

Quality ID #496: Cardiovascular Disease (CVD) Risk Assessment Measure - Proportion of Pregnant/Postpartum Patients that Receive CVD Risk Assessment with a Standardized Instrument

2025 COLLECTION TYPE:

MIPS CLINICAL QUALITY MEASURES (CQMS)

MEASURE TYPE:

Process

DESCRIPTION:

Percentage of pregnant or postpartum patients who received a cardiovascular disease (CVD) risk assessment with a standardized instrument.

INSTRUCTIONS:

This measure is to be submitted a minimum of **once per performance period** for all patients seen for pregnancy or postpartum care during the performance period. This measure is intended to reflect the quality of services provided for pregnant and postpartum patients. This measure may be submitted by Merit-based Incentive Payment System (MIPS) eligible clinicians who perform the quality actions described in the measure based on the services provided and the measure-specific denominator coding.

***NOTE:** The aim of this measure is that 100 percent of eligible pregnant/postpartum patients undergo CVD risk assessment using a standardized tool. Every patient should be assessed for CVD risk at least once and as needed, additional times if symptoms present during the pregnancy postpartum period.*

***NOTE:** Patient encounters for this measure conducted via telehealth (including but not limited to encounters coded with GQ, GT, POS 02, POS 10) are allowable. Please note that effective January 1, 2025, while a measure may be denoted as telehealth eligible, specific denominator codes within the encounter may no longer be eligible due to changes outlined in the CY 2024 PFS Final Rule List of Medicare Telehealth Services.*

Measure Submission Type:

Measure data may be submitted by individual MIPS eligible clinicians, groups, or third-party intermediaries. The listed denominator criteria are used to identify the intended patient population. The numerator options included in this specification are used to submit the quality actions as allowed by the measure. The quality data codes listed do not need to be submitted by MIPS eligible clinicians, groups, or third-party intermediaries that utilize this modality for submissions; however, these codes may be submitted for those third-party intermediaries that utilize Medicare Part B claims data. For more information regarding Application Programming Interface (API), please refer to the Quality Payment Program (QPP) website.

DENOMINATOR:

Patients who have an office visit for prenatal or postpartum care, regardless of gestational age or prior prenatal care at other sites, for any age (including pregnant and postpartum minors), within outpatient obstetric (OB) visit at the hospital or in affiliated clinics; and labor and delivery (L&D)

Definition:

Not eligible for a cardiovascular disease (CVD) risk assessment with a standardized instrument – Patients with a prior history of known CVD. For the purposes of this measure, prior history of known CVD, is represented by code M1256.

The following codes would be sufficient to define CVD (ICD-10-CM): I05.2, I20.9, I21.09, I21.3, I21.B, I24, I24.0, I24.1, I24.81, I24.89, I24.9, I25.10, I25.42, I25.2, I25.84, I25.85, I25.9, I27, I27.0, I27.1, I27.20, I27.21, I27.22, I27.23, I27.24, I27.29, I27.81, I27.82, I27.83, I27.89, I27.9, I34, I34.0, I34.1, I34.2, I34.81, I34.89, I34.9, I35, I35.0, I35.1, I35.2, I35.8, I35.9, I36, I36.0, I36.1, I36.2, I36.8, I36.9, I37, I37.0, I37.1,

I37.2, I37.8, I37.9, I38, I42.0, I42.2, I42.8, I45, I45.0, I45.10, I45.19, I45.2, I45.3, I45.4, I45.5, I45.6, I45.81, I45.89, I45.9, I47.1, I47.10, I47.11, I47.19, I47.2, I47.20, I47.21, I47.29, I48.91, I48.92, I49.1, I49.3, I49.8, I49.9, I50.30, I50.9, I77.810, I97.190, M30.3, O90.3, O99.411, O99.412, O99.413, O99.419, Q20.0, Q20.1, Q20.3, Q20.4, Q20.8, Q21.0, Q21.20, Q21.3, Q22.1, Q23.0, Q23.2, Q24.5, Q25.0, Q25.1, Q25.44, Q25.5, Q25.6, Q26.3, Q87.40, Q87.89, Z82.49, Z86.79, Z87.74, Z86.79, Z87.74

DENOMINATOR NOTE: *The intent of the measure is to have all pregnant and/or postpartum patients undergo CVD risk assessment at least once during the pregnancy episode.*

Denominator Criteria (Eligible Cases):

All patients regardless of age

AND

Diagnosis for Pregnancy or Postpartum (ICD-10-CM): Z37.0, Z37.1, Z37.2, Z37.3, Z37.4, Z37.50, Z37.51, Z37.52, Z37.53, Z37.54, Z37.59, Z37.60, Z37.61, Z37.62, Z37.63, Z37.64, Z37.69, Z37.7, Z37.9

AND

Encounter for pregnancy (CPT): 59400, 59409, 59410, 59412, 59510, 59514, 59515, 59610, 59612, 59614, 59618, 59620

OR

Patient visits during the performance period (CPT): 98000, 98001, 98002, 98003, 98004, 98005, 98006, 98007, 98008, 98009, 98010, 98011, 98012, 98013, 98014, 98015, 98016, 99202, 99203, 99204, 99205, 99211, 99212, 99213, 99214, 99215, 99221, 99222, 99223, 99231, 99232, 99233, 99234, 99235, 99236, 99238, 99239

AND NOT

DENOMINATOR EXCLUSIONS:

Patients who have another reason for visiting the clinic [not prenatal or postpartum care] and have a positive pregnancy test but have not established the clinic as an OB provider (e.g., plan to terminate the pregnancy or seek prenatal services elsewhere): M1255

OR

Prior history of known CVD: M1256

NUMERATOR:

Patients who are assessed for CVD risk via California Maternal Quality Care Collaborative (CMQCC) standardized algorithm. A completed CVD risk assessment will determine the patient to be at low risk or high risk of CVD. Patients will be assessed at their initial encounter with their healthcare provider for pregnancy-related care [prenatal visit, L&D, postpartum visit] and may need to repeat assessments if new symptoms develop.

Definition:

CMQCC CVD risk assessment algorithm is an example of a standardized CVD risk assessment algorithm. This is currently the only pregnancy specific algorithm. The CMQCC CVD risk assessment tool kit can be found at <https://www.cmqcc.org/resources-toolkits/toolkits/improving-health-care-response-cardiovascular-disease-pregnancy-and>.

Numerator Options:

Performance Met:

CVD risk assessment performed, have a documented calculated risk score (M1258)

OR

Performance Not Met:

CVD risk assessment not performed or incomplete (e.g., CVD risk assessment was not documented), reason not otherwise specified) (M1257)

RATIONALE:

Cardiovascular disease (CVD) has emerged as the leading cause of maternal mortality in the United States, accounting for over one-third of all pregnancy-related deaths. Diagnosis of CVD is challenging as normal pregnancy may mimic CVD. Accurate diagnosis of CVD varies widely among pregnant and postpartum patients and may either result in a lack of follow-

up patients who are at risk or may lead to unnecessary testing that burdens the resources of patients who are not at risk. Patients who are identified at immediate or lifetime risk of developing CVD may be motivated to modify their behavior to improve their cardiovascular health.

Our measure is used for standardized identification of pregnant and/or postpartum individuals with previously unknown CVD who are suspected to have or to be at risk of developing CVD. A CVD risk assessment distinguishes patients with a high probability of disease by analyzing several variables included in the tool.

For a universal use of cardiovascular risk assessment in pregnant and postpartum women, a reliable clinical screening approach that monitors the hospital and clinician performance is lacking. The implementation of a measure to perform universal CVD risk assessment in the obstetric population will lead to timely identification and follow-up of women at risk of CVD and reduce maternal morbidity and mortality. This will help decrease the lifetime onset of CVD through risk factor modification strategies.

The implementation of the measure at facilities and feedback on performance has raised awareness of the importance of CVD risk assessment among obstetricians. The easy use (takes less than one minute to complete CVD risk assessment) of the tool allows for integration into the clinic flow and provides an opportunity to discuss with patient actions to improve their cardiovascular during pregnancy and beyond. We have not seen any evidence that the follow-up of patients who were deemed at high risk for CVD led to inappropriate use of resources (Hameed et al, 2023).

CLINICAL RECOMMENDATION STATEMENTS:

Delays or missed diagnosis of CVD in pregnant and postpartum patients is the leading contributor to CVD related maternal mortality. Implementation and universal CVD risk assessment using a standardized tool would allow identification of patients at high risk of CVD that require additional cardiac testing and follow-up. We propose implementation of metrics on adherence to the standard risk assessment tool that allows clinicians to add value to the obstetric care of patients. The measure is user friendly and can easily be calculated for the hospital system, the clinic group/facilities, or to monitor individual clinician performance. The measure allows for the identification of low-performing hospital systems, facilities, or clinicians and addresses modifiable gaps (Kuklina et al, 2011; Small et al, 2012).

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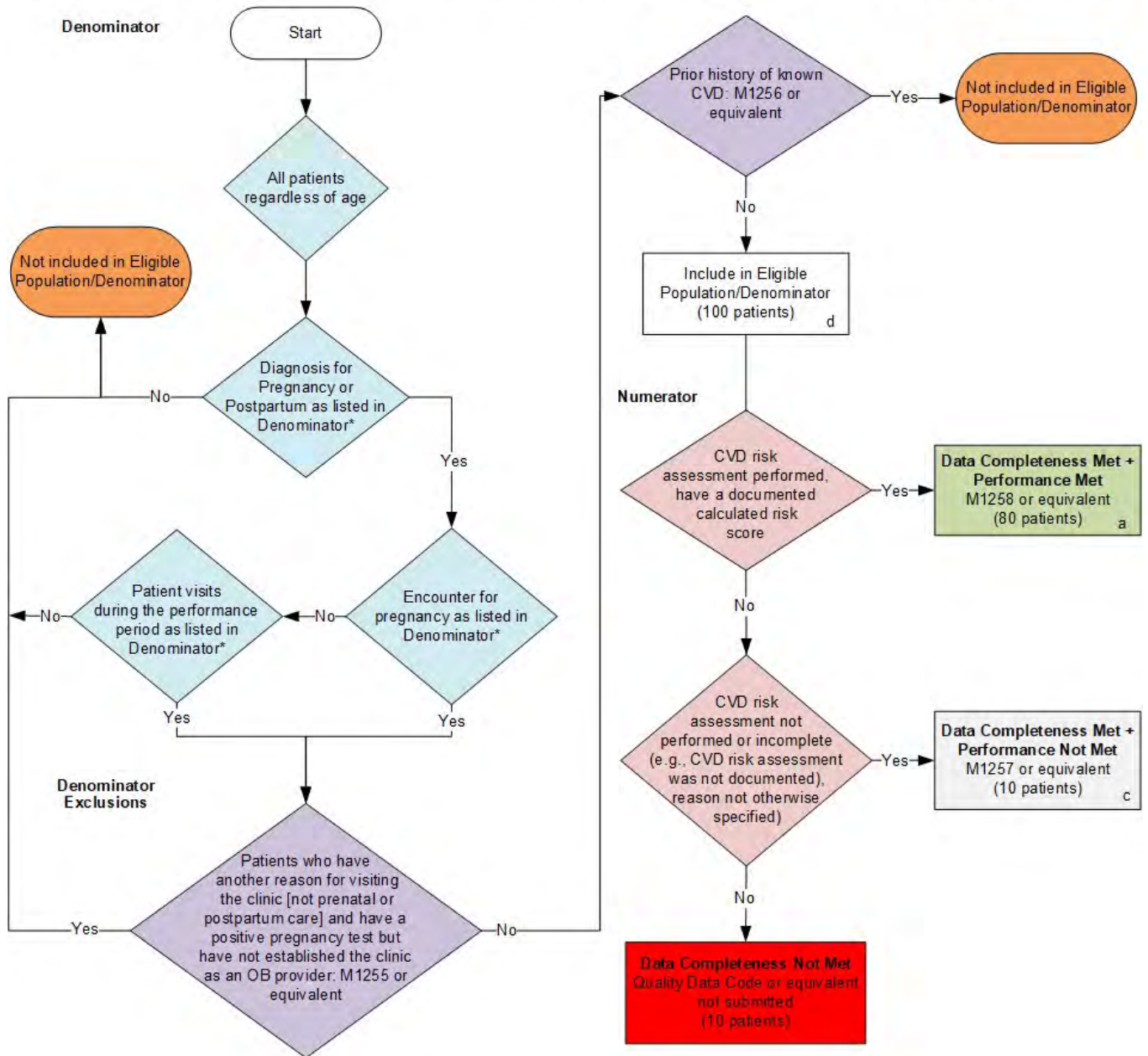
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2025 Clinical Quality Measure Flow for QID #496: Cardiovascular Disease (CVD) Risk Assessment Measure - Proportion of Pregnant/Postpartum Patients that Receive CVD Risk Assessment with a Standardized Instrument

Disclaimer: Refer to the measure specification for the specific coding and instructions to submit this measure.



SAMPLE CALCULATION			
Data Completeness =			
Performance Met (a=80 patients) + Performance Not Met (c=10 patients)	=	90 patients	= 90.00%
Eligible Population / Denominator (d=100 patients)	=	100 patients	
Performance Rate =			
Performance Met (a=80 patients)	=	80 patients	= 88.88%
Data Completeness Numerator (90 patients)	=	90 patients	

*See the posted measure specification for specific coding and instructions to submit this measure.

NOTE: Submission Frequency: Patient-Process

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**2025 Clinical Quality Measure Flow Narrative for Quality ID #496:
Cardiovascular Disease (CVD) Risk Assessment Measure - Proportion of Pregnant/Postpartum
Patients that Receive CVD Risk Assessment with a Standardized Instrument**

Disclaimer: Refer to the measure specification for the specific coding and instructions to submit this measure.

1. Start with Denominator
2. Check *All patients regardless of age*
3. Check *Diagnosis for Pregnancy or Postpartum as listed in Denominator**:
 - a. If *Diagnosis for Pregnancy or Postpartum as listed in Denominator** equals No, do not include in *Eligible Population/Denominator*. Stop processing.
 - b. If *Diagnosis for Pregnancy or Postpartum as listed in Denominator** equals Yes, proceed to check *Encounter for pregnancy as listed in Denominator**.
4. Check *Encounter for pregnancy as listed in Denominator**:
 - a. If *Encounter for pregnancy as listed in Denominator** equals No, proceed to check *Patient visits during the performance period as listed in Denominator**.
 - b. If *Encounter for pregnancy as listed in Denominator** equals Yes, proceed to check *Patients who have another reason for visiting the clinic [not prenatal or postpartum care] and have a positive pregnancy test but have not established the clinic as an OB provider*.
5. Check *Patient visits during the performance period as listed in Denominator**:
 - a. If *Patient visits during the performance period as listed in Denominator** equals No, do not include in *Eligible Population/Denominator*. Stop processing.
 - b. If *Patient visits during the performance period as listed in Denominator** equals Yes, proceed to check *Patients who have another reason for visiting the clinic [not prenatal or postpartum care] and have a positive pregnancy test but have not established the clinic as an OB provider*.
6. Check *Patients who have another reason for visiting the clinic [not prenatal or postpartum care] and have a positive pregnancy test but have not established the clinic as an OB provider*:
 - a. If *Patients who have another reason for visiting the clinic [not prenatal or postpartum care] and have a positive pregnancy test but have not established the clinic as an OB provider* equals Yes, do not include in *Eligible Population/Denominator*. Stop processing.
 - b. If *Patients who have another reason for visiting the clinic [not prenatal or postpartum care] and have a positive pregnancy test but have not established the clinic as an OB provider* equals No, proceed to check *Prior history of known CVD*.
7. Check *Prior history of known CVD*:
 - a. If *Prior history of known CVD* equals Yes, do not include in *Eligible Population/Denominator*. Stop processing.
 - b. If *Prior history of known CVD* equals No, include in *Eligible Population/Denominator*.
8. Denominator Population:

- Denominator Population is all Eligible Patients in the Denominator. Denominator is represented as Denominator in the Sample Calculation listed at the end of this document. Letter d equals 100 patients in the Sample Calculation.

9. Start Numerator

10. Check *CVD risk assessment performed, have a documented calculated risk score*:

a. If *CVD risk assessment performed, have a documented calculated risk score* equals Yes, include in *Data Completeness Met and Performance Met*.

- *Data Completeness Met and Performance Met* letter is represented as Data Completeness and Performance Rate in the Sample Calculation listed at the end of this document. Letter a equals 80 patients in the Sample Calculation.

b. If *CVD risk assessment performed, have a documented calculated risk score* equals No, proceed to check *CVD risk assessment not performed or incomplete (e.g., CVD risk assessment was not documented), reason not otherwise specified*.

11. Check *CVD risk assessment not performed or incomplete (e.g., CVD risk assessment was not documented), reason not otherwise specified*:

a. If *CVD risk assessment not performed or incomplete (e.g., CVD risk assessment was not documented), reason not otherwise specified* equals Yes, include in *Data Completeness Met and Performance Not Met*.

- *Data Completeness Met and Performance Not Met* letter is represented as Data Completeness in the Sample Calculation listed at the end of this document. Letter c equals 10 patients in the Sample Calculation.

b. If *CVD risk assessment not performed or incomplete (e.g., CVD risk assessment was not documented), reason not otherwise specified* equals No, proceed to check *Data Completeness Not Met*.

12. Check *Data Completeness Not Met*:

- If *Data Completeness Not Met*, the Quality Data Code or equivalent was not submitted. 10 patients have been subtracted from the Data Completeness Numerator in the Sample Calculation.

Sample Calculations

Data Completeness equals Performance Met (a equals 80 patients) plus Performance Not Met (c equals 10 patients) divided by Eligible Population/Denominator (d equals 100 patients). All equals 90 patients divided by 100 patients. All equals 90.00 percent.

Performance Rate equals Performance Met (a equals 80 patients) divided by Data Completeness Numerator (90 patients). All equals 80 patients divided by 90 patients. All equals 88.88 percent.

*See the posted measure specification for specific coding and instructions to submit this measure.

NOTE: Submission Frequency: Patient-Process

The measure diagrams were developed by CMS as a supplemental resource to be used in conjunction with the measure specifications. They should not be used alone or as a substitution for the measure specification.