

Pay for Performance



Cardiology 2008

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Eligibility Requirements

Quality measures

Provider group must have at least 15 patients in one or more quality measures to qualify.

Goal attainment rate

Provider group must have at least 10 inpatient admissions that were discharged during the measurement period to qualify.

Percent generic

Provider group must have 50 months supply of prescriptions filled by eligible members.

Scoring weights

Quality Measures: 50%* (Each measure counts as approximately 7% of the total score.)

Goal Attainment Rate: 25%*

Percent Generic: 25%

*Patients meeting measure goal or target/patients eligible for the measure.

Glossary of Terms

ACE – Angiotensin-Converting Enzyme Inhibitors

AMI – Acute Myocardial Infarction

Anchor date – Determines eligibility in product (HMO/POS) and assignment of patient to physician for a specific time frame.

ARB – Angiotensin Receptor Blockers

CABG – Coronary Artery Bypass Graft

CAD – Coronary Artery Disease

CHF – Congestive Heart Failure

COPD – Chronic Obstructive Pulmonary Disease

DRG – Diagnostic Related Groupings

ED – Emergency Department

ESRD – End-Stage Renal Disease

Event time period – Time frame in which an event can occur.

GAR – Goal Attainment Rate

GFR – Glomerular Filtration Rate

ICU – Intensive Care Unit

LDL-C – Low-density Lipoprotein Cholesterol

LOS – Length of Stay

LVEF – Left Ventricular Ejection Fraction

Measurement period – Time frame surrounding the event that is being measured

Months' supply –

- Claims with days supply at 33 or less = 1 month supply
- Claims with days supply > 33 and < 67 = 2 months supply
- Claims with days supply \geq 67 = 3 months supply
- Soaps, shampoos, bars, creams and similar items = 1 month supply

MUGA – Multiple Gated Acquisition Scan

Patient – Person rendered medical services; a Priority Health member.

Practice group – A physician's primary practicing location as set-up by the Priority Health Credentialing Department.

PTCA – Percutaneous Transluminal Coronary Angioplasty

SPECT – Single Photon Emission Computed Tomography

SPFP – Specialist Pay for Performance

Measures

Measure overview

Percent generic	The percentage of generic months supply filled and written by a participating physician.
Goal Attainment Rate for Inpatient Care	Denominator: Any discharge from the hospital with a DRG of CHF, AMI, chest pain, angina or arrhythmia. Numerator: Identify all discharges in the denominator at or below the target length of stay.
Persistence of Beta-Blocker Therapy after an AMI	Denominator: Any patient discharged from the hospital with a diagnosis of AMI or DRG of AMI during the event time period. Numerator: Identify all patients in the denominator population who had equal to or greater than 135 days supply of beta-blocker therapy in the 180 day measurement period.
Persistence of ACE and/or ARB Therapy after an AMI	Denominator: Any patient discharged from the hospital with a diagnosis of AMI during the event time period. Numerator: Identify all patients in the denominator population who had equal to or greater than 135 days supply of ACE and/or ARB therapy in the 180 day measurement period.
Lipid Profile Follow-up for Patients with AMI, CABG, PTCA or Stent	Denominator: Any patient with a discharge from the hospital for an AMI or date of service for CABG, PTCA or stent during the event time period. Numerator: Any patient in the denominator population with most recent LDL-C — taken during the measurement period and after the anchor date — of equal to or less than 100 mg/dl.
Persistence of ACE and/or ARB Therapy for Patients with CHF	Denominator: Any patient who had two face-to-face encounters with different dates of service in an ambulatory setting or non-acute inpatient setting, or one face-to-face encounter in an acute inpatient or ED setting in the event time period with a diagnosis of CHF with left ventricular ejection fraction less than 40. Numerator: Identify all patients in the denominator who had equal to or greater than 135 days supply of ACE and/or ARB therapy in 2008.
Left Ventricular Function Assessment after Diagnosis of CHF	Denominator: Any patient with a hospital admission or ED visit with a primary diagnosis of CHF in the event time period. If the patient has more than one event during the event time period, only the first event is measured. Numerator: Identify all patients in the denominator who had a 2-D or 3-D echocardiogram, radionuclide ventriculography, MUGA, SPECT or ejection fraction during the measurement period.

Readmission Rate for CHF	Denominator: Any discharge from the hospital with a primary diagnosis of CHF or a DRG of CHF Numerator: Identify all patients in the denominator who were readmitted or seen in the ED with a cardiac-related diagnosis within 30 days of initial discharge.
Repeat Procedure after PTCA or Stent	Denominator: Any patient with a PTCA or stent during the event time period. Numerator: Identify all the patients in the denominator who did not have a repeat PTCA, stent or CABG during the measurement period.

Percent Generic Prescribing

Identified Measure	The percentage of generic months supply filled in the measurement period and written by physicians in your practice group.
SPFP Category	Efficiency
Event Date	Date prescription was filled
Measurement Period	1/1/2008 to 12/31/2008
Age Criteria	All ages
Exclusionary Criteria	None
Denominator	Total number of months supply filled in the measurement period and written by physicians in your practice group.
Numerator	Total number of generic months supply filled in the measurement period and written by physicians in your practice group.
Level of Measure	Practice group
Minimum Months Supply	50 months supply
Applicable Product Lines	Fully-funded HMO and POS
Method of Measurement	Administrative data (claims) processed by Argus, Priority Health's pharmacy claims vendor. Claims processed and paid by February 28, 2009.
Patient Eligibility	The patient must have pharmacy coverage in at least one of the applicable product lines on the fill date for the months supply of the prescription to be included in the measure.
Provider Data Input	None
Scoring Threshold for Minimum Payment	Specialty 50th percentile for 2007 for all eligible cardiologists
Scoring Threshold for Maximum Payment	Specialty 90th percentile for 2007 for all eligible cardiologists

Goal Attainment Rate for Inpatient Care

Identified Measure	The percentage of all discharges during the measurement period with a length of stay at or below the target for selected cardiac DRGs.
SPFP Category	Efficiency
Event Date	Discharge date from hospital
Measurement Period	1/1/2008 to 12/31/2008
Age Criteria	18 to 75 years as of 12/31/2008
Exclusionary Criteria	We will exclude the admission if the patient died while in the hospital.
Denominator	Any discharge from the hospital with a DRG of CHF, AMI, chest pain, angina or arrhythmia. Patients discharged to a skilled care facility are included in the measure; the day of transfer is considered the last day of the hospitalization for the purposes of this measure.
Numerator	Identify all discharges in the denominator at or below the target length of stay. The length of stay is determined by counting the day of admission through the last full day as an inpatient. The day of discharge is not counted.
Patient Eligibility	Patient must have medical coverage in at least one of the applicable product lines on the discharge date.
Provider Assignment	Any cardiology practice group that billed for any service during the hospital admission.
Level of Measure	Practice group
Minimum Number of Admissions	1 admission
Applicable Product Lines	Fully-funded HMO and POS
Method of Measurement	Administrative data (claims and authorizations) processed and paid by February 28, 2009.
Provider Data Input	Correction of an inaccurate length of stay only. Requests for a correction must be made by January 31, 2009.
Scoring Threshold for Minimum Payment	Specialty 50th percentile in 2007 for all eligible cardiologists
Scoring Threshold for Maximum Payment	Specialty 90th percentile in 2007 for all eligible cardiologists

DRG Codes for CHF, AMI, arrhythmia, angina and chest pain

DRG Description	MS-DRG	DRG Code	Target LOS
CHF	291, 292, 293 (CHF)	127	3
AMI	280, 281, 282 (AMI)	121, 122, 516, 526	3
Arrhythmia	308, 309, 310 (Arrhythmia)	138, 139	2
Angina/Chest Pain	311, 313 (Angina/chest pain)	140, 143	1

Persistence of Beta-Blocker Therapy After an AMI

Identified Measure	The percentage of patients 18 years of age and older as of 12/31/2008 who received persistent beta-blocker treatment following a discharge from a hospital with a diagnosis of AMI or DRG of AMI in the event time period.
SPFP Category	Quality
Event Date	Discharge date from hospital
Event Time Period	1/1/2007 to 6/30/2008
Measurement Period	180 days following event date
Anchor Date	Discharge date from hospital
Age Criteria	18 years and older as of 12/31/2008
Exclusionary Criteria	Patients will be excluded from the denominator if diagnosed with hypotension, bradycardia, heart block, asthma or COPD during the hospital admission or within 180 days following the hospital discharge date. Patients will also be excluded if they died during the hospital admission or during the measurement period.
Denominator	Any patient discharged from the hospital with a diagnosis of AMI or DRG of AMI during the event time period. If a patient has more than one discharge event in the event time period, only the first discharge event is eligible for measurement.
Numerator	Identify all patients in the denominator population who had \geq 135 days supply of beta-blocker therapy in the 180 day measurement period.
Patient Eligibility	Patient must have medical and pharmacy coverage in at least one of the applicable products on the discharge date and during the entire measurement period.
Provider Assignment	Any cardiology practice group that billed for any E&M service during the hospital admission or measurement period.
Level of Measure	Practice group
Minimum Patients	1 patient
Applicable Product Lines	Fully-funded HMO and POS
Method of Measurement	Administrative data (claims and authorizations) processed and paid by February 28, 2009.
Provider Data Input	Exclusions for asthma or COPD based on relative contraindications.

Persistence of Beta-Blocker Therapy After an AMI

Scoring Threshold for Minimum Payment

Specialty average in 2006-2007 for all eligible cardiologists

Scoring Threshold for Maximum Payment

Specialty 90th percentile in 2006-2007 for all eligible cardiologists

Beta-blockers	
Therapy Specific	
Beta-blockers	Complete listing of drugs available upon request
Alpha beta-blockers	Complete listing of drugs available upon request
Combo beta-blockers	Complete listing of drugs available upon request

Diagnosis Codes for AMI	
410.00	AMI anterolateral, unspec
410.01	AMI anterolateral, init
410.02	AMI anterolateral, subseq
410.10	AMI anterior wall, unspec
410.11	AMI anterior wall, init
410.12	AMI anterior wall, subseq
410.20	AMI inferolateral, unspec
410.21	AMI inferolateral, init
410.22	AMI inferolateral, subseq
410.30	AMI inferopost, unspec
410.31	AMI inferopost, initial
410.32	AMI inferopost, subseq
410.40	AMI inferior wall, unspec
410.41	AMI inferior wall, init
410.42	AMI inferior wall, subseq
410.50	AMI lateral nec, unspec
410.51	AMI lateral nec, initial
410.52	AMI lateral nec, subseq
410.60	True post infarct, unspec
410.61	True post infarct, init
410.62	True post infarct, subseq
410.70	Subendo infarct, unspec
410.71	Subendo infarct, initial
410.72	Subendo infarct, subseq
410.80	AMI nec, of other unspecified site
410.81	AMI nec, initial
410.82	AMI nec, subsequent
410.90	AMI nos, unspecified

410.91	AMI nos, initial
410.92	AMI nos, subsequent

DRG codes for AMI	
121 (MS-DRG 280)	AMI
122 (MS-DRG 281)	AMI
516 (MS-DRB 282)	AMI
526	AMI

EXCLUSIONS: Diagnosis Codes for Hypotension	
458.0	Orthostatic hypotension
458.1	Chronic hypotension
458.8	Other specified hypotension
458.9	Hypotension, unspecified

EXCLUSIONS: Diagnosis Codes for Heart Block, Bradycardia	
426.0	Atrioventricular block, complete
426.10	Atrioventricular block, NOS
426.11	First degree Atrioventricular block
426.12	Incomplete Atrioventricular block; Mobitz [type] II
426.13	Other second degree Atrioventricular block
426.2	Left bundle branch hemiblock
426.3	Other left bundle branch block
426.4	Right bundle branch block
426.50	Bundle branch block, unspecified
426.51	Right bundle branch block and left posterior fascicular block
426.52	Right bundle branch block and left anterior fascicular block
426.53	Other bilateral bundle branch block
426.54	Trifascicular block
426.6	Other heart block
426.7	Anomalous atrioventricular excitation
426.81	Lown-Ganong-Levine syndrome

* When billed with a physician evaluation and management CPT code.

426.89	Other dissociation
426.9	Other conduction disorder, unspecified
427.81*	Persistent, Severe Bradycardia
427.89*	Sinus Bradycardia, NOS

EXCLUSIONS: Diagnosis Codes for Asthma	
493.00	Extrinsic asthma, unspecified
493.01	Extrinsic asthma with status asthmaticus
493.02	Extrinsic asthma, with acute exacerbation
493.10	Intrinsic asthma, unspecified
493.11	Intrinsic asthma with status asthmaticus
493.12	Intrinsic asthma, with acute exacerbation
493.20	Chronic obstructive asthma, unspecified
493.21	Chronic obstructive asthma with status asthmaticus
493.22	Chronic obstructive asthma with acute exacerbation
493.80	Other forms of asthma
493.81	Exercise induced bronchospasm
493.82	Cough variant asthma
493.90	Asthma, unspecified
493.91	Asthma, unspecified type, with status asthmaticus
493.92	Asthma, unspecified, with acute exacerbation

EXCLUSIONS: Diagnosis Codes for COPD	
492.8	Other emphysema
496	Chronic airway obstruction, not elsewhere classified

Persistence of ACE and/or ARB Therapy After an AMI

Identified Measure	The percentage of patients 18 years of age and older as of 12/31/2008 who received persistent ACE and/or ARB treatment following a discharge from a hospital with a diagnosis of AMI or a DRG of AMI in the event time period.
SPFP Category	Quality
Event Date	Discharge date from hospital
Event Time Period	1/1/2007 to 6/30/2008
Measurement Period	180 days following event date
Anchor Date	Discharge date from hospital
Age Criteria	18 years and older as of 12/31/2008
Exclusionary Criteria	We will exclude patients with a diagnosis of hyperkalemia, within the measurement year or prior year, or who died during the hospital admission or during the measurement period. We will also exclude patients with an ejection fraction \geq 50% measured in 2006 or 2007.
Denominator	Any patient discharged from the hospital with a diagnosis of AMI or a DRG of AMI with LVEF less than 50% during the event time period. If a patient has more than one discharge event in the event time period, only the first discharge event is eligible for measurement.
Numerator	Identify all patients in the denominator population who had \geq 135 days supply of ACE and/or ARB therapy in the 180 day measurement period.
Patient Eligibility	Patient must have medical and pharmacy coverage in at least one of the applicable products on the discharge date and during the entire measurement period.
Provider Assignment	Any cardiology practice group that billed for any E&M service during the hospital admission or measurement period.
Level of Measure	Practice group
Minimum Patients	1 patient
Applicable Product Lines	Fully-funded HMO and POS
Method of Measurement	Administrative data (claims and authorizations) processed and paid by February 28, 2009.
Provider Data Input	Ejection fraction submitted through Patient Profile by January 31, 2009.
Scoring Threshold for Minimum Payment	Specialty average in 2006-2007 for all eligible cardiologists

Persistence of ACE and/or ARB Therapy After an AMI

Scoring Threshold for Maximum Payment

Specialty 90th percentile in 2006-2007 for all eligible cardiologists

ACEI or ARB	
Therapy Specific	
ACE inhibitors	Complete listing of drugs available upon request
ARBs	Complete listing of drugs available upon request

Diagnosis Codes for AMI	
410.00	AMI anterolateral, unspec
410.01	AMI anterolateral, init
410.02	AMI anterolateral, subseq
410.10	AMI anterior wall, unspec
410.11	AMI anterior wall, init
410.12	AMI anterior wall, subseq
410.20	AMI inferolateral, unspec
410.21	AMI inferolateral, init
410.22	AMI inferolateral, subseq
410.30	AMI inferopost, unspec
410.31	AMI inferopost, initial
410.32	AMI inferopost, subseq
410.40	AMI inferior wall, unspec
410.41	AMI inferior wall, init
410.42	AMI inferior wall, subseq
410.50	AMI lateral nec, unspec
410.51	AMI lateral nec, initial
410.52	AMI lateral nec, subseq
410.60	True post infarct, unspec
410.61	True post infarct, init
410.62	True post infarct, subseq
410.70	Subendo infarct, unspec
410.71	Subendo infarct, initial
410.72	Subendo infarct, subseq
410.80	AMI nec, of other unspecified sites
410.81	AMI nec, initial
410.82	AMI nec, subsequent
410.90	AMI nos, unspecified
410.91	AMI nos, initial

410.92	AMI nos, subsequent
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DRG codes for AMI	
121 (MS-DRG 280)	AMI
122 (MS-DRG 281)	AMI
516 (MS-DRG 282)	AMI
526	AMI

EXCLUSIONS: Diagnosis Codes for Hyperkalemia [High Potassium]	
276.7	Hyperkalemia

Lipid Profile Follow-Up for Patients with AMI, CABG, PTCA or Stent

Identified Measure	The percentage of patients 18 years of age and older as of December 31, 2008, with a lipid profile less than 100 following an AMI, CABG, PTCA or Stent.
SPFP Category	Quality
Event Date	Date of admission to the hospital for an AMI or the date of service for CABG, PTCA or stent, whichever is earlier, between July 1, 2007, and June 30, 2008.
Measurement Period	1/1/2008 to 12/31/2008
Anchor Date	Date of admission to the hospital for an AMI or the date of service for CABG, PTCA or stent, whichever is earlier.
Age Criteria	18 years and older as of 12/31/2008
Exclusionary Criteria	None
Denominator	Any patient with a discharge from the hospital for an AMI or date of service for CABG, PTCA or stent during the event time period. If a patient has more than one event in the event time period, only the first event is eligible for measurement.
Numerator	Any patient in the denominator population whose most recent LDL-C, taken during the measurement period and after the anchor date, is less than 100 mg/dl.
Patient Eligibility	Patient must have medical coverage in at least one of the applicable products on the event date and during the measurement period.
Provider Assignment	Any cardiology practice group that billed for any E&M service during the event or measurement period.
Level of Measure	Practice group
Minimum Patients	1 patient
Applicable Product Lines	Fully-funded HMO and POS
Method of Measurement	Administrative data (claims and authorizations) processed and paid by February 28, 2009.
Provider Data Input	LDL-C submitted through Patient Profile reported by January 31, 2009.
Scoring Threshold for Minimum Payment	Specialty average in 2006-2007 for eligible cardiologists
Scoring Threshold for Maximum Payment	Specialty 90th percentile in 2006-2007 for all eligible cardiologists

CPT Codes for Lipid Profile Table	
80061	Lipid Panel
83700	Lipoprotein, Blood; Electrophoretic Separation and Quantitation
83701	Lipoprotein, Blood; High Resolution Fractionation and Quantitation of Lipoproteins Including Lipoprotein Subclasses When Performed (e.g., Electrophoresis, Ultracentrifugation)
83704	Lipoprotein, Blood; Quantitation of Lipoprotein Particle Numbers and Lipoprotein Particle Subclasses (e.g., by Nuclear Magnetic Resonance Spectroscopy)
83715	Lipoprotein, Blood; Electrophoretic Separation and Quantitation
83716	Lipoprotein, Blood; High Resolution Fractionation and Quantitation of Lipoprotein Cholesterols (e.g., Electrophoresis, Nuclear Magnetic Resonance, Ultracentrifugation)
83721	Lipoprotein, Direct Measurement; Direct Measurement, LDL Cholesterol

DRG Codes for AMI, CABG and PTCA	
121 (MS-DRG 280)	AMI (inpatient only)
122 (MS-DRG 281)	AMI (inpatient only)
516 (MS-DRG 282)	AMI (inpatient only)
526	AMI (inpatient only)
516	PTCA
517	PTCA
518 (MS-DRG 250, 251)	PTCA
526	PTCA
527	PTCA
106 (MS-DRG 231, 232)	CABG (inpatient only)
107	CABG (inpatient only)

Diagnosis Codes for AMI	
410.00	AMI Anterolateral, Unspec
410.01	AMI Anterolateral, Init
410.02	AMI Anterolateral, Subseq
410.10	AMI Anterior Wall, Unspec
410.11	AMI Anterior Wall, Init
410.12	AMI Anterior Wall, Subseq
410.20	AMI Inferolateral, Unspec
410.21	AMI Inferolateral, Init
410.22	AMI Inferolateral, Subseq
410.30	AMI Inferopost, Unspec
410.31	AMI Inferopost, Initial
410.32	AMI Inferopost, Subseq

410.40	AMI Inferior Wall, Unspec
410.41	AMI Inferior Wall, Init
410.42	AMI Inferior Wall, Subseq
410.50	AMI Lateral NEC, Unspec
410.51	AMI Lateral NEC, Initial
410.52	AMI Lateral NEC, Subseq
410.60	True Post Infarct, Unspec
410.61	True Post Infarct, Init
410.62	True Post Infarct, Subseq
410.70	Subendo Infarct, Unspec
410.71	Subendo Infarct, Initial
410.72	Subendo Infarct, Subseq
410.80	AMI NEC, Unspecified
410.81	AMI NEC, Initial
410.82	AMI NEC, Subsequent
410.90	AMI NOS, Unspecified
410.91	AMI NOS, Initial
410.92	AMI NOS, Subsequent
411.0	POST MI Syndrome
411.1	Intermed Coronary Synd
412	Old Myocardial Infarct

CPT Codes for CABG Diagnosis	
33140	Transmyocardial Laser Revascul
33141	Trans laser revasc done at time of other cardiac proc
33510	Coronary Artery Bypass Venous Single
33511	Coronary Artery Bypass Two Grafts
33512	Coronary Artery Bypass Three Grafts
33513	Coronary Artery Bypass Four Grafts
33514	Coronary Artery Bypass Five Grafts
33516	Coronary Artery Bypass Six Grafts
33517	Coronary Bypass W/ Art/Ven Single
33518	Coronary Bypass W/ Art/Ven Two
33519	Coronary Bypass W/ Art/Ven Three
33521	Coronary Bypass W/ Art/Ven Three
33522	Coronary Bypass W/ Art/Ven Five
33523	Coronary Bypass W/ Art/Ven Six
33530	CABG Re-Operation more than one month after
33533	Coronary Bypass Arterial Single

33534	Coronary Bypass Arterial Two Grafts
33535	Coronary Bypass Arterial Three GRAFTS
33536	Coronary Bypass Arterial Four Grafts

Diagnosis Codes for CABG	
36.1	Bypass anastomosis for heart revascularization
36.10	Aortocoronary bypass for heart revascularization, not otherwise specified
36.11	(Aorto) coronary bypass of one coronary artery
36.12	(Aorto) coronary bypass of 2 coronary arteries
36.13	(Aorto) coronary bypass of 3 coronary arteries
36.14	(Aorto) coronary bypass of 4 coronary arteries
36.15	Single internal mammary-coronary artery bypass
36.16	Double internal mammary-coronary artery bypass
36.17	Abdominal-coronary artery bypass
36.19	Other bypass anastomosis for heart revascularization
36.2	Heart revascularization by arterial implant [internal mammary into heart muscle, myocardium, ventricle; indirect revascularization NOS

CPT Codes for Stent/PTCA	
92980	Intracoronary Stent/Single Vessel
92981	Intracoronary Stent/Add Vessel
92982	PTCA Single Vessel
92984	PTCA Additional Vessel
92995	PTCA W/O Balloon
92996	PTCA W/O Balloon Additional Vessel

Diagnosis Codes for Stent/PTCA	
36.0	Removal of coronary artery obstruction and insertion of stent(s)
36.03	Open chest coronary artery angioplasty
36.06	Insertion of non-drug-eluting coronary stent(s)
36.07	Insertion of drug-eluting coronary stent(s)
36.09	Coronary Angioplasty

Persistence of ACE and/or ARB Therapy for Patients with CHF

Identified Measure	The percentage of patients 18 years of age and older as of 12/31/2008 who were determined to have CHF during 2006-2007 and who received persistent ACEI and/or ARB treatment in 2008.
SPFP Category	Quality
Case Definition	A patient with CHF is defined as a patient who had two face-to-face encounters with different dates of service in an ambulatory setting or non-acute inpatient setting, or one face-to-face encounter in an acute inpatient or emergency room setting in the event time period with a diagnosis of CHF.
Event Time Period	1/1/2006 to 12/31/2007
Measurement Period	1/1/2008 to 12/31/2008
Anchor Date	12/31/2008
Age Criteria	18 years and older as of 12/31/2008
Exclusionary Criteria	We will exclude patients with a diagnosis of hyperkalemia within the measurement year or year prior, or an ejection fraction $\geq 40\%$ measured in 2007 or 2008. We will also exclude patients who died during the measurement period.
Denominator	Any patient who had two face-to-face encounters with different dates of service in an ambulatory setting or non-acute inpatient setting, or one face-to-face encounter in an acute inpatient or emergency room setting in the event time period with a diagnosis of CHF with a LVEF less than 40.
Numerator	Identify all patients in the denominator who had ≥ 270 days supply of ACEI and/or ARB therapy in 2008.
Patient Eligibility	Patient must have medical and pharmacy coverage in any product during the measurement period. Patient must have medical and pharmacy coverage in at least one of the applicable product lines on the anchor date.
Provider Assignment	Any cardiology practice group that billed for any E&M service during the event or measurement period.
Level of Measure	Practice group
Minimum Patients	1 patient
Applicable Product Lines	Fully-funded HMO and POS
Method of Measurement	Administrative data (claims) processed and paid by February 28, 2009
Provider Data Input	Ejection fraction submitted through Patient Profile reported by January 31, 2009.

Persistence of ACE and/or ARB Therapy for Patients with CHF

Scoring Threshold for Minimum Payment

Specialty average in 2006-2007 for all eligible cardiologists

Scoring Threshold for Maximum Payment

Specialty 90th percentile in 2006-2007 for all eligible cardiologists

Therapy Specific Class	
ACE Inhibitors	Complete listing of drugs available upon request
ARBs	Complete listing of drugs available upon request

EXCLUSIONS: Diagnosis of Hyperkalemia [high potassium]	
276.7	Hyperkalemia

Diagnosis Codes for CHF	
402.01	Malignant hypertensive heart disease with heart failure
402.11	Benign hypertensive heart disease with heart failure
402.91	Unspecified hypertensive heart disease with heart failure
404.01	Hypertensive heart and kidney disease, malignant, with heart failure
404.03	Hypertensive heart and kidney disease, malignant, with heart failure and chronic kidney disease
404.11	Benign Hypertensive Heart & Renal Dialysis w/Heart Failure
404.13	Benign Hypertensive Heart & Renal Dialysis w/HF and RF
404.91	Unspecified Hypertensive Heart & Renal Dialysis w/Heart Failure
404.93	Unspecified Hypertensive Heart & Renal Dialysis w/HF & RF
428.0	Congestive Heart Failure, NOS
428.1	Left Heart Failure
428.20	Unspecified Systolic Heart Failure
428.21	Acute Systolic Heart Failure
428.22	Chronic Systolic Heart Failure
428.23	Acute on Chronic Systolic Heart Failure
428.30	Unspecified Diastolic Heart Failure
428.31	Acute Diastolic Heart Failure
428.32	Chronic Diastolic Heart Failure
428.33	Acute on Chronic Diastolic Heart Failure
428.40	Unspecified Combined Systolic and Diastolic Heart Failure
428.41	Acute Combined Systolic and Diastolic Heart Failure
428.42	Chronic Combined Systolic and Diastolic Heart Failure
428.43	Acute on chronic Comb Systolic and Diastolic Heart Failure
428.9	Heart Failure, NOS
429.4	Heart Failure following cardiac surgery

Left Ventricular Function Assessment After Diagnosis of CHF

Identified Measure	The percentage of patients age 18 years and older as of December 31, 2008, who had a left ventricular function assessment (LVFA) 60 days preceding or 60 days following an admission to a hospital or ED visit with a primary diagnosis of CHF.
SPFP Category	Quality
Event Date	Date of admission to a hospital or ED visit with a primary diagnosis of CHF. Discharge date of admission must be on or prior to December 31, 2008.
Event Time Period	3/1/2007 to 10/1/2008
Measurement Period	60 days preceding or 60 days following event date
Anchor Date	Date of admission to a hospital or ED visit with a primary diagnosis of CHF
Age Criteria	18 years and older as of 12/31/2008
Exclusionary Criteria	None
Denominator	Any patients with a hospital admission or ED visit with a primary diagnosis of CHF in the event time period. If the patient has more than one event during the event time period, only the first event is measured.
Numerator	Identify all patients in the denominator who have a 2-D or 3-D echocardiogram, radionuclide ventriculography, MUGA, SPECT or ejection fraction during the measurement period.
Patient Eligibility	Patient must have medical coverage in any product on the event date and during the measurement period. Patient must have medical coverage in at least one of the applicable product lines on the anchor date.
Provider Assignment	Any cardiology practice group that billed for any E&M service during the event or measurement period.
Level of Measure	Practice group
Minimum Patients	1 patient
Applicable Product Lines	Fully-funded HMO and POS
Method of Measurement	Administrative data (claims) processed and paid by February 28, 2009.
Provider Data Input	Ejection fraction submitted through Patient Profile reported by January 31, 2009.

Scoring Threshold for Minimum Payment

Specialty average in 2006-2007 for eligible cardiologists

Scoring Threshold for Maximum Payment

Specialty 90th percentile in 2006-2007 for all eligible cardiologists

CPT Codes for MUGA	
78472	Cardiac blood pool imaging, gated equilibrium; planar, single study at rest or stress (exercise and/or pharmacologic), wall motion study plus ejection fraction, w/or w/out add quantitative processing
78473	Cardiac blood pool imaging, gated equilibrium; multiple studies, wall motion study plus ejection fraction, at rest and stress (exercise and/or pharmacologic) w/or w/out additional quantification
78478	Myocardial perfusion study w/wall motion, qualitative or quantitative study (list separate in addition to primary procedure)
78480	Myocardial perfusion study w/ejection fraction (List separate in addition to code for primary procedure)
78481	Cardiac blood pool imaging, (planar), first pass technique; single study, at rest or with stress (exercise and/or pharmacologic), wall motion study plus ejection fraction, w/or w/out quantification
78483	Cardiac blood pool imaging, (planar), first pass technique; multiple studies, at rest or with stress (exercise and/or pharmacologic), wall motion study plus ejection fraction, w/or w/out quantification

CPT codes for Radionuclide	
78414	Determination of central c-v hemodynamics (non-imaging) (e.g. ejection fraction w/probe technique) with or without pharmacologic intervention or exercise, single or multiple determinations
78428	Cardiac shunt detection
78459	Myocardial imaging, positron emission tomography (PET), metabolic evaluation
78460	Myocardial perfusion imaging; (planar) single study, at rest or stress (exercise and/or pharmacologic), with or without quantification
78461	Myocardial perfusion imaging; multiple studies, at rest or stress (exercise and/or pharmacologic), with or without quantification
78464	Myocardial perfusion imaging; tomographic (SPECT), at rest or stress (exercise and/or pharmacologic), with or without quantification
78465	Myocardial perfusion imaging; tomographic (SPECT); multiple studies, at rest or stress (exercise and/or pharmacologic), with or without quantification
78466	Myocardial imaging, infarct avid, planar; qualitative or quantitative
78468	Myocardial imaging, infarct avid, planar; w/ejection fraction by first pass technique
78469	Myocardial imaging, infarct avid, planar; SPECT with or without quantification

Left Ventricular Function Assessment After Diagnosis of CHF

78478	Myocardial perfusion study with wall motion, qualitative or quantitative study (List separately in addition to code for primary procedure)
78480	Myocardial perfusion study with ejection fraction (List separately in addition to code for primary procedure)
78481	Cardiac blood pool imaging, (planar), first pass technique; single study, at rest or with stress (exercise and/or pharmacologic), wall motion study plus ejection fraction, w/or w/out quantification
78483	Cardiac blood pool imaging, (planar), first pass technique; multiple studies, at rest or with stress (exercise and/or pharmacologic), wall motion study plus ejection fraction, w/or w/out quantification
78494	Cardiac blood pool imaging, gated equilibrium, SPECT, at rest, wall motion study plus ejection fraction, with or without quantitative processing
78496	Cardiac blood pool imaging, gated equilibrium, single study, at rest, w/right ventricular ejection fraction by first pass technique (List separately in addition to code for primary procedure)
CPT codes for 2D Echocardiogram	
93303	Transthoracic echocardiography for congenital cardiac anomalies; complete
93304	Transthoracic echocardiography for congenital cardiac anomalies; follow-up or limited study
93307	Echocardiography, transthoracic real-time with image documentation (2D) with or without M-mode recording; complete
93308	Echocardiography, transthoracic real-time with image documentation (2D) with or without M-mode recording; follow-up or limited study
93312	Echocardiography, transthoracic real-time with image documentation (2D) (with or without M-mode recording); including probe placement, image acquisition, interpretation and report
93313	Echocardiography, transthoracic real-time with image documentation (2D) (with or without M-mode recording); placement of transesophageal probe only
93314	Echocardiography, transthoracic real-time with image documentation (2D) (with or without M-mode recording); image acquisition, interpretation and report only
93318	Echocardiography, transesophageal (TEE) for monitoring purposes, including probe placement, real-time 2-dimensional image acquisition and interpretation leading to ongoing (continuous) assessment of (dynamically changing) cardiac pumping function and to therapeutic measures on an immediate time basis
93320	Doppler echocardiography, pulsed wave and/or continuous wave with spectral display (List separately in addition to codes for echocardiographic imaging); complete
93321	Doppler echocardiography, pulsed wave and/or continuous wave w/spectral display (List separately in addition to codes for echocardiographic imaging); follow-up or limited study
93325	Doppler echocardiography color flow velocity mapping (List separately in addition to codes for echocardiographic imaging)
93350	Echocardiography, transthoracic, real-time with image documentation (2D) with or without M-mode recording, during rest and cardiovascular stress test using treadmill, bicycle exercise and/or pharmacologically induced stress, with interpretation and report

Diagnosis Codes for CHF	
402.01	Mal Hyp Hrt/Ren W/ HF
402.11	Benign Hyp Ht Dis W/ HF
402.91	Unspecified HTN W/ht failure
404.01	Mal Hypertensive Heart & Renal Dialysis w/Heart Failure
404.03	Mal Hypertensive Heart & Renal Dialysis with Heart Failure and Renal Failure
404.11	Benign Hypertensive Heart & Renal Dialysis with Heart Failure
404.13	Benign Hypertensive Heart & Renal Dialysis with Heart Failure and Renal Failure
404.91	Unspecified Hypertensive Heart & Renal Dialysis with Heart Failure
404.93	Unspecified Hypertensive Heart & Renal Dialysis with Heart Failure and Renal Failure
428.0	Congestive Heart Failure, NOS
428.1	Left Heart Failure
428.20	Unspecified Systolic Heart Failure
428.21	Acute Systolic Heart Failure
428.22	Chronic Systolic Heart Failure
428.23	Acute on Chronic Systolic Heart Failure
428.30	Unspecified Diastolic Heart Failure
428.31	Acute Diastolic Heart Failure
428.32	Chronic Diastolic Heart Failure
428.33	Acute on Chronic Diastolic Heart Failure
428.40	Unspecified Combined Systolic and Diastolic Heart Failure
428.41	Acute Combined Systolic and Diastolic Heart Failure
428.42	Chronic Combined Systolic and Diastolic Heart Failure
428.43	Acute on chronic Comb Systolic and Diastolic Heart Failure
428.9	Heart Failure, NOS
429.4	Heart Failure following cardiac surgery

DRG Code for CHF	
127 (MS-DRG 291, 292, 293)	CHF

Readmission Rate for CHF

Identified Measure	The percentage of patients age 18 years and older as of 12/31/2008 who were readmitted or seen in the ED with a cardiac-related diagnosis within 30 days following a discharge from the hospital with a primary diagnosis of CHF or DRG of CHF in the event time period.
SPFP Category	Quality
Event Date	Discharge date from the hospital
Event Time Period	1/1/2007 to 12/1/2008
Measurement Time Period	30 days following event date
Anchor Date	Discharge date from the hospital
Age Criteria	18 years and older as of 12/31/2008
Exclusionary Criteria	We will exclude the patient if readmitted from hospice, skilled nursing facility, or other long-term care facility.
Denominator	Any discharge from the hospital with a primary diagnosis of CHF or a DRG of CHF.
Numerator	Identify all patients in the denominator who were readmitted or seen in the ED with a cardiac-related diagnosis within 30 days of initial discharge.
Patient Eligibility	Patient must have medical coverage in at least one of the applicable products on the event date and during the measurement period.
Provider Assignment	Any cardiology practice group that billed for any E&M service during the event or measurement period (excluding the ED visit or readmission).
Level of Measure	Practice group
Minimum Patients	1 patient
Applicable Product Lines	Fully-funded HMO and POS
Method of Measurement	Administrative data (claims, authorizations) processed and paid by February 28, 2009.
Provider Data Input	None
Scoring Threshold for Minimum Payment	Specialty average in 2006-2007 for eligible cardiologists
Scoring Threshold for Maximum Payment	Specialty 90th percentile in 2006-2007 for eligible cardiologists
Note	A patient may have multiple qualifying events.

Diagnosis Codes for CHF	
402.01	Malignant hypertensive heart disease with heart failure
402.11	Benign Hyp Heart Dis with Heart Failure
402.91	Unspecified Htn W Ht Fail
404.01	Mal Hypertensive Heart & Renal Dialysis with Heart Failure
404.11	Benign Hypertensive Heart & Renal Dialysis with Heart Failure
404.13	Benign Hypertensive Heart & Renal Dialysis with Heart Failure and Renal Failure
404.91	Unspecified Hypertensive Heart & Renal Dialysis w/Heart Failure
404.93	Unspecified Hypertensive Heart & Renal Dialysis w/HF and RF
428.0	Congestive Heart Failure, NOS
428.1	Left Heart Failure
428.20	Unspecified Systolic Heart Failure
428.21	Acute Systolic Heart Failure
428.22	Chronic Systolic Heart Failure
428.23	Acute on Chronic Systolic Heart Failure
428.30	Unspecified Diastolic Heart Failure
428.31	Acute Diastolic Heart Failure
428.32	Chronic Diastolic Heart Failure
428.33	Acute on Chronic Diastolic Heart Failure
428.40	Unspecified Combined Systolic and Diastolic Heart Failure
428.41	Acute Combined Systolic and Diastolic Heart Failure
428.42	Chronic Combined Systolic and Diastolic Heart Failure
428.43	Acute on Chronic Comb Systolic And Diastolic Heart Failure
428.9	Heart Failure, NOS
429.4	Heart Failure following cardiac surgery

DRG Code for CHF	
127 (MS-DRG 291, 292, 293)	CHF

Diagnosis Codes for Related Cardiac Event	
401.0	Malignant Essential Hypertension
401.1	Benign Essential Hypertension
401.9	Unspecified Essential Hypertension
402.00	Hypertensive Heart Disease, Malignant, without Heart Failure
402.01	Hypertensive Heart Disease, Malignant, with Heart Failure
402.1	Benign Hypertensive Heart Disease
402.10	Hypertensive Heart Disease, Benign, without Heart Failure
402.11	Hypertensive Heart Disease, Benign, with Heart Failure

402.90	Hypertensive Heart Disease, unspecified, without Heart Failure
402.91	Hypertensive Heart Disease, unspecified, with Heart Failure
403.00	Malignant Hypertensive Kidney without Chronic Kidney Disease
403.01	Malignant Hypertensive Kidney with Chronic Kidney Disease
403.10	Benign Hypertensive Kidney without Chronic Kidney Disease
403.11	Benign Hypertensive Kidney with Chronic Kidney Disease
403.90	Hypertensive Kidney Disease, Unspecified, without Chronic Kidney Disease
403.91	Hypertensive Kidney Disease, Unspecified, with Chronic Kidney Disease
404.00	Malignant Hypertensive Heart and Kidney Disease without Heart Failure or Chronic Kidney Disease
404.01	Malignant Hypertensive Heart and Kidney Disease with Heart Failure
404.02	Malignant Hypertensive Heart and Kidney Disease with Chronic Kidney Disease
404.03	Malignant Hypertensive Heart and Kidney Disease with Heart Failure and Chronic Kidney Disease
404.10	Benign Hypertensive Heart and Kidney Disease without Heart Failure or Chronic Kidney Disease
404.11	Benign Hypertensive Heart and Kidney Disease with Heart Failure
404.12	Benign Hypertensive Heart and Kidney Disease with Chronic Kidney Disease
404.13	Benign Hypertensive Heart and Kidney Disease with Heart Failure and Chronic Kidney Disease
404.90	Hypertensive Heart and Kidney Disease, Unspecified without Heart Failure or Chronic Kidney Disease
404.91	Hypertensive Heart and Kidney Disease, Unspecified, with Heart Failure
404.92	Hypertensive Heart and Kidney Disease Unspecified, with Chronic Kidney Disease
404.93	Hypertensive Heart and Kidney Disease, Unspecified, with Heart Failure and Chronic Kidney Disease
405.01	Malignant Renovascular Hypertension
405.09	Other Malignant Secondary

Diagnosis Codes for Hypertension

405.1	Benign Secondary Hypertension
405.11	Benign Renovascular Hypertension
405.19	Other Benign Secondary Hypertension
405.9	Unspecified Secondary Hypertension
405.91	Unspecified Renovascular Hypertension
405.99	Other Unspecified Secondary Hypertension
410	Acute Myocardial Infarction
410.0	Acute Myocardial Infarction of Anterolateral Wall
410.00	Acute Myocardial Infarction of Anterolateral Wall, Episode Of Care Unspecified
410.01	Acute Myocardial Infarction of Anterolateral Wall, Initial Episode Of Care
410.02	Acute Myocardial Infarction of Anterolateral Wall, Subsequent Episode of Care

410.10	Acute Myocardial Infarction of Other Anterior Wall, Episode of Care Unspecified
410.11	Acute Myocardial Infarction of Other Anterior Wall, Initial Episode of Care
410.12	Acute Myocardial Infarction of Other Anterior Wall, Subsequent Episode of Care
410.20	Acute Myocardial Infarction of Inferolateral Wall, Episode of Care Unspecified
410.21	Acute Myocardial Infarction of Inferolateral Wall, Initial Episode of Care
410.22	Acute Myocardial Infarction of Inferolateral Wall, Subsequent Episode of Care
410.30	Acute Myocardial Infarction of Inferoposterior Wall, Episode of Care Unspecified
410.31	Acute Myocardial Infarction of Inferoposterior Wall, Initial Episode of Care
410.32	Acute Myocardial Infarction of Inferoposterior Wall, subsequent Episode of Care
410.40	Acute Myocardial Infarction of Other Inferior Wall, Episode of Care Unspecified
410.41	Acute Myocardial Infarction of Other Inferior Wall, Initial Episode of Care
410.42	Acute Myocardial Infarction of Other Inferior Wall, Subsequent Episode of Care
410.50	Acute Myocardial Infarction of Other Lateral Wall, Episode of Care Unspecified
410.51	Acute Myocardial Infarction of Other Lateral Wall, Initial Episode of Care
410.52	Acute Myocardial Infarction of Other Lateral Wall, Subsequent Episode of Care
410.60	True Posterior Wall Infarction, Episode of Care Unspecified
410.61	True Posterior Wall Infarction, Initial Episode of Care
410.62	True Posterior Wall Infarction, Subsequent Episode of Care
410.70	Subendocardial Infarction, Episode of Care Unspecified
410.71	Subendocardial Infarction, Initial Episode of Care
410.72	Subendocardial Infarction, Subsequent Episode of Care
410.80	Acute Myocardial Infarction of Other Specified Sites, Episode of Care Unspecified
410.81	Acute Myocardial Infarction of Other Specified Sites, Initial Episode of Care
410.82	Acute Myocardial Infarction of Other Specified Sites, Subsequent Episode of Care
410.90	Acute Myocardial Infarction of Unspecified Site, Episode of Care Unspecified
410.91	Acute Myocardial Infarction of Unspecified Site, Initial Episode of Care
410.92	Acute Myocardial Infarction of Unspecified Site, Subsequent Episode of Care
411.0	Postmyocardial Infarction Syndrome
411.1	Intermediate Coronary Syndrome
411.81	Other Acute and Subacute Forms of Ischemic Heart Disease, Acute Ischemic Heart Disease without Myocardial Infarction
411.89	Other Acute and Subacute Forms of Ischemic Heart Disease, Other
412	Old Myocardial Infarction
413.0	Angina Decubitus
413.1	Prinzmetal Angina
413.9	Other and Unspecified Angina Pectoris
414.00	Coronary Atherosclerosis of Unspecified Vessel
414.01	Coronary Atherosclerosis of Native Coronary Artery

414.02	Coronary Atherosclerosis of Autologous Vein Bypass Graft
414.03	Coronary Atherosclerosis of Nonautologous Biological Bypass Graft
414.04	Coronary Atherosclerosis of Artery Bypass Graft
414.05	Coronary Atherosclerosis of Unspecified Type of Bypass Graft
414.06	Coronary Atherosclerosis of Native Coronary Artery of Transplanted Heart
414.07	Coronary Atherosclerosis, of Bypass Graft (Artery) (Vein) Of Transplanted Heart
414.10	Aneurysm of Heart
414.11	Aneurysm of Coronary Vessels
414.12	Dissection of Coronary Artery
414.19	Other Aneurysm of Heart
414.8	Other Specified Forms of Chronic Ischemic Heart Disease
414.9	Chronic Ischemic Heart Disease, Unspecified
415.0	Acute Cor Pulmonale
415.11	Iatrogenic Pulmonary Embolism and Infarction
415.19	Other Pulmonary Embolism Infarction
416.0	Primary Pulmonary Hypertension
416.1	Kyphoscoliotic Heart Disease
416.8	Other Chronic Pulmonary Heart Diseases
416.9	Chronic Pulmonary Heart Disease, Unspecified
417.0	Arteriovenous Fistula of Pulmonary Vessels
417.1	Aneurysm of Pulmonary Artery
417.8	Other Specified Diseases of Pulmonary Circulation
417.9	Unspecified Disease of Pulmonary Circulation
420.0	Acute Pericarditis in Diseases Classified Elsewhere
420.90	Acute Pericarditis, Unspecified
420.91	Acute Idiopathic Pericarditis
420.99	Other Acute Pericarditis
421.0	Acute and Subacute Bacterial Endocarditis
421.1	Acute and Subacute Infective Endocarditis in Diseases Classified Elsewhere
421.9	Acute Endocarditis, Unspecified
422.0	Acute Myocarditis in Diseases Classified Elsewhere
422.90	Acute Myocarditis, Unspecified
422.91	Idiopathic Myocarditis
422.92	Septic Myocarditis
422.93	Toxic Myocarditis
422.99	Other Acute Myocarditis
423.0	Hemopericardium
423.1	Adhesive Pericarditis

Readmission Rate for CHF

423.2	Constrictive Pericarditis
423.8	Other Specified Diseases of Pericardium
423.9	Unspecified Disease of Pericardium
424.0	Mitral Valve Disorders
424.1	Aortic Valve Disorders
424.2	Tricuspid Valve Disorders, Specified as Nonrheumatic
424.3	Pulmonary Valve Disorders
424.90	Endocarditis, Valve Unspecified, Unspecified Cause
424.91	Endocarditis in Diseases Classified Elsewhere
424.99	Other Endocarditis, Valve Unspecified
425.0	Endomyocardial Fibrosis
425.1	Hypertrophic Obstructive Cardiomyopathy
425.2	Obscure Cardiomyopathy of Africa
425.3	Endocardial Fibroelastosis
425.4	Other Primary Cardiomyopathies
425.5	Alcoholic Cardiomyopathy
425.7	Nutritional and Metabolic Cardiomyopathy
425.8	Cardiomyopathy in Other Diseases Classified Elsewhere
425.9	Secondary Cardiomyopathy, Unspecified
426.0	Atrioventricular Block, Complete
426.10	Atrioventricular Block, Unspecified
426.11	First Degree Atrioventricular Block
426.12	Mobitz (Type) II Atrioventricular Block
426.13	Other Second Degree Atrioventricular Block
426.2	Left Bundle Branch Hemiblock
426.3	Other Left Bundle Branch Block
426.4	Right Bundle Branch Block
426.50	Bundle Branch Block, Unspecified
426.51	Right Bundle Branch Block and Left Posterior Fascicular Block
426.52	Right Bundle Branch Block And Left Anterior Fascicular Block
426.53	Other Bilateral Bundle Branch Block
426.54	Trifascicular Block
426.6	Other Heart Block
426.7	Anomalous Atrioventricular Excitation
426.81	Lown-Ganong-Levine Syndrome
426.82	Long Qt Syndrome
426.89	Other Specified Conduction Disorders
426.9	Conduction Disorder, Unspecified

Readmission Rate for CHF

427.0	Paroxysmal Supraventricular Tachycardia
427.1	Paroxysmal Ventricular Tachycardia with AICD Implant, with or without Thoracotomy
427.2	Paroxysmal Tachycardia, Unspecified
427.31	Atrial Fibrillation
427.32	Atrial Flutter
427.41	Ventricular Fibrillation
427.42	Ventricular Flutter
427.5	Cardiac Arrest
427.60	Premature Beats, Unspecified
427.61	Supraventricular Premature Beats
427.69	Other Premature Beats
427.81	Sinoatrial Node Dysfunction
427.89	Other Specified Cardiac Dysrhythmias
427.9	Cardiac Dysrhythmia, Unspecified
428.30	Unspecified Diastolic Heart Failure
428.0	Congestive Heart Failure, Unspecified
428.1	Left Heart Failure
428.2	Systolic Heart Failure
428.20	Unspecified Systolic Heart Failure
428.21	Acute Systolic Heart Failure
428.22	Chronic Systolic Heart Failure
428.23	Acute and Chronic Systolic Heart Failure
428.30	Unspecified Diastolic Heart Failure
428.31	Acute Diastolic Heart Failure
428.32	Chronic Diastolic Heart Failure
428.33	Acute On Chronic Diastolic Heart Failure
428.40	Unspecified Combined Systolic and Diastolic Heart Failure
428.41	Acute Combined Systolic and Diastolic Heart Failure
428.42	Chronic Combined Systolic And Diastolic Heart Failure
428.43	Acute On Chronic Combined Systolic And Diastolic Heart Failure
428.9	Heart Failure, Unspecified
429.0	Myocarditis, Unspecified
429.1	Myocardial Degeneration
429.2	Cardiovascular Disease, unspecified
429.3	Cardiomegaly
429.4	Functional Disturbances following Cardiac Surgery
429.5	Rupture of Chordae Tendineae
429.6	Rupture of Papillary Muscle

Readmission Rate for CHF

429.71	Certain Sequelae of Myocardial Infarction, not elsewhere classified, Acquired Cardiac Septal Defect
429.79	Certain Sequelae of Myocardial Infarction, Not Elsewhere Classified, other
429.81	Other Disorders of Papillary Muscle
429.82	Hyperkinetic Heart Disease
429.89	Other Ill-Defined Heart Diseases
429.9	Heart Disease, Unspecified
428.2	Systolic Heart Failure
428.20	Unspecified Systolic Heart Failure
428.21	Acute Systolic Heart Failure
428.22	Chronic Systolic Heart Failure
428.23	Acute and Chronic Systolic Heart Failure
428.30	Unspecified Diastolic Heart Failure
428.31	Acute Diastolic Heart Failure
428.32	Chronic Diastolic Heart Failure
428.33	Acute on Chronic Diastolic Heart Failure
428.40	Unspecified Combined Systolic and Diastolic Heart Failure
428.41	Acute Combined Systolic and Diastolic Heart Failure
428.42	Chronic Combined Systolic and Diastolic Heart Failure
428.43	Acute on Chronic Combined Systolic and Diastolic Heart Failure
428.9	Heart Failure, Unspecified
429.0	Myocarditis, Unspecified
429.1	Myocardial Degeneration
429.2	Cardiovascular Disease, Unspecified
429.3	Cardiomegaly
429.4	Functional Disturbances following Cardiac Surgery
429.5	Rupture of Chordae Tendineae
429.6	Rupture of Papillary Muscle
429.71	Certain Sequelae of Myocardial Infarction, not elsewhere classified, Acquired Cardiac Septal Defect
429.79	Certain Sequelae of Myocardial Infarction, Not Elsewhere Classified, other
429.81	Other Disorders of Papillary Muscle
429.82	Hyperkinetic Heart Disease
429.89	Other Ill-Defined Heart Diseases
429.9	Heart Disease, Unspecified

Repeat Procedure After PTCA or Stent

Identified Measure	The percentage of patients age 18 years and older as of December 31, 2008, who did not have a repeat procedure within 180 days following a PTCA or stent.
SPFP Category	Quality
Event Date	Date of PTCA or stent
Event Time Period	1/1/2007 to 6/30/2008
Measurement Period	180 days following event date
Anchor Date	Date of PTCA or stent
Age Criteria	18 years and older as of 12/31/2008
Exclusionary Criteria	Patients with ESRD, renal failure or admission to the hospital with a primary or secondary diagnosis of AMI or a DRG of AMI on the event date or 90 days prior to the event date. Patients are also excluded if they have a GFR rate of less than 30.
Denominator	Any patient with a PTCA or stent during the event time period. If the patient has more than one event during the event time period, only the first event is measured.
Numerator	Identify all the patients in the denominator who did not have a repeat PTCA, stent or CABG during the measurement period.
Patient Eligibility	Patient must have medical coverage in at least one of the applicable products on the event date and during the measurement period.
Provider Assignment	Any cardiology practice group that billed for the first PTCA or stent.
Level of Measure	Practice group
Minimum Patients	1 patient
Applicable Product Lines	Fully-funded HMO and POS
Method of Measurement	Administrative data (claims) processed and paid by February 28, 2009.
Provider Data Input	GFR rate less than 30
Scoring Threshold for Minimum Payment	Specialty average in 2006-2007 for eligible cardiologists
Scoring Threshold for Maximum Payment	Specialty 90th percentile in 2006-2007 for all eligible cardiologists

CPT Codes for Stent/PTCA

Repeat Procedure After PTCA or Stent

92980	Intracoronary stent/single vessel
92981	Intracoronary stent/add vessel
92982	PTCA Single vessel
92984	PTCA Additional vessel
92995	PTCA w/o Balloon
92996	PTCA w/o Balloon additional vessel

Diagnosis Codes for Stent/PTCA	
36.0	Removal of coronary artery obstruction and insertion of stent(s)
36.03	Open chest coronary artery angioplasty
36.06	Insertion of non-drug-eluting coronary stent(s)
36.07	Insertion of drug-eluting coronary stent(s)
36.09	Coronary Angioplasty

CPT Codes for CABG	
33140	Transmyocardial Laser Revascul
33141	Trans laser revasc done at time of other cardiac proc
33510	Coronary Artery Bypass Venous Single
33511	Coronary Artery Bypass Two Grafts
33512	Coronary Artery Bypass Three Grafts
33513	Coronary Artery Bypass Four Grafts
33514	Coronary Artery Bypass Five Grafts
33516	Coronary Artery Bypass Six Grafts
33517	Coronary Bypass W/ Art/Ven Single
33518	Coronary Bypass W/ Art/Ven Two
33519	Coronary Bypass W/ Art/Ven Three
33521	Coronary Bypass W/ Art/Ven Four
33522	Coronary Bypass W/ Art/Ven Five
33523	Coronary Bypass W/ Art/Ven Six
33530	CABG Re-Operation more than one month after
33533	Coronary Bypass Arterial Single
33534	Coronary Bypass Arterial Two Grafts
33535	Coronary Bypass Arterial Three Grafts
33536	Coronary Bypass Arterial Four Grafts

Diagnosis Codes for CABG	
36.1	Bypass anastomosis for heart revascularization
36.10	Aortocoronary bypass for heart revascularization, not otherwise specified
36.11	(Aorto) coronary bypass of one coronary artery

Repeat Procedure After PTCA or Stent

36.12	(Aorto) coronary bypass of 2 coronary arteries
36.13	(Aorto) coronary bypass of 3 coronary arteries
36.14	(Aorta) coronary bypass of 4 coronary arteries
36.15	Single internal mammary-coronary artery bypass
36.16	Double internal mammary-coronary artery bypass
36.17	Abdominal-coronary artery bypass
36.19	Other bypass anastomosis for heart revascularization
36.2	Heart revascularization by arterial implant [internal mammary into heart muscle, myocardium, ventricle; indirect revascularization NOS

Exclusion: Diagnosis Codes for Anemia of Chronic Kidney Disease or ESRD	
285.21	Anemia of end-stage renal disease
585.4	Chronic kidney disease, Stage IV [severe]
585.5	Chronic kidney disease, Stage V

Exclusion: Diagnosis Codes for Renal Failure	
403.01	Mal Hyp Ren W Renal Fail
403.11	Ben Hyp Renal W Ren Fail
403.91	Hyp Renal Nos W Ren Fail
404.02	Mal Hypert Hrt/Ren W/ Rf
404.03	Mal Hypertensive Heart & Renal Dialysis with Heart Failure and Renal Failure
404.12	Ben Hy Ht/Ren W Ren Fail
404.13	Ben Hyp Hrt/Ren W Hf&Rf
404.92	Hy Ht/Ren Nos W Ren Fail
404.93	Hyp Hrt/Ren Nos W Hf&Rf
586	Renal Failure, NOS

Exclusion: CPT Codes for End Stage Renal Failure [ESRD]	
90925	End-stage renal disease (ESRD) related services (less than full month), per day; for patients 20 years of age and over
G0317	ESRD related services during the course of treatment, for patients 20 years of age and over; with 4 or more face-to-face physician visits per month
G0318	ESRD related services during the course of treatment, for patients 20 years of age and over; with 2 or 3 face-to-face physician visits per month
G0319	ESRD related services during the course of treatment, for patients 20 years of age and over; with 1 face-to-face physician visit per month
G0323	ESRD related services for home dialysis patients per full month; for patients 20 years of age and older
Diagnosis Codes for AMI	

410.00	AMI Anterolateral, Unspec
410.01	AMI Anterolateral, Init
410.02	AMI Anterolateral, Subseq
410.10	AMI Anterior Wall, Unspec
410.11	AMI Anterior Wall, Init
410.12	AMI Anterior Wall, Subseq
410.20	AMI Inferolateral, Unspec
410.21	AMI Inferolateral, Init
410.22	AMI Inferolateral, Subseq
410.30	AMI Inferopost, Unspec
410.31	AMI Inferopost, Initial
410.32	AMI Inferopost, Subseq
410.40	AMI Inferior Wall, Unspec
410.41	AMI Inferior Wall, Init
410.42	AMI Inferior Wall, Subseq
410.50	AMI Lateral Nec, Unspec
410.51	AMI Lateral Nec, Initial
410.52	AMI Lateral Nec, Subseq
410.60	True Post Infarct, Unspec
410.61	True Post Infarct, Init
410.62	True Post Infarct, Subseq
410.70	Subendo Infarct, Unspec
410.71	Subendo Infarct, Initial
410.72	Subendo Infarct, Subseq
410.80	AMI Nec, Unspecified
410.81	AMI Nec, Initial
410.82	AMI Nec, Subsequent
410.90	AMI NOS, Unspecified
410.91	AMI NOS, Initial
410.92	AMI NOS, Subsequent

DRG Codes	
122 (MS-DRG 280)	AMI
121 (MS-DRG 281)	AMI
516 (MS-DRG 282)	AMI
526	AMI



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