

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

- Yes** **No** 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.

☐₁ ☐₀

*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

- ☐₁ Subarachnoid hemorrhage
☐₂ Intraparenchymal hemorrhage
☐₃ 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.)*

- ☐₄ Occlusion of cerebral or pre-cerebral arteries with infarction (cerebral thrombosis, cerebral embolism, lacunar infarction)

Other

- ☐₅ 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.)**

- ☐₀ No
☐₁ Yes
☐₉ Unknown

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

- ☐₀ No
☐₁ 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.

RV _____ K _____ V _____

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	Cardioembolic follow-up question: Was the <u>only</u> reason for coding cardioembolic based on either mitral valve prolapse or mitral valve calcification? Yes <input type="checkbox"/> No <input type="checkbox"/> (9/30/11 edit)	
Two or more causes identified		
Negative evaluation		
Incomplete evaluation		

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 ≥ 24 hours but imaging studies are not available
- ☐ 3 Rapid onset of neurological deficit with duration ≥ 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.)**

- ☐₁ Hospitalized stroke within 28 days of death
- ☐₂ Previous stroke and no known potentially lethal non-cerebrovascular disease process
- ☐₃ Stroke diagnosed as cause of death at post-mortem examination
- ☐₄ 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.

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

Yes ☐₁ No ☐₀

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

Yes ☐₁ No ☐₀

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).3.1. Date of Admission: - - (M/D/Y)3.2. Diagnosis: **(Mark one.)**

- ☐₁ Carotid artery occlusion and stenosis without documentation of cerebral infarction
- ☐₂ 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.)**

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

Responsible Adjudicator Signature