

## Measure Information Form

### **Project Title:**

Inpatient Psychiatric Facility (IPF) Outcome and Process Measure Development and Maintenance

### **Project Overview:**

The Centers for Medicare & Medicaid Services (CMS) has contracted with HSAG to develop, maintain, reevaluate, and support the implementation of quality outcome and process measures for the CMS Inpatient Psychiatric Facility Quality Reporting (IPFQR) Program. The contract name is Inpatient Psychiatric Facility Outcome and Process Measure Development and Maintenance. The contract number is HHSM-500-2013-13007I; HHSM-500-T0004.

### **Date:**

Information included is current as of December 10, 2014.

### **Descriptive Information**

#### **Measure Name (Measure Title De.2.)**

NQF 1880: Adherence to Mood Stabilizers For Individuals with Bipolar I Disorder

#### **Measure Type De.1.**

Process

#### **Brief Description of Measure De.3.**

Percentage of individuals at least 18 years of age as of the beginning of the measurement period with bipolar I disorder who had at least two prescription drug claims for mood stabilizer medications and had a Proportion of Days Covered (PDC) of at least 0.8 for mood stabilizer medications during the measurement period (12 consecutive months).

#### **If Paired or Grouped De.4.**

Not applicable

#### **Subject/Topic Areas De.5.**

Mental Health: Mental Health  
Cross-Cutting Areas: Disparities

## **Measure Specifications**

### **Measure-Specific Web Page S.1.**

Not applicable

### **If This is an eMeasure S.2a.**

Not applicable

### **Data Dictionary Code Table S.2b.**

ICD-9 to ICD-10 Crosswalk and National Drug Code (NDC) Table are available in the attached file.

### **For Endorsement Maintenance S.3.**

Date Endorsed: March 4, 2014

#### Release Notes

Statement of intent for the selection of ICD-10 codes: The goal was to convert this measure to a new code set, fully consistent with the intent of the original measure.

#### **2011 Updates**

- Updated NDCs as of October 28, 2011.
- Added new 2011 CPT visit type codes, 99224-99226, as of November 2011.
- Added new 2011 CPT J-codes for depot injections to be excluded, paliperidone palmitate (J2426), and updated J-code for olanzapine (S0166, J2358).
- Added new drug paliperidone palmitate for injectables to be excluded.

#### **2012 Updates**

- Updated NDCs as of October 31, 2012.
- Modified age requirement to at least 18 years of age at the beginning of the measurement period.
- Modified codes used to identify encounter type to align with NQF 1879.
- Removed the exclusion for depot injections.
- Included antipsychotic depot drugs as part of the mood stabilizer NDC list.

#### **2013 Updates**

- Updated NDCs as of November 6, 2013.

#### **2014 Updates**

- Updated NDCs as of December 10, 2014.
- Removed CPT visit type codes 90801, 90802, 90804-90819, 90821-90824, 90826-90829, 90857, and 90862, and added the replacement codes 90791, 90792, 90832, 90834, and 90837.
- Added CPT code 90839 for psychotherapy for crisis.
- Added CPT add-on codes for psychotherapy 90833, 90836, 90838, 90863, and 90840.
- Removed perphenazine-amitriptyline from the list of Mood Stabilizer Medications.
- Added aripiprazole extended-release to the list of Long-Acting Injectable Antipsychotic Medications.

### **Numerator Statement S.4.**

Individuals with bipolar I disorder who had at least two prescription drug claims for mood stabilizer medications and have a PDC of at least 0.8 for mood stabilizer medications.

### **Time Period for Data S.5.**

The time period of the data is defined as any time during the measurement period (12 consecutive months).

### **Numerator Details S.6.**

The numerator is defined as individuals with a PDC of 0.8 or greater.

## *Adherence to Mood Stabilizers For Individuals with Bipolar I Disorder*

The PDC is calculated as follows:

### PDC NUMERATOR

The PDC numerator is the sum of the days covered by the days' supply of all prescription drug claims for all mood stabilizer medications. The period covered by the PDC starts on the day the first prescription is filled (index date) and lasts through the end of the measurement period, or death, whichever comes first. For prescriptions drug claims with a days' supply that extends beyond the end of the measurement period, count only the days for which the drug was available to the individual during the measurement period. If there are claims for the same drug (generic name) on the same date of service, keep the claim with the largest days' supply. If claims for the same drug (generic name) overlap, then adjust the prescription start date to be the day after the previous fill has ended.

### PDC DENOMINATOR

The PDC denominator is the number of days from the first prescription drug claim date through the end of the measurement period, or death date, whichever comes first.

### **Denominator Statement S.7.**

Individuals at least 18 years of age as of the beginning of the measurement period with bipolar I disorder and at least two prescription drug claims for mood stabilizer medications during the measurement period (12 consecutive months).

### **Target Population Category S.8.**

Senior Care

### **Denominator Details S.9.**

Target population meets the following conditions:

1. Continuously enrolled in Part D with no more than a one-month gap in enrollment during the measurement year;
2. Continuously enrolled in Part A and Part B with no more than a one-month gap in Part A enrollment and no more than a one-month gap in Part B enrollment during the measurement year; and,
3. No more than one month of HMO (Health Maintenance Organization) enrollment during the measurement year.

### IDENTIFICATION OF BIPOLAR I DISORDER

Individuals with bipolar I disorder are identified by having a diagnosis of bipolar I disorder within the inpatient or outpatient claims data. Individuals must have:

At least two encounters with a diagnosis of bipolar I disorder with different dates of service in an outpatient setting, emergency department setting, or non-acute inpatient setting during the measurement period;

OR

At least one encounter with a diagnosis of bipolar I disorder in an acute inpatient setting during the measurement period.

### Table 1. Codes Used to Identify Bipolar I Disorder Diagnosis

ICD-9-CM: 296.0x, 296.1x, 296.4x, 296.5x, 296.6x, 296.7

ICD-10-CM: F30.10, F30.11, F30.12, F30.13, F30.2, F30.3, F30.4, F30.9, F31.0, F31.10, F31.11, F31.12, F31.13, F31.2, F31.30, F31.31, F31.32, F31.4, F31.5, F31.60, F31.61, F31.62, F31.63, F31.64, F31.70, F31.71, F31.72, F31.73, F31.74, F31.75, F31.76, F31.77, F31.78, F31.89, F31.9

### CODES USED TO IDENTIFY ENCOUNTER TYPE

#### Table 2.1. Outpatient Setting

Current Procedural Terminology (CPT): 98960-98962, 99078, 99201-99205, 99211-99215, 99217-99220, 99241-99245, 99341-99345, 99347-99350, 99385-99387, 99395-99397, 99401-99404, 99411, 99412, 99429, 99510

HCPCS: G0155, G0176, G0177, G0409-G0411, G0463, H0002, H0004, H0031, H0034-H0037, H0039, H0040, H2000,

## *Adherence to Mood Stabilizers For Individuals with Bipolar I Disorder*

H2001, H2010-H2020, M0064, S0201, S9480, S9484, S9485, T1015

UB-92 revenue: 0510, 0511, 0513, 0516-0517, 0519-0523, 0526-0529, 0770, 0771, 0779, 0900-0905, 0907, 0911-0917, 0919, 0982, 0983

OR

CPT: 90791, 90792, 90832-90834, 90836-90840, 90845, 90847, 90849, 90853, 90863, 90867-90870, 90875, 90876, 90880, 99221-99223, 99231-99233, 99238, 99239, 99251-99255, 99291

WITH

Place of Service (POS): 03, 05, 07, 09, 11, 12, 13, 14, 15, 20, 22, 24, 33, 49, 50, 52, 53, 71, 72

### Table 2.2. Emergency Department Setting

CPT: 99281-99285

UB-92 revenue: 0450, 0451, 0452, 0456, 0459, 0981

OR

CPT: 90791, 90792, 90832-90834, 90836-90840, 90845, 90847, 90849, 90853, 90863, 90867-90870, 90875, 90876, 99291

WITH

POS: 23

### Table 2.3. Non-Acute Inpatient Setting

CPT: 99304-99310, 99315, 99316, 99318, 99324-99328, 99334-99337

HCPCS: H0017-H0019, T2048

UB-92 revenue: 0118, 0128, 0138, 0148, 0158, 0190-0194, 0199, 0524, 0525, 0550-0552, 0559, 0660-0663, 0669, 1000, 1001, 1003-1005

OR

CPT: 90791, 90792, 90832-90834, 90836-90840, 90845, 90847, 90849, 90853, 90863, 90867-90870, 90875, 90876, 99291

WITH

POS: 31, 32, 56

### Table 2.4. Acute Inpatient Setting

UB-92 revenue: 0100, 0101, 0110-0114, 0119-0124, 0129-0134, 0139-0144, 0149-0154, 0159, 0160, 0164, 0167, 0169, 0200-0204, 0206-0209, 0210-0214, 0219, 0720-0724, 0729, 0987

OR

CPT: 90791, 90792, 90832-90834, 90836-90840, 90845, 90847, 90849, 90853, 90863, 90867-90870, 90875, 90876, 99221-99223, 99231-99233, 99238, 99239, 99251-99255, 99291

WITH

POS: 21, 51

## *Adherence to Mood Stabilizers For Individuals with Bipolar I Disorder*

The following are the mood stabilizer medications by class for the denominator. The route of administration includes all oral formulations of the medications listed below.

Table 3. Mood Stabilizer Medications

**Anticonvulsants:**

carbamazepine  
divalproex sodium  
lamotrigine  
valproic acid

**Atypical Antipsychotics:**

aripiprazole  
asenapine  
clozapine  
iloperidone  
lurasidone  
olanzapine  
paliperidone  
quetiapine  
risperidone  
ziprasidone

**Phenothiazine/Related Antipsychotics:**

chlorpromazine  
fluphenazine  
haloperidol  
loxapine succinate  
molindone  
perphenazine  
pimozide  
prochlorperazine  
thioridazine  
thiothixene  
trifluoperazine

**Other Antipsychotics:**

olanzapine-fluoxetine

**Lithium Salts:**

lithium carbonate  
lithium citrate

Note: Active ingredients listed above are limited to oral, buccal, sublingual, and translingual formulations only. Obsolete drug products are excluded from National Drug Codes (NDCs) with an inactive date more than three years prior to the beginning of the measurement period or look-back period, if applicable.

The following are the long-acting (depot) injectable antipsychotic medications by class for the denominator. The route of administration includes all injectable and intramuscular formulations of the medications listed below.

Table 4: Long-Acting Injectable Antipsychotic Medications

**Typical Antipsychotic Medications:**

fluphenazine decanoate (J2680)  
haloperidol decanoate (J1631)

**Atypical Antipsychotic Medications:**

aripiprazole (J0401)  
olanzapine pamoate (J2358)  
paliperidone palmitate (J2426)  
risperidone microspheres (J2794)

Note: Since the days' supply variable is not reliable for long-acting injections in administrative data, the days' supply is imputed as listed below for the long-acting (depot) injectable antipsychotic medications billed under Part D and Part B:

fluphenazine decanoate (J2680) – 28 days' supply  
haloperidol decanoate (J1631) – 28 days' supply  
aripiprazole (J0401) – 28 days' supply  
olanzapine pamoate (J2358) – 28 days' supply  
paliperidone palmitate (J2426) – 28 days' supply  
risperidone microspheres (J2794) – 14 days' supply

**Denominator Exclusions (NQF Includes "Exceptions" in the "Exclusion" Field) S.10.**

Not applicable

**Denominator Exclusion Details (NQF Includes "Exceptions" in the "Exclusion" Field) S.11.**

Not applicable

**Stratification Details/Variables S.12.**

Depending on the operational use of the measure, measure results may be stratified by:

- State
- Accountable Care Organization (ACOs)\*
- Plan
- Physician Group\*\*
- Age – Divided into six categories: 18-24, 25-44, 45-64, 65-74, 75-84, and 85+ years
- Race/Ethnicity
- Dual Eligibility

\*ACO attribution methodology is based on where the beneficiary is receiving the plurality of his/her primary care services and subsequently assigned to the participating providers.

\*\*See **Calculation Algorithm/Measure Logic S.18** below for physician group attribution methodology used for this measure.

**Risk Adjustment Type S.13.**

No risk adjustment or risk stratification

**Statistical Risk Model and Variables S.14.**

Not applicable

**Detailed Risk Model Specifications S.15.**

Not applicable

**Type of Score S.16.**

Rate/proportion

**Interpretation of Score S.17.**

Better quality = higher score

**Calculation Algorithm/Measure Logic S.18.**

**Target Population:** Individuals at least 18 years of age as of the beginning of the measurement period who have met the enrollment criteria for Parts A, B, and D.

**Denominator:** Individuals at least 18 years of age as of the beginning of the measurement period with bipolar I disorder and at least two prescription drug claims for mood stabilizer medications during the measurement period (12 consecutive months).

**Create Denominator:**

1. Pull individuals who are 18 years of age or older as of the beginning of the measurement period.
2. Include individuals who were continuously enrolled in Part D coverage during the measurement period, with no more than a one-month gap in enrollment during the measurement period, or up until their death date if they died during the measurement period.
3. Include individuals who had no more than a one-month gap in Part A enrollment, no more than a one-month gap in Part B enrollment, and no more than one month of HMO (Health Maintenance Organization) enrollment during the current measurement period (fee-for-service [FFS] individuals only).
4. Of those individuals identified in Step 3, keep those who had:  
At least two encounters with a diagnosis of bipolar I disorder with different dates of service in an outpatient setting, emergency department setting, or non-acute inpatient setting during the measurement period;  
OR  
At least one encounter with a diagnosis of bipolar I disorder in an acute inpatient setting during the measurement period.
5. Of the individuals identified in Step 4, extract Part D claims for a mood stabilizer during the measurement period. Attach the drug ID and the generic name to the dataset.
6. For the individuals identified in Step 5, exclude those who did not have at least two prescription drug claims for any mood stabilizer on different dates of service (identified by having at least two Part D claims with the specific codes) during the measurement period.

**Numerator:** Individuals with bipolar I disorder who had at least two prescription drug claims for mood stabilizer medications and have a PDC of at least 0.8 for mood stabilizer medications.

**Create Numerator:**

For the individuals in the denominator, calculate the PDC for each individual according to the following methods:

1. Determine the individual's medication therapy period, defined as the index prescription date through the end of the measurement period, or death, whichever comes first. The index date is the service date (fill date) of the first prescription drug claim for a mood stabilizer medication in the measurement period.
2. Within the medication therapy period, count the days the individual was covered by at least one drug in the mood stabilizer medication class based on the prescription drug claim service date and days of supply.
  - a. Sort and de-duplicate Part D claims for mood stabilizers by beneficiary ID, service date, generic name, and descending days' supply. If prescriptions for the same drug (generic name) are dispensed on the same date of service for an individual, keep the dispensing with the largest days' supply.
  - b. Calculate the number of days covered by mood stabilizer therapy per individual.
    - i. For prescription drug claims with a days' supply that extends beyond the end of the measurement period, count only the days for which the drug was available to the individual during the measurement period.
    - ii. If claims for the same drug (generic name) overlap, then adjust the latest prescription start date to be the day after the previous fill has ended.
    - iii. If claims for different drugs (different generic names) overlap, do not adjust the prescription start date.
3. Calculate the PDC for each individual. Divide the number of covered days found in Step 2 by the number of days in the individual's medication therapy period found in Step 1.

An example of SAS code for Steps 1-3 was adapted from Pharmacy Quality Alliance (PQA) and is also available at the URL: <http://www2.sas.com/proceedings/forum2007/043-2007.pdf>.

## *Adherence to Mood Stabilizers For Individuals with Bipolar I Disorder*

4. Of the individuals identified in Step 3, count the number of individuals with a calculated PDC of at least 0.8 for the mood stabilizers. This is the numerator.

### **Physician Group Attribution:**

Physician group attribution was adapted from Generating Medicare Physician Quality Performance Measurement Results (GEM) Project: Physician and Other Provider Grouping and Patient Attribution Methodologies

(<http://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/GEM/downloads/GEMMethodologies.pdf>). The following is intended as guidance and reflects only one of many methodologies for assigning individuals to a medical group. Please note that the physician group attribution methodology excludes patients who died, even though the overall measure does not.

### **I. Identify Physician and Medical Groups**

1. Identify all Tax Identification Numbers (TINs)/National Provider Identification (NPI) combinations from all Part B claims in the measurement year and the prior year. Keep records with valid NPIs. Valid NPIs have 10 numeric characters (no alpha characters).
2. For valid NPIs, pull credentials and specialty code(s) from the CMS provider tables.
3. Create one record per NPI with all credentials and all specialties. A provider may have more than one specialty.
4. Attach TIN to NPI, keeping only those records with credentials indicating a physician (MD or DO), physician assistant (PA), or nurse practitioner (NP).
5. Identify medical group TINs: Medical group TINs are defined as TINs that had physician, physician assistant, or nurse practitioner provider specialty codes on at least 50% of Part B carrier claim line items billed by the TIN during the measurement year or prior year. (The provider specialty codes are listed after Patient Attribution.)
  - a. Pull Part B records billed by TINs identified in Step 4 during the measurement year and prior year.
  - b. Identify claims that had the performing NPI (npi\_prfrm) in the list of eligible physicians/TINs, keeping those that match by TIN, performing NPI, and provider state code.
  - c. Calculate the percentage of Part B claims that match by TIN, npi\_prfrm, and provider state code for each TIN, keeping those TINs with percentages greater than or equal to 50%.
  - d. Delete invalid TINs. Examples of invalid TINs are defined as having the same value for all nine digits or values of 012345678, 012345678, 123456789, 987654321, or 87654321.
6. Identify TINs that are not solo practices.
  - a. Pull Part B records billed by physicians identified in Step 4 for the measurement year and/or prior year.
  - b. Count unique NPIs per TIN.
  - c. Keep only those TINs having two or more providers.
  - d. Delete invalid TINs. Examples of invalid TINs are defined as having the same value for all nine digits or values of 012345678, 012345678, 123456789, 987654321, or 87654321.
7. Create final group of TINs from Step 5 and Step 6 (TINs that are medical groups and are not solo practices).
8. Create file of TINs and NPIs associated with those TINs. These are now referred to as the medical group TINs.
9. Determine the specialty of the medical group (TIN) to be used in determining the specialty of nurse practitioners and physician assistants. The plurality of physician providers in the medical group determines the specialty of care for nurse practitioners and physician assistants.
  - a. From the TIN/NPI list created in Step 8, count the NPIs per TIN/specialty.
  - b. The specialty with the maximum count is assigned to the medical group.

### **II. Identify Individual Sample and Claims**

10. Create individual sample.
  - a. Pull individuals with 11+ months of Parts A, B, & D during the measurement year.
  - b. Verify the individual did not have any months with Medicare as secondary payer. Remove individuals with BENE\_PRMRY\_PYR\_CD not equal to one of the following:
    - A = working-age individual/spouse with an employer group health plan (EGHP)
    - B = End Stage Renal Disease (ESRD) in the 18-month coordination period with an EGHP
    - G = working disabled for any month of the year
  - c. Verify the individual resides in the U.S., Puerto Rico, Virgin Islands, or Washington D.C.
  - d. Exclude individuals who enter the Medicare hospice at any point during the measurement year.
  - e. Exclude individuals who died during the measurement year.



## *Adherence to Mood Stabilizers For Individuals with Bipolar I Disorder*

11. For individuals identified in Step 10, pull office visit claims that occurred during the measurement year and in the six months prior to the measurement year.
  - a. Office visit claims have CPT codes of 99201-99205, 99211-99215, and 99241-99245.
  - b. Exclude claims with no `npi_prfrmng`.
12. Attach medical group TIN to claims by NPI.

### **III. Patient Attribution**

13. Pull all Part B office claims from Step 12 with specialties indicating primary care or psychiatry (see list of provider specialties and specialty codes below). Attribute each individual to at most one medical group TIN for each measure.
  - a. Evaluate specialty on claim (`HSE_B_HCFA_PRVDR_SPCLTY_CD`) first. If specialty on claim does not match any of the measure-specific specialties, then check additional specialty fields.
  - b. If the provider specialty indicates nurse practitioners or physician assistants (code 50 or code 97), then assign the medical group specialty determined in Step 9.
14. For each individual, count claims per medical group TIN. Keep only individuals with two or more E&M claims.
15. Attribute the individual to the medical group TIN with the most claims. If a tie occurs between medical group TINs, attribute the TIN with the most recent claim.
16. Attach the medical group TIN to the denominator and numerator files by individual.

### **Provider Specialties and Specialty Codes**

Provider specialties and specialty codes include only physicians, physician assistants, and nurse practitioners for physician grouping, TIN selection, and patient attribution. The provider specialty codes and the associated provider specialty are shown below:

- 01—General practice\*
- 02—General surgery
- 03—Allergy/immunology
- 04—Otolaryngology
- 05—Anesthesiology
- 06—Cardiology
- 07—Dermatology
- 08—Family practice\*
- 09—Interventional pain management
- 10—Gastroenterology
- 11—Internal medicine\*
- 12—Osteopathic manipulative therapy
- 13—Neurology
- 14—Neurosurgery
- 16—Obstetrics/gynecology\*
- 18—Ophthalmology
- 20—Orthopedic surgery
- 22—Pathology
- 24—Plastic and reconstructive surgery
- 25—Physical medicine and rehabilitation
- 26—Psychiatry\*
- 28—Colorectal surgery
- 29—Pulmonary disease
- 30—Diagnostic radiology
- 33—Thoracic surgery
- 34—Urology
- 36—Nuclear medicine
- 37—Pediatric medicine
- 38—Geriatric medicine\*
- 39—Nephrology

40—Hand surgery  
44—Infectious disease  
46—Endocrinology  
50—Nurse practitioner\*  
66—Rheumatology  
70—Multi-specialty clinic or group practice\*  
72—Pain management  
76—Peripheral vascular disease  
77—Vascular surgery  
78—Cardiac surgery  
79—Addiction medicine  
81—Critical care (intensivists)  
82—Hematology  
83—Hematology/oncology  
84—Preventive medicine\*  
85—Maxillofacial surgery  
86—Neuropsychiatry\*  
90—Medical oncology  
91—Surgical oncology  
92—Radiation oncology  
93—Emergency medicine  
94—Interventional radiology  
97—Physician assistant\*  
98—Gynecologist/oncologist  
99—Unknown physician specialty  
Other—NA

\*Provider specialty codes specific to this measure

**Calculation Algorithm/Measure Logic Diagram URL or Attachment S.19.**

Not applicable

**Sampling S.20.**

Not applicable; this measure does not use a sample or survey.

**Survey/Patient-Reported Data S.21.**

Not applicable; this measure does not use a sample or survey.

**Missing Data S.22.**

To reduce the potential for measure result bias, patients who have prescription drug claims with missing days' supply are excluded from the analysis.

**Data Source S.23.**

Administrative Claims

Electronic Clinical Data: Pharmacy

Other: Please see the next section for further details.

**Data Source or Collection Instrument S.24.**

For measure calculation, the following Medicare files are required:

- Denominator tables
- Prescription drug benefit (Part D) coverage tables
- Beneficiary file
- Institutional claims (Part A)
- Non-institutional claims (Part B)—physician carrier/non-DME
- Prescription drug benefit (Part D) claims

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For ACO attribution, the following are required:

- Denominator tables for Parts A and B enrollment
- Prescription drug benefit (Part D) coverage tables
- Beneficiary file
- Institutional claims (Part A)
- Non-institutional claims (Part B)—physician carrier/non-DME
- Prescription drug benefit (Part D) claims

For physician group attribution, the following are required:

- Non-institutional claims (Part B)—physician carrier/non-DME
- Denominator tables to determine individual enrollment
- Beneficiary file or coverage table to determine hospice benefit and Medicare as secondary payer status
- CMS physician and physician specialty tables

Payer Source

- Medicare fee-for-service
- Prescription Drug Plans (PDPs)

### **Data Source or Collection Instrument (Reference) S.25.**

Not applicable

### **Level of Analysis S.26.**

Clinician: Group/Practice  
Health Plan  
Integrated Delivery System  
Population: State

### **Care Setting S.27.**

Ambulatory Care: Clinician Office/Clinic  
Behavioral Health/Psychiatric: Outpatient

### **Composite Performance Measure S.28.**

Not applicable

### **Version Number and Effective Date**

Version 4.0  
January 1, 2014 – December 31, 2014

### **Measure Steward**

Centers for Medicare & Medicaid Services (CMS)  
Point of Contact: CMS Measures Management System, [MMSSupport@Battelle.org](mailto:MMSSupport@Battelle.org)  
Measure Developer: Health Services Advisory Group, Inc., 3000 Bayport Dr., Suite 300, Tampa, Florida, 33607

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This performance measure does not establish a standard of medical care and has not been tested for all potential applications.