

## Process Measure #1: Baseline assessment of OSA symptoms

Measure Description	
Description	Proportion of patients aged 18 years and older with a diagnosis of obstructive sleep apnea (OSA) that have documentation of assessment of OSA symptoms <u>with a validated instrument</u> at initial evaluation, <del>including, but not limited to, the presence of snoring and daytime sleepiness</del>

Measure Components	
Denominator Statement	All patients aged 18 years and older with a diagnosis of obstructive sleep apnea
Exceptions	<p><b>Medical Reasons:</b> None</p> <p><b>Patient Reasons:</b> Patients who decline <u>or are unable to respond to</u> assessment</p> <p><b>System Reasons:</b> Patients who had initial evaluation for OSA <del>previously</del> completed by another healthcare provider <u>within the past 6 months</u></p>
Numerator Statement	Number of patients with documentation of assessment of OSA symptoms <u>with a validated instrument</u> at initial evaluation, <del>including, but not limited to, the presence of snoring and daytime sleepiness</del>

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.	
Denominator (Eligible Population)	<p>Patient is 18 years of age or older.</p> <p><b>Accompanied by</b> One of the following diagnosis codes indicating obstructive sleep apnea:  <u>327.23G47.33</u> Obstructive sleep apnea (adult) (pediatric)  <del>780.53 Hypersomnia with sleep apnea, unspecified</del></p> <p><b>Accompanied by</b> One of the following patient encounter codes:  <del>99201,</del> 99202, 99203, 99204, 99205 (office/other outpatient services – new patient)  <u>99211,</u> 99212, 99213, 99214, 99215 (office/other outpatient services – established patient)</p>

	99241, 99242, 99243, 99244, 99245 (office consultations, non-Medicare only)
<b>Exceptions</b>	<p><b>At least one of the following is documented in the patient chart:</b></p> <ul style="list-style-type: none"> <li>• Patient declines <u>or is unable to respond to</u> assessment.</li> <li>• Patient had initial evaluation for OSA previously completed by another healthcare provider.</li> </ul>
<b>Numerator</b>	<p><b>Chart review indicates:</b></p> <ul style="list-style-type: none"> <li>• Patient had assessment of OSA symptoms <u>with a validated instrument</u> at initial evaluation, <del>including, but not limited to, presence of snoring and daytime sleepiness</del></li> </ul>

## Process Measure #2: Severity assessment at initial diagnosis

Measure Description	
Description	Proportion of patients aged 18 years and older with a diagnosis of obstructive sleep apnea (OSA) that had an apnea hypopnea index* (AHI), a respiratory disturbance index** (RDI), or respiratory event index *** (REI) documented or measured within 2 months of initial evaluation for suspected obstructive sleep apnea

Measure Components	
Denominator Statement	All patients aged 18 years and older diagnosed with obstructive sleep apnea
Exceptions	<p><b>Medical Reasons:</b> Patients with a medical, neurological, or psychiatric disease that prohibits successful completion of a sleep study; patients in whom a sleep study would present a bigger risk than benefit or pose an undue burden</p> <p><b>Patient Reasons:</b> Patients who decline AHI/RDI/REI measurement; patients who had a financial reason for not completing testing</p> <p><b>System Reasons:</b> Test was ordered but not completed; patients who decline because their insurance (payer) does not cover the expense</p>
Numerator Statement	<p>Number of patients who had an apnea hypopnea index* (AHI), a respiratory disturbance index** (RDI), or respiratory event index *** (REI) documented or measured within 2 months of initial evaluation for suspected obstructive sleep apnea</p> <p>*Apnea-Hypopnea Index (AHI) for polysomnography performed in a sleep lab is defined as (Total Apneas + Hypopneas per hour of sleep)</p> <p>**Respiratory Disturbance Index (RDI) is defined as (Total Apneas + Hypopneas + Respiratory-Effort-Related-Arousals per hour of sleep)</p> <p>***Respiratory Event Index (REI) is a measure of respiratory events per unit of time for <del>a out-of-center sleep</del><u>home sleep apnea</u> testing. It should be noted that the REI may underestimate the true event index. In light of the limited number of channels utilized for <del>a home sleep apnea test</del><u>testing in out-of-center sleep testing</u>, the REI may underestimate the severity of OSA or fail to capture the diagnosis.</p>

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.

<b>Denominator</b>  <b>(Eligible Population)</b>	<p>Patient is 18 years of age or older.</p> <p><b>Accompanied by</b>  One of the following diagnosis codes indicating obstructive sleep apnea:  <u>327.23</u><u>G47.33</u> Obstructive sleep apnea (adult) (pediatric)  <del>780.53 Hypersomnia with sleep apnea, unspecified</del></p> <p><b>Accompanied by</b>  One of the following patient encounter codes:  <del>99201</del>, 99202, 99203, 99204, 99205 (office/other outpatient services – new patient)  <u>99211</u>, 99212, 99213, 99214, 99215 (office/other outpatient services – established patient)  99241, 99242, 99243, 99244, 99245 (office consultations, non-Medicare only)</p>
<b>Exceptions</b>	<p><b>At least one of the following is documented in the patient chart:</b></p> <ul style="list-style-type: none"> <li>• Patient with a medical, neurological, or psychiatric disease that prohibits successful completion of a sleep study.</li> <li>• Patient in whom a sleep study would present a bigger risk than benefit or pose an undue burden.</li> <li>• Patient declined AHI/RDI/REI measurement.</li> <li>• Test was ordered but not completed.</li> <li>• Patient declined because their insurance (payer) does not cover the expense.</li> <li>• Patient had financial reason for not completing testing.</li> </ul>
<b>Numerator</b>	<p><b>Chart review indicates:</b></p> <ul style="list-style-type: none"> <li>• Patient had an AHI, RDI, or REI documented or measured within 2 months of initial evaluation for suspected obstructive sleep apnea.</li> </ul>

### Process Measure #3: Evidence-based therapy prescribed

Measure Description	
Description	Proportion of patients aged 18 years and older diagnosed with <u>moderate to severe obstructive sleep apnea (OSA)</u> <u>or symptomatic mild obstructive sleep apnea</u> that were prescribed an evidence-based therapy after initial diagnosis

Measure Components	
Denominator Statement	All patients aged 18 years and older diagnosed with obstructive sleep apnea
Exceptions	<p><b>Medical Reasons:</b> None</p> <p><b>Patient Reasons:</b> Patients who do not wish to be prescribed therapy; Patients who do not return for follow-up after initial diagnosis</p> <p><b>System Reasons:</b> Patient's insurance (payer) does not cover the expense of therapy</p>
Numerator Statement	<p>Number of patients who were prescribed evidence-based therapies <del>(such as positive airway pressure, oral appliances, positional therapies, upper airway surgeries)</del> after initial diagnosis</p> <p><u>Definition: Evidence-based therapies include positive airway pressure, oral appliances, positional therapies, and upper airway surgeries including hypoglossal nerve stimulation</u></p> <p><i>*Note: Weight loss is considered adjunctive therapy.</i></p>

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.	
Denominator (Eligible Population)	<p>Patient is 18 years of age or older.</p> <p><b>Accompanied by</b></p> <p>One of the following diagnosis codes indicating obstructive sleep apnea:  <u>327.23G47.33</u> Obstructive sleep apnea (adult) (pediatric)  <u>780.53</u> Hypersomnia with sleep apnea, unspecified</p>

	<p><b>Accompanied by</b></p> <p>One of the following patient encounter codes:</p> <p><del>99201</del>, 99202, 99203, 99204, 99205 (office/other outpatient services – new patient)</p> <p><u>99211</u>, 99212, 99213, 99214, 99215 (office/other outpatient services – established patient)</p> <p>99241, 99242, 99243, 99244, 99245 (office consultations, non-Medicare only)</p>
<b>Exceptions</b>	<p><b>At least one of the following is documented in the patient chart:</b></p> <ul style="list-style-type: none"> <li>• Patient declines prescription of evidence-based therapy.</li> <li>• Patient does not return for follow-up care after initial diagnosis.</li> <li>• Patient’s insurance (payer) does not cover the expense of therapy.</li> </ul>
<b>Numerator</b>	<p><b>Chart review indicates both of the following:</b></p> <ul style="list-style-type: none"> <li>• Patient is prescribed treatment after initial diagnosis of OSA.</li> <li>• Treatment is evidence-based, including<del>±</del> positive airway pressure, oral appliances, positional therapies and upper airway surgeries, <u>including hypoglossal nerve stimulation</u>.</li> </ul> <p><i>*Note: Weight loss is considered adjunctive therapy.</i></p>

## Process Measure #4: Assessment of adherence to OSA therapy

Measure Description	
Description	Proportion of patients aged 18 years and older with obstructive sleep apnea (OSA) that were prescribed an evidence-based therapy who had documentation that adherence to therapy was assessed at least annually

Measure Components	
Denominator Statement	<p>All patients aged 18 years and older with obstructive sleep apnea who were prescribed an evidence-based therapy (<del>including positive airway pressure, oral appliances, positional therapies, upper airway surgeries</del>)</p> <p><u>Definition: Evidence-based therapy includes positive airway pressure, oral appliances, positional therapies, <del>upper airway surgeries</del>, hypoglossal nerve stimulation, or other device with monitoring capabilities</u></p>
Exceptions	<p><b>Medical reasons:</b> Patients diagnosed with a terminal or advanced disease with an expected- lifespan of less than 6 months; patients who underwent <u>bariatric or upper airway surgery surgical treatment for OSA (i.e. bariatric, upper airway)</u> and subsequently do not need further on-going assessment of adherence to therapy</p> <p><b>Patient reasons:</b> Patients who decline therapy; Patients who do not return for follow-up care; patients unable to access/afford therapy; <u>Patients who decline or are unable to respond to assessment</u></p> <p><b>System reasons:</b> <u>Patient's insurance will not cover therapy</u><del>Patients who decline because their insurance (payer) does not cover the expense</del></p>
Numerator Statement	<p>Number of patients who had documentation that adherence to therapy* was assessed at least annually using an objective informatics system preferably, if available. Alternatively, subjective adherence may be reported, if objective reporting is not available</p> <p><i>*Note: There is no specified threshold for adherence (i.e. 70% of the night for 4 nights or more).</i></p>

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.	
<b>Denominator (Eligible Population)</b>	<p>Patient is 18 years of age or older.</p> <p><b>Accompanied by</b> One of the following diagnosis codes indicating obstructive sleep apnea: <del>327.23</del><u>G47.33</u> Obstructive sleep apnea (adult) (pediatric) <del>780.53 Hypersomnia with sleep apnea, unspecified</del></p> <p><b>Accompanied by</b> One of the following patient encounter codes: <del>99201,</del> 99202, 99203, 99204, 99205 (office/other outpatient services – new patient) <u>99211,</u> 99212, 99213, 99214, 99215 (office/other outpatient services – established patient) 99241, 99242, 99243, 99244, 99245 (office consultations, non-Medicare only)</p> <p><b>Accompanied by</b> Documentation that the patient was prescribed (order on file) evidenced-based treatment for OSA including: positive airway pressure, oral appliances, positional therapies (noted in patient chart), <del>and upper airway surgeries.</del></p>
<b>Exceptions</b>	<p><b>At least one of the following is documented in the patient chart:</b></p> <ul style="list-style-type: none"> <li>• <u>Patient declines therapy.</u></li> <li>• <u>Patient's insurance will not cover therapy.</u></li> <li>• <del>Patient declines because their insurance (payer) does not cover the expense.</del></li> <li>• <u>Patient unable to access/afford therapy.</u></li> <li>• <u>Patient declines or is unable to respond to assessment.</u></li> <li>• Patient does not return for follow-up care.</li> <li>• Patient underwent <del>bariatric or upper airway surgery</del><u>surgical treatment for OSA (i.e. bariatric, upper airway)</u> and subsequently does not need further on-going therapy.</li> <li>• Patient diagnosed with a terminal or advanced disease with an expected lifespan of less than 6 months.</li> </ul>
<b>Numerator</b>	<p><b>Chart review indicates:</b></p> <ul style="list-style-type: none"> <li>• Patient's adherence to therapy is assessed using an objective informatics system</li> <li>• When objective data is not available, subjective adherence reporting is documented</li> <li>• Patient's adherence to therapy is assessed at least annually.</li> </ul>



## Process Measure #5: Assessment of sleepiness

Measure Description	
Description	Proportion of patients aged 18 years and older diagnosed and treated for obstructive sleep apnea (OSA) that had sleepiness assessed annually <u>using a validated instrument</u>

Measure Components	
Denominator Statement	<p>All patients aged 18 years and older diagnosed and treated with an evidence-based therapy for obstructive sleep apnea</p> <p><u>Definition: Evidence-based therapy includes (such as) positive airway pressure, oral appliances, positional therapies and upper airway surgeries, including hypoglossal nerve stimulation</u></p>
Exceptions	<p><b>Medical Reasons:</b> Patients diagnosed with a terminal or advanced disease with an expected lifespan of less than 6 months; <del>patients who underwent surgical treatment for OSA (i.e. bariatric, upper airway) and subsequently no longer meet the diagnostic criteria for OSA</del></p> <p><b>Patient Reasons:</b> Patients who do not return for follow-up at least annually; Patients who decline or are unable to respond to assessment; Patients who decline therapy; patients who are unable to access or afford therapy</p> <p><b>System Reasons:</b> Patients who decline because their insurance (payer) does not cover the expense</p>
Numerator Statement	Number of patients who had their sleepiness assessed annually <u>using a validated instrument</u>

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.	
Denominator (Eligible Population)	<p>Patient is 18 years of age or older.</p> <p><b>Accompanied by</b> One of the following diagnosis codes indicating obstructive sleep apnea: <u>327.23G47.33</u> Obstructive sleep apnea (adult) (pediatric) <del>780.53 Hypersomnia with sleep apnea, unspecified</del></p>

	<p><b>Accompanied by</b>  One of the following patient encounter codes:  99201, 99202, 99203, 99204, 99205 (office/other outpatient services – new patient)  99211, 99212, 99213, 99214, 99215 (office/other outpatient services – established patient)  99241, 99242, 99243, 99244, 99245 (office consultations, non-Medicare only)</p> <p><b>Accompanied by</b>  Documentation that the patient was prescribed an evidence-based OSA treatment (such as positive airway pressure, oral appliances, positional therapies and upper airway surgeries, <u>including hypoglossal nerve stimulation</u>).</p>
<b>Exceptions</b>	<p><b>At least one of the following is documented in the patient chart:</b></p> <ul style="list-style-type: none"> <li>• Patient does not return for follow-up at least annually.</li> <li>• Patient declines or is unable to respond to assessment of sleepiness.</li> <li>• Patients diagnosed with a terminal or advanced disease with an expected lifespan of less than 6 months.</li> <li>• <del>Patients who underwent surgical treatment for OSA (i.e. bariatric, upper airway) and subsequently no longer meet the diagnostic criteria for OSA</del></li> <li>• Patient declines therapy.</li> <li>• Patient unable to access/afford therapy or declines because their insurance (payer) does not cover the expense.</li> </ul>
<b>Numerator</b>	<p><b>Chart review indicates:</b></p> <ul style="list-style-type: none"> <li>• Patient's sleepiness is assessed <u>using a validated instrument</u></li> <li>• Sleepiness is assessed at least annually</li> </ul>

## Process Measure #6: Assessment of motor vehicle ~~crashes~~accidents or near-miss ~~crashes~~accidents

Measure Description	
<b>Description</b>	Proportion of patients aged 18 years and older diagnosed with obstructive sleep apnea (OSA) that were questioned about motor vehicle <del>crashes</del> <u>accidents</u> (or near-miss <del>crashes</del> <u>accidents</u> ) associated with drowsiness/excessive sleepiness at initial evaluation

Measure Components	
<b>Denominator Statement</b>	All patients aged 18 years and older diagnosed with obstructive sleep apnea
<b>Exceptions</b>	<p><b>Medical Reasons:</b> None</p> <p><b>Patient Reasons:</b> Patients who do not drive; Patients who decline to respond</p> <p><b>System Reasons:</b> None</p>
<b>Numerator Statement</b>	Number of patients who have documentation that questions about motor vehicle <del>crashes</del> <u>accidents</u> (or near-miss <del>crashes</del> <u>accidents</u> ) associated with drowsiness/excessive sleepiness were asked at initial evaluation

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.	
<b>Denominator (Eligible Population)</b>	<p>Patient is 18 years of age or older.</p> <p><b>Accompanied by</b> One of the following diagnosis codes indicating obstructive sleep apnea:  <del>327.23</del><u>G47.33</u> Obstructive sleep apnea (adult) (pediatric)  <del>780.53 Hypersomnia with sleep apnea, unspecified</del></p> <p><b>Accompanied by</b> One of the following patient encounter codes:  <del>99201,</del> 99202, 99203, 99204, 99205 (office/other outpatient services – new patient)            99241, 99242, 99243, 99244, 99245 (office consultations, non-Medicare only)</p>

<b>Exceptions</b>	<p><b>At least one of the following is documented in the patient chart:</b></p> <ul style="list-style-type: none"> <li>• Patient does not drive.</li> <li>• Patient declines to respond.</li> </ul>
<b>Numerator</b>	<p><b>Chart review indicates:</b></p> <ul style="list-style-type: none"> <li>• Patient was questioned regarding motor-vehicle <del>crashes</del><u>accidents</u> and near-miss <del>crashes</del><u>accidents</u> associated with drowsiness or excessive sleepiness</li> <li>• Questioning was documented at the time of the initial patient evaluation.</li> </ul>

## Process Measure #7: Assessment of weight

Measure Description	
Description	Proportion of patients aged 18 years and older diagnosed with obstructive sleep apnea (OSA) whose weight is documented at every visit <del>(OSA) whose weight is measured at every office visit</del>

Measure Components	
Denominator Statement	All patients aged 18 years and older diagnosed with obstructive sleep apnea
Exceptions	<p><b>Medical Reasons:</b> Patients unable to get on scale (e.g. wheelchair-bound); patients who are pregnant</p> <p><b>Patient Reasons:</b> Patients who decline weight measurement</p> <p><b>System Reasons:</b> Patients unable to be weighed because scale not <u>available to or not</u> able to accommodate their weight; patients who were seen and weighed within the past month</p>
Numerator Statement	Number of patients whose weight is measured at every office visit

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.	
Denominator (Eligible Population)	<p>Patient is 18 years of age or older.</p> <p><b>Accompanied by</b> One of the following diagnosis codes indicating obstructive sleep apnea:  <u>327.23</u><u>G47.33</u> Obstructive sleep apnea (adult) (pediatric)  <del>780.53 Hypersomnia with sleep apnea, unspecified</del></p> <p><b>Accompanied by</b> One of the following patient encounter codes:  <del>99201,</del> 99202, 99203, 99204, 99205 (office/other outpatient services – new patient)  <u>99211,</u> 99212, 99213, 99214, 99215 (office/other outpatient services – established patient)</p>

	99241, 99242, 99243, 99244, 99245 (office consultations, non-Medicare only)
<b>Exceptions</b>	<p><b>At least one of the following is documented in the patient chart:</b></p> <ul style="list-style-type: none"> <li>• Patient unable to get on scale (e.g. wheelchair bound).</li> <li>• Patient declines weight measurement.</li> <li>• Scale cannot accommodate patient's weight.</li> <li>• Patient's weight was measured and documented in the last month.</li> <li>• Patient is pregnant.</li> </ul>
<b>Numerator</b>	<p><b>Chart review indicates:</b></p> <ul style="list-style-type: none"> <li>• Patient's weight is <del>measured</del><u>documented</u></li> <li>• Weight measurement is taken at every visit</li> </ul>

## Process Measure #8: Weight management discussion

Measure Description	
Description	Proportion of overweight or obese ( $\text{BMI} \geq 25 \text{ kg/m}^2$ ) patients aged 18 years and older diagnosed with obstructive sleep apnea (OSA) that had a discussion <u>with, or were provided education by, the healthcare provider</u> at least annually, <del>with the healthcare provider on the patient's weight status</del> or who were referred to a specialist for <del>their</del> weight management

Measure Components	
Denominator Statement	All overweight and obese ( $\text{BMI} \geq 25 \text{ kg/m}^2$ ) patients aged 18 years and older diagnosed with obstructive sleep apnea
Exceptions	<p><b>Medical Reasons:</b> Patients diagnosed with a terminal or advanced disease with an expected lifespan of less than 6 months; patient is pregnant</p> <p><b>Patient Reasons:</b> Patients who report they are currently in a weight management program</p> <p><b>System Reasons:</b> <u>Weight management has been discussed by another provider within 6 months.</u></p> <p><u>None</u></p>
Numerator Statement	<p>Number of patients with documentation of a discussion <u>with or education were provided education by the healthcare provider,</u> at least annually <del>with the healthcare provider on the patient's weight status,</del> or who were referred to a specialist for <del>their</del> weight management</p> <p><u>Definition: Weight management discussion includes discussion of how being overweight or obese worsens sleep apnea and increases cardiovascular risk</u></p>

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.	
Denominator	Patient is 18 years of age or older.

<b>(Eligible Population)</b>	<p><b>Accompanied by</b> One of the following diagnosis codes indicating obstructive sleep apnea: <del>327.23</del><u>G47.33</u> Obstructive sleep apnea (adult) (pediatric) <del>780.53 Hypersomnia with sleep apnea, unspecified</del></p> <p><b>Accompanied by</b> One of the following diagnosis codes indicating overweight or obese: <del>278.00</del><u>E66.9</u> Obesity unspecified <del>278.01</del><u>E66.01</u> Morbid obesity <del>278.02</del><u>E66.3</u> Overweight {Chart review indicates BMI <math>\geq</math> 25 kg/m<sup>2</sup>}</p> <p><b>Accompanied by</b> One of the following patient encounter codes: <del>99201,</del> 99202, 99203, 99204, 99205 (office/other outpatient services – new patient) <u>99211,</u> 99212, 99213, 99214, 99215 (office/other outpatient services – established patient) 99241, 99242, 99243, 99244, 99245 (office consultations, non-Medicare only)</p>
<b>Exceptions</b>	<p><b>At least one of the following is documented in the patient chart:</b></p> <ul style="list-style-type: none"> <li>• Patient diagnosed with a terminal or advanced disease with an expected lifespan of less than 6 months.</li> <li>• Patient who reports they are currently in a weight management program.</li> <li>• Patient is pregnant.</li> </ul>
<b>Numerator</b>	<p><b>Chart review indicates</b></p> <ul style="list-style-type: none"> <li>• Provider discusses weight status with patient or refers patient to specialist for weight management</li> <li>• Discussion or referral provided at least annually</li> </ul>



## Measure #9: Assessment of blood pressure RECOMMENDED FOR RETIREMENT

Measure Description	
Description	Proportion of patients aged 18 years and older diagnosed with obstructive sleep apnea (OSA) whose blood pressure is measured at every office visit

Measure Components	
Denominator Statement	All patients aged 18 years and older diagnosed with obstructive sleep apnea
Exceptions	<p><b>Medical Reasons:</b> None</p> <p><b>Patient Reasons:</b> Patient has documented blood pressure measurement within the past 24 hours; Patient declines blood pressure measurement</p> <p><b>System Reasons:</b> Blood pressure cuff is not available, not functional, or is the wrong size.</p>
Numerator Statement	Number of patients whose blood pressure is measured at every office visit

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.	
Denominator- (Eligible Population)	<p>Patient is 18 years of age or older.</p> <p><b>Accompanied by</b> One of the following diagnosis codes indicating obstructive sleep apnea: 327.23 Obstructive sleep apnea (adult) (pediatric) 780.53 Hypersomnia with sleep apnea, unspecified</p> <p><b>Accompanied by</b> 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)</p>
Exceptions	At least one of the following is documented in the patient chart:

	<ul style="list-style-type: none"> <li>• <del>Patient declines blood pressure measurement</del></li> <li>• <del>Patient's blood pressure has been measured and documented in the past 24 hours</del></li> <li>• <del>Documentation of blood pressure cuff not being available, not functional, or is the wrong size.</del></li> </ul>
<b>Numerator</b>	<p><b>Chart review indicates:</b></p> <ul style="list-style-type: none"> <li>• <del>Patient's blood pressure is measured and documented</del></li> <li>• <del>Blood pressure is measured at every visit</del></li> </ul>

## Process Measure #10: Elevated blood pressure discussion

Measure Description	
Description	Proportion of patients aged 18 years and older diagnosed with obstructive sleep apnea (OSA) with an elevated blood pressure reading <u>of 140/90 mm Hg or higher</u> <del>(elevated according to the most recent Joint National Committee guideline for high blood pressure)</del> noted at the visit that had <del>no documentation of</del> a discussion <u>with the healthcare provider</u> <del>with the healthcare provider of this elevated blood pressure</del>

Measure Components	
Denominator Statement	All patients aged 18 years and older diagnosed with obstructive sleep apnea with an elevated blood pressure <u>reading of 140/90</u> <del>(elevated according to the most recent Joint National Committee guideline for high blood pressure)</del> noted at the visit
Exceptions	<p><b>Medical Reasons:</b> None</p> <p><b>Patient Reasons:</b> None</p> <p><b>System Reasons:</b> Patients who had discussion with another healthcare provider in the last 24 hours about their elevated blood pressure</p>
Numerator Statement	<p>Number of patients with documentation of a discussion <del>that sleep apnea worsens hypertension and both increase cardiovascular risk</del> with the healthcare provider <del>about their elevated blood pressure noted at the visit</del></p> <p><u>Definition: Elevated blood pressure includes discussion of how sleep apnea worsens hypertension, and both increase cardiovascular risk</u></p>

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.	
Denominator (Eligible Population)	<p>Patient is 18 years of age or older.</p> <p><b>Accompanied by</b> One of the following diagnosis codes indicating obstructive sleep apnea: <u>327.23G47.33</u> Obstructive sleep apnea (adult) (pediatric)</p>

	<p><del>780.53 Hypersomnia with sleep apnea, unspecified</del></p> <p><b>Accompanied by</b>  One of the following diagnosis codes indicating hypertension/elevated blood pressure:  <u>I10 Essential (primary) hypertension</u>  <del>401.0 Malignant</del>  <del>401.1 Benign</del>  <u>I15 Secondary hypertension</u>  <u>I15.8 Other secondary hypertension</u>  <del>I27.20 Pulmonary hypertension, unspecified</del>  <del>401.9 Unspecified</del>  <del>796.2</del><u>R03.0</u> Elevated blood pressure reading, without diagnosis of hypertension</p> <p><b>Accompanied by</b>  Chart review indicates elevated blood pressure <del>according to the most recent Joint National Committee guideline for high blood pressure of 140/90</del></p> <p><b>Accompanied by</b>  One of the following patient encounter codes:  <del>99201,</del> 99202, 99203, 99204, 99205 (office/other outpatient services – new patient)  <u>99211,</u> 99212, 99213, 99214, 99215 (office/other outpatient services – established patient)  99241, 99242, 99243, 99244, 99245 (office consultations, non-Medicare only)</p>
Exceptions	<p><b>At least one of the following is documented in the patient chart:</b></p> <ul style="list-style-type: none"> <li>• Patient had discussion with another healthcare provider in the last 24 hours about their elevated blood pressure.</li> </ul>
Numerator	<p><b>Chart review indicates:</b></p> <ul style="list-style-type: none"> <li>• Provider discusses elevated blood pressure with patient</li> </ul>