

<b>COMMENTS</b>	-Affix label here-
	Member ID: _____ - _____ - ____
<i>To be completed by Physician Adjudicator:</i>	
Date Completed:     _ _ - _ _ - _ _  (M/D/Y)	Central Case No.:    _ _ _ _ _ _ _ _ _ _
Adjudicator Code:   _ _ - _ _ _ _	Case Copy No.:    _ _

Yes    No  
<sub>1</sub>   <sub>0</sub>

1. **Stroke:** Rapid onset of a persistent neurologic deficit attributable to an obstruction or rupture of the arterial system (including stroke occurring during **or resulting from** a procedure).\* Deficit is not known to be secondary to brain trauma, tumor, infection, or other cause. Deficit must last more than 24 hours, unless death supervenes or there is a demonstrable lesion compatible with acute stroke on CT or MRI scan.

\*A stroke is defined as procedure-related if it occurs within 24 hours after any procedure or within 30 days after a cardioversion or invasive cardiovascular procedure, or cerebrovascular procedure (e.g., any surgical intervention, heart catheterization, open heart surgery, PFO closure, pacemaker insertion, CEA, carotid stent).

1.1. Date of Admission or diagnosis:    |\_|\_| - |\_|\_| - |\_|\_| (M/D/Y)

1.2. Diagnosis: **(Mark the one category that applies best.)**

**Hemorrhagic Stroke**

- <sub>1</sub> Subarachnoid hemorrhage
- <sub>2</sub> Intraparenchymal hemorrhage
- <sub>3</sub> Other or unspecified intracranial hemorrhage (e.g., isolated intraventricular hemorrhage)

**Ischemic Stroke (If selected, complete questions 1.5 – Oxfordshire and 1.6 - TOAST Classification on the next page.)**

- <sub>4</sub> Occlusion of cerebral or pre-cerebral arteries with infarction (cerebral thrombosis, cerebral embolism, lacunar infarction)

**Other**

- <sub>5</sub> Acute, but ill-defined, cerebrovascular disease (select this option only if unable to code as hemorrhagic or ischemic)

1.3. Stroke occurred during or resulted from a procedure (defined above\*). **(Mark one.)**

- <sub>0</sub> No
- <sub>1</sub> Yes
- <sub>9</sub> Unknown

1.4. Was the stroke diagnosed or managed as an outpatient?\*

- <sub>0</sub> No
- <sub>1</sub> Yes

\*The outpatient setting includes any emergency department or observation unit, short hospital stays of less than 24 hours duration or a direct admission to a rehab facility without an associated admission to an acute care hospital.

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1.5. Oxfordshire Classification **(Mark the one category that applies best.)**

- 1 Total anterior circulation infarct (TACI)
- 2 Partial anterior circulation infarct (PACI)
- 3 Lacunar infarction (LACI)
- 4 Posterior circulation infarct (POCI)

1.6. Trial of Org 10172 in Acute Stroke Treatment (TOAST) Classification **(Mark the one category that applies best.)**

**Large artery atherosclerosis follow-up question:**

**Mark all that apply.**

- Intracranial atherosclerosis
- Extracranial atherosclerosis

	Probable	Possible
Large artery atherosclerosis (embolus/thrombosis)	<input type="checkbox"/> 1	<input type="checkbox"/> 5
Cardioembolism (high-risk/medium risk)	<input type="checkbox"/> 2	<input type="checkbox"/> 6
Small vessel occlusion (lacune)	<input type="checkbox"/> 3	<input type="checkbox"/> 7
Stroke of other determined etiology	<input type="checkbox"/> 4	<input type="checkbox"/> 10
Stroke of undetermined etiology		
Two or more causes identified	<input type="checkbox"/> 11	
Negative evaluation	<input type="checkbox"/> 12	
Incomplete evaluation	<input type="checkbox"/> 13	

**Cardioembolic follow-up question:**

Was the only reason for coding cardioembolic based on either mitral valve prolapse or mitral valve calcification?

Yes  No  (9/30/11 edit)

1.7 Stroke diagnosis based on: **(Mark the one category that applies best.)**

- 1 Rapid onset of neurological deficit and imaging shows acute focal brain lesion consistent with neurological deficit and without evidence of blood (except mottled cerebral pattern)
- 2 Rapid onset of localizing neurological deficit with duration  $\geq 24$  hours but imaging studies are not available
- 3 Rapid onset of neurological deficit with duration  $\geq 24$  hours and the only available imaging was done early and shows no acute lesion consistent with the neurologic deficit
- 4 Surgical evidence of ischemic infarction of brain
- 5 Imaging findings of blood in subarachnoid space, intra-parenchymal, or intraventricular hemorrhage consistent with neurological signs or symptoms
- 7 Surgical evidence of subarachnoid or intra-parenchymal hemorrhage as the cause of a clinical syndrome consistent with stroke
- 8 None of the above (e.g., fatal strokes where no imaging studies or clinical evidence are available; or imaging does not show lesion consistent with the neurologic deficit)

1.8. If stroke fatal: **(Mark all that apply.)**

- <sub>1</sub> Hospitalized stroke within 28 days of death
- <sub>2</sub> Previous stroke and no known potentially lethal non-cerebrovascular disease process
- <sub>3</sub> Stroke diagnosed as cause of death at post-mortem examination
- <sub>4</sub> Stroke listed as underlying cause of death on death certificate

1.9 Participant's functional status at the time of discharge\* (Glasgow Outcome Scale):  
**(Mark the one category that applies best.)**

\*Participant may be discharged from the Emergency Department, hospital, or physician's office, home, or chronic facility.

- <sub>1</sub> Good recovery – Patient can lead a full and independent life with or without minimal neurological deficit
- <sub>2</sub> Moderately disabled – Patient has neurological or intellectual impairment but is independent
- <sub>3</sub> Severely disabled – Patient conscious but dependent on others to get through daily activities
- <sub>4</sub> Vegetative survival – Has no obvious cortical functioning
- <sub>5</sub> Dead
- <sub>6</sub> Unable to categorize stroke based on available case packet documentation (for limited use only when adjudicator is unable to categorize above).

**Yes**    **No**    **2. Transient ischemic attack:** One or more episodes of a focal neurologic deficit lasting more than 30 seconds and no longer than 24 hours. Rapid evolution of the symptoms to the maximal deficit in less than 5 minutes, with subsequent complete resolution. No head trauma occurring immediately before the onset of the neurological event.

<sub>1</sub>    <sub>0</sub>

2.1. Date of Admission or diagnosis:     -  -  (M/D/Y)

**Yes**    **No**    **3. Carotid artery disease requiring and/or occurring during hospitalization.** Disease (atherosclerotic or dissection) must be **symptomatic and/or requiring intervention** (i.e., vascular or surgical procedure).

<sub>1</sub>    <sub>0</sub>

3.1. Date of Admission:     -  -  (M/D/Y)

3.2. Diagnosis: **(Mark one.)**

- <sub>1</sub> Carotid artery occlusion and stenosis without documentation of cerebral infarction
- <sub>2</sub> Carotid artery occlusion and stenosis with written documentation of cerebral infarction

3.3. **Carotid artery disease based on** (Hospitalization plus one or more of the following):  
**(Mark all that apply.)**

- <sub>1</sub> Symptomatic disease with carotid artery disease listed on the hospital discharge summary
- <sub>2</sub> Symptomatic disease with abnormal findings ( $\geq 50\%$  stenosis) on carotid angiogram, MRA, CTA, or Doppler flow study
- <sub>3</sub> Vascular or surgical procedure to improve flow to the ipsilateral brain

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Responsible Adjudicator Signature