

**Measure #268 (NQF 1814): Epilepsy: Counseling for Women of Childbearing Potential with Epilepsy
– National Quality Strategy Domain: Effective Clinical Care**

2017 OPTIONS FOR INDIVIDUAL MEASURES:
REGISTRY ONLY

MEASURE TYPE:
Process

DESCRIPTION:
All female patients of childbearing potential (12 - 44 years old) diagnosed with epilepsy who were counseled or referred for counseling for how epilepsy and its treatment may affect contraception OR pregnancy at least once a year

INSTRUCTIONS:
This measure is to be reported minimum of **once per performance period** for patients with a diagnosis of epilepsy during the **performance period**. 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 females of childbearing potential (12-44 years old) with a diagnosis of epilepsy

Denominator Criteria (Eligible Cases):

All females age 12-44 years old

AND

Diagnosis for Epilepsy (ICD-10-CM): G40.A09, G40.A19, G40.109, G40.119, G40.209, G40.219, G40.309, G40.409, G40.411, G40.822, G40.824, G40.909

AND

Patient encounter during the performance period (CPT): 99201, 99202, 99203, 99204, 99205, 99211, 99212, 99213, 99214, 99215

WITHOUT

Telehealth Modifier: GQ, GT

NUMERATOR:
Female patients or caregivers counseled at least once a year about how epilepsy and its treatment may affect contraception OR pregnancy

Numerator Options:
Performance Met:

Counseling for women of childbearing potential with epilepsy (**4340F**)

OR

Denominator Exception:

Documentation of medical reason(s) why counseling was not performed for women of childbearing potential with epilepsy (**4340F with 1P**)

OR

Performance Not Met:

Counseling about epilepsy specific safety issues provided to patient or caregiver was not performed, reason not otherwise specified (**4340F with 8P**)

RATIONALE:

Epilepsy is associated with reduced fertility, increased pregnancy risks, and risks for malformations in the infant. Treatment of seizures with anti-seizure medications may alter hormone levels, render oral contraceptives less effective and may interfere with embryonic and fetal development. Certain anti-seizure medications may have specific malformation risks. Folic acid supplementation, monotherapy for epilepsy, using lower doses of medication when possible, and proper obstetrical, prenatal and pre-pregnancy care all should be discussed with the patient so they understand the risks involved and how to mitigate these risks.

CLINICAL RECOMMENDATION STATEMENTS:

If a woman with epilepsy is of childbearing potential and receives oral contraceptives in conjunction with an enzyme inducing AED [Antiepileptic Drug], THEN decreased effectiveness of oral contraception should be addressed. (higher doses of the oral contraceptive, alternative birth control methods, or change AED). (Level A 2++/Primary) Neurology 2007; 69: 2020-2027

Patients with epilepsy should receive an annual review of information including topics such as: ... Contraception, family planning, and how pregnancy and menopause may affect seizures (evidence grade C) Neurology 2007; 69: 2020-2027

Women with epilepsy (WWE) should be counseled that seizure freedom for at least 9 months prior to pregnancy is probably associated with a high rate (84%-92%) of remaining seizure-free during pregnancy. Neurology 2009; 73: 126-132

Women with epilepsy who smoke should be counseled that they possibly have a substantially increased risk of premature contractions and premature labor and delivery during pregnancy. There is possibly a substantially increased risk of premature contractions and premature labor and delivery during pregnancy for WWE who smoke. (Level C) Neurology 2009; 73: 126-132

Counseling of WWE who are contemplating pregnancy should reflect that there is probably no increased risk of reduced cognition in the offspring of WWE not taking AEDs (Level B). Neurology 2009; 73: 142-149

To reduce the risk of MCMS, avoidance of the use of VPA during the first trimester of pregnancy, if possible, may be considered, compared to the use of PHT or LTG. [MCMS=major congenital malformations; VPA=valproate; PHT=phenytoin; LTG=lamotrigine] (Level C) Neurology 2009; 73: 142-149

In order to enable informed decisions and choice, and to reduce misunderstandings, women and girls with epilepsy and their partners, as appropriate, must be given accurate information and counseling about contraception, conception, pregnancy, caring for children and breastfeeding, and menopause. (Level III) NICE 2012

Information about contraception, conception, pregnancy, or menopause should be given to women and girls in advance of sexual activity, pregnancy or menopause, and the information should be tailored to their individual needs. This information should also be given, as needed, to people who are closely involved with women and girls with epilepsy. These may include her family and/or carers. (Level III) NICE 2012

All healthcare professionals who treat, care for, or support women and girls with epilepsy should be familiar with relevant information and the availability of counseling. (Level III) NICE 2012

Discuss with women and girls of childbearing potential (including young girls who are likely to need treatment into their childbearing years), and their parents and/or carers if appropriate, the risk of AEDs causing malformations and possible neurodevelopmental impairments in an unborn child. Assess the risks and benefits of treatment with

individual drugs. There are limited data on risks to the unborn child associated with newer drugs. Specifically discuss the risk of continued use of sodium valproate to the unborn child, being aware that higher doses of sodium valproate (more than 800 mg/day) and polytherapy, particularly with sodium valproate, are associated with greater risk. (Evidence comes from three systematic reviews; one review focused on incidence of malformation and the other two on child neurodevelopmental outcomes. No individual RCTs were reviewed. This recommendation was also based on GDG consensus opinion.) NICE 2012

In women of childbearing potential, the possibility of interaction with oral contraceptives should be discussed and an assessment made as to the risks and benefits of treatment with individual drugs. (Level III) NICE 2012

In girls of childbearing potential, including young girls who are likely to need treatment into their childbearing years, the possibility of interaction with oral contraceptives should be discussed with the child and/or her carer, and an assessment made as to the risks and benefits of treatment with individual drugs. (Level III) NICE 2012

In women and girls of childbearing potential, the risks and benefits of different contraceptive methods, including hormone-releasing intrauterine devices (IUDs), should be discussed. (Level III) NICE 2012

If a woman or girl taking enzyme-inducing AEDs chooses to take the combined oral contraceptive pill, guidance about dosage should be sought from the SPC and current edition of the BNF (available at <http://bnf.org> External Web Site Policy). (Level III) NICE 2012

Women and girls with epilepsy need accurate information during pregnancy, and the possibility of status epilepticus and sudden death in epilepsy (SUDEP) should be discussed with all women and girls who plan to stop AED therapy (see the section 'Withdrawal of Pharmacologic Treatment' above). NICE 2012

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2017 Registry Individual Measure Flow **#268 NQF #1814: Epilepsy: Counseling for Women of Childbearing Potential with Epilepsy**



SAMPLE CALCULATIONS:

Data Completeness=

Performance Met (a=4 patients) + Denominator Exception (b=1 patient) + Performance Not Met (c=2 patients) = 7 patients = 87.50%
 Eligible Population / Denominator (d=8 patients) = 8 patients

Performance Rate=

Performance Met (a=4 patients) = 4 patients = 66.67%
 Data Completeness Numerator (7 patients) – Denominator Exception (b=1 patient) = 6 patients

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

NOTE: Reporting Frequency: Patient-Process

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v1

2017 Registry Individual Measure Flow
#268 NQF 1814: Epilepsy: Counseling for Women of Childbearing Potential with Epilepsy

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 Gender and Age:
 - a. If the Gender and Age is equal to Female of Childbearing Potential 12-44 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 Gender and Age is equal to Female of Childbearing Potential 12-44 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 Epilepsy as Listed in the Denominator equals No, do not include in Eligible Patient Population. Stop Processing.
 - b. If Diagnosis of Epilepsy as Listed in the Denominator equals Yes, proceed to check 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 the 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 Counseling for Women of Childbearing Potential with Epilepsy:
 - a. If Counseling for Women of Childbearing Potential with Epilepsy 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 4 patients in Sample Calculation.

- c. If Counseling for Women of Childbearing Potential with Epilepsy equals No, proceed to Counseling for Women of Childbearing Potential with Epilepsy Not Performed for Medical Reasons.
9. Check Counseling for Women of Childbearing Potential with Epilepsy Not Performed for Medical Reasons:
 - a. If Counseling for Women of Childbearing Potential with Epilepsy Not Performed for Medical Reasons equals Yes, include in Data Completeness Met and Denominator Exception.
 - b. Data Completeness Met and Denominator Exception is represented in the Data Completeness in the Sample Calculation listed at the end of this document. Letter b equals 1 patient in the Sample Calculation.
 - c. If Counseling for Women of Childbearing Potential with Epilepsy Not Performed for Medical Reasons equals No, proceed to Counseling for Women of Childbearing Potential with Epilepsy Not Performed, Reason Not Otherwise Specified.
10. Check Counseling for Women of Childbearing Potential with Epilepsy Not Performed, Reason Not Otherwise Specified:
 - a. If Counseling for Women of Childbearing Potential with Epilepsy Not Performed, Reason Not Otherwise Specified equals Yes, include in the 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 2 patients in the Sample Calculation.
 - c. If Counseling for Women of Childbearing Potential with Epilepsy Not Performed, Reason Not Otherwise Specified 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 visit has been subtracted from the data completeness numerator in the sample calculation.

SAMPLE CALCULATIONS:

Data Completeness=

$$\frac{\text{Performance Met (a=4 patients)} + \text{Denominator Exception (b=1 patient)} + \text{Performance Not Met (c=2 patients)}}{\text{Eligible Population / Denominator (d=8 patients)}} = \frac{7 \text{ patients}}{8 \text{ patients}} = 87.50\%$$

Performance Rate=

$$\frac{\text{Performance Met (a=4 patients)}}{\text{Data Completeness Numerator (7 patients) - Denominator Exception (b=1 patient)}} = \frac{4 \text{ patients}}{6 \text{ patients}} = 66.67\%$$