

Provider Led Entity

CDI Quality Institute AUC Questions:

CVA

05/23/2018

Patient/Problem: Appropriateness of advanced imaging procedures in patients with the following clinical presentations or diagnoses:

- Physical findings or radiographic signs suggestive of carotid artery stenosis in an otherwise asymptomatic patient
- Suspected TIA (including crescendo TIAs)
- Suspected acute stroke within the interventional window for TPA or mechanical thrombectomy
- Suspected stroke outside the interventional window in patients with a new or progressive neurological deficit
- Established stroke outside the interventional window requiring further evaluation to determine the etiology
- Follow up of suspected or confirmed stroke after initial therapy
- Suspected cerebral venous sinus thrombosis
- Suspected central nervous system vasculitis presenting with stroke

For patients > 18 years of age, in a community outpatient setting, and for the purposes of diagnosis.

Interventions:

Advanced testing (MRI w/o contrast, MRI w/ contrast, MRI w/ & w/o contrast, MR angiography, MR venography, MR perfusion, CT without IV contrast, CT with IV contrast, CT angiography, CT venography, CT perfusion, Nuclear medicine w/ or w/o SPECT, PET, or PET/CT)

Comparison: Gold standard (MRI showing restricted diffusion, conventional angiographic findings and/or patient outcome)

Outcome: Diagnostic yield, Diagnostic accuracy, positive predictive value, effect on patient management, surgical rate and/or patient outcomes

Exclusions:

- Blunt or penetrating trauma
- Detection or follow-up of isolated intracranial aneurysms not associated with infection or inflammation
- Detection or follow-up of cerebrovascular malformations
- Suspected or known subarachnoid hemorrhage (thunderclap headache)
- MR arterial spin labelling