MNCM Measurement Specifications for
Optimal Vascular Care

Dates of Service: 01/01/2009 – 12/31/2009

Description	Composite ("optimal" care) measure of the percentage of adult patients who have ischemic vascular disease (IVD) with optimally managed modifiable risk factors.
Methodology	Population identification is accomplished via a query of a practice management system or Electronic Medical Record (EMR) to identify the population of eligible patients (denominator). Data elements are either extracted from an EMR system or abstracted through medical record review.
Rationale	Since 1900, cardiovascular disease (CVD) has been the leading cause of death in the United States in every year except 1918. According to the American Heart Association, estimates for the year 2006 are that 80,000,000 people in the United States have one or more forms of cardiovascular disease. And, CVD claimed 1 of every 2.8 deaths in the United States in 2005. Improved compliance with current evidence based treatment recommendations results in decreased morbidity and mortality from this disease.
Denominator	Established patients meeting all of the following criteria: • Date of birth between 01/01/1934 and 12/31/1991 (ages 18-75 during measurement period) • **Patient has been seen at least two times for Ischemic Vascular Disease (face-to-face with a provider) in the past two years (01/01/2008 - 12/31/2009), AND patient has had at least one office visit during the measurement period or six months prior (07/01/2008 - 12/31/2009).** Visits with IVD ICD-9 codes are listed below. Please use the two-year dates of service (01/01/2008 – 12/31/2009) when querying your practice management or EMR system to allow you to count the number of visits within this time frame. • Provider specialties to be included are: Family Medicine, Internal Medicine, Geriatric Medicine, and Cardiology (for Cardiology, provider must be managing care; not just completing device checks). Include provider types who manage care: MD, Physician Assistant, Nurse Practitioner, etc. • IVD is defined as any one of the following ICD-9 diagnosis codes, in any position, not just primary. Codes are stated to the minimum specificity required. For example, if a three-digit code is listed, it is valid as a three, four, or five-digit code. Where there is a range of codes, we have listed them in an effort to be clearer. Please see Pages 2-3 for a complete list of codes and descriptions.

410 – 410.92	**Acute Myocardial Infarction (AMI)**
411 – 411.89	**Post Myocardial Infarction Syndrome**
412	**Old AMI**
413 – 413.9	**Angina Pectoris**
414.0 – 414.07	**Coronary Arthrosclerosis**
414.2	**Chronic Total Occlusion of Coronary Artery**
414.8	**Other Chronic Ischemic Heart Disease (IHD)**
414.9	**Chronic IHD**
429.2	**Cardiovascular (CV) disease, unspecified**
433 – 433.91	**Occlusion and stenosis of pre-cerebral arteries**
434 – 434.91	**Occlusion of cerebral arteries**
440.1	**Atherosclerosis of renal artery**
440.2 – 440.29	**Atherosclerosis of native arteries of the extremities, unspecified**
440.4	**Chronic Total Occlusion of Artery of the Extremities**
444 – 444.9	**Arterial embolism and thrombosis**
445 – 445.8	**Atheroembolism**

Exclusions	• Patient was a permanent nursing home resident home during the measurement period
	• Patient was in hospice at any time during the measurement period
	• Patient died prior to the end of the measurement period
	• Documentation that diagnosis was coded in error
Optimal Vascular Care	Percentage of IVD patients ages 18-75 in the measurement period who met all of the following targets:
	• The most recent LDL test in the measurement period (10/01/2008-12/31/2009) has a value <100
	• The most recent BP in the measurement period (01/01/2009-12/31/2009) has a systolic value of <130 and a diastolic value of <80 **(both** values must be less than)**
	• There is documentation in the chart that the patient is currently a non-tobacco user.
	• There is documentation in the measurement period (01/01/2009-12/31/2009) that the patient is on daily aspirin *or* there is documentation of an accepted contraindication (any date).

ICD-9-CM Coding Conventions Used in MNCM Documentation

We are using the standard HEDIS coding conventions from HEDIS 2010, *Cholesterol Management for Patients with Cardiovascular Conditions*. From the HEDIS manual:

Unless otherwise noted, codes are stated to the minimum specificity required. For example, if a code is presented to the third digit, any valid fourth or fifth digits may be used. When necessary, a code may be specified with an "x," which represents a required digit; for example, ICD-9-CM Diagnosis code 640.0x indicates a fifth digit is required, but the fifth digit could be any number allowed by the coding manual.

VASCULAR			
410.00	AMI ANTEROLATERAL,UNSPEC	414.06	COR ATH NATV ART TP HRT
410.01	AMI ANTEROLATERAL, INIT	414.07	COR ATH BPS GRAFT TP HRT
410.02	AMI ANTEROLATERAL,SUBSEQ	414.2	CHR TOT OCCLUS COR ARTRY
410.10	AMI ANTERIOR WALL,UNSPEC	414.8	CHR ISCHEMIC HRT DIS NEC
410.11	AMI ANTERIOR WALL, INIT	414.9	CHR ISCHEMIC HRT DIS NOS
410.12	AMI ANTERIOR WALL,SUBSEQ	429.2	ASCVD
410.20	AMI INFEROLATERAL,UNSPEC	433.00	OCL BSLR ART WO INFRCT
410.21	AMI INFEROLATERAL, INIT	433.01	OCL BSLR ART W INFRCT
410.22	AMI INFEROLATERAL,SUBSEQ	433.10	OCL CRTD ART WO INFRCT
410.30	AMI INFEROPOST, UNSPEC	433.11	OCL CRTD ART W INFRCT
410.31	AMI INFEROPOST, INITIAL	433.20	OCL VRTB ART WO INFRCT
410.32	AMI INFEROPOST, SUBSEQ	433.21	OCL VRTB ART W INFRCT
410.40	AMI INFERIOR WALL,UNSPEC	433.30	OCL MLT BI ART WO INFRCT
410.41	AMI INFERIOR WALL, INIT	433.31	OCL MLT BI ART W INFRCT
410.42	AMI INFERIOR WALL,SUBSEQ	433.80	OCL SPCF ART WO INFRCT
410.50	AMI LATERAL NEC, UNSPEC	433.81	OCL SPCF ART W INFRCT
410.51	AMI LATERAL NEC, INITIAL	433.90	OCL ART NOS WO INFRCT
410.52	AMI LATERAL NEC, SUBSEQ	433.91	OCL ART NOS W INFRCT
410.60	TRUE POST INFARCT,UNSPEC	434.00	CRBL THRMBS WO INFRCT
410.61	TRUE POST INFARCT, INIT	434.01	CRBL THRMBS W INFRCT

Questions? E-mail support@mncm.org

VASCULAR			
410.62	TRUE POST INFARCT,SUBSEQ	434.10	CRBL EMBLSM WO INFRCT
410.70	SUBENDO INFARCT, UNSPEC	434.11	CRBL EMBLSM W INFRCT
410.71	SUBENDO INFARCT, INITIAL	434.90	CRBL ART OC NOS WO INFRC
410.72	SUBENDO INFARCT, SUBSEQ	434.91	CRBL ART OCL NOS W INFRC
410.80	AMI NEC, UNSPECIFIED	440.1	RENAL ARTERY ATHEROSCLER
410.81	AMI NEC, INITIAL	440.20	ATHSCL EXTRM NTV ART NOS
410.82	AMI NEC, SUBSEQUENT	440.21	ATH EXT NTV AT W CLAUDCT
410.90	AMI NOS, UNSPECIFIED	440.22	ATH EXT NTV AT W RST PN
410.91	AMI NOS, INITIAL	440.23	ATH EXT NTV ART ULCRTION
410.92	AMI NOS, SUBSEQUENT	440.24	ATH EXT NTV ART GNGRENE
411.0	POST MI SYNDROME	440.29	ATHRSC EXTRM NTV ART OTH
411.1	INTERMED CORONARY SYND	440.4	CHR TOT OCCL ART EXTREM
411.81	ACUTE COR OCCLSN W/O MI	444.0	ABD AORTIC EMBOLISM
411.89	AC ISCHEMIC HRT DIS NEC	444.1	THORACIC AORTIC EMBOLISM
412	OLD MYOCARDIAL INFARCT	444.21	UPPER EXTREMITY EMBOLISM
413.0	ANGINA DECUBITUS	444.22	LOWER EXTREMITY EMBOLISM
413.1	PRINZMETAL ANGINA	444.81	ILIAC ARTERY EMBOLISM
413.9	ANGINA PECTORIS NEC/NOS	444.89	ARTERIAL EMBOLISM NEC
414.00	COR ATH UNSP VSL NTV/GFT	444.9	ARTERIAL EMBOLISM NOS
414.01	CRNRY ATHRSCL NATVE VSSL	445.01	ATHEROEMBOLISM,UPPER EXT
414.02	CRN ATH ATLG VN BPS GRFT	445.02	ATHEROEMBOLISM,LOWER EXT
414.03	CRN ATH NONATLG BLG GRFT	445.81	ATHEROEMBOLISM, KIDNEY
414.04	COR ATH ARTRY BYPAS GRFT	445.89	ATHEROEMBOLISM, SITE NEC
414.05	COR ATH BYPASS GRAFT NOS		