2024
NARCOLEPSY
MEASURE REPORTING WORKBOOK

2024 Narcolepsy Measure Reporting Workbook

Identifying eligible patients and extracting quality measure-related information in order to report on each measure should be done by each individual Workgroup member. You may discuss strategies with your staff, but at least 2-3 of the 10 charts for each measure should be pulled and reviewed by yourself in order to be able to provide the most informative feedback.

1) Pull charts for patients from the previous reporting year who have the diagnosis of **_Narcolepsy_**. In order to determine eligibility, go onto Question #2 for each chart.

2) Does the patient meet the rest of the denominator criteria (if any)?*
• If yes, go to Question #3.
• If no, this patient is ineligible, pull another patient chart. (Keep track of why patients were ineligible)

*i.e. for Process Measure #5, they not only have to have a diagnosis of narcolepsy, but they also have to have been started on treatment

3) Does the patient meet any of the exception criteria (if any)?
• If yes, this patient is ineligible, pull another patient chart. (Keep track of why patients were ineligible)
• If no, this is an ELIGIBLE chart, go to Question #4.

4) Collect the **FIRST** 10 eligible patient charts using the process outlined in #1-3 above.**
** The same group of patient charts may be used to report multiple measures if the measures have the same denominator and exceptions.

5) Answer the questions below and fill out the highlighted yellow cells in the following tabs for each measure.

Have you ever reported narcolepsy quality measures? If yes, which measures?

Please describe your clinical setting (academic, small/large health system, clinic, etc…)

Outcome Measure #1:	Proportion of patients diagnosed with narcolepsy that showed improvement in their subjective sleepiness from baseline after initiation of an evidence-based treatment.
Denominator	All patients diagnosed with narcolepsy who received an evidence-based treatment and completed a baseline validated sleepiness scale. **Accompanied by** One of the following diagnosis codes indicating narcolepsy: 347.00 (Narcolepsy without cataplexy) 347.01 (Narcolepsy with cataplexy) 347.10 (Narcolepsy in conditions classified elsewhere without cataplexy) 347.11 (Narcolepsy in conditions classified elsewhere with cataplexy) **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)
Exceptions	**At least one of the following is documented in the patient chart:** • Patient is on potent sedating medications administered during the day for comorbid conditions (e.g., opioids for pain, barbiturates for seizures). • Patient has documentation for contraindications to medications. • Patient is intellectually disabled or cognitively impaired. • Unavailability of validated sleepiness scales in the patient's language. • Patient aged < 6 years. • Patient refusal or inability to complete.
Numerator	**Chart review indicates:** • Patient's sleepiness score is measured since initiation of evidence-based treatment. • Patient's subjective sleepiness has improved as compared to baseline measurement.

A) How many charts did you have to review before finding the first 10 patients that were eligible?

B) Were there any reasons that came up several times which caused patients to be ineligible?

C) **Note: This is only a sample of patients. If you would like to review a larger sample, please reach out to the AASM at registry@aasm.org**

Eligible Chart #	Was the numerator criteria met? (0=not met, 1=met)	Was the reason the numerator was NOT met, captured by an exception (or other reason)?
Chart #1		
Chart #2		

Chart #3		
Chart #4		
Chart #5		
Chart #6		
Chart #7		
Chart #8		
Chart #9		
Chart #10		
Total # charts that met the numerator criteria:	**0**	
Performance Rate %	0%	
Exception Rate %	0%	

D) **Did you extract information from an EHR or by chart review for the following? (pick from drop-down menu)**

	Data Source (EHR or Chart Review?)
Denominator	
Exceptions	
Numerator	

E) **Measure Threshold**

F) **Was your Measure Threshold met? (0=not met, 1=met)**

Process Measure #1:	Proportion of patients diagnosed with narcolepsy whose sleepiness was assessed with a validated scale at every visit.
Denominator	All patients diagnosed with narcolepsy. **Accompanied by** One of the following diagnosis codes indicating narcolepsy: 347.00 (Narcolepsy without cataplexy) 347.01 (Narcolepsy with cataplexy) 347.10 (Narcolepsy in conditions classified elsewhere without cataplexy) 347.11 (Narcolepsy in conditions classified elsewhere with cataplexy) **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)
Exceptions	**At least one of the following is documented in the patient chart:** • Patient is intellectually disabled or cognitively impaired. • Unavailability of validated sleepiness scales in the patient's language. • Patient refusal or inability to complete. • Patient aged < 6 years.
Numerator	**Chart review indicates:** • Patient's sleepiness was measured using a validated scale. Scale options include, but are not limited to: Epworth Sleepiness Scale, Stanford Sleepiness Scale, Karolinska Sleepiness Scale, Cleveland Adolescent Sleepiness Questionnaire, or a Visual Analog scale. • Measurement of sleepiness took place during every intervention with the patient (each time the patient saw the physician and the visit was coded as 99201, 99202, 99203, 99204, 99205, 99212, 99213, 99214, or 99215 with the primary diagnosis being narcolepsy coded as 347.00, 347.01, 347.10, or 347.11).

A) How many charts did you have to review before finding the first 10 patients that were eligible?

B) Were there any reasons that came up several times which caused patients to be ineligible?

C) **Note: This is only a sample of patients. If you would like to review a larger sample, please reach out to the AASM at registry@aasm.org**

Eligible Chart #	Was the numerator criteria met? (0=not met, 1=met)	Was the reason the numerator was NOT met, captured by an exception (or other reason)?
Chart #1		
Chart #2		
Chart #3		
Chart #4		

Chart #5		
Chart #6		
Chart #7		
Chart #8		
Chart #9		
Chart #10		
Total # charts that met the numerator criteria:	0	
Performance Rate %	0%	
Exception Rate %	0%	

D) **Did you extract information from an EHR or by chart review for the following? (pick from drop-down menu)**

	Data Source (EHR or Chart Review?)
Denominator	
Exceptions	
Numerator	

E) **Measure Threshold**

F) **Was your Measure Threshold met? (0=not met, 1=met)**

Process Measure #2:	Proportion of patients with a new diagnosis of narcolepsy who were advised to pursue pharmacologic and/or behavioral treatment for symptoms within 1 month of MSLT or diagnosis by CSF hypocretin.
Denominator	All patients newly diagnosed with narcolepsy. **Accompanied by** One of the following diagnosis codes indicating narcolepsy, assigned to the patient for the first time (new diagnosis): 347.00 (Narcolepsy without cataplexy) 347.01 (Narcolepsy with cataplexy) 347.10 (Narcolepsy in conditions classified elsewhere without cataplexy) 347.11 (Narcolepsy in conditions classified elsewhere with cataplexy) **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)
Exceptions	None
Numerator	**Chart review indicates:** A. Documentation of prescription for at least one evidence-based pharmacologic treatment and/or behavioral treatment (i.e. directions regarding scheduled naps). 1. Excessive Daytime Sleepiness • Amphetamine, Methamphetamine, Dextroamphetamine, Methylphenidate, and related preparations • Modafinil and Armodafinil • Sodium oxybate • Scheduled Naps 2. Cataplexy • Sodium oxybate • Tricyclic antidepressants • Selective Serotonin Reuptake Inhibitors (i.e. fluoxetine, paroxetine, sertraline) 3. Disrupted Nocturnal Sleep • Sodium oxybate 4. Hypnogogic hallucinations and Sleep Paralysis • Sodium oxybate B. Treatment is provided within one month of the patient receiving a diagnostic test confirming narcolepsy (MSLT (coded as 95805) and/or CSF hypocretin when available (coded as 62270 spinal puncture, lumbar, diagnostic or documented in the patient record)).

A) How many charts did you have to review before finding the first 10 patients that were eligible?

B) Were there any reasons that came up several times which caused patients to be ineligible?

C) **Note: This is only a sample of patients. If you would like to review a larger sample, please reach out to the AASM at registry@aasm.org**

Eligible Chart #	Was the numerator criteria met? (0=not met, 1=met)	Was the reason the numerator was NOT met, captured by an exception (or other reason)?
Chart #1		

Chart #2		
Chart #3		
Chart #4		
Chart #5		
Chart #6		
Chart #7		
Chart #8		
Chart #9		
Chart #10		
Total # charts that met the numerator criteria:	0	
Performance Rate %	0%	
Exception Rate %	0%	

D) **Did you extract information from an EHR or by chart review for the following? (pick from drop-down menu)**

	Data Source (EHR or Chart Review?)
Denominator	
Exceptions	
Numerator	

E) **Measure Threshold**

F) **Was your Measure Threshold met? (0=not met, 1=met)**

Process Measure #3:	Proportion of patients diagnosed with narcolepsy with documentation that a comprehensive sleep history and physical examination was completed at or before the time of diagnosis.
Denominator	All patients diagnosed with narcolepsy. **Accompanied by** One of the following diagnosis codes indicating narcolepsy: 347.00 (Narcolepsy without cataplexy) 347.01 (Narcolepsy with cataplexy) 347.10 (Narcolepsy in conditions classified elsewhere without cataplexy) 347.11 (Narcolepsy in conditions classified elsewhere with cataplexy) **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)
Exceptions	None
Numerator	**Chart review indicates:** • Patient received a comprehensive sleep history and physical examination at time of diagnosis (first time diagnosis code was assigned). If documentation is not available from the initial diagnosis or if the original sleep history is insufficient/incomplete, a comprehensive history and examination would be required when transferring care to another physician. • Sleep history includes at minimum documentation of: a thorough general physical and neurological examination, sleep wake patterns, signs and symptoms suggestive of sleep disordered breathing, current medications, and other potential comorbidities which may contribute to excessive daytime sleepiness. Inclusion of questions regarding traumatic brain injury, secondary causes of cataplexy, and multiple sclerosis may be appropriate.

A) How many charts did you have to review before finding the first 10 patients that were eligible?

B) Were there any reasons that came up several times which caused patients to be ineligible?

C) **Note: This is only a sample of patients. If you would like to review a larger sample, please reach out to the AASM at registry@aasm.org**

Eligible Chart #	Was the numerator criteria met? (0=not met, 1=met)	Was the reason the numerator was NOT met, captured by an exception (or other reason)?
Chart #1		
Chart #2		
Chart #3		

Chart #4		
Chart #5		
Chart #6		
Chart #7		
Chart #8		
Chart #9		
Chart #10		
Total # charts that met the numerator criteria:	0	
Performance Rate %	0%	
Exception Rate %	0%	

D) **Did you extract information from an EHR or by chart review for the following? (pick from drop-down menu)**

	Data Source (EHR or Chart Review?)
Denominator	
Exceptions	
Numerator	

E) **Measure Threshold**

F) **Was your Measure Threshold met? (0=not met, 1=met)**

Process Measure #4:	Proportion of patients diagnosed with narcolepsy that have had a documented PSG and MSLT performed according to standardized protocols established in AASM practice parameters at the time of diagnosis.
Denominator	All patients diagnosed with narcolepsy. **Accompanied by** One of the following diagnosis codes indicating narcolepsy: 347.00 (Narcolepsy without cataplexy) 347.01 (Narcolepsy with cataplexy) 347.10 (Narcolepsy in conditions classified elsewhere without cataplexy) 347.11 (Narcolepsy in conditions classified elsewhere with cataplexy) **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)
Exceptions	**The following is documented in the patient chart:** • Patient's CSF-hypocretin concentration is measured by immunoreactivity and is shown to confirm diagnosis of narcolepsy without a PSG and MSLT (results indicate CSF-hypocretin levels are either ≤ 110 pg/mL or < 1/3 of mean values obtained in normal subjects with the same standardized assay). • Documented reason to not withhold stimulants, stimulant-like medications, or REM suppressing medications at least 2 weeks before MSLT.
Numerator	**Chart review indicates the following testing was completed in order to diagnose the patient:** • Polysomnography coded as 95782 (< 6 years of age) or 95810 (≥ 6 years of age). • Multiple sleep latency testing coded as 95805. • Chart review indicates that the MSLT and polysomnography were conducted according to correct protocols as established in AASM practice parameters.

A) **How many charts did you have to review before finding the first 10 patients that were eligible?**

B) **Were there any reasons that came up several times which caused patients to be ineligible?**

C) **Note: This is only a sample of patients. If you would like to review a larger sample, please reach out to the AASM at registry@aasm.org**

Eligible Chart #	Was the numerator criteria met? (0=not met, 1=met)	Was the reason the numerator was NOT met, captured by an exception (or other reason)?
Chart #1		
Chart #2		
Chart #3		
Chart #4		

Chart #5		
Chart #6		
Chart #7		
Chart #8		
Chart #9		
Chart #10		
Total # charts that met the numerator criteria:	**0**	
Performance Rate %	**0%**	
Exception Rate %	**0%**	

D) **Did you extract information from an EHR or by chart review for the following? (pick from drop-down menu)**

	Data Source (EHR or Chart Review?)
Denominator	
Exceptions	
Numerator	

E) **Measure Threshold**

F) **Was your Measure Threshold met? (0=not met, 1=met)**

Process Measure #5:	Proportion of patients diagnosed with narcolepsy and started on evidence-based treatment that received reassessment of symptoms and functionality on a minimum of an annual basis after treatment initiation.
Denominator	All patients diagnosed with narcolepsy who were started on treatment. **Accompanied by** One of the following diagnosis codes indicating narcolepsy: 347.00 (Narcolepsy without cataplexy) 347.01 (Narcolepsy with cataplexy) 347.10 (Narcolepsy in conditions classified elsewhere without cataplexy) 347.11 (Narcolepsy in conditions classified elsewhere with cataplexy) **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)
Exceptions	**At least one of the following is documented in the patient chart:** • Patient declines treatment. • Patient does not return for follow-up and/or transitioned to a different provider.
Numerator	**Chart review indicates:** • Patient has a follow-up evaluation one of the following ways: • Patient has follow-up visit with the treating physician (visit coded as 99212, 99213, 99214 or 99215) • Patient has non-face-to-face follow-up visit via telephone with the treating physician documented in the patient record or visit coded as 99441, 99442, or 99443. • Reassessment of symptoms by other HIPAA compliant electronic means. • Follow-up visit for reassessment of symptoms and functionality is performed at least annually after treatment initiation.

A) How many charts did you have to review before finding the first 10 patients that were eligible?

B) Were there any reasons that came up several times which caused patients to be ineligible?

C) **Note: This is only a sample of patients. If you would like to review a larger sample, please reach out to the AASM at registry@aasm.org**

Eligible Chart #	Was the numerator criteria met? (0=not met, 1=met)	Was the reason the numerator was NOT met, captured by an exception (or other reason)?
Chart #1		
Chart #2		
Chart #3		
Chart #4		

Chart #5		
Chart #6		
Chart #7		
Chart #8		
Chart #9		
Chart #10		
Total # charts that met the numerator criteria:	0	
Performance Rate %	0%	
Exception Rate %	0%	

D) **Did you extract information from an EHR or by chart review for the following? (pick from drop-down menu)**

	Data Source (EHR or Chart Review?)
Denominator	
Exceptions	
Numerator	

E) **Measure Threshold**

F) **Was your Measure Threshold met? (0=not met, 1=met)**

Process Measure #6:	Proportion of patients diagnosed with narcolepsy with documentation that counseling was received regarding side effects of medications or interactions with other medications before or at the time of initial treatment prescription.
Denominator	All patients diagnosed with narcolepsy in whom a new narcolepsy medication is initially prescribed. **Accompanied by** One of the following diagnosis codes indicating narcolepsy: 347.00 (Narcolepsy without cataplexy) 347.01 (Narcolepsy with cataplexy) 347.10 (Narcolepsy in conditions classified elsewhere without cataplexy) 347.11 (Narcolepsy in conditions classified elsewhere with cataplexy) **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) **Accompanied by** Prescription for medication(s) for the treatment of narcolepsy.
Exceptions	None
Numerator	**Chart review indicates:** • Patient has received counseling regarding side effects of medication(s) and potential medication interactions. • Counseling occurs either before or at the time of initial medication prescription.

A) **How many charts did you have to review before finding the first 10 patients that were eligible?**

B) **Were there any reasons that came up several times which caused patients to be ineligible?**

C) **Note: This is only a sample of patients. If you would like to review a larger sample, please reach out to the AASM at registry@aasm.org**

Eligible Chart #	Was the numerator criteria met? (0=not met, 1=met)	Was the reason the numerator was NOT met, captured by an exception (or other reason)?
Chart #1		
Chart #2		
Chart #3		
Chart #4		
Chart #5		

Chart #6		
Chart #7		
Chart #8		
Chart #9		
Chart #10		
Total # charts that met the numerator criteria:	**0**	
Performance Rate %	**0%**	
Exception Rate %	**0%**	

D) **Did you extract information from an EHR or by chart review for the following? (pick from drop-down menu)**

	Data Source (EHR or Chart Review?)
Denominator	
Exceptions	
Numerator	

E) **Measure Threshold**

F) **Was your Measure Threshold met? (0=not met, 1=met)**

Process Measure #7:	Proportion of patients diagnosed with narcolepsy that have documentation that counseling was received regarding age appropriate safety measures before or at the time of diagnosis.
Denominator	All patients diagnosed with narcolepsy **Accompanied by** One of the following diagnosis codes indicating narcolepsy: 347.00 (Narcolepsy without cataplexy) 347.01 (Narcolepsy with cataplexy) 347.10 (Narcolepsy in conditions classified elsewhere without cataplexy) 347.11 (Narcolepsy in conditions classified elsewhere with cataplexy) **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)
Exceptions	None
Numerator	**Chart review indicates:** • Patient has received counseling regarding safety measures about potentially dangerous activities (e.g., at home, work, school, and during transportation). • Safety measure counseling is age-appropriate. • Counseling is provided before or at the time the diagnosis of narcolepsy (coded as 347.00, 347.01, 347.10, or 347.11) is assigned.

A) How many charts did you have to review before finding the first 10 patients that were eligible?

B) Were there any reasons that came up several times which caused patients to be ineligible?

C) **Note: This is only a sample of patients. If you would like to review a larger sample, please reach out to the AASM at registry@aasm.org**

Eligible Chart #	Was the numerator criteria met? (0=not met, 1=met)	Was the reason the numerator was NOT met, captured by an exception (or other reason)?
Chart #1		
Chart #2		
Chart #3		
Chart #4		
Chart #5		
Chart #6		
Chart #7		

Chart #8		
Chart #9		
Chart #10		
Total # charts that met the numerator criteria:	**0**	
Performance Rate %	**0%**	
Exception Rate %	**0%**	

D) **Did you extract information from an EHR or by chart review for the following? (pick from drop-down menu)**

	Data Source (EHR or Chart Review?)
Denominator	
Exceptions	
Numerator	

E) **Measure Threshold**

F) **Was your Measure Threshold met? (0=not met, 1=met)**