Quality ID #326 (NQF 1525): Atrial Fibrillation and Atrial Flutter: Chronic Anticoagulation Therapy
– National Quality Strategy Domain: Effective Clinical Care
– Meaningful Measure Area: Management of Chronic Conditions

2021 COLLECTION TYPE:
MEDICARE PART B CLAIMS

MEASURE TYPE:
Process

DESCRIPTION:
Percentage of patients aged 18 years and older with nonvalvular atrial fibrillation (AF) or atrial flutter who were prescribed warfarin OR another 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 nonvalvular 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 (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 using Medicare Part B claims. The listed denominator criteria are used to identify the intended patient population. The numerator quality-data codes included in this specification are used to submit the quality actions allowed by the measure on the claim form(s). All measure-specific coding should be submitted on the claim(s) representing the denominator eligible encounter and selected numerator option.

DENOMINATOR:
All patients aged 18 years and older with a diagnosis of nonvalvular AF or atrial flutter who do not have a documented CHA_2DS_2-VASc risk score of 0 or 1 for men; or 0, 1, or 2 for women.

> ***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 will not be counted in the denominator population for Medicare Part B claims measures.*

Denominator Criteria (Eligible Cases):
Patients aged ≥ 18 years on the date of encounter
AND
Diagnosis for nonvalvular 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, 99241*, 99242*, 99243*, 99244*, 99245*, 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

NUMERATOR:
Patients with nonvalvular AF or atrial flutter for whom warfarin or another FDA-approved oral anticoagulant was prescribed

Definition:

Prescribed – also satisfied by documentation in current medication list.

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).

CHA_2DS_2-VASc Stroke Risk Assessment - The assessment of patients with nonvalvular AF or atrial flutter, assessment of thromboembolic risk should include:

CHA_2DS_2-VASc Criteria	**Score**
Congestive HF	1
Hypertension	1
Age>= 75 years	2
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

NUMERATOR NOTE: *Denominator Exclusions/Exception(s) 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 CHA_2DS_2-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 CHA_2DS_2-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 CHA_2 DS_2-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 CHA_2DS_2-VASc score.*

NUMERATOR QUALITY-DATA CODING OPTIONS:

If patient is not eligible for this measure because patient has transient or reversible cause of AF OR patient is receiving comfort care OR CHA_2DS_2-VASc of 0 or 1 for men; or 0, 1, or 2 for women

(One of three quality-data codes [G9929 ***OR*** *G9930* ***OR*** *G9931] is required on the claim form to submit this numerator option)*

Denominator Exclusion: **G9929:**	Patient has transient or reversible cause of AF (e.g., pneumonia, hyperthyroidism, pregnancy, cardiac surgery)
OR	
Denominator Exclusion**: G9930:**	Patients who are receiving comfort care only
OR	
Denominator Exclusion**: G9931:**	Documentation of CHA_2DS_2-VASc risk score of 0 or 1 for men; or 0, 1, or 2 for women

OR

Warfarin or Another FDA-Approved Oral Anticoagulant that is Prescribed

(One quality-data code [G8967] is required on the claim form to submit this numerator option)

***Performance Met:* G8967:** Warfarin OR another FDA-approved oral anticoagulant is prescribed

OR

Warfarin or Another FDA-Approved Anticoagulant that is Not Prescribed for Medical Reasons
(One quality-data code [G8968] is required on the claim form to submit this numerator option)

***Denominator Exception:* G8968**: Documentation of medical reason(s) for not prescribing warfarin OR another FDA-approved anticoagulant (e.g., atrial appendage device in place)

OR

Warfarin or Another FDA-Approved Anticoagulant Not Prescribed for Patient Reasons
(One quality-data code [G8969] is required on the claim form to submit this numerator option)

***Denominator Exception:* G8969:** Documentation of patient reason(s) for not prescribing warfarin OR another oral anticoagulant that is FDA approved for the prevention of thromboembolism (e.g., patient choice of having atrial appendage device placed)

OR

Warfarin or Another FDA-Approved Anticoagulant Not Prescribed for System Reasons
(One quality-data code [G9927] is required on the claim form to submit this numerator option)

***Denominator Exception* G9927**: Documentation of system reason(s) for not prescribing warfarin OR another FDA-approved anticoagulation due to patient being currently enrolled in a clinical trial related to AF/atrial flutter treatment

OR

Warfarin OR Another FDA-Approved Anticoagulant Not Prescribed, Reason not Given
(One quality-data code [G9928] is required on the claim form to submit this numerator option)

***Performance Not Met:* G9928:** Warfarin OR another FDA-approved anticoagulant not prescribed, reason not given

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; CHA_2DS_2 (congestive heart failure, hypertension, age 75 years, diabetes mellitus, prior stroke or TIA or thromboembolism [doubled]), or CHA_2DS_2-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 CHA_2DS_2 score, the CHA_2DS_2-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.

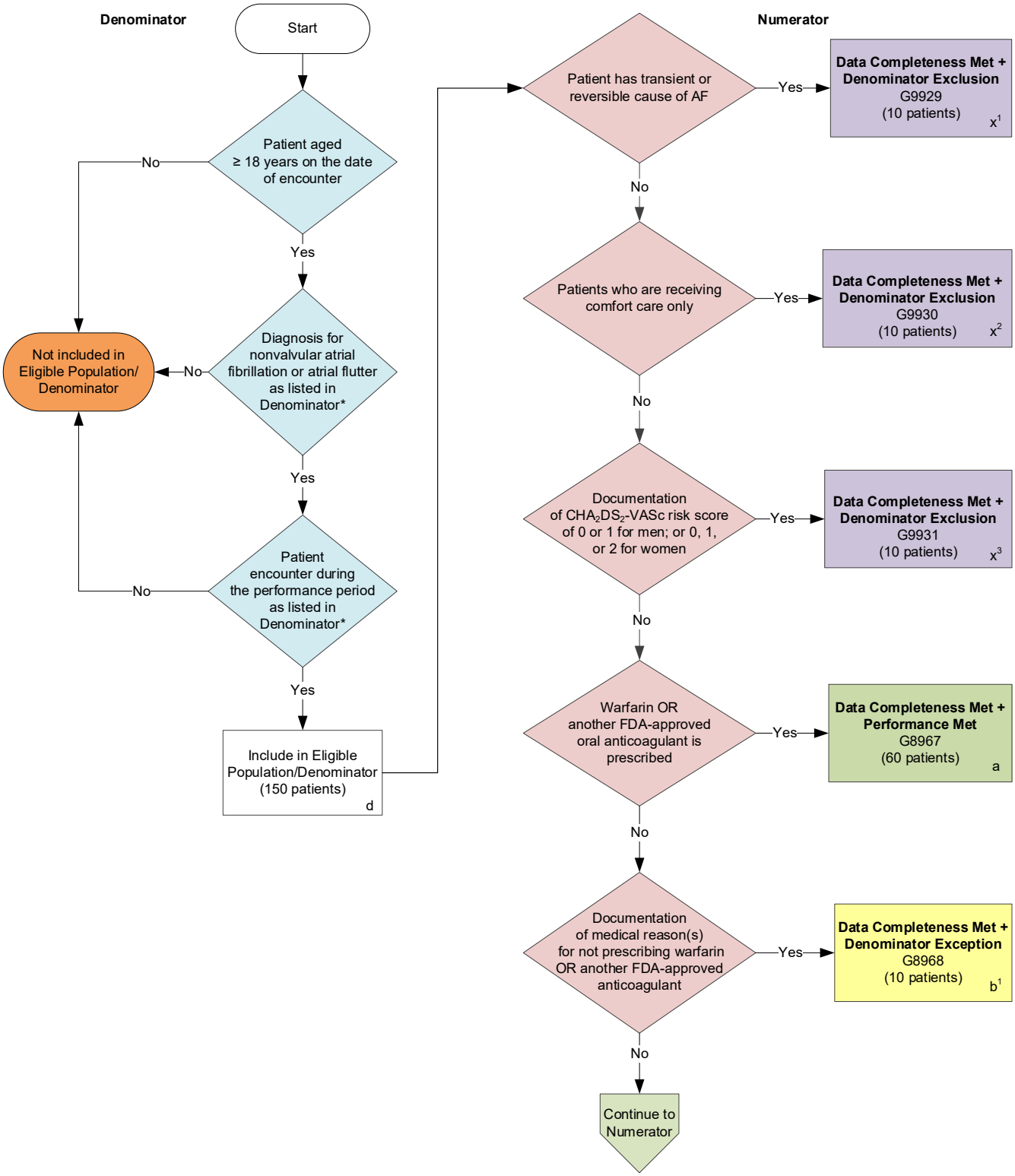
CLINICAL RECOMMENDATION STATEMENTS:

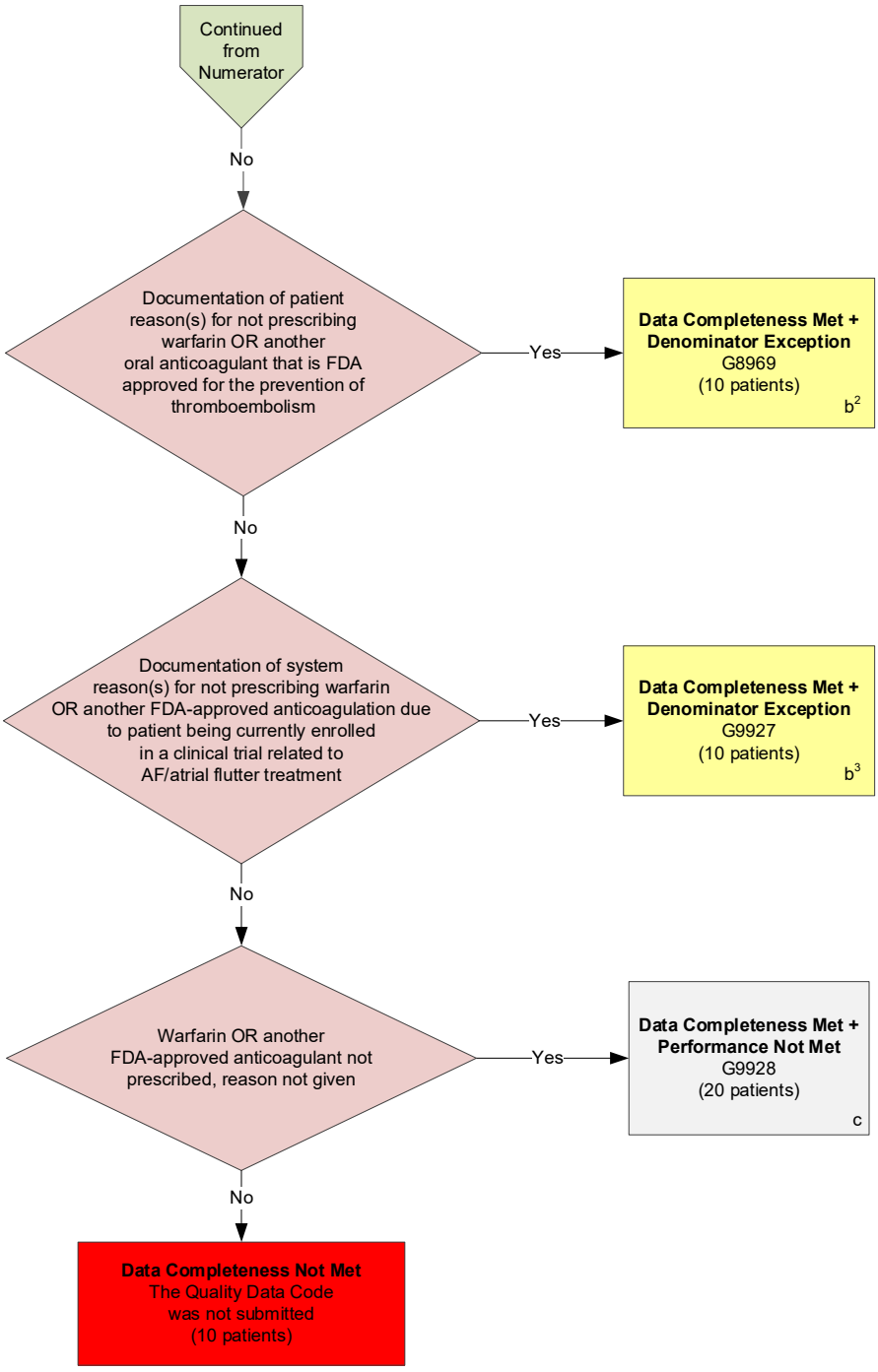
1. In patients with AF, anticoagulant therapy should be individualized based on shared decision-making after discussion of the absolute and RRs of stroke and bleeding, and the patient's values and preferences. (Class I, Level of Evidence: C)
2. Selection of anticoagulant therapy should be based on the 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 CHA_2DS_2-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 nonvalvular AF unable to maintain a therapeutic INR level with warfarin, NOAC is recommended. (Class I, Level of Evidence: C)
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)

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

2021 Medicare Part B Claims Flow for Quality ID #326 (NQF 1525): 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=

$$\frac{\text{Denominator Exclusion } (x^1+x^2+x^3=30 \text{ pts}) + \text{Performance Met } (a=60 \text{ pts}) + \text{Denominator Exception } (b^1+b^2+b^3=30 \text{ pts}) + \text{Performance Not Met } (c=20 \text{ pts})}{\text{Eligible Population / Denominator } (d=150 \text{ pts})} = \frac{140 \text{ pts}}{150 \text{ pts}} = \mathbf{93.33\%}$$

Performance Rate=

$$\frac{\text{Performance Met } (a=60 \text{ pts})}{\text{Data Completeness Numerator } (140 \text{ pts}) - \text{Denominator Exclusion } (x^1+x^2+x^3=30 \text{ pts}) - \text{Denominator Exception } (b^1+b^2+b^3=30 \text{ pts})} = \frac{60 \text{ pts}}{80 \text{ pts}} = \mathbf{75.00\%}$$

* See the posted measure specification for specific coding and instructions to submit this measure.
NOTE: Submission Frequency: Patient-Process

v5

2021 Medicare Part B Claims Flow Narrative for Quality ID #326 (NQF 1525): 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 the date of encounter*:
    a. If *Patients aged greater than or equal to 18 years on the 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 the date of encounter* equals Yes, proceed to check *Diagnosis for nonvalvular atrial fibrillation or atrial flutter as listed in Denominator**.
3. Check *Diagnosis for nonvalvular atrial fibrillation or atrial flutter as listed in Denominator**:
    a. If *Diagnosis for nonvalvular atrial fibrillation or atrial flutter as listed in Denominator** equals No, do not include in *Eligible Population/Denominator*. Stop processing.
    b. If *Diagnosis for nonvalvular 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, include in *Eligible Population/Denominator*.
5. 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 150 patients in the Sample Calculation.
6. Start Numerator
7. Check *Patient has transient or reversible cause of AF*:
    a. If *Patient has transient or reversible cause of AF* equals Yes, include in *Data Completeness Met and Denominator Exclusion*.
    - *Data Completeness Met and Denominator Exclusion* is represented in the Data Completeness and Performance Rate in the Sample Calculation listed at the end of this document. Letter x^1 equals 10 patients in the Sample Calculation.
    b. If *Patient has transient or reversible cause of AF* equals No, proceed to check *Patients who are receiving comfort care only*.
8. Check *Patients who are receiving comfort care only*:
    a. If *Patients who are receiving comfort care only* equals Yes, include in *Data Completeness Met and Denominator Exclusion*.

- *Data Completeness Met and Denominator Exclusion* is represented in the Data Completeness and Performance Rate in the Sample Calculation listed at the end of this document. Letter x^2 equals 10 patients in the Sample Calculation.

b. If *Patients who are receiving comfort care only* equals No, proceed to check *Documentation of CHA_2DS_2-VASc risk score of 0 or 1 for men; or 0, 1, or 2 for women.*

9. Check *Documentation of CHA_2DS_2-VASc risk score of 0 or 1 for men; or 0, 1, or 2 for women*:

   a. If *Documentation of CHA_2DS_2-VASc risk score of 0 or 1 for men; or 0, 1, or 2 for women* equals Yes, include in *Data Completeness Met and Denominator Exclusion*.

      - *Data Completeness Met and Denominator Exclusion* is represented in the Data Completeness and Performance Rate in the Sample Calculation listed at the end of this document. Letter x^3 equals 10 patients in the Sample Calculation.

   b. If *Documentation of CHA_2DS_2-VASc risk score of 0 or 1 for men; or 0, 1, or 2 for women* equals No, proceed to check *Warfarin OR another FDA-approved oral anticoagulant is prescribed*.

10. Check *Warfarin OR another FDA-approved oral anticoagulant is prescribed*:

    a. If *Warfarin OR another 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 *Warfarin OR another FDA-approved oral anticoagulant is prescribed* equals No, proceed to check *Documentation of medical reason(s) for not prescribing warfarin OR another FDA-approved anticoagulant*.

11. Check *Documentation of medical reason(s) for not prescribing warfarin OR another FDA-approved anticoagulant*:

    a. If *Documentation of medical reason(s) for not prescribing warfarin OR another 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 b^1 equals 10 patients in the Sample Calculation.

    b. If *Documentation of medical reason(s) for not prescribing warfarin OR another FDA-approved anticoagulant* equals No, proceed to check *Documentation of patient reason(s) for not prescribing warfarin OR another oral anticoagulant that is FDA approved for the prevention of thromboembolism*.

12. Check *Documentation of patient reason(s) for not prescribing warfarin OR another oral anticoagulant that is FDA approved for the prevention of thromboembolism*:

    a. If *Documentation of patient reason(s) for not prescribing warfarin OR another oral anticoagulant that is FDA approved for the prevention of thromboembolism* equals Yes, include in the *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 b^2 equals 10 patients in the Sample Calculation.

b. If *Documentation of patient reason(s) for not prescribing warfarin OR another oral anticoagulant that is FDA approved for the prevention of thromboembolism* equals No, proceed to check *Documentation of system reason(s) for not prescribing warfarin OR another FDA-approved anticoagulation due to patient being currently enrolled in a clinical trial related to AF/atrial flutter treatment*.

13. Check *Documentation of system reason(s) for not prescribing warfarin OR another FDA-approved anticoagulation due to patient being currently enrolled in a clinical trial related to AF/atrial flutter treatment*:

    a. If *Documentation of system reason(s) for not prescribing warfarin OR another FDA-approved anticoagulation due to patient being currently enrolled in a clinical trial related to AF/atrial flutter treatment* equals Yes, include in the *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 b^3 equals 10 patients in the Sample Calculation.

    b. If *Documentation of system reason(s) for not prescribing warfarin OR another FDA-approved anticoagulation due to patient being currently enrolled in a clinical trial related to AF/atrial flutter treatment* equals No, proceed to check *Warfarin OR another FDA-approved anticoagulant not prescribed, reason not given*.

14. Check *Warfarin OR another FDA-approved anticoagulant not prescribed, reason not given*:

    a. If *Warfarin OR another 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* 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 *Warfarin OR another FDA-approved anticoagulant not prescribed, reason not given*, proceed to check *Data Completeness Not Met*.

15. Check *Data Completeness Not Met*:

    a. If *Data Completeness Not Met*, the Quality Data Code was not submitted. 10 patients have been subtracted from the Data Completeness Numerator in the Sample Calculation.

Sample Calculations

Data Completeness equals Denominator Exclusion (x^1 plus x^2 plus x^3 equals 30 patients) plus Performance Met (a equals 60 patients) plus Denominator Exception (b^1 plus b^2 plus b^3 equals 30 patients) plus Performance Not Met (c equals 20 patients) divided by Eligible Population / Denominator (d equals 150 patients). All equals 140 patients divided by 150 patients). All equals 93.33 percent.

Performance Rate equals Performance Met (a equals 60 patients) divided by Data Completeness Numerator (140 patients) minus Denominator Exclusion (x^1 plus x^2 plus x^3 equals 30 patients) minus Denominator Exception (b^1 plus b^2 plus b^3 equals 30 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.