Quality ID #496: Cardiovascular Disease (CVD) Risk Assessment Measure - Proportion of Pregnant/Postpartum Patients that Receive CVD Risk Assessment with a Standardized Instrument

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

MEASURE TYPE:
Process

DESCRIPTION:
Percentage of pregnant or postpartum patients who received a cardiovascular disease (CVD) risk assessment with a standardized instrument.

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:
This measure is intended to reflect the quality of services provided for pregnant and postpartum patients. The aim of this measure is that 100 percent of eligible pregnant/postpartum patients undergo CVD risk assessment using a standardized tool. Every patient should be assessed for CVD risk at least once and as needed, additional times if symptoms present during the pregnancy postpartum period. 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 patient-process measure is submitted a minimum of once per patient for the performance period. The most advantageous quality data code will be used if the measure is submitted more than once.

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:
Patients who have an office visit for prenatal or postpartum care, regardless of gestational age or prior prenatal care at other sites, for any age (including pregnant and postpartum minors), within outpatient obstetric (OB) visit at the hospital or in affiliated clinics; and labor and delivery (L&D).

Definition:
Not eligible for a cardiovascular disease (CVD) risk assessment with a standardized instrument – see Reference Coding

DENOMINATOR NOTE:
The intent of the measure is to have all pregnant and/or postpartum patients undergo CVD risk assessment at least once during the pregnancy episode.

Denominator Criteria (Eligible Cases):
All patients regardless of age
AND
Diagnosis for Pregnancy or Postpartum (ICD-10-CM): Z37.0, Z37.1, Z37.2, Z37.3, Z37.4, Z37.50, Z37.51, Z37.52, Z37.53, Z37.54, Z37.59, Z37.60, Z37.61, Z37.62, Z37.63, Z37.64, Z37.69, Z37.7, Z37.9
AND
Encounter for pregnancy (CPT): 59400, 59409, 59410, 59412, 59510, 59514, 59515, 59610, 59612, 59614, 59618, 59620
OR
Patient visits 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, 99221, 99222, 99223, 99231, 99232, 99233, 99234, 99235, 99236, 99238, 99239
AND NOT
DENOMINATOR EXCLUSIONS:
Patients who have another reason for visiting the clinic [not prenatal or postpartum care] and have a positive pregnancy test but have not established the clinic as an OB provider (e.g., plan to terminate the pregnancy or seek prenatal services elsewhere): M1255
OR
Prior history of known CVD: M1256

Reference Coding:
Denominator Exclusion for Prior History of CVD [M1256] is defined by the following coding only (ICD-10-CM): I05.2, I20.9, I21.09, I21.3, I21.B, I24, I24.0, I24.1, I24.81, I24.89, I24.9, I25.10, I25.42, I25.2, I25.84, I25.85, I25.9, I27, I27.0, I27.1, I27.20, I27.21, I27.22, I27.23, I27.24, I27.29, I27.81, I27.82, I27.83, I27.840, I27.841, I27.848, I27.849, I27.89, I27.9, I34, I34.0, I34.1, I34.2, I34.81, I34.89, I34.9, I35, I35.0, I35.1, I35.2, I35.8, I35.9, I36, I36.0, I36.1, I36.2, I36.8, I36.9, I37, I37.0, I37.1, I37.2, I37.8, I37.9, I38, I42.0, I42.2, I42.8, I45, I45.0, I45.10, I45.19, I45.2, I45.3, I45.4, I45.5, I45.6, I45.81, I45.89, I45.9, I47.1, I47.10, I47.11, I47.19, I47.2, I47.20, I47.21, I47.29, I48.91, I48.92, I49.1, I49.3, I49.8, I49.9, I50.30, I50.9, I77.810, I97.190, M30.3, O90.3, O99.411, O99.412, O99.413, O99.419, Q20.0, Q20.1, Q20.3, Q20.4, Q20.8, Q21.0, Q21.20, Q21.3, Q22.1, Q23.0, Q23.2, Q24.5, Q25.0, Q25.1, Q25.44, Q25.5, Q25.6, Q26.3, Q87.40, Q87.89, Z82.49, Z86.79, Z87.74, Z86.79, Z87.74

NUMERATOR:
Patients who are assessed for CVD risk via California Maternal Quality Care Collaborative (CMQCC) standardized algorithm. A completed CVD risk assessment will determine the patient to be at low risk or high risk of CVD. Patients will be assessed at their initial encounter with their healthcare provider for pregnancy-related care [prenatal visit, L&D, postpartum visit] and may need to repeat assessments if new symptoms develop.

Definition:
CMQCC CVD risk assessment algorithm is an example of a standardized CVD risk assessment algorithm. This is currently the only pregnancy specific algorithm. The CMQCC CVD risk assessment tool kit can be found at https://www.cmqcc.org/resources-toolkits/toolkits/improving-health-care-response-cardiovascular-disease-pregnancy-and.

Numerator Options:

Performance Met:	CVD risk assessment performed, have a documented calculated risk score (M1258)
OR	
Performance Not Met:	CVD risk assessment not performed or incomplete (e.g., CVD risk assessment was not documented), reason not otherwise specified (M1257)

RATIONALE:
Cardiovascular disease (CVD) has emerged as the leading cause of maternal mortality in the United States, accounting for over one-third of all pregnancy-related deaths. Diagnosis of CVD is challenging as normal pregnancy may mimic CVD. Accurate diagnosis of CVD varies widely among pregnant and postpartum patients and may either result in a lack of follow-up patients who are at risk or may lead to unnecessary testing that burdens the resources of patients who are not at risk. Patients who are identified at immediate or lifetime risk of developing CVD may be motivated to modify their behavior to improve their cardiovascular health.
Our measure is used for standardized identification of pregnant and/or postpartum individuals with previously unknown CVD who are suspected to have or to be at risk of developing CVD. A CVD risk assessment distinguishes patients with a high probability of disease by analyzing several variables included in the tool.
For a universal use of cardiovascular risk assessment in pregnant and postpartum women, a reliable clinical screening approach that monitors the hospital and clinician performance is lacking. The implementation of a measure to perform universal CVD risk assessment in the obstetric population will lead to timely identification and follow-up of women at risk of CVD and reduce maternal morbidity and mortality. This will help decrease the lifetime onset of CVD through risk factor modification strategies.
The implementation of the measure at facilities and feedback on performance has raised awareness of the importance of CVD risk assessment among obstetricians. The easy use (takes less than one minute to complete CVD risk assessment) of the tool allows for integration into the clinic flow and provides an opportunity to discuss with patient actions to improve their cardiovascular during pregnancy and beyond. We have not seen any evidence that the follow-up of patients who were deemed at high risk for CVD led to inappropriate use of resources (Hameed et al, 2023; Hameed et al, 2024; Hameed et al, 2025).

CLINICAL RECOMMENDATION STATEMENTS:
Delays or missed diagnosis of CVD in pregnant and postpartum patients is the leading contributor to CVD related maternal mortality. Implementation and universal CVD risk assessment using a standardized tool would allow identification of patients at high risk of CVD that require additional cardiac testing and follow-up. We propose implementation of metrics on adherence to the standard risk assessment tool that allows clinicians to add value to the obstetric care of patients. The measure is user friendly and can easily be calculated for the hospital system, the clinic group/facilities, or to monitor individual clinician performance. The measure allows for the identification of low-performing hospital systems, facilities, or clinicians and addresses modifiable gaps (Kuklina et al, 2011; Small et al, 2012).

REFERENCES:
Hameed AB, Tarsa M, Graves CR, Chang J, Billah M, Hatfield T, et al. Cardiovascular Risk Assessment as a Quality Measure In The Pregnancy And Postpartum Period. JACC: Advances. 2023 Jan;2(1):100176. doi:10.1016/j.jacadv.2022.100176

Hameed AB, Tarsa M, Graves CR, Grodzinsky A, Thiel De Bocanegra H, Wolfe DS. Universal Cardiovascular Disease Risk Assessment In Pregnancy: Call To Action JACC: Advances Expert Panel. JACC: Advances. 2024 Aug 1;3(8):101055.

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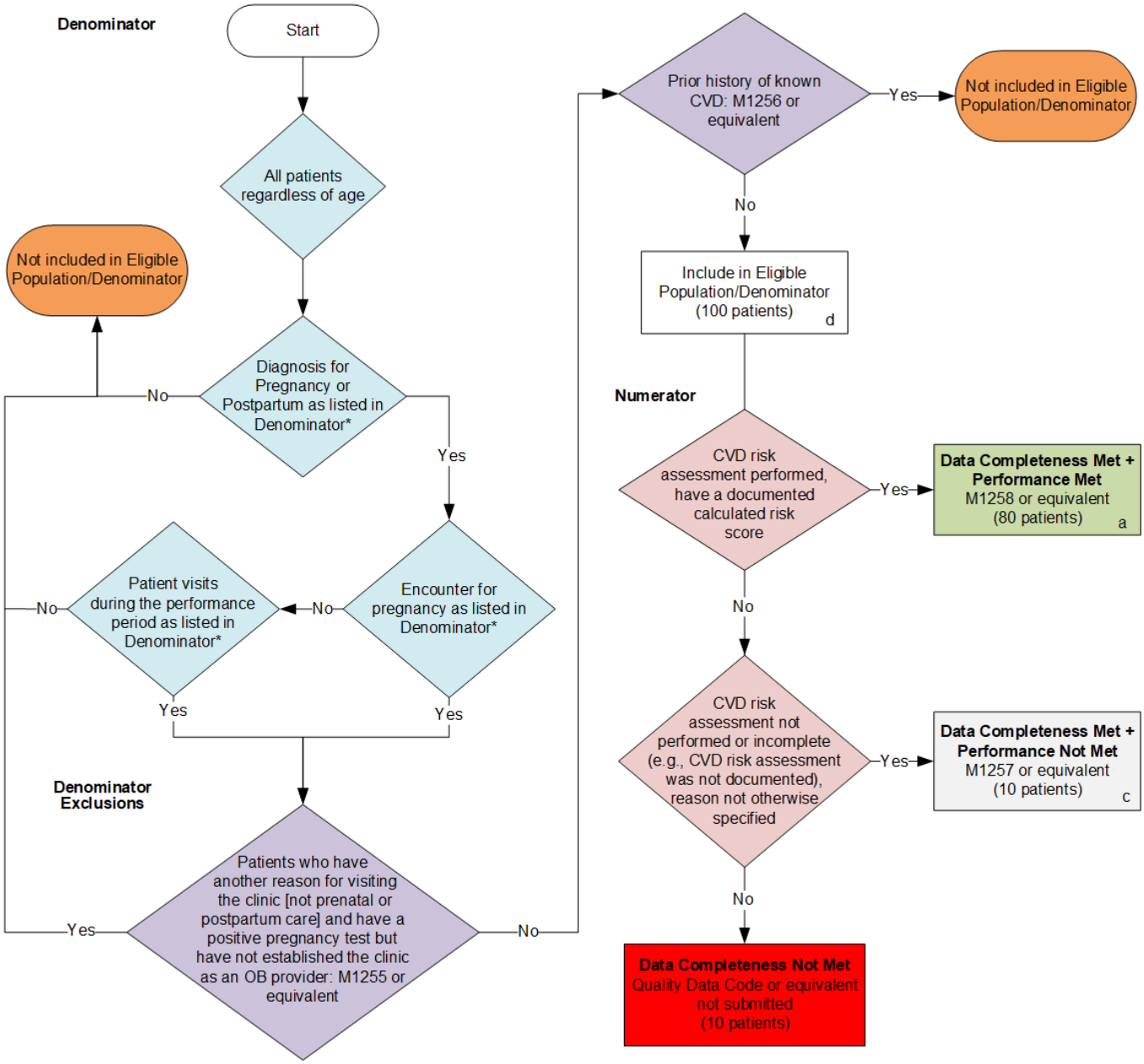
Hameed AB, Tarsa M, Waks A, Grodzinsky A, Florio KL, Chang J, et al. Results of Cardiovascular Testing Among Pregnant And Postpartum Persons Undergoing Standardized Cardiovascular Risk Assessment. American Journal of Obstetrics & Gynecology MFM. 2025 May 1;7(5):101656. doi:10.1016/j.ajogmf.2025.101656

Kuklina E, Callaghan W. Chronic Heart Disease and Severe Obstetric Morbidity among Hospitalisations for Pregnancy in the USA: 1995–2006. BJOG: An International Journal of Obstetrics & Gynaecology. 2011;118(3):345–52. doi:10.1111/j.1471-0528.2010.02743.x

Small MJ, James AH, Kershaw T, Thames B, Gunatilake R, Brown H. Near-Miss Maternal Mortality: Cardiac Dysfunction as the Principal Cause Of Obstetric Intensive Care Unit Admissions. Obstet Gynecol. 2012 Feb;119(2 Pt 1):250–5. doi:10.1097/AOG.0b013e31824265c7

2026 Clinical Quality Measure Flow for QID #496: Cardiovascular Disease (CVD) Risk Assessment Measure - Proportion of Pregnant/Postpartum Patients that Receive CVD Risk Assessment with a Standardized Instrument

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



SAMPLE CALCULATION

Data Completeness=

Performance Met (a=80 patients) + Performance Not Met (c=10 patients) / Eligible Population / Denominator (d=100 patients) = 90 patients / 100 patients = **90.00%**

Performance Rate=

Performance Met (a=80 patients) / Data Completeness Numerator (90 patients) = 80 patients / 90 patients = **88.88%**

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

NOTE: Submission Frequency: Patient-Process

2026 Clinical Quality Measure Flow Narrative for Quality ID #496: Cardiovascular Disease (CVD) Risk Assessment Measure - Proportion of Pregnant/Postpartum Patients that Receive CVD Risk Assessment with a Standardized Instrument

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

1. Start with Denominator
2. Check *All patients regardless of age.*
3. Check *Diagnosis for Pregnancy or Postpartum as listed in Denominator*:*
    a. If *Diagnosis for Pregnancy or Postpartum as listed in Denominator** equals No, do not include in *Eligible Population/Denominator*. Stop processing.
    b. If *Diagnosis for Pregnancy or Postpartum as listed in Denominator** equals Yes, proceed to check *Encounter for pregnancy as listed in Denominator*.*
4. Check *Encounter for pregnancy as listed in Denominator*:*
    a. If *Encounter for pregnancy as listed in Denominator** equals No, proceed to check *Patient visits during the performance period as listed in Denominator*.*
    b. If *Encounter for pregnancy as listed in Denominator** equals Yes, proceed to check *Patients who have another reason for visiting the clinic [not prenatal or postpartum care] and have a positive pregnancy test but have not established the clinic as an OB provider.*
5. Check *Patient visits during the performance period as listed in Denominator*:*
    a. If *Patient visits during the performance period as listed in Denominator** equals No, do not include in *Eligible Population/Denominator.* Stop processing.
    b. If *Patient visits during the performance period as listed in Denominator** equals Yes, proceed to check *Patients who have another reason for visiting the clinic [not prenatal or postpartum care] and have a positive pregnancy test but have not established the clinic as an OB provider.*
6. Check *Patients who have another reason for visiting the clinic [not prenatal or postpartum care] and have a positive pregnancy test but have not established the clinic as an OB provider:*
    a. If *Patients who have another reason for visiting the clinic [not prenatal or postpartum care] and have a positive pregnancy test but have not established the clinic as an OB provider* equals Yes, do not include in *Eligible Population/Denominator.* Stop processing.
    b. If *Patients who have another reason for visiting the clinic [not prenatal or postpartum care] and have a positive pregnancy test but have not established the clinic as an OB provider* equals No, proceed to check *Prior history of known CVD.*
7. Check *Prior history of known CVD:*
    a. If *Prior history of known CVD* equals Yes, do not include in *Eligible Population/Denominator.* Stop processing.
    b. If *Prior history of known CVD* equals No, include in *Eligible Population/Denominator.*
8. 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 100 patients in the Sample Calculation.

9. Start Numerator

10. Check *CVD risk assessment performed, have a documented calculated risk score:*

    a. If *CVD risk assessment performed, have a documented calculated risk score* equals Yes, include in *Data Completeness Met and Performance Met*.

        - *Data Completeness Met and Performance Met* letter is represented as Data Completeness and Performance Rate in the Sample Calculation listed at the end of this document. Letter a equals 80 patients in the Sample Calculation.

    b. If *CVD risk assessment performed, have a documented calculated risk score* equals No, proceed to check *CVD risk assessment not performed or incomplete (e.g., CVD risk assessment was not documented), reason not otherwise specified.*

11. Check *CVD risk assessment not performed or incomplete (e.g., CVD risk assessment was not documented), reason not otherwise specified):*

    a. If *CVD risk assessment not performed or incomplete (e.g., CVD risk assessment was not documented), 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 as Data Completeness in the Sample Calculation listed at the end of this document. Letter c equals 10 patients in the Sample Calculation.

    b. If *CVD risk assessment not performed or incomplete (e.g., CVD risk assessment was not documented), reason not otherwise specified* equals No, proceed to check *Data Completeness Not Met*.

12. *Check Data Completeness Not Met*:

    - 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 equals Performance Met (a equals 80 patients) plus Performance Not Met (c equals 10 patients) divided by Eligible Population/Denominator (d equals 100 patients). All equals 90 patients divided by 100 patients. All equals 90.00 percent.

Performance Rate equals Performance Met (a equals 80 patients) divided by Data Completeness Numerator (90 patients). All equals 80 patients divided by 90 patients. All equals 88.88 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.