Process Measure: Screening for Adult Obstructive Sleep Apnea

Measure Description	
Description	All patients aged 18 years and older at high risk for obstructive sleep apnea (OSA) with documentation of screening for OSA using an appropriate standardized tool at least every 12 months AND in whom a recommended follow-up plan is documented based upon the result of the screening
Type of Measure	Process

Measure Components	
Denominator Statement	All patients aged 18 years and older who are in the following high risk groups for OSA: obesity (BMI≥30 kg/m2), congestive heart failure, atrial fibrillation, treatment resistant hypertension (blood pressure above goal despite adherence to antihypertensive regimen of 3 medications, or hypertension controlled by at least 4 medications), impaired glucose tolerance or type 2 diabetes, nocturnal dysrhythmias, stroke, pulmonary hypertension, preoperative for bariatric surgery, coronary artery disease.
Exceptions	Medical Reasons: Patient has tracheostomy; patient already has diagnosis of OSA Patient Reasons: Patient refuses OSA screening; patient does not come for periodic office visit within 12 months System Reasons: None
Numerator	Patients with documentation of screening for obstructive sleep apnea using an appropriate standardized tool* at least every 12 months AND in whom a recommended follow-up plan is documented based upon the result of the screening. *Examples of these standardized tools include, but are not limited to, the Berlin questionnaire, sleep apnea clinical score (SACS), STOP, and STOP-BANG. Use of a tool that only screens for sleepiness, such as the Epworth Sleepiness Scale, is <i>not</i> appropriate.
Supporting Evidence/Rationale	Given that cardiac disease remains the leading cause of morbidity and mortality in the United States, early identification of potential risk factors has value. The prevalence of OSA in a number of conditions such as hypertension, heart failure, coronary artery disease, stroke, and atrial fibrillation is high. Additionally, the prevalence of OSA in diabetes, another known risk factor for cardiovascular disease is also high. Since treatment of OSA has been shown to improve cardiovascular outcomes, screening for OSA in known high risk populations has merit. Moreover, the noted association between motor vehicle accidents (MVA's) and OSA is a major public safety concern further highlighting the need for screening for OSA. There are several screening tools for OSA that are currently available. However, the use of a validated screening tool is recommended for initial case identification. Specifically, there are a number of OSA-specific questionnaires that are relatively simple to administer, cost-effective, and have been validated. Sleepiness scales are typically not recommended to identify OSA as they are designed to screen for sleepiness from any cause and not specifically OSA-related sleepiness.

Measure Importance	
Relationship to desired outcome	To improve disease detection, it is critical that all patients in high risk groups be screened using a validated instrument for OSAS. Clinical awareness will be increased by using such instruments in these high risk groups. This will result in confirmatory testing, increased disease identification, and ultimately treatment.
Opportunity for Improvement	It is well recognized that OSAS is an underdiagnosed disorder and this lack of disease recognition poses significant economical and public health burdens. Targeted screening in populations at high risk for OSAS will have a substantial impact in reducing the burden of undiagnosed disease.
Exception Justification	Medical: Patients who have a tracheostomy for whatever reason are already by virtue of that procedure treated for OSA. There is no clinical benefit to rescreen patients who already have been diagnosed with OSA. Patient: Screening cannot be done in patients who refuse or who do not return for scheduled office visits on a regular basis.
Harmonization with Existing Measures	Not applicable

Technical Specifications: Administrative/Claims Data

Administrative claims data collection requires users to identify the eligible population (denominator) and numerator using codes recorded on claims or billing forms (electronic or paper). Users report a rate based on all patients in a given practice for whom data are available and who meet the eligible population/denominator criteria.

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	Patient is 18 years of age or older.	
	Accompanied by	
	Documentation that the patient has one of the following diagnoses that places them at high risk for OSA:	
	Obesity (BMI≥30 kg/m2)	
	ICD-10	
	E66.0 Obesity, unspecified	
	OR	
	E66.01 Morbid (severe) obesity due to excess calories	
	Congestive heart failure	
	ICD-10	
	I50.9 Heart failure, unspecified	
Denominator	Act of the state o	
	Atrial fibrillation	
(Eligible Population)	ICD-10	
(angus repairement)	I48.2 Chronic atrial fibrillation	
	Treatment resistant hypertension	
	Chart Review: ≥ 3 antihypertensives including a diuretic and a BP ≥140/90 for the overall population and ≥130/90 for diabetics per JNC7 and ASH/ISH 2014 guidelines OR	
	≥ 4 antihypertensives including a diuretic and a BP <140/90 for the overall population and <130/90 for diabetics per JNC7 and ASH/ISH 2014 guidelines	
	Type 2 diabetes ICD-10 E11.9 Type 2 diabetes mellitus without complications	

Impaired glucose tolerance

ICD-10

R73.09 Other abnormal glucose

Nocturnal dysrhythmias

ICD-10

147.2 Ventricular tachycardia

147.9 Paroxysmal tachycardia, unspecified

148.0 Paroxysmal atrial fibrillation

148.2 Chronic atrial fibrillation

148.3 Typical atrial flutter

I48.4 Atypical atrial flutter

I48.91 Unspecified atrial fibrillation

148.92 Unspecified atrial flutter

149.8 Other specified cardiac arrhythmias

149.9 Cardiac arrhythmia, unspecified

Chart Review: Code must be accompanied by chart note that dysrhythmias are occurring at night.

Stroke

ICD-10

163.30 Cerebral infarction due to thrombosis of unspecified cerebral artery

163.311 Cerebral infarction due to thrombosis of right middle cerebral artery

163.312 Cerebral infarction due to thrombosis of left middle cerebral artery

I63.319 Cerebral infarction due to thrombosis of unspecified middle cerebral artery

163.321 Cerebral infarction due to thrombosis of right anterior cerebral artery

163.322 Cerebral infarction due to thrombosis of left anterior cerebral artery

163.329 Cerebral infarction due to thrombosis of unspecified anterior cerebral artery

163.331 Cerebral infarction due to thrombosis of right posterior cerebral artery

163.332 Cerebral infarction due to thrombosis of left posterior cerebral artery

163.339 Cerebral infarction due to thrombosis of unspecified posterior cerebral artery

163.341 Cerebral infarction due to thrombosis of right cerebellar artery

163.342 Cerebral infarction due to thrombosis of left cerebellar artery

163.349 Cerebral infarction due to thrombosis of unspecified cerebellar artery

163.39 Cerebral infarction due to thrombosis of other cerebral artery

I63.50 Cerebral infarction due to unspecified occlusion or stenosis of unspecified cerebral artery

I63.511 Cerebral infarction due to unspecified occlusion or stenosis of right middle cerebral artery

I63.512 Cerebral infarction due to unspecified occlusion or stenosis of left middle cerebral artery

I63.519 Cerebral infarction due to unspecified occlusion or stenosis of unspecified middle cerebral artery

I63.521 Cerebral infarction due to unspecified occlusion or stenosis of right anterior cerebral artery

I63.522 Cerebral infarction due to unspecified occlusion or stenosis of left anterior cerebral artery

I62.529 Cerebral infarction due to unspecified occlusion or stenosis of unspecified anterior cerebral artery

I63.531 Cerebral infarction due to unspecified occlusion or stenosis of right posterior cerebral artery

I63.532 Cerebral infarction due to unspecified occlusion or stenosis of left posterior cerebral artery

I63.539 Cerebral infarction due to unspecified occlusion or stenosis of unspecified posterior cerebral artery

I63.541 Cerebral infarction due to unspecified occlusion or stenosis of right cerebellar artery I63.542 Cerebral infarction due to unspecified occlusion or stenosis of left cerebellar artery

I63.549 Cerebral infarction due to unspecified occlusion or stenosis of unspecified cerebellar artery

I63.59 Cerebral infarction due to unspecified occlusion or stenosis of other cerebral artery

163.8 Other cerebral infarction

163.9 Cerebral infarction, unspecified

166.01 Occlusion and stenosis of right middle cerebral artery

166.02 Occlusion and stenosis of left middle cerebral artery

166.03 Occlusion and stenosis of bilateral middle cerebral arteries

166.09 Occlusion and stenosis of unspecified middle cerebral artery

166.11 Occlusion and stenosis of right anterior cerebral artery

166.12 Occlusion and stenosis of left anterior cerebral artery

166.13 Occlusion and stenosis of bilateral anterior cerebral arteries

166.19 Occlusion and stenosis of unspecified anterior cerebral artery

166.21 Occlusion and stenosis of right posterior cerebral artery

166.22 Occlusion and stenosis of left posterior cerebral artery

166.23 Occlusion and stenosis of bilateral posterior cerebral arteries

166.29 Occlusion and stenosis of unspecified posterior cerebral artery

166.3 Occlusion and stenosis of cerebral arteries

166.8 Occlusion and stenosis of other cerebral arteries

166.9 Occlusion and stenosis of unspecified cerebral artery

Pulmonary hypertension

ICD-10

127.0 Primary pulmonary hypertension

127.9 Pulmonary heart disease, unspecified

Preoperative for bariatric surgery

Chart review

Coronary artery disease

ICD-10

125.10 Atherosclerotic heart disease of native coronary artery without angina pectoris

I25.110 Atherosclerotic heart disease of native coronary artery with unstable angina pectoris

I25.111 Atherosclerotic heart disease of native coronary artery with angina pectoris with documented spasm

I25.118 Atherosclerotic heart disease of native coronary artery with other forms of angina pectoris

I25.119 Atherosclerotic heart disease of native coronary artery with unspecified angina pectoris

125.5 Ischemic cardiomyopathy

125.6 Silent myocardial ischemia

I25.700 Atherosclerosis of coronary artery bypass graft(s), unspecified, with unstable angina pectoris

I25.701 Atherosclerosis of coronary artery bypass graft(s), unspecified, with angina pectoris with documented spasm

I25.709 Atherosclerosis of coronary artery bypass graft(s), unspecified, with unspecified angina pectoris

I25.710 Atherosclerosis of autologous vein coronary artery bypass graft(s) with unstable angina pectoris

I25.711 Atherosclerosis of autologous vein coronary artery bypass graft(s) with angina pectoris with documented spasm

I25.718 Atherosclerosis of autologous vein coronary artery bypass graft(s) with other forms of angina pectoris

I25.719 Atherosclerosis of autologous vein coronary artery bypass graft(s) with unspecified angina pectoris

I25.720 Atherosclerosis of autologous artery coronary artery bypass graft(s) with unstable

angina pectoris

I25.721 Atherosclerosis of autologous artery coronary artery bypass graft(s) with angina pectoris with documented spasm

I25.728 Atherosclerosis of autologous artery coronary artery bypass graft(s) with other forms of angina pectoris

I25.729 Atherosclerosis of autologous artery coronary artery bypass graft(s) with unspecified angina pectoris

I25.730 Atherosclerosis of nonautologous biological coronary artery bypass graft(s) with unstable angina pectoris

I25.731 Atherosclerosis of nonautologous biological coronary artery bypass graft(s) with angina pectoris with documented spasm

 ${\tt I25.738}~A the roscleros is~of~non autologous~biological~coronary~artery~bypass~graft (s)~with~other~forms~of~angina~pector is$

I25.739 Atherosclerosis of nonautologous biological coronary artery bypass graft(s) with unspecified angina pectoris

I25.750 Atherosclerosis of native coronary artery of transplanted heart with unstable angina I25.751 Atherosclerosis of native coronary artery of transplanted heart with angina pectoris with documented spasm

I25.758 Atherosclerosis of native coronary artery of transplanted heart with other forms of angina pectoris

I25.759 Atherosclerosis of native coronary artery of transplanted heart with unspecified angina pectoris

I25.760 Atherosclerosis of bypass graft of coronary artery of transplanted heart with unstable angina

I25.761 Atherosclerosis of bypass graft of coronary artery of transplanted heart with angina pectoris with documented spasm

I25.768 Atherosclerosis of bypass graft of coronary artery of transplanted heart with other forms of angina pectoris

I25.769 Atherosclerosis of bypass graft of coronary artery of transplanted heart with unspecified angina pectoris

I25.790 Atherosclerosis of other coronary artery bypass graft(s) with unstable angina pectoris I25.791 Atherosclerosis of other coronary artery bypass graft(s) with angina pectoris with documented spasm

I25.798 Atherosclerosis of other coronary artery bypass graft(s) with other forms of angina pectoris

I25.799 Atherosclerosis of other coronary artery bypass graft(s) with unspecified angina pectoris

125.810 Atherosclerosis of coronary artery bypass graft(s) without angina pectoris

I25.811 Atherosclerosis of native coronary artery of transplanted heart without angina pectoris

I25.812 Atherosclerosis of bypass graft of coronary artery of transplanted heart without angina pectoris

125.89 Other forms of chronic ischemic heart disease

125.9 Chronic ischemic heart disease, unspecified

OR

Chart review indicates one of the following:

Patient will be undergoing bariatric surgery

Accompanied by

One of the following patient encounter codes:

99201, 99202, 99203, 99204, 99205 (office/other outpatient services – new patient)

99212, 99213, 99214, 99215 (office/other outpatient services – established patient)

99241, 99242, 99243, 99244, 99245 (office consultations, non-Medicare only)

	At least one of the following is documented in the patient chart:
	Patient refuses OSA screening
	Patient has tracheostomy
Exceptions	Tracheostomy
	ICD-10
	Z93.0 Tracheostomy status
	Patient already has a diagnosis of OSA
	327.23 Obstructive sleep apnea (adult)(pediatric)
	Chart review indicates all of the following:
	Documentation of screening for obstructive sleep apnea using an appropriate
	standardized tool* at least every 12 months
Numerator	*Examples of these standardized tools include, but are not limited to, the Berlin questionnaire,
	STOP, and STOP-BANG. Use of a tool that only screens for sleepiness, such as the Epworth
	Sleepiness Scale, is <i>not</i> appropriate
	Documentation of a recommended follow-up plan based upon the result of the
	screening