SLEEP APNEA MEASURES GROUP OVERVIEW

2013 PQRS OPTIONS FOR MEASURES GROUP:
REGISTRY ONLY

2013 PQRS MEASURES IN SLEEP APNEA MEASURES GROUP:
#276. Sleep Apnea: Assessment of Sleep Symptoms
#277. Sleep Apnea: Severity Assessment at Initial Diagnosis
#278. Sleep Apnea: Positive Airway Pressure Therapy Prescribed
#279. Sleep Apnea: Assessment of Adherence to Positive Airway Pressure Therapy

INSTRUCTIONS FOR REPORTING: (These instructions apply to registry reporting. Do not report this measures group via claims.)

- It is not necessary to submit the measures group-specific intent G-code for registry-based submissions. However, the measures group-specific intent G-code has been created for registry only measures groups for use by registries that utilize claims data.

  G8900: I intend to report the Sleep Apnea Measures Group

- Report the patient sample method:
  20 Patient Sample Method: 20 unique patients (a majority of which must be Medicare Part B FFS [fee for service] patients) meeting patient sample criteria for the measures group during the reporting period (January 1 through December 31, 2013 OR July 1 through December 31, 2013).

- Patient sample criteria for the Sleep Apnea Measures Group are patients aged 18 years and older with a specific diagnosis of Sleep Apnea accompanied by a specific patient encounter:

  One of the following diagnosis codes indicating Sleep Apnea:
  ICD-9-CM: 327.23, 780.51, 780.53, 780.57
  ICD-10-CM [Reference ONLY/Not Reportable]: G47.30, G47.33

  Accompanied by

  One of the following patient encounter codes: 99201, 99202, 99203, 99204, 99205, 99212, 99213, 99214, 99215

- Report a numerator option on all measures within the Sleep Apnea Measures Group for each patient within the eligible professional’s patient sample.

- Instructions for qualifying numerator option reporting for each of the measures within the Sleep Apnea Measures Group are displayed on the next several pages. The following composite G-code has been created for registry only measures groups for use by registries that utilize claims data. This composite G-code may be reported in lieu of the individual quality-data codes for each of the measures within the group, if all quality actions for the patient have been performed for all the measures within the group. However, it is not necessary to submit the following composite G-code for registry-based submissions.

  Composite G-code G8759: All quality actions for the applicable measures in the Sleep Apnea Measures Group have been performed for this patient.

- To report satisfactorily the Sleep Apnea Measures Group it requires all measures for each patient within the eligible professional’s patient sample to be reported a minimum of once during the
reporting period. In measures group reporting, measures that are based on patient visits need only be reported a minimum of once per reporting period – they do not need to be reported each visit.

- Measures groups containing a measure with a 0% performance rate will not be counted as satisfactorily reporting the measures group. The recommended clinical quality action must be performed on at least one patient for each measure within the measures group reported by the eligible professional. Performance exclusion quality-data codes are not counted in the performance denominator. If the eligible professional submits all performance exclusion quality-data codes, the performance rate would be 0/0 and would be considered satisfactorily reporting.

- When using the 20 Patient Sample Method, report all applicable measures for the 20 unique patients seen a majority of which must be Medicare Part B FFS patients for the 12-month or 6-month reporting period.

**NOTE:** The detailed instructions in this specification apply exclusively to the reporting and analysis of the included measures under the measures groups option. For all other claims-based or registry-based reporting options, please see the measures' full specifications in the document "2013 Physician Quality Reporting System (PQRS) Measure Specifications Manual for Claims and Registry Reporting for Individual Measures" available for download from the CMS PQRS website.
Measure #276: Sleep Apnea: Assessment of Sleep Symptoms

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 symptoms, including presence or absence of snoring and daytime sleepiness

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

Numerator Options:
- Sleep apnea symptoms assessed, including presence or absence of snoring and daytime sleepiness (G8839)
- Documentation of reason(s) for not performing an assessment of sleep symptoms (e.g., patient didn't have initial daytime sleepiness, patient visits between initial testing and initiation of therapy) (G8840)
- Sleep apnea symptoms not assessed, reason not given (G8841)

NOTE: The detailed instructions in this specification apply exclusively to the reporting and analysis of the included measures under the measures groups option. For all other claims-based or registry-based reporting options, please see the measures' full specifications in the document '2013 Physician Quality Reporting System (PQRS) Measure Specifications Manual for Claims and Registry Reporting for Individual Measures' available for download from the CMS PQRS website.
Measure #277: Sleep Apnea: Severity Assessment at Initial Diagnosis

DESCRIPTION:
Percentage of patients aged 18 years and older with a diagnosis of obstructive sleep apnea who had an apnea hypopnea index (AHI) or a respiratory disturbance index (RDI) measured at the time of initial diagnosis.

NUMERATOR:
Patients who had an apnea hypopnea index (AHI) or a respiratory disturbance index (RDI) measured at the time of initial diagnosis.

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).

Numerator Options:
- Apnea hypopnea index (AHI) or respiratory disturbance index (RDI) measured at the time of initial diagnosis (G8842)
- Documentation of reason(s) for not measuring an apnea hypopnea index (AHI) or a respiratory disturbance index (RDI) at the time of initial diagnosis (e.g., abnormal anatomy, patient declined, financial, insurance coverage) (G8843)
- Apnea hypopnea index (AHI) or respiratory disturbance index (RDI) not measured at the time of initial diagnosis, reason not given (G8844)

NOTE: The detailed instructions in this specification apply exclusively to the reporting and analysis of the included measures under the measures groups option. For all other claims-based or registry-based reporting options, please see the measures’ full specifications in the document “2013 Physician Quality Reporting System (PQRS) Measure Specifications Manual for Claims and Registry Reporting for Individual Measures” available for download from the CMS PQRS website.
Measure #278: Sleep Apnea: Positive Airway Pressure Therapy Prescribed

DESCRIPTION:
Percentage of patients aged 18 years and older with a diagnosis of moderate or severe obstructive sleep apnea who were prescribed positive airway pressure therapy

NUMERATOR:
Patients who were prescribed positive airway pressure therapy

Definition: Moderate or severe sleep apnea is defined as apnea hypopnea index (AHI) or a respiratory disturbance index (RDI) greater than or equal to 15 episodes per hour of sleep

Numerator Options:
Positive airway pressure therapy prescribed (G8845)
AND
Moderate or severe obstructive sleep apnea (apnea hypopnea index (AHI) or respiratory disturbance index (RDI) of 15 or greater) (G8846)
OR
Mild obstructive sleep apnea (apnea hypopnea index (AHI) or respiratory disturbance index (RDI) of less than 15) (G8848)
OR
Documentation of reason(s) for not prescribing positive airway pressure therapy (e.g., patient unable to tolerate, alternative therapies used, patient declined, financial, insurance coverage) (G8849)
AND
Moderate or severe obstructive sleep apnea (apnea hypopnea index (AHI) or respiratory disturbance index (RDI) of 15 or greater) (G8846)
OR
Positive airway pressure therapy not prescribed, reason not given (G8850)
AND
Moderate or severe obstructive sleep apnea (apnea hypopnea index (AHI) or respiratory disturbance index (RDI) of 15 or greater) (G8846)

NOTE: The detailed instructions in this specification apply exclusively to the reporting and analysis of the included measures under the measures groups option. For all other claims-based or registry-based reporting options, please see the measures’ full specifications in the document “2013 Physician Quality Reporting System (PQRS) Measure Specifications Manual for Claims and Registry Reporting for Individual Measures” available for download from the CMS PQRS website.

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Measure #279: Sleep Apnea: Assessment of Adherence to Positive Airway Pressure Therapy

DESCRIPTION:
Percentage of visits for patients aged 18 years and older with a diagnosis of obstructive sleep apnea who were prescribed positive airway pressure therapy who had documentation that adherence to positive airway pressure therapy was objectively measured

NUMERATOR:
Patient visits with documentation that adherence to positive airway pressure therapy was objectively measured

Definition: Objectively measured is defined as: positive airway pressure machine-generated measurement of hours of use.

Numerator Options:
Objective measurement of adherence to positive airway pressure therapy, documented (G8851) AND Positive airway pressure therapy was prescribed (G8852)

OR
Positive airway pressure therapy not prescribed (G8853)

OR
Documentation of reason(s) for not objectively measuring adherence to positive airway pressure therapy (e.g., patient didn't bring data from continuous positive airway pressure [CPAP], therapy not yet initiated, not available on machine) (G8854) AND Positive airway pressure therapy was prescribed (G8852)

OR
Objective measurement of adherence to positive airway pressure therapy not performed, reason not given (G8855) AND Positive airway pressure therapy was prescribed (G8852)