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

2022 COLLECTION TYPE:
MIPS CLINICAL QUALITY MEASURES (CQMS)

MEASURE TYPE:
Process

DESCRIPTION:
Percentage of all patients of childbearing potential (12 years and older) diagnosed with epilepsy who were counseled at least once a year about how epilepsy and its treatment may affect contraception and pregnancy.

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.

NOTE: *Patient encounters for this measure conducted via telehealth (e.g., encounters coded with GQ, GT, 95, or POS 02 modifiers) are allowable.*

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, including all individuals of childbearing potential (12 years and older) with a diagnosis of epilepsy.

Definition:
Female 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, and is represented by code M1016.

DENOMINATOR NOTE: **Signifies that this CPT Category I code is a non-covered service under the Medicare Part B Physician Fee Schedule (PFS). These non-covered services should be counted in the denominator population for MIPS CQMs.*

Denominator Criteria (Eligible Cases):
All females age 12 years and older
AND
Diagnosis for Epilepsy (ICD-10-CM):G40.001, G40.009, G40.011, G40.019, G40.101, G40.109, G40.111, G40.119, G40.201, G40.209, G40.211, G40.219, G40.301, G40.309, G40.311, G40.319, G40.401, G40.409, G40.411, G40.419, G40.501, G40.509, G40.801, G40.802, G40.803, G40.804, G40.811, G40.812, G40.813, G40.814, G40.821, G40.822, G40.823, G40.824, G40.901, G40.909, G40.911, G40.919, G40.A01, G40.A09, G40.A11, G40.A19, G40.B01, G40.B09, G40.B11, G40.B19
AND

Patient encounter during the performance period (CPT): 99202, 99203, 99204, 99205, 99211, 99212, 99213, 99214, 99215, 99241*, 99242*, 99243*, 99244*, 99245*, 99421, 99422, 99423, 99441, 99442, 99443

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 and pregnancy

Definition:

Counseling – **"**Counseling" must include a discussion of at least two of the following three counseling topics:

- Need for folic acid supplementation,
- Drug to drug interactions with contraception medication,
- Potential anti-seizure medications effect(s) on fetal/child development and/or pregnancy.

Numerator Options:

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

[AED=Antiepileptic Drugs; WWE= Women with Epilepsy; MCMs=major congenital malformations; VPA=valproate; PHT=phenytoin; LTG=lamotrigine; CBZ=carbamazepine; PHT=phenytoin; PB=phenobarbital]

- There is probably no substantially increased risk (greater than two times expected) of late pregnancy bleeding for WWE taking AEDs (Level B). Neurology 2009; 73(2): 126-132
- There is probably no moderately increased risk (greater than 1.5 times expected) of premature contractions or premature labor and delivery for WWE taking AEDs (Level B). Neurology 2009; 73(2): 126-132
- Seizure freedom for at least 9 months prior to pregnancy is probably associated with a high likelihood (84%–92%) of remaining seizure-free during pregnancy (Level B). Neurology 2009; 73(2): 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; 73(2): 133–141.
- If possible, avoidance of the use of VPA as part of polytherapy during the first trimester of pregnancy should be considered to decrease the risk of MCMs (Level B). Neurology; 73(2): 133–141.
- To reduce the risk of MCMs, the use of VPA during the first trimester of pregnancy should be avoided, if possible, compared to the use of CBZ (Level A). Neurology; 73(2): 133–141.
- To reduce the risk of MCMs, avoidance of the use of polytherapy with VPA during the first trimester of pregnancy, if possible, should be considered, compared to polytherapy without VPA (Level B). Neurology; 73(2): 133–141.
- Avoidance of the use of VPA, if possible, should be considered to reduce the risk of neural tube defects and facial clefts (Level B) and may be considered to reduce the risk of hypospadias (Level C). Neurology; 73(2): 133–141.

- CBZ exposure probably does not produce cognitive impairment in offspring of WWE (Level B). Neurology; 73(2): 133–141.
- Avoiding VPA in WWE during pregnancy, if possible, should be considered to reduce the risk of poor cognitive outcomes (Level B). Neurology; 73(2): 133–141.
- For WWE who are pregnant, avoidance of VPA, if possible, should be considered compared to CBZ to reduce the risk of poor cognitive outcomes (Level B). Neurology; 73(2): 133–141.
- The fact that PB, PRM, PHT, CBZ, LVT, VPA, GBP, LTG, OXC, and TPM cross the placenta may be factored into the clinical decision regarding the necessity of AED treatment for a woman with epilepsy (Level B for PB, PRM, PHT, CBZ, LVT, and VPA, and Level C for GBP, LTG, OXC, and TPM). Neurology 2009; 73(2): 142-149

2022 Clinical Quality Measure Flow for Quality ID #268:
Epilepsy: Counseling for Women of Childbearing Potential with Epilepsy

Disclaimer: *Refer to the measure specification for specific coding and instructions to submit this measure.*

SAMPLE CALCULATIONS

Data Completeness=

Performance Met (a=40 patients) + Performance Not Met (b=30 patients) = 70 patients = **87.50%**

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

Performance Rate=

Performance Met (a=40 patients) = 40 patients = **57.14%**

Data Completeness Numerator (70 patients) = 70 patients

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

NOTE: Submission Frequency: Patient-Process

2022 Clinical Quality Measure Flow Narrative for Quality ID #268: Epilepsy: Counseling for Women of Childbearing Potential with Epilepsy

Disclaimer: *Refer to the measure specification for specific coding and instructions to submit this measure.*

1. Start with Denominator
2. Check *All females age 12 years and older*:
    a. If *All females age 12 years and older* equals No, do not include in *Eligible Population/Denominator*. Stop processing.
    b. If *All females age 12 years and older* equals Yes, proceed to check *Diagnosis for Epilepsy as listed in Denominator*.*
3. Check *Diagnosis for Epilepsy as listed in Denominator**:
    a. If *Diagnosis for Epilepsy as listed in Denominator** equals No, do not include in *Eligible Population/Denominator*. Stop processing.
    b. If *Diagnosis for Epilepsy as listed in Denominator** equals Yes, proceed to check *Patient encounter during the performance period as listed in Denominator*.*
4. Check *Patient encounter during the performance period as listed in Denominator**:
    a. If *Patient encounter during the performance period as listed in Denominator** equals No, do not include in *Eligible Population/Denominator*. Stop processing.
    b. If *Patient encounter during the performance period as listed in Denominator** equals Yes, proceed to check *Female patients unable to bear children*.
5. Check *Female patients unable to bear children*:
    a. If *Female patients unable to bear children* equals Yes, do not include in *Eligible Population/Denominator*. Stop processing.
    b. If *Female patients unable to bear children* equals No, include in *Eligible Population/Denominator.*
6. Denominator Population:
    - 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.
7. Start Numerator
8. 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*.
        - *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.
    b. If *Counseling 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.

9. 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 *Data Completeness Met and Performance Not Met*.

        - *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 b equals 30 patients in the Sample Calculation.

    b. 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*.

10. Check *Data Completeness Not Met*:

        - 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 Calculations

Data Completeness equals Performance Met (a equals 40 patients) plus Performance Not Met (b equals 30 patients) divided by Eligible Population/Denominator (d equals 80 patients). All equals 70 patients divided by 80 patients. All equals 87.50 percent.

Performance Rate equals Performance Met (a equals 40 patients) divided by Data Completeness Numerator (70 patients). All equals 40 patients divided by 70 patients. All equals 57.14 percent.

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

NOTE: Submission Frequency: Patient-Process

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.