

Measure #276: Sleep Apnea: Assessment of Sleep Symptoms – National Quality Strategy Domain: Effective Clinical Care

2017 OPTIONS FOR INDIVIDUAL MEASURES:
REGISTRY ONLY

MEASURE TYPE:
Process

DESCRIPTION:
Percentage of visits for patients aged 18 years and older with a diagnosis of obstructive sleep apnea that includes documentation of an assessment of sleep symptoms, including presence or absence of snoring and daytime sleepiness

INSTRUCTIONS:
This measure is to be reported a minimum of **once per performance period** for patients with a diagnosis of sleep apnea seen during the performance period. The most recent quality-data code submitted will be used for performance calculation. This measure may be reported by eligible clinicians who perform the quality actions described in the measure based on the services provided and the measure-specific denominator coding.

Measure Reporting:
The listed denominator criteria is used to identify the intended patient population. The numerator options included in this specification are used to submit the quality actions allowed by the measure. The quality-data codes listed do not need to be submitted for registry-based submissions; however, these codes may be submitted for those registries that utilize claims data.

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

NUMERATOR:
Patient visits with an assessment of sleep symptoms documented, including presence or absence of snoring and daytime sleepiness

Numerator Options:

Performance Met:

Sleep apnea symptoms assessed, including presence or absence of snoring and daytime sleepiness **(G8839)**

OR

Denominator Exception:

Documentation of reason(s) for not documenting an assessment of sleep symptoms (e.g., patient didn't have initial daytime sleepiness, patient visited between initial testing and initiation of therapy) **(G8840)**

OR

Performance Not Met:

Sleep apnea symptoms not assessed, reason not given
(G8841)

RATIONALE:

Snoring occurs in up to 30-50% of adults over the age of 50, and subjective sleepiness occurs in more than 30% of adults (Kushida et al, 2005). Patients diagnosed with obstructive sleep apnea (OSA) should be regularly assessed for changes in symptoms, such as snoring and daytime sleepiness. Sleepiness can be quantified with validated tools such as the Epworth Sleepiness Scale (ESS). Increases in either of these conditions can be signs of poor adherence to treatment, improper mask fit, or indications that additional treatment, such as surgery or medication, is needed.

Furthermore, the lack of improvement in sleepiness or snoring may be a reason to discontinue continuous positive airway pressure (CPAP) in follow-up after a therapeutic trial. Alternatively, an increase in CPAP may be implemented to improve snoring or daytime sleepiness. In evaluating daytime sleepiness, it is important to rule out sleep deprivation. Daytime sleepiness, especially with impairment of driving can be a sign of untreated OSA.

There has been considerable research on the impact of CPAP on subjective and objective daytime sleepiness. The majority of these studies have evaluated subjective sleepiness, principally using the (ESS). Of the placebo-controlled trials employing the ESS, most found that CPAP reduced subjective daytime sleepiness. (Gay et al, 2005)

CLINICAL RECOMMENDATION STATEMENTS:

CPAP is indicated for improving self-reported sleepiness in patients with obstructive sleep apnea (Level 1). This recommendation is based on 10 randomized controlled trials in which CPAP reduced sleepiness more than control procedures in patients with obstructive sleep apnea. The Epworth Sleepiness Scale was used in the vast majority of trials to assess subjective sleepiness. (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.

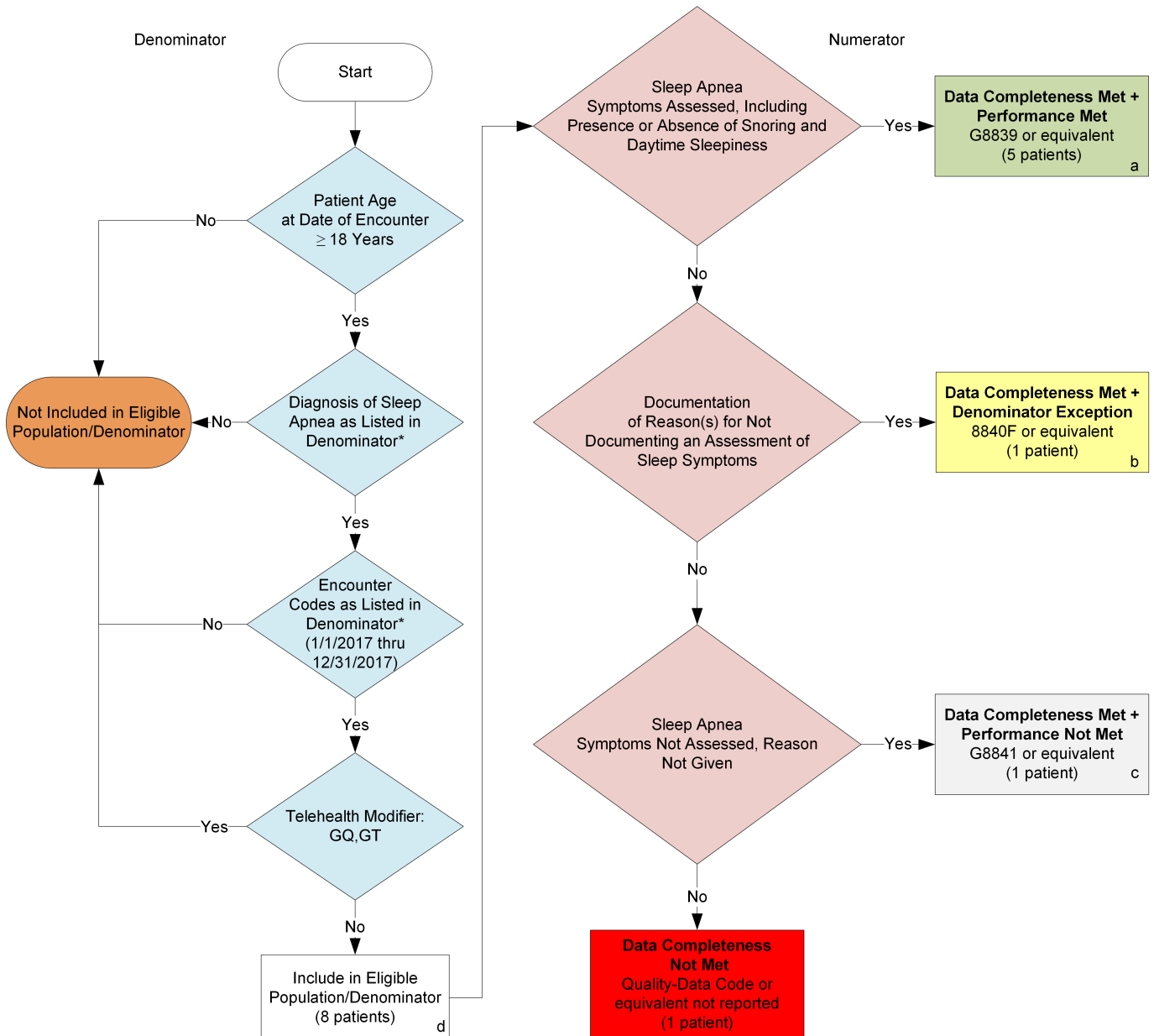
© 2016 American Medical Association and American Academy of Sleep Medicine. All Rights Reserved. Applicable FARS/DFARS Restrictions Apply to Government Use.

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 2004-2016 American Medical Association. LOINC® copyright 2004-2016 Regenstrief Institute, Inc. SNOMED CLINICAL TERMS (SNOMED CT®) copyright 2004-2016 College of American Pathologists. All Rights Reserved.

2017 Registry Individual Measure Flow #276: Sleep Apnea: Assessment of Sleep Symptoms



SAMPLE CALCULATIONS:

Data Completeness=

$\frac{\text{Performance Met (a=5 patients)} + \text{Denominator Exception (b=1 patient)} + \text{Performance Not Met (c=1 patient)}}{\text{Eligible Population / Denominator (d=8 patients)}} = \frac{7 \text{ patients}}{8 \text{ patients}} = 87.50\%$

Performance Rate=

$\frac{\text{Performance Met (a=5 patients)}}{\text{Data Completeness Numerator (7 patients) - Denominator Exception (b=1 patient)}} = \frac{5 \text{ patients}}{6 \text{ patients}} = 83.33\%$

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

NOTE: Reporting Frequency: Patient-process

CPT only copyright 2016 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.

v1

2017 Registry Individual Measure Flow
#276: Sleep Apnea: Assessment of Sleep Symptoms

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

1. Start with Denominator
2. Check Patient Age:
 - a. If the Age is greater than or equal to 18 years of age on Date of Service and equals No during the measurement period, do not include in Eligible Patient Population. Stop Processing.
 - b. If the Age is greater than or equal to 18 years of age on Date of Service 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 Patient Population. Stop Processing.
 - b. If Diagnosis of Sleep Apnea as Listed in the Denominator equals Yes, proceed to check Current Encounter Performed.
4. Check Encounter Performed:
 - a. If Encounter as Listed in the Denominator equals No, do not include in Eligible Patient 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 Patient Population. Stop Processing.
 - b. If Telehealth Modifier equals No, include in Eligible Population.
6. 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 8 patients in the sample calculation.
7. Start Numerator
8. Check Sleep Apnea Symptoms Assessed, Including Presence or Absence of Snoring and Daytime Sleepiness:
 - a. If Sleep Apnea Symptoms Assessed, Including Presence or Absence of Snoring and Daytime Sleepiness equals Yes, include in Data Completeness Met and Performance Met.
 - b. Data Completeness Met and Performance Met is represented in the Data Completeness and Performance Rate in the Sample Calculation listed at the end of this document. Letter a equals 5 patients in Sample Calculation.

- c. If Sleep Apnea Symptoms Assessed, Including Presence or Absence of Snoring and Daytime Sleepiness equals No, proceed to Documentation of Reason(s) for Not Documenting an Assessment of Sleep Symptoms (e.g., Patient Didn't have Initial Daytime Sleepiness, Patient Visited Between Initial Testing and Initiation of Therapy).
9. Check Documentation of Reason(s) for Not Documenting an Assessment of Sleep Symptoms (e.g., Patient Didn't have Initial Daytime Sleepiness, Patient Visited Between Initial Testing and Initiation of Therapy):
 - a. If Documentation of Reason(s) for Not Documenting an Assessment of Sleep Symptoms (e.g., Patient Didn't have Initial Daytime Sleepiness, Patient Visited Between Initial Testing and Initiation of Therapy) equals Yes, include in Data Completeness Met and Denominator Exception.
 - b. Data Completeness Met and Denominator Exception is represented in the Data Completeness and Performance Rate in the Sample Calculation listed at the end of this document. Letter b equals 1 patient in Sample Calculation.
 - c. If Documentation of Reason(s) for Not Documenting an Assessment of Sleep Symptoms (e.g., Patient Didn't have Initial Daytime Sleepiness, Patient Visited Between Initial Testing and Initiation of Therapy) equals No, proceed to Sleep Apnea Symptoms Not Assessed, Reason Not Given.
10. Check Sleep Apnea Symptoms Not Assessed, Reason Not Given:
 - a. If Sleep Apnea Symptoms Not Assessed, Reason Not Given equals Yes, include in Data Completeness Met and Performance Not Met.
 - b. Data Completeness Met and Performance Not Met is represented in the Data Completeness in the Sample Calculation listed at the end of this document. Letter c equals 1 patient in the Sample Calculation.
 - c. If Sleep Apnea Symptoms Not Assessed, Reason Not Given equals No, proceed to Data Completeness Not Met.
11. Check Data Completeness Not Met:
 - a. If Data Completeness Not Met equals No, Quality Data Code or equivalent not reported. 1 patient has been subtracted from the data completeness numerator in the sample calculation.

SAMPLE CALCULATIONS:

Data Completeness=

Performance Met (a=5 patients) + Denominator Exception (b=1 patient) + Performance Not Met (c=1 patient) = 7 patients = 87.50%
Eligible Population / Denominator (d=8 patients) = 8 patients

Performance Rate=

Performance Met (a=5 patients) = 5 patients = 83.33%
Data Completeness Numerator (7 patients) – Denominator Exception (b=1 patient) = 6 patients