Quality ID #268: Epilepsy: Counseling for Women of Childbearing Potential with Epilepsy  
– National Quality Strategy Domain: Effective Clinical Care  
– Meaningful Measure Area: Management of Chronic Conditions

**2019 COLLECTION TYPE:**
MIPS CLINICAL QUALITY MEASURES (CQMS)

**MEASURE TYPE:**
Process

**DESCRIPTION:**
All female patients of childbearing potential (12 - 44 years old) diagnosed with epilepsy who were counseled or referred for counseling for how epilepsy and its treatment may affect contraception OR pregnancy at least once a year

**INSTRUCTIONS:**
This measure is to be submitted a minimum of once per performance period for patients with a diagnosis of epilepsy during the performance period. This measure may be submitted by Merit-based Incentive Payment System (MIPS) eligible clinicians who perform the quality actions described in the measure based on the services provided and the measure-specific denominator coding.

**Measure Submission Type:**
Measure data may be submitted by individual MIPS eligible clinicians, groups, or third-party intermediaries. The listed denominator criteria are used to identify the intended patient population. The numerator options included in this specification are used to submit the quality actions as allowed by the measure. The quality-data codes listed do not need to be submitted by MIPS eligible clinicians, groups, or third-party intermediaries that utilize this modality for submissions; however, these codes may be submitted for those third-party intermediaries that utilize Medicare Part B claims data. For more information regarding Application Programming Interface (API), please refer to the Quality Payment Program (QPP) website.

**DENOMINATOR:**
All females of childbearing potential (12-44 years old) with a diagnosis of epilepsy

<table>
<thead>
<tr>
<th>Definition:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Unable to Bear Children – For the purposes of this measure, this includes patients who are pre-menstrual, post-menopausal, surgically sterile, or have reproductive organs absent.</td>
</tr>
</tbody>
</table>

**Denominator Criteria (Eligible Cases):**
All females age 12-44 years old  
AND  
AND  
Patient encounter during the performance period (CPT): 99201, 99202, 99203, 99204, 99205, 99211, 99212, 99213, 99214, 99215  
WITHOUT  
Telehealth Modifier: GQ, GT, 95, POS 02  
AND NOT  
DENOMINATOR EXCLUSION:  
Female Patients Unable to Bear Children: M1016

**NUMERATOR:**
Female patients or caregivers counseled at least once a year about how epilepsy and its treatment may affect contraception OR pregnancy

**Definition:**
Counseling – Should include a discussion about folic acid supplementation, contraception, potential anti-seizure medications effect(s) on pregnancy, safe pregnancies, and breastfeeding.

**Numerator Instructions:**
If patient has a diagnosis of neurodevelopmental disorder, encephalopathy, hydrocephalus, brain injury, cerebral palsy, severe cognitive impairment, or severe intellectual disability submit code 4340F with 1P.

**NUMERATOR NOTE:** Denominator Exception(s) are determined on the date of the denominator eligible encounter.

**Numerator Options:**

- **Performance Met:** Counseling for women of childbearing potential with epilepsy (4340F)

- **Denominator Exception:** Documentation of medical reason(s) why counseling was not performed for women of childbearing potential with epilepsy (4340F with 1P)

- **Performance Not Met:** Counseling about epilepsy specific safety issues provided to patient or caregiver was not performed, reason not otherwise specified (4340F with 8P)

**RATIONALE:**
Epilepsy is associated with reduced fertility, increased pregnancy risks, and risks for malformations in the infant. Treatment of seizures with anti-seizure medications may alter hormone levels, render oral contraceptives less effective and may interfere with embryonic and fetal development. Certain anti-seizure medications may have specific malformation risks. Folic acid supplementation, monotherapy for epilepsy, using lower doses of medication when possible, and proper obstetrical, prenatal and pre-pregnancy care all should be discussed with the patient so they understand the risks involved and how to mitigate these risks.

**CLINICAL RECOMMENDATION STATEMENTS:**

- If a woman with epilepsy is of childbearing potential and receives oral contraceptives in conjunction with an enzyme inducing AED (Antiepileptic Drug), THEN decreased effectiveness of oral contraception should be addressed. (higher doses of the oral contraceptive, alternative birth control methods, or change AED). (Level A 2++/Primary) Neurology 2007; 69: 2020-2027

- Patients with epilepsy should receive an annual review of information including topics such as: Contraception, family planning, and how pregnancy and menopause may affect seizures (evidence grade C) Neurology 2007; 69: 2020-2027

- Women with epilepsy (WWE) should be counseled that seizure freedom for at least 9 months prior to pregnancy is probably associated with a high rate (84%-92%) of remaining seizure-free during pregnancy. Neurology 2009; 73: 126-132

- Women with epilepsy who smoke should be counseled that they possibly have a substantially increased risk of premature contractions and premature labor and delivery during pregnancy. There is possibly a substantially increased risk of premature contractions and premature labor and delivery during pregnancy for WWE who smoke. (Level C) Neurology 2009; 73: 126-132
Counseling of WWE who are contemplating pregnancy should reflect that there is probably no increased risk of reduced cognition in the offspring of WWE not taking AEDs (Level B). Neurology 2009; 73: 142-149

To reduce the risk of MCMs, avoidance of the use of VPA during the first trimester of pregnancy, if possible, may be considered, compared to the use of PHT or LTG. [MCMs=major congenital malformations; VPA=valproate; PHT=phenytoin; LTG=lamotrigine] (Level C) Neurology 2009; 73: 142-149

In order to enable informed decisions and choice, and to reduce misunderstandings, women and girls with epilepsy and their partners, as appropriate, must be given accurate information and counseling about contraception, conception, pregnancy, caring for children and breastfeeding, and menopause. (Level III) NICE 2012

Information about contraception, conception, pregnancy, or menopause should be given to women and girls in advance of sexual activity, pregnancy or menopause, and the information should be tailored to their individual needs. This information should also be given, as needed, to people who are closely involved with women and girls with epilepsy. These may include her family and/or carers. (Level III) NICE 2012

All healthcare professionals who treat, care for, or support women and girls with epilepsy should be familiar with relevant information and the availability of counseling. (Level III) NICE 2012

Discuss with women and girls of childbearing potential (including young girls who are likely to need treatment into their childbearing years), and their parents and/or carers if appropriate, the risk of AEDs causing malformations and possible neurodevelopmental impairments in an unborn child. Assess the risks and benefits of treatment with individual drugs. There are limited data on risks to the unborn child associated with newer drugs. Specifically discuss the risk of continued use of sodium valproate to the unborn child, being aware that higher doses of sodium valproate (more than 800 mg/day) and polytherapy, particularly with sodium valproate, are associated with greater risk. (Evidence comes from three systematic reviews; one review focused on incidence of malformation and the other two on child neurodevelopmental outcomes. No individual RCTs were reviewed. This recommendation was also based on GDG consensus opinion.) NICE 2012

In women of childbearing potential, the possibility of interaction with oral contraceptives should be discussed and an assessment made as to the risks and benefits of treatment with individual drugs. (Level III) NICE 2012

In girls of childbearing potential, including young girls who are likely to need treatment into their childbearing years, the possibility of interaction with oral contraceptives should be discussed with the child and/or her carer, and an assessment made as to the risks and benefits of treatment with individual drugs. (Level III) NICE 2012

In women and girls of childbearing potential, the risks and benefits of different contraceptive methods, including hormone-releasing intrauterine devices (IUDs), should be discussed. (Level III) NICE 2012

If a woman or girl taking enzyme-inducing AEDs chooses to take the combined oral contraceptive pill, guidance about dosage should be sought from the SPC and current edition of the BNF (available at guidance about dosage should be sought from the SPC and current edition of the BNF External Web Site Policy). (Level III) NICE 2012

Women and girls with epilepsy need accurate information during pregnancy, and the possibility of status epilepticus and sudden death in epilepsy (SUDEP) should be discussed with all women and girls who plan to stop AED therapy (see the section ‘Withdrawal of Pharmacologic Treatment’ above). NICE 2012

COPYRIGHT:
© 2015 American Academy of Neurology Institute All rights reserved.

Limited proprietary coding is contained in the measure specifications for convenience. Users of the proprietary coding sets should obtain all necessary licenses from the owners of these code sets. The AAN and its members disclaim all
liability for use or accuracy of any Current Procedural Terminology (CPT®) or other coding contained in the specifications.

CPT® contained in the Measures specifications is copyright 2004-2018 American Medical Association. G codes and associated descriptions included in these Measure specifications are in the public domain.
2019 Clinical Quality Measure Flow for Quality ID #268 NQF #1814: Epilepsy: Counseling for Women of Childbearing Potential with Epilepsy

Start

Denominator

Female of Childbearing Potential 12-44 years old

Yes

Diagnosis of Epilepsy as Listed in Denominator*

No

Not Included in Eligible Population/Denominator

Yes

Encounter as Listed in Denominator* (1/1/2019 thru 12/31/2019)

No

Telehealth Modifier: Q0, QT, 95, P010,02

Yes

Denominator Exclusion

No

Female Patients Unable to Bear Children

Include in Eligible Population/Denominator (80 patients)

Numerator

Counseling for Women of Childbearing Potential with Epilepsy

Data Completeness Met + Performance Met 4340F or equivalent (40 patients) a

Yes

Documentation of Medical Reason(s) Why Counseling Was Not Performed for Women of Childbearing Potential with Epilepsy

No

Data Completeness Met + Denominator Exception 4340F-EP or equivalent (10 patients) b

Yes

Counseling About Epilepsy Specific Safety Issues Provided to Patient or Caregiver Was Not Performed, Reason Not Otherwise Specified

No

Data Completeness Not Met the Quality-Data Code or equivalent was not submitted (10 patients)

*See the posted Measure Specification for specific coding and instructions to submit this measure.
NOTE: Submission Frequency: Patient/Process
2019 Clinical Quality Measure Flow for Quality ID #268 NQF #1814:
Epilepsy: Counseling for Women of Childbearing Potential with Epilepsy

SAMPLE CALCULATIONS:

Data Completeness:
Performance Met (a=40 patients) + Denominator Exception (b=10 patients) + Performance Not Met (c=20 patients) = 70 patients = 87.50%
Eligible Population / Denominator (d=80 patients) = 80 patients

Performance Rate:
Performance Met (a=40 patients) = 40 patients = 60.67%
Data Completeness Numerator (70 patients) – Denominator Exception (b=10 patients) = 60 patients

*See the posted Measure Specification for specific coding and instructions to submit this measure.
NOTE: Submission Frequency: Patient-Process

© Copyright 2018 American Medical Association. All rights reserved.
The measure diagrams were developed by CMS as a supplemental resource and must be used in conjunction with the measure specification. They should not be used alone or as a substitution for the measure specification.
2019 Clinical Quality Measure Flow Narrative for Quality ID #268: Epilepsy: Counseling for Women of Childbearing Potential with Epilepsy

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

1. Start with Denominator

2. Check Patient Gender and Age:
   a. If Gender and Age is equal to Female of Childbearing Potential 12-44 Years Old equals No during the Measurement Period, do not include in Eligible Population. Stop Processing.
   b. If Gender and Age is equal to Female of Childbearing Potential 12-44 Years Old equals Yes during the Measurement Period, proceed to check Patient Diagnosis.

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

4. Check Encounter Performed:
   a. If Encounter as Listed in the Denominator equals No, do not include in Eligible Population. Stop Processing.
   b. If Encounter as Listed in the Denominator equals Yes, proceed to check Telehealth Modifier.

5. Check Telehealth Modifier:
   a. If Telehealth Modifier equals Yes, do not include in Eligible Population. Stop Processing.
   b. If Telehealth Modifier equals No, proceed to check Female Patients Unable to Bear Children.

6. Check Female Patients Unable to Bear Children:
   a. If Female Patients Unable to Bear Children equals Yes, do not include in Eligible Population. Stop Processing.
   b. If Female Patients Unable to Bear Children equals No, include in Eligible Population.

7. Denominator Population:
   a. Denominator Population 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 80 patients in the Sample Calculation.

8. Start Numerator

9. Check Counseling for Women of Childbearing Potential with Epilepsy:
   a. If Counseling for Women of Childbearing Potential with Epilepsy equals Yes, include in Data Completeness Met and Performance Met.
b. Data Completeness Met and Performance Met letter is represented in the Data Completeness and Performance Rate in the Sample Calculation listed at the end of this document. Letter a equals 40 patients in the Sample Calculation.

c. If Counseling for Women of Childbearing Potential with Epilepsy equals No, proceed to check Documentation of Medical Reason(s) Why Counseling Was Not Performed for Women of Childbearing Potential with Epilepsy.

10. Check Documentation of Medical Reason(s) Why Counseling Was Not Performed for Women of Childbearing Potential with Epilepsy:

a. If Documentation of Medical Reason(s) Why Counseling Was Not Performed for Women of Childbearing Potential with Epilepsy equals Yes, include in Data Completeness Met and Denominator Exception.

b. Data Completeness Met and Denominator Exception letter is represented in the Data Completeness and Performance Rate in the Sample Calculation listed at the end of this document. Letter b equals 10 patients in the Sample Calculation.

c. If Documentation of Medical Reason(s) Why Counseling Was Not Performed for Women of Childbearing Potential with Epilepsy equals No, proceed to check Counseling About Epilepsy Specific Safety Issues Provided to Patient or Caregiver Was Not Performed, Reason Not Otherwise Specified.

11. Check Counseling About Epilepsy Specific Safety Issues Provided to Patient or Caregiver Was Not Performed, Reason Not Otherwise Specified:

a. If Counseling About Epilepsy Specific Safety Issues Provided to Patient or Caregiver Was Not Performed, Reason Not Otherwise Specified equals Yes, include in the Data Completeness Met and Performance Not Met.

b. Data Completeness Met and Performance Not Met letter is represented in the Data Completeness in the Sample Calculation listed at the end of this document. Letter c equals 20 patients in the Sample Calculation.

c. If Counseling About Epilepsy Specific Safety Issues Provided to Patient or Caregiver Was Not Performed, Reason Not Otherwise Specified equals No, proceed to check Data Completeness Not Met.

12. Check Data Completeness Not Met:

a. If Data Completeness Not Met, the Quality Data Code or equivalent not submitted. 10 visits have been subtracted from the Data Completeness Numerator in the Sample Calculation.

---

SAMPLE CALCULATION:

Data Completeness =
Performance Met (a=40 patients) + Denominator Exception (b=10 patients) + Performance Not Met (c=20 patients) = 70 patients = 87.50%

Eligible Population / Denominator (d=80 patients) = 80 patients

Performance Rate =
Performance Met (a=40 patients) / Data Completeness Numerator (70 patients) = 40 patients / 60.67%