Measure #383 (NQF 1879): Adherence to Antipsychotic Medications For Individuals with Schizophrenia – National Quality Strategy Domain: Patient Safety

2016 PQRS OPTIONS FOR INDIVIDUAL MEASURES:
REGISTRY ONLY

DESCRIPTION:
Percentage of individuals at least 18 years of age as of the beginning of the measurement period with schizophrenia or schizoaffective disorder who had at least two prescriptions filled for any antipsychotic medication and who had a Proportion of Days Covered (PDC) of at least 0.8 for antipsychotic medications during the measurement period (12 consecutive months)

INSTRUCTIONS:
This measure is to be reported a minimum of once per reporting period for all patients with a diagnosis of schizophrenia or schizoaffective disorder seen during the reporting period. This measure may be reported by clinicians who perform the quality actions described in the measure for the primary management of patients with schizophrenia or schizoaffective disorder based on the services provided and the measure-specific denominator coding.

Measure Reporting via Registry:
ICD-10-CM diagnosis codes, CPT or HCPCS codes, Place of Service Indicator, and patient demographics are used to identify patients who are included in the measure’s denominator. The listed numerator options are used to report the numerator of the measure.

The quality-data codes listed do not need to be submitted for registry-based submissions; however, these codes may be submitted for those registries that utilize claims data.

DENOMINATOR:
Individuals at least 18 years of age as of the beginning of the measurement period with schizophrenia or schizoaffective disorder and at least two prescriptions filled for any antipsychotic medication

DENOMINATOR NOTE: The following are the oral antipsychotic medications by class for the denominator. The route of administration includes all oral formulations of the medications listed below.

TYPICAL ANTIPSYCHOTIC MEDICATIONS:
- chlorpromazine
- fluphenazine
- haloperidol
- loxapine
- molindone
- perphenazine
- perphenazine-amitriptyline
- pimozide
- prochlorperazine
- thioridazine
- thiothixene
- trifluoperazine
- aripiprazole
- asenapine
- clozapine
• olanzapine
• olanzapine-fluoxetine
• iloperidone
• lurasidone
• paliperidone
• quetiapine
• risperidone
• ziprasidone

**ATYPICAL ANTIPSYCHOTIC MEDICATIONS:**

**NOTE:** The following are the long-acting (depot) injectable antipsychotic medications by class for the denominator. The route of administration includes all injectable and intramuscular formulations of the medications listed below.

**TYPICAL ANTIPSYCHOTIC MEDICATIONS:**

• fluphenazine decanoate (J2680)
• haloperidol decanoate (J1631)

**ATYPICAL ANTIPSYCHOTIC MEDICATIONS:**

• olanzapine pamoate (J2358)
• paliperidone palmitate (J2426)
• risperidone microspheres (J2794)
• aripiprazole (J0401)

**NOTE:** Since the days’ supply variable is not reliable for long-acting injections in administrative data, the days’ supply is imputed as listed below for the long-acting (depot) injectable antipsychotic medications billed under Part D and Part B:

• fluphenazine decanoate (J2680) – 28 days’ supply
• haloperidol decanoate (J1631) – 28 days’ supply
• olanzapine pamoate (J2358) – 28 days’ supply
• paliperidone palmitate (J2426) – 28 days’ supply
• aripiprazole (J0401) – 28 days’ supply
• risperidone microspheres (J2794) – 14 days’ supply

**Denominator Criteria (Eligible Cases):**

Patients aged ≥ 18 years at the beginning of the measurement period

AND

**Diagnosis for schizophrenia or schizoaffective disorder (ICD-10-CM):** F20.0, F20.1, F20.2, F20.3, F20.5, F20.81, F20.9, F21, F25.0, F25.1, F25.8, F25.9

AND **NOT**

**Diagnosis for dementia (ICD-10-CM):** E75.00, E75.01, E75.02, E75.09, E75.10, E75.11, E75.19, E75.4, F01.50, F01.51, F02.80, F02.81, F03.90, F03.91, F05, F10.27, F13.27, F13.97, F18.17, F18.27, F18.97, F19.17, F19.27, F19.97, G30.0, G30.1, G30.8, G30.9, G31.09, G31.83

AND

At least two encounters* with a diagnosis of schizophrenia or schizoaffective disorder (see code set below) with different dates of service in an outpatient setting, emergency department setting, or non-acute inpatient setting during the measurement period
OR
At least one encounter* with a diagnosis of schizophrenia or schizoaffective disorder (see code set below) in an acute inpatient setting during the measurement period

AND
*Patient encounter during the reporting period determination
Outpatient Setting Option 1 (CPT or HCPCS): 98960, 98961, 98962, 99078, 99201, 99202, 99203, 99204, 99205, 99211, 99212, 99213, 99214, 99215, 99217, 99219, 99220, 99281, 99282, 99283, 99284, 99285, 99304, 99305, 99306, 99307, 99308, 99309, 99310, 99315, 99316, 99334, 99335, 99336, 99337, 99341, 99342, 99343, 99344, 99345, 99347, 99348, 99349, 99350, G0409

OR
Outpatient Setting Option 2 (CPT or HCPCS): 90791, 90792, 90832, 90833, 90834, 90836, 90837, 90838, 90839, 90840, 90845, 90847, 90849, 90853, 90867, 90868, 90869, 90870, 90880, 99221, 99222, 99223, 99231, 99232, 99233, 99238, 99239, 99291

WITH
Place of Service (POS): 03, 05, 07, 09, 11, 12, 13, 14, 15, 20, 22, 24, 26, 33, 49, 50, 52, 53, 71, 72

OR
Emergency Department Setting (CPT or HCPCS): 90791, 90792, 90832, 90833, 90834, 90836, 90837, 90838, 90839, 90840, 90845, 90847, 90849, 90853, 90867, 90868, 90869, 90870, 99291

WITH
Place of Service (POS): 23

OR
Non-Acute Inpatient Setting (CPT or HCPCS): 90791, 90792, 90832, 90833, 90834, 90836, 90837, 90838, 90839, 90840, 90845, 90847, 90849, 90853, 90867, 90868, 90869, 90870, 99291

WITH
Place of Service (POS): 31, 32, 56

OR
Acute Inpatient Setting (CPT or HCPCS): 90791, 90792, 90832, 90833, 90834, 90836, 90837, 90838, 90839, 90840, 90845, 90847, 90849, 90853, 90867, 90868, 90869, 90870, 99221, 99222, 99223, 99231, 99232, 99233, 99238, 99239, 99291

WITH
Place of Service (POS): 21, 51

NUMERATOR:
Individuals in the denominator who have a Proportion of Days Covered (PDC) of at least 0.8 for antipsychotic medications

**NUMERATOR NOTE:** The PDC is calculated as follows:

**PDC NUMERATOR:**
The PDC numerator is the sum of the days covered by the days’ supply of all antipsychotic prescriptions. The period covered by the PDC starts on the day the first prescription is filled (index date) and lasts through
the end of the measurement period, or death, whichever comes first. For prescriptions with a days’ supply that extends beyond the end of the measurement period, count only the days for which the drug was available to the individual during the measurement period. If there are prescriptions for the same drug (generic name) on the same date of service, keep the prescription with the largest days’ supply. If prescriptions for the same drug (generic name) overlap, then adjust the prescription start date to be the day after the previous fill has ended.

**PDC DENOMINATOR:**

The PDC denominator is the number of days from the first prescription date through the end of the measurement period, or death date, whichever comes first.

**Numerator Options:**

**Performance Met:** Individual had a PDC of 0.8 or greater (G9512)  
**OR**  
**Performance Not Met:** Individual did not have a PDC of 0.8 or greater (G9513)

**RATIONALE:**

A large body of evidence has shown that antipsychotic medications are effective in treating acute psychotic exacerbations of schizophrenia and in reducing the likelihood of relapse. The Schizophrenia Patient Outcomes Research Team (PORT) recommends that “persons who experience acute symptom relief with an antipsychotic medication should continue to receive this medication for at least 1 year” (Lehman & Steinwachs, 1998), and according to an American Psychiatric Association Clinical Practice Guideline, “antipsychotic medications substantially reduce the risk of relapse in the stable phase of illness and are strongly recommended” (Lehman et al., 2004). This measure will describe the degree of compliance or non-compliance with these recommendations. By providing information on the percentage of schizophrenic individuals with appropriate long-term use of antipsychotic medications, this measure has the potential to improve management of schizophrenia.

This measure relates to mental disorders that have been identified by AHRQ as a priority area for future effectiveness metrics (2009) and by the Institute of Medicine as a priority area (2003).

Approximately 1.1% of the adult American population has schizophrenia (Regier et al., 1993). Individuals suffering from schizophrenia have service utilization rates above 60% (Regier et al.), and the overall U.S. cost of schizophrenia has been estimated at $11.6 to $19.5 billion annually (Andrews et al., 1985). Antipsychotic medications have proven to be effective in treating this disease, and this measure will help to capture the extent of utilization of this treatment.

**CLINICAL RECOMMENDATION STATEMENTS:**

The 2009 PORT Schizophrenia Psychopharmacological Treatment Recommendations state the following about "Maintenance Antipsychotic Medication Treatment": “People with treatment-responsive, multi-episode schizophrenia who experience acute and sustained symptom relief with an antipsychotic medication should be offered continued antipsychotic treatment in order to maintain symptom relief and to reduce the risk of relapse or worsening of positive symptoms”. This recommendation is found on page 76 of the 2009 PORT Treatment Recommendations in the section entitled "Maintenance Pharmacotherapy in Treatment-Responsive People with Schizophrenia" (Buchanan et al., 2010).

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2016 Registry Individual Measure Flow
PQRS# 383  NQF# 1879: Adherence to Antipsychotic Medications for Individuals with Schizophrenia

Start

Denominator

Patient Age at Date of Service ≥ 18 Years

No

Diagnosis of Schizophrenia or Schizoaffective Disorder as Listed in Denominator

Yes

Diagnosis of Dementia as Listed in Denominator

No

Not Included in Eligible Population/Denominator

Yes

At Least Two Encounters with a Diagnosis as Referenced Above* in an Outpatient Setting, Emergency Department Setting, or Non-Acute Inpatient Setting during the Measurement Period

No

At Least One Encounter with a Diagnosis as Referenced Above* in an Acute Inpatient Setting during the Measurement Period

Yes

Not Included in Eligible Population/Denominator

No

Encounter (Outpatient Setting Option 1) as Listed in Denominator* (1/1/2016 thru 12/31/2016)

Encounter (Outpatient Setting Option 2) as Listed in Denominator* (1/1/2016 thru 12/31/2016)

Encounter (Emergency Department Setting) as Listed in Denominator* (1/1/2016 thru 12/31/2016)

Encounter (Non-Acute Inpatient Setting) as Listed in Denominator* (1/1/2016 thru 12/31/2016)

Encounter (Acute Inpatient Setting) as Listed in Denominator* (1/1/2016 thru 12/31/2016)

Yes

Include in Eligible Population/Denominator (8 patients)

No

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Numerator

Individual had a PDC of 0.8 or Greater

Yes

Reporting Met + Performance Met
G9512 or equivalent
(4 patients)  a

No

Individual did not have a PDC of 0.8 or Greater

Yes

Reporting Met + Performance Not Met
G9513 or equivalent
(3 patients)  c

No

Reporting Not Met
Quality-Data Code or equivalent not reported
(1 patient)

SAMPLE CALCULATIONS:

Reporting Rate=
Performance Met (a=4 patients) + Performance Not Met (c=3 patients) = 7 patients = 87.50%
Eligible Population / Denominator (d=8 patients) = 8 patients

Performance Rate=
Performance Met (a=4 patients) = 4 patients = 57.14%
Reporting Numerator (d=7 patients) = 7 patients

*See the posted Measure Specification for specific coding and instructions to report this measure.
NOTE: Reporting Frequency – Patient – Process
2016 Registry Individual Measure Flow
PQRS #383 NQF #1879: Adherence to Antipsychotic Medications for Individuals with Schizophrenia

Please refer to the specific section of the Measure Specification to identify the denominator and numerator information for use in reporting this Individual Measure.

1. Start with Denominator

2. Check Patient Age:
   a. If Patient Age is greater than or equal to 18 Years at the Beginning of the Measurement Year equals No, do not include in Eligible Population or Denominator. Stop Processing.
   b. If Patient Age is greater than or equal to 18 Years at the Beginning of the Measurement Year equals Yes, proceed to check Patient Diagnosis.

3. Check Patient Diagnosis:
   a. If Diagnosis of Schizophrenia or Schizoaffective Disorder as Listed in the Denominator equals No, do not include in Eligible Population or Denominator. Stop Processing.
   b. If Diagnosis of Schizophrenia or Schizoaffective Disorder as Listed in the Denominator equals Yes, proceed to check Patient Diagnosis.

4. Check Patient Diagnosis:
   a. If Diagnosis of Dementia equals Yes, do not include in Eligible Population or Denominator. Stop Processing.
   b. If Diagnosis of Dementia equals No, proceed to check Encounter Performed with Diagnosis.

5. Check At Least Two Encounters with Diagnosis:
   a. If At Least Two Encounters with a Diagnosis as Referenced Above with Different Dates of Service in an Outpatient Setting, Emergency Department Setting, or Non-Acute Inpatient Setting During the Measurement Period equals No, proceed to check Encounter Performed with Diagnosis.
   b. If At Least One Encounter with a Diagnosis as Referenced Above in an Acute Inpatient Setting During the Measurement Period with Diagnosis equals Yes, proceed to Encounter Setting.

6. Check At Least One Encounter with Diagnosis:
   a. If At Least One Encounter with a Diagnosis as Referenced Above in an Acute Inpatient Setting During the Measurement Period with Diagnosis equals No, do not include in Eligible Population or Denominator. Stop Processing.
   b. If Number of Encounters with Diagnosis equals Yes, proceed to Encounter Setting.

7. Check Encounter Setting:
   a. If Outpatient Setting Option 1 Encounter as Listed in the Denominator equals No, proceed to check Outpatient Setting Option 2.
   b. If Outpatient Setting Option 1 Encounter as Listed in the Denominator equals Yes, include in Eligible Population.
8. Check Encounter Setting:
   a. If Outpatient Setting Option 2 Encounter as Listed in the Denominator equals No, proceed to check Emergency Department Setting.
   b. If Outpatient Setting Option 2 Encounter as Listed in the Denominator equals Yes, include in Eligible Population.

9. Check Encounter Setting:
   a. If Emergency Department Setting Encounter as Listed in the Denominator equals No, proceed to check Non-Acute Inpatient Setting.
   b. If Emergency Department Setting Encounter as Listed in the Denominator equals Yes, include in Eligible Population.

10. Check Encounter Setting:
    a. If Non-Acute Inpatient Setting Encounter as Listed in the Denominator equals No, proceed to check Acute Inpatient Encounter.
    b. If Non-Acute Inpatient Setting Encounter as Listed in the Denominator equals Yes, include in Eligible Population.

11. Check Encounter Setting:
    a. If Acute Inpatient Setting Encounter as Listed in the Denominator equals No, do not include in Eligible Population or Denominator. Stop Processing.
    b. If Acute Inpatient Setting Encounter as Listed in the Denominator equals Yes, include in Eligible Population.

12. Eligible Population or Denominator:
    a. Eligible population or denominator is all eligible patients in the denominator. Denominator is represented as Denominator in the Sample Calculation listed at the end of this document. Letter d equals 8 patients in the sample calculation.

13. Start Numerator

14. Check Individual had a PDC of 0.8 or Greater:
    a. If Individual had a PDC of 0.8 or Greater equals Yes, include in Reporting Met and Performance Met.
    b. Reporting Met and Performance Met letter is represented in the Reporting Rate and Performance Rate in the Sample Calculation listed at the end of this document. Letter a equals 4 patients in Sample Calculation.
    c. If Individual had a PDC of 0.8 or Greater equals No, proceed to check Individual did not have a PDC of 0.8 or Greater.
15. Check Individual did not have a PDC of 0.8 or Greater:
   a. If Individual did not have a PDC of 0.8 or Greater equals Yes, include in Reporting Met and Performance Not Met.
   b. Reporting Met and Performance Not Met letter is represented in the Reporting Rate in the Sample Calculation listed at the end of this document. Letter c equals 3 patients in the Sample Calculation.
   c. If Individual did not have a PDC of 0.8 or Greater equals No, proceed to Reporting Not Met.

16. Check Reporting Not Met
   a. If Reporting Not Met, the Quality Data Code or equivalent was not reported. 1 patient has been subtracted from the reporting numerator in sample calculation.

<table>
<thead>
<tr>
<th>SAMPLE CALCULATIONS:</th>
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<tbody>
<tr>
<td><strong>Reporting Rate=</strong></td>
</tr>
<tr>
<td>Performance Met (a=4 patients) + Performance Not Met (c=3 patients) = 7 patients</td>
</tr>
<tr>
<td>Eligible Population / Denominator (d=8 patients) = 6 patients</td>
</tr>
<tr>
<td><strong>Performance Rate=</strong></td>
</tr>
<tr>
<td>Performance Met (a=4 patients) = 4 patients</td>
</tr>
<tr>
<td>Reporting Numerator (7 patients) = 7 patients</td>
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