission Criteria 1 evaluates whether an appropriate percentage of patients received the applicable clinical follow-up assessment using mRS. Submission Criteria 2 evaluates the rate of achieving an mRS score of 0 to 2 in those patients for whom an mRS score was obtained (during clinical follow-up, Submission Criteria 1). The rate of achieving an mRS of 0 to 2 at 90 days (Submission Criteria 2) can be used to compare this measure to performance prior to the 2021 performance year, when the measure had a single performance rate. For accountability reporting in the CMS MIPS program, the rate for Submission Criteria 2 is used for performance. *For the purposes of submitting this measure, use the Data Completeness determined in Submission Criteria 1.*

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.

THERE ARE TWO SUBMISSION CRITERIA FOR THIS MEASURE:

- 1) Percentage of patients with mRS score assessed at 90 days following endovascular stroke intervention

AND

- 2) Percentage of patients with mRS score of 0 to 2 assessed at 90 days following endovascular stroke intervention

SUBMISSION CRITERIA 1:

Percentage of patients with clinical follow-up and mRS score assessed at 90 days following endovascular stroke intervention.

DENOMINATOR (SUBMISSION CRITERIA 1):

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

AND NOT

DENOMINATOR EXCLUSION: Baseline mRS > 2

WITHOUT

Telehealth Modifier (including but not limited to): GQ, GT, 95, POS 02

NUMERATOR (SUBMISSION CRITERIA 1):

Patients who received clinical follow-up and mRS score assessed at 90 days.

Numerator Options:

Performance Met:

Clinical follow-up and mRS score assessed at 90 days following endovascular stroke intervention (**G0045**)

OR

Performance Not Met:

Clinical follow-up and mRS score not assessed at 90 days following endovascular stroke intervention (**G0046**)

SUBMISSION CRITERIA 2:

Percentage of patients with Performance Met for Submission Criteria 1 with an mRS score of 0 to 2 assessed at 90 days following endovascular stroke intervention therapy.

DENOMINATOR (SUBMISSION CRITERIA 2):

Patients with Performance Met for Submission Criteria 1 who received clinical follow-up and mRS score assessed at 90 days following endovascular stroke intervention therapy

Denominator Criteria (Eligible Cases):

Minimum Process of Care Threshold Requirement: At least 90% of all eligible patients had an mRS score assessed at 90 days following endovascular stroke intervention (G0045 submitted for Submission Criteria 1)

AND

All patients, regardless of age

AND

All eligible instances when G0045 is submitted for Performance Met (patient received clinical follow-up and mRS

score assessed at 90 days) in the numerator of Submission Criteria 1

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

WITHOUT

Telehealth Modifier (including but not limited to): GQ, GT, 95, POS 02

NUMERATOR (SUBMISSION CRITERIA 2):

Patients with Performance Met for Submission Criteria 1 with 90 day mRS score of 0-2

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 NOTE: For the purposes of submitting this measure Data Completeness has been determined in Submission Criteria 1. The performance rate calculated for Submission Criteria 2 of this measure is calculated using the subset of patients identified in the Performance Met Numerator Option of Submission Criteria 1 (G0045).

Numerator Options:

Performance Met:

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

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. Criterion 1 assesses completeness of clinical follow-up to ensure that the performance rate in Criterion 2 is representative of the treated population. Achieving an mRS of 2 or less after endovascular therapy is considered a good outcome following a stroke (Criterion 2).

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 and updated in 2018 (1,2). The ± 15 day window was suggested by the Joint Commission and is specified in the Joint Commission National Quality Measures (v2018A).

The multispecialty consensus guidelines recommend that the mRS be obtained in at least 90% of patients (i.e. a follow-up rate of 90% or greater) at 90 days for this measure to accurately represent the outcome for the population treated.

- (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

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