

**TSE Registry – Stroke Inclusion Criteria**  
**Effective January 1, 2023**

As part of requirements from the Idaho Department of Health and Welfare, the TSE Registry collects data on two types of stroke or acute stroke care-related events:

1. Data on patients diagnosed with a stroke as described below in the “Stroke Patients Treated in an Idaho Acute Care Facility” box;
  - a. These cases are included in data characterizing stroke burden in Idaho, and in TSE Metrics that characterize stroke care in Idaho.
2. Data on patients treated for acute stroke based on clinical presentation that ultimately received another diagnosis, i.e., “stroke mimics”, as described below in the “Stroke Mimic Patients Treated in an Idaho Acute Care Facility” box.
  - a. These cases are ONLY included in TSE Metrics that characterize stroke care in Idaho.

Stroke Patients Treated in an Idaho Acute Care Facility	
Patient has a final discharge diagnosis of at least one of the following stroke diagnosis codes:***	ICD-10-CM
Nontraumatic subarachnoid hemorrhage (SAH)	I60.00–I60.9
Nontraumatic intracerebral hemorrhage	I61.0–I61.9
Nontraumatic intracranial hemorrhage, unspecified	I62.9
Cerebral infarction	I63.00–I63.9
And	
	Was admitted to your facility (includes patients transferred in by ground or air ambulance)
OR	Died
OR	Was transferred out by ground or air ambulance

Stroke Mimic Patients Treated in an Idaho Acute Care Facility	
The patient has received thrombolytics as part of treatment for a presumed acute stroke based on clinical presentation of stroke-like neurologic deficits. However, upon additional diagnostics, clinical findings, discovery of additional medical history unknown at time of treatment, or because the patient has received thrombolytics aborting the stroke/prevented infarction of cerebral tissue, none of the above qualifying stroke ICD-10-CM codes are assigned to the patient.	
And	
Patient medical record documents receipt of thrombolytics. Below we have listed some of the primary thrombolytics codes, but this list may not be exhaustive. <b>Please consult with your medical coders to identify thrombolytics and/or “stroke mimic” codes that are most appropriate for your facility.</b>	
	CPT Code
Alteplase recombinant (tPA)	J2997
Tenecteplase injection	J3101
	ICD-10-PCS
Introduction of Other Thrombolytic into Peripheral Vein, Open Approach	3E03017
Introduction of Other Thrombolytic into Peripheral Vein, Percutaneous Approach	3E03317
Introduction of Other Thrombolytic into Central Vein, Open Approach	3E04017

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Introduction of Other Thrombolytic into Central Vein, Percutaneous Approach	3E04317
Introduction of Other Thrombolytic into Peripheral Artery, Open Approach	3E05017
Introduction of Other Thrombolytic into Peripheral Artery, Percutaneous Approach	3E05317
Introduction of Other Thrombolytic into Central Artery, Open Approach	3E06017
Introduction of Other Thrombolytic into Central Artery, Percutaneous Approach	3E06317
Introduction of Other Thrombolytic into Coronary Artery, Open Approach	3E07017
Introduction of Other Thrombolytic into Coronary Artery, Percutaneous Approach	3E07317
Introduction of Other Thrombolytic into Heart, Open Approach	3E08017
Introduction of Other Thrombolytic into Heart, Percutaneous Approach	3E08317
	<b>ICD-10-CM</b>
Status post administration of tPA (rtPA) in a different facility within the last 24 hours prior to admission to current facility	Z92.82
<b>And</b>	
	Was admitted to your facility (includes patients transferred in by ground or air ambulance)
OR	Died
OR	Was transferred out by ground or air ambulance

**\*\*\* Patients who meet inclusion criteria and require acute stroke treatment/therapy but for whom stroke is not their primary reason for admission/acute care, i.e., non-reportable stroke primary diagnosis code with secondary reportable stroke diagnosis code(s), are reportable to the TSE Registry.**

**As of 8/27/2021, admissions with the following ICD-10-CM codes are no longer reportable:**

<b>Nontraumatic subdural hemorrhage***</b>	<b>I62.00 - I62.03</b>
<b>Nontraumatic extradural hemorrhage***</b>	<b>I62.1</b>
<b>Traumatic subarachnoid hemorrhage</b>	<b>S06.6X0A</b>
<b>Traumatic intracranial hemorrhage</b>	<b>S06.360A</b>

**However, we recommend that these codes be included in database/medical record queries for the purposes of case finding.** Review any cases that are coded as I62.XX or I62.1 to make sure these are not actually reportable strokes that have been miscoded. Facilities may enter encounters with the following ICD-10-CM codes into the state stroke database if desired, but they are not reportable.

<b>Non-STROKE diagnosis code descriptions reported by some facilities (Optional)</b>	<b>ICD-10</b>
Transient cerebral ischemic attack, unspecified (TIA)	G45.9
Patients who are admitted for other clinical conditions and subsequently develop a stroke during their hospitalization are not reportable to the TSE Registry. You may, however, enter and track these patients in ImageTrend if your facility wishes to do so.	In-house strokes, any ICD-10-CM