

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

WITHOUT

Telehealth Modifier (including but not limited to): GQ, GT, 95, POS 02, POS 10

AND NOT

DENOMINATOR EXCLUSION:

Baseline mRS > 2: M1236

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, POS 10

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

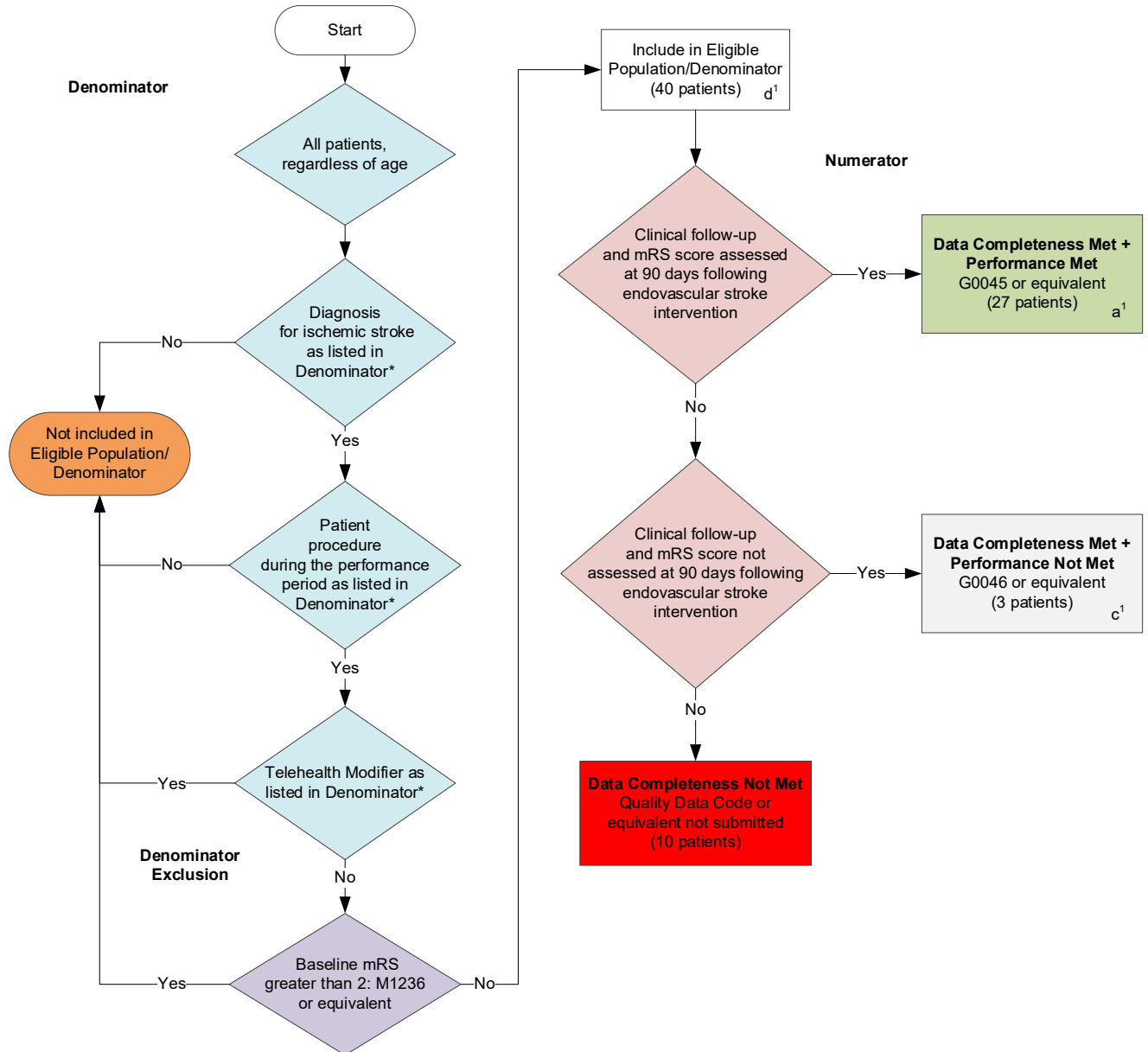
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2024 Clinical Quality Measure Flow for Quality ID #409: Clinical Outcome Post Endovascular Stroke Treatment Submission Criteria One

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



SAMPLE CALCULATIONS: SUBMISSION CRITERIA ONE

Data Completeness=**

$$\frac{\text{Performance Met (a}^1\text{=27 patients) + Performance Not Met (c}^1\text{=3 patients)}}{\text{Eligible Population / Denominator (d}^1\text{=40 patients)}} = \frac{30 \text{ patients}}{40 \text{ patients}} = 75.00\%$$

Performance Rate=**

$$\frac{\text{Performance Met (a}^1\text{=27 patients)}}{\text{Data Completeness Numerator (30 patients)}} = \frac{27 \text{ patients}}{30 \text{ patients}} = 90.00\%$$

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

**For accountability reporting in the CMS MIPS programs please refer to the *Instruction* section of the measure specification.

NOTE: Submission Frequency: Patient-Periodic

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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.

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Submission Criteria Two



SAMPLE CALCULATIONS: SUBMISSION CRITERIA TWO

Data Completeness=**

$$\frac{\text{Performance Met (a}^2\text{=15 patients) + Performance Not Met (c}^2\text{=5 patients)}}{\text{Eligible Population / Denominator (d}^2\text{=27 patients)}} = \frac{20 \text{ patients}}{27 \text{ patients}} = 74.07\%$$

Performance Rate=**

$$\frac{\text{Performance Met (a}^2\text{=15 patients)}}{\text{Data Completeness Numerator (20 patients) + Not Eligible (13 patients)}} = \frac{15 \text{ patients}}{33 \text{ patients}} = 45.45\%$$

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

** For accountability reporting in the CMS MIPS programs please refer to the *Instruction* section of the measure specification.

NOTE: Submission Frequency: Patient-Periodic

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**2024 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.

Multiple Performance Rates

Submission Criteria One:

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 *Telehealth Modifier as listed in Denominator**.
5. Check *Telehealth Modifier as listed in Denominator**:
 - a. If *Telehealth Modifier as listed in Denominator** equals Yes, do not include in *Eligible Population/Denominator*. Stop processing.
 - b. If *Telehealth Modifier as listed in Denominator** equals No, proceed to check *Baseline mRS greater than 2*.
6. Check *Baseline mRS greater than 2*:
 - a. If *Baseline mRS greater than 2* equals Yes, do not include in *Eligible Population/Denominator*. Stop processing.
 - b. If *Baseline mRS greater than 2* equals No, include in *Eligible Population/Denominator*.
7. Denominator Population:
 - Denominator population is all Eligible Patients in the Denominator. Denominator is represented as Denominator in the Sample Calculation listed at the end of this document. Letter d¹ equals 40 patients in the Sample Calculation.
8. Start Numerator
9. Check *Clinical follow-up and mRS score assessed at 90 days following endovascular stroke intervention*:
 - a. If *Clinical follow-up and mRS score assessed at 90 days following endovascular stroke intervention* 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 a¹ equals 27 patients in the Sample Calculation.
- b. If *Clinical follow-up and mRS score assessed at 90 days following endovascular stroke intervention* equals No, proceed to check *Clinical follow-up and mRS score not assessed at 90 days following endovascular stroke intervention*.
10. Check *Clinical follow-up and mRS score not assessed at 90 days following endovascular stroke intervention*:
 - a. If *Clinical follow-up and mRS score not assessed at 90 days following endovascular stroke intervention* 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 c¹ equals 3 patients in the Sample Calculation.
 - b. If *Clinical follow-up and mRS score not assessed at 90 days following endovascular stroke intervention* equals No, proceed to check *Data Completeness Not Met*.
 11. Check *Data Completeness Not Met*:
 - If *Data Completeness Not Met*, the Quality Data Code or equivalent was not submitted. 10 patients have been subtracted from the Data Completeness Numerator in the Sample Calculation.

Sample Calculations: Submission Criteria One

Data Completeness** equals Performance Met (a¹ equals 27 patients) plus Performance Not Met (c¹ equals 3 patients) divided by Eligible Population / Denominator (d¹ equals 40 patients). All equals 30 patients divided by 40 patients. All equals 75.00 percent.

Performance Rate** equals Performance Met (a¹ equals 27 patients) divided by Data Completeness Numerator (30 patients). All equals 27 patients divided by 30 patients. All equals 90.00 percent.

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

** For accountability reporting in the CMS MIPS programs please refer to the *Instruction* section of the measure specification.

NOTE: Submission Frequency: Patient-Periodic

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Submission Criteria Two:

1. Start with Denominator
2. Check *Minimum Process of Care Threshold Required: At least 90 percent of all eligible patients had an mRS score assessed at 90 days following endovascular stroke intervention*:
 - a. If *Minimum Process of Care Threshold Required: At least 90 percent of all eligible patients had an mRS score assessed at 90 days following endovascular stroke intervention* equals Yes, proceed to check *All patients, regardless of age*.

- b. If *Minimum Process of Care Threshold Required: At least 90 percent of all eligible patients had an mRS score assessed at 90 days following endovascular stroke intervention* equals No, STOP, Eligible clinician not eligible to submit performance for Submission Criteria 2 (13 patients).
3. Check *All patients, regardless of age*.
4. Check *All eligible instances when Performance Met in the numerator of Submission Criteria 1*.
5. 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**.
6. 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 *Telehealth Modifier as listed in Denominator**.
7. Check *Telehealth Modifier as listed in Denominator**:
 - a. If *Telehealth Modifier as listed in Denominator** equals Yes, do not include in *Eligible Population/Denominator*. Stop processing.
 - b. If *Telehealth Modifier as listed in Denominator** equals No, include in *Eligible Population/Denominator*.
8. Denominator Population:
 - Denominator population is all Eligible Patients in the Denominator. Denominator is represented as Denominator in the Sample Calculation listed at the end of this document. Letter d² equals 27 patients in the Sample Calculation.
9. Start Numerator
10. 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 a² equals 15 patients in the Sample Calculation.
 - b. If *Patients with 90 day mRS score of 0 to 2* equals No, proceed to check *Patients with 90 day mRS score greater than 2*.
11. Check *Patients with 90 day mRS score greater than 2*:
 - a. If *Patients 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 c² equals 5 patients in the Sample Calculation.
- b. If *Patients with 90 day mRS score greater than 2* 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. 7 patients have been subtracted from the Data Completeness Numerator in the Sample Calculation.

Sample Calculations: Submission Criteria Two

Data Completeness** equals Performance Met (a² equals 15 patients) plus Performance Not Met (c² equals 5 patients) divided by Eligible Population / Denominator (d² equals 27 patients). All equals 20 patients divided by 27 patients. All equals 74.07 percent.

Performance Rate** equals Performance Met (a² equals 15 patients) divided by Data Completeness Numerator (20 patients) plus Not Eligible (13 patients). All equals 15 patients divided by 33 patients. All equals 45.45 percent.

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

** For accountability reporting in the CMS MIPS programs please refer to the *Instruction* section of the measure specification.

NOTE: Submission Frequency: Patient-Periodic

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.