

Quality ID #326: Atrial Fibrillation and Atrial Flutter: Chronic Anticoagulation Therapy

2024 COLLECTION TYPE: **MIPS CLINICAL QUALITY MEASURES (CQMS)**

MEASURE TYPE: Process

DESCRIPTION:
Percentage of patients aged 18 years and older with atrial fibrillation (AF) or atrial flutter who were prescribed an FDA-approved oral anticoagulant drug for the prevention of thromboembolism during the measurement period.

INSTRUCTIONS:
This measure is to be submitted a minimum of **once per performance period** for patients with AF or atrial flutter 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 based on the services provided and the measure-specific denominator coding.

NOTE: Patient encounters for this measure conducted via telehealth (including but not limited to encounters coded with GQ, GT, 95, POS 02, POS 10) 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 AF or atrial flutter who do not have a documented CHA₂DS₂-VASc risk score of 0 or 1 for men; or 0, 1, or 2 for women

Definitions:

Comfort Care Only – Refers to medical treatment of a dying person where the natural dying process is permitted to occur while assuring maximum comfort. It includes attention to the psychological and spiritual needs of the patient and support for both the dying patient and the patient's family. Comfort Measures Only is commonly referred to as "comfort care" by the general public. It may be completed in an inpatient, outpatient, or home environment. Comfort Measures Only includes hospice, palliative and supportive treatment for patients who are suffering from a terminal illness—e.g., AIDS, cancer—or who have refused life-sustaining treatment. In order to use **G9930**, a patient must be on comfort care measures only and not be receiving any other types of care. It is not equivalent to a physician order to withhold emergency resuscitative measures such as Do Not Resuscitate (DNR).

CHA₂DS₂-VASc Stroke Risk Assessment – The assessment of patients with AF or atrial flutter, assessment of thromboembolic risk should include:

<u>CHA₂DS₂-VASc Criteria</u>	<u>Score</u>
Congestive HF	1
Hypertension	1
Age ≥ 75 years	2

<u>CHA₂DS₂-VASc Criteria</u>	<u>Score</u>
Diabetes Mellitus	1
Stroke/Transient Ischemic Attack (TIA)/Thromboembolism (TE)	2
Vascular disease (prior myocardial infarction [MI], peripheral artery disease [PAD], or aortic plaque)	1
Age 65-74 years	1
Sex category (i.e.; female)	1

DENOMINATOR NOTE: Denominator Exclusions are determined on the date of the denominator eligible encounter. The intent of the denominator exclusion **G9931** is to allow patients with a low risk for a thromboembolic event (i.e., a CHA₂DS₂-VASc score of 0 or 1 for men; or 0, 1, or 2 for women) to be excluded from the sample. This denominator exclusion serves as documentation that a patient's risk for a thromboembolic event was appropriately assessed using the CHA₂DS₂-VASc scoring tool and that the risk was low enough to not warrant anticoagulation treatment. In order to exclude low risk patients, eligible clinicians must use the CHA₂DS₂-VASc assessment tool to determine a patient's risk score and must document either the numeric score (i.e., 0 or 1 for men; or 0, 1, or 2 for women) or all the individual risk factors assessed to support an assessment of the CHA₂DS₂-VASc score.

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 ≥ 18 years on date of encounter

AND

Diagnosis for atrial fibrillation or atrial flutter (ICD-10-CM): I48.0, I48.3, I48.4, I48.11, I48.19, I48.20, I48.21, I48.91, I48.92

AND

Patient encounter during the performance period (CPT): 99202, 99203, 99204, 99205, 99212, 99213, 99214, 99215, 99242*, 99243*, 99244*, 99245*, 99315, 99316, 99304, 99305, 99306, 99307, 99308, 99309, 99310, 99341, 99342, 99344, 99345, 99347, 99348, 99349, 99350, 99424, 99426

AND NOT

DENOMINATOR EXCLUSIONS:

Patient with transient or reversible cause of AF (e.g., pneumonia, hyperthyroidism, pregnancy, cardiac surgery): G9929

OR

Patients who are receiving comfort care only: G9930

OR

Documentation of CHA₂DS₂-VASc risk score of 0 or 1 for men; or 0, 1, or 2 for women: G9931

OR

Patients with moderate or severe mitral stenosis: G0044

OR

Patients with mechanical prosthetic heart valve: G0043

NUMERATOR:

Patients with AF or atrial flutter for whom an FDA-approved oral anticoagulant was prescribed

Definition:

Prescribed – Also satisfied by documentation in current medication list.

NUMERATOR NOTE: Denominator Exception(s) are determined on the date of the denominator eligible encounter.

Numerator Options:

Performance Met:

FDA-approved oral anticoagulant is prescribed
(**G8967**)

OR

Denominator Exception:

Documentation of medical reason(s) for not prescribing an FDA-approved anticoagulant (e.g., present or planned atrial appendage occlusion or ligation or patient being currently enrolled in a clinical trial related to AF/atrial flutter treatment) (**G8968**)

OR

Denominator Exception:

Documentation of patient reason(s) for not prescribing an oral anticoagulant that is FDA approved for the prevention of thromboembolism (e.g., patient preference for not receiving anticoagulation) (**G8969**)

OR

Performance Not Met:

FDA-approved anticoagulant not prescribed, reason not given (**G9928**)

RATIONALE:

AF, whether paroxysmal, persistent, or permanent and whether symptomatic or silent, significantly increases the risk of thromboembolic ischemic stroke. Nonvalvular atrial fibrillation increases the risk of stroke 5 times, and AF in the setting of mitral stenosis increases the risk of stroke 20 times over that of patients in sinus rhythm.

Thromboembolism occurring with AF is associated with a greater risk of recurrent stroke, more severe disability, and mortality. Silent AF is also associated with ischemic stroke. The appropriate use of antithrombotic therapy and the control of other risk factors, including hypertension and hypercholesterolemia, substantially reduce stroke risk.

One meta-analysis has stratified ischemic stroke risk among patients with nonvalvular AF using the following point scoring systems: AF Investigators; CHA₂DS₂ (congestive heart failure, hypertension, age 75 years, diabetes mellitus, prior stroke or TIA or thromboembolism [doubled]), or CHA₂DS₂-VASC (congestive heart failure, hypertension, age 75 years [doubled], diabetes mellitus, prior stroke or TIA or thromboembolism [doubled], vascular disease, age 65 to 74 years, sex category).

When compared with the CHA₂DS₂ score, the CHA₂DS₂-VASC score for nonvalvular AF has a broader score range (0 to 9) and includes a larger number of risk factors (female sex, 65 to 74 years of age, and vascular disease).

The selection of an antithrombotic agent should be based on shared decision making that takes into account risk factors, cost, tolerability, patient preference, potential for drug interactions, and other clinical characteristics, including time in the INR therapeutic range if the patient has been on warfarin, irrespective of whether the AF pattern is paroxysmal, persistent, or permanent.

The term “nonvalvular AF” was clarified in the 2019 update and does not imply the absence of valvular heart disease. Instead, as used in the 2019 guideline update, nonvalvular AF is “AF in the absence of moderate or severe mitral stenosis or a mechanical heart valve.”

CLINICAL RECOMMENDATION STATEMENTS:

1. In patients with AF, anticoagulant therapy should be individualized based on shared decision-making after discussion of the absolute and RRs of stroke and bleeding, and the patient’s values and preferences. (Class I, Level of Evidence: C)
2. Selection of anticoagulant therapy should be based on the risk of thromboembolism irrespective of whether the AF pattern is paroxysmal, persistent, or permanent. (Class I, Level of Evidence: B)

3. In patients with AF (except with moderate-to-severe mitral stenosis or a mechanical heart valve), the CHA₂DS₂-VASc score is recommended for assessment of stroke risk. (Class I, Level of Evidence: B)
4. For patients with AF who have mechanical heart valves, warfarin is recommended. (Class I, Level of Evidence: B)
5. For patients with AF and an elevated CHA₂DS₂-VASc score of 2 or greater in men or 3 or greater in women, oral anticoagulants are recommended.
Options include:
 - Warfarin (LOE: A) (S4.1.1-5–S4.1.1-7)
 - Dabigatran (LOE: B) (S4.1.1-8)
 - Rivaroxaban (LOE: B) (S4.1.1-9)
 - Apixaban (LOE: B) (S4.1.1-10), or
 - Edoxaban (LOE: B-R) (S4.1.1-11)
6. Among patients treated with warfarin, the INR should be determined at least weekly during initiation of anticoagulation therapy and at least monthly when anticoagulation (INR in range) is stable. (Class I, Level of Evidence: A)
7. For patients with AF (except with moderate-to-severe mitral stenosis or a mechanical heart valve) unable to maintain a therapeutic INR level with warfarin, NOAC is recommended. (Class I, Level of Evidence: C-EO)
8. Re-evaluation of the need for and choice of anticoagulation therapy at periodic intervals is recommended to reassess stroke and bleeding risks. (Class I, Level of Evidence: C)
9. For patients with atrial flutter, anticoagulation therapy is recommended according to the same risk profile used for AF. (Class I, Level of Evidence: C)

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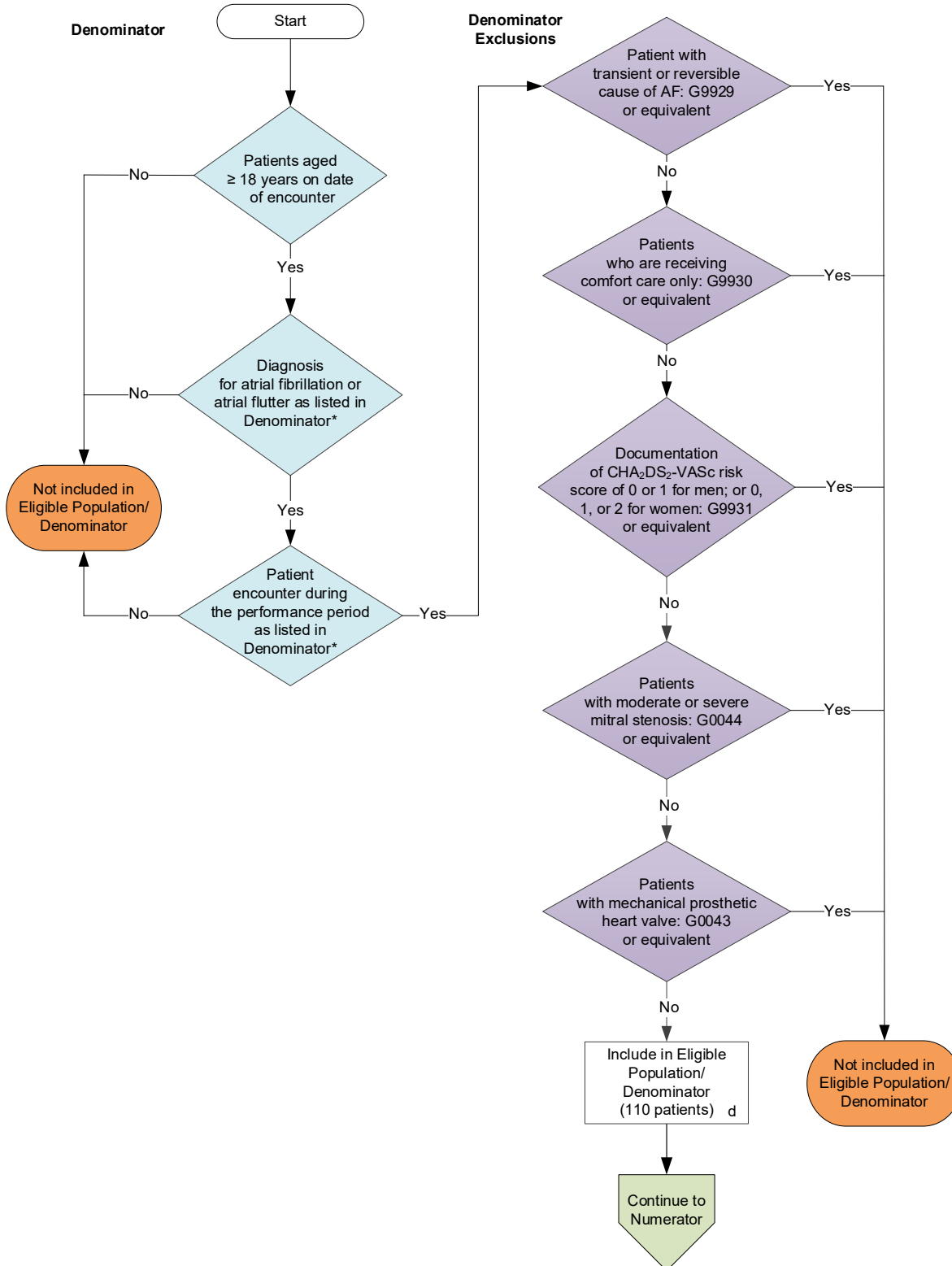
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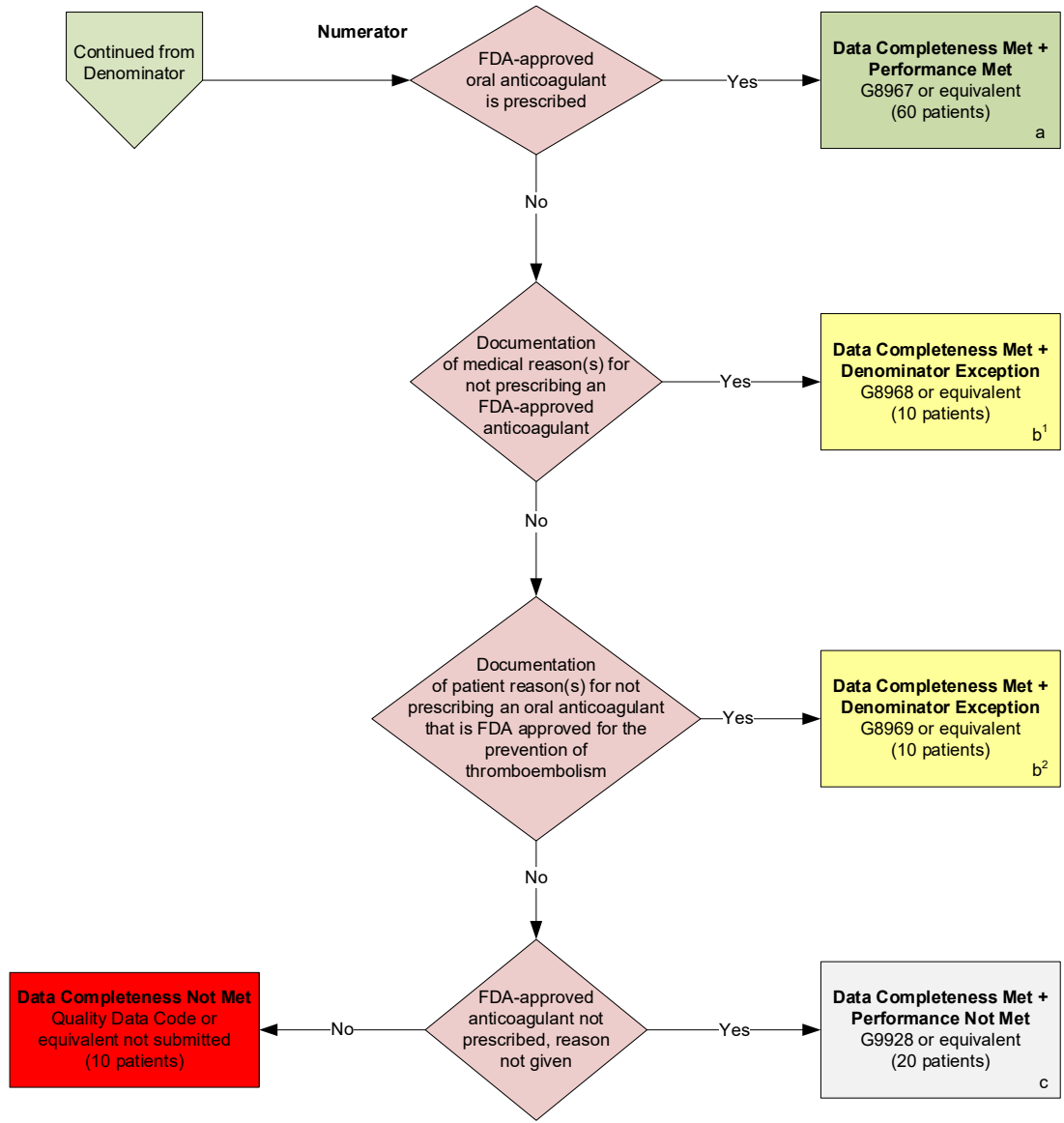
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2024 Clinical Quality Measure Flow for Quality ID #326: Atrial Fibrillation and Atrial Flutter: Chronic Anticoagulation Therapy

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





SAMPLE CALCULATIONS

Data Completeness=
 Performance Met (a=60 patients) + Denominator Exception (b¹+b²=20 patients) + Performance Not Met (c=20 patients) = 100 patients = 90.91%
 Eligible Population / Denominator (d=110 patients) = 110 patients

Performance Rate=

$$\frac{\text{Performance Met (a=60 patients)}}{\text{Data Completeness Numerator (100 patients) – Denominator Exception (b¹+b²=20 patients)}} = \frac{60 \text{ patients}}{80 \text{ patients}} = 75.00\%$$

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

NOTE: Submission Frequency: Patient-Process

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**2024 Clinical Quality Measure Flow Narrative for Quality ID #326:
Atrial Fibrillation and Atrial Flutter: Chronic Anticoagulation 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 atrial fibrillation or atrial flutter as listed in Denominator**.
3. Check *Diagnosis for atrial fibrillation or atrial flutter as listed in Denominator**:
 - a. If *Diagnosis for atrial fibrillation or atrial flutter as listed in Denominator** equals No, do not include in *Eligible Population/Denominator*. Stop processing.
 - b. If *Diagnosis for atrial fibrillation or atrial flutter 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 *Patient with transient or reversible cause of AF*.
5. Check *Patient with transient or reversible cause of AF*:
 - a. If *Patient with transient or reversible cause of AF* equals Yes, do not include in *Eligible Population/Denominator*. Stop processing.
 - b. If *Patient with transient or reversible cause of AF* equals No, proceed to check *Patients who are receiving comfort care only*.
6. Check *Patients who are receiving comfort care only*:
 - a. If *Patients who are receiving comfort care only* equals Yes, do not include in *Eligible Population/Denominator*. Stop processing.
 - b. If *Patients who are receiving comfort care only* equals No, proceed to check *Documentation of CHA₂DS₂-VASc risk score of 0 or 1 for men; or 0, 1, or 2 for women*.
7. Check *Documentation of CHA₂DS₂-VASc risk score of 0 or 1 for men; or 0, 1, or 2 for women*:
 - a. If *Documentation of CHA₂DS₂-VASc risk score of 0 or 1 for men; or 0, 1, or 2 for women* equals Yes, do not include in *Eligible Population/Denominator*. Stop processing.
 - b. If *Documentation of CHA₂DS₂-VASc risk score of 0 or 1 for men; or 0, 1, or 2 for women* equals No, proceed to check *Patients with moderate or severe mitral stenosis*.

8. Check *Patients with moderate or severe mitral stenosis*:
 - a. If *Patients with moderate or severe mitral stenosis* equals Yes, do not include in *Eligible Population/Denominator*. Stop processing.
 - b. If *Patients with moderate or severe mitral stenosis* equals No, proceed to check *Patients with mechanical prosthetic heart valve*.
9. Check *Patients with mechanical prosthetic heart valve*:
 - a. If *Patients with mechanical prosthetic heart valve* equals Yes, do not include in *Eligible Population/Denominator*. Stop processing.
 - b. If *Patients with mechanical prosthetic heart valve* equals No, include in *Eligible Population/Denominator*.
10. 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 110 patients in the Sample Calculation.
11. Start Numerator
12. Check *FDA-approved oral anticoagulant is prescribed*:
 - a. If *FDA-approved oral anticoagulant is prescribed* equals Yes, include in *Data Completeness Met and Performance Met*.
 - *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 60 patients in the Sample Calculation.
 - b. If *FDA-approved oral anticoagulant is prescribed* equals No, proceed to check *Documentation of medical reason(s) for not prescribing an FDA-approved anticoagulant*.
13. Check *Documentation of medical reason(s) for not prescribing an FDA-approved anticoagulant*:
 - a. If *Documentation of medical reason(s) for not prescribing an FDA-approved anticoagulant* equals Yes, include in *Data Completeness Met and Denominator Exception*.
 - *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 b¹ equals 10 patients in the Sample Calculation.
 - b. If *Documentation of medical reason(s) for not prescribing an FDA-approved anticoagulant* equals No, proceed to check *Documentation of patient reason(s) for not prescribing an oral anticoagulant that is FDA-approved for the prevention of thromboembolism*.
14. Check *Documentation of patient reason(s) for not prescribing an oral anticoagulant that is FDA-approved for the prevention of thromboembolism*:
 - a. If *Documentation of patient reason(s) for not prescribing an oral anticoagulant that is FDA-approved for the prevention of thromboembolism* equals Yes, include in *Data Completeness Met and Denominator Exception*.

- *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 b² equals 10 patients in the Sample Calculation.
- b. *Documentation of patient reason(s) for not prescribing an oral anticoagulant that is FDA-approved for the prevention of thromboembolism* equals No, proceed to check *FDA-approved anticoagulant not prescribed, reason not given*.
15. Check *FDA-approved anticoagulant not prescribed, reason not given*:
- a. If *FDA-approved anticoagulant not prescribed, 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 20 patients in the Sample Calculation.
- b. If *FDA-approved anticoagulant not prescribed, reason not given* equals No, proceed to check *Data Completeness Not Met*.
16. 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 60 patients) plus Denominator Exception (b¹ plus b² equals 20 patients) plus Performance Not Met (c equals 20 patients) divided by Eligible Population / Denominator (d equals 110 patients). All equals 100 patients divided by 110 patients). All equals 90.91 percent.

Performance Rate equals Performance Met (a equals 60 patients) divided by Data Completeness Numerator (100 patients) minus Denominator Exception (b¹ plus b² equals 20 patients). All equals 60 patients divided by 80 patients. All equals 75.00 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.