Measure #255: Rh Immunoglobulin (Rhogam) for Rh-Negative Pregnant Women at Risk of Fetal Blood Exposure – National Quality Strategy Domain: Effective Clinical Care

2016 PQRS OPTIONS FOR INDIVIDUAL MEASURES:
CLAIMS, REGISTRY

DESCRIPTION:
Percentage of Rh-negative pregnant women aged 14-50 years at risk of fetal blood exposure who receive Rh-Immunoglobulin (Rhogam) in the emergency department (ED)

INSTRUCTIONS:
This measure is to be reported each time a pregnant patient presents to the emergency department with complaints including blunt abdominal trauma, vaginal bleeding, ectopic pregnancy, and threatened or spontaneous abortion. Claims data will be analyzed to determine the emergency department discharge. Patients who present to the emergency department with these complaints should have documentation in the medical record of receiving an order for Rh-Immunoglobulin (Rhogam). It is anticipated that clinicians who provide care in the emergency department will submit this measure. The Part B claim form place of service field must indicate that the encounter has taken place in the emergency department.

Measure Reporting via Claims:
ICD-10-CM diagnosis codes, CPT codes, Place of Service Indicator, and patient demographics are used to identify patients who are included in the measure’s denominator. Quality-data codes are used to report the numerator of the measure.

When reporting the measure via claims, submit the listed ICD-10-CM diagnosis codes, CPT codes, Place of Service Indicator, and the appropriate numerator quality-data code. All measure-specific coding should be reported on the claim(s) representing the eligible encounter.

Measure Reporting via Registry:
ICD-10-CM diagnosis codes, CPT codes, Place of Service Indicator, and patient demographics are used to identify patients who are included in the measure’s denominator. The listed numerator options are used to report the numerator of the measure.

The quality-data codes listed do not need to be submitted for registry-based submissions; however, these codes may be submitted for those registries that utilize claims data.

DENOMINATOR:
All pregnant female patients aged 14 to 50 years who are Rh-negative and at significant risk of fetal blood exposure

Denominator Criteria (Eligible Cases):
Female patients aged 14 to 50 years on date of encounter
AND
AND
Diagnosis of High Risk Pregnancy Complications (ICD-10-CM): O00.8, O00.9, O02.1, O03.1, O03.6, O04.6, O07.1, O08.1, O20.0, O20.8, O20.9, O26.891, O43.011, O43.019, O44.10, O44.11, O45.001, O45.009, O45.011, O45.019, O45.021, O45.029, O45.091, O45.099, O45.8X1, O45.8X9, O45.90, O45.91, O46.001, O46.011, O46.021, O46.8X1, O46.8X9, O46.90, O46.91
AND
Patient encounter during the reporting period (CPT): 99281, 99282, 99283, 99284, 99285, 99291
AND
Place of Service Indicator: 23
(The Part B claim form Place of Service field must indicate emergency department)

NUMERATOR:
Patients who receive an order for Rh-Immunoglobulin (Rhogam) in the ED

Numerator Instructions: This measure is to be reported each time a patient meets the requirements as indicated in the denominator. In the clinical event a patient has documented receipt of Rhogam report quality-data code G8810.

Numerator Quality-Data Coding Options for Reporting Satisfactorily:
Documentation in Medical Record that Rh-immunoglobulin (Rhogam) Ordered
Performance Met: G8809: Rh-immunoglobulin (Rhogam) ordered

OR

Rh-immunoglobulin (Rhogam) not Ordered for Documented Reasons
Other Performance Exclusion: G8810: Rh-immunoglobulin (Rhogam) not ordered for reasons documented by clinician (e.g., patient had prior documented receipt of Rhogam within 12 weeks, patient refusal)

OR

Rh-immunoglobulin (Rhogam) not Ordered, Reason not Given
Performance Not Met: G8811: Documentation Rh-immunoglobulin (Rhogam) was not ordered, reason not given

RATIONALE:
The potential for maternal exposure to fetal blood is a concern among pregnant patients presenting to the emergency department with a number of common complaints or diagnoses including abdominal pain, blunt abdominal trauma, vaginal bleeding, ectopic pregnancy, threatened or spontaneous abortion, or pelvic instrumentation. This concern increases after the first trimester as fetal RBC mass increases.

CLINICAL RECOMMENDATION STATEMENTS:
Exposure to less than 0.1 ml of fetal blood of a different rhesus (Rh) antigenicity among Rh negative has been shown to increase the risk of maternal alloimmunization. Alloimmunization can result in hemolytic disease of the fetus or newborn including spontaneous abortion, fetal hemolytic anemia, hydrops fetalis and severe neonatal jaundice in subsequent pregnancies.

Anti-D-immunoglobulin reduces the likelihood of alloimmunization. Routine administration of antenatal anti-D-immunoglobulin has been demonstrated as an effective prophylaxis and is recommended by the American College of Obstetricians and Gynecologists (ACOG). Guidelines (UK) recommend administration of anti-D-immunoglobulin after the first trimester for a number of sensitizing episodes including but not limited to uterine bleeding and for recurrent, painful or heavy uterine bleeding in the first trimester.

Routine use of anti-D prophylaxis is somewhat controversial as this is done to prevent so-called silent sensitization occurring in the absence of a clear hemorrhage, but this is generally performed in the UK and the US. As anti-D-immunoglobulin does cross the placenta, there are some concerns that this could cause fetal anemia, however, this was felt to be a minor concern relative to the benefits of administration.

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2016 Claims/Registry Individual Measure Flow
PQRS #255: Rh Immunoglobulin (Rhogam) for Rh-Negative Pregnant Women at Risk of Fetal Blood Exposure

Start

Denominator

Female Patient Age at Date of Service 14 thru 50 Years

Yes

No

Diagnosis For Rh-Negative as Listed in Denominator*

Yes

No

Not Included in Eligible Population/Denominator

Diagnosis of High Risk Pregnancy Complications as Listed in Denominator*

Yes

No

Encounter as Listed in Denominator* 1/1/2016 thru 12/31/2016

Yes

No

POS: 23 Emergency Department (ED)**

Yes

No

Include in Eligible Population/Denominator (8 episodes)

Numerator

Documentation in Medical Record that Rh-Immunoglobulin (Rhogam) Ordered

Yes

No

Rh-Immunoglobulin (Rhogam) Not Ordered for Documented Reasons

Yes

No

Reporting Not Met Quality-Data Code or equivalent not reported (1 episode)

Reporting Met + Performance Met G8809 or equivalent (4 episodes)

Reporting Met + Performance Exclusion G8810 or equivalent (1 episode)

Reporting Met + Performance Not Met G8811 or equivalent (2 episodes)

SAMPLE CALCULATIONS:

Reporting Rate = \[
\frac{\text{Performance Met (4 episodes)}}{\text{Eligible Population} / \text{Denominator} (8 episodes)} + \frac{\text{Performance Exclusion (1 episode)}}{\text{Performance Not Met (2 episodes)}} = \frac{7 \text{ episodes}}{8 \text{ episodes}} = 87.59\% \]

Performance Rate = \[
\frac{\text{Reporting Numerator (7 episodes)}}{\text{Performance Exclusion (1 episode)}} = \frac{4 \text{ episodes}}{6 \text{ episodes}} = 66.67\% \]

*See the posted Measure Specification for specific coding and instructions to report this measure.
**Encounter must occur in the Emergency Department (ED).

NOTE: Reporting Frequency – Episode

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.
2016 Claims/Registry Individual Measure Flow
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Please refer to the specific section of the Measure Specification to identify the denominator and numerator information for use in reporting this Individual Measure.

1. Start with Denominator

2. Check Patient Age and Gender:
   a. If the Female Age is equal to 14 thru 50 years of age on Date of Service equals No during the measurement period, do not include in Eligible Patient Population. Stop Processing.
   b. If the Female Age is equal to 14 thru 50 years of age on Date of Service equals Yes during the measurement period, proceed to check Patient Diagnosis.

3. Check Patient Diagnosis:
   a. If Diagnosis for Rh-Negative as Listed in the Denominator equals No, do not include in Eligible Patient Population. Stop Processing.
   b. If Diagnosis for Rh-Negative as Listed in the Denominator equals Yes, proceed to check Diagnosis of High Risk Pregnancy Complications.

4. Check Diagnosis of High Risk Pregnancy Complications:
   a. If Diagnosis of High Risk Pregnancy Complications as Listed in the Denominator equals No, do not include in Eligible Patient Population. Stop Processing.
   b. If Diagnosis of High Risk Pregnancy Complications as Listed in the Denominator equals Yes, proceed to check Encounter Performed.

5. Check Encounter Performed:
   a. If Encounter as Listed in the Denominator equals No, do not include in Eligible Patient Population. Stop Processing.
   b. If Encounter as Listed in the Denominator equals Yes, proceed to check POS: 23 Emergency Department (ED)

6. Check POS: 23 Emergency Department (ED):
   a. If POS:23 Emergency Department (ED) as Listed in the Denominator equals No, do not include in Eligible Patient Population. Stop Processing.
   b. If POS: 23 Emergency Department (ED) as Listed in the Denominator equals Yes, include in the Eligible population.

7. Denominator Population:
   a. 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 8 episodes in the sample calculation.
8. Start Numerator

9. Check Documentation in Medical Record that Rh-Immunoglobulin (Rhogam) Ordered:
   
a. If Documentation in Medical Record that Rh-Immunoglobulin (Rhogam) Ordered equals Yes, include in Reporting Met and Performance Met.

b. Reporting Met and Performance Met letter is represented in the Reporting Rate and Performance Rate in the Sample Calculation listed at the end of this document. Letter a equals 4 episodes in Sample Calculation.

   c. If Documentation in Medical Record that Rh-Immunoglobulin (Rhogam) Ordered equals No, proceed to Rh-Immunoglobulin (Rhogam) Not Ordered for Documented Reasons.

10. Check Rh-Immunoglobulin (Rhogam) Not Ordered for Documented Reasons:
   
a. If Rh-Immunoglobulin (Rhogam) Not Ordered for Documented Reasons equals Yes, include in Reporting Met and Performance Exclusion.

   b. Reporting Met and Performance Exclusion letter is represented in the Reporting Rate and Performance Rate in the Sample Calculation listed at the end of this document. Letter b equals 1 episode in the Sample Calculation.

   c. If Rh-Immunoglobulin (Rhogam) Not Ordered for Documented Reasons equals No, proceed to Documentation Rh-Immunoglobulin (Rhogam) was Not Ordered, Reason Not Given.

11. Check Rh-Immunoglobulin (Rhogam) was Not Ordered, Reason Not Given:
   
a. If Rh-Immunoglobulin (Rhogam) was Not Ordered, Reason Not Given equals Yes, include in the Reporting Met and Performance Not Met.

   b. Reporting Met and Performance Not Met letter is represented in the Reporting Rate in the Sample Calculation listed at the end of this document. Letter c equals 2 episodes in the Sample Calculation.

   c. If Rh-Immunoglobulin (Rhogam) was Not Ordered, Reason Not Given equals No, proceed to Reporting Not Met.

12. Check Reporting Not Met
   
a. If Reporting Not Met equals No, Quality Data Code or equivalent was not reported. 1 episode has been subtracted from the reporting numerator in the sample calculation.

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**SAMPLE CALCULATIONS:**

\[
\text{Reporting Rate} = \frac{\text{Performance Met (a=4 episodes)} + \text{Performance Exclusion (b=1 episode)} + \text{Performance Not Met (c=2 episodes)}}{\text{Eligible Population / Denominator (d=8 episodes)}} = \frac{7 \text{ episodes}}{8 \text{ episodes}} = 87.50% \\
\text{Performance Rate} = \frac{\text{Performance Met (a=4 episodes)}}{\text{Reporting Numerator (7 episodes) - Performance Exclusion (1 episode) = 6 episodes}} = \frac{4 \text{ episodes}}{6 \text{ episodes}} = 66.67% \\
\]