

CHAPTER 146
STROKE CARE REPORTING

Chapter rescission date pursuant to Iowa Code section 17A.7: 6/1/30

641—146.1(135) Definitions.

“*Comprehensive stroke center*” means a hospital certified as a comprehensive stroke center by a nationally recognized certifying body with certification criteria consistent with the most current nationally recognized, evidence-based stroke guidelines related to reducing the occurrence of and disabilities and death associated with stroke.

“*Primary stroke center*” means a hospital certified as a primary stroke center by a nationally recognized certifying body with certification criteria consistent with the most current nationally recognized, evidence-based stroke guidelines related to reducing the occurrence of and disabilities and death associated with stroke.

“*Stroke*” means a clinical diagnosis of acute stroke or principal International Classification of Disease, 10th Revision, Clinical Modification (ICD-10-CM) discharge code of “stroke,” or “transient ischemic attack,” or “cerebral infarction,” or “cerebral hemorrhage.”

“*Stroke care*” means care provided to individuals with confirmed cases of stroke.

[ARC 9084C, IAB 4/2/25, effective 6/1/25]

641—146.2(135) Stroke care reporting.

146.2(1) *Iowa statewide stroke database.* The department designates the Get with the Guidelines stroke module of the American Heart Association/American Stroke Association as the Iowa stroke database established in Iowa Code section 135.191.

146.2(2) *Who is required to report.* All nationally certified comprehensive stroke centers and all nationally certified primary stroke centers operating in the state of Iowa are required to report stroke data. Nationally certified acute stroke-ready hospitals and emergency medical services operating in the state of Iowa are encouraged to report stroke care data.

146.2(3) *What is to be reported.* Reportable data are those data identified by a clinical diagnosis of acute stroke or by the following ICD-10 coding:

ICD-10-CM Code	Short Description
I60.00 - I60.9	Nontraumatic subarachnoid hemorrhage
I61.0 - I61.9	Nontraumatic intracerebral hemorrhage
I63.00 - I63.9	Cerebral infarction (occlusion and stenosis of cerebral and precerebral arteries, resulting in cerebral infarction)
G45.0 - G45.2	TIA and related syndromes
G45.8 - G45.9	TIA and related syndromes
O99.411 - O99.43	Diseases of the circulatory system complicating pregnancy, childbirth and puerperium
G97.31 - G97.32	Intraoperative hemorrhage and hematoma of a nervous system organ or structure complicating a procedure
G97.51 - G97.52	Postprocedural hemorrhage and hematoma of a nervous system organ or structure following a procedure
I97.810 - I97.821	Intraoperative and postoperative cerebrovascular infarction

[ARC 9084C, IAB 4/2/25, effective 6/1/25]

641—146.3(135) Method and frequency of reporting.

146.3(1) Stroke centers shall report the required stroke care information for any reportable stroke case no later than 120 days after the patient was discharged, transferred to another hospital, or pronounced dead.

146.3(2) Reports shall meet the data quality, format, and timeliness standards prescribed by the Iowa statewide stroke database.

[ARC 9084C, IAB 4/2/25, effective 6/1/25]

641—146.4(135) Confidentiality. The Iowa statewide stroke database will comply with federal and state law and other health information and data collection, storage, and sharing requirements of the department.
[ARC 9084C, IAB 4/2/25, effective 6/1/25]

641—146.5(135) Penalties and enforcement. If a stroke center reporting under this chapter does not comply with the reporting requirements, the department may request a review of the certification of the comprehensive or primary stroke center by the certifying entity.

[ARC 9084C, IAB 4/2/25, effective 6/1/25]

These rules are intended to implement Iowa Code section 135.191.

[Filed ARC 3748C (Notice ARC 3575C, IAB 1/17/18), IAB 4/11/18, effective 5/16/18]

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