

## Quality ID #6 (NQF 0067): Coronary Artery Disease (CAD): Antiplatelet Therapy

### **2023 COLLECTION TYPE:**

**MIPS CLINICAL QUALITY MEASURES (CQMS)**

### **MEASURE TYPE:**

Process

### **DESCRIPTION:**

Percentage of patients aged 18 years and older with a diagnosis of coronary artery disease (CAD) seen within a 12-month period who were prescribed aspirin or clopidogrel.

### **INSTRUCTIONS:**

This measure is to be submitted a minimum of **once per performance period** for all patients with CAD 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 for the primary management of patients with CAD 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 patients aged 18 years and older with a diagnosis of CAD seen within a 12-month period

**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):**

Patients aged  $\geq 18$  years on date of encounter

### **AND**

**Diagnosis for coronary artery disease (ICD-10-CM):** I20.0, I20.1, I20.2, I20.8, I20.9, I21.01, I21.02, I21.09, I21.11, I21.19, I21.21, I21.29, I21.3, I21.4, I21.9, I21.A9, I22.0, I22.1, I22.2, I22.8, I22.9, I24.0, I24.8, I24.9, I25.10, I25.110, I25.111, I25.112, I25.118, I25.119, I25.2, I25.5, I25.6, I25.700, I25.701, I25.702, I25.708, I25.709, I25.710, I25.711, I25.712, I25.718, I25.719, I25.720, I25.721, I25.722, I25.728, I25.729, I25.730, I25.731, I25.732, I25.738, I25.739, I25.750, I25.751, I25.752, I25.758, I25.759, I25.760, I25.761, I25.762, I25.768, I25.769, I25.790, I25.791, I25.792, I25.798, I25.799, I25.810, I25.811, I25.812, I25.82, I25.83, I25.84, I25.89, I25.9, Z95.1, Z95.5, Z98.61

### **AND**

**Patient encounter during the performance period (CPT):** 99202, 99203, 99204, 99205, 99212,

99213, 99214, 99215, 99242\*, 99243\*, 99244\*, 99245\*, 99304, 99305, 99306, 99307, 99308, 99309, 99310, 99315, 99316, 99341, 99342, 99344, 99345, 99347, 99348, 99349, 99350, 99424, 99426

**NUMERATOR:**

Patients who were prescribed aspirin or clopidogrel

**Definition:**

**Prescribed** - May include prescription given to the patient for aspirin or clopidogrel at one or more visits in the measurement period OR patient already taking aspirin or clopidogrel as documented in current medication list.

**Numerator Options:**

***Performance Met:***

Aspirin or clopidogrel prescribed or currently being taken  
**(4086F)**

**OR**

***Denominator Exception:***

Documentation of medical reason(s) for not prescribing aspirin or clopidogrel (e.g., allergy, intolerance, receiving other thienopyridine therapy, receiving warfarin therapy, bleeding coagulation disorders, other medical reasons) **(4086F with 1P)**

**OR**

***Denominator Exception:***

Documentation of patient reason(s) for not prescribing aspirin or clopidogrel (e.g., patient declined, other patient reasons) **(4086F with 2P)**

**OR**

***Denominator Exception:***

Documentation of system reason(s) for not prescribing aspirin or clopidogrel (e.g., lack of drug availability, other reasons attributable to the health care system) **(4086F with 3P)**

**OR**

***Performance Not Met:***

Aspirin or clopidogrel was not prescribed, reason not otherwise specified **(4086F with 8P)**

**RATIONALE:**

Use of antiplatelet therapy has shown to reduce the occurrence of vascular events in patients with CAD, including myocardial infarction and death.

**CLINICAL RECOMMENDATION STATEMENTS:**

The following evidence statements are quoted verbatim from the referenced clinical guidelines.

2012 ACCF/AHA/ACP/AATS/PCNA/SCAI/STS Guideline for the Diagnosis and Management of Patients With Stable Ischemic Heart Disease (SIHD)

**ANTIPLATELET THERAPY**

Treatment with aspirin 75 to 162 mg daily should be continued indefinitely in the absence of contraindications in patients with SIHD. (Class I Recommendation, Level of Evidence: A)

Treatment with clopidogrel is reasonable when aspirin is contraindicated in patients with SIHD. (Class I Recommendation, Level of Evidence: B)

**COPYRIGHT:**

Physician performance measures and related data specifications were developed by the American College of

Cardiology (ACC) and the American Heart Association (AHA) to facilitate quality improvement activities by physicians. These performance measures are not clinical guidelines and do not establish a standard of medical care, and have not been tested for all potential applications. While copyrighted, they 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 performance measures for commercial gain, or incorporation of the performance 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 ACC or the AHA. Neither the ACC or the AHA, nor its members shall be responsible for any use of these measures.

**THE MEASURES AND SPECIFICATIONS ARE PROVIDED “AS IS” WITHOUT WARRANTY OF ANY KIND.**

© 2022 American College of Cardiology and American Heart Association. All Rights Reserved.

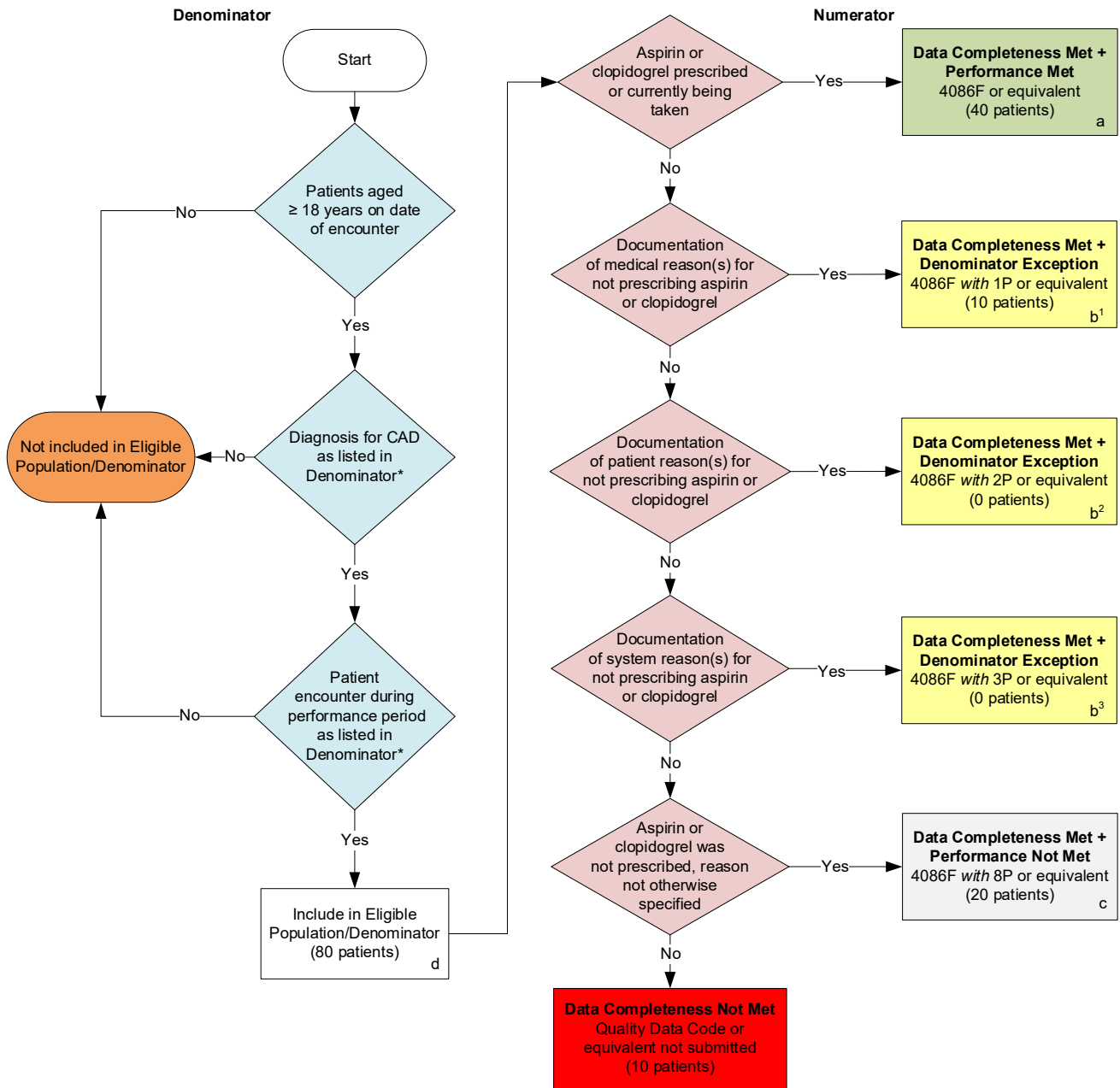
Limited proprietary coding is contained in the measure specifications for convenience. Users of the proprietary code sets should obtain all necessary licenses from the owners of these code sets. The ACC and the AHA, and its members disclaim all liability for use or accuracy of any Current Procedural Terminology (CPT®) or other coding contained in the specifications.

CPT® contained in the measures specifications is copyright 2004-2022 American Medical Association. LOINC® copyright 2004-2022 Regenstrief Institute, Inc. This material contains SNOMED CLINICAL TERMS (SNOMED CT®) copyright 2004-2022 International Health Terminology Standards Development Organisation. ICD-10 is copyright 2022 World Health Organization. All Rights Reserved. Use of SNOMED CT® is only authorized within the United States.

The American Medical Association’s and the PCPI® Foundation’s significant past efforts and contributions to the performance measures are gratefully acknowledged.

## 2023 Clinical Quality Measure Flow for Quality ID #6 (NQF 0067): Coronary Artery Disease (CAD): Antiplatelet Therapy

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



### SAMPLE CALCULATIONS

**Data Completeness=**  
 Performance Met (a=40 patients) + Denominator Exceptions (b<sup>1</sup>+b<sup>2</sup>+b<sup>3</sup>=10 patients) + Performance Not Met (c=20 patients) = 70 patients = 87.50%  
 Eligible Population / Denominator (d=80 patients) = 80 patients

**Performance Rate=**  
 Performance Met (a=40 patients) = 40 patients = 66.67%  
 Data Completeness Numerator (70 patients) – Denominator Exceptions (b<sup>1</sup>+b<sup>2</sup>+b<sup>3</sup>=10 patients) = 60 patients

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

NOTE: Submission Frequency: Patient-Process

CPT only copyright 2022 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.  
 v7

**2023 Clinical Quality Measure Flow Narrative for Quality ID #6 (NQF 0067):  
Coronary Artery Disease (CAD): Antiplatelet Therapy**

**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 CAD as listed in Denominator\**.
3. Check *Diagnosis for CAD as listed in Denominator\**:
  - a. If *Diagnosis for CAD as listed in Denominator\** equals No, do not include in *Eligible Population/Denominator*. Stop processing.
  - b. If *Diagnosis for CAD as listed in Denominator\** equals Yes, proceed to check *Patient encounter during performance period as listed in Denominator\**.
4. Check *Patient encounter during performance period as listed in Denominator\**:
  - a. If *Patient encounter during performance period as listed in Denominator\** equals No, do not include *Eligible Population/Denominator*. Stop processing.
  - b. If *Patient encounter during performance period as listed in Denominator\** equals Yes, include in *Eligible Population/Denominator*.
5. 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.
6. Start Numerator
7. Check *Aspirin or clopidogrel prescribed or currently being taken*:
  - a. If *Aspirin or clopidogrel prescribed or currently being taken* 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 Sample Calculation.
  - b. If *Aspirin or clopidogrel prescribed or currently being taken* equals No, proceed to check *Documentation of medical reason(s) for not prescribing aspirin or clopidogrel*.
8. Check *Documentation of medical reason(s) for not prescribing aspirin or clopidogrel*:
  - a. If *Documentation of medical reason(s) for not prescribing aspirin or clopidogrel* 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<sup>1</sup> equals 10 patients in the Sample Calculation.
- b. If *Documentation of medical reason(s) for not prescribing aspirin or clopidogrel* equals No, proceed to check *Documentation of patient reason(s) for not prescribing aspirin or clopidogrel*.
9. Check *Documentation of patient reason(s) for not prescribing aspirin or clopidogrel*:
- a. If *Documentation of patient reason(s) for not prescribing aspirin or clopidogrel* 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<sup>2</sup> equals 0 patients in the Sample Calculation.
- b. If *Documentation of patient reason(s) for not prescribing aspirin or clopidogrel* equals No, proceed to check *Documentation of system reason(s) for not prescribing aspirin or clopidogrel*.
10. Check *Documentation of system reason(s) for not prescribing aspirin or clopidogrel*:
- a. If *Documentation of system reason(s) for not prescribing aspirin or clopidogrel* 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<sup>3</sup> equals 0 patients in the Sample Calculation.
- b. If *Documentation of system reason(s) for not prescribing aspirin or clopidogrel* equals No, proceed to check *Aspirin or clopidogrel was not prescribed, reason not otherwise specified*.
11. Check *Aspirin or clopidogrel was not prescribed, reason not otherwise specified*:
- a. If *Aspirin or clopidogrel was not prescribed, 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 c equals 20 patients in the Sample Calculation.
- b. If *Aspirin or clopidogrel was not prescribed, 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 40 patients) plus Denominator Exceptions (b<sup>1</sup> plus b<sup>2</sup> plus b<sup>3</sup> equals 10 patients) plus Performance Not Met (c equals 20 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)

minus Denominator Exceptions ( $b^1$  plus  $b^2$  plus  $b^3$  equals 10 patients). All equals 40 patients divided by 60 patients. All equals 66.67 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.