Quality ID #279: Sleep Apnea: Assessment of Adherence to Positive Airway Pressure Therapy
– 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:
Percentage of visits for patients aged 18 years and older with a diagnosis of obstructive sleep apnea who were prescribed positive airway pressure therapy who had documentation that adherence to positive airway pressure therapy was objectively measured

INSTRUCTIONS:
This measure is to be submitted a minimum of **once per performance period** for patients with sleep apnea seen 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:
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 patients aged 18 years and older with a diagnosis of sleep apnea

Denominator Criteria (Eligible Cases):
Patients aged ≥ 18 years on date of encounter
AND
Diagnosis for sleep apnea (ICD-10-CM): G47.30, G47.33
AND
Patient encounter during the performance period (CPT): 99201, 99202, 99203, 99204, 99205, 99212, 99213, 99214, 99215, 99304, 99305, 99306, 99307, 99308, 99309, 99310, 99324, 99325, 99326, 99327, 99328, 99334, 99335, 99336, 99337, 99341, 99342, 99343, 99344, 99345, 99347, 99348, 99349, 99350
WITHOUT
Telehealth Modifier: GQ, GT, 95, POS 02
AND
Positive airway pressure therapy was prescribed: G8852

NUMERATOR:
Patient visits with documentation that adherence to positive airway pressure therapy was objectively measured

Definition:
Objectively Measured - is defined as positive airway pressure machine-generated measurement of hours of use.

Numerator Options:

Performance Met: Objective measurement of adherence to positive airway pressure therapy, documented **(G8851)**

OR

Denominator Exception: Documentation of reason(s) for not objectively measuring adherence to positive airway pressure therapy (e.g., patient didn't bring data from continuous positive airway pressure [CPAP], therapy not yet initiated, not available on machine) **(G8854)**

OR

Performance Not Met: Objective measurement of adherence to positive airway pressure therapy not performed, reason not given **(G8855)**

RATIONALE:

This recommendation is based on overwhelming evidence at all levels indicating patients with obstructive sleep apnea (OSA) overestimate their positive airway pressure use time. Level I and Level II studies indicate that objectively-measured nightly continuous positive airway pressure (CPAP) "time on" ranges from 3.5 hours/night in minimally symptomatic new patients to 7.1 hours/night in established users (Kushida et al, 2006). The success of any positive airway pressure device therapy depends primarily on patient adherence, which can be enhanced by education, proper mask/interface fit, frequent follow-up by the clinician and durable medical equipment provider, and finally, A.W.A.K.E. (Alert Well And Keeping Energetic) meetings (ICSI, 2007). When objective adherence is assessed and an intervention is employed –ether in the clinic or via the telephone, use is increased. Meter reads (on the machines) or card reads provide a longitudinal assessment of use and prevent the potential for overuse of stimulant therapy and daytime testing of sleepiness with multiple sleep latency tests.

Numerous studies have shown that patient adherence to CPAP is low or over-estimated by patients. A 2006 study assessed OSA severity, continuous positive airway pressure adherence, and factors associated with CPAP adherence among a group of patients with OSA receiving care at a publicly-funded county hospital. The findings indicated that CPAP adherence was low, with women having a higher likelihood of non-adherence than men. When individuals without follow-up were assumed to be non-adherent, the overall compliance rate was 30.4%, and women were 1.72 (95% CI, 1.03-2.88) times more likely to be noncompliant than men, adjusting for race, marital status, and age (Joo et al, 2007). Another study by Kribbs et al (Level I) found that subjective and covertly monitored objective CPAP adherence were discordant and that OSA patients in the aggregate overestimate subjective CPAP adherence compared with objective adherence measurements obtained by microprocessor. Adherence was arbitrarily defined as ≥ 4 hours of CPAP usage for ≥ 70% of the nights monitored. Although 60% of patients subjectively reported nightly use of CPAP for a mean of 106.9 days, only 16 of 35 (46%) were objectively using CPAP at least 4 hours per night on 70% of the nights. Patients over-estimated actual CPAP use by 69 ± 110 min. (Gay et al, 2005)

CLINICAL RECOMMENDATION STATEMENTS:

CPAP usage should be objectively monitored to help assure utilization (Level 1). Close follow-up for PAP usage and problems in patients with obstructive sleep apnea (OSA) by appropriately trained health care providers is indicated to establish effective utilization patterns and remediate problems, if needed. This recommendation is based on 61 studies that examined management paradigms and collected acceptance, utilization, and adverse events; 17 of these studies qualified as Level I. This is especially important during the first few weeks of PAP use and can prove to be beneficial for the longitudinal care of the patient. (Kushida et al, 2006)

COPYRIGHT:

The Measures are not clinical guidelines, do not establish a standard of medical care, and have not been tested for all potential applications.

The Measures, while copyrighted, can be reproduced and distributed, without modification, for noncommercial purposes, e.g., use by health care providers in connection with their practices. Commercial use is defined as the sale, license, or distribution of the Measures for commercial gain, or incorporation of the Measures into a product or service that is sold, licensed or distributed for commercial gain.

Commercial uses of the Measures require a license agreement between the user and the American Medical Association (AMA), [on behalf of the Physician Consortium for Performance Improvement® (PCPI®)] or American Academy of Sleep Medicine (AASM). Neither the AMA, AASM, PCPI, nor its members shall be responsible for any use of the Measures.

The AMA's, PCPI's and National Committee for Quality Assurance's significant past efforts and contributions to the development and updating of the Measures is acknowledged. AASM is solely responsible for the review and enhancement ("Maintenance") of the Measures as of August 7, 2014.

AASM encourages use of the Measures by other health care professionals, where appropriate.

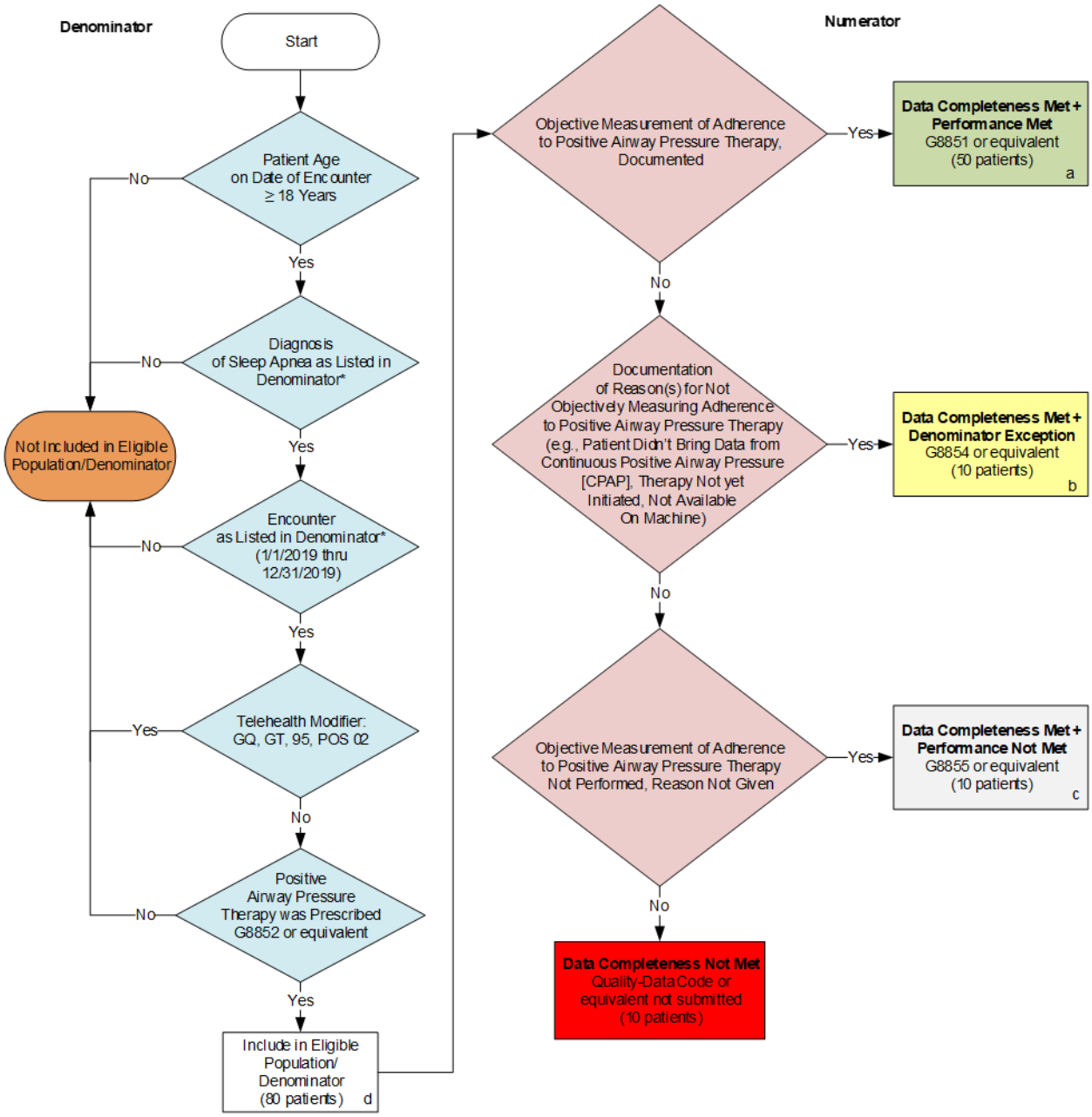
THE MEASURES AND SPECIFICATIONS ARE PROVIDED "AS IS" WITHOUT WARRANTY OF ANY KIND.

© 2016 American Medical Association and American Academy of Sleep Medicine. All Rights Reserved. Applicable FARS/DFARS Restrictions Apply to Government Use.

Limited proprietary coding is contained in the Measure specifications for convenience. Users of the proprietary code sets should obtain all necessary licenses from the owners of these code sets. The AMA, AASM, the PCPI 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. LOINC® copyright 2004-2018 Regenstrief Institute, Inc. SNOMED CLINICAL TERMS (SNOMED CT®) copyright 2004-2018 College of American Pathologists. All Rights Reserved.

2019 Registry Flow for Quality ID #279:
Sleep Apnea: Assessment of Adherence to Positive Airway Pressure Therapy



* See the posted Measure Specification for specific coding and instructions to submit this measure.

NOTE: Submission Frequency: Patient-process

CPT only copyright 2018 American Medical Association. All rights reserved.
The measure diagrams were developed by CMS as a supplemental resource to be used in conjunction with the measure specifications. They should not be used alone or as a substitution for the measure specification.

v3

2019 Registry Flow for Quality ID #279:
Sleep Apnea: Assessment of Adherence to Positive Airway Pressure Therapy

SAMPLE CALCULATIONS:

Data Completeness=
Performance Met (a=50 patients) + Denominator Exception (b=10 patients) + Performance Not Met (c=10 patients) = 70 patients = **87.50%**
Eligible Population / Denominator (d=80 patients) = 80 patients

Performance Rate=
Performance Met (a=50 patients) = 50 patients = **83.33%**
Data Completeness Numerator (70 patients) – Denominator Exception (b=10 patients) = 60 patients

NOTE: Submission Frequency: Patient-process

CPT only copyright 2018 American Medical Association. All rights reserved.
The measure diagrams were developed by CMS as a supplemental resource to be used in conjunction with the measure specifications. They should not be used alone or as a substitution for the measure specification.

2019 Clinical Quality Measure Flow Narrative for Quality ID #279: Sleep Apnea: Assessment of Adherence to Positive Airway Pressure Therapy

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 Age:
    a. If Patient Age is greater than or equal to 18 Years on Date of Encounter and equals No during the measurement period, do not include in Eligible Population. Stop Processing.
    b. If Patient Age is greater than or equal to 18 Years on Date of Encounter and equals Yes during the measurement period, proceed to check Patient Diagnosis.
3. Check Patient Diagnosis:
    a. If Diagnosis of Sleep Apnea as Listed in the Denominator equals No, do not include in Eligible Population. Stop Processing.
    b. If Diagnosis of Sleep Apnea 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 Positive Airway Pressure Therapy was Prescribed.
6. Check Positive Airway Pressure Therapy was Prescribed:
    a. If Positive Airway Pressure Therapy was Prescribed equals No, do not include in Eligible Population. Stop Processing.
    b. If Positive Airway Pressure Therapy was Prescribed equals Yes, 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 Objective Measurement of Adherence to Positive Airway Pressure Therapy, Documented:

a. If Objective Measurement of Adherence to Positive Airway Pressure Therapy, Documented 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 50 patients in the Sample Calculation.

c. If Objective Measurement of Adherence to Positive Airway Pressure Therapy, Documented equals No, proceed to check Documentation of Reason(s) for Not Objectively Measuring Adherence to Positive Airway Pressure Therapy (e.g., Patient Didn't Bring Data from Continuous Positive Airway Pressure [CPAP], Therapy Not yet Initiated, Not Available on Machine).

10. Check Documentation of Reason(s) for Not Objectively Measuring Adherence to Positive Airway Pressure Therapy (e.g., Patient Didn't Bring Data from Continuous Positive Airway Pressure [CPAP], Therapy Not yet Initiated, Not Available on Machine):

    a. If Documentation of Reason(s) for Not Objectively Measuring Adherence to Positive Airway Pressure Therapy (e.g., Patient Didn't Bring Data from Continuous Positive Airway Pressure [CPAP], Therapy Not yet Initiated, Not Available on Machine) 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 Reason(s) for Not Objectively Measuring Adherence to Positive Airway Pressure Therapy (e.g., Patient Didn't Bring Data from Continuous Positive Airway Pressure [CPAP], Therapy Not yet Initiated, Not Available on Machine) equals No, proceed to check Objective Measurement of Adherence to Positive Airway Pressure Therapy Not Performed, Reason Not Given.

11. Check Objective Measurement of Adherence to Positive Airway Pressure Therapy Not Performed, Reason Not Given:

    a. If Objective Measurement of Adherence to Positive Airway Pressure Therapy Not Performed, Reason Not Given Yes, include in 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 10 patients in the Sample Calculation.

    c. If Objective Measurement of Adherence to Positive Airway Pressure Therapy Not Performed, Reason Not Given 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 was not submitted. 10 patients have been subtracted from the Data Completeness Numerator in the Sample Calculation.

SAMPLE CALCULATIONS:

Data Completeness=

Performance Met (a=50 patients) + Denominator Exception (b=10 patients) + Performance Not Met (c=10 patients) = 70 patients = **87.50%**
Eligible Population / Denominator (d=80 patients) = 80 patients

Performance Rate=

Performance Met (a=50 patients) = 50 patients = **83.33%**
Data Completeness Numerator (70 patients) – Denominator Exception (b=10 patients) = 60 patients