***Measure #34: Stroke and Stroke Rehabilitation: Tissue Plasminogen Activator (t-PA) Considered**

DESCRIPTION:
Percentage of patients aged 18 years and older with a diagnosis of ischemic stroke whose time from symptom onset to arrival is less than 3 hours who were considered for t-PA administration

INSTRUCTIONS:
This measure is to be reported during each hospital stay for all patients under active treatment for ischemic stroke during the reporting period. Part B claims data will be analyzed to determine a hospital stay. If multiple qualifying diagnoses are submitted on the same claim form, only one instance of reporting will be counted. It is anticipated that clinicians who care for patients with a diagnosis of ischemic stroke in the hospital setting will submit this measure.

This measure is reported using CPT Category II codes:
ICD 9 diagnosis codes, CPT E/M service codes, and patient demographics (age, gender, etc.) are used to identify patients who are included in the measure's denominator. CPT Category II codes are used to report the numerator of the measure.

When reporting the measure, submit the listed ICD-9 diagnosis codes, CPT E/M service codes, and the appropriate CPT Category II code(s) **OR** the CPT Category II code(s) **with** the modifier. The reporting modifier allowed for this measure is: 8P- reasons not otherwise specified. There are no allowable performance exclusions for this measure.

NUMERATOR:
Patients who were considered for t-PA administration (given t-PA or documented reasons for patient not being a candidate for therapy)

> **Definition:** For purposes of this measure, patients "considered for t-PA administration" includes patients to whom t-PA was given or patients for whom reasons for not being a candidate for t-PA therapy are documented.
>
> *NUMERATOR NOTE: The correct combination of numerator code(s) must be reported on the claim form in order to properly report this measure. The "correct combination" of codes may require the submission of multiple numerator codes.*
>
> **Numerator Coding:**
> **t-PA Administration or Consideration Documented**
> *(Two CPT II codes [4077F & 1065F] are required on the claim form to submit this category)*
>
> **CPT II 4077F:** Documentation that tissue plasminogen activator (t-PA) administration was considered
> **AND**
> **CPT II 1065F:** Ischemic stroke symptom onset of less than 3 hours prior to arrival

OR

If patient is not eligible for this measure because ischemic stroke symptom onset ≥ 3 hours prior to arrival at hospital, report:
(One CPT II code [1066F] is required on the claim form to submit this category)

CPT II 1066F: Ischemic stroke symptom onset greater than or equal to 3 hours prior to arrival

OR

t-PA Administration or Consideration not Documented, Reason not Specified
(Two CPT II codes [4077F-8P & 1065F] are required on the claim form to submit this category)

Append a reporting modifier (**8P**) to CPT Category II code **4077F** to report circumstances when the action described in the numerator is not performed and the reason is not otherwise specified.

- **4077F** ***with*** **8P:** Tissue plasminogen activator (t-PA) administration was not considered, reason not otherwise specified

AND
CPT II 1065F: Ischemic stroke symptom onset of less than 3 hours prior to arrival

DENOMINATOR:
All patients aged 18 years and older with the diagnosis of ischemic stroke whose time from symptom onset to arrival is less than 3 hours

Denominator Coding:
An ICD-9 diagnosis code for ischemic stroke and a CPT E/M service code are required to identify patients for denominator inclusion.
ICD-9 diagnosis codes: 433.01, 433.11, 433.21, 433.31, 433.81, 433.91, 434.01, 434.11, 434.91
AND
CPT E/M service codes: 99221, 99222, 99223, 99251, 99252, 99253, 99254, 99255, 99291

RATIONALE:
Patients who arrive at the hospital within 3 hours of stroke symptom onset should be considered for t-PA therapy.

CLINICAL RECOMMENDATION STATEMENTS:
We recommend administration of IV tPA in a dose of 0.9 mg/kg (maximum of 90 mg), with 10% of the total dose given as an initial bolus and the remainder infused over 60 minutes for eligible patients, provided that treatment is initiated within 3 hours of clearly defined symptom onset. We recommend strict adherence to eligibility criteria for the use of IV tPA based on the NINDS trial protocol. (Inclusion Criteria: Age ≥ 18 years, clinical diagnosis of stroke with a clinically meaningful neurologic deficit, clearly defined time of onset of < 180 minutes before treatment, and a baseline CT showing no evidence of intracranial hemorrhage. (Albers, ACCP, 2001) (Grade 1A)

Intravenous rtPA (0.9 mg/kg, maximum dose 90 mg) is strongly recommended for carefully selected patients who can be treated within 3 hours of onset of ischemic stroke. (Adams, ASA, 2003) (Grade A)