# Quality ID #277: Sleep Apnea: Severity Assessment at Initial Diagnosis

2026 COLLECTION TYPE:
MERIT-BASED INCENTIVE PAYMENT SYSTEM (MIPS) CLINICAL QUALITY MEASURE (CQM)

MEASURE TYPE:
Process

DESCRIPTION:
Percentage of patients aged 18 years and older with a diagnosis of obstructive sleep apnea who had an apnea hypopnea index (AHI), a respiratory disturbance index (RDI), or a respiratory event index (REI) documented or measured within 2 months after initial evaluation for suspected obstructive sleep apnea.

INSTRUCTIONS:

Reporting Frequency:
This measure is to be submitted a minimum of once per performance period for denominator eligible cases as defined in the denominator criteria.

Intent and Clinician Applicability:
The intent of this measure is to ensure appropriate evaluation of patients with a diagnosis of obstructive sleep apnea. This measure may be submitted by Merit-based Incentive Payment System (MIPS) eligible clinicians who perform the quality actions as defined by the numerator based on the services provided and the measure-specific denominator coding.

Measure Strata and Performance Rates:
This measure contains one strata defined by a single submission criteria.
This measure produces a single performance rate.

Implementation Considerations:
For the purposes of MIPS implementation, this episode measure is submitted each time a patient has a denominator eligible encounter during the performance period.

Telehealth:
TELEHEALTH ELIGIBLE: This measure is appropriate for and applicable to the telehealth setting. Patient encounters conducted via telehealth using encounter code(s) found in the denominator encounter criteria are allowed for this measure. Therefore, if the patient meets all denominator criteria for a telehealth encounter, it would be appropriate to include them in the denominator eligible patient population. Telehealth eligibility is at the measure level for inclusion within the denominator eligible patient population and based on the measure specification definitions which are independent of changes to coding and/or billing practices.

Measure Submission:
The quality data codes listed do not need to be submitted by MIPS eligible clinicians, groups, or third party intermediaries that utilize this collection type for submissions; however, these codes may be submitted for those third party intermediaries that utilize Medicare Part B claims data. The coding provided to identify the measure criteria: Denominator or Numerator, may be an example of coding that could be used to identify patients that meet the intent of this clinical topic. When implementing this measure, please refer to the 'Reference Coding' section to determine if other codes or code languages that meet the intent of the criteria may also be used within the medical record to identify and/or assess patients. 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 an initial diagnosis of sleep apnea

*DENOMINATOR NOTE:*
*Denominator eligible encounters only include those where the initial diagnosis of sleep apnea is present in the medical documentation or it is the MIPS eligible clinician's first encounter with a patient diagnosed with sleep apnea as represented in the coding below.*

Denominator Criteria (Eligible Cases):
Patients aged ≥ 18 years on date of encounter
AND
Diagnosis for sleep apnea on date of encounter (ICD-10-CM): G47.30, G47.33
AND
Patient encounter during the performance period (CPT): 98000, 98001, 98002, 98003, 98004, 98005, 98006, 98007, 98008, 98009, 98010, 98011, 98012, 98013, 98014, 98015, 98016, 99202, 99203, 99204, 99205, 99211, 99212, 99213, 99214, 99215, 99304, 99305, 99306, 99307, 99308, 99309, 99310, 99341, 99342, 99344, 99345, 99347, 99348, 99349, 99350
AND
Encounter corresponds to initial diagnosis of sleep apnea or first contact with sleep apnea diagnosed patient: M1441

NUMERATOR:
Patients who had an apnea hypopnea index (AHI), a respiratory disturbance index (RDI), or a respiratory event index (REI) documented or measured within 2 months after initial evaluation for suspected obstructive sleep apnea

Definitions:
Apnea-Hypopnea Index (AHI) – for polysomnography performed in a sleep lab is defined as (Total Apneas + Hypopneas per hour of sleep); "Apnea-Hypopnea Index (AHI)" for a home sleep study is defined as (Total Apneas + Hypopneas per hour of monitoring).
Respiratory Disturbance Index (RDI) – is defined as (Total Apneas + Hypopneas + Respiratory Effort Related Arousals per hour of sleep).
Respiratory Event Index (REI) – is a measure of respiratory events per unit of time for a home sleep apnea test.

*NUMERATOR NOTE:*
*The quality data codes below should be used for assessment of a MIPS eligible clinician's actions within 2 months after the initial evaluation for obstructive sleep apnea. If there is not adequate time for measuring an apnea hypopnea index (AHI), a respiratory disturbance index (RDI), or a respiratory event index (REI) (e.g., initial evaluation was conducted in December of the performance period), report the denominator exception.*

Numerator Options:

| | |
|---|---|
| *Performance Met:* | Apnea hypopnea index (AHI), respiratory disturbance index (RDI) or respiratory event index (REI) documented or measured within 2 months after initial evaluation for suspected obstructive sleep apnea (G8842) |

OR

| | |
|---|---|
| *Denominator Exception:* | Documentation of reason(s) for not measuring an apnea hypopnea index (AHI), a respiratory disturbance index (RDI), or a respiratory event index (REI) within 2 months after initial evaluation for suspected obstructive sleep apnea (e.g., medical, neurological, or psychiatric disease that prohibits successful completion of a sleep study, patients for whom a sleep study would present a bigger risk than benefit or would pose an undue burden, dementia, patients previously diagnosed with OSA and severity assessed by another provider, patients who decline AHI/RDI/REI measurement, patients who had a financial reason for not completing testing, test was ordered but not completed, patients decline because their insurance (payer) does not cover the expense) (G8843) |
| OR | |
| *Performance Not Met:* | Apnea hypopnea index (AHI), respiratory disturbance index (RDI), or respiratory event index (REI) not documented or measured within 2 months after initial evaluation for suspected obstructive sleep apnea, reason not given (G8844) |

RATIONALE:

The severity of OSA must be established in order to make an appropriate treatment decision. For patients with obstructive sleep apnea (OSA), treatment selection and implementation are dependent on the severity of the disease. Physicians treating patients with OSA should calculate the patient's level of severity, which informs risk for other co-morbid conditions and complications. Clinically, the apnea-hypopnea index (AHI) provides cutpoints that can be used to establish the diagnosis and severity of OSA and evaluate treatment effect (Cielo et al, 2019). OSA severity is graded depending on the AHI. Mild OSA with AHI of 5 to <15, moderate with AHI of 15 to 30 and severe with AHI of >30 (Soori et al, 2022). Patients with a respiratory disturbance index equal to or greater than 15 are considered to have moderate to severe OSA and should be treated with OSA therapy.

CLINICAL RECOMMENDATION STATEMENTS:

The Clinical Practice Guideline for Diagnostic Testing for Adult Obstructive Sleep Apnea recommends that polysomnography, or home sleep apnea testing with a technically adequate device, be used for the diagnosis of OSA in uncomplicated adult patients presenting with signs and symptoms that indicate an increased risk of moderate to severe OSA (Kapur et al, 2017).

Mild, moderate and severe OSA are defined according to following criteria in adults: mild, RDI 5 to ≤15; moderate, RDI 15 to 30; and severe, RDI >30 (Kushida et al, 2008).

Treatment success is usually defined as a reduction in the AHI/RDI/REI to a specific level (e.g., post-treatment AHI/RDI/REI < 5, > 50% reduction in AHI/RDI/ REI) (Ramar et al, 2015). The severity of OSA is determined by an index – Apnea Hypopnea Index (AHI) or Respiratory Disturbance Index (RDI), if PSG is performed, or Respiratory Event Index (REI) if out-of-center-sleep testing (OCST) is performed (Goyal et al, 2017).

REFERENCES:

Cielo CM, Tapia IE. Diving deeper: rethinking AHI as the primary measure of OSA severity. *J Clin Sleep Med*. 2019;15(8):1075–1076.

Soori R, Baikunje N, D'sa I, Bhushan N, Nagabhushana B, Hosmane GB. Pitfalls of AHI system of severity grading in obstructive sleep apnoea. Sleep Sci. 2022 Jan-Mar;15(Spec 1):285-288. doi: 10.5935/1984-0063.20220001. PMID:

35273779; PMCID: PMC8889969.

Kapur VK, Auckley DH, Chowdhuri S, Kuhlmann DC, Mehra R, Ramar K, Harrod CG. Clinical practice guideline for diagnostic testing for adult obstructive sleep apnea: an American Academy of Sleep Medicine clinical practice guideline. *J Clin Sleep Med.* 2017;13(3):479–504.

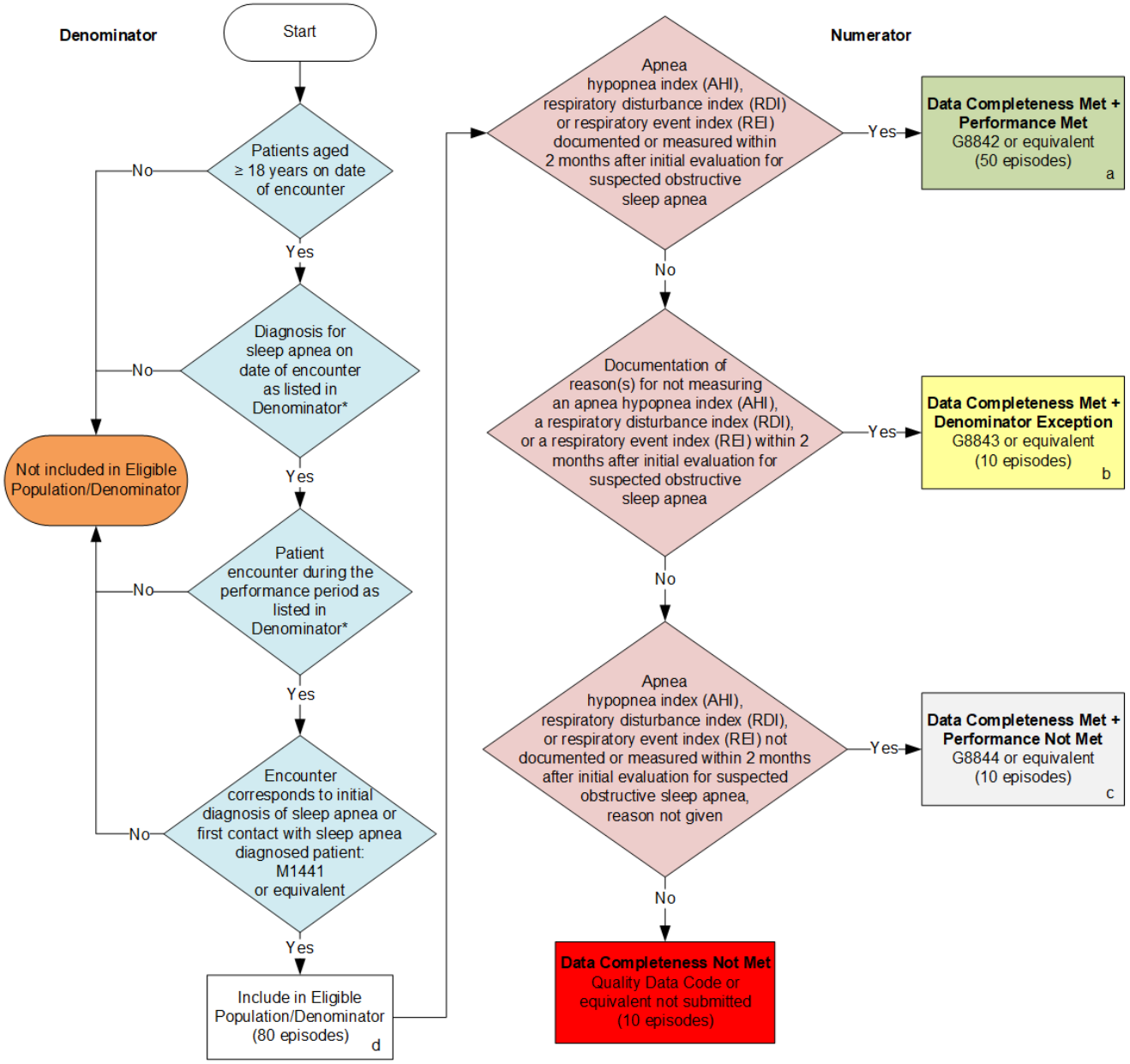
Kushida CA; Chediak A; Berry RB; Brown LK; Gozal D; Iber C; Parthasarathy S; Quan SF; Rowley JA; Positive Airway Pressure Titration Task Force of the American Academy of Sleep Medicine. Clinical guidelines for the manual titration of positive airway pressure in patients with obstructive sleep apnea. *J Clin Sleep Med 2008*;4(2):157–171.

Ramar K, Dort LC, Katz SG, Lettieri CJ, Harrod CG, Thomas SM, Chervin RD. Clinical practice guideline for the treatment of obstructive sleep apnea and snoring with oral appliance therapy: an update for 2015. *J Clin Sleep Med* 2015;11(7):773–827.

Goyal M, Johnson J. Obstructive Sleep Apnea Diagnosis and Management. Mo Med. 2017 Mar-Apr;114(2):120-124. PMID: 30228558; PMCID: PMC6140019.

## 2026 Clinical Quality Measure Flow for Quality ID #277: Sleep Apnea: Severity Assessment at Initial Diagnosis

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




**SAMPLE CALCULATIONS**

**Data Completeness=**

$$\frac{\text{Performance Met (a=50 episodes) + Denominator Exception (b=10 episodes) + Performance Not Met (c=10 episodes)}}{\text{Eligible Population / Denominator (d=80 episodes)}} = \frac{70 \text{ episodes}}{80 \text{ episodes}} = \mathbf{87.50\%}$$

**Performance Rate=**

$$\frac{\text{Performance Met (a=50 episodes)}}{\text{Data Completeness Numerator (70 episodes) – Denominator Exception (b=10 episodes)}} = \frac{50 \text{ episodes}}{60 \text{ episodes}} = \mathbf{83.33\%}$$

*See the posted measure specification for specific coding and instructions to submit this measure.
NOTE: Submission Frequency: Episode

## 2026 Clinical Quality Measure Flow Narrative for Quality ID #277: Sleep Apnea: Severity Assessment at Initial Diagnosis

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

1. Start with Denominator
2. Check *Patients aged greater than or equal to 18 years on date of encounter*:
    a. If *Patients aged greater than or equal to 18 years on date of encounter* equals No, do not include in *Eligible Population/Denominator*. Stop processing.
    b. If *Patients aged greater than or equal to 18 years on date of encounter* equals Yes, proceed to check *Diagnosis for sleep apnea on date of encounter as listed in Denominator*.*
3. Check *Diagnosis for sleep apnea on date of encounter as listed in Denominator**:
    a. If *Diagnosis for sleep apnea on date of encounter as listed in Denominator** equals No, do not include in *Eligible Population/Denominator*. Stop processing.
    b. If *Diagnosis for sleep apnea on date of encounter 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 *Encounter corresponds to initial diagnosis of sleep apnea or first contact with sleep apnea diagnosed patient*.
5. Check *Encounter corresponds to initial diagnosis of sleep apnea or first contact with sleep apnea diagnosed patient*:
    a. If *Encounter corresponds to initial diagnosis of sleep apnea or first contact with sleep apnea diagnosed patient* equals No, do not include in *Eligible Population/Denominator.* Stop processing.
    b. If *Encounter corresponds to initial diagnosis of sleep apnea or first contact with sleep apnea diagnosed patient* equals Yes, include in *Eligible Population/Denominator*.
6. Denominator Population:
    - Denominator Population is all eligible episodes in the Denominator. Denominator is represented as Denominator in the Sample Calculation listed at the end of this document. Letter d equals 80 episodes in the Sample Calculation.
7. Start Numerator
8. Check *Apnea hypopnea index (AHI), respiratory disturbance index (RDI) or respiratory event index (REI) documented or measured within 2 months after initial evaluation for suspected obstructive sleep apnea*:
    a. If *Apnea hypopnea index (AHI), respiratory disturbance index (RDI) or respiratory event index (REI) documented or measured within 2 months after initial evaluation for suspected obstructive sleep apnea* 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 50 episodes in the Sample Calculation.

b. If *Apnea hypopnea index (AHI), respiratory disturbance index (RDI) or respiratory event index (REI) documented or measured within 2 months after initial evaluation for suspected obstructive sleep apnea* equals No, proceed to check *Documentation of reason(s) for not measuring an apnea hypopnea index (AHI), a respiratory disturbance index (RDI), or a respiratory event index (REI) within 2 months after initial evaluation for suspected obstructive sleep apnea*.

9. Check *Documentation of reason(s) for not measuring an apnea hypopnea index (AHI), a respiratory disturbance index (RDI), or a respiratory event index (REI) within 2 months after initial evaluation for suspected obstructive sleep apnea:*

   a. If *Documentation of reason(s) for not measuring an apnea hypopnea index (AHI), a respiratory disturbance index (RDI), or a respiratory event index (REI) within 2 months after initial evaluation for suspected obstructive sleep apnea* equals Yes, include in *Data Completeness Met and Denominator Exception.*

      - *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 episodes in the Sample Calculation.

   b. If *Documentation of reason(s) for not measuring an apnea hypopnea index (AHI), a respiratory disturbance index (RDI), or a respiratory event index (REI) within 2 months after initial evaluation for suspected obstructive sleep apnea* equals No, proceed to check *Apnea hypopnea index (AHI), respiratory disturbance index (RDI), or respiratory event index (REI) not documented or measured within 2 months after initial evaluation for suspected obstructed sleep apnea, reason not given*.

10. Check *Apnea hypopnea index (AHI), respiratory disturbance index (RDI), or respiratory event index (REI) not documented or measured within 2 months after initial evaluation for suspected obstructed sleep apnea, reason not given*:

    a. If *Apnea hypopnea index (AHI), respiratory disturbance index (RDI), or respiratory event index (REI) not documented or measured within 2 months after initial evaluation for suspected obstructed sleep apnea, reason not given* 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 c equals 10 episodes in the Sample Calculation.

    b. If *Apnea hypopnea index (AHI), respiratory disturbance index (RDI), or respiratory event index (REI) not documented or measured within 2 months after initial evaluation for suspected obstructed sleep apnea, reason not given* equals No, proceed to check *Data Completeness Not Met.*

11. Check *Data Completeness Not Met:*

       - If *Data Completeness Not Met*, the Quality Data Code or equivalent was not submitted. 10 episodes have been subtracted from the Data Completeness Numerator in the Sample Calculation

Sample Calculations:

Data Completeness equals Performance Met (a equals 50 episodes) plus Denominator Exception (b equals 10 episodes) plus Performance Not Met (c equals 10 episodes) divided by Eligible Population/Denominator (d equals 80 episodes). All equals 70 episodes divided by 80 episodes. All equals 87.50 percent.

Performance Rate equals Performance Met (a equals 50 episodes) divided by Data Completeness Numerator (70 episodes) minus Denominator Exception (b equals 10 episodes). All equals 50 episodes divided by 60 episodes. All equals 83.33 percent.

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

NOTE: Submission Frequency: Episode

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.