Quality ID #326: Atrial Fibrillation and Atrial Flutter: Chronic Anticoagulation Therapy

2026 COLLECTION TYPE:
MERIT-BASED INCENTIVE PAYMENT SYSTEM (MIPS) CLINICAL QUALITY MEASURE (CQM)

MEASURE TYPE:
Process

DESCRIPTION:
Percentage of patients aged 18 years and older with atrial fibrillation (AF) or atrial flutter who were prescribed an FDA-approved oral anticoagulant drug for the prevention of thromboembolism during the measurement period.

INSTRUCTIONS:
Reporting Frequency:
This measure is to be submitted a minimum of once per performance period for denominator eligible cases as defined in the denominator criteria.

Intent and Clinician Applicability:
This measure is intended to reflect the quality of services provided for patients with atrial fibrillation (AF) or atrial flutter. 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.

Measure Strata and Performance Rates:
This measure contains one strata defined by a single submission criteria.
This measure produces a single performance rate.

Implementation Considerations:
For the purposes of MIPS implementation, this patient-process measure is submitted a minimum of once per patient during the performance period. The most advantageous quality data code (QDC) will be used if the measure is submitted more than once.

Telehealth:
TELEHEALTH ELIGIBLE: This measure is appropriate for and applicable to the telehealth setting. Patient encounters conducted via telehealth using encounter code(s) found in the denominator encounter criteria are allowed for this measure. Therefore, if the patient meets all denominator criteria for a telehealth encounter, it would be appropriate to include them in the denominator eligible patient population. Telehealth eligibility is at the measure level for inclusion within the denominator eligible patient population and based on the measure specification definitions which are independent of changes to coding and/or billing practices.

Measure Submission:
The quality data codes listed do not need to be submitted by MIPS eligible clinicians, groups, or third party intermediaries that utilize this collection type for submissions; however, these codes may be submitted for those third party intermediaries that utilize Medicare Part B claims data. The coding provided to identify the measure criteria: Denominator or Numerator, may be an example of coding that could be used to identify patients that meet the intent of this clinical topic. When implementing this measure, please refer to the 'Reference Coding' section to determine if other codes or code languages that meet the intent of the criteria may also be used within the medical record to identify and/or assess patients. For more information regarding Application Programming Interface (API), please refer to the Quality Payment Program (QPP) website.

DENOMINATOR:

All patients aged 18 years and older with AF or atrial flutter who do not have a documented CHA_2DS_2-VASc risk score of 0 or 1 for men; or 0, 1, or 2 for women.

Definitions:

Comfort Care Only – Refers to medical treatment of a dying person where the natural dying process is permitted to occur while assuring maximum comfort. It includes attention to the psychological and spiritual needs of the patient and support for both the dying patient and the patient's family. Comfort Measures Only is commonly referred to as "comfort care" by the general public. It may be completed in an inpatient, outpatient, or home environment. Comfort Measures Only includes hospice, palliative and supportive treatment for patients who are suffering from a terminal illness—e.g., AIDS, cancer—or who have refused life-sustaining treatment. In order to use G9930, a patient must be on comfort care measures only and not be receiving any other types of care. It is not equivalent to a physician order to withhold emergency resuscitative measures such as Do Not Resuscitate (DNR).

CHA_2DS_2-VASc Stroke Risk Assessment – The assessment of patients with AF or atrial flutter, assessment of thromboembolic risk should include:

CHA_2DS_2-VASc Criteria	Score
Congestive HF	1
Hypertension	1
Age ≥ 75 years	2
Diabetes Mellitus	1
Stroke/Transient Ischemic Attack (TIA)/Thromboembolism (TE)	2
Vascular disease (prior myocardial infarction [MI], peripheral artery disease [PAD], or aortic plaque)	1
Age 65-74 years	1
Sex category (i.e.; female)	1

DENOMINATOR NOTE:

Denominator Exclusions are determined on the date of the denominator eligible encounter. The intent of the denominator exclusion G9931 is to allow patients with a low risk for a thromboembolic event (i.e., a CHA_2DS_2-VASc score of 0 or 1 for men; or 0, 1, or 2 for women) to be excluded from the sample. This denominator exclusion serves as documentation that a patient's risk for a thromboembolic event was appropriately assessed using the CHA_2DS_2-VASc scoring tool and that the risk was low enough to not warrant anticoagulation treatment. In order to exclude low risk patients, eligible clinicians must use the CHA_2DS_2-VASc assessment tool to determine a patient's risk score and must document either the numeric score (i.e., 0 or 1 for men; or 0, 1, or 2 for women) or all the individual risk factors assessed to support an assessment of the CHA_2DS_2-VASc score.

**Signifies that this CPT Category I code is a non-covered service under the Medicare Part B Physician Fee Schedule (PFS). These non-covered services should be counted in the denominator population for MIPS CQMs.*

Denominator Criteria (Eligible Cases):

Patients aged ≥ 18 years on date of encounter

AND

Diagnosis for atrial fibrillation or atrial flutter on date of encounter (ICD-10-CM): I48.0, I48.3, I48.4, I48.11, I48.19, I48.20, I48.21, I48.91, I48.92

AND

Patient encounter 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, 99212, 99213, 99214, 99215, 99242*, 99243*, 99244*, 99245*, 99315, 99316, 99304, 99305, 99306, 99307, 99308, 99309, 99310, 99341, 99342, 99344, 99345, 99347, 99348, 99349, 99350, 99424, 99426

AND NOT

DENOMINATOR EXCLUSIONS:

Patient with transient or reversible cause of AF (e.g., pneumonia, hyperthyroidism, pregnancy, cardiac surgery): G9929
OR
Patients who are receiving comfort care only: G9930
OR
Documentation of CHA_2DS_2-VASc risk score of 0 or 1 for men; or 0, 1, or 2 for women: G9931
OR
Patients with moderate or severe mitral stenosis: G0044
OR
Patients with mechanical prosthetic heart valve: G0043

NUMERATOR:
Patients with AF or atrial flutter for whom an FDA-approved oral anticoagulant was prescribed.

Definition:
Prescribed – Also satisfied by documentation in current medication list.

NUMERATOR NOTE:
Denominator Exception(s) are determined on the date of the denominator eligible encounter.

Numerator Options:

Performance Met:	FDA-approved oral anticoagulant is prescribed (G8967)
OR	
Denominator Exception:	Documentation of medical reason(s) for not prescribing an FDA-approved anticoagulant (e.g., present or planned atrial appendage occlusion or ligation or patient being currently enrolled in a clinical trial related to AF/atrial flutter treatment) (G8968)
OR	
Denominator Exception:	Documentation of patient reason(s) for not prescribing an oral anticoagulant that is FDA approved for the prevention of thromboembolism (e.g., patient preference for not receiving anticoagulation) (G8969)
OR	
Performance Not Met:	FDA-approved anticoagulant not prescribed, reason not given (G9928)

RATIONALE:
A high risk for stroke or systemic embolism is about 2% per year, and all the DOAC trials (Re-LY [Randomized Evaluation of Long-Term Anticoagulation Therapy]; ROCKET AF [Rivaroxaban Once Daily Oral Direct Factor Xa Inhibition Compared with Vitamin K Antagonism for Prevention of Stroke and Embolism Trial in Atrial Fibrillation]; ARISTOTLE; and ENGAGE AF-TIMI 48 [Effective Anticoagulation with Factor Xa Next Generation in Atrial Fibrillation – Thrombolysis in Myocardial Infarction 48]) included patients with this level of risk. Patients at intermediate risk (1%-2%/y) can also benefit from anticoagulation, and the RE-LY and ARISTOTLE trials included this population. Stroke risk scores applied to cohorts give different stroke rates, and therefore any score should be viewed as only an estimate of true risk; in addition, some scores used stroke, while others used thromboembolic events. Nonetheless, it is practical to use a validated risk score, such as CHA_2DS_2-VASc, ATRIA, or GARFIELD-AF. Future research may yield improved risk scores that refine how to incorporate risk modifiers, such as female sex and other parameters such as AF burden. Anticoagulation has also been shown to be superior to antiplatelet therapy to reduce stroke risk.

CLINICAL RECOMMENDATION STATEMENTS:

2023 ACC/AHA/ACCP/HRS Guideline for the Diagnosis and Management of Atrial Fibrillation (ACC/AHA/ACCP/HRS, 2024)

1. For patients with AF and an estimated annual thromboembolic risk of ≥2% per year (e.g., CHA_2DS_2-VASc score of ≥2 in men and ≥3 in women), anticoagulation is recommended to prevent stroke and systemic thromboembolism. (Class 1, Level of Evidence: A)

2. For patients with AF receiving warfarin (excludes patients with mechanical valves), a target INR between 2 and 3 is recommended, as well as optimal management of drug-drug interactions, consistency in vitamin K dietary intake, and routine INR monitoring to improve time in therapeutic range and to minimize risks of preventable thromboembolism or major bleeding. (Class 1, Level of Evidence: B-R).

3. In patients with rheumatic mitral stenosis or mitral stenosis of moderate or greater severity and history of AF, long-term anticoagulation with warfarin is recommended over DOACs, independent of the CHA_2DS_2-VASc score to prevent cardiovascular events, including stroke or death. (Class 1, Level of Evidence B-R).

REFERENCES:

ACC/AHA/ACCP/HRS. (2024). 2023 ACC/AHA/ACCP/HRS Guideline for the Diagnosis and Management of Atrial Fibrillation: A Report of the American College of Cardiology/American Heart Association Joint Committee on Clinical Practice Guidelines. *Circulation, 149*(1), e1-e156. Retrieved from https://doi.org/10.1161/CIR.0000000000001193

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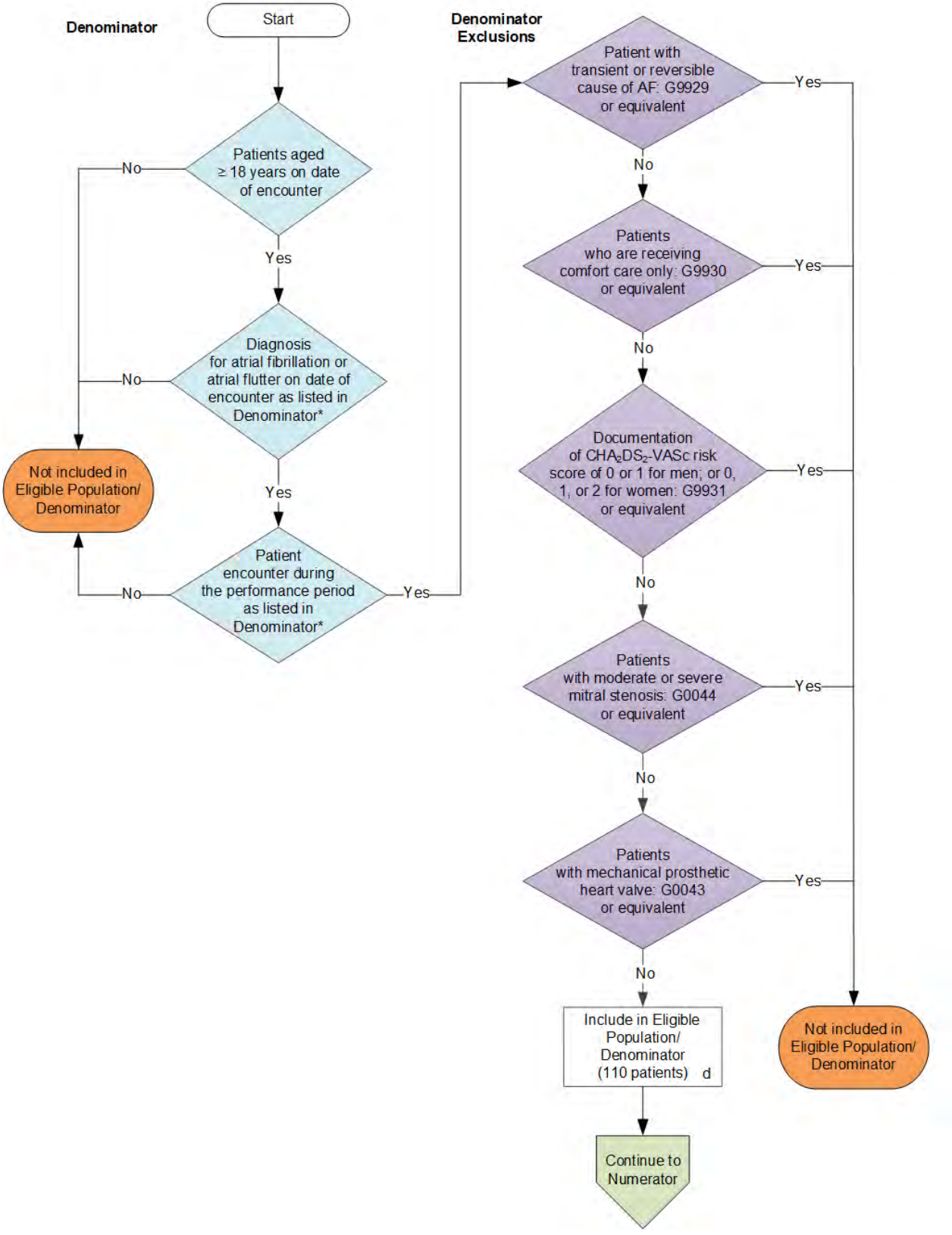
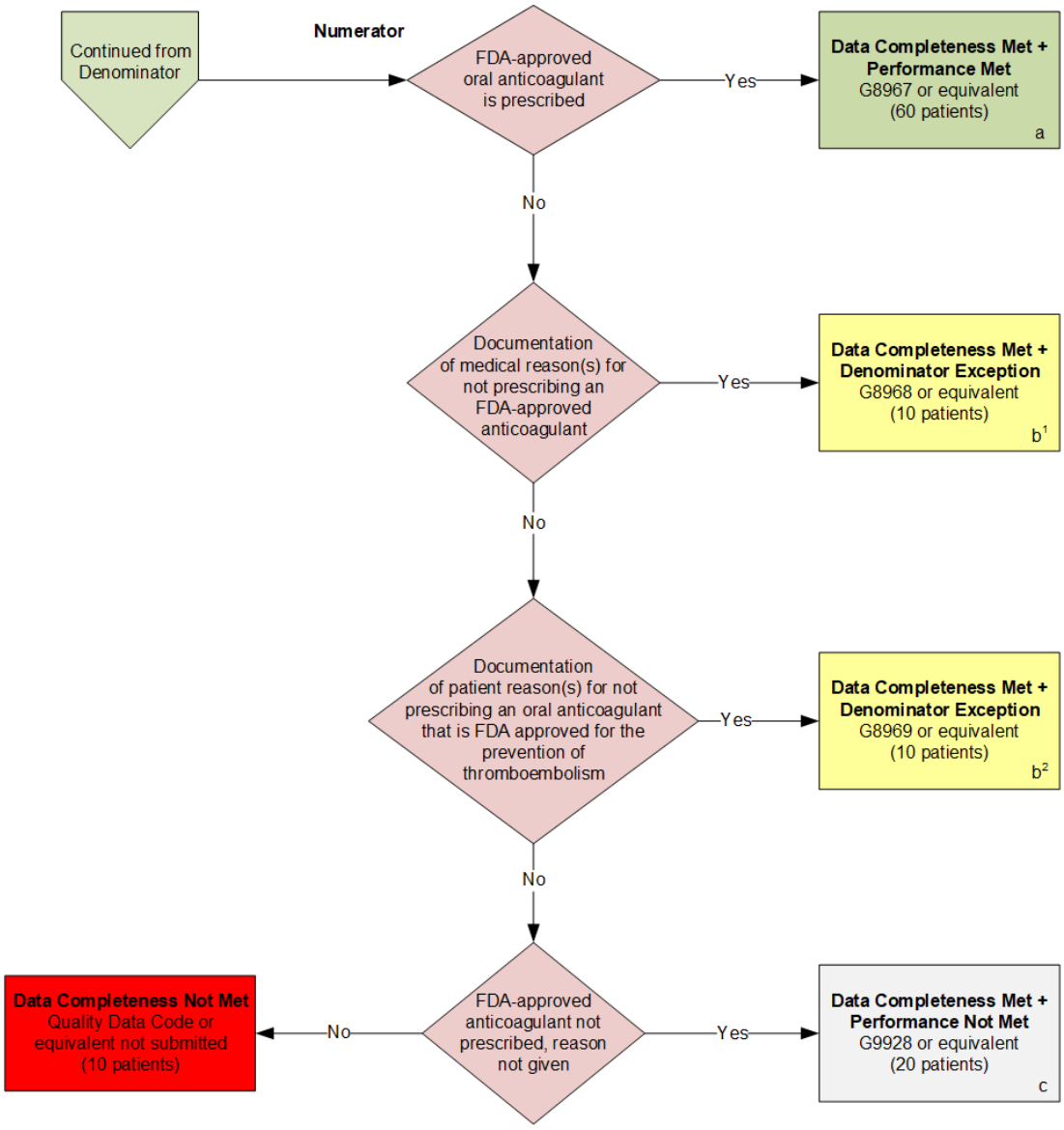
The American Medical Association's and the PCPI® Foundation's significant past efforts and contributions to the performance measures are gratefully acknowledged.

2026 Clinical Quality Measure Flow for Quality ID #326: Atrial Fibrillation and Atrial Flutter: Chronic Anticoagulation Therapy

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





SAMPLE CALCULATIONS

Data Completeness=

Performance Met (a=60 patients) + Denominator Exception (b^1+b^2=20 patients) + Performance Not Met (c=20 patients) / Eligible Population / Denominator (d=110 patients) = 100 patients / 110 patients = **90.91%**

Performance Rate=

Performance Met (a=60 patients) / Data Completeness Numerator (100 patients) – Denominator Exception (b^1+b^2=20 patients) = 60 patients / 80 patients = **75.00%**

* See the posted measure specification for specific coding and instructions to submit this measure.
NOTE: Submission Frequency: Patient-Process

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2026 Clinical Quality Measure Flow Narrative for Quality ID #326: Atrial Fibrillation and Atrial Flutter: Chronic Anticoagulation Therapy

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

1. Start with Denominator
2. Check *Patients aged greater than or equal to 18 years on date of encounter*:
    a. If *Patients aged greater than or equal to 18 years on date of encounter* equals No, do not include in *Eligible Population/Denominator*. Stop processing.
    b. If *Patients aged greater than or equal to 18 years on date of encounter* equals Yes, proceed to check *Diagnosis for atrial fibrillation or atrial flutter as listed in Denominator**.
3. Check *Diagnosis for atrial fibrillation or atrial flutter as listed in Denominator**:
    a. If *Diagnosis for atrial fibrillation or atrial flutter as listed in Denominator** equals No, do not include in *Eligible Population/Denominator*. Stop processing.
    b. If *Diagnosis for atrial fibrillation or atrial flutter as listed in Denominator** equals Yes, proceed to check *Patient encounter during the performance period as listed in Denominator**.
4. Check *Patient encounter during the performance period as listed in Denominator**:
    a. If *Patient encounter during the performance period as listed in Denominator** equals No, do not include in *Eligible Population/Denominator*. Stop processing.
    b. If *Patient encounter during the performance period as listed in Denominator** equals Yes, proceed to check *Patient with transient or reversible cause of AF*.
5. Check *Patient with transient or reversible cause of AF*:
    a. If *Patient with transient or reversible cause of AF* equals Yes, do not include in *Eligible Population/Denominator*. Stop processing.
    b. If *Patient with transient or reversible cause of AF* equals No, proceed to check *Patients who are receiving comfort care only*.
6. Check *Patients who are receiving comfort care only*:
    a. If *Patients who are receiving comfort care only* equals Yes, do not include in *Eligible Population/Denominator*. Stop processing.
    b. If *Patients who are receiving comfort care only* equals No, proceed to check *Documentation of CHA_2DS_2-VASc risk score of 0 or 1 for men; or 0, 1, or 2 for women*.
7. Check *Documentation of CHA_2DS_2-VASc risk score of 0 or 1 for men; or 0, 1, or 2 for women*:
    a. If *Documentation of CHA_2DS_2-VASc risk score of 0 or 1 for men; or 0, 1, or 2 for women* equals Yes, do not include in *Eligible Population/Denominator*. Stop processing.
    b. If *Documentation of CHA_2DS_2-VASc risk score of 0 or 1 for men; or 0, 1, or 2 for women* equals No, proceed to check *Patients with moderate or severe mitral stenosis*.
8. Check *Patients with moderate or severe mitral stenosis*:

a. If *Patients with moderate or severe mitral stenosis* equals Yes, do not include in *Eligible Population/Denominator*. Stop processing.

b. If *Patients with moderate or severe mitral stenosis* equals No, proceed to check *Patients with mechanical prosthetic heart valve*.

9. Check *Patients with mechanical prosthetic heart valve*:

   a. If *Patients with mechanical prosthetic heart valve* equals Yes, do not include in *Eligible Population/Denominator*. Stop processing.

   b. If *Patients with mechanical prosthetic heart valve* equals No, include in *Eligible Population/Denominator*.

10. 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 110 patients in the Sample Calculation.

11. Start Numerator

12. Check *FDA-approved oral anticoagulant is prescribed*:

    a. If *FDA-approved oral anticoagulant is prescribed* equals Yes, include in *Data Completeness Met and Performance Met*.

       - *Data Completeness Met and Performance Met* is represented in the Data Completeness and Performance Rate in the Sample Calculation listed at the end of this document. Letter a equals 60 patients in the Sample Calculation.

    b. If *FDA-approved oral anticoagulant is prescribed* equals No, proceed to check *Documentation of medical reason(s) for not prescribing an FDA-approved anticoagulant.*

13. Check *Documentation of medical reason(s) for not prescribing an FDA-approved anticoagulant:*

    a. If *Documentation of medical reason(s) for not prescribing an FDA-approved anticoagulant* equals Yes, include in *Data Completeness Met and Denominator Exception*.

       - *Data Completeness Met and Denominator Exception* is represented in the Data Completeness and Performance Rate in the Sample Calculation listed at the end of this document. Letter b^1 equals 10 patients in the Sample Calculation.

    b. If *Documentation of medical reason(s) for not prescribing an FDA-approved anticoagulant* equals No, proceed to check *Documentation of patient reason(s) for not prescribing an oral anticoagulant that is FDA-approved for the prevention of thromboembolism*.

14. Check *Documentation of patient reason(s) for not prescribing an oral anticoagulant that is FDA-approved for the prevention of thromboembolism*:

    a. If *Documentation of patient reason(s) for not prescribing an oral anticoagulant that is FDA-approved for the prevention of thromboembolism* equals Yes, include in *Data Completeness Met and Denominator Exception*.

       - *Data Completeness Met and Denominator Exception* is represented in the Data Completeness and Performance Rate in the Sample Calculation listed at the end of this document. Letter b^2 equals 10 patients in the Sample Calculation.

b. Documentation of patient reason(s) for not prescribing an oral anticoagulant that is FDA-approved for the prevention of thromboembolism equals No, proceed to check FDA-approved anticoagulant not prescribed, reason not given.

15. Check *FDA-approved anticoagulant not prescribed, reason not given*:

    a. If *FDA-approved anticoagulant not prescribed, reason not given* equals Yes, include in *Data Completeness Met and Performance Not Met*.

        - *Data Completeness Met and Performance Not Met* letter is represented in the Data Completeness in the Sample Calculation listed at the end of this document. Letter c equals 20 patients in the Sample Calculation.

    b. If *FDA-approved anticoagulant not prescribed, reason not given* equals No, proceed to check *Data Completeness Not Met*.

16. 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 60 patients) plus Denominator Exception (b^1 plus b^2 equals 20 patients) plus Performance Not Met (c equals 20 patients) divided by Eligible Population / Denominator (d equals 110 patients). All equals 100 patients divided by 110 patients). All equals 90.91 percent.

Performance Rate equals Performance Met (a equals 60 patients) divided by Data Completeness Numerator (100 patients) minus Denominator Exception (b^1 plus b^2 equals 20 patients). All equals 60 patients divided by 80 patients. All equals 75.00 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.