

COMMENTS	-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 ₁ No ₀

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.

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.)**

	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 CT or MRI scan 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 CT or MRI scan was done early and shows no acute lesion consistent with the neurologic deficit
- 4 Surgical evidence of ischemic infarction of brain
- 5 CT or MRI findings of blood in subarachnoid space, intra-parenchymal, or intraventricular hemorrhage consistent with neurological signs or symptoms
- 6 Positive lumbar puncture (for subarachnoid hemorrhage)
- 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 CT/MRI 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.

- 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 **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.

₁ ₀

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

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

₁ ₀

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, or Doppler flow study
- ₃ Vascular or surgical procedure to improve flow to the ipsilateral brain

Responsible Adjudicator Signature