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From: Hospital Inpatient Value, Incentives, and Quality Reporting Outreach and Education Support Contractor
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To: HIQR Improve
Subject: **CMS Encourages the Collection of the NIH Stroke Scale in ICD-10-CM Codes to Ensure Successful Implementation of Revised Stroke Mortality Measure**

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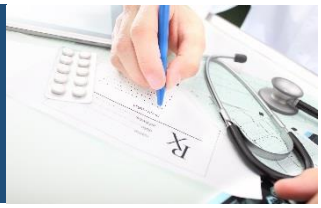

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CMS Encourages the Collection of NIH Stroke Scale in ICD-10-CM Codes to Ensure Successful Implementation of Revised Stroke Mortality Measure

The Centers for Medicare & Medicaid Services (CMS) adopted changes to the 30-day stroke mortality measure. The revised measure incorporates the National Institutes of Health (NIH) Stroke Scale in the risk adjustment model for fiscal year (FY) 2023 payment determination using claims data from July 2018 to June 2021 (for more details, see FY 2018 IPPS final rule). The enhanced stroke measure will be included in the Hospital Inpatient Quality Reporting (IQR) Program. Prior to the full implementation of the enhanced 30-day stroke mortality measure, CMS plans to conduct a dry run in calendar year (CY) 2021 using claims data from October 2017 to June 2020.

The NIH Stroke Scale is a 15-item neurologic examination used to provide a quantitative measure of stroke-related neurologic deficit. The NIH Stroke Scale evaluates the effect of acute ischemic stroke on a patient's level of consciousness, language, neglect, visual-field loss, extra-ocular movement, motor strength, ataxia, dysarthria, and sensory loss.

The adopted changes to the 30-day stroke mortality measure come in response to requests from stakeholders and clinicians to include an assessment of stroke severity in the risk adjustment methodology[1]. Benefits of incorporating the NIH Stroke Scale into the risk-adjustment model include aligning more completely with clinical guidelines, improving the discrimination of the stroke mortality measure through more rigorous risk adjustment, and improving face validity of the measure while still maintaining a low burden for hospitals.

To capture the NIH Stroke Scale in claims, 43 new International Classification of Diseases, 10th Revision, Clinical Modification (ICD-10-CM) codes were introduced in October 2016. NIH Stroke Scale scores range from 0 to 42, with higher values indicating more severe strokes (0 indicating no stroke symptoms, 1-4 minor stroke, 5-15 moderate stroke, 16-20 moderate to severe stroke, and 21-42 severe stroke).

Hospitals should report the initial NIH Stroke Scale score documented. If multiple scores are reported, hospitals should associate a Present on Admission (POA) code of "Yes" to coincide

with the initial assessment. Additional information on how to report the NIH Stroke Scale in claims is available in the ICD-10-CM Official Guidelines for Coding and Reporting FY 2017.

Several other resources on the NIH Stroke Scale are available on QualityNet.org:

- The NIH Stroke Scale fact sheet outlines changes to the revised stroke measure and provides information on the NIH Stroke Scale.
- The 2018 Annual Updates and Specifications Report provides a high-level overview on the revised stroke mortality measure and the NIH Stroke Scale.
- The stroke mortality hospital-specific reports (HSRs) and the HSR's User Guide (HUG) include information on how each hospital reports the NIH Stroke Scale for its stroke patients.

If you have any questions about the NIH Stroke Scale or the revised stroke mortality measure, please email the mortality measure email inbox at CMSmortalitymeasures@yale.edu.

References

1. Schwartz J, Wang Y, Qin L, et al. Hospital 30-Day, All-Cause, Risk-Standardized Mortality Rate (RSMR) Following Acute Ischemic Stroke Hospitalization with Claims-Based Risk Adjustment for Stroke Severity Technical Report – Version 1.0. 2016; https://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/HospitalQualityInits/Measure-Methodology.html. Accessed January 23, 2018.