

CORONARY ARTERY DISEASE (CAD) MEASURES GROUP OVERVIEW

2011 PHYSICIAN QUALITY REPORTING OPTIONS FOR MEASURES GROUPS: REGISTRY ONLY

2011 PHYSICIAN QUALITY REPORTING MEASURES IN CORONARY ARTERY DISEASE (CAD) MEASURES GROUP:

- #6. Coronary Artery Disease (CAD): Oral Antiplatelet Therapy Prescribed for Patients with CAD
- #196. Coronary Artery Disease (CAD): Symptom and Activity Assessment
- #197. Coronary Artery Disease (CAD): Drug Therapy for Lowering LDL-Cholesterol
- #226. Preventive Care and Screening: Tobacco Use: Screening and Cessation Intervention

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 measure groups for use by registries that utilize claims data.

G8489: I intend to report the Coronary Artery Disease (CAD) Measures Group

- Select patient sample method:
30 Patient Sample Method: 30 unique Medicare Part B FFS (fee for service) patients meeting patient sample criteria for the measures group.
OR
80% Patient Sample Method: All patients meeting patient sample criteria for the measure group during the entire reporting period (January 1 through December 31, 2011 **OR** July 1 through December 31, 2011). For the 12-month reporting period, a minimum of 15 Medicare Part B FFS patients must meet the measures group patient sample criteria to report satisfactory. For the 6-month reporting period, a minimum of 8 Medicare Part B FFS patients must meet the measures group patient sample criteria to report satisfactory.
- Patient sample criteria for the CAD Measures Group are patients aged 18 years and older with a specific diagnosis of CAD accompanied by a specific patient encounter:

One of the following diagnosis codes indicating CAD: 410.00, 410.01, 410.02, 410.10, 410.11, 410.12, 410.20, 410.21, 410.22, 410.30, 410.31, 410.32, 410.40, 410.41, 410.42, 410.50, 410.51, 410.52, 410.60, 410.61, 410.62, 410.70, 410.71, 410.72, 410.80, 410.81, 410.82, 410.90, 410.91, 410.92, 411.0, 411.1, 411.81, 411.89, 412, 413.0, 413.1, 413.9, 414.00, 414.01, 414.02, 414.03, 414.04, 414.05, 414.06, 414.07, 414.8, 414.9, V45.81, V45.82

Accompanied by

One of the following patient encounter codes: 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

- Report a numerator option on **all applicable** measures within the CAD 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 CAD Measures Group are displayed on the next several pages. The following composite G-code

SPECIFICATION FOR MEASURES GROUP REPORTING ONLY

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 G8498: All quality actions for the applicable measures in the Coronary Artery Disease (CAD) Measures Group have been performed for this patient

- To report satisfactorily for the CAD Measures Group it requires **all applicable** measures for each patient within the eligible professional's patient sample to be reported a minimum of once during the reporting period.
- When using the 30 Patient Sample Method, report all applicable measures for the 30 unique Medicare Part B FFS patients seen. When using the 80% Patient Sample Method, report all applicable measures on at least 80% of the patient sample for the eligible professional 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 "2011 Physician Quality Reporting Measure Specifications Manual for Claims and Registry Reporting for Individual Measures" available for download from the CMS Physician Quality Reporting website.

SPECIFICATION FOR MEASURES GROUP REPORTING ONLY

▲ Measure #6: Coronary Artery Disease (CAD): Oral Antiplatelet Therapy Prescribed for Patients with CAD

DESCRIPTION:

Percentage of patients aged 18 years and older with a diagnosis of CAD who were prescribed oral antiplatelet therapy

NUMERATOR:

Patients who were prescribed oral antiplatelet therapy

Numerator Instructions: Oral antiplatelet therapy consists of aspirin, clopidogrel or combination of aspirin and extended release dipyridamole.

Definition:

Prescribed – May include prescription given to the patient for aspirin or clopidogrel at one or more visits in the 12-month period OR patient already taking aspirin or clopidogrel as documented in current medication list.

Numerator Quality-Data Coding Options for Reporting Satisfactorily:

Oral Antiplatelet Therapy Prescribed

CPT II 4011F: Oral antiplatelet therapy prescribed

OR

Oral Antiplatelet Therapy not Prescribed for Medical, Patient, or System Reasons

Append a modifier (1P, 2P or 3P) to Category II code 4011F to report documented circumstances that appropriately exclude patients from the denominator.

4011F with 1P: Documentation of medical reason(s) for not prescribing oral antiplatelet therapy

4011F with 2P: Documentation of patient reason(s) for not prescribing oral antiplatelet therapy

4011F with 3P: Documentation of system reason(s) for not prescribing oral antiplatelet therapy

OR

Oral Antiplatelet Therapy not Prescribed, Reason not Specified

Append a reporting modifier (8P) to CPT Category II code 4011F to report circumstances when the action described in the numerator is not performed and the reason is not otherwise specified.

4011F with 8P: Oral antiplatelet therapy was not prescribed, reason not otherwise specified

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Measure #196: Coronary Artery Disease (CAD): Symptom and Activity Assessment

DESCRIPTION:

Percentage of patients aged 18 years and older with a diagnosis of CAD who were evaluated for both level of activity and anginal symptoms during one or more visits.

NUMERATOR:

Patients evaluated for both level of activity and anginal symptoms during one or more office visits

Numerator Options:

Anginal symptoms and level of activity assessed (1002F)

OR

Anginal symptoms and level of activity assessed not assessed, reason not specified (1002F *with* 8P)

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SPECIFICATION FOR MEASURES GROUP REPORTING ONLY

▲ Measure #197: Coronary Artery Disease (CAD): Drug Therapy for Lowering LDL-Cholesterol

DESCRIPTION:

Percentage of patients aged 18 years and older with a diagnosis of CAD who were prescribed a lipid-lowering therapy (based on current ACC/AHA guidelines)

NUMERATOR:

Patients who were prescribed lipid-lowering therapy

NUMERATOR NOTE: For those registries that utilize claims data, the quality-data code 4002F may be used for this measure.

Definition:

Prescribed – May include prescription given to the patient for a lipid-lowering therapy at one or more visits in the 12 month period OR patient already taking a lipid-lowering therapy as documented in the current medication list.

Numerator Options:

Lipid-lowering therapy prescribed

OR

Lipid-lowering therapy not prescribed for medical reason

OR

Lipid-lowering therapy not prescribed for patient reason

OR

Lipid-lowering therapy not prescribed for system reason

OR

Lipid-lowering therapy not prescribed, reason not specified

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 "2011 Physician Quality Reporting Measure Specifications Manual for Claims and Registry Reporting for Individual Measures" available for download from the CMS Physician Quality Reporting website.

SPECIFICATION FOR MEASURES GROUP REPORTING ONLY

▲ Measure #226: Preventive Care and Screening: Tobacco Use: Screening and Cessation Intervention

DESCRIPTION:

Percentage of patients aged 18 years and older who were screened for tobacco use one or more times within 24 months AND who received cessation counseling intervention if identified as a tobacco user

NUMERATOR:

Patients who were screened for tobacco use at least once within 24 months AND who received tobacco cessation counseling intervention if identified as a tobacco user

Definitions:

Tobacco Use – Includes any type of tobacco

Cessation Counseling Intervention – Includes counseling or pharmacotherapy

Numerator Quality-Data Coding Options for Reporting Satisfactorily:

Patient Screened for Tobacco Use

CPT II 4004F: Patient screened for tobacco use AND received tobacco cessation counseling, if identified as a tobacco user

OR

Patient Screened for Tobacco Use and Identified as a Non-User of Tobacco

CPT II 1036F: Current tobacco non-user

OR

Tobacco Screening not Performed for Medical Reasons

Append a modifier (**1P**) to CPT Category II code **4004F** to report documented circumstances that appropriately exclude patients from the denominator

4004F with 1P: Documentation of medical reason(s) for not screening for tobacco use (eg, limited life expectancy)

OR

Tobacco Screening not Performed Reason Not Specified

Append a reporting modifier (**8P**) to CPT Category II code **4004F** to report circumstances when the action described in the numerator is not performed and the reason is not otherwise specified.

4004F with 8P: Tobacco Screening not performed, reason not otherwise specified

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 "2011 Physician Quality Reporting Measure Specifications Manual for Claims and Registry Reporting for Individual Measures" available for download from the CMS Physician Quality Reporting website.