

## 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 a diagnosis of **Narcolepsy**. In order to determine eligibility, go onto Question #2 for each chart.  
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)
- 2) \*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?**

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

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<b>Outcome Measure #1:</b>	Proportion of patients diagnosed with narcolepsy and received an evidence-based pharmacologic treatment who showed improvement in their subjective sleepiness compared to prior to initiation of therapy
<b>Denominator</b>	<p>All patients diagnosed with narcolepsy who received an evidence-based treatment and completed a baseline validated sleepiness scale.</p> <p><b>Accompanied by</b></p> <p>One of the following diagnosis codes indicating narcolepsy:</p> <ul style="list-style-type: none"> <li>• G47.411 (Narcolepsy Type 1 (Narcolepsy with cataplexy))</li> <li>• G47.419 (Narcolepsy Type 2 (Narcolepsy without cataplexy))</li> <li>• G47.421 (Narcolepsy in conditions classified elsewhere with cataplexy)</li> <li>• G47.429 (Narcolepsy in conditions classified elsewhere without cataplexy)</li> </ul> <p><b>Accompanied by</b></p> <p>One of the following patient encounter codes:</p> <ul style="list-style-type: none"> <li>• 90832, 90792, 99202, 99203, 99204, 99205 (office/other outpatient services – new patient)</li> <li>• 99211, 99212, 99213, 99214, 99215 (office/other outpatient services – established patient)</li> <li>• 99242, 99243, 99244, 99245 (office consultations, non-Medicare only)</li> </ul> <p>Documentation that the patient received an evidence-based pharmacologic treatment AND completed a validated sleepiness instrument</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 is on escalating sedating medication regimen administered for comorbid conditions (e.g., opioids for pain, benzodiazepines for seizures)</li> <li>• Patient with documented contraindications to the recommended evidence-based pharmacologic treatment</li> <li>• Patient and/or caregiver declines or is unable to complete sleepiness instrument</li> <li>• Patient and/or caregiver declines prescribed treatment</li> </ul>
<b>Numerator</b>	<p><b>Chart review indicates:</b></p> <p>Patient's subjective sleepiness has improved compared to prior to initiation of therapy</p>

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 [quality@aasm.org](mailto:quality@aasm.org)**

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

Chart #1		
Chart #2		
Chart #3		
Chart #4		
Chart #5		
Chart #6		
Chart #7		
Chart #8		
Chart #9		
Chart #10		
<b>Total # charts that met the numerator criteria:</b>	0	
<b>Performance Rate %</b>	0%	
<b>Exception Rate %</b>	0%	

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

	<u>Data Source (EHR or Chart Review?)</u>
Denominator	
Exceptions	
Numerator	

E) Measure Threshold \_\_\_\_\_

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

<b>Process Measure #1:</b>	Proportion of patients diagnosed with narcolepsy whose sleepiness was assessed with a validated sleepiness instrument at every visit
<b>Denominator</b>	<p>All patients diagnosed with narcolepsy.</p> <p><b>Accompanied by</b></p> <p>One of the following diagnosis codes indicating narcolepsy:</p> <ul style="list-style-type: none"> <li>• G47.411 (Narcolepsy Type 1 (Narcolepsy with cataplexy))</li> <li>• G47.419 (Narcolepsy Type 2 (Narcolepsy without cataplexy))</li> <li>• G47.421 (Narcolepsy in conditions classified elsewhere with cataplexy)</li> <li>• G47.429 (Narcolepsy in conditions classified elsewhere without cataplexy)</li> </ul> <p><b>Accompanied by</b></p> <p>One of the following patient encounter codes:</p> <ul style="list-style-type: none"> <li>• 99202, 99203, 99204, 99205 (office/other outpatient services – new patient)</li> <li>• 99211, 99212, 99213, 99214, 99215 (office/other outpatient services – established patient)</li> </ul>
<b>Exceptions</b>	<p><b>The following is documented in the patient chart:</b></p> <p>Patient and/or caregiver declines or is unable to complete sleepiness instrument</p>
<b>Numerator</b>	<p><b>Chart review indicates:</b></p> <ul style="list-style-type: none"> <li>• Patient's sleepiness was measured using a validated sleepiness instrument</li> <li>• Measurement of sleepiness took place during every visit</li> </ul>

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 [quality@aasm.org](mailto:quality@aasm.org)**

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

	<u>Data Source (EHR or Chart Review?)</u>
Denominator	
Exceptions	
Numerator	

E) Measure Threshold

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

<b>Process Measure #2:</b>	Proportion of patients with a new diagnosis of narcolepsy who were recommended an evidence-based pharmacologic treatment plan for symptoms within 1 month of new narcolepsy diagnosis.
<b>Denominator</b>	<p>All patients newly diagnosed with narcolepsy.</p> <p><b>Accompanied by</b></p> <p>One of the following diagnosis codes indicating narcolepsy, assigned to the patient for the first time (new diagnosis):</p> <ul style="list-style-type: none"> <li>• G47.411 (Narcolepsy Type 1 (Narcolepsy with cataplexy))</li> <li>• G47.419 (Narcolepsy Type 2 (Narcolepsy without cataplexy))</li> <li>• G47.421 (Narcolepsy in conditions classified elsewhere with cataplexy)</li> <li>• G47.429 (Narcolepsy in conditions classified elsewhere without cataplexy)</li> </ul> <p><b>Accompanied by</b></p> <p>One of the following patient encounter codes:</p> <ul style="list-style-type: none"> <li>• 99202, 99203, 99204, 99205 (office/other outpatient services – new patient)</li> <li>• 99211, 99212, 99213, 99214, 99215 (office/other outpatient services – established patient)</li> </ul>
<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 is pregnant and/or breastfeeding</li> <li>• Medical or psychiatric condition that precludes safe use of pharmacologic narcolepsy treatment</li> </ul>

<b>Numerator</b>	<p><b>Chart review indicates:</b>  Documentation of prescription for at least one evidence-based pharmacologic treatment which may include, but are not limited to the following:</p> <ul style="list-style-type: none"> <li>• Modafinil</li> <li>• Pitolisant</li> <li>• Sodium Oxybate</li> <li>• Solriamfetol</li> <li>• Armodafinil</li> <li>• Dextroamphetamine</li> <li>• Methylphenidate</li> </ul> <p>Evidence-based pharmacologic treatment plan was recommended within one month of the patient receiving a new diagnosis of narcolepsy</p>
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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 [quality@aasm.org](mailto:quality@aasm.org)**

<u>Eligible Chart #</u>	<u>Was the numerator criteria met? (0=not met, 1=met)</u>	<u>Was the reason the numerator was NOT met, captured by an exception (or other reason)?</u>
Chart #1		
Chart #2		
Chart #3		
Chart #4		
Chart #5		
Chart #6		
Chart #7		
Chart #8		
Chart #9		
Chart #10		
<b>Total # charts that met the numerator criteria:</b>		<b>0</b>
<b>Performance Rate %</b>		<b>0%</b>
<b>Exception Rate %</b>		<b>0%</b>

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

	<u>Data Source (EHR or Chart Review?)</u>
<b>Denominator</b>	
<b>Exceptions</b>	
<b>Numerator</b>	

	<b>Measure Threshold</b>	
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**F) Was your Measure Threshold met? (0=not met, 1=met)**  

<b>Process Measure #3:</b>	Proportion of patients newly diagnosed with narcolepsy with documentation that a comprehensive sleep history and physical examination was completed at or before the time of diagnosis.
<b>Denominator</b>	<p>All patients diagnosed with narcolepsy.</p> <p><b>Accompanied by</b></p> <p>One of the following diagnosis codes indicating narcolepsy:</p> <ul style="list-style-type: none"> <li>• G47.411 (Narcolepsy Type 1 (Narcolepsy with cataplexy))</li> <li>• G47.419 (Narcolepsy Type 2 (Narcolepsy without cataplexy))</li> <li>• G47.421 (Narcolepsy in conditions classified elsewhere with cataplexy)</li> <li>• G47.429 (Narcolepsy in conditions classified elsewhere without cataplexy)</li> </ul> <p><b>Accompanied by</b></p> <p>One of the following patient encounter codes:</p> <ul style="list-style-type: none"> <li>• 99202, 99203, 99204, 99205 (office/other outpatient services – new patient)</li> <li>• 99211, 99212, 99213, 99214, 99215 (office/other outpatient services – established patient)</li> </ul>
<b>Exceptions</b>	<b>None</b>
<b>Numerator</b>	<p><b>Chart review indicates:</b></p> <p>Patient received a comprehensive sleep history and physical examination at or before time of diagnosis (first time diagnosis code was assigned)</p>

**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 [quality@aasm.org](mailto:quality@aasm.org)**

<u>Eligible Chart #</u>	<u>Was the numerator criteria met?</u> (0=not met, 1=met)	<u>Was the reason the numerator was NOT met, captured by an exception (or other reason)?</u>
Chart #1		
Chart #2		
Chart #3		
Chart #4		
Chart #5		
Chart #6		
Chart #7		
Chart #8		
Chart #9		
Chart #10		
<b>Total # charts that met the numerator criteria:</b>		<b>0</b>
<b>Performance Rate %</b>		<b>0%</b>
<b>Exception Rate %</b>		<b>0%</b>

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

	<u>Data Source (EHR or Chart Review?)</u>
Denominator	
Exceptions	
Numerator	

E) Measure Threshold

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

<b>Process Measure #4:</b>	Proportion of patients newly diagnosed with narcolepsy who have undergone objective sleep testing at the time of initial diagnosis
<b>Denominator</b>	<p>All patients diagnosed with narcolepsy.</p> <p><b>Accompanied by</b></p> <p>One of the following diagnosis codes indicating narcolepsy:</p> <ul style="list-style-type: none"> <li>• G47.411 (Narcolepsy Type 1 (Narcolepsy with cataplexy))</li> <li>• G47.419 (Narcolepsy Type 2 (Narcolepsy without cataplexy))</li> <li>• G47.421 (Narcolepsy in conditions classified elsewhere with cataplexy)</li> <li>• G47.429 (Narcolepsy in conditions classified elsewhere without cataplexy)</li> </ul> <p><b>Accompanied by</b></p> <p>One of the following patient encounter codes:</p> <ul style="list-style-type: none"> <li>• 99202, 99203, 99204, 99205 (office/other outpatient services – new patient)</li> <li>• 99211, 99212, 99213, 99214, 99215 (office/other outpatient services – established patient)</li> </ul>
<b>Exceptions</b>	<b>None</b>
<b>Numerator</b>	<p><b>Chart review indicates the following testing was completed in order to diagnose the patient:</b></p> <ul style="list-style-type: none"> <li>• Polysomnography coded as 95782 (&lt; 6 years of age) or 95810 (<math>\geq</math> 6 years of age).</li> <li>• Multiple sleep latency testing coded as 95805.</li> <li>• CSF hypocretin-1 measurement coded as 83519 or evidence that CSF hypocretin-1 has been measured (e.g., office visit notes or lab results)</li> </ul>

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 [quality@aasm.org](mailto:quality@aasm.org)**

<u>Eligible Chart #</u>	<u>Was the numerator criteria met? (0=not met, 1=met)</u>	<u>Was the reason the numerator was NOT met, captured by an exception (or other reason)?</u>
Chart #1		
Chart #2		
Chart #3		
Chart #4		
Chart #5		
Chart #6		
Chart #7		
Chart #8		
Chart #9		

Chart #10		
<b>Total # charts that met the numerator criteria:</b>		0
<b>Performance Rate %</b>		0%
<b>Exception Rate %</b>		0%

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

	<u>Data Source (EHR or Chart Review?)</u>
Denominator	
Exceptions	
Numerator	

E) Measure Threshold

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

<b>Process Measure #5:</b>	Proportion of patients newly diagnosed with narcolepsy and started on evidence-based pharmacologic treatment who received reassessment of symptoms and functionality within 4 months after treatment initiation and at least annually thereafter
<b>Denominator</b>	<p>All patients diagnosed with narcolepsy who were started on treatment.</p> <p><b>Accompanied by</b></p> <p>One of the following diagnosis codes indicating narcolepsy:</p> <ul style="list-style-type: none"> <li>• G47.411 (Narcolepsy Type 1 (Narcolepsy with cataplexy))</li> <li>• G47.419 (Narcolepsy Type 2 (Narcolepsy without cataplexy))</li> <li>• G47.421 (Narcolepsy in conditions classified elsewhere with cataplexy)</li> <li>• G47.429 (Narcolepsy in conditions classified elsewhere without cataplexy)</li> </ul> <p><b>Accompanied by</b></p> <p>One of the following patient encounter codes:</p> <ul style="list-style-type: none"> <li>• 99202, 99203, 99204, 99205 (office/other outpatient services – new patient)</li> <li>• 99211, 99212, 99213, 99214, 99215 (office/other outpatient services – established patient)</li> </ul> <p>Documentation that the patient was started on an evidence-based pharmacologic treatment</p>

<b>Exceptions</b>	<b>The following is documented in the patient chart:</b> Patient does not return for follow-up and/or transitioned to a different provider
<b>Numerator</b>	<p><b>Chart review indicates:</b> Patient has a follow-up evaluation one of the following ways:</p> <ul style="list-style-type: none"> <li>• Patient has follow-up visit with the treating physician (visit coded as 99211, 99212, 99213, 99214 or 99215)</li> <li>• 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.</li> <li>• Reassessment of symptoms by other HIPAA compliant electronic means.</li> </ul> <p>Follow-up visit for reassessment of symptoms and functionality is performed within 4 months after treatment initiation and at least annually thereafter.</p>

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 [quality@aasm.org](mailto:quality@aasm.org)**

<u>Eligible Chart #</u>	<u>Was the numerator criteria met?</u> (0=not met, 1=met)	<u>Was the reason the numerator was NOT met, captured by an exception (or other reason)?</u>
Chart #1		
Chart #2		
Chart #3		
Chart #4		
Chart #5		
Chart #6		
Chart #7		
Chart #8		
Chart #9		
Chart #10		
<b>Total # charts that met the numerator criteria:</b>		<b>0</b>
<b>Performance Rate %</b>		<b>0%</b>
<b>Exception Rate %</b>		<b>0%</b>

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

	<u>Data Source (EHR or Chart Review?)</u>
Denominator	
Exceptions	
Numerator	

	<b>Measure Threshold</b>
E)	

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

<b>Process Measure #6:</b>	Proportion of patients diagnosed with narcolepsy and have a narcolepsy prescription change who have documentation that counseling was received regarding side effects or interactions with other medications before or at the time of the prescription change
<b>Denominator</b>	<p>All patients diagnosed with narcolepsy in whom a new narcolepsy medication is initially prescribed.</p> <p><b>Accompanied by</b></p> <p>One of the following diagnosis codes indicating narcolepsy:</p> <ul style="list-style-type: none"> <li>• G47.411 (Narcolepsy Type 1 (Narcolepsy with cataplexy))</li> <li>• G47.419 (Narcolepsy Type 2 (Narcolepsy without cataplexy))</li> <li>• G47.421 (Narcolepsy in conditions classified elsewhere with cataplexy)</li> <li>• G47.429 (Narcolepsy in conditions classified elsewhere without cataplexy)</li> </ul> <p><b>Accompanied by</b></p> <p>One of the following patient encounter codes:</p> <ul style="list-style-type: none"> <li>• 99202, 99203, 99204, 99205 (office/other outpatient services – new patient)</li> <li>• 99211, 99212, 99213, 99214, 99215 (office/other outpatient services – established patient)</li> </ul> <p><b>Accompanied by</b></p> <p>A narcolepsy prescription change</p>
<b>Exceptions</b>	None
<b>Numerator</b>	<p><b>Chart review indicates:</b></p> <ul style="list-style-type: none"> <li>• Patient has received counseling regarding side effects or interactions with other medications</li> <li>• Counseling occurs either before or at the time of a narcolepsy prescription change</li> </ul>

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 [quality@aasm.org](mailto:quality@aasm.org)**

<u>Eligible Chart #</u>	<u>Was the numerator criteria met? (0=not met, 1=met)</u>	<u>Was the reason the numerator was NOT met, captured by an exception (or other reason)?</u>
Chart #1		
Chart #2		
Chart #3		
Chart #4		
Chart #5		
Chart #6		
Chart #7		
Chart #8		
Chart #9		
Chart #10		
<b>Total # charts that met the numerator criteria:</b>		<b>0</b>
<b>Performance Rate %</b>		<b>0%</b>
<b>Exception Rate %</b>		<b>0%</b>

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

	<u>Data Source (EHR or Chart Review?)</u>
Denominator	
Exceptions	
Numerator	

E) Measure Threshold

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

<b>Process Measure #7:</b>	Proportion of patients diagnosed with narcolepsy who received documented age-appropriate safety measure counseling before or at the time of diagnosis, and at subsequent narcolepsy related visits.
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Denominator	<p>All patients diagnosed with narcolepsy</p> <p><b>Accompanied by</b></p> <p>One of the following diagnosis codes indicating narcolepsy:</p> <ul style="list-style-type: none"> <li>• G47.411 (Narcolepsy Type 1 (Narcolepsy with cataplexy))</li> <li>• G47.419 (Narcolepsy Type 2 (Narcolepsy without cataplexy))</li> <li>• G47.421 (Narcolepsy in conditions classified elsewhere with cataplexy)</li> <li>• G47.429 (Narcolepsy in conditions classified elsewhere without cataplexy)</li> </ul> <p><b>Accompanied by</b></p> <p>One of the following patient encounter codes:</p> <ul style="list-style-type: none"> <li>• 99202, 99203, 99204, 99205 (office/other outpatient services – new patient)</li> <li>• 99211, 99212, 99213, 99214, 99215 (office/other outpatient services – established patient)</li> </ul>
Exceptions	None
Numerator	<p><b>Chart review indicates:</b></p> <ul style="list-style-type: none"> <li>• Patient has received age-appropriate safety measure counseling</li> <li>• Counseling is provided before or at the time of diagnosis, and subsequent narcolepsy related visits (coded as G47.411, G47.419, G47.421 or G47.429)</li> </ul>

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 [quality@aasm.org](mailto:quality@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)

	<u>Data Source (EHR or Chart Review?)</u>
Denominator	
Exceptions	
Numerator	

E) Measure Threshold

-

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

[Redacted]