

Alphabetical Clinical Topics Listing

Updated June 23, 2023

The following listings note the latest clinical condition and measure additions, deletions, and revisions that have been approved for posting as of June 23, 2023. Each clinical topic and measure displayed within this listing below is hyperlinked to the specific clinical topic or measure listing in the Index of Alphabetic Clinical Topics document. In addition, the heading notes the specific date in which the measures that follow were originally posted.

The green text included reflects new text/information that has been added or otherwise updated for the listing. Bowties (▶◀) are also used to identify added text. The gray stricken (~~stricken~~) text identifies deletions from the measure. The bullets (●) and change/delta symbols (▲) identify added codes and revised codes, respectively. [Blue underlined text](#) indicates hyperlinked text.

For a complete listing of release and implementation dates for the code additions, deletions, and revisions, please see the [Web-based Category II Code Section listing](#).

Footnotes

¹Physician Consortium for Performance Improvement®(PCPI) - For more information on measures developed by the Physician Consortium for Performance Improvement® (PCPI), see the appropriate Payor website.

²National Committee on Quality Assurance (NCQA), Health Employer Data Information Set (HEDIS®), www.ncqa.org

³The Joint Commission, <https://www.jointcommission.org>

⁴National Diabetes Quality Improvement Alliance (NDQIA) - For more information on measures developed by the National Diabetes Quality Improvement Alliance (NDQIA), see the appropriate Payor website.

⁵Joint measure from The Physician Consortium for Performance Improvement (PCPI), and National Committee on Quality Assurance (NCQA) - For more information on measures developed as joint measures from Physician Consortium for Performance Improvement and the National Committee on Quality Assurance (NCQA), visit the NCQA website at www.ncqa.org.

⁶The Society of Thoracic Surgeons at www.sts.org and National Quality Forum, www.qualityforum.org.

⁷Optum, www.optum.com.

⁸American Academy of Neurology, <https://www.aan.com/practice/neuromuscular-quality-measures>, or quality@aan.com.

⁹College of American Pathologists (CAP), <https://www.cap.org/advocacy/quality-payment-program-for-pathologists/mips-for-pathologists/2023-pathology-quality-measures>.

¹⁰American Gastroenterological Association (AGA), www.gastro.org/quality.

¹¹American Society of Anesthesiologists (ASA), www.asahq.org.

¹²American College of Gastroenterology (ACG), www.gi.org; American Gastroenterological Association (AGA), www.gastro.org; and American Society for Gastrointestinal Endoscopy (ASGE), www.asge.org.

Alphabetic Clinical Topics Listing of Performance Measures

by Clinical Condition or Topic

Important: The Alphabetic Measure Index is a Web-based, alphabetical listing of clinical conditions and topics with which the measures and codes are associated. It appears only on the Category II code website and provides an overview of the performance measures, a listing of CPT Category II codes that may be used with each measure, as well as any applicable reporting instructions. It is intended to be used as a crosswalk to the Category II codes section to allow users an overview of the measures and the Category II codes that should be used with each measure and to link the Category II codes to the specific measures and measure sets from which these codes were derived. The clinical conditions or topics are listed in alphabetical order within the Measure Index to allow rapid access to the conditions/topics currently included in the Category II code set. This document is intended as a dynamic document and is updated to include the latest information regarding Category II coding.

In order for a patient to be included in the numerator for a particular performance measure, a patient must meet the denominator inclusion criteria for that measure. Prior to coding, users must review: (1) the complete description of the code in the Category II section of the CPT codebook and website; and (2) the specification documents of its associated performance measure as found on the measure developer's website. The superscripted number that follows the specific title for the performance measure directs users to the footnotes at the bottom of each page of this appendix. The footnotes identify the measure developer and the developer's Web address.

*Only modifiers 1P, 2P, 3P, and 8P can be used with Category II codes. Other modifiers may **not** be used with Category II codes. In addition, the modifiers included within the Category II code section and Appendix H are only intended to be used when parenthetical notes, guidelines, or reporting language specifically allow their use.*

Footnotes

¹**Physician Consortium for Performance Improvement®(PCPI)** - For more information on measures developed by the Physician Consortium for Performance Improvement® (PCPI), see the appropriate Payor website.

²**National Committee on Quality Assurance (NCQA)**, Health Employer Data Information Set (HEDIS®), www.ncqa.org

³**The Joint Commission**, <https://www.jointcommission.org>

⁴**National Diabetes Quality Improvement Alliance (NDQIA)** - For more information on measures developed by the National Diabetes Quality Improvement Alliance (NDQIA), see the appropriate Payor website.

⁵Joint measure from **The Physician Consortium for Performance Improvement (PCPI)**, and **National Committee on Quality Assurance (NCQA)** - For more information on measures developed as joint measures from Physician Consortium for Performance Improvement and the National Committee on Quality Assurance (NCQA), visit the NCQA website at www.ncqa.org.

⁶*The Society of Thoracic Surgeons* at www.sts.org and *National Quality Forum*, www.qualityforum.org.

⁷**Optum**, www.optum.com.

⁸**American Academy of Neurology**, <https://www.aan.com/practice/neuromuscular-quality-measures>, or quality@aan.com.

⁹**College of American Pathologists (CAP)**, <https://www.cap.org/advocacy/quality-payment-program-for-pathologists/mips-for-pathologists/2023-pathology-quality-measures>.

¹⁰**American Gastroenterological Association (AGA)**, www.gastro.org/quality.

¹¹**American Society of Anesthesiologists (ASA)**, www.asahq.org.

¹²**American College of Gastroenterology (ACG)**, www.gi.org; **American Gastroenterological Association (AGA)**, www.gastro.org; and **American Society for Gastrointestinal Endoscopy (ASGE)**, www.asge.org.

Performance Measure Exclusion Modifier

Performance measurement exclusion modifiers may be used to indicate that a service specified by a performance measure was considered, but, due to either medical, patient, or systems reason(s) documented in the medical record, the service was not provided. These modifiers serve as denominator exclusions from the performance measure. Not all listed measures provide for exclusions. The modifiers currently available include the noted listing:

1P Performance measure exclusion modifier due to medical reasons

Includes:

- not indicated (absence of organ/limb, already received/performed, other)
- contraindicated (patient allergic history, potential adverse drug interaction, other)
- other medical reasons

2P Performance measure exclusion modifier due to patient reasons

Includes:

- Patient declined
- Economic, social, or religious reasons
- Other patient reasons

3P Performance measure exclusion modifier due to system reasons

Includes:

- Resources to perform the services not available (eg, equipment, supplies)
- Insurance coverage or payer-related limitations
- Other reasons attributable to health care delivery system

Reporting Modifier

Footnotes

¹Physician Consortium for Performance Improvement®(PCPI) - For more information on measures developed by the Physician Consortium for Performance Improvement® (PCPI), see the appropriate Payor website.

²National Committee on Quality Assurance (NCQA), Health Employer Data Information Set (HEDIS®), www.ncqa.org

³The Joint Commission, <https://www.jointcommission.org>

⁴National Diabetes Quality Improvement Alliance (NDQIA) - For more information on measures developed by the National Diabetes Quality Improvement Alliance (NDQIA), see the appropriate Payor website.

⁵Joint measure from The Physician Consortium for Performance Improvement (PCPI), and National Committee on Quality Assurance (NCQA) - For more information on measures developed as joint measures from Physician Consortium for Performance Improvement and the National Committee on Quality Assurance (NCQA), visit the NCQA website at www.ncqa.org.

⁶The Society of Thoracic Surgeons at www.sts.org and National Quality Forum, www.qualityforum.org.

⁷Optum, www.optum.com.

⁸American Academy of Neurology, <https://www.aan.com/practice/neuromuscular-quality-measures>, or quality@aan.com.

⁹College of American Pathologists (CAP), <https://www.cap.org/advocacy/quality-payment-program-for-pathologists/mips-for-pathologists/2023-pathology-quality-measures>.

¹⁰American Gastroenterological Association (AGA), www.gastro.org/quality.

¹¹American Society of Anesthesiologists (ASA), www.asahq.org.

¹²American College of Gastroenterology (ACG), www.gi.org; American Gastroenterological Association (AGA), www.gastro.org; and American Society for Gastrointestinal Endoscopy (ASGE), www.asge.org.

8P Performance measure reporting modifier - action not performed, reason not otherwise specified

Modifier 8P is intended to be used as a “reporting modifier” to allow the reporting of circumstances when an action described in a measure’s numerator is not performed and the reason is not otherwise specified.

Footnotes

¹**Physician Consortium for Performance Improvement®(PCPI)** - For more information on measures developed by the Physician Consortium for Performance Improvement® (PCPI), see the appropriate Payor website.

²**National Committee on Quality Assurance (NCQA)**, Health Employer Data Information Set (HEDIS®), www.ncqa.org

³**The Joint Commission**, <https://www.jointcommission.org>

⁴**National Diabetes Quality Improvement Alliance (NDQIA)** - For more information on measures developed by the National Diabetes Quality Improvement Alliance (NDQIA), see the appropriate Payor website.

⁵Joint measure from **The Physician Consortium for Performance Improvement (PCPI)**, and **National Committee on Quality Assurance (NCQA)** - For more information on measures developed as joint measures from Physician Consortium for Performance Improvement and the National Committee on Quality Assurance (NCQA), visit the NCQA website at www.ncqa.org.

⁶**The Society of Thoracic Surgeons** at www.sts.org and **National Quality Forum**, www.qualityforum.org.

⁷**Optum**, www.optum.com.

⁸**American Academy of Neurology**, <https://www.aan.com/practice/neuromuscular-quality-measures>, or quality@aan.com.

⁹**College of American Pathologists (CAP)**, <https://www.cap.org/advocacy/quality-payment-program-for-pathologists/mips-for-pathologists/2023-pathology-quality-measures>.

¹⁰**American Gastroenterological Association (AGA)**, www.gastro.org/quality.

¹¹**American Society of Anesthesiologists (ASA)**, www.asahq.org.

¹²**American College of Gastroenterology (ACG)**, www.gi.org; **American Gastroenterological Association (AGA)**, www.gastro.org; and **American Society for Gastrointestinal Endoscopy (ASGE)**, www.asge.org.

Acute Bronchitis (A-BRONCH)		
Brief Description of Performance Measure and Source and Reporting Instructions	CPT Category II Code(s)	Code Descriptor(s)
<p>Avoidance of (Inappropriate) Antibiotic Treatment in Adults with Acute Bronchitis²</p> <p>To assess the percentage of adults 18–64 years of age with a diagnosis of acute bronchitis who were not dispensed an antibiotic prescription on or within 3 days after the date of service.</p> <p>Numerator:</p> <p>Patients who were dispensed an antibiotic prescription on or three days after the episode date.</p> <p>Denominator:</p> <p>All patients aged 18 – 64 years of age with a diagnosis of acute bronchitis.</p> <p>Exclusion(s):</p> <p>Documentation of medical reasons for prescribing or dispensing an antibiotic</p>	<p>4120F</p> <p>4124F</p>	<p>Antibiotic prescribed or dispensed</p> <p>Antibiotic neither prescribed nor dispensed</p>

Footnotes

¹Physician Consortium for Performance Improvement®(PCPI) - For more information on measures developed by the Physician Consortium for Performance Improvement® (PCPI), see the appropriate Payor website.

²National Committee on Quality Assurance (NCQA), Health Employer Data Information Set (HEDIS®), www.ncqa.org

³The Joint Commission, <https://www.jointcommission.org>

⁴National Diabetes Quality Improvement Alliance (NDQIA) - For more information on measures developed by the National Diabetes Quality Improvement Alliance (NDQIA), see the appropriate Payor website.

⁵Joint measure from The Physician Consortium for Performance Improvement (PCPI), and National Committee on Quality Assurance (NCQA) - For more information on measures developed as joint measures from Physician Consortium for Performance Improvement and the National Committee on Quality Assurance (NCQA), visit the NCQA website at www.ncqa.org.

⁶The Society of Thoracic Surgeons at www.sts.org and National Quality Forum, www.qualityforum.org.

⁷Optum, www.optum.com.

⁸American Academy of Neurology, <https://www.aan.com/practice/neuromuscular-quality-measures>, or quality@aan.com.

⁹College of American Pathologists (CAP), <https://www.cap.org/advocacy/quality-payment-program-for-pathologists/mips-for-pathologists/2023-pathology-quality-measures>.

¹⁰American Gastroenterological Association (AGA), www.gastro.org/quality.

¹¹American Society of Anesthesiologists (ASA), www.asahq.org.

¹²American College of Gastroenterology (ACG), www.gi.org; American Gastroenterological Association (AGA), www.gastro.org; and American Society for Gastrointestinal Endoscopy (ASGE), www.asge.org.

<p>Percentage of adults 18–64 years of age with a diagnosis of acute bronchitis who were not dispensed an antibiotic prescription on or 3 days after the episode date.</p> <p>Reporting Instructions:</p> <p>Report one of these codes code for a patient identified in the eligible population. For patient with appropriate medical exclusion criteria report 4120F with modifier 1P. There are no exclusions for 4124F.</p>		
--	--	--

Acute Otitis Externa/Otitis Media with Effusion (AOE/OME)		
Brief Description of Performance Measure and Source and Reporting Instructions	CPT Category II Code(s)	Code Descriptor(s)
<p>Acute Otitis Externa- Topical therapy¹</p> <p>Whether or not the patient aged 2 years and older with a diagnosis of AOE was prescribed topical preparations</p> <p>Numerator: Patients who were prescribed topical preparations</p>	4130F	Topical preparations (including OTC) prescribed for acute otitis externa

Footnotes

¹Physician Consortium for Performance Improvement®(PCPI) - For more information on measures developed by the Physician Consortium for Performance Improvement® (PCPI), see the appropriate Payor website.

²National Committee on Quality Assurance (NCQA), Health Employer Data Information Set (HEDIS®), www.ncqa.org

³The Joint Commission, <https://www.jointcommission.org>

⁴National Diabetes Quality Improvement Alliance (NDQIA) - For more information on measures developed by the National Diabetes Quality Improvement Alliance (NDQIA), see the appropriate Payor website.

⁵Joint measure from The Physician Consortium for Performance Improvement (PCPI), and National Committee on Quality Assurance (NCQA) - For more information on measures developed as joint measures from Physician Consortium for Performance Improvement and the National Committee on Quality Assurance (NCQA), visit the NCQA website at www.ncqa.org.

⁶The Society of Thoracic Surgeons at www.sts.org and National Quality Forum, www.qualityforum.org.

⁷Optum, www.optum.com.

⁸American Academy of Neurology, <https://www.aan.com/practice/neuromuscular-quality-measures>, or quality@aan.com.

⁹College of American Pathologists (CAP), <https://www.cap.org/advocacy/quality-payment-program-for-pathologists/mips-for-pathologists/2023-pathology-quality-measures>.

¹⁰American Gastroenterological Association (AGA), www.gastro.org/quality.

¹¹American Society of Anesthesiologists (ASA), www.asahq.org.

¹²American College of Gastroenterology (ACG), www.gi.org; American Gastroenterological Association (AGA), www.gastro.org; and American Society for Gastrointestinal Endoscopy (ASGE), www.asge.org.

Acute Otitis Externa/Otitis Media with Effusion (AOE/OME)		
Brief Description of Performance Measure and Source and Reporting Instructions	CPT Category II Code(s)	Code Descriptor(s)
<p>Denominator: All patients aged 2 years and older with a diagnosis of AOE</p> <p>Exclusion(s): Documentation of medical reason(s) for not prescribing topical preparations Documentation of patient reason(s) for not prescribing topical preparations</p> <p>Percentage of patients aged 2 years and older with a diagnosis of AOE who were prescribed topical preparations</p> <p>Reporting Instructions: For patient with appropriate exclusion criteria, report 4130F with modifier 1P or 2P.</p>		
<p>Acute Otitis Externa-Pain assessment¹</p> <p>Patient visits for those patients aged 2 years and older with a diagnosis of AOE with assessment for auricular or periauricular pain</p>		

Footnotes

¹Physician Consortium for Performance Improvement®(PCPI) - For more information on measures developed by the Physician Consortium for Performance Improvement® (PCPI), see the appropriate Payor website.

²National Committee on Quality Assurance (NCQA), Health Employer Data Information Set (HEDIS®), www.ncqa.org

³The Joint Commission, <https://www.jointcommission.org>

⁴National Diabetes Quality Improvement Alliance (NDQIA) - For more information on measures developed by the National Diabetes Quality Improvement Alliance (NDQIA), see the appropriate Payor website.

⁵Joint measure from The Physician Consortium for Performance Improvement (PCPI), and National Committee on Quality Assurance (NCQA) - For more information on measures developed as joint measures from Physician Consortium for Performance Improvement and the National Committee on Quality Assurance (NCQA), visit the NCQA website at www.ncqa.org.

⁶The Society of Thoracic Surgeons at www.sts.org and National Quality Forum, www.qualityforum.org.

⁷Optum, www.optum.com.

⁸American Academy of Neurology, <https://www.aan.com/practice/neuromuscular-quality-measures>, or quality@aan.com.

⁹College of American Pathologists (CAP), <https://www.cap.org/advocacy/quality-payment-program-for-pathologists/mips-for-pathologists/2023-pathology-quality-measures>.

¹⁰American Gastroenterological Association (AGA), www.gastro.org/quality.

¹¹American Society of Anesthesiologists (ASA), www.asahq.org.

¹²American College of Gastroenterology (ACG), www.gi.org; American Gastroenterological Association (AGA), www.gastro.org; and American Society for Gastrointestinal Endoscopy (ASGE), www.asge.org.

Acute Otitis Externa/Otitis Media with Effusion (AOE/OME)		
Brief Description of Performance Measure and Source and Reporting Instructions	CPT Category II Code(s)	Code Descriptor(s)
<p>Numerator: Patient visits with assessment for auricular or periauricular pain</p> <p>Denominator: All patient visits for those patients aged 2 years and older with a diagnosis of AOE</p> <p>Exclusion(s): Documentation of medical reason(s) for not assessing auricular or periauricular pain</p> <p>Percentage of patient visits for those patients aged 2 years and older with a diagnosis of AOE with assessment for auricular or periauricular pain</p> <p>Reporting Instructions: Report at each encounter for AOE. For patient with appropriate exclusion criteria report 1116F with modifier 1P.</p>	1116F	Auricular or periauricular pain assessed
Systemic antimicrobial therapy – Avoidance of inappropriate use¹		

Footnotes

¹Physician Consortium for Performance Improvement®(PCPI) - For more information on measures developed by the Physician Consortium for Performance Improvement® (PCPI), see the appropriate Payor website.

²National Committee on Quality Assurance (NCQA), Health Employer Data Information Set (HEDIS®), www.ncqa.org

³The Joint Commission, <https://www.jointcommission.org>

⁴National Diabetes Quality Improvement Alliance (NDQIA) - For more information on measures developed by the National Diabetes Quality Improvement Alliance (NDQIA), see the appropriate Payor website.

⁵Joint measure from The Physician Consortium for Performance Improvement (PCPI), and National Committee on Quality Assurance (NCQA) - For more information on measures developed as joint measures from Physician Consortium for Performance Improvement and the National Committee on Quality Assurance (NCQA), visit the NCQA website at www.ncqa.org.

⁶The Society of Thoracic Surgeons at www.sts.org and National Quality Forum, www.qualityforum.org.

⁷Optum, www.optum.com.

⁸American Academy of Neurology, <https://www.aan.com/practice/neuromuscular-quality-measures>, or quality@aan.com.

⁹College of American Pathologists (CAP), <https://www.cap.org/advocacy/quality-payment-program-for-pathologists/mips-for-pathologists/2023-pathology-quality-measures>.

¹⁰American Gastroenterological Association (AGA), www.gastro.org/quality.

¹¹American Society of Anesthesiologists (ASA), www.asahq.org.

¹²American College of Gastroenterology (ACG), www.gi.org; American Gastroenterological Association (AGA), www.gastro.org; and American Society for Gastrointestinal Endoscopy (ASGE), www.asge.org.

Acute Otitis Externa/Otitis Media with Effusion (AOE/OME)		
Brief Description of Performance Measure and Source and Reporting Instructions	CPT Category II Code(s)	Code Descriptor(s)
<p>Whether or not the patient aged 2 years and older with a diagnosis of AOE was not prescribed systemic antimicrobial therapy</p> <p>Numerator: Patients who were not prescribed systemic antimicrobial therapy</p> <p>Denominator: All patients aged 2 years and older with a diagnosis of AOE</p> <p>Exclusion(s): Documentation of medical reason(s) for prescribing systemic antimicrobial therapy</p> <p>Percentage of patients aged 2 years and older with a diagnosis of AOE who were not prescribed systemic antimicrobial therapy</p> <p>Reporting Instructions: Report 4131F or 4132F for each patient. If there is a valid medical reason for prescribing systemic antimicrobial therapy, report 4131F with modifier 1P.</p>	<p>4131F</p> <p>4132F</p>	<p>Systemic antimicrobial therapy prescribed</p> <p>Systemic antimicrobial therapy not prescribed</p>

Footnotes

¹Physician Consortium for Performance Improvement®(PCPI) - For more information on measures developed by the Physician Consortium for Performance Improvement® (PCPI), see the appropriate Payor website.

²National Committee on Quality Assurance (NCQA), Health Employer Data Information Set (HEDIS®), www.ncqa.org

³The Joint Commission, <https://www.jointcommission.org>

⁴National Diabetes Quality Improvement Alliance (NDQIA) - For more information on measures developed by the National Diabetes Quality Improvement Alliance (NDQIA), see the appropriate Payor website.

⁵Joint measure from The Physician Consortium for Performance Improvement (PCPI), and National Committee on Quality Assurance (NCQA) - For more information on measures developed as joint measures from Physician Consortium for Performance Improvement and the National Committee on Quality Assurance (NCQA), visit the NCQA website at www.ncqa.org.

⁶The Society of Thoracic Surgeons at www.sts.org and National Quality Forum, www.qualityforum.org.

⁷Optum, www.optum.com.

⁸American Academy of Neurology, <https://www.aan.com/practice/neuromuscular-quality-measures>, or quality@aan.com.

⁹College of American Pathologists (CAP), <https://www.cap.org/advocacy/quality-payment-program-for-pathologists/mips-for-pathologists/2023-pathology-quality-measures>.

¹⁰American Gastroenterological Association (AGA), www.gastro.org/quality.

¹¹American Society of Anesthesiologists (ASA), www.asahq.org.

¹²American College of Gastroenterology (ACG), www.gi.org; American Gastroenterological Association (AGA), www.gastro.org; and American Society for Gastrointestinal Endoscopy (ASGE), www.asge.org.

Acute Otitis Externa/Otitis Media with Effusion (AOE/OME)		
Brief Description of Performance Measure and Source and Reporting Instructions	CPT Category II Code(s)	Code Descriptor(s)
There are no performance exclusions for code 4132F. Do not report modifiers 1P, 2P, or 3P with this code.		
<p>Diagnostic evaluation – Assessment of tympanic membrane mobility¹</p> <p>Patient visits for those patients aged 2 months through 12 years with a diagnosis of OME with assessment of tympanic membrane mobility with pneumatic otoscopy or tympanometry</p> <p>Numerator: Patient visits with assessment of tympanic membrane mobility with pneumatic otoscopy or tympanometry</p> <p>Denominator: All patient visits for those patients aged 2 months through 12 years with a diagnosis of OME</p> <p>Exclusion(s): Documentation of medical or patient reason(s) for not assessing tympanic membrane mobility with pneumatic otoscopy or tympanometry</p>	2035F	Tympanic membrane mobility assessed with pneumatic otoscopy or tympanometry

Footnotes

¹Physician Consortium for Performance Improvement®(PCPI) - For more information on measures developed by the Physician Consortium for Performance Improvement® (PCPI), see the appropriate Payor website.

²National Committee on Quality Assurance (NCQA), Health Employer Data Information Set (HEDIS®), www.ncqa.org

³The Joint Commission, <https://www.jointcommission.org>

⁴National Diabetes Quality Improvement Alliance (NDQIA) - For more information on measures developed by the National Diabetes Quality Improvement Alliance (NDQIA), see the appropriate Payor website.

⁵Joint measure from The Physician Consortium for Performance Improvement (PCPI), and National Committee on Quality Assurance (NCQA) - For more information on measures developed as joint measures from Physician Consortium for Performance Improvement and the National Committee on Quality Assurance (NCQA), visit the NCQA website at www.ncqa.org.

⁶The Society of Thoracic Surgeons at www.sts.org and National Quality Forum, www.qualityforum.org.

⁷Optum, www.optum.com.

⁸American Academy of Neurology, <https://www.aan.com/practice/neuromuscular-quality-measures>, or quality@aan.com.

⁹College of American Pathologists (CAP), <https://www.cap.org/advocacy/quality-payment-program-for-pathologists/mips-for-pathologists/2023-pathology-quality-measures>.

¹⁰American Gastroenterological Association (AGA), www.gastro.org/quality.

¹¹American Society of Anesthesiologists (ASA), www.asahq.org.

¹²American College of Gastroenterology (ACG), www.gi.org; American Gastroenterological Association (AGA), www.gastro.org; and American Society for Gastrointestinal Endoscopy (ASGE), www.asge.org.

Acute Otitis Externa/Otitis Media with Effusion (AOE/OME)		
Brief Description of Performance Measure and Source and Reporting Instructions	CPT Category II Code(s)	Code Descriptor(s)
<p>Percentage of patient visits for those patients aged 2 months through 12 years with a diagnosis of OME with assessment of tympanic membrane mobility with pneumatic otoscopy or tympanometry</p> <p>Reporting Instructions: Report at each encounter for OME. For patient with appropriate exclusion criteria report 2035F with modifier 1P or 2P.</p>		
<p>Otitis Media with Effusion -Hearing testing</p> <p>Whether or not the patient aged 2 months through 12 years with a diagnosis of OME who received tympanostomy tube insertion had a hearing test performed within 6 months prior to tympanostomy tube insertion</p> <p>Numerator: Patients who had a hearing test performed within 6 months prior to tympanostomy tube insertion</p> <p>Denominator: All patients aged 2 months through 12 years with a diagnosis of OME who received tympanostomy tube insertion</p>	3230F	Documentation that hearing test was performed within 6 months prior to tympanostomy tube insertion

Footnotes

¹Physician Consortium for Performance Improvement®(PCPI) - For more information on measures developed by the Physician Consortium for Performance Improvement® (PCPI), see the appropriate Payor website.

²National Committee on Quality Assurance (NCQA), Health Employer Data Information Set (HEDIS®), www.ncqa.org

³The Joint Commission, <https://www.jointcommission.org>

⁴National Diabetes Quality Improvement Alliance (NDQIA) - For more information on measures developed by the National Diabetes Quality Improvement Alliance (NDQIA), see the appropriate Payor website.

⁵Joint measure from The Physician Consortium for Performance Improvement (PCPI), and National Committee on Quality Assurance (NCQA) - For more information on measures developed as joint measures from Physician Consortium for Performance Improvement and the National Committee on Quality Assurance (NCQA), visit the NCQA website at www.ncqa.org.

⁶The Society of Thoracic Surgeons at www.sts.org and National Quality Forum, www.qualityforum.org.

⁷Optum, www.optum.com.

⁸American Academy of Neurology, <https://www.aan.com/practice/neuromuscular-quality-measures>, or quality@aan.com.

⁹College of American Pathologists (CAP), <https://www.cap.org/advocacy/quality-payment-program-for-pathologists/mips-for-pathologists/2023-pathology-quality-measures>.

¹⁰American Gastroenterological Association (AGA), www.gastro.org/quality.

¹¹American Society of Anesthesiologists (ASA), www.asahq.org.

¹²American College of Gastroenterology (ACG), www.gi.org; American Gastroenterological Association (AGA), www.gastro.org; and American Society for Gastrointestinal Endoscopy (ASGE), www.asge.org.

Acute Otitis Externa/Otitis Media with Effusion (AOE/OME)		
Brief Description of Performance Measure and Source and Reporting Instructions	CPT Category II Code(s)	Code Descriptor(s)
<p>Exclusion(s): Documentation of medical or system reason(s) for not performing a hearing test within 6 months prior to tympanostomy tube insertion</p> <p>Percentage of patients aged 2 months through 12 years with a diagnosis of OME who received tympanostomy tube insertion who had a hearing test performed within 6 months prior to tympanostomy tube insertion</p> <p>Reporting Instructions: Report at time of tympanostomy tube insertion procedure. Documentation should include that hearing test was performed AND the actual results of the hearing test are documented in the chart. Hearing test may have been performed by reporting physician or other provider. For patient with appropriate exclusion criteria, report 3230F with modifier 1P or 3P.</p>		
<p>Otitis Media with Effusion Antihistamines or decongestants – Avoidance of inappropriate use¹</p> <p>Whether or not the parent/caregiver of the patient aged 2 months through 12 years with a diagnosis of OME was not</p>		

Footnotes

¹Physician Consortium for Performance Improvement®(PCPI) - For more information on measures developed by the Physician Consortium for Performance Improvement® (PCPI), see the appropriate Payor website.

²National Committee on Quality Assurance (NCQA), Health Employer Data Information Set (HEDIS®), www.ncqa.org

³The Joint Commission, <https://www.jointcommission.org>

⁴National Diabetes Quality Improvement Alliance (NDQIA) - For more information on measures developed by the National Diabetes Quality Improvement Alliance (NDQIA), see the appropriate Payor website.

⁵Joint measure from The Physician Consortium for Performance Improvement (PCPI), and National Committee on Quality Assurance (NCQA) - For more information on measures developed as joint measures from Physician Consortium for Performance Improvement and the National Committee on Quality Assurance (NCQA), visit the NCQA website at www.ncqa.org.

⁶The Society of Thoracic Surgeons at www.sts.org and National Quality Forum, www.qualityforum.org.

⁷Optum, www.optum.com.

⁸American Academy of Neurology, <https://www.aan.com/practice/neuromuscular-quality-measures>, or quality@aan.com.

⁹College of American Pathologists (CAP), <https://www.cap.org/advocacy/quality-payment-program-for-pathologists/mips-for-pathologists/2023-pathology-quality-measures>.

¹⁰American Gastroenterological Association (AGA), www.gastro.org/quality.

¹¹American Society of Anesthesiologists (ASA), www.asahq.org.

¹²American College of Gastroenterology (ACG), www.gi.org; American Gastroenterological Association (AGA), www.gastro.org; and American Society for Gastrointestinal Endoscopy (ASGE), www.asge.org.

Acute Otitis Externa/Otitis Media with Effusion (AOE/OME)		
Brief Description of Performance Measure and Source and Reporting Instructions	CPT Category II Code(s)	Code Descriptor(s)
<p>prescribed or recommended to receive antihistamines or decongestants</p> <p>Numerator: Patients who were not prescribed or recommended to receive antihistamines or decongestants</p> <p>Denominator: All patients aged 2 months through 12 years with a diagnosis of OME</p> <p>Exclusion(s): Documentation of medical reason(s) for prescribing or recommending to receive antihistamines or decongestants</p> <p>Percentage of patients aged 2 months through 12 years with a diagnosis of OME were not prescribed or recommended to receive antihistamines or decongestants</p> <p>Reporting Instructions: Report 4133F or 4134F for each patient. If there is a valid medical reason for prescribing or recommendation to receive antihistamines or decongestants, report 4133F with modifier 1P.</p> <p>There are no performance exclusions for code 4134F. Do not report modifiers 1P, 2P, or 3P with this code.</p>	<p>4133F</p> <p>4134F</p>	<p>Antihistamines or decongestants prescribed or recommended</p> <p>Antihistamines or decongestants neither prescribed nor recommended</p>

Footnotes

¹Physician Consortium for Performance Improvement®(PCPI) - For more information on measures developed by the Physician Consortium for Performance Improvement® (PCPI), see the appropriate Payor website.

²National Committee on Quality Assurance (NCQA), Health Employer Data Information Set (HEDIS®), www.ncqa.org

³The Joint Commission, <https://www.jointcommission.org>

⁴National Diabetes Quality Improvement Alliance (NDQIA) - For more information on measures developed by the National Diabetes Quality Improvement Alliance (NDQIA), see the appropriate Payor website.

⁵Joint measure from The Physician Consortium for Performance Improvement (PCPI), and National Committee on Quality Assurance (NCQA) - For more information on measures developed as joint measures from Physician Consortium for Performance Improvement and the National Committee on Quality Assurance (NCQA), visit the NCQA website at www.ncqa.org.

⁶The Society of Thoracic Surgeons at www.sts.org and National Quality Forum, www.qualityforum.org.

⁷Optum, www.optum.com.

⁸American Academy of Neurology, <https://www.aan.com/practice/neuromuscular-quality-measures>, or quality@aan.com.

⁹College of American Pathologists (CAP), <https://www.cap.org/advocacy/quality-payment-program-for-pathologists/mips-for-pathologists/2023-pathology-quality-measures>.

¹⁰American Gastroenterological Association (AGA), www.gastro.org/quality.

¹¹American Society of Anesthesiologists (ASA), www.asahq.org.

¹²American College of Gastroenterology (ACG), www.gi.org; American Gastroenterological Association (AGA), www.gastro.org; and American Society for Gastrointestinal Endoscopy (ASGE), www.asge.org.

Acute Otitis Externa/Otitis Media with Effusion (AOE/OME)		
Brief Description of Performance Measure and Source and Reporting Instructions	CPT Category II Code(s)	Code Descriptor(s)
<p>Systemic antimicrobials – Avoidance of inappropriate use¹</p> <p>Whether the patient aged 2 months through 12 years with a diagnosis of OME was not prescribed systemic antimicrobials</p> <p>Numerator: Patients who were not prescribed systemic antimicrobials</p> <p>Denominator: All patients aged 2 months through 12 years with a diagnosis of OME</p> <p>Exclusion(s): Documentation of medical reason(s) for prescribing systemic antimicrobials</p> <p>Percentage of patients aged 2 months through 12 years with a diagnosis of OME who were not prescribed systemic antimicrobials</p> <p>Reporting Instructions: If there is a valid medical reason for prescribing systemic antimicrobials, report 4131F with modifier 1P.</p> <p>There are no performance exclusions for code 4132F. Do not report modifiers 1P, 2P, or 3P with this code.-</p>	<p>4131F</p> <p>4132F</p>	<p>Systemic antimicrobial therapy prescribed</p> <p>Systemic antimicrobial therapy not prescribed</p>

Footnotes

¹Physician Consortium for Performance Improvement®(PCPI) - For more information on measures developed by the Physician Consortium for Performance Improvement® (PCPI), see the appropriate Payor website.

²National Committee on Quality Assurance (NCQA), Health Employer Data Information Set (HEDIS®), www.ncqa.org

³The Joint Commission, <https://www.jointcommission.org>

⁴National Diabetes Quality Improvement Alliance (NDQIA) - For more information on measures developed by the National Diabetes Quality Improvement Alliance (NDQIA), see the appropriate Payor website.

⁵Joint measure from The Physician Consortium for Performance Improvement (PCPI), and National Committee on Quality Assurance (NCQA) - For more information on measures developed as joint measures from Physician Consortium for Performance Improvement and the National Committee on Quality Assurance (NCQA), visit the NCQA website at www.ncqa.org.

⁶The Society of Thoracic Surgeons at www.sts.org and National Quality Forum, www.qualityforum.org.

⁷Optum, www.optum.com.

⁸American Academy of Neurology, <https://www.aan.com/practice/neuromuscular-quality-measures>, or quality@aan.com.

⁹College of American Pathologists (CAP), <https://www.cap.org/advocacy/quality-payment-program-for-pathologists/mips-for-pathologists/2023-pathology-quality-measures>.

¹⁰American Gastroenterological Association (AGA), www.gastro.org/quality.

¹¹American Society of Anesthesiologists (ASA), www.asahq.org.

¹²American College of Gastroenterology (ACG), www.gi.org; American Gastroenterological Association (AGA), www.gastro.org; and American Society for Gastrointestinal Endoscopy (ASGE), www.asge.org.

Acute Otitis Externa/Otitis Media with Effusion (AOE/OME)		
Brief Description of Performance Measure and Source and Reporting Instructions	CPT Category II Code(s)	Code Descriptor(s)
<p>Otitis Media with Effusion Systemic steroids – Avoidance of inappropriate use¹</p> <p>Whether or not the patient aged 2 months through 12 years with a diagnosis of OME was not prescribed systemic corticosteroids</p> <p>Numerator: Patients who were not prescribed systemic corticosteroids</p> <p>Denominator: All patients aged 2 months through 12 years with a diagnosis of OME</p> <p>Exclusion(s): Documentation of medical reason(s) for prescribing systemic corticosteroids</p> <p>Percentage of patients aged 2 months through 12 years with a diagnosis of OME who were not prescribed systemic corticosteroids</p> <p>Reporting Instructions: Report 4135F or 4136F for each patient. If there is a valid medical reason for prescribing systemic corticosteroids, report 4135F with modifier 1P.</p>	<p>4135F</p> <p>4136F</p>	<p>Systemic corticosteroids prescribed</p> <p>Systemic corticosteroids not prescribed</p>

Footnotes

¹Physician Consortium for Performance Improvement®(PCPI) - For more information on measures developed by the Physician Consortium for Performance Improvement® (PCPI), see the appropriate Payor website.

²National Committee on Quality Assurance (NCQA), Health Employer Data Information Set (HEDIS®), www.ncqa.org

³The Joint Commission, <https://www.jointcommission.org>

⁴National Diabetes Quality Improvement Alliance (NDQIA) - For more information on measures developed by the National Diabetes Quality Improvement Alliance (NDQIA), see the appropriate Payor website.

⁵Joint measure from The Physician Consortium for Performance Improvement (PCPI), and National Committee on Quality Assurance (NCQA) - For more information on measures developed as joint measures from Physician Consortium for Performance Improvement and the National Committee on Quality Assurance (NCQA), visit the NCQA website at www.ncqa.org.

⁶The Society of Thoracic Surgeons at www.sts.org and National Quality Forum, www.qualityforum.org.

⁷Optum, www.optum.com.

⁸American Academy of Neurology, <https://www.aan.com/practice/neuromuscular-quality-measures>, or quality@aan.com.

⁹College of American Pathologists (CAP), <https://www.cap.org/advocacy/quality-payment-program-for-pathologists/mips-for-pathologists/2023-pathology-quality-measures>.

¹⁰American Gastroenterological Association (AGA), www.gastro.org/quality.

¹¹American Society of Anesthesiologists (ASA), www.asahq.org.

¹²American College of Gastroenterology (ACG), www.gi.org; American Gastroenterological Association (AGA), www.gastro.org; and American Society for Gastrointestinal Endoscopy (ASGE), www.asge.org.

Acute Otitis Externa/Otitis Media with Effusion (AOE/OME)		
Brief Description of Performance Measure and Source and Reporting Instructions	CPT Category II Code(s)	Code Descriptor(s)
There are no performance exclusions for code 4136F. Do not report modifiers 1P, 2P, or 3P with this code.		

Amyotrophic Lateral Schlerosis (ALS)		
Brief Description of Performance Measure & Source	CPT Category II Code(s)	Code Descriptor(s)
ALS Multidisciplinary Care Developed or Updated⁸		

Footnotes

¹Physician Consortium for Performance Improvement®(PCPI) - For more information on measures developed by the Physician Consortium for Performance Improvement® (PCPI), see the appropriate Payor website.

²National Committee on Quality Assurance (NCQA), Health Employer Data Information Set (HEDIS®), www.ncqa.org

³The Joint Commission, <https://www.jointcommission.org>

⁴National Diabetes Quality Improvement Alliance (NDQIA) - For more information on measures developed by the National Diabetes Quality Improvement Alliance (NDQIA), see the appropriate Payor website.

⁵Joint measure from The Physician Consortium for Performance Improvement (PCPI), and National Committee on Quality Assurance (NCQA) - For more information on measures developed as joint measures from Physician Consortium for Performance Improvement and the National Committee on Quality Assurance (NCQA), visit the NCQA website at www.ncqa.org.

⁶The Society of Thoracic Surgeons at www.sts.org and National Quality Forum, www.qualityforum.org.

⁷Optum, www.optum.com.

⁸American Academy of Neurology, <https://www.aan.com/practice/neuromuscular-quality-measures>, or quality@aan.com.

⁹College of American Pathologists (CAP), <https://www.cap.org/advocacy/quality-payment-program-for-pathologists/mips-for-pathologists/2023-pathology-quality-measures>.

¹⁰American Gastroenterological Association (AGA), www.gastro.org/quality.

¹¹American Society of Anesthesiologists (ASA), www.asahq.org.

¹²American College of Gastroenterology (ACG), www.gi.org; American Gastroenterological Association (AGA), www.gastro.org; and American Society for Gastrointestinal Endoscopy (ASGE), www.asge.org.

<p>Whether or not the patient diagnosed with ALS had a multidisciplinary care plan* developed, if not done previously, and the plan was updated at least once annually</p> <p>Numerator: Patients for whom a multi-disciplinary care plan* was developed, if not done previously, and the plan was updated at least once annually</p> <p>*Multidisciplinary care plan should include a neurologist and at least <u>four</u> of the following specialists: pulmonologist, gastroenterologist, physiatrist, psychiatrist, social worker, occupational therapist, physical therapist, speech language pathologist, psychologist, respiratory therapist, genetic counselor, palliative care specialist, specialized nurse, dietician, or dentist.</p> <p>Denominator: All patients with a diagnosis of amyotrophic lateral sclerosis</p> <p>Exclusion(s): Documentation of a system reason for not developing and updating annually a multi-disciplinary care plan (eg, patient has no insurance to cover a multidisciplinary plan)</p> <p>Reporting Instructions:</p> <p>For all patients meeting denominator criteria, report 0580F.</p>	0580F	Multidisciplinary care plan developed or updated
--	-------	--

Footnotes

¹Physician Consortium for Performance Improvement®(PCPI) - For more information on measures developed by the Physician Consortium for Performance Improvement® (PCPI), see the appropriate Payor website.

²National Committee on Quality Assurance (NCQA), Health Employer Data Information Set (HEDIS®), www.ncqa.org

³The Joint Commission, <https://www.jointcommission.org>

⁴National Diabetes Quality Improvement Alliance (NDQIA) - For more information on measures developed by the National Diabetes Quality Improvement Alliance (NDQIA), see the appropriate Payor website.

⁵Joint measure from The Physician Consortium for Performance Improvement (PCPI), and National Committee on Quality Assurance (NCQA) - For more information on measures developed as joint measures from Physician Consortium for Performance Improvement and the National Committee on Quality Assurance (NCQA), visit the NCQA website at www.ncqa.org.

⁶The Society of Thoracic Surgeons at www.sts.org and National Quality Forum, www.qualityforum.org.

⁷Optum, www.optum.com.

⁸American Academy of Neurology, <https://www.aan.com/practice/neuromuscular-quality-measures>, or quality@aan.com.

⁹College of American Pathologists (CAP), <https://www.cap.org/advocacy/quality-payment-program-for-pathologists/mips-for-pathologists/2023-pathology-quality-measures>.

¹⁰American Gastroenterological Association (AGA), www.gastro.org/quality.

¹¹American Society of Anesthesiologists (ASA), www.asahq.org.

¹²American College of Gastroenterology (ACG), www.gi.org; American Gastroenterological Association (AGA), www.gastro.org; and American Society for Gastrointestinal Endoscopy (ASGE), www.asge.org.

Amyotrophic Lateral Schlerosis (ALS)		
Brief Description of Performance Measure & Source	CPT Category II Code(s)	Code Descriptor(s)
For patient with appropriate exclusion criteria, report 0580F with modifier 3P.		
<p>Disease Modifying Pharmacotherapy for ALS Discussed⁸</p> <p>Whether or not a patient diagnosed with ALS had a discussion with the clinician about disease-modifying pharmacotherapy (riluzole) to slow ALS disease progression at least once annually</p> <p>Numerator: Patients with whom the clinician discussed disease-modifying pharmacotherapy (riluzole) to slow ALS disease progression at least once annually</p> <p>Denominator: All patients with a diagnosis of amyotrophic lateral sclerosis</p> <p>Exclusion(s): None</p> <p>Reporting Instructions:</p>	4540F	Disease modifying pharmacotherapy discussed

Footnotes

¹Physician Consortium for Performance Improvement®(PCPI) - For more information on measures developed by the Physician Consortium for Performance Improvement® (PCPI), see the appropriate Payor website.

²National Committee on Quality Assurance (NCQA), Health Employer Data Information Set (HEDIS®), www.ncqa.org

³The Joint Commission, <https://www.jointcommission.org>

⁴National Diabetes Quality Improvement Alliance (NDQIA) - For more information on measures developed by the National Diabetes Quality Improvement Alliance (NDQIA), see the appropriate Payor website.

⁵Joint measure from The Physician Consortium for Performance Improvement (PCPI), and National Committee on Quality Assurance (NCQA) - For more information on measures developed as joint measures from Physician Consortium for Performance Improvement and the National Committee on Quality Assurance (NCQA), visit the NCQA website at www.ncqa.org.

⁶The Society of Thoracic Surgeons at www.sts.org and National Quality Forum, www.qualityforum.org.

⁷Optum, www.optum.com.

⁸American Academy of Neurology, <https://www.aan.com/practice/neuromuscular-quality-measures>, or quality@aan.com.

⁹College of American Pathologists (CAP), <https://www.cap.org/advocacy/quality-payment-program-for-pathologists/mips-for-pathologists/2023-pathology-quality-measures>.

¹⁰American Gastroenterological Association (AGA), www.gastro.org/quality.

¹¹American Society of Anesthesiologists (ASA), www.asahq.org.

¹²American College of Gastroenterology (ACG), www.gi.org; American Gastroenterological Association (AGA), www.gastro.org; and American Society for Gastrointestinal Endoscopy (ASGE), www.asge.org.

Amyotrophic Lateral Schlerosis (ALS)		
Brief Description of Performance Measure & Source	CPT Category II Code(s)	Code Descriptor(s)
<p>For all patients meeting denominator criteria, report 4540F.</p> <p>There are no exclusions for this measure. Do not report modifiers 1P, 2P, or 3P with 4540F.</p>		
<p>ALS Cognitive Impairment and Behavioral Impairment Screening⁸</p> <p>Whether or not a patient diagnosed with ALS was screened at least once annually for cognitive impairment and behavioral impairment</p> <p>Numerator: Patients who are screened at least once annually for cognitive impairment (eg, frontotemporal dementia screening or ALS Cognitive Behavioral Screen (CBS)) and behavioral impairment (eg, ALS CBS)</p> <p>Denominator: All patients with a diagnosis of amyotrophic lateral sclerosis</p> <p>Exclusion(s): Documentation of a medical (eg, patient currently diagnosed with severe cognitive impairment), patient</p>	3755F	Cognitive and behavioral impairment screening performed

Footnotes

¹Physician Consortium for Performance Improvement®(PCPI) - For more information on measures developed by the Physician Consortium for Performance Improvement® (PCPI), see the appropriate Payor website.

²National Committee on Quality Assurance (NCQA), Health Employer Data Information Set (HEDIS®), www.ncqa.org

³The Joint Commission, <https://www.jointcommission.org>

⁴National Diabetes Quality Improvement Alliance (NDQIA) - For more information on measures developed by the National Diabetes Quality Improvement Alliance (NDQIA), see the appropriate Payor website.

⁵Joint measure from The Physician Consortium for Performance Improvement (PCPI), and National Committee on Quality Assurance (NCQA) - For more information on measures developed as joint measures from Physician Consortium for Performance Improvement and the National Committee on Quality Assurance (NCQA), visit the NCQA website at www.ncqa.org.

⁶The Society of Thoracic Surgeons at www.sts.org and National Quality Forum, www.qualityforum.org.

⁷Optum, www.optum.com.

⁸American Academy of Neurology, <https://www.aan.com/practice/neuromuscular-quality-measures>, or quality@aan.com.

⁹College of American Pathologists (CAP), <https://www.cap.org/advocacy/quality-payment-program-for-pathologists/mips-for-pathologists/2023-pathology-quality-measures>.

¹⁰American Gastroenterological Association (AGA), www.gastro.org/quality.

¹¹American Society of Anesthesiologists (ASA), www.asahq.org.

¹²American College of Gastroenterology (ACG), www.gi.org; American Gastroenterological Association (AGA), www.gastro.org; and American Society for Gastrointestinal Endoscopy (ASGE), www.asge.org.

Amyotrophic Lateral Schlerosis (ALS)		
Brief Description of Performance Measure & Source	CPT Category II Code(s)	Code Descriptor(s)
<p>(eg, patient declines to be screened for cognitive or behavioral impairment), and/or system (eg, patient has no insurance to cover screening cost) reason(s) for screening the patient for cognitive and behavioral impairment</p> <p>Reporting Instructions:</p> <p>For all patients meeting denominator criteria, report 3755F. For patient with appropriate exclusion criteria, report 3755F with modifier 1P, 2P, or 3P.</p>		
<p>▶ ALS Symptomatic Therapy Treatment Offered⁸</p> <p>Whether or not at all visits for a patient with a diagnosis of ALS, the patient was offered treatment* for pseudobulbar affect, sialorrhea, or ALS related symptoms**, if present</p> <p>Numerator: Patient visits with patient offered treatment* for pseudobulbar affect, sialorrhea, or ALS related symptoms**, if present.</p>		

Footnotes

¹Physician Consortium for Performance Improvement®(PCPI) - For more information on measures developed by the Physician Consortium for Performance Improvement® (PCPI), see the appropriate Payor website.

²National Committee on Quality Assurance (NCQA), Health Employer Data Information Set (HEDIS®), www.ncqa.org

³The Joint Commission, <https://www.jointcommission.org>

⁴National Diabetes Quality Improvement Alliance (NDQIA) - For more information on measures developed by the National Diabetes Quality Improvement Alliance (NDQIA), see the appropriate Payor website.

⁵Joint measure from The Physician Consortium for Performance Improvement (PCPI), and National Committee on Quality Assurance (NCQA) - For more information on measures developed as joint measures from Physician Consortium for Performance Improvement and the National Committee on Quality Assurance (NCQA), visit the NCQA website at www.ncqa.org.

⁶The Society of Thoracic Surgeons at www.sts.org and National Quality Forum, www.qualityforum.org.

⁷Optum, www.optum.com.

⁸American Academy of Neurology, <https://www.aan.com/practice/neuromuscular-quality-measures>, or quality@aan.com.

⁹College of American Pathologists (CAP), <https://www.cap.org/advocacy/quality-payment-program-for-pathologists/mips-for-pathologists/2023-pathology-quality-measures>.

¹⁰American Gastroenterological Association (AGA), www.gastro.org/quality.

¹¹American Society of Anesthesiologists (ASA), www.asahq.org.

¹²American College of Gastroenterology (ACG), www.gi.org; American Gastroenterological Association (AGA), www.gastro.org; and American Society for Gastrointestinal Endoscopy (ASGE), www.asge.org.

<p>*ALS treatment examples: eg, dextromethorphan/quinidine combination, amitriptyline or fluoxetine for pseudobulbar affect; anti-inflammatory and analgesic agents for pain; anticholinergic agents for sialorrhea; botulinum toxin for refractory sialorrhea; tizanidine or baclofen for spasticity; antidepressants for depression; physical therapy for cramps; occupational therapy for adapted devices; or a dietary modification for constipation</p> <p>**ALS related symptoms definition: eg, spasticity, muscle cramps, pain, anxiety, depression, leg swelling, insomnia, fatigue, laryngospasm, or constipation</p> <p>Denominator: All visits for patients with a diagnosis of amyotrophic lateral sclerosis</p> <p>Exclusion(s): None</p> <p>Reporting Instructions:</p> <p>For all patients meeting denominator criteria, report either 3756F or 3757F.</p> <p>When 3756F is reported, also report 4541F.</p> <p>There are no exclusions for this measure. Do not report modifiers 1P, 2P, or 3P with 4541F.</p>	<p>3756F</p> <p>3757F</p> <p>4541F</p>	<p>Patient has pseudobulbar affect, sialorrhea, or ALS related symptoms</p> <p>Patient does not have pseudobulbar affect, sialorrhea, or ALS related symptoms</p> <p>Patient offered treatment for pseudobulbar affect, sialorrhea, or ALS related symptoms</p>
--	--	---

Footnotes

¹Physician Consortium for Performance Improvement®(PCPI) - For more information on measures developed by the Physician Consortium for Performance Improvement® (PCPI), see the appropriate Payor website.

²National Committee on Quality Assurance (NCQA), Health Employer Data Information Set (HEDIS®), www.ncqa.org

³The Joint Commission, <https://www.jointcommission.org>

⁴National Diabetes Quality Improvement Alliance (NDQIA) - For more information on measures developed by the National Diabetes Quality Improvement Alliance (NDQIA), see the appropriate Payor website.

⁵Joint measure from The Physician Consortium for Performance Improvement (PCPI), and National Committee on Quality Assurance (NCQA) - For more information on measures developed as joint measures from Physician Consortium for Performance Improvement and the National Committee on Quality Assurance (NCQA), visit the NCQA website at www.ncqa.org.

⁶The Society of Thoracic Surgeons at www.sts.org and National Quality Forum, www.qualityforum.org.

⁷Optum, www.optum.com.

⁸American Academy of Neurology, <https://www.aan.com/practice/neuromuscular-quality-measures>, or quality@aan.com.

⁹College of American Pathologists (CAP), <https://www.cap.org/advocacy/quality-payment-program-for-pathologists/mips-for-pathologists/2023-pathology-quality-measures>.

¹⁰American Gastroenterological Association (AGA), www.gastro.org/quality.

¹¹American Society of Anesthesiologists (ASA), www.asahq.org.

¹²American College of Gastroenterology (ACG), www.gi.org; American Gastroenterological Association (AGA), www.gastro.org; and American Society for Gastrointestinal Endoscopy (ASGE), www.asge.org.

Amyotrophic Lateral Schlerosis (ALS)		
Brief Description of Performance Measure & Source	CPT Category II Code(s)	Code Descriptor(s)
<p>Reporting Instructions:</p> <p>For all patients meeting denominator criteria, report 1503F and 3758F.</p> <p>For patient with appropriate exclusion criteria, report 1503F and 3758F with modifier 1P or 2P.</p>		
<p>ALS Noninvasive Ventilation Treatment for Respiratory Insufficiency Discussed⁸</p> <p>Whether or not the patient diagnosed with ALS and respiratory insufficiency had options for noninvasive respiratory support (eg, noninvasive ventilation [NIV], assisted cough) discussed with a clinician at least once annually</p> <p>Numerator: Patients with whom the clinician discussed at least once annually treatment options for noninvasive respiratory support (eg, noninvasive ventilation [NIV], assisted cough)</p>	<p>1504F</p> <p>1505F</p> <p>4550F</p>	<p>Patient has respiratory insufficiency</p> <p>Patient does not have respiratory insufficiency</p>

Footnotes

¹Physician Consortium for Performance Improvement®(PCPI) - For more information on measures developed by the Physician Consortium for Performance Improvement® (PCPI), see the appropriate Payor website.

²National Committee on Quality Assurance (NCQA), Health Employer Data Information Set (HEDIS®), www.ncqa.org

³The Joint Commission, <https://www.jointcommission.org>

⁴National Diabetes Quality Improvement Alliance (NDQIA) - For more information on measures developed by the National Diabetes Quality Improvement Alliance (NDQIA), see the appropriate Payor website.

⁵Joint measure from The Physician Consortium for Performance Improvement (PCPI), and National Committee on Quality Assurance (NCQA) - For more information on measures developed as joint measures from Physician Consortium for Performance Improvement and the National Committee on Quality Assurance (NCQA), visit the NCQA website at www.ncqa.org.

⁶The Society of Thoracic Surgeons at www.sts.org and National Quality Forum, www.qualityforum.org.

⁷Optum, www.optum.com.

⁸American Academy of Neurology, <https://www.aan.com/practice/neuromuscular-quality-measures>, or quality@aan.com.

⁹College of American Pathologists (CAP), <https://www.cap.org/advocacy/quality-payment-program-for-pathologists/mips-for-pathologists/2023-pathology-quality-measures>.

¹⁰American Gastroenterological Association (AGA), www.gastro.org/quality.

¹¹American Society of Anesthesiologists (ASA), www.asahq.org.

¹²American College of Gastroenterology (ACG), www.gi.org; American Gastroenterological Association (AGA), www.gastro.org; and American Society for Gastrointestinal Endoscopy (ASGE), www.asge.org.

Amyotrophic Lateral Schlerosis (ALS)		
Brief Description of Performance Measure & Source	CPT Category II Code(s)	Code Descriptor(s)
<p>Denominator: All patients with a diagnosis of amyotrophic lateral sclerosis and respiratory insufficiency</p> <p>Exclusion(s): Documentation of a medical (eg, patient is in a coma; patient has severe cognitive impairment and cannot communicate; patient is already on appropriate respiratory support) or patient (eg, patient declines to discuss treatment options) reason(s) for not discussing treatment options for noninvasive respiratory support</p> <p>Reporting Instructions:</p> <p>For all patients meeting denominator criteria, report 1504F or 1505F.</p> <p>When 1504F is reported, also report 4550F.</p> <p>For patient with appropriate exclusion criteria, report 4550F with modifier 1P or 2P.</p>		Options for noninvasive respiratory support discussed with patient

Footnotes

¹Physician Consortium for Performance Improvement®(PCPI) - For more information on measures developed by the Physician Consortium for Performance Improvement® (PCPI), see the appropriate Payor website.

²National Committee on Quality Assurance (NCQA), Health Employer Data Information Set (HEDIS®), www.ncqa.org

³The Joint Commission, <https://www.jointcommission.org>

⁴National Diabetes Quality Improvement Alliance (NDQIA) - For more information on measures developed by the National Diabetes Quality Improvement Alliance (NDQIA), see the appropriate Payor website.

⁵Joint measure from The Physician Consortium for Performance Improvement (PCPI), and National Committee on Quality Assurance (NCQA) - For more information on measures developed as joint measures from Physician Consortium for Performance Improvement and the National Committee on Quality Assurance (NCQA), visit the NCQA website at www.ncqa.org.

⁶The Society of Thoracic Surgeons at www.sts.org and National Quality Forum, www.qualityforum.org.

⁷Optum, www.optum.com.

⁸American Academy of Neurology, <https://www.aan.com/practice/neuromuscular-quality-measures>, or quality@aan.com.

⁹College of American Pathologists (CAP), <https://www.cap.org/advocacy/quality-payment-program-for-pathologists/mips-for-pathologists/2023-pathology-quality-measures>.

¹⁰American Gastroenterological Association (AGA), www.gastro.org/quality.

¹¹American Society of Anesthesiologists (ASA), www.asahq.org.

¹²American College of Gastroenterology (ACG), www.gi.org; American Gastroenterological Association (AGA), www.gastro.org; and American Society for Gastrointestinal Endoscopy (ASGE), www.asge.org.

Amyotrophic Lateral Schlerosis (ALS)		
Brief Description of Performance Measure & Source	CPT Category II Code(s)	Code Descriptor(s)
<p>ALS Screening for Dysphagia, Weight Loss, or Impaired Nutrition⁸</p> <p>Whether or not the patient with a diagnosis of ALS was screened at least every three months for dysphagia, weight loss, or impaired nutrition and the result(s) of the screening(s) were documented in the medical record</p> <p>Numerator:</p> <p>Patients who were screened at least every three months for dysphagia, weight loss, or impaired nutrition* and the result(s) of the screening(s) were documented in the medical record</p> <p>*Impaired nutrition includes: changes in nutritional biomarkers (serum prealbumin, total protein, or hemoglobin) or body mass index</p> <p>Denominator: All patients with a diagnosis of amyotrophic lateral sclerosis</p>	3759F	Patient screened for dysphagia, weight loss, and impaired nutrition, and results documented

Footnotes

¹Physician Consortium for Performance Improvement®(PCPI) - For more information on measures developed by the Physician Consortium for Performance Improvement® (PCPI), see the appropriate Payor website.

²National Committee on Quality Assurance (NCQA), Health Employer Data Information Set (HEDIS®), www.ncqa.org

³The Joint Commission, <https://www.jointcommission.org>

⁴National Diabetes Quality Improvement Alliance (NDQIA) - For more information on measures developed by the National Diabetes Quality Improvement Alliance (NDQIA), see the appropriate Payor website.

⁵Joint measure from The Physician Consortium for Performance Improvement (PCPI), and National Committee on Quality Assurance (NCQA) - For more information on measures developed as joint measures from Physician Consortium for Performance Improvement and the National Committee on Quality Assurance (NCQA), visit the NCQA website at www.ncqa.org.

⁶The Society of Thoracic Surgeons at www.sts.org and National Quality Forum, www.qualityforum.org.

⁷Optum, www.optum.com.

⁸American Academy of Neurology, <https://www.aan.com/practice/neuromuscular-quality-measures>, or quality@aan.com.

⁹College of American Pathologists (CAP), <https://www.cap.org/advocacy/quality-payment-program-for-pathologists/mips-for-pathologists/2023-pathology-quality-measures>.

¹⁰American Gastroenterological Association (AGA), www.gastro.org/quality.

¹¹American Society of Anesthesiologists (ASA), www.asahq.org.

¹²American College of Gastroenterology (ACG), www.gi.org; American Gastroenterological Association (AGA), www.gastro.org; and American Society for Gastrointestinal Endoscopy (ASGE), www.asge.org.

Amyotrophic Lateral Schlerosis (ALS)		
Brief Description of Performance Measure & Source	CPT Category II Code(s)	Code Descriptor(s)
<p>Exclusion(s): Documentation of a patient (eg, patient declines screening) or system (eg, equipment not available to complete the screenings; no insurance) reason(s) for not screening for dysphagia, weight loss, or impaired nutrition and documenting the result(s) of the screening(s) in the medical record</p> <p>Reporting Instructions:</p> <p>For all patients meeting denominator criteria, report 3759F.</p> <p>For patient with appropriate exclusion criteria, report 3759F with modifier 2P or 3P.</p>		
ALS Nutritional Support Offered⁸		

Footnotes

¹Physician Consortium for Performance Improvement®(PCPI) - For more information on measures developed by the Physician Consortium for Performance Improvement® (PCPI), see the appropriate Payor website.

²National Committee on Quality Assurance (NCQA), Health Employer Data Information Set (HEDIS®), www.ncqa.org

³The Joint Commission, <https://www.jointcommission.org>

⁴National Diabetes Quality Improvement Alliance (NDQIA) - For more information on measures developed by the National Diabetes Quality Improvement Alliance (NDQIA), see the appropriate Payor website.

⁵Joint measure from The Physician Consortium for Performance Improvement (PCPI), and National Committee on Quality Assurance (NCQA) - For more information on measures developed as joint measures from Physician Consortium for Performance Improvement and the National Committee on Quality Assurance (NCQA), visit the NCQA website at www.ncqa.org.

⁶The Society of Thoracic Surgeons at www.sts.org and National Quality Forum, www.qualityforum.org.

⁷Optum, www.optum.com.

⁸American Academy of Neurology, <https://www.aan.com/practice/neuromuscular-quality-measures>, or quality@aan.com.

⁹College of American Pathologists (CAP), <https://www.cap.org/advocacy/quality-payment-program-for-pathologists/mips-for-pathologists/2023-pathology-quality-measures>.

¹⁰American Gastroenterological Association (AGA), www.gastro.org/quality.

¹¹American Society of Anesthesiologists (ASA), www.asahq.org.

¹²American College of Gastroenterology (ACG), www.gi.org; American Gastroenterological Association (AGA), www.gastro.org; and American Society for Gastrointestinal Endoscopy (ASGE), www.asge.org.

<p>Whether or not the patient with a diagnosis of ALS and dysphagia, weight loss, or impaired nutrition was offered at least once annually dietary or enteral nutrition support via PEG or RIG*</p> <p>Numerator: Patients who were offered at least once annually dietary or enteral nutrition support via PEG or RIG*</p> <p>*PEG-percutaneous endoscopic gastrostomy</p> <p>RIG-radiographic inserted gastrostomy</p> <p>Denominator: All patients with a diagnosis of amyotrophic lateral sclerosis and dysphagia, weight loss, or impaired nutrition</p> <p>Exclusion(s): Documentation of a medical reason for not offering dietary or enteral nutritional support via PEG or RIG (eg, patient already on PEG/RIG; patient cannot tolerate the procedure)</p> <p>Reporting Instructions:</p> <p>For all patients meeting denominator criteria, report 3760F or 3761F.</p> <p>When 3760F is reported, also report 4551F.</p>	<p>3760F</p> <p>3761F</p> <p>4551F</p>	<p>Patient exhibits dysphagia, weight loss, or impaired nutrition</p> <p>Patient does not exhibit dysphagia, weight loss, or impaired nutrition</p> <p>Nutritional support offered</p>
---	--	--

Footnotes

¹Physician Consortium for Performance Improvement®(PCPI) - For more information on measures developed by the Physician Consortium for Performance Improvement® (PCPI), see the appropriate Payor website.

²National Committee on Quality Assurance (NCQA), Health Employer Data Information Set (HEDIS®), www.ncqa.org

³The Joint Commission, <https://www.jointcommission.org>

⁴National Diabetes Quality Improvement Alliance (NDQIA) - For more information on measures developed by the National Diabetes Quality Improvement Alliance (NDQIA), see the appropriate Payor website.

⁵Joint measure from The Physician Consortium for Performance Improvement (PCPI), and National Committee on Quality Assurance (NCQA) - For more information on measures developed as joint measures from Physician Consortium for Performance Improvement and the National Committee on Quality Assurance (NCQA), visit the NCQA website at www.ncqa.org.

⁶The Society of Thoracic Surgeons at www.sts.org and National Quality Forum, www.qualityforum.org.

⁷Optum, www.optum.com.

⁸American Academy of Neurology, <https://www.aan.com/practice/neuromuscular-quality-measures>, or quality@aan.com.

⁹College of American Pathologists (CAP), <https://www.cap.org/advocacy/quality-payment-program-for-pathologists/mips-for-pathologists/2023-pathology-quality-measures>.

¹⁰American Gastroenterological Association (AGA), www.gastro.org/quality.

¹¹American Society of Anesthesiologists (ASA), www.asahq.org.

¹²American College of Gastroenterology (ACG), www.gi.org; American Gastroenterological Association (AGA), www.gastro.org; and American Society for Gastrointestinal Endoscopy (ASGE), www.asge.org.

Amyotrophic Lateral Schlerosis (ALS)		
Brief Description of Performance Measure & Source	CPT Category II Code(s)	Code Descriptor(s)
For patient with appropriate exclusion criteria, report 4551F with modifier 1P.		
<p>ALS Communication Support Referral⁸</p> <p>Whether or not the patient with a diagnosis of ALS, who is dysarthric was offered a referral at least once annually to a speech language pathologist for an augmentative/alternative communication evaluation</p> <p>Numerator: Patients who were offered a referral at least once annually to a speech language pathologist for an augmentative/alternative communication evaluation</p> <p>Denominator: All patients with a diagnosis of amyotrophic lateral sclerosis who are dysarthric</p> <p>Exclusion(s): Documentation of a medical reason for not offering a referral to a speech language pathologist for an augmentative/alternative communication evaluation (eg,</p>		<p>Patient is dysarthric</p> <p>Patient is not dysarthric</p>

Footnotes

¹Physician Consortium for Performance Improvement®(PCPI) - For more information on measures developed by the Physician Consortium for Performance Improvement® (PCPI), see the appropriate Payor website.

²National Committee on Quality Assurance (NCQA), Health Employer Data Information Set (HEDIS®), www.ncqa.org

³The Joint Commission, <https://www.jointcommission.org>

⁴National Diabetes Quality Improvement Alliance (NDQIA) - For more information on measures developed by the National Diabetes Quality Improvement Alliance (NDQIA), see the appropriate Payor website.

⁵Joint measure from The Physician Consortium for Performance Improvement (PCPI), and National Committee on Quality Assurance (NCQA) - For more information on measures developed as joint measures from Physician Consortium for Performance Improvement and the National Committee on Quality Assurance (NCQA), visit the NCQA website at www.ncqa.org.

⁶The Society of Thoracic Surgeons at www.sts.org and National Quality Forum, www.qualityforum.org.

⁷Optum, www.optum.com.

⁸American Academy of Neurology, <https://www.aan.com/practice/neuromuscular-quality-measures>, or quality@aan.com.

⁹College of American Pathologists (CAP), <https://www.cap.org/advocacy/quality-payment-program-for-pathologists/mips-for-pathologists/2023-pathology-quality-measures>.

¹⁰American Gastroenterological Association (AGA), www.gastro.org/quality.

¹¹American Society of Anesthesiologists (ASA), www.asahq.org.

¹²American College of Gastroenterology (ACG), www.gi.org; American Gastroenterological Association (AGA), www.gastro.org; and American Society for Gastrointestinal Endoscopy (ASGE), www.asge.org.

Amyotrophic Lateral Schlerosis (ALS)		
Brief Description of Performance Measure & Source	CPT Category II Code(s)	Code Descriptor(s)
<p>patient is already using an augmentative communication device)</p> <p>Reporting Instructions:</p> <p>For all patients meeting denominator criteria, report 3762F or 3763F.</p> <p>When 3762F is reported, also report 4552F.</p> <p>For patient with appropriate exclusion criteria, report 4552F with modifier 1P.</p>	<p>3762F</p> <p>3763F</p> <p>4552F</p>	<p>Patient offered referral to a speech language pathologist</p>
<p>ALS End of Life Planning Assistance⁸</p> <p>Whether or not the patient with a diagnosis of ALS was offered at least once annually assistance in planning for end</p>		

Footnotes

¹Physician Consortium for Performance Improvement®(PCPI) - For more information on measures developed by the Physician Consortium for Performance Improvement® (PCPI), see the appropriate Payor website.

²National Committee on Quality Assurance (NCQA), Health Employer Data Information Set (HEDIS®), www.ncqa.org

³The Joint Commission, <https://www.jointcommission.org>

⁴National Diabetes Quality Improvement Alliance (NDQIA) - For more information on measures developed by the National Diabetes Quality Improvement Alliance (NDQIA), see the appropriate Payor website.

⁵Joint measure from The Physician Consortium for Performance Improvement (PCPI), and National Committee on Quality Assurance (NCQA) - For more information on measures developed as joint measures from Physician Consortium for Performance Improvement and the National Committee on Quality Assurance (NCQA), visit the NCQA website at www.ncqa.org.

⁶The Society of Thoracic Surgeons at www.sts.org and National Quality Forum, www.qualityforum.org.

⁷Optum, www.optum.com.

⁸American Academy of Neurology, <https://www.aan.com/practice/neuromuscular-quality-measures>, or quality@aan.com.

⁹College of American Pathologists (CAP), <https://www.cap.org/advocacy/quality-payment-program-for-pathologists/mips-for-pathologists/2023-pathology-quality-measures>.

¹⁰American Gastroenterological Association (AGA), www.gastro.org/quality.

¹¹American Society of Anesthesiologists (ASA), www.asahq.org.

¹²American College of Gastroenterology (ACG), www.gi.org; American Gastroenterological Association (AGA), www.gastro.org; and American Society for Gastrointestinal Endoscopy (ASGE), www.asge.org.

Amyotrophic Lateral Schlerosis (ALS)		
Brief Description of Performance Measure & Source	CPT Category II Code(s)	Code Descriptor(s)
<p>of life issues (eg, advance directives, invasive ventilation, or hospice)</p> <p>Numerator: Patients who were offered at least once annually assistance in planning for end of life issues (eg, advance directives, invasive ventilation, or hospice)</p> <p>Denominator: All patients with a diagnosis of amyotrophic lateral sclerosis</p> <p>Exclusion(s): Documentation of a medical reason for not offering at least once annually assistance in planning for end of life issues (eg, patient in hospice and already in terminal phase)</p> <p>Reporting Instructions:</p> <p>For all patients meeting denominator criteria, report 4553F.</p> <p>For patient with appropriate exclusion criteria, report 4553F with modifier 1P.</p>	4553F	Patient offered assistance in planning for end of life issues

Footnotes

¹Physician Consortium for Performance Improvement®(PCPI) - For more information on measures developed by the Physician Consortium for Performance Improvement® (PCPI), see the appropriate Payor website.

²National Committee on Quality Assurance (NCQA), Health Employer Data Information Set (HEDIS®), www.ncqa.org

³The Joint Commission, <https://www.jointcommission.org>

⁴National Diabetes Quality Improvement Alliance (NDQIA) - For more information on measures developed by the National Diabetes Quality Improvement Alliance (NDQIA), see the appropriate Payor website.

⁵Joint measure from The Physician Consortium for Performance Improvement (PCPI), and National Committee on Quality Assurance (NCQA) - For more information on measures developed as joint measures from Physician Consortium for Performance Improvement and the National Committee on Quality Assurance (NCQA), visit the NCQA website at www.ncqa.org.

⁶The Society of Thoracic Surgeons at www.sts.org and National Quality Forum, www.qualityforum.org.

⁷Optum, www.optum.com.

⁸American Academy of Neurology, <https://www.aan.com/practice/neuromuscular-quality-measures>, or quality@aan.com.

⁹College of American Pathologists (CAP), <https://www.cap.org/advocacy/quality-payment-program-for-pathologists/mips-for-pathologists/2023-pathology-quality-measures>.

¹⁰American Gastroenterological Association (AGA), www.gastro.org/quality.

¹¹American Society of Anesthesiologists (ASA), www.asahq.org.

¹²American College of Gastroenterology (ACG), www.gi.org; American Gastroenterological Association (AGA), www.gastro.org; and American Society for Gastrointestinal Endoscopy (ASGE), www.asge.org.

Amyotrophic Lateral Schlerosis (ALS)		
Brief Description of Performance Measure & Source	CPT Category II Code(s)	Code Descriptor(s)
<p>ALS Falls Querying⁸</p> <p>Whether or not at all visits for patients with a diagnosis of ALS, the patient was queried about falls within the past 12 months</p> <p>Numerator: Patient visits with patient queried about falls within the past 12 months</p> <p>Denominator: All visits for patients with a diagnosis of amyotrophic lateral sclerosis</p> <p>Exclusion(s): None</p> <p>Reporting Instructions:</p> <p>For all patients meeting denominator criteria, report 6080F. There are no exclusions for this measure. Do not report modifiers 1P, 2P, or 3P with 6080F.</p>	6080F	Patient (or caregiver) queried about falls

Footnotes

¹Physician Consortium for Performance Improvement®(PCPI) - For more information on measures developed by the Physician Consortium for Performance Improvement® (PCPI), see the appropriate Payor website.

²National Committee on Quality Assurance (NCQA), Health Employer Data Information Set (HEDIS®), www.ncqa.org

³The Joint Commission, <https://www.jointcommission.org>

⁴National Diabetes Quality Improvement Alliance (NDQIA) - For more information on measures developed by the National Diabetes Quality Improvement Alliance (NDQIA), see the appropriate Payor website.

⁵Joint measure from The Physician Consortium for Performance Improvement (PCPI), and National Committee on Quality Assurance (NCQA) - For more information on measures developed as joint measures from Physician Consortium for Performance Improvement and the National Committee on Quality Assurance (NCQA), visit the NCQA website at www.ncqa.org.

⁶The Society of Thoracic Surgeons at www.sts.org and National Quality Forum, www.qualityforum.org.

⁷Optum, www.optum.com.

⁸American Academy of Neurology, <https://www.aan.com/practice/neuromuscular-quality-measures>, or quality@aan.com.

⁹College of American Pathologists (CAP), <https://www.cap.org/advocacy/quality-payment-program-for-pathologists/mips-for-pathologists/2023-pathology-quality-measures>.

¹⁰American Gastroenterological Association (AGA), www.gastro.org/quality.

¹¹American Society of Anesthesiologists (ASA), www.asahq.org.

¹²American College of Gastroenterology (ACG), www.gi.org; American Gastroenterological Association (AGA), www.gastro.org; and American Society for Gastrointestinal Endoscopy (ASGE), www.asge.org.

Anesthesiology/Critical Care (CRIT)		
Brief Description of Performance Measure and Source and Reporting Instructions	CPT Category II Code(s)	Code Descriptor(s)
<p>Prevention of Ventilator-Associated Pneumonia—Head Elevation¹</p> <p>Whether or not the patient aged 18 years and older receiving care in the ICU who received mechanical ventilation had an order on the first ventilator day for head of bed elevation (30-45 degrees)</p>	4167F	Head of bed elevation (30-45 degrees) on first ventilator day ordered

Footnotes

¹**Physician Consortium for Performance Improvement®(PCPI)** - For more information on measures developed by the Physician Consortium for Performance Improvement® (PCPI), see the appropriate Payor website.

²**National Committee on Quality Assurance (NCQA)**, Health Employer Data Information Set (HEDIS®), www.ncqa.org

³**The Joint Commission**, <https://www.jointcommission.org>

⁴**National Diabetes Quality Improvement Alliance (NDQIA)** - For more information on measures developed by the National Diabetes Quality Improvement Alliance (NDQIA), see the appropriate Payor website.

⁵Joint measure from **The Physician Consortium for Performance Improvement (PCPI)**, and **National Committee on Quality Assurance (NCQA)** - For more information on measures developed as joint measures from Physician Consortium for Performance Improvement and the National Committee on Quality Assurance (NCQA), visit the NCQA website at www.ncqa.org.

⁶*The Society of Thoracic Surgeons* at www.sts.org and *National Quality Forum*, www.qualityforum.org.

⁷**Optum**, www.optum.com.

⁸**American Academy of Neurology**, <https://www.aan.com/practice/neuromuscular-quality-measures>, or quality@aan.com.

⁹**College of American Pathologists (CAP)**, <https://www.cap.org/advocacy/quality-payment-program-for-pathologists/mips-for-pathologists/2023-pathology-quality-measures>.

¹⁰**American Gastroenterological Association (AGA)**, www.gastro.org/quality.

¹¹**American Society of Anesthesiologists (ASA)**, www.asahq.org.

¹²**American College of Gastroenterology (ACG)**, www.gi.org; **American Gastroenterological Association (AGA)**, www.gastro.org; and **American Society for Gastrointestinal Endoscopy (ASGE)**, www.asge.org.

Anesthesiology/Critical Care (CRIT)		
Brief Description of Performance Measure and Source and Reporting Instructions	CPT Category II Code(s)	Code Descriptor(s)
<p>Numerator: Patients who had an order on the first ventilator day for head of bed elevation (30-45 degrees)</p> <p>Denominator: All patients aged 18 years and older receiving care in the ICU who receive mechanical ventilation</p> <p>Exclusion(s): Documentation of medical reason(s) for not ordering head of bed elevation (30-45 degrees) on the first ventilator day</p> <p>Percentage of ICU patients aged 18 years and older who receive mechanical ventilation and who had an order on the first ventilator day for head of bed elevation (30-45 degrees)</p> <p>Reporting Instructions: Report 4168F or 4169F for each patient receiving critical care services (99291). If 4168F and patient has an order for head of bed elevation (30-45 degrees) on first ventilator day report 4167F.</p> <p>For patients with appropriate exclusion criteria use 4167F with modifier 1P.</p>	<p>Denominator Codes</p> <p>4168F</p> <p>4169F</p>	<p>Patient receiving care in the intensive care unit (ICU) and receiving mechanical ventilation, 24 hours or less</p> <p>Patient either not receiving care in the intensive care unit (ICU) OR <i>not</i> receiving mechanical ventilation OR receiving mechanical ventilation greater than 24 hours</p>

Footnotes

¹Physician Consortium for Performance Improvement®(PCPI) - For more information on measures developed by the Physician Consortium for Performance Improvement® (PCPI), see the appropriate Payor website.

²National Committee on Quality Assurance (NCQA), Health Employer Data Information Set (HEDIS®), www.ncqa.org

³The Joint Commission, <https://www.jointcommission.org>

⁴National Diabetes Quality Improvement Alliance (NDQIA) - For more information on measures developed by the National Diabetes Quality Improvement Alliance (NDQIA), see the appropriate Payor website.

⁵Joint measure from The Physician Consortium for Performance Improvement (PCPI), and National Committee on Quality Assurance (NCQA) - For more information on measures developed as joint measures from Physician Consortium for Performance Improvement and the National Committee on Quality Assurance (NCQA), visit the NCQA website at www.ncqa.org.

⁶The Society of Thoracic Surgeons at www.sts.org and National Quality Forum, www.qualityforum.org.

⁷Optum, www.optum.com.

⁸American Academy of Neurology, <https://www.aan.com/practice/neuromuscular-quality-measures>, or quality@aan.com.

⁹College of American Pathologists (CAP), <https://www.cap.org/advocacy/quality-payment-program-for-pathologists/mips-for-pathologists/2023-pathology-quality-measures>.

¹⁰American Gastroenterological Association (AGA), www.gastro.org/quality.

¹¹American Society of Anesthesiologists (ASA), www.asahq.org.

¹²American College of Gastroenterology (ACG), www.gi.org; American Gastroenterological Association (AGA), www.gastro.org; and American Society for Gastrointestinal Endoscopy (ASGE), www.asge.org.

Anesthesiology/Critical Care (CRIT)		
Brief Description of Performance Measure and Source and Reporting Instructions	CPT Category II Code(s)	Code Descriptor(s)
<p>Prevention of Catheter-Related Bloodstream Infections (CRBSI) – Central Venous Catheter Insertion Protocol¹</p> <p>Percentage of patients, regardless of age, who undergo central venous catheter (CVC) insertion, for whom CVC was inserted with all elements of maximal sterile barrier technique, hand hygiene, skin preparation and, if ultrasound is used, sterile ultrasound techniques followed</p> <p>Numerator: Patients for whom central venous catheter (CVC) was inserted with all elements of maximal sterile barrier technique, hand hygiene, skin preparation and, if ultrasound is used, sterile ultrasound techniques followed</p> <p>Definition:</p> <p>Maximal Sterile Barrier Technique includes all of the following elements: Cap AND mask AND sterile gown AND sterile gloves AND sterile full body drape.</p> <p>Sterile Ultrasound Techniques require sterile gel and sterile probe covers.</p>	6030F	All elements of maximal sterile barrier technique, hand hygiene, skin preparation and, if ultrasound is used, sterile ultrasound techniques followed

Footnotes

¹Physician Consortium for Performance Improvement®(PCPI) - For more information on measures developed by the Physician Consortium for Performance Improvement® (PCPI), see the appropriate Payor website.

²National Committee on Quality Assurance (NCQA), Health Employer Data Information Set (HEDIS®), www.ncqa.org

³The Joint Commission, <https://www.jointcommission.org>

⁴National Diabetes Quality Improvement Alliance (NDQIA) - For more information on measures developed by the National Diabetes Quality Improvement Alliance (NDQIA), see the appropriate Payor website.

⁵Joint measure from The Physician Consortium for Performance Improvement (PCPI), and National Committee on Quality Assurance (NCQA) - For more information on measures developed as joint measures from Physician Consortium for Performance Improvement and the National Committee on Quality Assurance (NCQA), visit the NCQA website at www.ncqa.org.

⁶The Society of Thoracic Surgeons at www.sts.org and National Quality Forum, www.qualityforum.org.

⁷Optum, www.optum.com.

⁸American Academy of Neurology, <https://www.aan.com/practice/neuromuscular-quality-measures>, or quality@aan.com.

⁹College of American Pathologists (CAP), <https://www.cap.org/advocacy/quality-payment-program-for-pathologists/mips-for-pathologists/2023-pathology-quality-measures>.

¹⁰American Gastroenterological Association (AGA), www.gastro.org/quality.

¹¹American Society of Anesthesiologists (ASA), www.asahq.org.

¹²American College of Gastroenterology (ACG), www.gi.org; American Gastroenterological Association (AGA), www.gastro.org; and American Society for Gastrointestinal Endoscopy (ASGE), www.asge.org.

Anesthesiology/Critical Care (CRIT)		
Brief Description of Performance Measure and Source and Reporting Instructions	CPT Category II Code(s)	Code Descriptor(s)
<p>Denominator: All patients regardless of age, who undergo CVC insertion</p> <p>Exclusion(s): Documentation of medical reason(s) for not following all elements of maximal sterile barrier technique during CVC insertion (including increased risk of harm to patient if adherence to aseptic technique would cause delay in CVC insertion)</p> <p>Reporting Instructions: Append a modifier (1P) to CPT Category II code 6030F to report documented circumstances that appropriately exclude patients from the denominator.</p> <p>Append a reporting modifier (8P) to CPT Category II code 6030F to report circumstances when the action described in the numerator is not performed and the reason is not otherwise specified.</p> <p>This measure is to be reported each time a CVC insertion is performed during the reporting period. There is no diagnosis associated with this measure. It is anticipated that clinicians who perform CVC insertion will submit this measure.</p>		

Footnotes

¹Physician Consortium for Performance Improvement®(PCPI) - For more information on measures developed by the Physician Consortium for Performance Improvement® (PCPI), see the appropriate Payor website.

²National Committee on Quality Assurance (NCQA), Health Employer Data Information Set (HEDIS®), www.ncqa.org

³The Joint Commission, <https://www.jointcommission.org>

⁴National Diabetes Quality Improvement Alliance (NDQIA) - For more information on measures developed by the National Diabetes Quality Improvement Alliance (NDQIA), see the appropriate Payor website.

⁵Joint measure from The Physician Consortium for Performance Improvement (PCPI), and National Committee on Quality Assurance (NCQA) - For more information on measures developed as joint measures from Physician Consortium for Performance Improvement and the National Committee on Quality Assurance (NCQA), visit the NCQA website at www.ncqa.org.

⁶The Society of Thoracic Surgeons at www.sts.org and National Quality Forum, www.qualityforum.org.

⁷Optum, www.optum.com.

⁸American Academy of Neurology, <https://www.aan.com/practice/neuromuscular-quality-measures>, or quality@aan.com.

⁹College of American Pathologists (CAP), <https://www.cap.org/advocacy/quality-payment-program-for-pathologists/mips-for-pathologists/2023-pathology-quality-measures>.

¹⁰American Gastroenterological Association (AGA), www.gastro.org/quality.

¹¹American Society of Anesthesiologists (ASA), www.asahq.org.

¹²American College of Gastroenterology (ACG), www.gi.org; American Gastroenterological Association (AGA), www.gastro.org; and American Society for Gastrointestinal Endoscopy (ASGE), www.asge.org.

Anesthesiology/Critical Care (CRIT)		
Brief Description of Performance Measure and Source and Reporting Instructions	CPT Category II Code(s)	Code Descriptor(s)
Back to top		
<p>Perioperative Temperature Management¹ Whether or not the patient undergoing surgical or therapeutic procedures under general or neuraxial anesthesia of 60 minutes duration or longer for whom <i>either</i> active warming was used intraoperatively for the purpose of maintaining normothermia, OR at least one body temperature equal to or greater than 36 degrees Centigrade (or 96.8 degrees Fahrenheit) was recorded within the 30 minutes immediately before or the 15 minutes immediately after anesthesia end time</p> <p>Numerator: Patients for whom <i>either</i>:</p> <ul style="list-style-type: none"> active warming was used intraoperatively for the purpose of maintaining normothermia, OR at least one body temperature equal to or greater than 36 degrees Centigrade (or 96.8 degrees Fahrenheit) was recorded within the 30 minutes immediately before or the 15 minutes immediately after anesthesia end time 	<p>4250F</p> <p>Denominator Codes</p> <p>4255F</p>	<p>Active warming used intraoperatively for the purpose of maintaining normothermia, OR at least one body temperature equal to or greater than 36 degrees Centigrade (or 96.8 degrees Fahrenheit) recorded within the 30 minutes immediately before or the 15 minutes immediately after anesthesia end time</p> <p>Duration of general or neuraxial anesthesia 60 minutes or longer, as documented in the anesthesia record</p>

Footnotes

¹Physician Consortium for Performance Improvement®(PCPI) - For more information on measures developed by the Physician Consortium for Performance Improvement® (PCPI), see the appropriate Payor website.

²National Committee on Quality Assurance (NCQA), Health Employer Data Information Set (HEDIS®), www.ncqa.org

³The Joint Commission, <https://www.jointcommission.org>

⁴National Diabetes Quality Improvement Alliance (NDQIA) - For more information on measures developed by the National Diabetes Quality Improvement Alliance (NDQIA), see the appropriate Payor website.

⁵Joint measure from The Physician Consortium for Performance Improvement (PCPI), and National Committee on Quality Assurance (NCQA) - For more information on measures developed as joint measures from Physician Consortium for Performance Improvement and the National Committee on Quality Assurance (NCQA), visit the NCQA website at www.ncqa.org.

⁶The Society of Thoracic Surgeons at www.sts.org and National Quality Forum, www.qualityforum.org.

⁷Optum, www.optum.com.

⁸American Academy of Neurology, <https://www.aan.com/practice/neuromuscular-quality-measures>, or quality@aan.com.

⁹College of American Pathologists (CAP), <https://www.cap.org/advocacy/quality-payment-program-for-pathologists/mips-for-pathologists/2023-pathology-quality-measures>.

¹⁰American Gastroenterological Association (AGA), www.gastro.org/quality.

¹¹American Society of Anesthesiologists (ASA), www.asahq.org.

¹²American College of Gastroenterology (ACG), www.gi.org; American Gastroenterological Association (AGA), www.gastro.org; and American Society for Gastrointestinal Endoscopy (ASGE), www.asge.org.

Anesthesiology/Critical Care (CRIT)		
Brief Description of Performance Measure and Source and Reporting Instructions	CPT Category II Code(s)	Code Descriptor(s)
<p>Denominator All patients, regardless of age, undergoing surgical or therapeutic procedures under general or neuraxial anesthesia of 60 minutes duration or longer</p> <p>Exclusion(s): Documentation of one of the following medical reason(s) for not using active warming intraoperatively for the purpose of maintaining normothermia OR achieving at least one body temperature equal to or greater than 36 degrees Centigrade (or 96.8 degrees Fahrenheit) recorded within the 30 minutes immediately before or the 15 minutes immediately after anesthesia end time:</p> <ul style="list-style-type: none"> intentional hypothermia not indicated due to anesthetic technique: peripheral nerve block without general anesthesia, OR monitored anesthesia care <p>Percentage of patients, regardless of age, undergoing surgical or therapeutic procedures under general or neuraxial anesthesia of 60 minutes duration or longer for whom <i>either</i> active warming was used intraoperatively for the purpose of maintaining normothermia, OR at least one body temperature equal to or greater than 36 degrees Centigrade (or 96.8 degrees Fahrenheit) was recorded within the 30 minutes</p>	4256F	Duration of general or neuraxial anesthesia less than 60 minutes, as documented in the anesthesia record

Footnotes

¹Physician Consortium for Performance Improvement®(PCPI) - For more information on measures developed by the Physician Consortium for Performance Improvement® (PCPI), see the appropriate Payor website.

²National Committee on Quality Assurance (NCQA), Health Employer Data Information Set (HEDIS®), www.ncqa.org

³The Joint Commission, <https://www.jointcommission.org>

⁴National Diabetes Quality Improvement Alliance (NDQIA) - For more information on measures developed by the National Diabetes Quality Improvement Alliance (NDQIA), see the appropriate Payor website.

⁵Joint measure from The Physician Consortium for Performance Improvement (PCPI), and National Committee on Quality Assurance (NCQA) - For more information on measures developed as joint measures from Physician Consortium for Performance Improvement and the National Committee on Quality Assurance (NCQA), visit the NCQA website at www.ncqa.org.

⁶The Society of Thoracic Surgeons at www.sts.org and National Quality Forum, www.qualityforum.org.

⁷Optum, www.optum.com.

⁸American Academy of Neurology, <https://www.aan.com/practice/neuromuscular-quality-measures>, or quality@aan.com.

⁹College of American Pathologists (CAP), <https://www.cap.org/advocacy/quality-payment-program-for-pathologists/mips-for-pathologists/2023-pathology-quality-measures>.

¹⁰American Gastroenterological Association (AGA), www.gastro.org/quality.

¹¹American Society of Anesthesiologists (ASA), www.asahq.org.

¹²American College of Gastroenterology (ACG), www.gi.org; American Gastroenterological Association (AGA), www.gastro.org; and American Society for Gastrointestinal Endoscopy (ASGE), www.asge.org.

Anesthesiology/Critical Care (CRIT)		
Brief Description of Performance Measure and Source and Reporting Instructions	CPT Category II Code(s)	Code Descriptor(s)
<p>immediately before or the 15 minutes immediately after anesthesia end time</p> <p>Reporting Instructions: Report 4255F or 4256F for each patient undergoing surgical or therapeutic procedures under general or neuraxial anesthesia. If patient's anesthesia duration is 60 minutes or longer (4255F) and patient had at least one body temperature equal to or greater than 36 degrees Centigrade (or 96.8 degrees Fahrenheit) OR active warming was used intraoperatively (as described in measure) also report 4250F.</p> <p>For patient with appropriate exclusion criteria, report 4250F with modifier 1P</p>		

Footnotes

¹Physician Consortium for Performance Improvement®(PCPI) - For more information on measures developed by the Physician Consortium for Performance Improvement® (PCPI), see the appropriate Payor website.

²National Committee on Quality Assurance (NCQA), Health Employer Data Information Set (HEDIS®), www.ncqa.org

³The Joint Commission, <https://www.jointcommission.org>

⁴National Diabetes Quality Improvement Alliance (NDQIA) - For more information on measures developed by the National Diabetes Quality Improvement Alliance (NDQIA), see the appropriate Payor website.

⁵Joint measure from The Physician Consortium for Performance Improvement (PCPI), and National Committee on Quality Assurance (NCQA) - For more information on measures developed as joint measures from Physician Consortium for Performance Improvement and the National Committee on Quality Assurance (NCQA), visit the NCQA website at www.ncqa.org.

⁶The Society of Thoracic Surgeons at www.sts.org and National Quality Forum, www.qualityforum.org.

⁷Optum, www.optum.com.

⁸American Academy of Neurology, <https://www.aan.com/practice/neuromuscular-quality-measures>, or quality@aan.com.

⁹College of American Pathologists (CAP), <https://www.cap.org/advocacy/quality-payment-program-for-pathologists/mips-for-pathologists/2023-pathology-quality-measures>.

¹⁰American Gastroenterological Association (AGA), www.gastro.org/quality.

¹¹American Society of Anesthesiologists (ASA), www.asahq.org.

¹²American College of Gastroenterology (ACG), www.gi.org; American Gastroenterological Association (AGA), www.gastro.org; and American Society for Gastrointestinal Endoscopy (ASGE), www.asge.org.

Footnotes

¹**Physician Consortium for Performance Improvement®(PCPI)** - For more information on measures developed by the Physician Consortium for Performance Improvement® (PCPI), see the appropriate Payor website.

²**National Committee on Quality Assurance (NCQA)**, Health Employer Data Information Set (HEDIS®), www.ncqa.org

³**The Joint Commission**, <https://www.jointcommission.org>

⁴**National Diabetes Quality Improvement Alliance (NDQIA)** - For more information on measures developed by the National Diabetes Quality Improvement Alliance (NDQIA), see the appropriate Payor website.

⁵Joint measure from **The Physician Consortium for Performance Improvement (PCPI)**, and **National Committee on Quality Assurance (NCQA)** - For more information on measures developed as joint measures from Physician Consortium for Performance Improvement and the National Committee on Quality Assurance (NCQA), visit the NCQA website at www.ncqa.org.

⁶*The Society of Thoracic Surgeons* at www.sts.org and *National Quality Forum*, www.qualityforum.org.

⁷**Optum**, www.optum.com.

⁸**American Academy of Neurology**, <https://www.aan.com/practice/neuromuscular-quality-measures>, or quality@aan.com.

⁹**College of American Pathologists (CAP)**, <https://www.cap.org/advocacy/quality-payment-program-for-pathologists/mips-for-pathologists/2023-pathology-quality-measures>.

¹⁰**American Gastroenterological Association (AGA)**, www.gastro.org/quality.

¹¹**American Society of Anesthesiologists (ASA)**, www.asahq.org.

¹²**American College of Gastroenterology (ACG)**, www.gi.org; **American Gastroenterological Association (AGA)**, www.gastro.org; and **American Society for Gastrointestinal Endoscopy (ASGE)**, www.asge.org.

Annual monitoring (AM)		
Brief Description of Performance Measure and Source and Reporting Instructions	CPT Category II Code(s)	Code Descriptor(s)
<p>Annual monitoring for patients on angiotensin converting enzyme (ACE) inhibitors or angiotensin receptor blockers (ARB)²</p> <p>Percentage of patients 18 years of age and older who received at least a 180-days supply of ambulatory medication therapy for a select therapeutic agent during the measurement year and at least one therapeutic monitoring event for the therapeutic agent in the measurement year.</p> <ul style="list-style-type: none"> Annual monitoring for patients on angiotensin converting enzyme (ACE) inhibitors or angiotensin receptor blockers (ARB) Annual monitoring for patients on digoxin Annual monitoring for patients on diuretics Annual monitoring for patients on anticonvulsants <p>Numerator: Patients have received the annual appropriate therapeutic monitoring event for the therapeutic agent. Patients who are prescribed a medication in the following drug classes for at least 180-day supply and who have receive the appropriate therapeutic monitoring event for the therapeutic agent. Appropriate annual monitoring for patients taking the following includes:</p> <ul style="list-style-type: none"> ACE/ARB: 	<p>4188F</p> <p>4189F</p> <p>4190F</p> <p>4191F</p> <p>Denominator Codes</p> <p>4210F</p>	<p>Appropriate angiotensin converting enzyme (ACE) or angiotensin receptor blockers (ARB) therapeutic monitoring test ordered or performed</p> <p>Appropriate digoxin therapeutic monitoring test ordered or performed</p> <p>Appropriate diuretic therapeutic monitoring test ordered or performed</p> <p>Appropriate anticonvulsant therapeutic monitoring test ordered or performed</p> <p>Angiotensin converting enzyme (ACE) or angiotensin receptor blockers (ARB) medication therapy for 6 months or more.</p>

Footnotes

¹Physician Consortium for Performance Improvement®(PCPI) - For more information on measures developed by the Physician Consortium for Performance Improvement® (PCPI), see the appropriate Payor website.

²National Committee on Quality Assurance (NCQA), Health Employer Data Information Set (HEDIS®), www.ncqa.org

³The Joint Commission, <https://www.jointcommission.org>

⁴National Diabetes Quality Improvement Alliance (NDQIA) - For more information on measures developed by the National Diabetes Quality Improvement Alliance (NDQIA), see the appropriate Payor website.

⁵Joint measure from The Physician Consortium for Performance Improvement (PCPI), and National Committee on Quality Assurance (NCQA) - For more information on measures developed as joint measures from Physician Consortium for Performance Improvement and the National Committee on Quality Assurance (NCQA), visit the NCQA website at www.ncqa.org.

⁶The Society of Thoracic Surgeons at www.sts.org and National Quality Forum, www.qualityforum.org.

⁷Optum, www.optum.com.

⁸American Academy of Neurology, <https://www.aan.com/practice/neuromuscular-quality-measures>, or quality@aan.com.

⁹College of American Pathologists (CAP), <https://www.cap.org/advocacy/quality-payment-program-for-pathologists/mips-for-pathologists/2023-pathology-quality-measures>.

¹⁰American Gastroenterological Association (AGA), www.gastro.org/quality.

¹¹American Society of Anesthesiologists (ASA), www.asahq.org.

¹²American College of Gastroenterology (ACG), www.gi.org; American Gastroenterological Association (AGA), www.gastro.org; and American Society for Gastrointestinal Endoscopy (ASGE), www.asge.org.

Annual monitoring (AM)		
Brief Description of Performance Measure and Source and Reporting Instructions	CPT Category II Code(s)	Code Descriptor(s)
<ul style="list-style-type: none"> at least one serum potassium and either a serum creatinine or a blood urea nitrogen therapeutic monitoring test in the measurement year. <ul style="list-style-type: none"> Digoxin, <ul style="list-style-type: none"> at least one serum potassium and either a serum creatinine or a blood urea nitrogen therapeutic monitoring test in the measurement year. Diuretic <ul style="list-style-type: none"> at least one serum potassium and either a serum creatinine or a blood urea nitrogen therapeutic monitoring test in the measurement year. Anticonvulsant <ul style="list-style-type: none"> at least one drug serum concentration level monitoring test for the prescribed drug in the measurement year. <p>Denominator: All patients 18 years and older who are prescribed at least 180-day supply (6 months) of medication in the following drug classes:</p> <ul style="list-style-type: none"> angiotensin converting enzyme (ACE) inhibitors or angiotensin receptor blockers (ARB) digoxin diuretics anticonvulsants 	<p>4220F</p> <p>4221F</p> <p>4230F</p>	<p>Digoxin medication therapy for 6 months or more</p> <p>Diuretic medication therapy for 6 months or more</p> <p>Anticonvulsant medication therapy for 6 months or more</p>

Footnotes

¹Physician Consortium for Performance Improvement®(PCPI) - For more information on measures developed by the Physician Consortium for Performance Improvement® (PCPI), see the appropriate Payor website.

²National Committee on Quality Assurance (NCQA), Health Employer Data Information Set (HEDIS®), www.ncqa.org

³The Joint Commission, <https://www.jointcommission.org>

⁴National Diabetes Quality Improvement Alliance (NDQIA) - For more information on measures developed by the National Diabetes Quality Improvement Alliance (NDQIA), see the appropriate Payor website.

⁵Joint measure from The Physician Consortium for Performance Improvement (PCPI), and National Committee on Quality Assurance (NCQA) - For more information on measures developed as joint measures from Physician Consortium for Performance Improvement and the National Committee on Quality Assurance (NCQA), visit the NCQA website at www.ncqa.org.

⁶The Society of Thoracic Surgeons at www.sts.org and National Quality Forum, www.qualityforum.org.

⁷Optum, www.optum.com.

⁸American Academy of Neurology, <https://www.aan.com/practice/neuromuscular-quality-measures>, or quality@aan.com.

⁹College of American Pathologists (CAP), <https://www.cap.org/advocacy/quality-payment-program-for-pathologists/mips-for-pathologists/2023-pathology-quality-measures>.

¹⁰American Gastroenterological Association (AGA), www.gastro.org/quality.

¹¹American Society of Anesthesiologists (ASA), www.asahq.org.

¹²American College of Gastroenterology (ACG), www.gi.org; American Gastroenterological Association (AGA), www.gastro.org; and American Society for Gastrointestinal Endoscopy (ASGE), www.asge.org.

Annual monitoring (AM)		
Brief Description of Performance Measure and Source and Reporting Instructions	CPT Category II Code(s)	Code Descriptor(s)
<p>Exclusion(s): Medical reasons for not receiving the appropriate annual therapeutic monitoring</p> <p>Percentage of patients 18 years and older who received at least a 180-days supply of ambulatory medication therapy for a select therapeutic agent and are receiving the appropriate annual therapeutic monitoring.</p> <p>Reporting Instructions: Report this code for a patient at least once during the measurement year for patients identified in the eligible population. For patient with appropriate exclusion criteria report 4188F, 4189F, 4190F, or 4191F with modifier 1P. Measure requirements will be met when the appropriate documentation is present in administrative claims or internal data bases.</p>		

Footnotes

¹Physician Consortium for Performance Improvement®(PCPI) - For more information on measures developed by the Physician Consortium for Performance Improvement® (PCPI), see the appropriate Payor website.

²National Committee on Quality Assurance (NCQA), Health Employer Data Information Set (HEDIS®), www.ncqa.org

³The Joint Commission, <https://www.jointcommission.org>

⁴National Diabetes Quality Improvement Alliance (NDQIA) - For more information on measures developed by the National Diabetes Quality Improvement Alliance (NDQIA), see the appropriate Payor website.

⁵Joint measure from The Physician Consortium for Performance Improvement (PCPI), and National Committee on Quality Assurance (NCQA) - For more information on measures developed as joint measures from Physician Consortium for Performance Improvement and the National Committee on Quality Assurance (NCQA), visit the NCQA website at www.ncqa.org.

⁶The Society of Thoracic Surgeons at www.sts.org and National Quality Forum, www.qualityforum.org.

⁷Optum, www.optum.com.

⁸American Academy of Neurology, <https://www.aan.com/practice/neuromuscular-quality-measures>, or quality@aan.com.

⁹College of American Pathologists (CAP), <https://www.cap.org/advocacy/quality-payment-program-for-pathologists/mips-for-pathologists/2023-pathology-quality-measures>.

¹⁰American Gastroenterological Association (AGA), www.gastro.org/quality.

¹¹American Society of Anesthesiologists (ASA), www.asahq.org.

¹²American College of Gastroenterology (ACG), www.gi.org; American Gastroenterological Association (AGA), www.gastro.org; and American Society for Gastrointestinal Endoscopy (ASGE), www.asge.org.

Asthma		
Brief Description of Performance Measure and Source and Reporting Instructions	CPT Category II Code(s)	Code Descriptor(s)
<p>Assessment of Asthma Control¹ Whether or not the patient aged 5 through 50 years with a diagnosis of asthma was evaluated at least once for asthma control</p> <p>Numerator: Patients who were evaluated for asthma control*</p> <p>*Evaluation of asthma control is defined as: Documentation of an evaluation of asthma impairment which must include: daytime symptoms AND nighttime awakenings AND interference with normal activity AND short-acting beta₂-agonist use for symptom control.</p> <p>Note: Completion of a validated questionnaire will also meet the numerator requirement for this component of the measure.</p> <p>AND</p>	<p>2015F</p> <p>2016F</p>	<p>Asthma impairment assessed</p> <p>Asthma risk assessed</p>

Footnotes

¹Physician Consortium for Performance Improvement®(PCPI) - For more information on measures developed by the Physician Consortium for Performance Improvement® (PCPI), see the appropriate Payor website.

²National Committee on Quality Assurance (NCQA), Health Employer Data Information Set (HEDIS®), www.ncqa.org

³The Joint Commission, <https://www.jointcommission.org>

⁴National Diabetes Quality Improvement Alliance (NDQIA) - For more information on measures developed by the National Diabetes Quality Improvement Alliance (NDQIA), see the appropriate Payor website.

⁵Joint measure from The Physician Consortium for Performance Improvement (PCPI), and National Committee on Quality Assurance (NCQA) - For more information on measures developed as joint measures from Physician Consortium for Performance Improvement and the National Committee on Quality Assurance (NCQA), visit the NCQA website at www.ncqa.org.

⁶The Society of Thoracic Surgeons at www.sts.org and National Quality Forum, www.qualityforum.org.

⁷Optum, www.optum.com.

⁸American Academy of Neurology, <https://www.aan.com/practice/neuromuscular-quality-measures>, or quality@aan.com.

⁹College of American Pathologists (CAP), <https://www.cap.org/advocacy/quality-payment-program-for-pathologists/mips-for-pathologists/2023-pathology-quality-measures>.

¹⁰American Gastroenterological Association (AGA), www.gastro.org/quality.

¹¹American Society of Anesthesiologists (ASA), www.asahq.org.

¹²American College of Gastroenterology (ACG), www.gi.org; American Gastroenterological Association (AGA), www.gastro.org; and American Society for Gastrointestinal Endoscopy (ASGE), www.asge.org.

Asthma		
Brief Description of Performance Measure and Source and Reporting Instructions	CPT Category II Code(s)	Code Descriptor(s)
<p>Documentation of asthma risk which must include the number of asthma exacerbations requiring oral systemic corticosteroids in the prior 12 months</p> <p>Denominator:</p> <p>All patients aged 5 through 50 years with a diagnosis of asthma</p> <p>Exclusion(s):</p> <p>None</p> <p>Reporting Instructions:</p> <p>Report 2015F and 2016F for each patient that was evaluated at least once for asthma control. Evaluation of asthma impairment and asthma risk must occur during the same medical encounter.</p> <p>There are no performance exclusions; modifiers 1P, 2P and 3P may not be used.</p>		

Footnotes

¹Physician Consortium for Performance Improvement®(PCPI) - For more information on measures developed by the Physician Consortium for Performance Improvement® (PCPI), see the appropriate Payor website.

²National Committee on Quality Assurance (NCQA), Health Employer Data Information Set (HEDIS®), www.ncqa.org

³The Joint Commission, <https://www.jointcommission.org>

⁴National Diabetes Quality Improvement Alliance (NDQIA) - For more information on measures developed by the National Diabetes Quality Improvement Alliance (NDQIA), see the appropriate Payor website.

⁵Joint measure from The Physician Consortium for Performance Improvement (PCPI), and National Committee on Quality Assurance (NCQA) - For more information on measures developed as joint measures from Physician Consortium for Performance Improvement and the National Committee on Quality Assurance (NCQA), visit the NCQA website at www.ncqa.org.

⁶The Society of Thoracic Surgeons at www.sts.org and National Quality Forum, www.qualityforum.org.

⁷Optum, www.optum.com.

⁸American Academy of Neurology, <https://www.aan.com/practice/neuromuscular-quality-measures>, or quality@aan.com.

⁹College of American Pathologists (CAP), <https://www.cap.org/advocacy/quality-payment-program-for-pathologists/mips-for-pathologists/2023-pathology-quality-measures>.

¹⁰American Gastroenterological Association (AGA), www.gastro.org/quality.

¹¹American Society of Anesthesiologists (ASA), www.asahq.org.

¹²American College of Gastroenterology (ACG), www.gi.org; American Gastroenterological Association (AGA), www.gastro.org; and American Society for Gastrointestinal Endoscopy (ASGE), www.asge.org.

Asthma		
Brief Description of Performance Measure and Source and Reporting Instructions	CPT Category II Code(s)	Code Descriptor(s)
<p>Tobacco Use: Screening¹ Whether or not the patient aged 5 through 50 years old (or caregiver) with a diagnosis of asthma was queried about tobacco use and exposure to second hand smoke in their home environment</p> <p>Numerator: Patients (or their primary caregiver) who were queried about tobacco use and exposure to second hand smoke in their home environment</p> <p>Denominator: All patients aged 5 through 50 years with a diagnosis of asthma</p> <p>Exclusion(s): None</p> <p>Reporting Instructions:</p>	1031F	Smoking status and exposure to second hand smoke in the home assessed

Footnotes

¹Physician Consortium for Performance Improvement®(PCPI) - For more information on measures developed by the Physician Consortium for Performance Improvement® (PCPI), see the appropriate Payor website.

²National Committee on Quality Assurance (NCQA), Health Employer Data Information Set (HEDIS®), www.ncqa.org

³The Joint Commission, <https://www.jointcommission.org>

⁴National Diabetes Quality Improvement Alliance (NDQIA) - For more information on measures developed by the National Diabetes Quality Improvement Alliance (NDQIA), see the appropriate Payor website.

⁵Joint measure from The Physician Consortium for Performance Improvement (PCPI), and National Committee on Quality Assurance (NCQA) - For more information on measures developed as joint measures from Physician Consortium for Performance Improvement and the National Committee on Quality Assurance (NCQA), visit the NCQA website at www.ncqa.org.

⁶The Society of Thoracic Surgeons at www.sts.org and National Quality Forum, www.qualityforum.org.

⁷Optum, www.optum.com.

⁸American Academy of Neurology, <https://www.aan.com/practice/neuromuscular-quality-measures>, or quality@aan.com.

⁹College of American Pathologists (CAP), <https://www.cap.org/advocacy/quality-payment-program-for-pathologists/mips-for-pathologists/2023-pathology-quality-measures>.

¹⁰American Gastroenterological Association (AGA), www.gastro.org/quality.

¹¹American Society of Anesthesiologists (ASA), www.asahq.org.

¹²American College of Gastroenterology (ACG), www.gi.org; American Gastroenterological Association (AGA), www.gastro.org; and American Society for Gastrointestinal Endoscopy (ASGE), www.asge.org.

Asthma		
Brief Description of Performance Measure and Source and Reporting Instructions	CPT Category II Code(s)	Code Descriptor(s)
<p>Report 1031F for each patient whose smoking status and exposure to second hand smoke in the home was assessed.</p> <p>There are no performance exclusions; modifiers 1P, 2P, and 3P may not be used.</p>		
<p>Tobacco Use – Intervention¹</p> <p>Whether or not the patient aged 5 through 50 years with a diagnosis of asthma identified as a tobacco user and received tobacco cessation intervention during the measurement period</p> <p>Numerator:</p> <p>Patients (or their caregivers) who received tobacco use cessation intervention</p> <p>Note: Practitioners providing tobacco cessation interventions to a pediatric patient’s primary caregiver are still numerator compliant whether or not the primary caregiver is the source of second hand smoke in the home.</p> <p>Denominator:</p>	<p>4000F</p> <p>4001F</p> <p>Denominator Codes</p>	<p>Tobacco use cessation intervention, counseling</p> <p>Tobacco use cessation intervention, pharmacologic therapy</p>

Footnotes

¹Physician Consortium for Performance Improvement®(PCPI) - For more information on measures developed by the Physician Consortium for Performance Improvement® (PCPI), see the appropriate Payor website.

²National Committee on Quality Assurance (NCQA), Health Employer Data Information Set (HEDIS®), www.ncqa.org

³The Joint Commission, <https://www.jointcommission.org>

⁴National Diabetes Quality Improvement Alliance (NDQIA) - For more information on measures developed by the National Diabetes Quality Improvement Alliance (NDQIA), see the appropriate Payor website.

⁵Joint measure from The Physician Consortium for Performance Improvement (PCPI), and National Committee on Quality Assurance (NCQA) - For more information on measures developed as joint measures from Physician Consortium for Performance Improvement and the National Committee on Quality Assurance (NCQA), visit the NCQA website at www.ncqa.org.

⁶The Society of Thoracic Surgeons at www.sts.org and National Quality Forum, www.qualityforum.org.

⁷Optum, www.optum.com.

⁸American Academy of Neurology, <https://www.aan.com/practice/neuromuscular-quality-measures>, or quality@aan.com.

⁹College of American Pathologists (CAP), <https://www.cap.org/advocacy/quality-payment-program-for-pathologists/mips-for-pathologists/2023-pathology-quality-measures>.

¹⁰American Gastroenterological Association (AGA), www.gastro.org/quality.

¹¹American Society of Anesthesiologists (ASA), www.asahq.org.

¹²American College of Gastroenterology (ACG), www.gi.org; American Gastroenterological Association (AGA), www.gastro.org; and American Society for Gastrointestinal Endoscopy (ASGE), www.asge.org.

Asthma		
Brief Description of Performance Measure and Source and Reporting Instructions	CPT Category II Code(s)	Code Descriptor(s)
<p>All patients aged 5 through 50 years with a diagnosis of asthma identified as tobacco users*</p> <p>*Tobacco users include patients who currently use tobacco AND patients who do not currently use tobacco, but are exposed to second hand smoke in their home environment.</p> <p>Exclusion(s): None</p> <p>Reporting Instructions: Report 1032F or 1033F to indicate tobacco use status. If 1032F (tobacco smoker OR currently exposed to secondhand smoke), report 4000F OR 4001F to indicate type of tobacco use cessation intervention.</p> <p>There are no performance exclusions for this measure; modifiers 1P, 2P, and 3P may not be used.</p>	<p>1032F</p> <p>1033F</p>	<p>Current tobacco smoker OR currently exposed to secondhand smoke</p> <p>Current tobacco non-smoker AND not currently exposed to secondhand smoke</p>
Pharmacologic Therapy for Persistent Asthma¹		

Footnotes

¹Physician Consortium for Performance Improvement®(PCPI) - For more information on measures developed by the Physician Consortium for Performance Improvement® (PCPI), see the appropriate Payor website.

²National Committee on Quality Assurance (NCQA), Health Employer Data Information Set (HEDIS®), www.ncqa.org

³The Joint Commission, <https://www.jointcommission.org>

⁴National Diabetes Quality Improvement Alliance (NDQIA) - For more information on measures developed by the National Diabetes Quality Improvement Alliance (NDQIA), see the appropriate Payor website.

⁵Joint measure from The Physician Consortium for Performance Improvement (PCPI), and National Committee on Quality Assurance (NCQA) - For more information on measures developed as joint measures from Physician Consortium for Performance Improvement and the National Committee on Quality Assurance (NCQA), visit the NCQA website at www.ncqa.org.

⁶The Society of Thoracic Surgeons at www.sts.org and National Quality Forum, www.qualityforum.org.

⁷Optum, www.optum.com.

⁸American Academy of Neurology, <https://www.aan.com/practice/neuromuscular-quality-measures>, or quality@aan.com.

⁹College of American Pathologists (CAP), <https://www.cap.org/advocacy/quality-payment-program-for-pathologists/mips-for-pathologists/2023-pathology-quality-measures>.

¹⁰American Gastroenterological Association (AGA), www.gastro.org/quality.

¹¹American Society of Anesthesiologists (ASA), www.asahq.org.

¹²American College of Gastroenterology (ACG), www.gi.org; American Gastroenterological Association (AGA), www.gastro.org; and American Society for Gastrointestinal Endoscopy (ASGE), www.asge.org.

Asthma		
Brief Description of Performance Measure and Source and Reporting Instructions	CPT Category II Code(s)	Code Descriptor(s)
<p>Whether or not the patient aged 5 through 50 years old with a diagnosis of persistent asthma was prescribed long-term medication</p> <p>Numerator:</p> <p>Patients who were prescribed long-term medication*</p> <p>Long-term medication includes:</p> <ol style="list-style-type: none"> 1. Patients prescribed inhaled corticosteroids (the preferred long-term control medication at any step of asthma pharmacological therapy) <p>OR</p> <ol style="list-style-type: none"> 2. Patients prescribed alternative long-term control medications <p>See measure specifications for list of preferred and alternative long-term control medications</p> <p>Denominator:</p> <p>All patients aged 5 through 50 years with a diagnosis of persistent asthma</p> <p>Exclusion(s):</p>	<p>4140F</p> <p>4144F</p> <p>Denominator Codes</p> <p>1038F</p>	<p>Inhaled corticosteroids prescribed</p> <p>Alternative long-term control medication prescribed</p> <p>Persistent asthma (mild, moderate or severe)</p>

Footnotes

¹Physician Consortium for Performance Improvement®(PCPI) - For more information on measures developed by the Physician Consortium for Performance Improvement® (PCPI), see the appropriate Payor website.

²National Committee on Quality Assurance (NCQA), Health Employer Data Information Set (HEDIS®), www.ncqa.org

³The Joint Commission, <https://www.jointcommission.org>

⁴National Diabetes Quality Improvement Alliance (NDQIA) - For more information on measures developed by the National Diabetes Quality Improvement Alliance (NDQIA), see the appropriate Payor website.

⁵Joint measure from The Physician Consortium for Performance Improvement (PCPI), and National Committee on Quality Assurance (NCQA) - For more information on measures developed as joint measures from Physician Consortium for Performance Improvement and the National Committee on Quality Assurance (NCQA), visit the NCQA website at www.ncqa.org.

⁶The Society of Thoracic Surgeons at www.sts.org and National Quality Forum, www.qualityforum.org.

⁷Optum, www.optum.com.

⁸American Academy of Neurology, <https://www.aan.com/practice/neuromuscular-quality-measures>, or quality@aan.com.

⁹College of American Pathologists (CAP), <https://www.cap.org/advocacy/quality-payment-program-for-pathologists/mips-for-pathologists/2023-pathology-quality-measures>.

¹⁰American Gastroenterological Association (AGA), www.gastro.org/quality.

¹¹American Society of Anesthesiologists (ASA), www.asahq.org.

¹²American College of Gastroenterology (ACG), www.gi.org; American Gastroenterological Association (AGA), www.gastro.org; and American Society for Gastrointestinal Endoscopy (ASGE), www.asge.org.

Asthma		
Brief Description of Performance Measure and Source and Reporting Instructions	CPT Category II Code(s)	Code Descriptor(s)
<p>Documentation of medical (eg, patients diagnosed with Emphysema, COPD, Cystic Fibrosis, and Acute Respiratory Failure, other medical reason(s)) or patient reason(s) for not prescribing either an inhaled corticosteroid (ICS) or an alternative long-term control medication</p> <p>Medical exclusions can be found in the measure specifications</p> <p>Reporting Instructions: Report 1038F or 1039F to indicate asthma severity. For patients with persistent asthma (1038F), report 4140F or 4144F for both. For patient with appropriate exclusion criteria report 4140F or 4144F, with modifier 1P or 2P.</p>	1039F	Intermittent asthma
<p>Assessment of Asthma Risk¹ Whether or not the patient aged 5 through 50 years with a diagnosis of asthma exacerbation was evaluated for the number of asthma exacerbations requiring oral systemic corticosteroids (asthma risk)</p>	2016F	Asthma risk assessed

Footnotes

¹Physician Consortium for Performance Improvement®(PCPI) - For more information on measures developed by the Physician Consortium for Performance Improvement® (PCPI), see the appropriate Payor website.

²National Committee on Quality Assurance (NCQA), Health Employer Data Information Set (HEDIS®), www.ncqa.org

³The Joint Commission, <https://www.jointcommission.org>

⁴National Diabetes Quality Improvement Alliance (NDQIA) - For more information on measures developed by the National Diabetes Quality Improvement Alliance (NDQIA), see the appropriate Payor website.

⁵Joint measure from The Physician Consortium for Performance Improvement (PCPI), and National Committee on Quality Assurance (NCQA) - For more information on measures developed as joint measures from Physician Consortium for Performance Improvement and the National Committee on Quality Assurance (NCQA), visit the NCQA website at www.ncqa.org.

⁶The Society of Thoracic Surgeons at www.sts.org and National Quality Forum, www.qualityforum.org.

⁷Optum, www.optum.com.

⁸American Academy of Neurology, <https://www.aan.com/practice/neuromuscular-quality-measures>, or quality@aan.com.

⁹College of American Pathologists (CAP), <https://www.cap.org/advocacy/quality-payment-program-for-pathologists/mips-for-pathologists/2023-pathology-quality-measures>.

¹⁰American Gastroenterological Association (AGA), www.gastro.org/quality.

¹¹American Society of Anesthesiologists (ASA), www.asahq.org.

¹²American College of Gastroenterology (ACG), www.gi.org; American Gastroenterological Association (AGA), www.gastro.org; and American Society for Gastrointestinal Endoscopy (ASGE), www.asge.org.

Asthma		
Brief Description of Performance Measure and Source and Reporting Instructions	CPT Category II Code(s)	Code Descriptor(s)
<p>Numerator:</p> <p>Patients who were evaluated for the number of asthma exacerbations requiring oral systemic corticosteroids in the prior 12 months (asthma risk*)</p> <p>*Asthma risk includes the number of asthma exacerbations requiring oral systemic corticosteroids in the prior 12 months</p> <p>Denominator:</p> <p>All patients aged 5 through 50 years with a diagnosis of asthma exacerbation diagnosed during an emergency department or inpatient admission</p> <p>Exclusion(s):</p> <p>None</p> <p>Reporting Instructions:</p>		

Footnotes

¹Physician Consortium for Performance Improvement®(PCPI) - For more information on measures developed by the Physician Consortium for Performance Improvement® (PCPI), see the appropriate Payor website.

²National Committee on Quality Assurance (NCQA), Health Employer Data Information Set (HEDIS®), www.ncqa.org

³The Joint Commission, <https://www.jointcommission.org>

⁴National Diabetes Quality Improvement Alliance (NDQIA) - For more information on measures developed by the National Diabetes Quality Improvement Alliance (NDQIA), see the appropriate Payor website.

⁵Joint measure from The Physician Consortium for Performance Improvement (PCPI), and National Committee on Quality Assurance (NCQA) - For more information on measures developed as joint measures from Physician Consortium for Performance Improvement and the National Committee on Quality Assurance (NCQA), visit the NCQA website at www.ncqa.org.

⁶The Society of Thoracic Surgeons at www.sts.org and National Quality Forum, www.qualityforum.org.

⁷Optum, www.optum.com.

⁸American Academy of Neurology, <https://www.aan.com/practice/neuromuscular-quality-measures>, or quality@aan.com.

⁹College of American Pathologists (CAP), <https://www.cap.org/advocacy/quality-payment-program-for-pathologists/mips-for-pathologists/2023-pathology-quality-measures>.

¹⁰American Gastroenterological Association (AGA), www.gastro.org/quality.

¹¹American Society of Anesthesiologists (ASA), www.asahq.org.

¹²American College of Gastroenterology (ACG), www.gi.org; American Gastroenterological Association (AGA), www.gastro.org; and American Society for Gastrointestinal Endoscopy (ASGE), www.asge.org.

Asthma		
Brief Description of Performance Measure and Source and Reporting Instructions	CPT Category II Code(s)	Code Descriptor(s)
<p>Report this measure for each emergency department encounter or inpatient admission (with a diagnosis of acute asthma exacerbation).</p> <p>There are no performance exclusions for this measure; modifiers 1P, 2P, and 3P may not be used.</p>		
<p>Asthma Discharge Plan¹</p> <p>Whether or not the patient aged 5 through 50 years old with a diagnosis of asthma exacerbation during an emergency department visit or inpatient admission was discharged with an asthma discharge plan</p> <p>Numerator:</p> <p>Patients discharged with an asthma discharge plan*</p> <p>Patients provided with oral and written discharge instructions</p> <p>*The asthma discharge plan must include:</p> <p>1. Instructions regarding inhaled corticosteroid use</p>	5250F	Asthma discharge plan provided to patient

Footnotes

¹Physician Consortium for Performance Improvement®(PCPI) - For more information on measures developed by the Physician Consortium for Performance Improvement® (PCPI), see the appropriate Payor website.

²National Committee on Quality Assurance (NCQA), Health Employer Data Information Set (HEDIS®), www.ncqa.org

³The Joint Commission, <https://www.jointcommission.org>

⁴National Diabetes Quality Improvement Alliance (NDQIA) - For more information on measures developed by the National Diabetes Quality Improvement Alliance (NDQIA), see the appropriate Payor website.

⁵Joint measure from The Physician Consortium for Performance Improvement (PCPI), and National Committee on Quality Assurance (NCQA) - For more information on measures developed as joint measures from Physician Consortium for Performance Improvement and the National Committee on Quality Assurance (NCQA), visit the NCQA website at www.ncqa.org.

⁶The Society of Thoracic Surgeons at www.sts.org and National Quality Forum, www.qualityforum.org.

⁷Optum, www.optum.com.

⁸American Academy of Neurology, <https://www.aan.com/practice/neuromuscular-quality-measures>, or quality@aan.com.

⁹College of American Pathologists (CAP), <https://www.cap.org/advocacy/quality-payment-program-for-pathologists/mips-for-pathologists/2023-pathology-quality-measures>.

¹⁰American Gastroenterological Association (AGA), www.gastro.org/quality.

¹¹American Society of Anesthesiologists (ASA), www.asahq.org.

¹²American College of Gastroenterology (ACG), www.gi.org; American Gastroenterological Association (AGA), www.gastro.org; and American Society for Gastrointestinal Endoscopy (ASGE), www.asge.org.

Asthma		
Brief Description of Performance Measure and Source and Reporting Instructions	CPT Category II Code(s)	Code Descriptor(s)
<p>AND</p> <p>2. Information regarding discharge medications and how to use them (eg, instruction on inhaler technique)</p> <p>AND</p> <p>3. Referral for a follow-up appointment</p> <p>AND</p> <p>4. Instructions for recognizing and managing relapse of exacerbation or recurrence of airflow obstruction</p> <p>The hospital discharge day management codes are to be used to report the total duration of time spent by a physician for final hospital discharge of a patient. The codes include, as appropriate, final examination of the patient, discussion of the hospital stay, even if the time spent by the physician on that date is not continuous, instructions for continuing care to all relevant caregivers, and preparation of discharge records, prescriptions and referral forms. For a patient admitted and discharged from observation or inpatient status on the same date, the services should be reported with codes 99234-99236 as appropriate.</p> <p>Denominator:</p>		

Footnotes

¹Physician Consortium for Performance Improvement®(PCPI) - For more information on measures developed by the Physician Consortium for Performance Improvement® (PCPI), see the appropriate Payor website.

²National Committee on Quality Assurance (NCQA), Health Employer Data Information Set (HEDIS®), www.ncqa.org

³The Joint Commission, <https://www.jointcommission.org>

⁴National Diabetes Quality Improvement Alliance (NDQIA) - For more information on measures developed by the National Diabetes Quality Improvement Alliance (NDQIA), see the appropriate Payor website.

⁵Joint measure from The Physician Consortium for Performance Improvement (PCPI), and National Committee on Quality Assurance (NCQA) - For more information on measures developed as joint measures from Physician Consortium for Performance Improvement and the National Committee on Quality Assurance (NCQA), visit the NCQA website at www.ncqa.org.

⁶The Society of Thoracic Surgeons at www.sts.org and National Quality Forum, www.qualityforum.org.

⁷Optum, www.optum.com.

⁸American Academy of Neurology, <https://www.aan.com/practice/neuromuscular-quality-measures>, or quality@aan.com.

⁹College of American Pathologists (CAP), <https://www.cap.org/advocacy/quality-payment-program-for-pathologists/mips-for-pathologists/2023-pathology-quality-measures>.

¹⁰American Gastroenterological Association (AGA), www.gastro.org/quality.

¹¹American Society of Anesthesiologists (ASA), www.asahq.org.

¹²American College of Gastroenterology (ACG), www.gi.org; American Gastroenterological Association (AGA), www.gastro.org; and American Society for Gastrointestinal Endoscopy (ASGE), www.asge.org.

Asthma		
Brief Description of Performance Measure and Source and Reporting Instructions	CPT Category II Code(s)	Code Descriptor(s)
<p>All patients aged 5 through 50 years with a diagnosis of asthma exacerbation during an emergency department visit or inpatient admission</p> <p>Exclusion(s): None</p> <p>Reporting Instructions: Report this measure for each emergency department encounter or inpatient admission with a diagnosis of acute asthma exacerbation. Report 5250F if an asthma discharge plan is provided to patient at time of discharge.</p> <p>There are no performance exclusions for this measure; modifiers 1P, 2P, and 3P may not be used.</p>		

Footnotes

¹**Physician Consortium for Performance Improvement®(PCPI)** - For more information on measures developed by the Physician Consortium for Performance Improvement® (PCPI), see the appropriate Payor website.

²**National Committee on Quality Assurance (NCQA)**, Health Employer Data Information Set (HEDIS®), www.ncqa.org

³**The Joint Commission**, <https://www.jointcommission.org>

⁴**National Diabetes Quality Improvement Alliance (NDQIA)** - For more information on measures developed by the National Diabetes Quality Improvement Alliance (NDQIA), see the appropriate Payor website.

⁵Joint measure from **The Physician Consortium for Performance Improvement (PCPI)**, and **National Committee on Quality Assurance (NCQA)** - For more information on measures developed as joint measures from Physician Consortium for Performance Improvement and the National Committee on Quality Assurance (NCQA), visit the NCQA website at www.ncqa.org.

⁶**The Society of Thoracic Surgeons** at www.sts.org and **National Quality Forum**, www.qualityforum.org.

⁷**Optum**, www.optum.com.

⁸**American Academy of Neurology**, <https://www.aan.com/practice/neuromuscular-quality-measures>, or quality@aan.com.

⁹**College of American Pathologists (CAP)**, <https://www.cap.org/advocacy/quality-payment-program-for-pathologists/mips-for-pathologists/2023-pathology-quality-measures>.

¹⁰**American Gastroenterological Association (AGA)**, www.gastro.org/quality.

¹¹**American Society of Anesthesiologists (ASA)**, www.asahq.org.

¹²**American College of Gastroenterology (ACG)**, www.gi.org; **American Gastroenterological Association (AGA)**, www.gastro.org; and **American Society for Gastrointestinal Endoscopy (ASGE)**, www.asge.org.

Atrial Fibrillation and Atrial Flutter (AFIB)		
Brief Description of Performance Measure and Source	CPT Category II Code(s)	Code Descriptor(s)
<p>Assessment of Thromboembolic Risk Factors¹</p> <p>Whether or not the patient aged 18 years and older with a diagnosis of nonvalvular atrial fibrillation or atrial flutter had an assessment of all of the specified thromboembolic risk factors documented during the 12 month reporting period</p> <p>Numerator: Patients with an assessment of all of the specified thromboembolic risk factors* documented during the 12 month reporting period</p> <p>*Thromboembolic risk factors to be assessed include: prior stroke or TIA, age ≥ 75 years, hypertension, diabetes mellitus, and heart failure or impaired left ventricular systolic function.</p> <p>Denominator: All patients aged 18 years and older with a diagnosis of nonvalvular atrial fibrillation or atrial flutter</p> <p>Exclusion(s): Documentation of medical reason(s) for not assessing risk factors (eg, patients with transient or reversible causes of atrial fibrillation (eg, pneumonia or hyperthyroidism),</p>	1180F	All specified thromboembolic risk factors assessed

Footnotes

¹Physician Consortium for Performance Improvement®(PCPI) - For more information on measures developed by the Physician Consortium for Performance Improvement® (PCPI), see the appropriate Payor website.

²National Committee on Quality Assurance (NCQA), Health Employer Data Information Set (HEDIS®), www.ncqa.org

³The Joint Commission, <https://www.jointcommission.org>

⁴National Diabetes Quality Improvement Alliance (NDQIA) - For more information on measures developed by the National Diabetes Quality Improvement Alliance (NDQIA), see the appropriate Payor website.

⁵Joint measure from The Physician Consortium for Performance Improvement (PCPI), and National Committee on Quality Assurance (NCQA) - For more information on measures developed as joint measures from Physician Consortium for Performance Improvement and the National Committee on Quality Assurance (NCQA), visit the NCQA website at www.ncqa.org.

⁶The Society of Thoracic Surgeons at www.sts.org and National Quality Forum, www.qualityforum.org.

⁷Optum, www.optum.com.

⁸American Academy of Neurology, <https://www.aan.com/practice/neuromuscular-quality-measures>, or quality@aan.com.

⁹College of American Pathologists (CAP), <https://www.cap.org/advocacy/quality-payment-program-for-pathologists/mips-for-pathologists/2023-pathology-quality-measures>.

¹⁰American Gastroenterological Association (AGA), www.gastro.org/quality.

¹¹American Society of Anesthesiologists (ASA), www.asahq.org.

¹²American College of Gastroenterology (ACG), www.gi.org; American Gastroenterological Association (AGA), www.gastro.org; and American Society for Gastrointestinal Endoscopy (ASGE), www.asge.org.

Atrial Fibrillation and Atrial Flutter (AFIB)		
Brief Description of Performance Measure and Source	CPT Category II Code(s)	Code Descriptor(s)
<p>postoperative patients, patients who are pregnant, allergy to warfarin, risk of bleeding)</p> <p>Percentage of patients aged 18 years and older with a diagnosis of nonvalvular atrial fibrillation or atrial flutter with an assessment of all of the specified thromboembolic risk factors documented</p> <p>Reporting Instructions: For the patient with appropriate exclusion criteria, report 1180F with modifier 1P.</p>		
<p>Chronic Anticoagulation Therapy¹</p> <p>Whether or not the patient aged 18 years and older with a diagnosis of nonvalvular atrial fibrillation or atrial flutter at high risk for thromboembolism was prescribed warfarin during the 12 month reporting period</p> <p>Numerator: Patients who were prescribed warfarin during the 12 month reporting period</p>	<p>4012F</p> <p>Denominator Codes</p>	<p>Warfarin therapy prescribed</p>

Footnotes

¹**Physician Consortium for Performance Improvement®(PCPI)** - For more information on measures developed by the Physician Consortium for Performance Improvement® (PCPI), see the appropriate Payor website.

²**National Committee on Quality Assurance (NCQA)**, Health Employer Data Information Set (HEDIS®), www.ncqa.org

³**The Joint Commission**, <https://www.jointcommission.org>

⁴**National Diabetes Quality Improvement Alliance (NDQIA)** - For more information on measures developed by the National Diabetes Quality Improvement Alliance (NDQIA), see the appropriate Payor website.

⁵Joint measure from **The Physician Consortium for Performance Improvement (PCPI)**, and **National Committee on Quality Assurance (NCQA)** - For more information on measures developed as joint measures from Physician Consortium for Performance Improvement and the National Committee on Quality Assurance (NCQA), visit the NCQA website at www.ncqa.org.

⁶**The Society of Thoracic Surgeons** at www.sts.org and **National Quality Forum**, www.qualityforum.org.

⁷**Optum**, www.optum.com.

⁸**American Academy of Neurology**, <https://www.aan.com/practice/neuromuscular-quality-measures>, or quality@aan.com.

⁹**College of American Pathologists (CAP)**, <https://www.cap.org/advocacy/quality-payment-program-for-pathologists/mips-for-pathologists/2023-pathology-quality-measures>.

¹⁰**American Gastroenterological Association (AGA)**, www.gastro.org/quality.

¹¹**American Society of Anesthesiologists (ASA)**, www.asahq.org.

¹²**American College of Gastroenterology (ACG)**, www.gi.org; **American Gastroenterological Association (AGA)**, www.gastro.org; and **American Society for Gastrointestinal Endoscopy (ASGE)**, www.asge.org.

Atrial Fibrillation and Atrial Flutter (AFIB)		
Brief Description of Performance Measure and Source	CPT Category II Code(s)	Code Descriptor(s)
<p>Denominator: All patients aged 18 years and older with a diagnosis of nonvalvular atrial fibrillation or atrial flutter at high risk for thromboembolism</p> <p>Definitions of Risk</p> <p>Patients are identified by ACC/AHA/ESC 2006 guidelines at low risk for thromboembolism if there are none of the following factors: prior stroke or TIA, age ≥ 75 years, hypertension, diabetes mellitus, and heart failure or impaired left ventricular systolic function.</p> <p>Patients are identified by ACC/AHA/ESC 2006 guidelines at intermediate risk for thromboembolism if there is one of the following factors: age ≥ 75 years, hypertension, diabetes mellitus, and heart failure or impaired left ventricular systolic function.</p> <p>Patients are identified by ACC/AHA/ESC 2006 guidelines at high risk for thromboembolism if there is a prior stroke or TIA OR two or more of the following factors: age ≥ 75 years,</p>	<p>3550F</p> <p>3551F</p> <p>3552F</p>	<p>Low risk for thromboembolism</p> <p>Intermediate risk for thromboembolism</p> <p>High risk for thromboembolism</p>

Footnotes

¹Physician Consortium for Performance Improvement®(PCPI) - For more information on measures developed by the Physician Consortium for Performance Improvement® (PCPI), see the appropriate Payor website.

²National Committee on Quality Assurance (NCQA), Health Employer Data Information Set (HEDIS®), www.ncqa.org

³The Joint Commission, <https://www.jointcommission.org>

⁴National Diabetes Quality Improvement Alliance (NDQIA) - For more information on measures developed by the National Diabetes Quality Improvement Alliance (NDQIA), see the appropriate Payor website.

⁵Joint measure from The Physician Consortium for Performance Improvement (PCPI), and National Committee on Quality Assurance (NCQA) - For more information on measures developed as joint measures from Physician Consortium for Performance Improvement and the National Committee on Quality Assurance (NCQA), visit the NCQA website at www.ncqa.org.

⁶The Society of Thoracic Surgeons at www.sts.org and National Quality Forum, www.qualityforum.org.

⁷Optum, www.optum.com.

⁸American Academy of Neurology, <https://www.aan.com/practice/neuromuscular-quality-measures>, or quality@aan.com.

⁹College of American Pathologists (CAP), <https://www.cap.org/advocacy/quality-payment-program-for-pathologists/mips-for-pathologists/2023-pathology-quality-measures>.

¹⁰American Gastroenterological Association (AGA), www.gastro.org/quality.

¹¹American Society of Anesthesiologists (ASA), www.asahq.org.

¹²American College of Gastroenterology (ACG), www.gi.org; American Gastroenterological Association (AGA), www.gastro.org; and American Society for Gastrointestinal Endoscopy (ASGE), www.asge.org.

Atrial Fibrillation and Atrial Flutter (AFIB)		
Brief Description of Performance Measure and Source	CPT Category II Code(s)	Code Descriptor(s)
<p>hypertension, diabetes mellitus, and heart failure or impaired left ventricular systolic function.</p> <p>Exclusion(s): Documentation of medical reasons (eg, patients with transient or reversible causes of atrial fibrillation [eg, pneumonia or hyperthyroidism], postoperative patients, patients who are pregnant, allergy to warfarin, risk of bleeding) or patient reason(s) (eg, economic, social, and/or religious impediments, noncompliance or other reason for refusal to take warfarin) for not prescribing warfarin</p> <p>Percentage of patients aged 18 years and older with a diagnosis of nonvalvular atrial fibrillation or atrial flutter at high risk for thromboembolism who were prescribed warfarin during the 12 month reporting period</p> <p>Reporting Instructions:</p> <p>Report 3550F or 3551F or 3552F for each patient aged 18 years and older with a diagnosis of nonvalvular atrial fibrillation or atrial flutter. If the patient is classified as high</p>		

Footnotes

¹**Physician Consortium for Performance Improvement®(PCPI)** - For more information on measures developed by the Physician Consortium for Performance Improvement® (PCPI), see the appropriate Payor website.

²**National Committee on Quality Assurance (NCQA)**, Health Employer Data Information Set (HEDIS®), www.ncqa.org

³**The Joint Commission**, <https://www.jointcommission.org>

⁴**National Diabetes Quality Improvement Alliance (NDQIA)** - For more information on measures developed by the National Diabetes Quality Improvement Alliance (NDQIA), see the appropriate Payor website.

⁵Joint measure from **The Physician Consortium for Performance Improvement (PCPI)**, and **National Committee on Quality Assurance (NCQA)** - For more information on measures developed as joint measures from Physician Consortium for Performance Improvement and the National Committee on Quality Assurance (NCQA), visit the NCQA website at www.ncqa.org.

⁶**The Society of Thoracic Surgeons** at www.sts.org and **National Quality Forum**, www.qualityforum.org.

⁷**Optum**, www.optum.com.

⁸**American Academy of Neurology**, <https://www.aan.com/practice/neuromuscular-quality-measures>, or quality@aan.com.

⁹**College of American Pathologists (CAP)**, <https://www.cap.org/advocacy/quality-payment-program-for-pathologists/mips-for-pathologists/2023-pathology-quality-measures>.

¹⁰**American Gastroenterological Association (AGA)**, www.gastro.org/quality.

¹¹**American Society of Anesthesiologists (ASA)**, www.asahq.org.

¹²**American College of Gastroenterology (ACG)**, www.gi.org; **American Gastroenterological Association (AGA)**, www.gastro.org; and **American Society for Gastrointestinal Endoscopy (ASGE)**, www.asge.org.

Atrial Fibrillation and Atrial Flutter (AFIB)		
Brief Description of Performance Measure and Source	CPT Category II Code(s)	Code Descriptor(s)
<p>risk for thromboembolism and warfarin therapy is prescribed, also report 4012F.</p> <p>For the patient with appropriate exclusion criteria, report 4012F with modifier 1P or 2P.</p>		
<p>Monthly International Normalized Ratio (INR) Measurement Therapy¹</p> <p>Calendar months during reporting year during which the patient aged 18 years and older with a diagnosis of nonvalvular atrial fibrillation or atrial flutter, receiving warfarin therapy, have at least one INR measurement made</p> <p>Numerator: Number of calendar months in which at least one INR measurement was made</p> <p>Denominator: Number of calendar months in which the patient aged 18 years and older with a diagnosis of</p>	3555F	Patient had International Normalized Ratio (INR) measurement performed

Footnotes

¹Physician Consortium for Performance Improvement®(PCPI) - For more information on measures developed by the Physician Consortium for Performance Improvement® (PCPI), see the appropriate Payor website.

²National Committee on Quality Assurance (NCQA), Health Employer Data Information Set (HEDIS®), www.ncqa.org

³The Joint Commission, <https://www.jointcommission.org>

⁴National Diabetes Quality Improvement Alliance (NDQIA) - For more information on measures developed by the National Diabetes Quality Improvement Alliance (NDQIA), see the appropriate Payor website.

⁵Joint measure from The Physician Consortium for Performance Improvement (PCPI), and National Committee on Quality Assurance (NCQA) - For more information on measures developed as joint measures from Physician Consortium for Performance Improvement and the National Committee on Quality Assurance (NCQA), visit the NCQA website at www.ncqa.org.

⁶The Society of Thoracic Surgeons at www.sts.org and National Quality Forum, www.qualityforum.org.

⁷Optum, www.optum.com.

⁸American Academy of Neurology, <https://www.aan.com/practice/neuromuscular-quality-measures>, or quality@aan.com.

⁹College of American Pathologists (CAP), <https://www.cap.org/advocacy/quality-payment-program-for-pathologists/mips-for-pathologists/2023-pathology-quality-measures>.

¹⁰American Gastroenterological Association (AGA), www.gastro.org/quality.

¹¹American Society of Anesthesiologists (ASA), www.asahq.org.

¹²American College of Gastroenterology (ACG), www.gi.org; American Gastroenterological Association (AGA), www.gastro.org; and American Society for Gastrointestinal Endoscopy (ASGE), www.asge.org.

Atrial Fibrillation and Atrial Flutter (AFIB)		
Brief Description of Performance Measure and Source	CPT Category II Code(s)	Code Descriptor(s)
<p>nonvalvular atrial fibrillation or atrial flutter received warfarin therapy</p> <p>Exclusion(s): Documentation of patient reason(s) for no INR measurement: Examples of patient reasons for no INR measurement include, but are not limited to:</p> <ul style="list-style-type: none"> Month(s) during a calendar year in which patient noncompliance with INR monitoring is documented, despite one or more documented attempts to contact the patient to ensure compliance. <p>Documentation of system reason(s) for no INR measurement: Examples of system reasons for no INR measurement include, but are not limited to:</p> <ul style="list-style-type: none"> Month(s) during a calendar year in which monitoring of INR is documented as the responsibility of another caregiver. <p>Percentage of calendar months during the reporting year during which patients aged 18 years and older with a diagnosis of nonvalvular atrial fibrillation or atrial flutter,</p>	<p>Denominator Codes</p> <p>4300F</p> <p>4301F</p>	<p>Patient receiving warfarin therapy for nonvalvular atrial fibrillation or atrial flutter</p> <p>Patient not receiving warfarin therapy for nonvalvular atrial fibrillation or atrial flutter</p>

Footnotes

¹Physician Consortium for Performance Improvement®(PCPI) - For more information on measures developed by the Physician Consortium for Performance Improvement® (PCPI), see the appropriate Payor website.

²National Committee on Quality Assurance (NCQA), Health Employer Data Information Set (HEDIS®), www.ncqa.org

³The Joint Commission, <https://www.jointcommission.org>

⁴National Diabetes Quality Improvement Alliance (NDQIA) - For more information on measures developed by the National Diabetes Quality Improvement Alliance (NDQIA), see the appropriate Payor website.

⁵Joint measure from The Physician Consortium for Performance Improvement (PCPI), and National Committee on Quality Assurance (NCQA) - For more information on measures developed as joint measures from Physician Consortium for Performance Improvement and the National Committee on Quality Assurance (NCQA), visit the NCQA website at www.ncqa.org.

⁶The Society of Thoracic Surgeons at www.sts.org and National Quality Forum, www.qualityforum.org.

⁷Optum, www.optum.com.

⁸American Academy of Neurology, <https://www.aan.com/practice/neuromuscular-quality-measures>, or quality@aan.com.

⁹College of American Pathologists (CAP), <https://www.cap.org/advocacy/quality-payment-program-for-pathologists/mips-for-pathologists/2023-pathology-quality-measures>.

¹⁰American Gastroenterological Association (AGA), www.gastro.org/quality.

¹¹American Society of Anesthesiologists (ASA), www.asahq.org.

¹²American College of Gastroenterology (ACG), www.gi.org; American Gastroenterological Association (AGA), www.gastro.org; and American Society for Gastrointestinal Endoscopy (ASGE), www.asge.org.

Atrial Fibrillation and Atrial Flutter (AFIB)		
Brief Description of Performance Measure and Source	CPT Category II Code(s)	Code Descriptor(s)
<p>receiving warfarin therapy, have at least one INR measurement made</p> <p>Reporting Instructions:</p> <p>Report this measure one or more times during each calendar month during the reporting year.</p> <p>Report 4300F or 4301F for each patient aged 18 years and older with a diagnosis of nonvalvular atrial fibrillation or atrial flutter. If warfarin therapy is received and the patient has at least one INR measurement during that calendar month, also report 3555F.</p> <p>For the patient with appropriate exclusion criteria report 3555F with modifier 2P or 3P.</p>		

Footnotes

¹Physician Consortium for Performance Improvement®(PCPI) - For more information on measures developed by the Physician Consortium for Performance Improvement® (PCPI), see the appropriate Payor website.

²National Committee on Quality Assurance (NCQA), Health Employer Data Information Set (HEDIS®), www.ncqa.org

³The Joint Commission, <https://www.jointcommission.org>

⁴National Diabetes Quality Improvement Alliance (NDQIA) - For more information on measures developed by the National Diabetes Quality Improvement Alliance (NDQIA), see the appropriate Payor website.

⁵Joint measure from The Physician Consortium for Performance Improvement (PCPI), and National Committee on Quality Assurance (NCQA) - For more information on measures developed as joint measures from Physician Consortium for Performance Improvement and the National Committee on Quality Assurance (NCQA), visit the NCQA website at www.ncqa.org.

⁶The Society of Thoracic Surgeons at www.sts.org and National Quality Forum, www.qualityforum.org.

⁷Optum, www.optum.com.

⁸American Academy of Neurology, <https://www.aan.com/practice/neuromuscular-quality-measures>, or quality@aan.com.

⁹College of American Pathologists (CAP), <https://www.cap.org/advocacy/quality-payment-program-for-pathologists/mips-for-pathologists/2023-pathology-quality-measures>.

¹⁰American Gastroenterological Association (AGA), www.gastro.org/quality.

¹¹American Society of Anesthesiologists (ASA), www.asahq.org.

¹²American College of Gastroenterology (ACG), www.gi.org; American Gastroenterological Association (AGA), www.gastro.org; and American Society for Gastrointestinal Endoscopy (ASGE), www.asge.org.

Back Pain (BkP)		
Brief Description of Performance Measure and Source	CPT Category II Code(s)	Code Descriptor(s)
<p>Initial Visit for Back Pain²</p> <p>Whether or not a patient with a diagnosis of back pain during the initial visit for the episode of back pain had back pain and function assessed.*</p> <p>Numerator:</p> <p>Patients who had all five of the following components assessed*:</p> <ul style="list-style-type: none"> • Pain assessment • Functional status • Patient history, including notation of presence or absence of warning signs • Assessment of prior treatment and response <i>and</i> • Employment status <p>Denominator:</p> <p>All patients with diagnosis of back pain at the initial visit of the episode</p> <p>Exclusion(s): None</p>	1130F	Back pain and function assessed, including all of the following: Pain assessment AND functional status AND patient history, including notation of presence or absence of “red flags” (warning signs) AND assessment of prior treatment and response, <i>AND</i> employment status

Footnotes

¹Physician Consortium for Performance Improvement®(PCPI) - For more information on measures developed by the Physician Consortium for Performance Improvement® (PCPI), see the appropriate Payor website.

²National Committee on Quality Assurance (NCQA), Health Employer Data Information Set (HEDIS®), www.ncqa.org

³The Joint Commission, <https://www.jointcommission.org>

⁴National Diabetes Quality Improvement Alliance (NDQIA) - For more information on measures developed by the National Diabetes Quality Improvement Alliance (NDQIA), see the appropriate Payor website.

⁵Joint measure from The Physician Consortium for Performance Improvement (PCPI), and National Committee on Quality Assurance (NCQA) - For more information on measures developed as joint measures from Physician Consortium for Performance Improvement and the National Committee on Quality Assurance (NCQA), visit the NCQA website at www.ncqa.org.

⁶The Society of Thoracic Surgeons at www.sts.org and National Quality Forum, www.qualityforum.org.

⁷Optum, www.optum.com.

⁸American Academy of Neurology, <https://www.aan.com/practice/neuromuscular-quality-measures>, or quality@aan.com.

⁹College of American Pathologists (CAP), <https://www.cap.org/advocacy/quality-payment-program-for-pathologists/mips-for-pathologists/2023-pathology-quality-measures>.

¹⁰American Gastroenterological Association (AGA), www.gastro.org/quality.

¹¹American Society of Anesthesiologists (ASA), www.asahq.org.

¹²American College of Gastroenterology (ACG), www.gi.org; American Gastroenterological Association (AGA), www.gastro.org; and American Society for Gastrointestinal Endoscopy (ASGE), www.asge.org.

Back Pain (BkP)		
Brief Description of Performance Measure and Source	CPT Category II Code(s)	Code Descriptor(s)
<p>“Red flags” (warning signs) include:</p> <ul style="list-style-type: none"> • History of cancer or <ul style="list-style-type: none"> - Unexplained weight loss • Current infection or <ul style="list-style-type: none"> - Immunosuppression • Fracture or suspected fracture <ul style="list-style-type: none"> - Motor vehicle accident or industrial injury with suspicion of fracture - Major fall with suspicion of fracture • Cauda equine syndrome or progressive neurologic deficit <ul style="list-style-type: none"> - Saddle anesthesia - Recent onset bladder dysfunction (urine retention, increased frequency, overflow incontinence) - Recent onset fecal incontinence (loss of bowel control) - Major motor weakness <p>Percentage of patients with a diagnosis of back pain during the initial visit for the episode of back pain had back pain and function assessed.</p>	<p>Denominator Codes</p> <p>0525F</p>	<p>Initial visit for episode</p>

Footnotes

¹Physician Consortium for Performance Improvement®(PCPI) - For more information on measures developed by the Physician Consortium for Performance Improvement® (PCPI), see the appropriate Payor website.

²National Committee on Quality Assurance (NCQA), Health Employer Data Information Set (HEDIS®), www.ncqa.org

³The Joint Commission, <https://www.jointcommission.org>

⁴National Diabetes Quality Improvement Alliance (NDQIA) - For more information on measures developed by the National Diabetes Quality Improvement Alliance (NDQIA), see the appropriate Payor website.

⁵Joint measure from The Physician Consortium for Performance Improvement (PCPI), and National Committee on Quality Assurance (NCQA) - For more information on measures developed as joint measures from Physician Consortium for Performance Improvement and the National Committee on Quality Assurance (NCQA), visit the NCQA website at www.ncqa.org.

⁶The Society of Thoracic Surgeons at www.sts.org and National Quality Forum, www.qualityforum.org.

⁷Optum, www.optum.com.

⁸American Academy of Neurology, <https://www.aan.com/practice/neuromuscular-quality-measures>, or quality@aan.com.

⁹College of American Pathologists (CAP), <https://www.cap.org/advocacy/quality-payment-program-for-pathologists/mips-for-pathologists/2023-pathology-quality-measures>.

¹⁰American Gastroenterological Association (AGA), www.gastro.org/quality.

¹¹American Society of Anesthesiologists (ASA), www.asahq.org.

¹²American College of Gastroenterology (ACG), www.gi.org; American Gastroenterological Association (AGA), www.gastro.org; and American Society for Gastrointestinal Endoscopy (ASGE), www.asge.org.

Back Pain (BkP)		
Brief Description of Performance Measure and Source	CPT Category II Code(s)	Code Descriptor(s)
<p>Reporting Instructions:</p> <p>Report 0525F or 0526F for each patient. Use 0525F to indicate the initial visit and 0526F to indicate a subsequent visit during the episode of back pain.</p> <p>Report 1130F for all patients for whom, during the initial visit of the episode of back pain, pain assessment, functional status, patient history, assessment of prior treatment and response, <i>and</i> employment status was assessed.</p> <p>There are no performance exclusions for this measure; modifiers 1P, 2P and 3P may not be used.</p> <p>*Note: Measure specifications should be referred to in order to determine criteria to meet any of the required assessments.</p>	0526F	Subsequent visit for episode

Footnotes

¹Physician Consortium for Performance Improvement®(PCPI) - For more information on measures developed by the Physician Consortium for Performance Improvement® (PCPI), see the appropriate Payor website.

²National Committee on Quality Assurance (NCQA), Health Employer Data Information Set (HEDIS®), www.ncqa.org

³The Joint Commission, <https://www.jointcommission.org>

⁴National Diabetes Quality Improvement Alliance (NDQIA) - For more information on measures developed by the National Diabetes Quality Improvement Alliance (NDQIA), see the appropriate Payor website.

⁵Joint measure from The Physician Consortium for Performance Improvement (PCPI), and National Committee on Quality Assurance (NCQA) - For more information on measures developed as joint measures from Physician Consortium for Performance Improvement and the National Committee on Quality Assurance (NCQA), visit the NCQA website at www.ncqa.org.

⁶The Society of Thoracic Surgeons at www.sts.org and National Quality Forum, www.qualityforum.org.

⁷Optum, www.optum.com.

⁸American Academy of Neurology, <https://www.aan.com/practice/neuromuscular-quality-measures>, or quality@aan.com.

⁹College of American Pathologists (CAP), <https://www.cap.org/advocacy/quality-payment-program-for-pathologists/mips-for-pathologists/2023-pathology-quality-measures>.

¹⁰American Gastroenterological Association (AGA), www.gastro.org/quality.

¹¹American Society of Anesthesiologists (ASA), www.asahq.org.

¹²American College of Gastroenterology (ACG), www.gi.org; American Gastroenterological Association (AGA), www.gastro.org; and American Society for Gastrointestinal Endoscopy (ASGE), www.asge.org.

Back Pain (BkP)		
Brief Description of Performance Measure and Source	CPT Category II Code(s)	Code Descriptor(s)
<p>Physical Exam after Back Pain Onset²</p> <p>Whether or not a patient with a diagnosis of back pain received a physical examination during the initial visit for the episode of back pain</p> <p>Numerator:</p> <p>Patients who had a physical exam on the date of the initial visit for back pain*</p> <ul style="list-style-type: none"> For patients with radicular symptoms, documentation of physical exam must include the following (at a minimum): <ul style="list-style-type: none"> – Indication of straight leg raise test, and – Notation of completion of neurovascular exam (a neurovascular exam must include ankle and knee reflexes; quadriceps, ankle and great toe dorsiflexion strength; plantar flexion; muscle strength; motor testing; pulses in lower extremities; and sensory exam) For patients without radicular symptoms, documentation of physical exam must include the following: 	2040F	Physical examination on the date of the initial visit for low back performed, in accordance with specifications

Footnotes

¹Physician Consortium for Performance Improvement®(PCPI) - For more information on measures developed by the Physician Consortium for Performance Improvement® (PCPI), see the appropriate Payor website.

²National Committee on Quality Assurance (NCQA), Health Employer Data Information Set (HEDIS®), www.ncqa.org

³The Joint Commission, <https://www.jointcommission.org>

⁴National Diabetes Quality Improvement Alliance (NDQIA) - For more information on measures developed by the National Diabetes Quality Improvement Alliance (NDQIA), see the appropriate Payor website.

⁵Joint measure from The Physician Consortium for Performance Improvement (PCPI), and National Committee on Quality Assurance (NCQA) - For more information on measures developed as joint measures from Physician Consortium for Performance Improvement and the National Committee on Quality Assurance (NCQA), visit the NCQA website at www.ncqa.org.

⁶The Society of Thoracic Surgeons at www.sts.org and National Quality Forum, www.qualityforum.org.

⁷Optum, www.optum.com.

⁸American Academy of Neurology, <https://www.aan.com/practice/neuromuscular-quality-measures>, or quality@aan.com.

⁹College of American Pathologists (CAP), <https://www.cap.org/advocacy/quality-payment-program-for-pathologists/mips-for-pathologists/2023-pathology-quality-measures>.

¹⁰American Gastroenterological Association (AGA), www.gastro.org/quality.

¹¹American Society of Anesthesiologists (ASA), www.asahq.org.

¹²American College of Gastroenterology (ACG), www.gi.org; American Gastroenterological Association (AGA), www.gastro.org; and American Society for Gastrointestinal Endoscopy (ASGE), www.asge.org.

Back Pain (BkP)		
Brief Description of Performance Measure and Source	CPT Category II Code(s)	Code Descriptor(s)
<p>– Documentation of straight leg raise or neurovascular exam or clear notation of absence or presence of neurologic deficits</p> <p>Denominator:</p> <p>All patients with diagnosis of back pain at the initial visit of the episode</p> <p>Exclusion(s): Medical exclusion for not receiving a physical examination (ie, patients with bilateral lower extremity amputations)</p> <p>Percentage of patients with a diagnosis of back pain who received a physical examination on the date of the initial visit</p> <p>Reporting Instructions:</p> <p>Report 0525F or 0526F for each patient. Use code 0525F to indicate the initial visit and 0526F to indicate a subsequent visit during the episode of low back pain. Only initial visits (0525F) will be included in the numerator.</p>	<p>Denominator Codes</p> <p>0525F</p> <p>0526F</p>	<p>Initial visit for episode</p> <p>Subsequent visit for episode</p>

Footnotes

¹Physician Consortium for Performance Improvement®(PCPI) - For more information on measures developed by the Physician Consortium for Performance Improvement® (PCPI), see the appropriate Payor website.

²National Committee on Quality Assurance (NCQA), Health Employer Data Information Set (HEDIS®), www.ncqa.org

³The Joint Commission, <https://www.jointcommission.org>

⁴National Diabetes Quality Improvement Alliance (NDQIA) - For more information on measures developed by the National Diabetes Quality Improvement Alliance (NDQIA), see the appropriate Payor website.

⁵Joint measure from The Physician Consortium for Performance Improvement (PCPI), and National Committee on Quality Assurance (NCQA) - For more information on measures developed as joint measures from Physician Consortium for Performance Improvement and the National Committee on Quality Assurance (NCQA), visit the NCQA website at www.ncqa.org.

⁶The Society of Thoracic Surgeons at www.sts.org and National Quality Forum, www.qualityforum.org.

⁷Optum, www.optum.com.

⁸American Academy of Neurology, <https://www.aan.com/practice/neuromuscular-quality-measures>, or quality@aan.com.

⁹College of American Pathologists (CAP), <https://www.cap.org/advocacy/quality-payment-program-for-pathologists/mips-for-pathologists/2023-pathology-quality-measures>.

¹⁰American Gastroenterological Association (AGA), www.gastro.org/quality.

¹¹American Society of Anesthesiologists (ASA), www.asahq.org.

¹²American College of Gastroenterology (ACG), www.gi.org; American Gastroenterological Association (AGA), www.gastro.org; and American Society for Gastrointestinal Endoscopy (ASGE), www.asge.org.

Back Pain (BkP)		
Brief Description of Performance Measure and Source	CPT Category II Code(s)	Code Descriptor(s)
<p>Report 2040F if a physical exam occurred as specified.</p> <p>If there is a valid medical reason for not receiving a physical examination during the initial visit for the episode of back pain, report 1P with 2040F</p> <p>*Note: Measure specifications should be referred to in order to determine criteria to meet any of the required assessments.</p>		
<p>Mental Health Assessment after Back Pain Onset²</p> <p>Whether or not a patient with a diagnosis of back pain received a mental health assessment.</p> <p>Specifically a patient must have documentation of a mental health assessment present in the medical record prior to intervention (back surgery or epidural steroid injection) or when pain lasts longer than six weeks.</p> <p>Numerator:</p>		

Footnotes

¹Physician Consortium for Performance Improvement®(PCPI) - For more information on measures developed by the Physician Consortium for Performance Improvement® (PCPI), see the appropriate Payor website.

²National Committee on Quality Assurance (NCQA), Health Employer Data Information Set (HEDIS®), www.ncqa.org

³The Joint Commission, <https://www.jointcommission.org>

⁴National Diabetes Quality Improvement Alliance (NDQIA) - For more information on measures developed by the National Diabetes Quality Improvement Alliance (NDQIA), see the appropriate Payor website.

⁵Joint measure from The Physician Consortium for Performance Improvement (PCPI), and National Committee on Quality Assurance (NCQA) - For more information on measures developed as joint measures from Physician Consortium for Performance Improvement and the National Committee on Quality Assurance (NCQA), visit the NCQA website at www.ncqa.org.

⁶The Society of Thoracic Surgeons at www.sts.org and National Quality Forum, www.qualityforum.org.

⁷Optum, www.optum.com.

⁸American Academy of Neurology, <https://www.aan.com/practice/neuromuscular-quality-measures>, or quality@aan.com.

⁹College of American Pathologists (CAP), <https://www.cap.org/advocacy/quality-payment-program-for-pathologists/mips-for-pathologists/2023-pathology-quality-measures>.

¹⁰American Gastroenterological Association (AGA), www.gastro.org/quality.

¹¹American Society of Anesthesiologists (ASA), www.asahq.org.

¹²American College of Gastroenterology (ACG), www.gi.org; American Gastroenterological Association (AGA), www.gastro.org; and American Society for Gastrointestinal Endoscopy (ASGE), www.asge.org.

Back Pain (BkP)		
Brief Description of Performance Measure and Source	CPT Category II Code(s)	Code Descriptor(s)
<p>If a mental health assessment occurred as specified, report code 2044F. Report this measure only once during an episode of back pain. There are no performance exclusions for this measure; modifiers 1P, 2P and 3P may not be used.</p> <p>* Note: Measure specifications should be referred to in order to determine criteria to meet the mental health assessment requirement.</p>	1135F	Episode of back pain lasting longer than 6 weeks
<p>Appropriate Imaging for Acute Back Pain²</p> <p>Whether or not a patient with a diagnosis of back pain has a report of an imaging study performed during the six weeks after pain onset or order for an imaging study during the six weeks after pain onset, in the absence of “red flags” (warning signs - signs or symptoms that would warrant imaging) (<i>overuse measure, lower performance is better</i>)</p> <p>“Red flags” (warning signs) include:</p> <ul style="list-style-type: none"> • History of cancer or <ul style="list-style-type: none"> - Unexplained weight loss 	<p>3330F</p> <p>3331F</p>	<p>Imaging study ordered</p> <p>Imaging study not ordered</p>

Footnotes

¹Physician Consortium for Performance Improvement®(PCPI) - For more information on measures developed by the Physician Consortium for Performance Improvement® (PCPI), see the appropriate Payor website.

²National Committee on Quality Assurance (NCQA), Health Employer Data Information Set (HEDIS®), www.ncqa.org

³The Joint Commission, <https://www.jointcommission.org>

⁴National Diabetes Quality Improvement Alliance (NDQIA) - For more information on measures developed by the National Diabetes Quality Improvement Alliance (NDQIA), see the appropriate Payor website.

⁵Joint measure from The Physician Consortium for Performance Improvement (PCPI), and National Committee on Quality Assurance (NCQA) - For more information on measures developed as joint measures from Physician Consortium for Performance Improvement and the National Committee on Quality Assurance (NCQA), visit the NCQA website at www.ncqa.org.

⁶The Society of Thoracic Surgeons at www.sts.org and National Quality Forum, www.qualityforum.org.

⁷Optum, www.optum.com.

⁸American Academy of Neurology, <https://www.aan.com/practice/neuromuscular-quality-measures>, or quality@aan.com.

⁹College of American Pathologists (CAP), <https://www.cap.org/advocacy/quality-payment-program-for-pathologists/mips-for-pathologists/2023-pathology-quality-measures>.

¹⁰American Gastroenterological Association (AGA), www.gastro.org/quality.

¹¹American Society of Anesthesiologists (ASA), www.asahq.org.

¹²American College of Gastroenterology (ACG), www.gi.org; American Gastroenterological Association (AGA), www.gastro.org; and American Society for Gastrointestinal Endoscopy (ASGE), www.asge.org.

Back Pain (BkP)		
Brief Description of Performance Measure and Source	CPT Category II Code(s)	Code Descriptor(s)
<ul style="list-style-type: none"> • Current infection or <ul style="list-style-type: none"> - Immunosuppression • Fracture or suspected fracture <ul style="list-style-type: none"> - Motor vehicle accident or industrial injury with suspicion of fracture - Major fall with suspicion of fracture • Cauda equine syndrome or progressive neurologic deficit <ul style="list-style-type: none"> - Saddle anesthesia - Recent onset bladder dysfunction (urine retention, increased frequency, overflow incontinence) - Recent onset fecal incontinence (loss of bowel control) - Major motor weakness <p>Numerator:</p> <p>Patients with an order for an imaging study</p> <p>Note: Evidence of a report of an imaging study related to this episode is considered evidence of an order. See technical specifications for listing of applicable imaging studies. Include</p>	<p>Denominator Codes</p> <p>1134F</p> <p>1135F</p>	<p>Episode of back pain lasting 6 weeks or less</p> <p>Episode of back pain lasting longer than 6 weeks</p>

Footnotes

¹Physician Consortium for Performance Improvement®(PCPI) - For more information on measures developed by the Physician Consortium for Performance Improvement® (PCPI), see the appropriate Payor website.

²National Committee on Quality Assurance (NCQA), Health Employer Data Information Set (HEDIS®), www.ncqa.org

³The Joint Commission, <https://www.jointcommission.org>

⁴National Diabetes Quality Improvement Alliance (NDQIA) - For more information on measures developed by the National Diabetes Quality Improvement Alliance (NDQIA), see the appropriate Payor website.

⁵Joint measure from The Physician Consortium for Performance Improvement (PCPI), and National Committee on Quality Assurance (NCQA) - For more information on measures developed as joint measures from Physician Consortium for Performance Improvement and the National Committee on Quality Assurance (NCQA), visit the NCQA website at www.ncqa.org.

⁶The Society of Thoracic Surgeons at www.sts.org and National Quality Forum, www.qualityforum.org.

⁷Optum, www.optum.com.

⁸American Academy of Neurology, <https://www.aan.com/practice/neuromuscular-quality-measures>, or quality@aan.com.

⁹College of American Pathologists (CAP), <https://www.cap.org/advocacy/quality-payment-program-for-pathologists/mips-for-pathologists/2023-pathology-quality-measures>.

¹⁰American Gastroenterological Association (AGA), www.gastro.org/quality.

¹¹American Society of Anesthesiologists (ASA), www.asahq.org.

¹²American College of Gastroenterology (ACG), www.gi.org; American Gastroenterological Association (AGA), www.gastro.org; and American Society for Gastrointestinal Endoscopy (ASGE), www.asge.org.

Back Pain (BkP)		
Brief Description of Performance Measure and Source	CPT Category II Code(s)	Code Descriptor(s)
<p>only those orders generated by the reporting physician or practice.</p> <p>Denominator:</p> <p>All patients with back pain lasting six weeks or less</p> <p>Exclusion(s):</p> <p>1P: Documentation of medical reason(s) for ordering or performing an imaging study, which include:</p> <ul style="list-style-type: none"> • History of cancer • Current infection • Fracture or suspected fracture • Cauda equina syndrome or progressive neurologic deficit <p>Percentage of patients with a diagnosis of back pain for whom the physician ordered imaging studies during the six weeks after pain onset, in the absence of “red flags” (warning signs) (overuse measure, lower performance is better)</p>		

Footnotes

¹Physician Consortium for Performance Improvement®(PCPI) - For more information on measures developed by the Physician Consortium for Performance Improvement® (PCPI), see the appropriate Payor website.

²National Committee on Quality Assurance (NCQA), Health Employer Data Information Set (HEDIS®), www.ncqa.org

³The Joint Commission, <https://www.jointcommission.org>

⁴National Diabetes Quality Improvement Alliance (NDQIA) - For more information on measures developed by the National Diabetes Quality Improvement Alliance (NDQIA), see the appropriate Payor website.

⁵Joint measure from The Physician Consortium for Performance Improvement (PCPI), and National Committee on Quality Assurance (NCQA) - For more information on measures developed as joint measures from Physician Consortium for Performance Improvement and the National Committee on Quality Assurance (NCQA), visit the NCQA website at www.ncqa.org.

⁶The Society of Thoracic Surgeons at www.sts.org and National Quality Forum, www.qualityforum.org.

⁷Optum, www.optum.com.

⁸American Academy of Neurology, <https://www.aan.com/practice/neuromuscular-quality-measures>, or quality@aan.com.

⁹College of American Pathologists (CAP), <https://www.cap.org/advocacy/quality-payment-program-for-pathologists/mips-for-pathologists/2023-pathology-quality-measures>.

¹⁰American Gastroenterological Association (AGA), www.gastro.org/quality.

¹¹American Society of Anesthesiologists (ASA), www.asahq.org.

¹²American College of Gastroenterology (ACG), www.gi.org; American Gastroenterological Association (AGA), www.gastro.org; and American Society for Gastrointestinal Endoscopy (ASGE), www.asge.org.

Back Pain (BkP)		
Brief Description of Performance Measure and Source	CPT Category II Code(s)	Code Descriptor(s)
<p>Reporting Instructions:</p> <p>Two codes must be reported for this measure. Report either 1134F or 1135F for each patient. If the duration of back pain is less than six weeks (1134F) and an imaging study was ordered, report 3330F; if an imaging study <i>was not</i> ordered, report 3331F. Evidence of an imaging study report for the back pain episode should be included as evidence of an order for an imaging study. If there is a valid medical reason to order an imaging study for patients with back pain lasting less than six weeks, report 1P with 3330F.</p>		
<p>Advice for Normal Activities for Back Pain Patients²</p> <p>Whether or not a patient during the initial visit for an episode of back pain was counseled (advised) to maintain or resume normal activities*</p> <p>Numerator:</p>		

Footnotes

¹Physician Consortium for Performance Improvement®(PCPI) - For more information on measures developed by the Physician Consortium for Performance Improvement® (PCPI), see the appropriate Payor website.

²National Committee on Quality Assurance (NCQA), Health Employer Data Information Set (HEDIS®), www.ncqa.org

³The Joint Commission, <https://www.jointcommission.org>

⁴National Diabetes Quality Improvement Alliance (NDQIA) - For more information on measures developed by the National Diabetes Quality Improvement Alliance (NDQIA), see the appropriate Payor website.

⁵Joint measure from The Physician Consortium for Performance Improvement (PCPI), and National Committee on Quality Assurance (NCQA) - For more information on measures developed as joint measures from Physician Consortium for Performance Improvement and the National Committee on Quality Assurance (NCQA), visit the NCQA website at www.ncqa.org.

⁶The Society of Thoracic Surgeons at www.sts.org and National Quality Forum, www.qualityforum.org.

⁷Optum, www.optum.com.

⁸American Academy of Neurology, <https://www.aan.com/practice/neuromuscular-quality-measures>, or quality@aan.com.

⁹College of American Pathologists (CAP), <https://www.cap.org/advocacy/quality-payment-program-for-pathologists/mips-for-pathologists/2023-pathology-quality-measures>.

¹⁰American Gastroenterological Association (AGA), www.gastro.org/quality.

¹¹American Society of Anesthesiologists (ASA), www.asahq.org.

¹²American College of Gastroenterology (ACG), www.gi.org; American Gastroenterological Association (AGA), www.gastro.org; and American Society for Gastrointestinal Endoscopy (ASGE), www.asge.org.

Back Pain (BkP)		
Brief Description of Performance Measure and Source	CPT Category II Code(s)	Code Descriptor(s)
<p>There are no performance exclusions for this measure; modifiers 1P, 2P and 3P may not be used.</p> <p>* This advice must be tempered by consideration of the patient's usual job or life demands. Heavy lifting, trunk twisting and bodily vibrations should be avoided in the acute phase.</p>		
<p>Advice Against Bed Rest for Back Pain Patients²</p> <p>Whether or not a patient with an episode of back pain was counseled against bed rest lasting 4 days or longer during the initial visit</p> <p>Numerator:</p> <p>Patients with medical record documentation that a physician advised them against bed rest lasting four days or longer during the initial visit for back pain</p> <p>Denominator:</p>	4248F	Patient counseled during the initial visit for an episode of back pain against bed rest lasting 4 days or longer

Footnotes

¹Physician Consortium for Performance Improvement®(PCPI) - For more information on measures developed by the Physician Consortium for Performance Improvement® (PCPI), see the appropriate Payor website.

²National Committee on Quality Assurance (NCQA), Health Employer Data Information Set (HEDIS®), www.ncqa.org

³The Joint Commission, <https://www.jointcommission.org>

⁴National Diabetes Quality Improvement Alliance (NDQIA) - For more information on measures developed by the National Diabetes Quality Improvement Alliance (NDQIA), see the appropriate Payor website.

⁵Joint measure from The Physician Consortium for Performance Improvement (PCPI), and National Committee on Quality Assurance (NCQA) - For more information on measures developed as joint measures from Physician Consortium for Performance Improvement and the National Committee on Quality Assurance (NCQA), visit the NCQA website at www.ncqa.org.

⁶The Society of Thoracic Surgeons at www.sts.org and National Quality Forum, www.qualityforum.org.

⁷Optum, www.optum.com.

⁸American Academy of Neurology, <https://www.aan.com/practice/neuromuscular-quality-measures>, or quality@aan.com.

⁹College of American Pathologists (CAP), <https://www.cap.org/advocacy/quality-payment-program-for-pathologists/mips-for-pathologists/2023-pathology-quality-measures>.

¹⁰American Gastroenterological Association (AGA), www.gastro.org/quality.

¹¹American Society of Anesthesiologists (ASA), www.asahq.org.

¹²American College of Gastroenterology (ACG), www.gi.org; American Gastroenterological Association (AGA), www.gastro.org; and American Society for Gastrointestinal Endoscopy (ASGE), www.asge.org.

Back Pain (BkP)		
Brief Description of Performance Measure and Source	CPT Category II Code(s)	Code Descriptor(s)
<p>All patients with diagnosis of back pain at the initial visit of the episode</p> <p>Exclusion(s): None</p> <p>Percentage of patients with an episode of back pain who received advice against bed rest lasting four days or longer during initial visit with the physician</p> <p>Reporting Instructions:</p> <p>Report 0525F or 0526F for each patient. Use 0525F to indicate the initial visit and 0526F to indicate a subsequent visit during the episode of back pain. Only initial visits (0525F) will be included in the numerator.</p> <p>There are no performance exclusions for this measure; modifiers 1P, 2P and 3P may not be used.</p>	<p>Denominator Codes</p> <p>0525F</p> <p>0526F</p>	<p>Initial visit for episode</p> <p>Subsequent visit for episode</p>
Recommendation for Exercise for Back Pain Patients²		

Footnotes

¹Physician Consortium for Performance Improvement®(PCPI) - For more information on measures developed by the Physician Consortium for Performance Improvement® (PCPI), see the appropriate Payor website.

²National Committee on Quality Assurance (NCQA), Health Employer Data Information Set (HEDIS®), www.ncqa.org

³The Joint Commission, <https://www.jointcommission.org>

⁴National Diabetes Quality Improvement Alliance (NDQIA) - For more information on measures developed by the National Diabetes Quality Improvement Alliance (NDQIA), see the appropriate Payor website.

⁵Joint measure from The Physician Consortium for Performance Improvement (PCPI), and National Committee on Quality Assurance (NCQA) - For more information on measures developed as joint measures from Physician Consortium for Performance Improvement and the National Committee on Quality Assurance (NCQA), visit the NCQA website at www.ncqa.org.

⁶The Society of Thoracic Surgeons at www.sts.org and National Quality Forum, www.qualityforum.org.

⁷Optum, www.optum.com.

⁸American Academy of Neurology, <https://www.aan.com/practice/neuromuscular-quality-measures>, or quality@aan.com.

⁹College of American Pathologists (CAP), <https://www.cap.org/advocacy/quality-payment-program-for-pathologists/mips-for-pathologists/2023-pathology-quality-measures>.

¹⁰American Gastroenterological Association (AGA), www.gastro.org/quality.

¹¹American Society of Anesthesiologists (ASA), www.asahq.org.

¹²American College of Gastroenterology (ACG), www.gi.org; American Gastroenterological Association (AGA), www.gastro.org; and American Society for Gastrointestinal Endoscopy (ASGE), www.asge.org.

Back Pain (BkP)		
Brief Description of Performance Measure and Source	CPT Category II Code(s)	Code Descriptor(s)
<p>therapeutic exercise with follow-up by the physician during an episode of back pain lasting longer than 12 weeks</p> <p>Reporting Instructions:</p> <p>Report either 1136F or 1137F for each patient. Report 4240F if instructions for therapeutic exercise with follow-up by the physician at the point of follow-up or after follow-up. If counseling for supervised exercise program was provided, report 4242F.</p> <p>There are no performance exclusions for this measure; modifiers 1P, 2P and 3P may not be used.</p>	<p>Denominator Codes</p> <p>1136F</p> <p>1137F</p>	<p>Episode of back pain lasting 12 weeks or less</p> <p>Episode of back pain lasting longer than 12 weeks</p>

Footnotes

¹Physician Consortium for Performance Improvement®(PCPI) - For more information on measures developed by the Physician Consortium for Performance Improvement® (PCPI), see the appropriate Payor website.

²National Committee on Quality Assurance (NCQA), Health Employer Data Information Set (HEDIS®), www.ncqa.org

³The Joint Commission, <https://www.jointcommission.org>

⁴National Diabetes Quality Improvement Alliance (NDQIA) - For more information on measures developed by the National Diabetes Quality Improvement Alliance (NDQIA), see the appropriate Payor website.

⁵Joint measure from The Physician Consortium for Performance Improvement (PCPI), and National Committee on Quality Assurance (NCQA) - For more information on measures developed as joint measures from Physician Consortium for Performance Improvement and the National Committee on Quality Assurance (NCQA), visit the NCQA website at www.ncqa.org.

⁶The Society of Thoracic Surgeons at www.sts.org and National Quality Forum, www.qualityforum.org.

⁷Optum, www.optum.com.

⁸American Academy of Neurology, <https://www.aan.com/practice/neuromuscular-quality-measures>, or quality@aan.com.

⁹College of American Pathologists (CAP), <https://www.cap.org/advocacy/quality-payment-program-for-pathologists/mips-for-pathologists/2023-pathology-quality-measures>.

¹⁰American Gastroenterological Association (AGA), www.gastro.org/quality.

¹¹American Society of Anesthesiologists (ASA), www.asahq.org.

¹²American College of Gastroenterology (ACG), www.gi.org; American Gastroenterological Association (AGA), www.gastro.org; and American Society for Gastrointestinal Endoscopy (ASGE), www.asge.org.

Back Pain (BkP)		
Brief Description of Performance Measure and Source	CPT Category II Code(s)	Code Descriptor(s)

Care for Older Adults (COA)		
Brief Description of Performance Measure & Source	CPT Category II Code(s)	Code Descriptor
<p>Advance Care Planning²</p> <p>Whether or not a patient aged 65 years and older had advance care planning during the measurement year.</p> <p>Numerator:</p> <p>Patients who have evidence of advance care planning^a during the measurement year</p>	1157F	

Footnotes

¹Physician Consortium for Performance Improvement®(PCPI) - For more information on measures developed by the Physician Consortium for Performance Improvement® (PCPI), see the appropriate Payor website.

²National Committee on Quality Assurance (NCQA), Health Employer Data Information Set (HEDIS®), www.ncqa.org

³The Joint Commission, <https://www.jointcommission.org>

⁴National Diabetes Quality Improvement Alliance (NDQIA) - For more information on measures developed by the National Diabetes Quality Improvement Alliance (NDQIA), see the appropriate Payor website.

⁵Joint measure from The Physician Consortium for Performance Improvement (PCPI), and National Committee on Quality Assurance (NCQA) - For more information on measures developed as joint measures from Physician Consortium for Performance Improvement and the National Committee on Quality Assurance (NCQA), visit the NCQA website at www.ncqa.org.

⁶The Society of Thoracic Surgeons at www.sts.org and National Quality Forum, www.qualityforum.org.

⁷Optum, www.optum.com.

⁸American Academy of Neurology, <https://www.aan.com/practice/neuromuscular-quality-measures>, or quality@aan.com.

⁹College of American Pathologists (CAP), <https://www.cap.org/advocacy/quality-payment-program-for-pathologists/mips-for-pathologists/2023-pathology-quality-measures>.

¹⁰American Gastroenterological Association (AGA), www.gastro.org/quality.

¹¹American Society of Anesthesiologists (ASA), www.asahq.org.

¹²American College of Gastroenterology (ACG), www.gi.org; American Gastroenterological Association (AGA), www.gastro.org; and American Society for Gastrointestinal Endoscopy (ASGE), www.asge.org.

Care for Older Adults (COA)		
Brief Description of Performance Measure & Source	CPT Category II Code(s)	Code Descriptor
<p>Definitions:</p> <p>^aAdvance care planning is a discussion about preferences for resuscitation, life-sustaining treatment and end of life care. Evidence of advance care planning must include either:</p> <ul style="list-style-type: none"> • The presence of an advance care plan in the medical record, or • Documentation of an advance care planning discussion with the patient and the date on which it was discussed. The discussion must have occurred and be documented in the measurement year. <p>Denominator: All patients aged 65 years and older</p> <p>Exclusion(s): None</p> <p>Percentage of patients 65 years and older who have evidence of advance care planning during the measurement year.</p> <p>Reporting Instructions:</p>	1158F	<p>Advance care plan or similar legal document present in the medical record</p> <p>Advance care planning discussion documented in the medical record</p>

Footnotes

¹Physician Consortium for Performance Improvement®(PCPI) - For more information on measures developed by the Physician Consortium for Performance Improvement® (PCPI), see the appropriate Payor website.

²National Committee on Quality Assurance (NCQA), Health Employer Data Information Set (HEDIS®), www.ncqa.org

³The Joint Commission, <https://www.jointcommission.org>

⁴National Diabetes Quality Improvement Alliance (NDQIA) - For more information on measures developed by the National Diabetes Quality Improvement Alliance (NDQIA), see the appropriate Payor website.

⁵Joint measure from The Physician Consortium for Performance Improvement (PCPI), and National Committee on Quality Assurance (NCQA) - For more information on measures developed as joint measures from Physician Consortium for Performance Improvement and the National Committee on Quality Assurance (NCQA), visit the NCQA website at www.ncqa.org.

⁶The Society of Thoracic Surgeons at www.sts.org and National Quality Forum, www.qualityforum.org.

⁷Optum, www.optum.com.

⁸American Academy of Neurology, <https://www.aan.com/practice/neuromuscular-quality-measures>, or quality@aan.com.

⁹College of American Pathologists (CAP), <https://www.cap.org/advocacy/quality-payment-program-for-pathologists/mips-for-pathologists/2023-pathology-quality-measures>.

¹⁰American Gastroenterological Association (AGA), www.gastro.org/quality.

¹¹American Society of Anesthesiologists (ASA), www.asahq.org.

¹²American College of Gastroenterology (ACG), www.gi.org; American Gastroenterological Association (AGA), www.gastro.org; and American Society for Gastrointestinal Endoscopy (ASGE), www.asge.org.

Care for Older Adults (COA)		
Brief Description of Performance Measure & Source	CPT Category II Code(s)	Code Descriptor
<p>Report 1157F or 1158F at least once during the measurement year.</p> <p>Alternatively: Report codes 1123F (<i>Advance Care Planning discussed and documented; advance care plan or surrogate decision maker documented in the medical record</i>) or 1124F (<i>Advance Care Planning discussed; patient did not wish or was not able to name a surrogate decision maker or provide an advance care plan</i>), at least once during the measurement year.</p> <p>These codes represent documentation that exceeds the requirements of this numerator and when submitted will count toward the numerator. There are no performance exclusions for this measure; modifiers 1P, 2P or 3P may not be used.</p>		
<p>Annual Medication Review²</p> <p>Whether or not a patient aged 65 years and older had at least one medication review conducted by a prescribing practitioner or a clinical pharmacist during the</p>	1159F	Medication list documented in medical record

Footnotes

¹Physician Consortium for Performance Improvement®(PCPI) - For more information on measures developed by the Physician Consortium for Performance Improvement® (PCPI), see the appropriate Payor website.

²National Committee on Quality Assurance (NCQA), Health Employer Data Information Set (HEDIS®), www.ncqa.org

³The Joint Commission, <https://www.jointcommission.org>

⁴National Diabetes Quality Improvement Alliance (NDQIA) - For more information on measures developed by the National Diabetes Quality Improvement Alliance (NDQIA), see the appropriate Payor website.

⁵Joint measure from The Physician Consortium for Performance Improvement (PCPI), and National Committee on Quality Assurance (NCQA) - For more information on measures developed as joint measures from Physician Consortium for Performance Improvement and the National Committee on Quality Assurance (NCQA), visit the NCQA website at www.ncqa.org.

⁶The Society of Thoracic Surgeons at www.sts.org and National Quality Forum, www.qualityforum.org.

⁷Optum, www.optum.com.

⁸American Academy of Neurology, <https://www.aan.com/practice/neuromuscular-quality-measures>, or quality@aan.com.

⁹College of American Pathologists (CAP), <https://www.cap.org/advocacy/quality-payment-program-for-pathologists/mips-for-pathologists/2023-pathology-quality-measures>.

¹⁰American Gastroenterological Association (AGA), www.gastro.org/quality.

¹¹American Society of Anesthesiologists (ASA), www.asahq.org.

¹²American College of Gastroenterology (ACG), www.gi.org; American Gastroenterological Association (AGA), www.gastro.org; and American Society for Gastrointestinal Endoscopy (ASGE), www.asge.org.

Care for Older Adults (COA)		
Brief Description of Performance Measure & Source	CPT Category II Code(s)	Code Descriptor
<p>measurement year and the presence of a medication list in the medical record.</p> <p>Numerator:</p> <p>Patients who have evidence of at least one medication review^a conducted by a prescribing practitioner or clinical pharmacist during the measurement year AND the presence of a medication list^b in the medical record</p> <p>Definitions:</p> <p>^aMedication review: a review of a patient’s medications including prescription medications, over the counter medications (OTC) or herbal therapies. Evidence of a medication review is documentation that a prescribing practitioner or clinical pharmacist has reviewed all medications that the patient is taking (including prescriptions, OTCs and herbal or supplemental therapies). If the patient is not taking any medications, documentation of this fact is also evidence of a medication review. A review of side effects for a single</p>	1160F	Review of all medications by a prescribing practitioner or clinical pharmacist (such as, prescriptions, OTCs, herbal therapies and supplements) documented in the medical record

Footnotes

¹Physician Consortium for Performance Improvement®(PCPI) - For more information on measures developed by the Physician Consortium for Performance Improvement® (PCPI), see the appropriate Payor website.

²National Committee on Quality Assurance (NCQA), Health Employer Data Information Set (HEDIS®), www.ncqa.org

³The Joint Commission, <https://www.jointcommission.org>

⁴National Diabetes Quality Improvement Alliance (NDQIA) - For more information on measures developed by the National Diabetes Quality Improvement Alliance (NDQIA), see the appropriate Payor website.

⁵Joint measure from The Physician Consortium for Performance Improvement (PCPI), and National Committee on Quality Assurance (NCQA) - For more information on measures developed as joint measures from Physician Consortium for Performance Improvement and the National Committee on Quality Assurance (NCQA), visit the NCQA website at www.ncqa.org.

⁶The Society of Thoracic Surgeons at www.sts.org and National Quality Forum, www.qualityforum.org.

⁷Optum, www.optum.com.

⁸American Academy of Neurology, <https://www.aan.com/practice/neuromuscular-quality-measures>, or quality@aan.com.

⁹College of American Pathologists (CAP), <https://www.cap.org/advocacy/quality-payment-program-for-pathologists/mips-for-pathologists/2023-pathology-quality-measures>.

¹⁰American Gastroenterological Association (AGA), www.gastro.org/quality.

¹¹American Society of Anesthesiologists (ASA), www.asahq.org.

¹²American College of Gastroenterology (ACG), www.gi.org; American Gastroenterological Association (AGA), www.gastro.org; and American Society for Gastrointestinal Endoscopy (ASGE), www.asge.org.

Care for Older Adults (COA)		
Brief Description of Performance Measure & Source	CPT Category II Code(s)	Code Descriptor
<p>medication at the time of prescription alone is not sufficient evidence of a medication review.</p> <p>^bMedication List: A medication list is a list of patient's medications in the medical record which may include prescriptions, over the counter medications and herbal therapies or supplements</p> <p>Denominator: All patients aged 65 years and older</p> <p>Exclusion(s): None</p> <p>Percentage of patients aged 65 years and older with at least one medication review conducted by a prescribing practitioner or clinical pharmacist during the measurement year AND the presence of a medication list in the medical record</p> <p>Reporting Instructions:</p> <p>Report 1159F AND 1160F at least once during the measurement year. There are no performance exclusions for this measure; modifiers 1P, 2P or 3P</p>		

Footnotes

¹Physician Consortium for Performance Improvement®(PCPI) - For more information on measures developed by the Physician Consortium for Performance Improvement® (PCPI), see the appropriate Payor website.

²National Committee on Quality Assurance (NCQA), Health Employer Data Information Set (HEDIS®), www.ncqa.org

³The Joint Commission, <https://www.jointcommission.org>

⁴National Diabetes Quality Improvement Alliance (NDQIA) - For more information on measures developed by the National Diabetes Quality Improvement Alliance (NDQIA), see the appropriate Payor website.

⁵Joint measure from The Physician Consortium for Performance Improvement (PCPI), and National Committee on Quality Assurance (NCQA) - For more information on measures developed as joint measures from Physician Consortium for Performance Improvement and the National Committee on Quality Assurance (NCQA), visit the NCQA website at www.ncqa.org.

⁶The Society of Thoracic Surgeons at www.sts.org and National Quality Forum, www.qualityforum.org.

⁷Optum, www.optum.com.

⁸American Academy of Neurology, <https://www.aan.com/practice/neuromuscular-quality-measures>, or quality@aan.com.

⁹College of American Pathologists (CAP), <https://www.cap.org/advocacy/quality-payment-program-for-pathologists/mips-for-pathologists/2023-pathology-quality-measures>.

¹⁰American Gastroenterological Association (AGA), www.gastro.org/quality.

¹¹American Society of Anesthesiologists (ASA), www.asahq.org.

¹²American College of Gastroenterology (ACG), www.gi.org; American Gastroenterological Association (AGA), www.gastro.org; and American Society for Gastrointestinal Endoscopy (ASGE), www.asge.org.

Care for Older Adults (COA)		
Brief Description of Performance Measure & Source	CPT Category II Code(s)	Code Descriptor
may not be used. 1159F and 1160F do not need to be reported during the same visit.		
<p>Functional Status Assessment²</p> <p>Whether or not a patient aged 65 years and older had at a functional status assessment during the measurement year.</p> <p>Numerator:</p> <p>Patients who have evidence of a functional status assessment^a during the measurement year.</p> <p>^aDefinition: Evidence of functional status assessment may include the following:</p> <ul style="list-style-type: none"> • Functional independence • Loss of independent performance, Activities of Daily Living (ADL), social activities, or Instrumental Activities of Daily Living (IADL) 	1170F	Functional status assessed

Footnotes

¹Physician Consortium for Performance Improvement®(PCPI) - For more information on measures developed by the Physician Consortium for Performance Improvement® (PCPI), see the appropriate Payor website.

²National Committee on Quality Assurance (NCQA), Health Employer Data Information Set (HEDIS®), www.ncqa.org

³The Joint Commission, <https://www.jointcommission.org>

⁴National Diabetes Quality Improvement Alliance (NDQIA) - For more information on measures developed by the National Diabetes Quality Improvement Alliance (NDQIA), see the appropriate Payor website.

⁵Joint measure from The Physician Consortium for Performance Improvement (PCPI), and National Committee on Quality Assurance (NCQA) - For more information on measures developed as joint measures from Physician Consortium for Performance Improvement and the National Committee on Quality Assurance (NCQA), visit the NCQA website at www.ncqa.org.

⁶The Society of Thoracic Surgeons at www.sts.org and National Quality Forum, www.qualityforum.org.

⁷Optum, www.optum.com.

⁸American Academy of Neurology, <https://www.aan.com/practice/neuromuscular-quality-measures>, or quality@aan.com.

⁹College of American Pathologists (CAP), <https://www.cap.org/advocacy/quality-payment-program-for-pathologists/mips-for-pathologists/2023-pathology-quality-measures>.

¹⁰American Gastroenterological Association (AGA), www.gastro.org/quality.

¹¹American Society of Anesthesiologists (ASA), www.asahq.org.

¹²American College of Gastroenterology (ACG), www.gi.org; American Gastroenterological Association (AGA), www.gastro.org; and American Society for Gastrointestinal Endoscopy (ASGE), www.asge.org.

Care for Older Adults (COA)		
Brief Description of Performance Measure & Source	CPT Category II Code(s)	Code Descriptor
<ul style="list-style-type: none"> The level of assistance needed to accomplish daily activities Result of assessment using a standardized functional status assessment tool. (See specification for list of standardized tools). <p>Denominator: All patients aged 65 years and older</p> <p>Exclusion(s): None</p> <p>Percentage of patients aged 65 years and older with a functional status assessment during measurement year</p> <p>Reporting Instructions:</p> <p>Report 1170F at least once during the measurement year. There are no performance exclusions for this measure; modifiers 1P, 2P or 3P may not be used.</p>		
Pain Screening²		

Footnotes

¹Physician Consortium for Performance Improvement®(PCPI) - For more information on measures developed by the Physician Consortium for Performance Improvement® (PCPI), see the appropriate Payor website.

²National Committee on Quality Assurance (NCQA), Health Employer Data Information Set (HEDIS®), www.ncqa.org

³The Joint Commission, <https://www.jointcommission.org>

⁴National Diabetes Quality Improvement Alliance (NDQIA) - For more information on measures developed by the National Diabetes Quality Improvement Alliance (NDQIA), see the appropriate Payor website.

⁵Joint measure from The Physician Consortium for Performance Improvement (PCPI), and National Committee on Quality Assurance (NCQA) - For more information on measures developed as joint measures from Physician Consortium for Performance Improvement and the National Committee on Quality Assurance (NCQA), visit the NCQA website at www.ncqa.org.

⁶The Society of Thoracic Surgeons at www.sts.org and National Quality Forum, www.qualityforum.org.

⁷Optum, www.optum.com.

⁸American Academy of Neurology, <https://www.aan.com/practice/neuromuscular-quality-measures>, or quality@aan.com.

⁹College of American Pathologists (CAP), <https://www.cap.org/advocacy/quality-payment-program-for-pathologists/mips-for-pathologists/2023-pathology-quality-measures>.

¹⁰American Gastroenterological Association (AGA), www.gastro.org/quality.

¹¹American Society of Anesthesiologists (ASA), www.asahq.org.

¹²American College of Gastroenterology (ACG), www.gi.org; American Gastroenterological Association (AGA), www.gastro.org; and American Society for Gastrointestinal Endoscopy (ASGE), www.asge.org.

Care for Older Adults (COA)		
Brief Description of Performance Measure & Source	CPT Category II Code(s)	Code Descriptor
<p>Whether or not a patient aged 65 years and older had a pain screening during the measurement year.</p> <p>Numerator:</p> <p>Patients who have evidence of at least one pain screening^a or a pain management plan** during the measurement year.</p> <p>Definition:</p> <p>^aPain Screening: Evidence in the medical record of the presence or absence of pain OR the results of a screening using a standardized pain screening tool (see specification for examples of standardized tools).</p> <p>**Pain Management Plan: Evidence in the medical record of no pain intervention and the rationale OR a plan for treatment of pain, which may include use of pain medications, psychological support, and patient/family education OR a plan for reassessment of pain including reassessment time interval</p>	<p>1125F</p> <p>1126F</p> <p>0521F</p>	<p>Pain severity quantified; pain present</p> <p>Pain severity quantified; no pain present</p> <p>Plan of care to address pain documented</p>

Footnotes

¹Physician Consortium for Performance Improvement®(PCPI) - For more information on measures developed by the Physician Consortium for Performance Improvement® (PCPI), see the appropriate Payor website.

²National Committee on Quality Assurance (NCQA), Health Employer Data Information Set (HEDIS®), www.ncqa.org

³The Joint Commission, <https://www.jointcommission.org>

⁴National Diabetes Quality Improvement Alliance (NDQIA) - For more information on measures developed by the National Diabetes Quality Improvement Alliance (NDQIA), see the appropriate Payor website.

⁵Joint measure from The Physician Consortium for Performance Improvement (PCPI), and National Committee on Quality Assurance (NCQA) - For more information on measures developed as joint measures from Physician Consortium for Performance Improvement and the National Committee on Quality Assurance (NCQA), visit the NCQA website at www.ncqa.org.

⁶The Society of Thoracic Surgeons at www.sts.org and National Quality Forum, www.qualityforum.org.

⁷Optum, www.optum.com.

⁸American Academy of Neurology, <https://www.aan.com/practice/neuromuscular-quality-measures>, or quality@aan.com.

⁹College of American Pathologists (CAP), <https://www.cap.org/advocacy/quality-payment-program-for-pathologists/mips-for-pathologists/2023-pathology-quality-measures>.

¹⁰American Gastroenterological Association (AGA), www.gastro.org/quality.

¹¹American Society of Anesthesiologists (ASA), www.asahq.org.

¹²American College of Gastroenterology (ACG), www.gi.org; American Gastroenterological Association (AGA), www.gastro.org; and American Society for Gastrointestinal Endoscopy (ASGE), www.asge.org.

Care for Older Adults (COA)		
Brief Description of Performance Measure & Source	CPT Category II Code(s)	Code Descriptor
<p>Denominator: All patients aged 65 years and older</p> <p>Exclusion(s): None</p> <p>Percentage of patients aged 65 years and older with a pain screening or pain management plan</p> <p>Reporting Instructions:</p> <p>Report 1125F or 1126F if pain severity quantified or 0521F if plan of care documented at least once during the measurement year. You may report both 1125F and 0521F. There are no performance exclusions for this measure; modifiers 1P, 2P or 3P may not be used.</p>		
<p>Medication Reconciliation²</p> <p>Whether or not after each inpatient facility discharge the patient aged 65 years and older had discharge medications reconciled with their current medication list within 30 days of discharge</p>		

Footnotes

¹Physician Consortium for Performance Improvement®(PCPI) - For more information on measures developed by the Physician Consortium for Performance Improvement® (PCPI), see the appropriate Payor website.

²National Committee on Quality Assurance (NCQA), Health Employer Data Information Set (HEDIS®), www.ncqa.org

³The Joint Commission, <https://www.jointcommission.org>

⁴National Diabetes Quality Improvement Alliance (NDQIA) - For more information on measures developed by the National Diabetes Quality Improvement Alliance (NDQIA), see the appropriate Payor website.

⁵Joint measure from The Physician Consortium for Performance Improvement (PCPI), and National Committee on Quality Assurance (NCQA) - For more information on measures developed as joint measures from Physician Consortium for Performance Improvement and the National Committee on Quality Assurance (NCQA), visit the NCQA website at www.ncqa.org.

⁶The Society of Thoracic Surgeons at www.sts.org and National Quality Forum, www.qualityforum.org.

⁷Optum, www.optum.com.

⁸American Academy of Neurology, <https://www.aan.com/practice/neuromuscular-quality-measures>, or quality@aan.com.

⁹College of American Pathologists (CAP), <https://www.cap.org/advocacy/quality-payment-program-for-pathologists/mips-for-pathologists/2023-pathology-quality-measures>.

¹⁰American Gastroenterological Association (AGA), www.gastro.org/quality.

¹¹American Society of Anesthesiologists (ASA), www.asahq.org.

¹²American College of Gastroenterology (ACG), www.gi.org; American Gastroenterological Association (AGA), www.gastro.org; and American Society for Gastrointestinal Endoscopy (ASGE), www.asge.org.

Care for Older Adults (COA)		
Brief Description of Performance Measure & Source	CPT Category II Code(s)	Code Descriptor
<p>Numerator:</p> <p>Patients who had evidence of a medication reconciliation^a of the discharge medications with the current medication list within 30 days after every discharge.</p> <p>^aDefinition: At a minimum, evidence of a medication reconciliation must include documentation of the medications prescribed during the inpatient stay or documentation that no medications were prescribed during the inpatient stay.</p> <p>Denominator: All discharges from an acute or non-acute inpatient facility for patients aged 65 years and older</p> <p>Exclusion(s): None</p> <p>Percentage of discharges for patients aged 65 years and older for whom medications were reconciled within 30 days of discharge</p>	1111F	Discharge medications reconciled with the current medication list in outpatient medical record

Footnotes

¹Physician Consortium for Performance Improvement®(PCPI) - For more information on measures developed by the Physician Consortium for Performance Improvement® (PCPI), see the appropriate Payor website.

²National Committee on Quality Assurance (NCQA), Health Employer Data Information Set (HEDIS®), www.ncqa.org

³The Joint Commission, <https://www.jointcommission.org>

⁴National Diabetes Quality Improvement Alliance (NDQIA) - For more information on measures developed by the National Diabetes Quality Improvement Alliance (NDQIA), see the appropriate Payor website.

⁵Joint measure from The Physician Consortium for Performance Improvement (PCPI), and National Committee on Quality Assurance (NCQA) - For more information on measures developed as joint measures from Physician Consortium for Performance Improvement and the National Committee on Quality Assurance (NCQA), visit the NCQA website at www.ncqa.org.

⁶The Society of Thoracic Surgeons at www.sts.org and National Quality Forum, www.qualityforum.org.

⁷Optum, www.optum.com.

⁸American Academy of Neurology, <https://www.aan.com/practice/neuromuscular-quality-measures>, or quality@aan.com.

⁹College of American Pathologists (CAP), <https://www.cap.org/advocacy/quality-payment-program-for-pathologists/mips-for-pathologists/2023-pathology-quality-measures>.

¹⁰American Gastroenterological Association (AGA), www.gastro.org/quality.

¹¹American Society of Anesthesiologists (ASA), www.asahq.org.

¹²American College of Gastroenterology (ACG), www.gi.org; American Gastroenterological Association (AGA), www.gastro.org; and American Society for Gastrointestinal Endoscopy (ASGE), www.asge.org.

Care for Older Adults (COA)		
Brief Description of Performance Measure & Source	CPT Category II Code(s)	Code Descriptor
<p>Reporting Instructions:</p> <p>Report 1111F within 30 days of each discharge from an inpatient facility. If multiple discharges occur in the year, 1111F should be reported within 30 days of each patient discharge. There are no performance exclusions for this measure; modifiers 1P, 2P or 3P may not be used.</p>		

Chronic Kidney Disease (CKD)		
Brief Description of Performance Measure & Source	CPT Category II Code(s)	Code Descriptor(s)
<p>Blood Pressure Management¹</p> <p>Number of visits with blood pressure measurement <130/80 mmHG OR ≥130/80 mmHG with a documented plan of care for the patient aged 18 years and older with the diagnosis of</p>	0513F	

Footnotes

¹Physician Consortium for Performance Improvement®(PCPI) - For more information on measures developed by the Physician Consortium for Performance Improvement® (PCPI), see the appropriate Payor website.

²National Committee on Quality Assurance (NCQA), Health Employer Data Information Set (HEDIS®), www.ncqa.org

³The Joint Commission, <https://www.jointcommission.org>

⁴National Diabetes Quality Improvement Alliance (NDQIA) - For more information on measures developed by the National Diabetes Quality Improvement Alliance (NDQIA), see the appropriate Payor website.

⁵Joint measure from The Physician Consortium for Performance Improvement (PCPI), and National Committee on Quality Assurance (NCQA) - For more information on measures developed as joint measures from Physician Consortium for Performance Improvement and the National Committee on Quality Assurance (NCQA), visit the NCQA website at www.ncqa.org.

⁶The Society of Thoracic Surgeons at www.sts.org and National Quality Forum, www.qualityforum.org.

⁷Optum, www.optum.com.

⁸American Academy of Neurology, <https://www.aan.com/practice/neuromuscular-quality-measures>, or quality@aan.com.

⁹College of American Pathologists (CAP), <https://www.cap.org/advocacy/quality-payment-program-for-pathologists/mips-for-pathologists/2023-pathology-quality-measures>.

¹⁰American Gastroenterological Association (AGA), www.gastro.org/quality.

¹¹American Society of Anesthesiologists (ASA), www.asahq.org.

¹²American College of Gastroenterology (ACG), www.gi.org; American Gastroenterological Association (AGA), www.gastro.org; and American Society for Gastrointestinal Endoscopy (ASGE), www.asge.org.

Chronic Kidney Disease (CKD)		
Brief Description of Performance Measure & Source	CPT Category II Code(s)	Code Descriptor(s)
<p>advanced CKD (stage 4 or 5, not receiving Renal Replacement Therapy [RRT])</p> <p>Numerator: Patient visits with blood pressure <130/80 mmHG OR ≥130/80 mmHG with a documented plan of care*</p> <p>A documented plan of care should include one or more of the following: recheck blood pressure at specified future date; initiate or alter pharmacologic therapy; documented review of patient's home blood pressure log which indicates that patient's blood pressure is or is not well controlled</p> <p>If multiple blood pressure measurements are taken at a single visit, use the most recent measurement taken at that visit</p> <p>Denominator: All visits for patients aged 18 years and older with the diagnosis of advanced CKD (stage 4 or 5, not receiving RRT)</p> <p>Exclusion(s): None</p> <p>Percentage of visits for patients aged 18 years and older with the diagnosis of advanced CKD (stage 4 or 5, not receiving RRT), with a blood pressure <130/80 mmHg OR blood pressure ≥ 130/80 with a documented plan of care</p>	<p>2000F</p> <p>3074F</p> <p>3075F</p> <p>3077F</p> <p>3078F</p>	<p>Elevated blood pressure plan of care documented</p> <p>Blood pressure measured</p> <p>Most recent systolic blood pressure, less than 130 mm Hg</p> <p>Most recent systolic blood pressure, 130 to 139 mm Hg</p> <p>Most recent systolic blood pressure, greater than or equal to 140 mm Hg</p>

Footnotes

¹Physician Consortium for Performance Improvement®(PCPI) - For more information on measures developed by the Physician Consortium for Performance Improvement® (PCPI), see the appropriate Payor website.

²National Committee on Quality Assurance (NCQA), Health Employer Data Information Set (HEDIS®), www.ncqa.org

³The Joint Commission, <https://www.jointcommission.org>

⁴National Diabetes Quality Improvement Alliance (NDQIA) - For more information on measures developed by the National Diabetes Quality Improvement Alliance (NDQIA), see the appropriate Payor website.

⁵Joint measure from The Physician Consortium for Performance Improvement (PCPI), and National Committee on Quality Assurance (NCQA) - For more information on measures developed as joint measures from Physician Consortium for Performance Improvement and the National Committee on Quality Assurance (NCQA), visit the NCQA website at www.ncqa.org.

⁶The Society of Thoracic Surgeons at www.sts.org and National Quality Forum, www.qualityforum.org.

⁷Optum, www.optum.com.

⁸American Academy of Neurology, <https://www.aan.com/practice/neuromuscular-quality-measures>, or quality@aan.com.

⁹College of American Pathologists (CAP), <https://www.cap.org/advocacy/quality-payment-program-for-pathologists/mips-for-pathologists/2023-pathology-quality-measures>.

¹⁰American Gastroenterological Association (AGA), www.gastro.org/quality.

¹¹American Society of Anesthesiologists (ASA), www.asahq.org.

¹²American College of Gastroenterology (ACG), www.gi.org; American Gastroenterological Association (AGA), www.gastro.org; and American Society for Gastrointestinal Endoscopy (ASGE), www.asge.org.

Chronic Kidney Disease (CKD)		
Brief Description of Performance Measure & Source	CPT Category II Code(s)	Code Descriptor(s)
<p>Reporting Instructions: For the systolic blood pressure value, report one of the three systolic codes; for the diastolic blood pressure value, report one of the three diastolic codes. If 3075F, 3077F, 3079F or 3080F are reported and there is a documented plan of care for elevated BP during the visit, also report 0513F.</p> <p>There are no performance exclusions for this measure; modifiers 1P, 2P, or 3P may not be used.</p>	<p>3079F</p> <p>3080F</p>	<p>Most recent diastolic blood pressure, less than 80 mm Hg</p> <p>Most recent diastolic blood pressure, 80 - 89 mm Hg</p> <p>Most recent diastolic blood pressure, greater than or equal to 90 mm Hg</p>
<p>ACE Inhibitor (ACE) or Angiotensin Receptor Blocker (ARB) Therapy¹</p> <p>Whether or not the patient aged 18 years and older with the diagnosis of advanced CKD (stage 4 or 5, not receiving Renal Replacement Therapy [RRT]) and hypertension and proteinuria was prescribed ACE inhibitor or ARB therapy during the 12 month reporting period</p>		

Footnotes

¹Physician Consortium for Performance Improvement®(PCPI) - For more information on measures developed by the Physician Consortium for Performance Improvement® (PCPI), see the appropriate Payor website.

²National Committee on Quality Assurance (NCQA), Health Employer Data Information Set (HEDIS®), www.ncqa.org

³The Joint Commission, <https://www.jointcommission.org>

⁴National Diabetes Quality Improvement Alliance (NDQIA) - For more information on measures developed by the National Diabetes Quality Improvement Alliance (NDQIA), see the appropriate Payor website.

⁵Joint measure from The Physician Consortium for Performance Improvement (PCPI), and National Committee on Quality Assurance (NCQA) - For more information on measures developed as joint measures from Physician Consortium for Performance Improvement and the National Committee on Quality Assurance (NCQA), visit the NCQA website at www.ncqa.org.

⁶The Society of Thoracic Surgeons at www.sts.org and National Quality Forum, www.qualityforum.org.

⁷Optum, www.optum.com.

⁸American Academy of Neurology, <https://www.aan.com/practice/neuromuscular-quality-measures>, or quality@aan.com.

⁹College of American Pathologists (CAP), <https://www.cap.org/advocacy/quality-payment-program-for-pathologists/mips-for-pathologists/2023-pathology-quality-measures>.

¹⁰American Gastroenterological Association (AGA), www.gastro.org/quality.

¹¹American Society of Anesthesiologists (ASA), www.asahq.org.

¹²American College of Gastroenterology (ACG), www.gi.org; American Gastroenterological Association (AGA), www.gastro.org; and American Society for Gastrointestinal Endoscopy (ASGE), www.asge.org.

Chronic Kidney Disease (CKD)		
Brief Description of Performance Measure & Source	CPT Category II Code(s)	Code Descriptor(s)
<p>Numerator: Patients who were prescribed ACE inhibitor or ARB therapy during the 12 month reporting period</p> <p>Denominator: All patients aged 18 years and older with a diagnosis of advanced CKD (stage 4 or 5, not RRT) and hypertension and proteinuria</p> <p>Exclusion(s): Documentation of medical or patient reason(s) for not prescribing ACE inhibitor or ARB therapy</p> <p>Percentage of patients aged 18 years and older with a diagnosis of advanced CKD (stage 4 or 5, not receiving RRT), and hypertension and proteinuria who were prescribed ACE inhibitor or ARB therapy during the 12 month reporting period</p> <p>Reporting Instructions: In order to qualify for the denominator, three ICD-9 codes must be reported: one for each of the following conditions: CKD (stage 4 or 5), and Hypertension and Proteinuria. For patient with appropriate exclusion criteria, report 4010F with modifier 1P or 2P.</p>	●4010F	Angiotensin converting enzyme (ACE) inhibitor or Angiotensin Receptor Blocker (ARB) therapy prescribed or currently being taken
Laboratory Testing (Calcium, Phosphorus, and Intact Parathyroid Hormone (PTH), and Lipid Profile)¹		

Footnotes

¹Physician Consortium for Performance Improvement®(PCPI) - For more information on measures developed by the Physician Consortium for Performance Improvement® (PCPI), see the appropriate Payor website.

²National Committee on Quality Assurance (NCQA), Health Employer Data Information Set (HEDIS®), www.ncqa.org

³The Joint Commission, <https://www.jointcommission.org>

⁴National Diabetes Quality Improvement Alliance (NDQIA) - For more information on measures developed by the National Diabetes Quality Improvement Alliance (NDQIA), see the appropriate Payor website.

⁵Joint measure from The Physician Consortium for Performance Improvement (PCPI), and National Committee on Quality Assurance (NCQA) - For more information on measures developed as joint measures from Physician Consortium for Performance Improvement and the National Committee on Quality Assurance (NCQA), visit the NCQA website at www.ncqa.org.

⁶The Society of Thoracic Surgeons at www.sts.org and National Quality Forum, www.qualityforum.org.

⁷Optum, www.optum.com.

⁸American Academy of Neurology, <https://www.aan.com/practice/neuromuscular-quality-measures>, or quality@aan.com.

⁹College of American Pathologists (CAP), <https://www.cap.org/advocacy/quality-payment-program-for-pathologists/mips-for-pathologists/2023-pathology-quality-measures>.

¹⁰American Gastroenterological Association (AGA), www.gastro.org/quality.

¹¹American Society of Anesthesiologists (ASA), www.asahq.org.

¹²American College of Gastroenterology (ACG), www.gi.org; American Gastroenterological Association (AGA), www.gastro.org; and American Society for Gastrointestinal Endoscopy (ASGE), www.asge.org.

Chronic Kidney Disease (CKD)		
Brief Description of Performance Measure & Source	CPT Category II Code(s)	Code Descriptor(s)
<p>Whether or not the patient aged 18 years and older with the diagnosis of advanced CKD (stage 4 or 5, not receiving Renal Replacement Therapy [RRT]) had the following laboratory testing ordered at least once during the 12 month reporting period: serum levels of calcium, phosphorus and intact PTH, and lipid profile</p> <p>Numerator: Patients who had the following laboratory testing ordered at least once during the 12 month reporting period: serum levels of calcium, phosphorus and intact PTH, and lipid profile</p> <p>Denominator: All patients aged 18 years and older with the diagnosis of advanced CKD (stage 4 or 5, not receiving RRT)</p> <p>Exclusion(s): Documentation of medical reason(s) for not ordering serum levels of calcium, phosphorus, intact PTH, and/or lipid profile</p> <p>Documentation of patient reason(s) for not ordering serum levels of calcium, phosphorus, intact PTH, and/or lipid profile</p> <p>Percentage of patients aged 18 years and older with the diagnosis of advanced CKD (stage 4 or 5, not receiving RRT), who had the following laboratory testing ordered at least once</p>	3278F	Serum levels of calcium, phosphorus, intact Parathyroid Hormone (iPTH) and lipid profile ordered

Footnotes

¹Physician Consortium for Performance Improvement®(PCPI) - For more information on measures developed by the Physician Consortium for Performance Improvement® (PCPI), see the appropriate Payor website.

²National Committee on Quality Assurance (NCQA), Health Employer Data Information Set (HEDIS®), www.ncqa.org

³The Joint Commission, <https://www.jointcommission.org>

⁴National Diabetes Quality Improvement Alliance (NDQIA) - For more information on measures developed by the National Diabetes Quality Improvement Alliance (NDQIA), see the appropriate Payor website.

⁵Joint measure from The Physician Consortium for Performance Improvement (PCPI), and National Committee on Quality Assurance (NCQA) - For more information on measures developed as joint measures from Physician Consortium for Performance Improvement and the National Committee on Quality Assurance (NCQA), visit the NCQA website at www.ncqa.org.

⁶The Society of Thoracic Surgeons at www.sts.org and National Quality Forum, www.qualityforum.org.

⁷Optum, www.optum.com.

⁸American Academy of Neurology, <https://www.aan.com/practice/neuromuscular-quality-measures>, or quality@aan.com.

⁹College of American Pathologists (CAP), <https://www.cap.org/advocacy/quality-payment-program-for-pathologists/mips-for-pathologists/2023-pathology-quality-measures>.

¹⁰American Gastroenterological Association (AGA), www.gastro.org/quality.

¹¹American Society of Anesthesiologists (ASA), www.asahq.org.

¹²American College of Gastroenterology (ACG), www.gi.org; American Gastroenterological Association (AGA), www.gastro.org; and American Society for Gastrointestinal Endoscopy (ASGE), www.asge.org.

Chronic Kidney Disease (CKD)		
Brief Description of Performance Measure & Source	CPT Category II Code(s)	Code Descriptor(s)
<p>during the 12 month reporting period: serum levels of calcium, phosphorus and intact PTH, and lipid profile</p> <p>Reporting Instructions: For patient with appropriate exclusion criteria, report 3278F with modifier 1P or 2P.</p>		

Footnotes

¹Physician Consortium for Performance Improvement®(PCPI) - For more information on measures developed by the Physician Consortium for Performance Improvement® (PCPI), see the appropriate Payor website.

²National Committee on Quality Assurance (NCQA), Health Employer Data Information Set (HEDIS®), www.ncqa.org

³The Joint Commission, <https://www.jointcommission.org>

⁴National Diabetes Quality Improvement Alliance (NDQIA) - For more information on measures developed by the National Diabetes Quality Improvement Alliance (NDQIA), see the appropriate Payor website.

⁵Joint measure from The Physician Consortium for Performance Improvement (PCPI), and National Committee on Quality Assurance (NCQA) - For more information on measures developed as joint measures from Physician Consortium for Performance Improvement and the National Committee on Quality Assurance (NCQA), visit the NCQA website at www.ncqa.org.

⁶The Society of Thoracic Surgeons at www.sts.org and National Quality Forum, www.qualityforum.org.

⁷Optum, www.optum.com.

⁸American Academy of Neurology, <https://www.aan.com/practice/neuromuscular-quality-measures>, or quality@aan.com.

⁹College of American Pathologists (CAP), <https://www.cap.org/advocacy/quality-payment-program-for-pathologists/mips-for-pathologists/2023-pathology-quality-measures>.

¹⁰American Gastroenterological Association (AGA), www.gastro.org/quality.

¹¹American Society of Anesthesiologists (ASA), www.asahq.org.

¹²American College of Gastroenterology (ACG), www.gi.org; American Gastroenterological Association (AGA), www.gastro.org; and American Society for Gastrointestinal Endoscopy (ASGE), www.asge.org.

<p>Plan of Care – Elevated Hemoglobin for Patients Receiving Erythropoiesis-Stimulating Agents (ESA)¹</p> <p>Number of calendar months during which a patient aged 18 years and older with the diagnosis of advanced CKD (stage 4 or 5, not receiving Renal Replacement Therapy [RRT]), receiving ESA therapy, and has a hemoglobin level < 13 g/dL OR has a hemoglobin level ≥ 13 g/dL with a documented plan of care for elevated hemoglobin level</p> <p>Numerator: Number of calendar months during which patients' hemoglobin level is < 13 g/dL OR patients' hemoglobin level is ≥ 13 g/dL with a documented plan of care for elevated hemoglobin level</p> <p>A documented plan of care should include reducing the ESA dose and repeating hemoglobin at a specified future date</p> <p>Denominator: Calendar months for all patients aged 18 years and older with the diagnosis of advanced CKD (stage 4 or 5, not receiving RRT), receiving ESA therapy</p> <p>Exclusion(s): None</p> <p>Percentage of calendar months during the 12 month reporting period during which patients aged 18 years and older with the diagnosis of advanced CKD (stage 4 or 5, not receiving RRT), receiving ESA therapy, have a hemoglobin level < 13 g/dL OR whose hemoglobin level is ≥ 13 g/dL with a documented plan of care for elevated hemoglobin level</p>	0514F	Plan of care for elevated hemoglobin level documented for patient receiving Erythropoiesis-Stimulating Agent (ESA) therapy
	3279F	Hemoglobin level greater than or equal to 13 g/dL
	3280F	Hemoglobin level 11 g/dL to 12.9 g/dL
	3281F	Hemoglobin level less than 11 g/dL
	Denominator Codes	
4171F	Patient receiving Erythropoiesis-Stimulating Agent (ESA) therapy	

Footnotes

¹Physician Consortium for Performance Improvement®(PCPI) - For more information on measures developed by the Physician Consortium for Performance Improvement® (PCPI), see the appropriate Payor website.

²National Committee on Quality Assurance (NCQA), Health Employer Data Information Set (HEDIS®), www.ncqa.org

³The Joint Commission, <https://www.jointcommission.org>

⁴National Diabetes Quality Improvement Alliance (NDQIA) - For more information on measures developed by the National Diabetes Quality Improvement Alliance (NDQIA), see the appropriate Payor website.

⁵Joint measure from The Physician Consortium for Performance Improvement (PCPI), and National Committee on Quality Assurance (NCQA) - For more information on measures developed as joint measures from Physician Consortium for Performance Improvement and the National Committee on Quality Assurance (NCQA), visit the NCQA website at www.ncqa.org.

⁶The Society of Thoracic Surgeons at www.sts.org and National Quality Forum, www.qualityforum.org.

⁷Optum, www.optum.com.

⁸American Academy of Neurology, <https://www.aan.com/practice/neuromuscular-quality-measures>, or quality@aan.com.

⁹College of American Pathologists (CAP), <https://www.cap.org/advocacy/quality-payment-program-for-pathologists/mips-for-pathologists/2023-pathology-quality-measures>.

¹⁰American Gastroenterological Association (AGA), www.gastro.org/quality.

¹¹American Society of Anesthesiologists (ASA), www.asahq.org.

¹²American College of Gastroenterology (ACG), www.gi.org; American Gastroenterological Association (AGA), www.gastro.org; and American Society for Gastrointestinal Endoscopy (ASGE), www.asge.org.

<p>Reporting Instructions: Report this measure once during each calendar month that the patient receives professional services (see technical specifications). Report 4171F or 4172F for each patient. If patient is receiving ESA therapy, report the code that corresponds to the hemoglobin level using 3279F or 3280F or 3281F. If patient is receiving ESA therapy and hemoglobin level is ≥ 13 g/dL and plan of care for elevated hemoglobin level is documented, also report 0514F.</p> <p>There are no performance exclusions for this measure; modifiers 1P or 2P or 3P may not be used.</p>	4172F	Patient not receiving Erythropoiesis-Stimulating Agent (ESA) therapy
<p>Influenza Immunization¹</p> <p>Whether or not the patient aged 18 years and older with the diagnosis of advanced CKD (stage 4 or 5, not receiving Renal Replacement Therapy [RRT]) received the influenza immunization during the flu season (September through February)</p> <p>Numerator: Patients who received the influenza immunization during the flu season (September through February)</p> <p>Denominator: All patients aged 18 years and older with the diagnosis of advanced CKD (stage 4 or 5, not receiving RRT)</p> <p>Exclusion(s): Documentation of medical, patient, or system reason(s) for patient not receiving the influenza immunization</p> <p>Percentage of patients aged 18 years and older with the diagnosis of advanced CKD (stage 4 or 5, not receiving RRT),</p>	4037F	Influenza immunization ordered or administered

Footnotes

¹Physician Consortium for Performance Improvement®(PCPI) - For more information on measures developed by the Physician Consortium for Performance Improvement® (PCPI), see the appropriate Payor website.

²National Committee on Quality Assurance (NCQA), Health Employer Data Information Set (HEDIS®), www.ncqa.org

³The Joint Commission, <https://www.jointcommission.org>

⁴National Diabetes Quality Improvement Alliance (NDQIA) - For more information on measures developed by the National Diabetes Quality Improvement Alliance (NDQIA), see the appropriate Payor website.

⁵Joint measure from The Physician Consortium for Performance Improvement (PCPI), and National Committee on Quality Assurance (NCQA) - For more information on measures developed as joint measures from Physician Consortium for Performance Improvement and the National Committee on Quality Assurance (NCQA), visit the NCQA website at www.ncqa.org.

⁶The Society of Thoracic Surgeons at www.sts.org and National Quality Forum, www.qualityforum.org.

⁷Optum, www.optum.com.

⁸American Academy of Neurology, <https://www.aan.com/practice/neuromuscular-quality-measures>, or quality@aan.com.

⁹College of American Pathologists (CAP), <https://www.cap.org/advocacy/quality-payment-program-for-pathologists/mips-for-pathologists/2023-pathology-quality-measures>.

¹⁰American Gastroenterological Association (AGA), www.gastro.org/quality.

¹¹American Society of Anesthesiologists (ASA), www.asahq.org.

¹²American College of Gastroenterology (ACG), www.gi.org; American Gastroenterological Association (AGA), www.gastro.org; and American Society for Gastrointestinal Endoscopy (ASGE), www.asge.org.

<p>who received the influenza immunization during the flu season (September through February)</p> <p>Reporting Instructions: For patient with appropriate exclusion criteria, report 4037F with modifier 1P, 2P or 3P.</p>		
<p>Referral for AV Fistula¹</p> <p>Whether or not the patient aged 18 years and older with the diagnosis of advanced CKD (stage 4 or 5, not receiving Renal Replacement Therapy [RRT]), was referred for AV fistula at least once during the 12 month reporting period</p> <p>Numerator: Patients who were referred for AV fistula at least once during the 12 month reporting period</p> <p>Denominator: All patients aged 18 years and older with the diagnosis of advanced CKD (stage 4 or 5, not receiving RRT)</p> <p>Exclusion(s): Documentation of medical or patient reason(s) for not referring for an AV fistula</p> <p>Percentage of patients aged 18 years and older with the diagnosis of advanced CKD (stage 4 or 5, not receiving RRT), who were referred for AV fistula at least once during the 12 month reporting period</p> <p>Reporting Instructions: For patient with appropriate exclusion criteria, report 4051F with modifier 1P or 2P.</p>	<p>4051F</p>	<p>Referred for an arteriovenous (AV) fistula</p>

Footnotes

¹Physician Consortium for Performance Improvement®(PCPI) - For more information on measures developed by the Physician Consortium for Performance Improvement® (PCPI), see the appropriate Payor website.

²National Committee on Quality Assurance (NCQA), Health Employer Data Information Set (HEDIS®), www.ncqa.org

³The Joint Commission, <https://www.jointcommission.org>

⁴National Diabetes Quality Improvement Alliance (NDQIA) - For more information on measures developed by the National Diabetes Quality Improvement Alliance (NDQIA), see the appropriate Payor website.

⁵Joint measure from The Physician Consortium for Performance Improvement (PCPI), and National Committee on Quality Assurance (NCQA) - For more information on measures developed as joint measures from Physician Consortium for Performance Improvement and the National Committee on Quality Assurance (NCQA), visit the NCQA website at www.ncqa.org.

⁶The Society of Thoracic Surgeons at www.sts.org and National Quality Forum, www.qualityforum.org.

⁷Optum, www.optum.com.

⁸American Academy of Neurology, <https://www.aan.com/practice/neuromuscular-quality-measures>, or quality@aan.com.

⁹College of American Pathologists (CAP), <https://www.cap.org/advocacy/quality-payment-program-for-pathologists/mips-for-pathologists/2023-pathology-quality-measures>.

¹⁰American Gastroenterological Association (AGA), www.gastro.org/quality.

¹¹American Society of Anesthesiologists (ASA), www.asahq.org.

¹²American College of Gastroenterology (ACG), www.gi.org; American Gastroenterological Association (AGA), www.gastro.org; and American Society for Gastrointestinal Endoscopy (ASGE), www.asge.org.

Chronic Obstructive Pulmonary Disease (COPD)		
Brief Description of Performance Measure & Source and Reporting Instructions	CPT Category II Code(s)	Code Descriptor(s)
<p>Smoking Assessment¹</p> <p>Whether or not patient with COPD was queried about smoking</p> <p>Numerator: All patients who were queried about smoking during one or more office visits each year</p> <p>Denominator: All patients with the diagnosis of COPD</p> <p>Exclusion(s): NONE</p> <p>Percentage of patients who were queried about smoking at least annually</p> <p>Reporting Instructions: When reporting 1000F, it is required to report 1034F, and/or 1035F, or 1036F.</p> <p>There are no performance exclusions for this measure; modifiers 1P, 2P, and 3P may not be used.</p>	<p>1000F</p> <p>1034F</p> <p>1035F</p> <p>1036F</p>	<p>Tobacco use assessed</p> <p>Current tobacco smoker</p> <p>Current smokeless tobacco user (eg, chew, snuff)</p> <p>Current tobacco non-user</p>

Footnotes

¹Physician Consortium for Performance Improvement®(PCPI) - For more information on measures developed by the Physician Consortium for Performance Improvement® (PCPI), see the appropriate Payor website.

²National Committee on Quality Assurance (NCQA), Health Employer Data Information Set (HEDIS®), www.ncqa.org

³The Joint Commission, <https://www.jointcommission.org>

⁴National Diabetes Quality Improvement Alliance (NDQIA) - For more information on measures developed by the National Diabetes Quality Improvement Alliance (NDQIA), see the appropriate Payor website.

⁵Joint measure from The Physician Consortium for Performance Improvement (PCPI), and National Committee on Quality Assurance (NCQA) - For more information on measures developed as joint measures from Physician Consortium for Performance Improvement and the National Committee on Quality Assurance (NCQA), visit the NCQA website at www.ncqa.org.

⁶The Society of Thoracic Surgeons at www.sts.org and National Quality Forum, www.qualityforum.org.

⁷Optum, www.optum.com.

⁸American Academy of Neurology, <https://www.aan.com/practice/neuromuscular-quality-measures>, or quality@aan.com.

⁹College of American Pathologists (CAP), <https://www.cap.org/advocacy/quality-payment-program-for-pathologists/mips-for-pathologists/2023-pathology-quality-measures>.

¹⁰American Gastroenterological Association (AGA), www.gastro.org/quality.

¹¹American Society of Anesthesiologists (ASA), www.asahq.org.

¹²American College of Gastroenterology (ACG), www.gi.org; American Gastroenterological Association (AGA), www.gastro.org; and American Society for Gastrointestinal Endoscopy (ASGE), www.asge.org.

Chronic Obstructive Pulmonary Disease (COPD)		
Brief Description of Performance Measure & Source and Reporting Instructions	CPT Category II Code(s)	Code Descriptor(s)
<p>Assessment of Symptoms¹</p> <p>Whether or not patient had COPD symptoms assessed at least annually</p> <p>Numerator: All patients with COPD symptoms assessed during one or more office visits each year</p> <p>Denominator: All patients with the diagnosis of COPD</p> <p>Exclusion(s): NONE</p> <p>Percentage of patients who were assessed for COPD symptoms at least annually</p> <p>There are no performance exclusions for this measure; modifiers 1P, 2P, and 3P may not be used.</p>	1015F	Chronic obstructive pulmonary disease (COPD) symptoms assessed (Includes assessment of at least one of the following: dyspnea, cough/sputum, wheezing), or respiratory symptom assessment tool completed
<p>Spirometry Evaluation¹</p> <p>Whether or not patient spirometry results were documented</p>		

Footnotes

¹Physician Consortium for Performance Improvement®(PCPI) - For more information on measures developed by the Physician Consortium for Performance Improvement® (PCPI), see the appropriate Payor website.

²National Committee on Quality Assurance (NCQA), Health Employer Data Information Set (HEDIS®), www.ncqa.org

³The Joint Commission, <https://www.jointcommission.org>

⁴National Diabetes Quality Improvement Alliance (NDQIA) - For more information on measures developed by the National Diabetes Quality Improvement Alliance (NDQIA), see the appropriate Payor website.

⁵Joint measure from The Physician Consortium for Performance Improvement (PCPI), and National Committee on Quality Assurance (NCQA) - For more information on measures developed as joint measures from Physician Consortium for Performance Improvement and the National Committee on Quality Assurance (NCQA), visit the NCQA website at www.ncqa.org.

⁶The Society of Thoracic Surgeons at www.sts.org and National Quality Forum, www.qualityforum.org.

⁷Optum, www.optum.com.

⁸American Academy of Neurology, <https://www.aan.com/practice/neuromuscular-quality-measures>, or quality@aan.com.

⁹College of American Pathologists (CAP), <https://www.cap.org/advocacy/quality-payment-program-for-pathologists/mips-for-pathologists/2023-pathology-quality-measures>.

¹⁰American Gastroenterological Association (AGA), www.gastro.org/quality.

¹¹American Society of Anesthesiologists (ASA), www.asahq.org.

¹²American College of Gastroenterology (ACG), www.gi.org; American Gastroenterological Association (AGA), www.gastro.org; and American Society for Gastrointestinal Endoscopy (ASGE), www.asge.org.

Chronic Obstructive Pulmonary Disease (COPD)		
Brief Description of Performance Measure & Source and Reporting Instructions	CPT Category II Code(s)	Code Descriptor(s)
<p>Numerator: All patients with documented spirometry results on the medical record</p> <p>Denominator: All patients with the diagnosis of COPD</p> <p>Exclusion(s):</p> <p>Documentation of medical, patient, or system reason(s) for not documenting and reviewing spirometry evaluation</p> <p>Percentage of patients with COPD who had a spirometry evaluation documented</p> <p>Reporting Instructions:</p> <p>For patient with appropriate exclusion criteria, report 3023F with modifier 1P, 2P, or 3P.</p>	3023F	Spirometry results documented and reviewed

Footnotes

¹Physician Consortium for Performance Improvement®(PCPI) - For more information on measures developed by the Physician Consortium for Performance Improvement® (PCPI), see the appropriate Payor website.

²National Committee on Quality Assurance (NCQA), Health Employer Data Information Set (HEDIS®), www.ncqa.org

³The Joint Commission, <https://www.jointcommission.org>

⁴National Diabetes Quality Improvement Alliance (NDQIA) - For more information on measures developed by the National Diabetes Quality Improvement Alliance (NDQIA), see the appropriate Payor website.

⁵Joint measure from The Physician Consortium for Performance Improvement (PCPI), and National Committee on Quality Assurance (NCQA) - For more information on measures developed as joint measures from Physician Consortium for Performance Improvement and the National Committee on Quality Assurance (NCQA), visit the NCQA website at www.ncqa.org.

⁶The Society of Thoracic Surgeons at www.sts.org and National Quality Forum, www.qualityforum.org.

⁷Optum, www.optum.com.

⁸American Academy of Neurology, <https://www.aan.com/practice/neuromuscular-quality-measures>, or quality@aan.com.

⁹College of American Pathologists (CAP), <https://www.cap.org/advocacy/quality-payment-program-for-pathologists/mips-for-pathologists/2023-pathology-quality-measures>.

¹⁰American Gastroenterological Association (AGA), www.gastro.org/quality.

¹¹American Society of Anesthesiologists (ASA), www.asahq.org.

¹²American College of Gastroenterology (ACG), www.gi.org; American Gastroenterological Association (AGA), www.gastro.org; and American Society for Gastrointestinal Endoscopy (ASGE), www.asge.org.

Chronic Obstructive Pulmonary Disease (COPD)		
Brief Description of Performance Measure & Source and Reporting Instructions	CPT Category II Code(s)	Code Descriptor(s)
<p>Smoking Cessation Intervention¹</p> <p>Whether or not the patient who is a smoker received a smoking cessation intervention</p> <p>Numerator: All smokers who received a smoking cessation intervention during one or more office visits each year</p> <p>Denominator: All patients with the diagnosis of COPD identified as smokers</p> <p>Exclusion(s): NONE</p> <p>Percentage of smokers with COPD who received a smoking cessation intervention at least annually</p> <p>Reporting Instructions:</p> <p>Report 1034F for each cigarette smoker. Report either 1034F, 1035F, or 1036 for each patient. If patient is a smoker and received cessation intervention, report 4000F or 4001F, or both. Report 4000F or 4001F only if 1034F has been reported.</p> <p>There are no performance exclusions for this measure; modifiers 1P, 2P, and 3P may not be used.</p>	<p>4000F</p> <p>4001F</p> <p>Denominator Codes</p> <p>1034F</p>	<p>Tobacco use cessation intervention, counseling</p> <p>Tobacco use cessation intervention, pharmacologic therapy</p> <p>Current tobacco smoker</p>

Footnotes

¹Physician Consortium for Performance Improvement®(PCPI) - For more information on measures developed by the Physician Consortium for Performance Improvement® (PCPI), see the appropriate Payor website.

²National Committee on Quality Assurance (NCQA), Health Employer Data Information Set (HEDIS®), www.ncqa.org

³The Joint Commission, <https://www.jointcommission.org>

⁴National Diabetes Quality Improvement Alliance (NDQIA) - For more information on measures developed by the National Diabetes Quality Improvement Alliance (NDQIA), see the appropriate Payor website.

⁵Joint measure from The Physician Consortium for Performance Improvement (PCPI), and National Committee on Quality Assurance (NCQA) - For more information on measures developed as joint measures from Physician Consortium for Performance Improvement and the National Committee on Quality Assurance (NCQA), visit the NCQA website at www.ncqa.org.

⁶The Society of Thoracic Surgeons at www.sts.org and National Quality Forum, www.qualityforum.org.

⁷Optum, www.optum.com.

⁸American Academy of Neurology, <https://www.aan.com/practice/neuromuscular-quality-measures>, or quality@aan.com.

⁹College of American Pathologists (CAP), <https://www.cap.org/advocacy/quality-payment-program-for-pathologists/mips-for-pathologists/2023-pathology-quality-measures>.

¹⁰American Gastroenterological Association (AGA), www.gastro.org/quality.

¹¹American Society of Anesthesiologists (ASA), www.asahq.org.

¹²American College of Gastroenterology (ACG), www.gi.org; American Gastroenterological Association (AGA), www.gastro.org; and American Society for Gastrointestinal Endoscopy (ASGE), www.asge.org.

Chronic Obstructive Pulmonary Disease (COPD)		
Brief Description of Performance Measure & Source and Reporting Instructions	CPT Category II Code(s)	Code Descriptor(s)
	1035F	Current smokeless tobacco user (eg, chew, snuff)
	1036F	Current tobacco non-user
<p>Inhaled Bronchodilator¹</p> <p>Whether or not the symptomatic patient was prescribed an inhaled bronchodilator</p> <p>Numerator: All symptomatic patients who were prescribed an inhaled bronchodilator</p> <p>Denominator: All patients with the diagnosis of COPD who have an FEV₁/FVC < 70 % and have symptoms</p> <p>Denominator Inclusions:</p> <p>Documentation of COPD symptoms;</p> <p>Documentation of FEV₁/FVC < 70%</p>	<p>4025F</p> <p>Denominator Codes</p> <p>3025F</p>	<p>Inhaled bronchodilator prescribed</p> <p>Spirometry test results demonstrate FEV₁/FVC<70% with COPD</p>

Footnotes

¹Physician Consortium for Performance Improvement®(PCPI) - For more information on measures developed by the Physician Consortium for Performance Improvement® (PCPI), see the appropriate Payor website.

²National Committee on Quality Assurance (NCQA), Health Employer Data Information Set (HEDIS®), www.ncqa.org

³The Joint Commission, <https://www.jointcommission.org>

⁴National Diabetes Quality Improvement Alliance (NDQIA) - For more information on measures developed by the National Diabetes Quality Improvement Alliance (NDQIA), see the appropriate Payor website.

⁵Joint measure from The Physician Consortium for Performance Improvement (PCPI), and National Committee on Quality Assurance (NCQA) - For more information on measures developed as joint measures from Physician Consortium for Performance Improvement and the National Committee on Quality Assurance (NCQA), visit the NCQA website at www.ncqa.org.

⁶The Society of Thoracic Surgeons at www.sts.org and National Quality Forum, www.qualityforum.org.

⁷Optum, www.optum.com.

⁸American Academy of Neurology, <https://www.aan.com/practice/neuromuscular-quality-measures>, or quality@aan.com.

⁹College of American Pathologists (CAP), <https://www.cap.org/advocacy/quality-payment-program-for-pathologists/mips-for-pathologists/2023-pathology-quality-measures>.

¹⁰American Gastroenterological Association (AGA), www.gastro.org/quality.

¹¹American Society of Anesthesiologists (ASA), www.asahq.org.

¹²American College of Gastroenterology (ACG), www.gi.org; American Gastroenterological Association (AGA), www.gastro.org; and American Society for Gastrointestinal Endoscopy (ASGE), www.asge.org.

Chronic Obstructive Pulmonary Disease (COPD)		
Brief Description of Performance Measure & Source and Reporting Instructions	CPT Category II Code(s)	Code Descriptor(s)
<p>Denominator Exclusions: Documentation of medical, patient, or system reason(s) for not prescribing an inhaled bronchodilator</p> <p>Percentage of symptomatic patients with COPD who were prescribed an inhaled bronchodilator</p> <p>Reporting Instructions: Report either 3025F or 3027F for all COPD patients. For patients with appropriate exclusion criteria, report 4025F with modifier 1P, 2P or 3P.</p>	3027F	<p>symptoms (eg, dyspnea, cough/sputum, wheezing)</p> <p>Spirometry test results demonstrate FEV₁/FVC≥70% or patient does not have COPD symptoms</p>
<p>Assessment of Oxygen Saturation¹ Whether or not oxygen saturation was assessed at least annually</p> <p>Numerator: All patients with oxygen saturation assessed and documented</p> <p>Denominator: All patients with the diagnosis of COPD and a FEV₁ < 40% of predicted value</p> <p>Denominator Inclusion: Documentation of FEV₁ < 40% of predicted value.</p>	3028F	Oxygen saturation results documented and reviewed (Includes assessment through pulse oximetry or arterial blood gas measurement)

Footnotes

¹Physician Consortium for Performance Improvement®(PCPI) - For more information on measures developed by the Physician Consortium for Performance Improvement® (PCPI), see the appropriate Payor website.

²National Committee on Quality Assurance (NCQA), Health Employer Data Information Set (HEDIS®), www.ncqa.org

³The Joint Commission, <https://www.jointcommission.org>

⁴National Diabetes Quality Improvement Alliance (NDQIA) - For more information on measures developed by the National Diabetes Quality Improvement Alliance (NDQIA), see the appropriate Payor website.

⁵Joint measure from The Physician Consortium for Performance Improvement (PCPI), and National Committee on Quality Assurance (NCQA) - For more information on measures developed as joint measures from Physician Consortium for Performance Improvement and the National Committee on Quality Assurance (NCQA), visit the NCQA website at www.ncqa.org.

⁶The Society of Thoracic Surgeons at www.sts.org and National Quality Forum, www.qualityforum.org.

⁷Optum, www.optum.com.

⁸American Academy of Neurology, <https://www.aan.com/practice/neuromuscular-quality-measures>, or quality@aan.com.

⁹College of American Pathologists (CAP), <https://www.cap.org/advocacy/quality-payment-program-for-pathologists/mips-for-pathologists/2023-pathology-quality-measures>.

¹⁰American Gastroenterological Association (AGA), www.gastro.org/quality.

¹¹American Society of Anesthesiologists (ASA), www.asahq.org.

¹²American College of Gastroenterology (ACG), www.gi.org; American Gastroenterological Association (AGA), www.gastro.org; and American Society for Gastrointestinal Endoscopy (ASGE), www.asge.org.

Chronic Obstructive Pulmonary Disease (COPD)		
Brief Description of Performance Measure & Source and Reporting Instructions	CPT Category II Code(s)	Code Descriptor(s)
<p>Denominator Exclusions: Documentation of medical reason(s) for not assessing oxygen saturation</p> <p>Documentation of patient reason(s) for not assessing oxygen saturation</p> <p>Documentation of systems reason(s) for not assessing oxygen saturation</p> <p>Percentage of COPD patients with oxygen saturation assessed at least annually</p> <p>Reporting Instructions: Report 3040F or 3042F for all COPD patients. If oxygen saturation assessed, also report 3028F. For patients with appropriate exclusion criteria, report 3028F with modifier 1P, 2P, or 3P</p>	<p>Denominator Codes</p> <p>3040F</p> <p>3042F</p>	<p>Functional expiratory volume (FEV₁) < 40% of predicted value</p> <p>Functional expiratory volume (FEV₁) ≥ 40% of predicted value</p>

Footnotes

¹Physician Consortium for Performance Improvement®(PCPI) - For more information on measures developed by the Physician Consortium for Performance Improvement® (PCPI), see the appropriate Payor website.

²National Committee on Quality Assurance (NCQA), Health Employer Data Information Set (HEDIS®), www.ncqa.org

³The Joint Commission, <https://www.jointcommission.org>

⁴National Diabetes Quality Improvement Alliance (NDQIA) - For more information on measures developed by the National Diabetes Quality Improvement Alliance (NDQIA), see the appropriate Payor website.

⁵Joint measure from The Physician Consortium for Performance Improvement (PCPI), and National Committee on Quality Assurance (NCQA) - For more information on measures developed as joint measures from Physician Consortium for Performance Improvement and the National Committee on Quality Assurance (NCQA), visit the NCQA website at www.ncqa.org.

⁶The Society of Thoracic Surgeons at www.sts.org and National Quality Forum, www.qualityforum.org.

⁷Optum, www.optum.com.

⁸American Academy of Neurology, <https://www.aan.com/practice/neuromuscular-quality-measures>, or quality@aan.com.

⁹College of American Pathologists (CAP), <https://www.cap.org/advocacy/quality-payment-program-for-pathologists/mips-for-pathologists/2023-pathology-quality-measures>.

¹⁰American Gastroenterological Association (AGA), www.gastro.org/quality.

¹¹American Society of Anesthesiologists (ASA), www.asahq.org.

¹²American College of Gastroenterology (ACG), www.gi.org; American Gastroenterological Association (AGA), www.gastro.org; and American Society for Gastrointestinal Endoscopy (ASGE), www.asge.org.

Chronic Obstructive Pulmonary Disease (COPD)		
Brief Description of Performance Measure & Source and Reporting Instructions	CPT Category II Code(s)	Code Descriptor(s)
<p>Long Term Oxygen Therapy¹ Whether or not patient with COPD was prescribed long term oxygen therapy</p> <p>Numerator: All patients who were prescribed long term oxygen therapy</p> <p>Denominator: All patients with a diagnosis of COPD and an oxygen saturation $\leq 88\%$ or a PaO₂ ≤ 55 mm Hg</p> <p>Denominator Inclusion: PaO₂ ≤ 55 mm Hg or oxygen saturation $\leq 88\%$</p> <p>Denominator Exclusion: Documentation of medical reason(s) for not prescribing long term oxygen therapy. Documentation of patient reason(s) for not prescribing long term oxygen therapy Documentation of system reason(s) for not prescribing long term oxygen therapy</p> <p>Percentage of patients with COPD that were prescribed long term oxygen therapy</p>	<p>4030F</p> <p>Denominator Codes</p> <p>3035F</p>	<p>Long term oxygen therapy prescribed (more than fifteen hours per day)</p> <p>Oxygen saturation $\leq 88\%$ or a PaO₂ ≤ 55 mm Hg</p>

Footnotes

¹Physician Consortium for Performance Improvement®(PCPI) - For more information on measures developed by the Physician Consortium for Performance Improvement® (PCPI), see the appropriate Payor website.

²National Committee on Quality Assurance (NCQA), Health Employer Data Information Set (HEDIS®), www.ncqa.org

³The Joint Commission, <https://www.jointcommission.org>

⁴National Diabetes Quality Improvement Alliance (NDQIA) - For more information on measures developed by the National Diabetes Quality Improvement Alliance (NDQIA), see the appropriate Payor website.

⁵Joint measure from The Physician Consortium for Performance Improvement (PCPI), and National Committee on Quality Assurance (NCQA) - For more information on measures developed as joint measures from Physician Consortium for Performance Improvement and the National Committee on Quality Assurance (NCQA), visit the NCQA website at www.ncqa.org.

⁶The Society of Thoracic Surgeons at www.sts.org and National Quality Forum, www.qualityforum.org.

⁷Optum, www.optum.com.

⁸American Academy of Neurology, <https://www.aan.com/practice/neuromuscular-quality-measures>, or quality@aan.com.

⁹College of American Pathologists (CAP), <https://www.cap.org/advocacy/quality-payment-program-for-pathologists/mips-for-pathologists/2023-pathology-quality-measures>.

¹⁰American Gastroenterological Association (AGA), www.gastro.org/quality.

¹¹American Society of Anesthesiologists (ASA), www.asahq.org.

¹²American College of Gastroenterology (ACG), www.gi.org; American Gastroenterological Association (AGA), www.gastro.org; and American Society for Gastrointestinal Endoscopy (ASGE), www.asge.org.

Chronic Obstructive Pulmonary Disease (COPD)		
Brief Description of Performance Measure & Source and Reporting Instructions	CPT Category II Code(s)	Code Descriptor(s)
<p>Reporting Instructions: Report 3035F or 3037F for all COPD patients. Report 4030F with 3035F if long term oxygen therapy prescribed.</p> <p>For patients with appropriate exclusion criteria, report 4030F with modifier 1P, 2P or 3P.</p>	3037F	Oxygen saturation >88% or PaO ₂ >55 mmHg
<p>Recommendation of Influenza Immunization¹</p> <p>Whether or not the patient aged 18 years and older with a diagnosis of COPD was recommended to receive an influenza immunization annually</p> <p>Numerator: Patients who were recommended to receive an influenza immunization annually</p> <p>Denominator: All patients aged 18 years and older with a diagnosis of COPD</p> <p>Exclusion(s): Documentation of medical (eg, documentation of immunization previously given during the current flu season*) or system reason(s) for not recommending an influenza immunization.</p>	4035F	Influenza immunization recommended

Footnotes

¹Physician Consortium for Performance Improvement®(PCPI) - For more information on measures developed by the Physician Consortium for Performance Improvement® (PCPI), see the appropriate Payor website.

²National Committee on Quality Assurance (NCQA), Health Employer Data Information Set (HEDIS®), www.ncqa.org

³The Joint Commission, <https://www.jointcommission.org>

⁴National Diabetes Quality Improvement Alliance (NDQIA) - For more information on measures developed by the National Diabetes Quality Improvement Alliance (NDQIA), see the appropriate Payor website.

⁵Joint measure from The Physician Consortium for Performance Improvement (PCPI), and National Committee on Quality Assurance (NCQA) - For more information on measures developed as joint measures from Physician Consortium for Performance Improvement and the National Committee on Quality Assurance (NCQA), visit the NCQA website at www.ncqa.org.

⁶The Society of Thoracic Surgeons at www.sts.org and National Quality Forum, www.qualityforum.org.

⁷Optum, www.optum.com.

⁸American Academy of Neurology, <https://www.aan.com/practice/neuromuscular-quality-measures>, or quality@aan.com.

⁹College of American Pathologists (CAP), <https://www.cap.org/advocacy/quality-payment-program-for-pathologists/mips-for-pathologists/2023-pathology-quality-measures>.

¹⁰American Gastroenterological Association (AGA), www.gastro.org/quality.

¹¹American Society of Anesthesiologists (ASA), www.asahq.org.

¹²American College of Gastroenterology (ACG), www.gi.org; American Gastroenterological Association (AGA), www.gastro.org; and American Society for Gastrointestinal Endoscopy (ASGE), www.asge.org.

Chronic Obstructive Pulmonary Disease (COPD)		
Brief Description of Performance Measure & Source and Reporting Instructions	CPT Category II Code(s)	Code Descriptor(s)
<p>*Current flu season is defined as September-February</p> <p>Percentage of patients aged 18 years and older with a diagnosis of COPD who were recommended to receive an influenza immunization annually</p> <p>Reporting Instructions:</p> <p>Report either 4035F for patients who have been recommended an influenza immunization or 4037F for patients for whom an influenza immunization was ordered or administered.</p> <p>For patients with appropriate exclusion criteria, report 4035F with modifier 1P or 3P.</p>	4037F	Influenza immunization ordered or administered
<p>Influenza Immunization Administered¹</p> <p>Whether or not the patient aged 18 years and older with a diagnosis of COPD received an influenza immunization during the current flu season</p> <p>Numerator: Patients who are administered an influenza immunization during the visit or who have already received an influenza immunization during the current flu season*</p>		

Footnotes

¹Physician Consortium for Performance Improvement®(PCPI) - For more information on measures developed by the Physician Consortium for Performance Improvement® (PCPI), see the appropriate Payor website.

²National Committee on Quality Assurance (NCQA), Health Employer Data Information Set (HEDIS®), www.ncqa.org

³The Joint Commission, <https://www.jointcommission.org>

⁴National Diabetes Quality Improvement Alliance (NDQIA) - For more information on measures developed by the National Diabetes Quality Improvement Alliance (NDQIA), see the appropriate Payor website.

⁵Joint measure from The Physician Consortium for Performance Improvement (PCPI), and National Committee on Quality Assurance (NCQA) - For more information on measures developed as joint measures from Physician Consortium for Performance Improvement and the National Committee on Quality Assurance (NCQA), visit the NCQA website at www.ncqa.org.

⁶The Society of Thoracic Surgeons at www.sts.org and National Quality Forum, www.qualityforum.org.

⁷Optum, www.optum.com.

⁸American Academy of Neurology, <https://www.aan.com/practice/neuromuscular-quality-measures>, or quality@aan.com.

⁹College of American Pathologists (CAP), <https://www.cap.org/advocacy/quality-payment-program-for-pathologists/mips-for-pathologists/2023-pathology-quality-measures>.

¹⁰American Gastroenterological Association (AGA), www.gastro.org/quality.

¹¹American Society of Anesthesiologists (ASA), www.asahq.org.

¹²American College of Gastroenterology (ACG), www.gi.org; American Gastroenterological Association (AGA), www.gastro.org; and American Society for Gastrointestinal Endoscopy (ASGE), www.asge.org.

Chronic Obstructive Pulmonary Disease (COPD)		
Brief Description of Performance Measure & Source and Reporting Instructions	CPT Category II Code(s)	Code Descriptor(s)
<p><i>*Current flu season is defined as September through February.</i></p> <p>Denominator: All patients aged 18 years and older with the a diagnosis of COPD seen during the flu season</p> <p>Exclusion(s): Documentation of medical, patient, or system reason(s) for not administering the influenza immunization</p> <p>Percentage of patients aged 18 years and older with a diagnosis of COPD who received an influenza immunization during the current flu season</p> <p>Reporting Instructions: Report 4037F for patients for whom an influenza immunization was ordered or administrated. For patient with appropriate exclusion criteria, report 4037F with modifier 1P, 2P or 3P.</p>	4037F	Influenza immunization ordered or administered

Footnotes

¹Physician Consortium for Performance Improvement®(PCPI) - For more information on measures developed by the Physician Consortium for Performance Improvement® (PCPI), see the appropriate Payor website.

²National Committee on Quality Assurance (NCQA), Health Employer Data Information Set (HEDIS®), www.ncqa.org

³The Joint Commission, <https://www.jointcommission.org>

⁴National Diabetes Quality Improvement Alliance (NDQIA) - For more information on measures developed by the National Diabetes Quality Improvement Alliance (NDQIA), see the appropriate Payor website.

⁵Joint measure from The Physician Consortium for Performance Improvement (PCPI), and National Committee on Quality Assurance (NCQA) - For more information on measures developed as joint measures from Physician Consortium for Performance Improvement and the National Committee on Quality Assurance (NCQA), visit the NCQA website at www.ncqa.org.

⁶The Society of Thoracic Surgeons at www.sts.org and National Quality Forum, www.qualityforum.org.

⁷Optum, www.optum.com.

⁸American Academy of Neurology, <https://www.aan.com/practice/neuromuscular-quality-measures>, or quality@aan.com.

⁹College of American Pathologists (CAP), <https://www.cap.org/advocacy/quality-payment-program-for-pathologists/mips-for-pathologists/2023-pathology-quality-measures>.

¹⁰American Gastroenterological Association (AGA), www.gastro.org/quality.

¹¹American Society of Anesthesiologists (ASA), www.asahq.org.

¹²American College of Gastroenterology (ACG), www.gi.org; American Gastroenterological Association (AGA), www.gastro.org; and American Society for Gastrointestinal Endoscopy (ASGE), www.asge.org.

Chronic Obstructive Pulmonary Disease (COPD)		
Brief Description of Performance Measure & Source and Reporting Instructions	CPT Category II Code(s)	Code Descriptor(s)
<p>Assessment of Pneumococcus Immunization Status¹ Whether or not the patient aged 18 year and older with a diagnosis of COPD was assessed for pneumococcus immunization status</p> <p>Numerator: Patients who were assessed for pneumococcus immunization status</p> <p>Denominator: All patients aged 18 years and older with the diagnosis of COPD</p> <p>Exclusion(s): Documentation of medical (eg, documentation that pneumococcus immunization was not indicated), patient, or system reason(s) for not assessing pneumococcus immunization status</p> <p>Percentage of patients aged 18 years and older with a diagnosis of COPD who were assessed for pneumococcus immunization status</p> <p>Reporting Instructions: For patients with appropriate exclusion criteria, report 1022F with modifier 1P, 2P, or 3P.</p>	1022F	Pneumococcus immunization status assessed

Footnotes

¹Physician Consortium for Performance Improvement®(PCPI) - For more information on measures developed by the Physician Consortium for Performance Improvement® (PCPI), see the appropriate Payor website.

²National Committee on Quality Assurance (NCQA), Health Employer Data Information Set (HEDIS®), www.ncqa.org

³The Joint Commission, <https://www.jointcommission.org>

⁴National Diabetes Quality Improvement Alliance (NDQIA) - For more information on measures developed by the National Diabetes Quality Improvement Alliance (NDQIA), see the appropriate Payor website.

⁵Joint measure from The Physician Consortium for Performance Improvement (PCPI), and National Committee on Quality Assurance (NCQA) - For more information on measures developed as joint measures from Physician Consortium for Performance Improvement and the National Committee on Quality Assurance (NCQA), visit the NCQA website at www.ncqa.org.

⁶The Society of Thoracic Surgeons at www.sts.org and National Quality Forum, www.qualityforum.org.

⁷Optum, www.optum.com.

⁸American Academy of Neurology, <https://www.aan.com/practice/neuromuscular-quality-measures>, or quality@aan.com.

⁹College of American Pathologists (CAP), <https://www.cap.org/advocacy/quality-payment-program-for-pathologists/mips-for-pathologists/2023-pathology-quality-measures>.

¹⁰American Gastroenterological Association (AGA), www.gastro.org/quality.

¹¹American Society of Anesthesiologists (ASA), www.asahq.org.

¹²American College of Gastroenterology (ACG), www.gi.org; American Gastroenterological Association (AGA), www.gastro.org; and American Society for Gastrointestinal Endoscopy (ASGE), www.asge.org.

Chronic Obstructive Pulmonary Disease (COPD)		
Brief Description of Performance Measure & Source and Reporting Instructions	CPT Category II Code(s)	Code Descriptor(s)
<p>Pneumococcus Immunization Administered¹</p> <p>Whether or not the patient aged 18 years and older with a diagnosis of COPD received a pneumococcus immunization</p> <p>Numerator: Patients who are administered a pneumococcus immunization during a visit or who have already received a pneumococcus immunization status</p> <p>Denominator: All patients aged 18 years and older with the diagnosis of COPD</p> <p>Exclusions Criteria: Documentation of medical, patient, or system (eg, pneumococcus immunization recommended, but not administered) reason(s) for not administering the pneumococcus immunization</p> <p>Percentage of patients aged 18 years and older with a diagnosis of COPD who received a pneumococcus immunization</p> <p>Reporting Instructions:</p> <p>Report 4040F for patients for whom a pneumococcal immunization was ordered or administered.</p>	4040F	Pneumococcal vaccine administered or previously received (COPD)

Footnotes

¹Physician Consortium for Performance Improvement®(PCPI) - For more information on measures developed by the Physician Consortium for Performance Improvement® (PCPI), see the appropriate Payor website.

²National Committee on Quality Assurance (NCQA), Health Employer Data Information Set (HEDIS®), www.ncqa.org

³The Joint Commission, <https://www.jointcommission.org>

⁴National Diabetes Quality Improvement Alliance (NDQIA) - For more information on measures developed by the National Diabetes Quality Improvement Alliance (NDQIA), see the appropriate Payor website.

⁵Joint measure from The Physician Consortium for Performance Improvement (PCPI), and National Committee on Quality Assurance (NCQA) - For more information on measures developed as joint measures from Physician Consortium for Performance Improvement and the National Committee on Quality Assurance (NCQA), visit the NCQA website at www.ncqa.org.

⁶The Society of Thoracic Surgeons at www.sts.org and National Quality Forum, www.qualityforum.org.

⁷Optum, www.optum.com.

⁸American Academy of Neurology, <https://www.aan.com/practice/neuromuscular-quality-measures>, or quality@aan.com.

⁹College of American Pathologists (CAP), <https://www.cap.org/advocacy/quality-payment-program-for-pathologists/mips-for-pathologists/2023-pathology-quality-measures>.

¹⁰American Gastroenterological Association (AGA), www.gastro.org/quality.

¹¹American Society of Anesthesiologists (ASA), www.asahq.org.

¹²American College of Gastroenterology (ACG), www.gi.org; American Gastroenterological Association (AGA), www.gastro.org; and American Society for Gastrointestinal Endoscopy (ASGE), www.asge.org.

Chronic Obstructive Pulmonary Disease (COPD)		
Brief Description of Performance Measure & Source and Reporting Instructions	CPT Category II Code(s)	Code Descriptor(s)
For patients with appropriate exclusion criteria, report 4040F with modifier 1P, 2P, or 3P.		

Footnotes

¹Physician Consortium for Performance Improvement®(PCPI) - For more information on measures developed by the Physician Consortium for Performance Improvement® (PCPI), see the appropriate Payor website.

²National Committee on Quality Assurance (NCQA), Health Employer Data Information Set (HEDIS®), www.ncqa.org

³The Joint Commission, <https://www.jointcommission.org>

⁴National Diabetes Quality Improvement Alliance (NDQIA) - For more information on measures developed by the National Diabetes Quality Improvement Alliance (NDQIA), see the appropriate Payor website.

⁵Joint measure from The Physician Consortium for Performance Improvement (PCPI), and National Committee on Quality Assurance (NCQA) - For more information on measures developed as joint measures from Physician Consortium for Performance Improvement and the National Committee on Quality Assurance (NCQA), visit the NCQA website at www.ncqa.org.

⁶The Society of Thoracic Surgeons at www.sts.org and National Quality Forum, www.qualityforum.org.

⁷Optum, www.optum.com.

⁸American Academy of Neurology, <https://www.aan.com/practice/neuromuscular-quality-measures>, or quality@aan.com.

⁹College of American Pathologists (CAP), <https://www.cap.org/advocacy/quality-payment-program-for-pathologists/mips-for-pathologists/2023-pathology-quality-measures>.

¹⁰American Gastroenterological Association (AGA), www.gastro.org/quality.

¹¹American Society of Anesthesiologists (ASA), www.asahq.org.

¹²American College of Gastroenterology (ACG), www.gi.org; American Gastroenterological Association (AGA), www.gastro.org; and American Society for Gastrointestinal Endoscopy (ASGE), www.asge.org.

Chronic Obstructive Pulmonary Disease (COPD)		
Brief Description of Performance Measure & Source and Reporting Instructions	CPT Category II Code(s)	Code Descriptor(s)
<p>Pulmonary Rehabilitation: Exercise Training Recommended¹</p> <p>Whether or not patient exercise training was recommended</p> <p>Numerator: All patients for whom exercise training was recommended</p> <p>Denominator: All patients with the diagnosis of COPD and dyspnea</p> <p>Denominator Inclusion: Documentation of dyspnea (1019F)</p> <p>Denominator Exclusion: Documentation of medical or system reason(s) for not recommending exercise training</p> <p>Percentage of patients for whom exercise training was recommended</p> <p>Reporting Instructions:</p> <p>Report 1018F or 1019F for all COPD patients.</p> <p>For patients with appropriate exclusion criteria, report 4033F with modifier 1P or 3P;</p> <p>Report 4033F with 1019F.</p>	<p>4033F</p> <p>Denominator Codes:</p> <p>1018F</p> <p>1019F</p>	<p>Pulmonary rehabilitation exercise training recommended</p> <p>Dyspnea assessed, not present</p> <p>Dyspnea assessed, present</p>

Footnotes

¹Physician Consortium for Performance Improvement®(PCPI) - For more information on measures developed by the Physician Consortium for Performance Improvement® (PCPI), see the appropriate Payor website.

²National Committee on Quality Assurance (NCQA), Health Employer Data Information Set (HEDIS®), www.ncqa.org

³The Joint Commission, <https://www.jointcommission.org>

⁴National Diabetes Quality Improvement Alliance (NDQIA) - For more information on measures developed by the National Diabetes Quality Improvement Alliance (NDQIA), see the appropriate Payor website.

⁵Joint measure from The Physician Consortium for Performance Improvement (PCPI), and National Committee on Quality Assurance (NCQA) - For more information on measures developed as joint measures from Physician Consortium for Performance Improvement and the National Committee on Quality Assurance (NCQA), visit the NCQA website at www.ncqa.org.

⁶The Society of Thoracic Surgeons at www.sts.org and National Quality Forum, www.qualityforum.org.

⁷Optum, www.optum.com.

⁸American Academy of Neurology, <https://www.aan.com/practice/neuromuscular-quality-measures>, or quality@aan.com.

⁹College of American Pathologists (CAP), <https://www.cap.org/advocacy/quality-payment-program-for-pathologists/mips-for-pathologists/2023-pathology-quality-measures>.

¹⁰American Gastroenterological Association (AGA), www.gastro.org/quality.

¹¹American Society of Anesthesiologists (ASA), www.asahq.org.

¹²American College of Gastroenterology (ACG), www.gi.org; American Gastroenterological Association (AGA), www.gastro.org; and American Society for Gastrointestinal Endoscopy (ASGE), www.asge.org.

Chronic Stable Coronary Artery Disease (CAD)		
Brief Description of Performance Measure & Source and Reporting Instructions	CPT Category II Code(s)	Code Descriptor(s)
<p>Blood Pressure Control¹</p> <p>Whether or not patient aged 18 years and older with a diagnosis of CAD has a blood pressure < 140/90 OR has a blood pressure ≥ 140/90 and is prescribed 2 or more anti-hypertensive agents during the most recent office visit</p> <p>**For complete measure language with definitions, please reference the measure worksheets at www.physicianconsortium.org**</p> <p>Numerator:</p> <p>Patients with a blood pressure < 140/90 mm Hg</p> <p><u>OR</u></p> <p>Patients with a blood pressure ≥140/90 mm Hg and prescribed 2 or more anti-hypertensive medications during the most recent office visit</p> <p>Denominator:</p>	<p>3074F</p> <p>3075F</p> <p>3077F</p> <p>3078F</p>	<p>Most recent systolic blood pressure < 130 mm Hg</p> <p>Most recent systolic blood pressure 130 - 139 mm Hg</p> <p>Most recent systolic blood pressure ≥ 140 mm Hg</p> <p>Most recent diastolic blood pressure < 80 mm Hg</p>

Footnotes

¹Physician Consortium for Performance Improvement®(PCPI) - For more information on measures developed by the Physician Consortium for Performance Improvement® (PCPI), see the appropriate Payor website.

²National Committee on Quality Assurance (NCQA), Health Employer Data Information Set (HEDIS®), www.ncqa.org

³The Joint Commission, <https://www.jointcommission.org>

⁴National Diabetes Quality Improvement Alliance (NDQIA) - For more information on measures developed by the National Diabetes Quality Improvement Alliance (NDQIA), see the appropriate Payor website.

⁵Joint measure from The Physician Consortium for Performance Improvement (PCPI), and National Committee on Quality Assurance (NCQA) - For more information on measures developed as joint measures from Physician Consortium for Performance Improvement and the National Committee on Quality Assurance (NCQA), visit the NCQA website at www.ncqa.org.

⁶The Society of Thoracic Surgeons at www.sts.org and National Quality Forum, www.qualityforum.org.

⁷Optum, www.optum.com.

⁸American Academy of Neurology, <https://www.aan.com/practice/neuromuscular-quality-measures>, or quality@aan.com.

⁹College of American Pathologists (CAP), <https://www.cap.org/advocacy/quality-payment-program-for-pathologists/mips-for-pathologists/2023-pathology-quality-measures>.

¹⁰American Gastroenterological Association (AGA), www.gastro.org/quality.

¹¹American Society of Anesthesiologists (ASA), www.asahq.org.

¹²American College of Gastroenterology (ACG), www.gi.org; American Gastroenterological Association (AGA), www.gastro.org; and American Society for Gastrointestinal Endoscopy (ASGE), www.asge.org.

Chronic Stable Coronary Artery Disease (CAD)		
Brief Description of Performance Measure & Source and Reporting Instructions	CPT Category II Code(s)	Code Descriptor(s)
<p>All patients aged 18 years and older with a diagnosis of coronary artery disease</p> <p>Exclusion(s):</p> <p>Documentation of medical (eg, allergy, intolerant, postural hypotension, other medical reasons), patient (eg, patient declined, other patient reasons), or system (eg, financial reasons, other reasons attributable to the health care delivery system) reason(s) for not prescribing 2 or more anti-hypertensive agents</p> <p>Reporting Instructions:</p> <p>For the systolic blood pressure value, report one of the three systolic codes; for the diastolic blood pressure value, report one of the three diastolic codes. If 3077F or 3080F are reported AND patient is prescribed or currently taking two or more anti-hypertensive agents, report 4145F. For patient with appropriate exclusion criteria report 4145F, with modifier 1P, 2P, or 3P.</p>	3079F	Most recent diastolic blood pressure 80 – 89 mm Hg
	3080F	Most recent diastolic blood pressure ≥ 90 mm Hg
	4145F	Two or more anti-hypertensive agents prescribed or currently being taken

Footnotes

¹Physician Consortium for Performance Improvement®(PCPI) - For more information on measures developed by the Physician Consortium for Performance Improvement® (PCPI), see the appropriate Payor website.

²National Committee on Quality Assurance (NCQA), Health Employer Data Information Set (HEDIS®), www.ncqa.org

³The Joint Commission, <https://www.jointcommission.org>

⁴National Diabetes Quality Improvement Alliance (NDQIA) - For more information on measures developed by the National Diabetes Quality Improvement Alliance (NDQIA), see the appropriate Payor website.

⁵Joint measure from The Physician Consortium for Performance Improvement (PCPI), and National Committee on Quality Assurance (NCQA) - For more information on measures developed as joint measures from Physician Consortium for Performance Improvement and the National Committee on Quality Assurance (NCQA), visit the NCQA website at www.ncqa.org.

⁶The Society of Thoracic Surgeons at www.sts.org and National Quality Forum, www.qualityforum.org.

⁷Optum, www.optum.com.

⁸American Academy of Neurology, <https://www.aan.com/practice/neuromuscular-quality-measures>, or quality@aan.com.

⁹College of American Pathologists (CAP), <https://www.cap.org/advocacy/quality-payment-program-for-pathologists/mips-for-pathologists/2023-pathology-quality-measures>.

¹⁰American Gastroenterological Association (AGA), www.gastro.org/quality.

¹¹American Society of Anesthesiologists (ASA), www.asahq.org.

¹²American College of Gastroenterology (ACG), www.gi.org; American Gastroenterological Association (AGA), www.gastro.org; and American Society for Gastrointestinal Endoscopy (ASGE), www.asge.org.

Chronic Stable Coronary Artery Disease (CAD)		
Brief Description of Performance Measure & Source and Reporting Instructions	CPT Category II Code(s)	Code Descriptor(s)
<p>Lipid Control¹</p> <p>Whether or not the patient aged 18 years and older with a diagnosis of CAD has an LDL-C result less than 100 mg/dL OR has an LDL-C result greater than or equal to 100 mg/dL and a plan of care is documented to achieve LDL-C less than 100 mg/dL, which includes prescription of a statin, at a minimum</p> <p>**For complete measure language with definitions, please reference the measure worksheets at www.physicianconsortium.org**</p> <p>Numerator:</p> <p>Patients who have a LDL-C result < 100 mg/dL</p> <p>OR</p> <p>Patients who have a LDL-C result ≥100 mg/dL and have a documented plan of care to achieve LDL-C <100 mg/dL, including at a minimum the prescription of a statin</p>	<p>3048F</p> <p>3049F</p> <p>3050F</p> <p>4013F</p>	<p>Most recent LDL-C < 100 mg/dL</p> <p>Most recent LDL-C 100 - 129 mg/dL</p> <p>Most recent LDL-C greater than or equal to 130 mg/dL</p> <p>Statin therapy prescribed or currently being taken</p>

Footnotes

¹Physician Consortium for Performance Improvement®(PCPI) - For more information on measures developed by the Physician Consortium for Performance Improvement® (PCPI), see the appropriate Payor website.

²National Committee on Quality Assurance (NCQA), Health Employer Data Information Set (HEDIS®), www.ncqa.org

³The Joint Commission, <https://www.jointcommission.org>

⁴National Diabetes Quality Improvement Alliance (NDQIA) - For more information on measures developed by the National Diabetes Quality Improvement Alliance (NDQIA), see the appropriate Payor website.

⁵Joint measure from The Physician Consortium for Performance Improvement (PCPI), and National Committee on Quality Assurance (NCQA) - For more information on measures developed as joint measures from Physician Consortium for Performance Improvement and the National Committee on Quality Assurance (NCQA), visit the NCQA website at www.ncqa.org.

⁶The Society of Thoracic Surgeons at www.sts.org and National Quality Forum, www.qualityforum.org.

⁷Optum, www.optum.com.

⁸American Academy of Neurology, <https://www.aan.com/practice/neuromuscular-quality-measures>, or quality@aan.com.

⁹College of American Pathologists (CAP), <https://www.cap.org/advocacy/quality-payment-program-for-pathologists/mips-for-pathologists/2023-pathology-quality-measures>.

¹⁰American Gastroenterological Association (AGA), www.gastro.org/quality.

¹¹American Society of Anesthesiologists (ASA), www.asahq.org.

¹²American College of Gastroenterology (ACG), www.gi.org; American Gastroenterological Association (AGA), www.gastro.org; and American Society for Gastrointestinal Endoscopy (ASGE), www.asge.org.

Chronic Stable Coronary Artery Disease (CAD)		
Brief Description of Performance Measure & Source and Reporting Instructions	CPT Category II Code(s)	Code Descriptor(s)
<p>Denominator:</p> <p>All patients aged 18 years and older with a diagnosis of coronary artery disease</p> <p>Exclusion(s):</p> <p>Documentation of medical (eg, allergy, intolerance to statin medication(s), other medical reasons), patient, (eg, patient declined, other patient reasons), or system (eg, financial reasons, other reasons attributable to the health care delivery system) reason(s) for not prescribing a statin</p> <p>Reporting Instructions:</p> <p>Report 3048F OR 3049F OR 3050F to record patient LDL-C result value. If LDL-C result is greater than or equal to 100mg/dL (3049F or 3050F), report 4013F if statin therapy was prescribed or currently taken. In addition to 3049F or 3050F AND 4013F, if a plan of care is documented to achieve lipid control, also report 0556F.</p>	0556F	Plan of care to achieve lipid control documented

Footnotes

¹Physician Consortium for Performance Improvement®(PCPI) - For more information on measures developed by the Physician Consortium for Performance Improvement® (PCPI), see the appropriate Payor website.

²National Committee on Quality Assurance (NCQA), Health Employer Data Information Set (HEDIS®), www.ncqa.org

³The Joint Commission, <https://www.jointcommission.org>

⁴National Diabetes Quality Improvement Alliance (NDQIA) - For more information on measures developed by the National Diabetes Quality Improvement Alliance (NDQIA), see the appropriate Payor website.

⁵Joint measure from The Physician Consortium for Performance Improvement (PCPI), and National Committee on Quality Assurance (NCQA) - For more information on measures developed as joint measures from Physician Consortium for Performance Improvement and the National Committee on Quality Assurance (NCQA), visit the NCQA website at www.ncqa.org.

⁶The Society of Thoracic Surgeons at www.sts.org and National Quality Forum, www.qualityforum.org.

⁷Optum, www.optum.com.

⁸American Academy of Neurology, <https://www.aan.com/practice/neuromuscular-quality-measures>, or quality@aan.com.

⁹College of American Pathologists (CAP), <https://www.cap.org/advocacy/quality-payment-program-for-pathologists/mips-for-pathologists/2023-pathology-quality-measures>.

¹⁰American Gastroenterological Association (AGA), www.gastro.org/quality.

¹¹American Society of Anesthesiologists (ASA), www.asahq.org.

¹²American College of Gastroenterology (ACG), www.gi.org; American Gastroenterological Association (AGA), www.gastro.org; and American Society for Gastrointestinal Endoscopy (ASGE), www.asge.org.

Chronic Stable Coronary Artery Disease (CAD)		
Brief Description of Performance Measure & Source and Reporting Instructions	CPT Category II Code(s)	Code Descriptor(s)
For patient with appropriate exclusion criteria report 4013F, with modifier 1P, 2P, or 3P.		
<p>Symptom and Activity Assessment¹</p> <p>Whether or not patient aged 18 years and older with a diagnosis of CAD have results of an evaluation of level of activity and results of evaluation of anginal symptoms documented in the medical record</p> <p>**For complete measure language with definitions, please reference the measure worksheets at www.physicianconsortium.org**</p> <p>Numerator:</p> <p>Patients for whom there is documented results of an evaluation of level of activity</p> <p>AND</p> <p>an evaluation of presence or absence of anginal symptoms in the medical record</p>	<p>1010F</p> <p>1011F</p> <p>1012F</p>	<p>Severity of angina assessed by level of activity</p> <p>Angina present</p> <p>Angina absent</p>

Footnotes

¹Physician Consortium for Performance Improvement®(PCPI) - For more information on measures developed by the Physician Consortium for Performance Improvement® (PCPI), see the appropriate Payor website.

²National Committee on Quality Assurance (NCQA), Health Employer Data Information Set (HEDIS®), www.ncqa.org

³The Joint Commission, <https://www.jointcommission.org>

⁴National Diabetes Quality Improvement Alliance (NDQIA) - For more information on measures developed by the National Diabetes Quality Improvement Alliance (NDQIA), see the appropriate Payor website.

⁵Joint measure from The Physician Consortium for Performance Improvement (PCPI), and National Committee on Quality Assurance (NCQA) - For more information on measures developed as joint measures from Physician Consortium for Performance Improvement and the National Committee on Quality Assurance (NCQA), visit the NCQA website at www.ncqa.org.

⁶The Society of Thoracic Surgeons at www.sts.org and National Quality Forum, www.qualityforum.org.

⁷Optum, www.optum.com.

⁸American Academy of Neurology, <https://www.aan.com/practice/neuromuscular-quality-measures>, or quality@aan.com.

⁹College of American Pathologists (CAP), <https://www.cap.org/advocacy/quality-payment-program-for-pathologists/mips-for-pathologists/2023-pathology-quality-measures>.

¹⁰American Gastroenterological Association (AGA), www.gastro.org/quality.

¹¹American Society of Anesthesiologists (ASA), www.asahq.org.

¹²American College of Gastroenterology (ACG), www.gi.org; American Gastroenterological Association (AGA), www.gastro.org; and American Society for Gastrointestinal Endoscopy (ASGE), www.asge.org.

Chronic Stable Coronary Artery Disease (CAD)		
Brief Description of Performance Measure & Source and Reporting Instructions	CPT Category II Code(s)	Code Descriptor(s)
<p>Denominator:</p> <p>All patients aged 18 years and older with a diagnosis of coronary artery disease</p> <p>Exclusion(s):</p> <p>None</p> <p>Reporting Instructions:</p> <p>This measure is paired with Measure #4 – Symptom Management. Implementers of this measure should not use this measure without the Symptom Management measure.</p> <p>Report 1010F if level of activity was evaluated. In addition, report 1011F or 1012F to indicate presence or absence of anginal symptoms upon assessment.</p>		

Footnotes

¹Physician Consortium for Performance Improvement®(PCPI) - For more information on measures developed by the Physician Consortium for Performance Improvement® (PCPI), see the appropriate Payor website.

²National Committee on Quality Assurance (NCQA), Health Employer Data Information Set (HEDIS®), www.ncqa.org

³The Joint Commission, <https://www.jointcommission.org>

⁴National Diabetes Quality Improvement Alliance (NDQIA) - For more information on measures developed by the National Diabetes Quality Improvement Alliance (NDQIA), see the appropriate Payor website.

⁵Joint measure from The Physician Consortium for Performance Improvement (PCPI), and National Committee on Quality Assurance (NCQA) - For more information on measures developed as joint measures from Physician Consortium for Performance Improvement and the National Committee on Quality Assurance (NCQA), visit the NCQA website at www.ncqa.org.

⁶The Society of Thoracic Surgeons at www.sts.org and National Quality Forum, www.qualityforum.org.

⁷Optum, www.optum.com.

⁸American Academy of Neurology, <https://www.aan.com/practice/neuromuscular-quality-measures>, or quality@aan.com.

⁹College of American Pathologists (CAP), <https://www.cap.org/advocacy/quality-payment-program-for-pathologists/mips-for-pathologists/2023-pathology-quality-measures>.

¹⁰American Gastroenterological Association (AGA), www.gastro.org/quality.

¹¹American Society of Anesthesiologists (ASA), www.asahq.org.

¹²American College of Gastroenterology (ACG), www.gi.org; American Gastroenterological Association (AGA), www.gastro.org; and American Society for Gastrointestinal Endoscopy (ASGE), www.asge.org.

Chronic Stable Coronary Artery Disease (CAD)		
Brief Description of Performance Measure & Source and Reporting Instructions	CPT Category II Code(s)	Code Descriptor(s)
There are no performance exclusions for this measure; modifiers 1P, 2P, and 3P may not be used.		
<p>Symptom Management¹</p> <p>Whether or not the patient aged 18 years and older with a diagnosis of CAD with anginal symptoms is receiving appropriate management of anginal symptoms</p> <p>**For complete measure language with definitions, please reference the measure worksheets at www.physicianconsortium.org**</p> <p>Numerator:</p> <p>Patients with appropriate management of anginal symptoms</p> <p>**For definition of “appropriate management”, please reference the measure worksheets at www.physicianconsortium.org**</p> <p>Denominator:</p>	0557F	Plan of care to manage anginal symptoms documented

Footnotes

¹Physician Consortium for Performance Improvement®(PCPI) - For more information on measures developed by the Physician Consortium for Performance Improvement® (PCPI), see the appropriate Payor website.

²National Committee on Quality Assurance (NCQA), Health Employer Data Information Set (HEDIS®), www.ncqa.org

³The Joint Commission, <https://www.jointcommission.org>

⁴National Diabetes Quality Improvement Alliance (NDQIA) - For more information on measures developed by the National Diabetes Quality Improvement Alliance (NDQIA), see the appropriate Payor website.

⁵Joint measure from The Physician Consortium for Performance Improvement (PCPI), and National Committee on Quality Assurance (NCQA) - For more information on measures developed as joint measures from Physician Consortium for Performance Improvement and the National Committee on Quality Assurance (NCQA), visit the NCQA website at www.ncqa.org.

⁶The Society of Thoracic Surgeons at www.sts.org and National Quality Forum, www.qualityforum.org.

⁷Optum, www.optum.com.

⁸American Academy of Neurology, <https://www.aan.com/practice/neuromuscular-quality-measures>, or quality@aan.com.

⁹College of American Pathologists (CAP), <https://www.cap.org/advocacy/quality-payment-program-for-pathologists/mips-for-pathologists/2023-pathology-quality-measures>.

¹⁰American Gastroenterological Association (AGA), www.gastro.org/quality.

¹¹American Society of Anesthesiologists (ASA), www.asahq.org.

¹²American College of Gastroenterology (ACG), www.gi.org; American Gastroenterological Association (AGA), www.gastro.org; and American Society for Gastrointestinal Endoscopy (ASGE), www.asge.org.

Chronic Stable Coronary Artery Disease (CAD)		
Brief Description of Performance Measure & Source and Reporting Instructions	CPT Category II Code(s)	Code Descriptor(s)
<p>All patients aged 18 years and older with a diagnosis of coronary artery disease with results of an evaluation of both level of activity AND presence or absence of anginal symptoms</p> <p>Exclusion(s): Documentation of medical (eg, allergy, intolerance, other medical reason(s)), patient (eg, patient declined, other patient reason(s)), or system (eg, financial reasons, other reason(s)) attributable to the health care system) reason(s) for not providing any specified element of plan of care to achieve control of anginal symptoms</p> <p>Reporting Instructions: This measure is paired with Measure #3 – Symptom and Activity Assessment. Implementers of this measure should not use this measure without the Symptom and Activity Assessment measure. Report 1010F and 1011F OR 1012F, if the patient’s level of activity was evaluated and was assessed for presence or absence of anginal symptoms. If anginal</p>	<p>Denominator Codes</p> <p>1010F</p> <p>1011F</p> <p>1012F</p>	<p>Severity of angina assessed by level of activity</p> <p>Angina present</p> <p>Angina absent</p>

Footnotes

¹Physician Consortium for Performance Improvement®(PCPI) - For more information on measures developed by the Physician Consortium for Performance Improvement® (PCPI), see the appropriate Payor website.

²National Committee on Quality Assurance (NCQA), Health Employer Data Information Set (HEDIS®), www.ncqa.org

³The Joint Commission, <https://www.jointcommission.org>

⁴National Diabetes Quality Improvement Alliance (NDQIA) - For more information on measures developed by the National Diabetes Quality Improvement Alliance (NDQIA), see the appropriate Payor website.

⁵Joint measure from The Physician Consortium for Performance Improvement (PCPI), and National Committee on Quality Assurance (NCQA) - For more information on measures developed as joint measures from Physician Consortium for Performance Improvement and the National Committee on Quality Assurance (NCQA), visit the NCQA website at www.ncqa.org.

⁶The Society of Thoracic Surgeons at www.sts.org and National Quality Forum, www.qualityforum.org.

⁷Optum, www.optum.com.

⁸American Academy of Neurology, <https://www.aan.com/practice/neuromuscular-quality-measures>, or quality@aan.com.

⁹College of American Pathologists (CAP), <https://www.cap.org/advocacy/quality-payment-program-for-pathologists/mips-for-pathologists/2023-pathology-quality-measures>.

¹⁰American Gastroenterological Association (AGA), www.gastro.org/quality.

¹¹American Society of Anesthesiologists (ASA), www.asahq.org.

¹²American College of Gastroenterology (ACG), www.gi.org; American Gastroenterological Association (AGA), www.gastro.org; and American Society for Gastrointestinal Endoscopy (ASGE), www.asge.org.

Chronic Stable Coronary Artery Disease (CAD)		
Brief Description of Performance Measure & Source and Reporting Instructions	CPT Category II Code(s)	Code Descriptor(s)
<p>symptoms are present (1011F), report 0557F if plan of care to manage anginal symptoms is documented.</p> <p>For patient with appropriate exclusion criteria report 0557F, with modifier 1P, 2P, or 3P.</p>		
<p>Tobacco Use : Screening and Cessation Intervention¹</p> <p>Whether or not the patient aged 18 years and older with a diagnosis of CAD was screened for tobacco use AND received tobacco cessation counseling intervention if identified as a tobacco user</p> <p>**For complete measure language with definitions, please reference the measure worksheets at www.physicianconsortium.org**</p> <p>Numerator:</p> <p>Patients who were screened for tobacco use</p> <p><u>AND</u></p>		

Footnotes

¹Physician Consortium for Performance Improvement®(PCPI) - For more information on measures developed by the Physician Consortium for Performance Improvement® (PCPI), see the appropriate Payor website.

²National Committee on Quality Assurance (NCQA), Health Employer Data Information Set (HEDIS®), www.ncqa.org

³The Joint Commission, <https://www.jointcommission.org>

⁴National Diabetes Quality Improvement Alliance (NDQIA) - For more information on measures developed by the National Diabetes Quality Improvement Alliance (NDQIA), see the appropriate Payor website.

⁵Joint measure from The Physician Consortium for Performance Improvement (PCPI), and National Committee on Quality Assurance (NCQA) - For more information on measures developed as joint measures from Physician Consortium for Performance Improvement and the National Committee on Quality Assurance (NCQA), visit the NCQA website at www.ncqa.org.

⁶The Society of Thoracic Surgeons at www.sts.org and National Quality Forum, www.qualityforum.org.

⁷Optum, www.optum.com.

⁸American Academy of Neurology, <https://www.aan.com/practice/neuromuscular-quality-measures>, or quality@aan.com.

⁹College of American Pathologists (CAP), <https://www.cap.org/advocacy/quality-payment-program-for-pathologists/mips-for-pathologists/2023-pathology-quality-measures>.

¹⁰American Gastroenterological Association (AGA), www.gastro.org/quality.

¹¹American Society of Anesthesiologists (ASA), www.asahq.org.

¹²American College of Gastroenterology (ACG), www.gi.org; American Gastroenterological Association (AGA), www.gastro.org; and American Society for Gastrointestinal Endoscopy (ASGE), www.asge.org.

Chronic Stable Coronary Artery Disease (CAD)		
Brief Description of Performance Measure & Source and Reporting Instructions	CPT Category II Code(s)	Code Descriptor(s)

Footnotes

¹Physician Consortium for Performance Improvement®(PCPI) - For more information on measures developed by the Physician Consortium for Performance Improvement® (PCPI), see the appropriate Payor website.

²National Committee on Quality Assurance (NCQA), Health Employer Data Information Set (HEDIS®), www.ncqa.org

³The Joint Commission, <https://www.jointcommission.org>

⁴National Diabetes Quality Improvement Alliance (NDQIA) - For more information on measures developed by the National Diabetes Quality Improvement Alliance (NDQIA), see the appropriate Payor website.

⁵Joint measure from The Physician Consortium for Performance Improvement (PCPI), and National Committee on Quality Assurance (NCQA) - For more information on measures developed as joint measures from Physician Consortium for Performance Improvement and the National Committee on Quality Assurance (NCQA), visit the NCQA website at www.ncqa.org.

⁶The Society of Thoracic Surgeons at www.sts.org and National Quality Forum, www.qualityforum.org.

⁷Optum, www.optum.com.

⁸American Academy of Neurology, <https://www.aan.com/practice/neuromuscular-quality-measures>, or quality@aan.com.

⁹College of American Pathologists (CAP), <https://www.cap.org/advocacy/quality-payment-program-for-pathologists/mips-for-pathologists/2023-pathology-quality-measures>.

¹⁰American Gastroenterological Association (AGA), www.gastro.org/quality.

¹¹American Society of Anesthesiologists (ASA), www.asahq.org.

¹²American College of Gastroenterology (ACG), www.gi.org; American Gastroenterological Association (AGA), www.gastro.org; and American Society for Gastrointestinal Endoscopy (ASGE), www.asge.org.

Chronic Stable Coronary Artery Disease (CAD)		
Brief Description of Performance Measure & Source and Reporting Instructions	CPT Category II Code(s)	Code Descriptor(s)
<p>Antiplatelet Therapy¹</p> <p>Whether or not the patient aged 18 years and older with a diagnosis of CAD was prescribed aspirin or clopidogrel **For complete measure language with definitions, please reference the measure worksheets at www.physicianconsortium.org**</p> <p>Numerator:</p> <p>Patients who were prescribed aspirin or clopidogrel</p> <p>Denominator:</p> <p>All patients aged 18 years and older with a diagnosis of coronary artery disease</p> <p>Exclusion(s):</p> <p>Documentation of medical (eg, allergy, intolerance, receiving other thienopyridine therapy, receiving warfarin therapy, bleeding coagulation disorders, other medical reason(s)), patient (eg, patient declined, other patient reason(s)), or</p>	4086F	Aspirin or clopidogrel prescribed or currently being taken

Footnotes

¹Physician Consortium for Performance Improvement®(PCPI) - For more information on measures developed by the Physician Consortium for Performance Improvement® (PCPI), see the appropriate Payor website.

²National Committee on Quality Assurance (NCQA), Health Employer Data Information Set (HEDIS®), www.ncqa.org

³The Joint Commission, <https://www.jointcommission.org>

⁴National Diabetes Quality Improvement Alliance (NDQIA) - For more information on measures developed by the National Diabetes Quality Improvement Alliance (NDQIA), see the appropriate Payor website.

⁵Joint measure from The Physician Consortium for Performance Improvement (PCPI), and National Committee on Quality Assurance (NCQA) - For more information on measures developed as joint measures from Physician Consortium for Performance Improvement and the National Committee on Quality Assurance (NCQA), visit the NCQA website at www.ncqa.org.

⁶The Society of Thoracic Surgeons at www.sts.org and National Quality Forum, www.qualityforum.org.

⁷Optum, www.optum.com.

⁸American Academy of Neurology, <https://www.aan.com/practice/neuromuscular-quality-measures>, or quality@aan.com.

⁹College of American Pathologists (CAP), <https://www.cap.org/advocacy/quality-payment-program-for-pathologists/mips-for-pathologists/2023-pathology-quality-measures>.

¹⁰American Gastroenterological Association (AGA), www.gastro.org/quality.

¹¹American Society of Anesthesiologists (ASA), www.asahq.org.

¹²American College of Gastroenterology (ACG), www.gi.org; American Gastroenterological Association (AGA), www.gastro.org; and American Society for Gastrointestinal Endoscopy (ASGE), www.asge.org.

Chronic Stable Coronary Artery Disease (CAD)		
Brief Description of Performance Measure & Source and Reporting Instructions	CPT Category II Code(s)	Code Descriptor(s)
<p>system (eg, lack of drug availability, other reason(s) attributable to the health care system) reason(s) for not prescribing aspirin or clopidogrel</p> <p>Reporting Instructions:</p> <p>Report 4086F for all patients meeting denominator criteria.</p> <p>For the patient with appropriate exclusion criteria, report 4086F, with modifier 1P, 2P, or 3P.</p>		
<p>Beta-Blocker Therapy–Prior Myocardial Infarction (MI) or Left Ventricular Systolic Dysfunction (LVEF < 40%)¹</p>		

Footnotes

¹Physician Consortium for Performance Improvement®(PCPI) - For more information on measures developed by the Physician Consortium for Performance Improvement® (PCPI), see the appropriate Payor website.

²National Committee on Quality Assurance (NCQA), Health Employer Data Information Set (HEDIS®), www.ncqa.org

³The Joint Commission, <https://www.jointcommission.org>

⁴National Diabetes Quality Improvement Alliance (NDQIA) - For more information on measures developed by the National Diabetes Quality Improvement Alliance (NDQIA), see the appropriate Payor website.

⁵Joint measure from The Physician Consortium for Performance Improvement (PCPI), and National Committee on Quality Assurance (NCQA) - For more information on measures developed as joint measures from Physician Consortium for Performance Improvement and the National Committee on Quality Assurance (NCQA), visit the NCQA website at www.ncqa.org.

⁶The Society of Thoracic Surgeons at www.sts.org and National Quality Forum, www.qualityforum.org.

⁷Optum, www.optum.com.

⁸American Academy of Neurology, <https://www.aan.com/practice/neuromuscular-quality-measures>, or quality@aan.com.

⁹College of American Pathologists (CAP), <https://www.cap.org/advocacy/quality-payment-program-for-pathologists/mips-for-pathologists/2023-pathology-quality-measures>.

¹⁰American Gastroenterological Association (AGA), www.gastro.org/quality.

¹¹American Society of Anesthesiologists (ASA), www.asahq.org.

¹²American College of Gastroenterology (ACG), www.gi.org; American Gastroenterological Association (AGA), www.gastro.org; and American Society for Gastrointestinal Endoscopy (ASGE), www.asge.org.

Chronic Stable Coronary Artery Disease (CAD)		
Brief Description of Performance Measure & Source and Reporting Instructions	CPT Category II Code(s)	Code Descriptor(s)
<p>Whether or not the patient aged 18 years and older with a diagnosis of CAD who also has a prior MI or a current or prior LVEF < 40% was prescribed beta-blocker therapy</p> <p>**For complete measure language with definitions, please reference the measure worksheets at www.physicianconsortium.org**</p> <p>Numerator:</p> <p>Patients who were prescribed beta-blocker therapy</p> <p>Denominator:</p> <p>All patients aged 18 years and older with a diagnosis of coronary artery disease who also have prior MI or a current or prior LVEF < 40%</p> <p>Exclusion(s):</p> <p>Documentation of medical (eg, allergy, intolerance, other medical reason(s)), patient (eg, patient declined, other patient reason(s)), or system (eg, reason(s) attributable to the health</p>	4008F	Beta-Blocker therapy prescribed or currently being taken

Footnotes

¹Physician Consortium for Performance Improvement®(PCPI) - For more information on measures developed by the Physician Consortium for Performance Improvement® (PCPI), see the appropriate Payor website.

²National Committee on Quality Assurance (NCQA), Health Employer Data Information Set (HEDIS®), www.ncqa.org

³The Joint Commission, <https://www.jointcommission.org>

⁴National Diabetes Quality Improvement Alliance (NDQIA) - For more information on measures developed by the National Diabetes Quality Improvement Alliance (NDQIA), see the appropriate Payor website.

⁵Joint measure from The Physician Consortium for Performance Improvement (PCPI), and National Committee on Quality Assurance (NCQA) - For more information on measures developed as joint measures from Physician Consortium for Performance Improvement and the National Committee on Quality Assurance (NCQA), visit the NCQA website at www.ncqa.org.

⁶The Society of Thoracic Surgeons at www.sts.org and National Quality Forum, www.qualityforum.org.

⁷Optum, www.optum.com.

⁸American Academy of Neurology, <https://www.aan.com/practice/neuromuscular-quality-measures>, or quality@aan.com.

⁹College of American Pathologists (CAP), <https://www.cap.org/advocacy/quality-payment-program-for-pathologists/mips-for-pathologists/2023-pathology-quality-measures>.

¹⁰American Gastroenterological Association (AGA), www.gastro.org/quality.

¹¹American Society of Anesthesiologists (ASA), www.asahq.org.

¹²American College of Gastroenterology (ACG), www.gi.org; American Gastroenterological Association (AGA), www.gastro.org; and American Society for Gastrointestinal Endoscopy (ASGE), www.asge.org.

Chronic Stable Coronary Artery Disease (CAD)		
Brief Description of Performance Measure & Source and Reporting Instructions	CPT Category II Code(s)	Code Descriptor(s)
<p>care system) reason(s) for not prescribing beta-blocker therapy</p> <p>Reporting Instructions:</p> <p>If patient has CAD and prior MI (both diagnosis' identified through ICD-9 CM coding (see measure specifications for applicable ICD-9-CM codes) and was prescribed or currently taking beta-blocker therapy, report 4008F.</p> <p>Report 3021F or 3022F for each patient with a diagnosis of CAD (without prior MI). If the patient has ever had a left ventricular ejection fraction (LVEF) less than 40% or documentation of moderately or severely depressed left ventricular systolic function (3021F) AND was prescribed or currently taking beta-blocker therapy, report 4008F in addition.</p> <p>In the event that patient has CAD with a prior MI and LVEF < 40% and was prescribed or currently taking beta-blocker therapy, report 3021F AND 4008F.</p>	<p>Denominator Codes</p> <p>3021F</p> <p>3022F</p>	<p>Left ventricular ejection fraction (LVEF) < 40% or documentation of moderately or severely depressed left ventricular systolic function</p> <p>Left ventricular ejection fraction (LVEF) ≥ 40% or documentation as normal or mildly depressed left ventricular systolic function</p>

Footnotes

¹Physician Consortium for Performance Improvement®(PCPI) - For more information on measures developed by the Physician Consortium for Performance Improvement® (PCPI), see the appropriate Payor website.

²National Committee on Quality Assurance (NCQA), Health Employer Data Information Set (HEDIS®), www.ncqa.org

³The Joint Commission, <https://www.jointcommission.org>

⁴National Diabetes Quality Improvement Alliance (NDQIA) - For more information on measures developed by the National Diabetes Quality Improvement Alliance (NDQIA), see the appropriate Payor website.

⁵Joint measure from The Physician Consortium for Performance Improvement (PCPI), and National Committee on Quality Assurance (NCQA) - For more information on measures developed as joint measures from Physician Consortium for Performance Improvement and the National Committee on Quality Assurance (NCQA), visit the NCQA website at www.ncqa.org.

⁶The Society of Thoracic Surgeons at www.sts.org and National Quality Forum, www.qualityforum.org.

⁷Optum, www.optum.com.

⁸American Academy of Neurology, <https://www.aan.com/practice/neuromuscular-quality-measures>, or quality@aan.com.

⁹College of American Pathologists (CAP), <https://www.cap.org/advocacy/quality-payment-program-for-pathologists/mips-for-pathologists/2023-pathology-quality-measures>.

¹⁰American Gastroenterological Association (AGA), www.gastro.org/quality.

¹¹American Society of Anesthesiologists (ASA), www.asahq.org.

¹²American College of Gastroenterology (ACG), www.gi.org; American Gastroenterological Association (AGA), www.gastro.org; and American Society for Gastrointestinal Endoscopy (ASGE), www.asge.org.

Chronic Stable Coronary Artery Disease (CAD)		
Brief Description of Performance Measure & Source and Reporting Instructions	CPT Category II Code(s)	Code Descriptor(s)
For patient with appropriate exclusion criteria report 4008F with modifier 1P, 2P, or 3P.		
<p>ACE Inhibitor or ARB Therapy—Diabetes or Left Ventricular Systolic Dysfunction (LVEF <40%)¹</p> <p>Whether or not the patient aged 18 years and older with a diagnosis of CAD who also has diabetes or a current or prior LVEF < 40% was prescribed ACE inhibitor or ARB therapy</p> <p>**For complete measure language with definitions, please reference the measure worksheets at www.physicianconsortium.org**</p>		

Footnotes

¹Physician Consortium for Performance Improvement®(PCPI) - For more information on measures developed by the Physician Consortium for Performance Improvement® (PCPI), see the appropriate Payor website.

²National Committee on Quality Assurance (NCQA), Health Employer Data Information Set (HEDIS®), www.ncqa.org

³The Joint Commission, <https://www.jointcommission.org>

⁴National Diabetes Quality Improvement Alliance (NDQIA) - For more information on measures developed by the National Diabetes Quality Improvement Alliance (NDQIA), see the appropriate Payor website.

⁵Joint measure from The Physician Consortium for Performance Improvement (PCPI), and National Committee on Quality Assurance (NCQA) - For more information on measures developed as joint measures from Physician Consortium for Performance Improvement and the National Committee on Quality Assurance (NCQA), visit the NCQA website at www.ncqa.org.

⁶The Society of Thoracic Surgeons at www.sts.org and National Quality Forum, www.qualityforum.org.

⁷Optum, www.optum.com.

⁸American Academy of Neurology, <https://www.aan.com/practice/neuromuscular-quality-measures>, or quality@aan.com.

⁹College of American Pathologists (CAP), <https://www.cap.org/advocacy/quality-payment-program-for-pathologists/mips-for-pathologists/2023-pathology-quality-measures>.

¹⁰American Gastroenterological Association (AGA), www.gastro.org/quality.

¹¹American Society of Anesthesiologists (ASA), www.asahq.org.

¹²American College of Gastroenterology (ACG), www.gi.org; American Gastroenterological Association (AGA), www.gastro.org; and American Society for Gastrointestinal Endoscopy (ASGE), www.asge.org.

Chronic Stable Coronary Artery Disease (CAD)		
Brief Description of Performance Measure & Source and Reporting Instructions	CPT Category II Code(s)	Code Descriptor(s)
<p>Numerator:</p> <p>Patients who were prescribed ACE inhibitor or ARB therapy</p> <p>Denominator:</p> <p>All patients aged 18 years and older with a diagnosis of coronary artery disease who also have diabetes or a current or prior LVEF < 40%</p> <p>Exclusion(s):</p> <p>Documentation of medical (eg, allergy, intolerance, other medical reason(s)), patient (eg, patient declined, other patient reason(s)), and system (eg, lack of drug availability, other reason(s) attributable to the health care system) reason(s) for not prescribing ACE inhibitor or ARB therapy</p> <p>Reporting Instructions:</p> <p>1) If patient has CAD and diabetes (both diagnoses identified through ICD-9 CM coding; see measure specifications for applicable ICD-9-CM codes.) and was prescribed or</p>	4010F	Angiotensin converting enzyme (ACE) inhibitor or Angiotensin Receptor Blocker (ARB) therapy prescribed or currently being taken

Footnotes

¹Physician Consortium for Performance Improvement®(PCPI) - For more information on measures developed by the Physician Consortium for Performance Improvement® (PCPI), see the appropriate Payor website.

²National Committee on Quality Assurance (NCQA), Health Employer Data Information Set (HEDIS®), www.ncqa.org

³The Joint Commission, <https://www.jointcommission.org>

⁴National Diabetes Quality Improvement Alliance (NDQIA) - For more information on measures developed by the National Diabetes Quality Improvement Alliance (NDQIA), see the appropriate Payor website.

⁵Joint measure from The Physician Consortium for Performance Improvement (PCPI), and National Committee on Quality Assurance (NCQA) - For more information on measures developed as joint measures from Physician Consortium for Performance Improvement and the National Committee on Quality Assurance (NCQA), visit the NCQA website at www.ncqa.org.

⁶The Society of Thoracic Surgeons at www.sts.org and National Quality Forum, www.qualityforum.org.

⁷Optum, www.optum.com.

⁸American Academy of Neurology, <https://www.aan.com/practice/neuromuscular-quality-measures>, or quality@aan.com.

⁹College of American Pathologists (CAP), <https://www.cap.org/advocacy/quality-payment-program-for-pathologists/mips-for-pathologists/2023-pathology-quality-measures>.

¹⁰American Gastroenterological Association (AGA), www.gastro.org/quality.

¹¹American Society of Anesthesiologists (ASA), www.asahq.org.

¹²American College of Gastroenterology (ACG), www.gi.org; American Gastroenterological Association (AGA), www.gastro.org; and American Society for Gastrointestinal Endoscopy (ASGE), www.asge.org.

Chronic Stable Coronary Artery Disease (CAD)		
Brief Description of Performance Measure & Source and Reporting Instructions	CPT Category II Code(s)	Code Descriptor(s)
<p>currently taking ACE inhibitor or ARB therapy report 4010F.</p> <p>2) Report 3021F OR 3022F for each patient with a diagnosis of CAD (without diabetes) to indicate left ventricular ejection fraction value. If the patient has ever had a left ventricular ejection fraction (LVEF) less than 40% or documentation of moderately or severely depressed left ventricular systolic function (3021F), also report 4010F if ACE or ARB therapy was prescribed or currently being taken.</p> <p>3) If the patient has CAD, diabetes AND LVEF < 40%, report 3021F and if ACE or ARB therapy prescribed or currently being taken, report 3021F and 4010F.</p> <p>For patient with appropriate exclusion criteria, report 4010F with modifier 1P, 2P, or 3P.</p>	<p>Denominator Codes</p> <p>3021F</p> <p>3022F</p>	<p>Left ventricular ejection fraction (LVEF) < 40% or documentation of moderately or severely depressed left ventricular systolic function</p> <p>Left ventricular ejection fraction (LVEF) ≥ 40% or documentation as normal or mildly depressed left ventricular systolic function</p>

Footnotes

¹Physician Consortium for Performance Improvement®(PCPI) - For more information on measures developed by the Physician Consortium for Performance Improvement® (PCPI), see the appropriate Payor website.

²National Committee on Quality Assurance (NCQA), Health Employer Data Information Set (HEDIS®), www.ncqa.org

³The Joint Commission, <https://www.jointcommission.org>

⁴National Diabetes Quality Improvement Alliance (NDQIA) - For more information on measures developed by the National Diabetes Quality Improvement Alliance (NDQIA), see the appropriate Payor website.

⁵Joint measure from The Physician Consortium for Performance Improvement (PCPI), and National Committee on Quality Assurance (NCQA) - For more information on measures developed as joint measures from Physician Consortium for Performance Improvement and the National Committee on Quality Assurance (NCQA), visit the NCQA website at www.ncqa.org.

⁶The Society of Thoracic Surgeons at www.sts.org and National Quality Forum, www.qualityforum.org.

⁷Optum, www.optum.com.

⁸American Academy of Neurology, <https://www.aan.com/practice/neuromuscular-quality-measures>, or quality@aan.com.

⁹College of American Pathologists (CAP), <https://www.cap.org/advocacy/quality-payment-program-for-pathologists/mips-for-pathologists/2023-pathology-quality-measures>.

¹⁰American Gastroenterological Association (AGA), www.gastro.org/quality.

¹¹American Society of Anesthesiologists (ASA), www.asahq.org.

¹²American College of Gastroenterology (ACG), www.gi.org; American Gastroenterological Association (AGA), www.gastro.org; and American Society for Gastrointestinal Endoscopy (ASGE), www.asge.org.

Chronic Stable Coronary Artery Disease (CAD)		
Brief Description of Performance Measure & Source and Reporting Instructions	CPT Category II Code(s)	Code Descriptor(s)
<p>Cardiac Rehabilitation Patient Referral From an Outpatient Setting¹</p> <p>Whether or not patient aged 18 years and older with a qualifying event/diagnosis was referred to an outpatient cardiac rehabilitation program [or already participated in an outpatient cardiac rehabilitation program]</p> <p>**For complete measure language with definitions, please reference the measure worksheets at www.physicianconsortium.org**</p> <p>Numerator:</p> <p>Patients in an outpatient clinical practice who have had a qualifying event during the previous 12 months who have</p>		

Footnotes

¹Physician Consortium for Performance Improvement®(PCPI) - For more information on measures developed by the Physician Consortium for Performance Improvement® (PCPI), see the appropriate Payor website.

²National Committee on Quality Assurance (NCQA), Health Employer Data Information Set (HEDIS®), www.ncqa.org

³The Joint Commission, <https://www.jointcommission.org>

⁴National Diabetes Quality Improvement Alliance (NDQIA) - For more information on measures developed by the National Diabetes Quality Improvement Alliance (NDQIA), see the appropriate Payor website.

⁵Joint measure from The Physician Consortium for Performance Improvement (PCPI), and National Committee on Quality Assurance (NCQA) - For more information on measures developed as joint measures from Physician Consortium for Performance Improvement and the National Committee on Quality Assurance (NCQA), visit the NCQA website at www.ncqa.org.

⁶The Society of Thoracic Surgeons at www.sts.org and National Quality Forum, www.qualityforum.org.

⁷Optum, www.optum.com.

⁸American Academy of Neurology, <https://www.aan.com/practice/neuromuscular-quality-measures>, or quality@aan.com.

⁹College of American Pathologists (CAP), <https://www.cap.org/advocacy/quality-payment-program-for-pathologists/mips-for-pathologists/2023-pathology-quality-measures>.

¹⁰American Gastroenterological Association (AGA), www.gastro.org/quality.

¹¹American Society of Anesthesiologists (ASA), www.asahq.org.

¹²American College of Gastroenterology (ACG), www.gi.org; American Gastroenterological Association (AGA), www.gastro.org; and American Society for Gastrointestinal Endoscopy (ASGE), www.asge.org.

Chronic Stable Coronary Artery Disease (CAD)		
Brief Description of Performance Measure & Source and Reporting Instructions	CPT Category II Code(s)	Code Descriptor(s)
<p>been referred* to an outpatient CR program [or already participated in an outpatient cardiac rehabilitation program]</p> <p>Denominator:</p> <p>Number of patients in an outpatient clinical practice who have had a qualifying event/diagnosis during the previous 12 months</p> <p>**See ICD-9-CM diagnosis codes and CPT® procedure codes in the measure specifications that define ‘qualifying event/diagnosis’**</p> <p>Exclusion(s):</p> <p>Documentation of medical (eg, patient deemed by provider to have a medically unstable, life-threatening condition, other medical reason(s)), patient (eg, patient resides in a long-term nursing care facility, other patient reason(s)), system (eg, no cardiac rehabilitation program available within 60 minutes of travel time from the patient’s home, other system reason(s))</p>	<p>4500F</p> <p>4510F</p> <p>Denominator Codes</p> <p>1460F</p>	<p>Referred to an outpatient cardiac rehabilitation program</p> <p>Previous cardiac rehabilitation for qualifying cardiac event completed</p> <p>Qualifying cardiac event/diagnosis in previous 12 months</p>

Footnotes

¹Physician Consortium for Performance Improvement®(PCPI) - For more information on measures developed by the Physician Consortium for Performance Improvement® (PCPI), see the appropriate Payor website.

²National Committee on Quality Assurance (NCQA), Health Employer Data Information Set (HEDIS®), www.ncqa.org

³The Joint Commission, <https://www.jointcommission.org>

⁴National Diabetes Quality Improvement Alliance (NDQIA) - For more information on measures developed by the National Diabetes Quality Improvement Alliance (NDQIA), see the appropriate Payor website.

⁵Joint measure from The Physician Consortium for Performance Improvement (PCPI), and National Committee on Quality Assurance (NCQA) - For more information on measures developed as joint measures from Physician Consortium for Performance Improvement and the National Committee on Quality Assurance (NCQA), visit the NCQA website at www.ncqa.org.

⁶The Society of Thoracic Surgeons at www.sts.org and National Quality Forum, www.qualityforum.org.

⁷Optum, www.optum.com.

⁸American Academy of Neurology, <https://www.aan.com/practice/neuromuscular-quality-measures>, or quality@aan.com.

⁹College of American Pathologists (CAP), <https://www.cap.org/advocacy/quality-payment-program-for-pathologists/mips-for-pathologists/2023-pathology-quality-measures>.

¹⁰American Gastroenterological Association (AGA), www.gastro.org/quality.

¹¹American Society of Anesthesiologists (ASA), www.asahq.org.

¹²American College of Gastroenterology (ACG), www.gi.org; American Gastroenterological Association (AGA), www.gastro.org; and American Society for Gastrointestinal Endoscopy (ASGE), www.asge.org.

Chronic Stable Coronary Artery Disease (CAD)		
Brief Description of Performance Measure & Source and Reporting Instructions	CPT Category II Code(s)	Code Descriptor(s)
<p>reason(s) for not referring a patient to an outpatient CR program</p> <p>Reporting Instructions:</p> <p>Report 1460F OR 1461F to indicate presence or absence of qualifying cardiac event/diagnosis. For patients with 1460F reported, also report 4500F if referred to an outpatient cardiac rehabilitation program or 4510F if patient has already completed a cardiac rehabilitation program for the qualifying cardiac event.</p> <p>For the patient with appropriate exclusion criteria, report 4500F, with modifier 1P, 2P or 3P.</p>	1461F	No qualifying cardiac event/diagnosis in previous 12 months

Footnotes

¹Physician Consortium for Performance Improvement®(PCPI) - For more information on measures developed by the Physician Consortium for Performance Improvement® (PCPI), see the appropriate Payor website.

²National Committee on Quality Assurance (NCQA), Health Employer Data Information Set (HEDIS®), www.ncqa.org

³The Joint Commission, <https://www.jointcommission.org>

⁴National Diabetes Quality Improvement Alliance (NDQIA) - For more information on measures developed by the National Diabetes Quality Improvement Alliance (NDQIA), see the appropriate Payor website.

⁵Joint measure from The Physician Consortium for Performance Improvement (PCPI), and National Committee on Quality Assurance (NCQA) - For more information on measures developed as joint measures from Physician Consortium for Performance Improvement and the National Committee on Quality Assurance (NCQA), visit the NCQA website at www.ncqa.org.

⁶The Society of Thoracic Surgeons at www.sts.org and National Quality Forum, www.qualityforum.org.

⁷Optum, www.optum.com.

⁸American Academy of Neurology, <https://www.aan.com/practice/neuromuscular-quality-measures>, or quality@aan.com.

⁹College of American Pathologists (CAP), <https://www.cap.org/advocacy/quality-payment-program-for-pathologists/mips-for-pathologists/2023-pathology-quality-measures>.

¹⁰American Gastroenterological Association (AGA), www.gastro.org/quality.

¹¹American Society of Anesthesiologists (ASA), www.asahq.org.

¹²American College of Gastroenterology (ACG), www.gi.org; American Gastroenterological Association (AGA), www.gastro.org; and American Society for Gastrointestinal Endoscopy (ASGE), www.asge.org.

Chronic Wound Care (CWC)		
Brief Description of Performance Measure & Source	CPT Category II Code(s)	Code Descriptor(s)
<p>Use of Wound Surface Culture Technique in Patients with Chronic Skin Ulcers (Overuse Measure)⁵</p> <p>Patient visits for the patient aged 18 years and older with a diagnosis of chronic skin ulcer without the use of a wound surface culture technique*</p> <p>Numerator: Patient visits without the use of a wound surface culture technique*</p> <p>*The numerator will also be met if there is documentation that a technique other than surface culture of the wound exudate has been used to acquire the wound culture (eg, Levine/deep swab technique, semi-quantitative or quantitative swab technique).</p> <p>Denominator: All patient visits for those patients aged 18 years and older with a diagnosis of chronic skin ulcer</p>	<p>4260F</p> <p>4261F</p>	<p>Wound surface culture technique used</p> <p>Technique other than surface culture of the wound exudate used (eg, Levine/deep swab technique, semi-quantitative or quantitative swab technique) OR wound surface culture technique not used</p>

Footnotes

¹Physician Consortium for Performance Improvement®(PCPI) - For more information on measures developed by the Physician Consortium for Performance Improvement® (PCPI), see the appropriate Payor website.

²National Committee on Quality Assurance (NCQA), Health Employer Data Information Set (HEDIS®), www.ncqa.org

³The Joint Commission, <https://www.jointcommission.org>

⁴National Diabetes Quality Improvement Alliance (NDQIA) - For more information on measures developed by the National Diabetes Quality Improvement Alliance (NDQIA), see the appropriate Payor website.

⁵Joint measure from The Physician Consortium for Performance Improvement (PCPI), and National Committee on Quality Assurance (NCQA) - For more information on measures developed as joint measures from Physician Consortium for Performance Improvement and the National Committee on Quality Assurance (NCQA), visit the NCQA website at www.ncqa.org.

⁶The Society of Thoracic Surgeons at www.sts.org and National Quality Forum, www.qualityforum.org.

⁷Optum, www.optum.com.

⁸American Academy of Neurology, <https://www.aan.com/practice/neuromuscular-quality-measures>, or quality@aan.com.

⁹College of American Pathologists (CAP), <https://www.cap.org/advocacy/quality-payment-program-for-pathologists/mips-for-pathologists/2023-pathology-quality-measures>.

¹⁰American Gastroenterological Association (AGA), www.gastro.org/quality.

¹¹American Society of Anesthesiologists (ASA), www.asahq.org.

¹²American College of Gastroenterology (ACG), www.gi.org; American Gastroenterological Association (AGA), www.gastro.org; and American Society for Gastrointestinal Endoscopy (ASGE), www.asge.org.

Chronic Wound Care (CWC)		
Brief Description of Performance Measure & Source	CPT Category II Code(s)	Code Descriptor(s)
<p>Exclusion(s): Documentation of medical reason for using a wound surface culture technique [eg, surface culture for methicillin-resistant staphylococcus aureus (MRSA) screening]</p> <p>Percentage of patient visits for those patients aged 18 years and older with a diagnosis of chronic skin ulcer without the use of a wound surface culture technique*</p> <p>Reporting Instructions: Report 4260F or 4261F for each patient aged 18 years and older with a diagnosis of chronic skin ulcer. For patient with appropriate exclusion criteria, report 4260F-1P.</p>		
<p>Use of Wet to Dry Dressings in Patients with Chronic Skin Ulcers (Overuse Measure)⁵</p> <p>Patient visits for the patient aged 18 years and older with a diagnosis of chronic skin ulcer without a prescription or recommendation to use wet to dry dressings</p> <p>Numerator: Patient visits without a prescription or recommendation to use wet to dry dressings</p>	<p>4265F</p> <p>4266F</p>	<p>Use of wet to dry dressings prescribed or recommended</p>

Footnotes

¹Physician Consortium for Performance Improvement®(PCPI) - For more information on measures developed by the Physician Consortium for Performance Improvement® (PCPI), see the appropriate Payor website.

²National Committee on Quality Assurance (NCQA), Health Employer Data Information Set (HEDIS®), www.ncqa.org

³The Joint Commission, <https://www.jointcommission.org>

⁴National Diabetes Quality Improvement Alliance (NDQIA) - For more information on measures developed by the National Diabetes Quality Improvement Alliance (NDQIA), see the appropriate Payor website.

⁵Joint measure from The Physician Consortium for Performance Improvement (PCPI), and National Committee on Quality Assurance (NCQA) - For more information on measures developed as joint measures from Physician Consortium for Performance Improvement and the National Committee on Quality Assurance (NCQA), visit the NCQA website at www.ncqa.org.

⁶The Society of Thoracic Surgeons at www.sts.org and National Quality Forum, www.qualityforum.org.

⁷Optum, www.optum.com.

⁸American Academy of Neurology, <https://www.aan.com/practice/neuromuscular-quality-measures>, or quality@aan.com.

⁹College of American Pathologists (CAP), <https://www.cap.org/advocacy/quality-payment-program-for-pathologists/mips-for-pathologists/2023-pathology-quality-measures>.

¹⁰American Gastroenterological Association (AGA), www.gastro.org/quality.

¹¹American Society of Anesthesiologists (ASA), www.asahq.org.

¹²American College of Gastroenterology (ACG), www.gi.org; American Gastroenterological Association (AGA), www.gastro.org; and American Society for Gastrointestinal Endoscopy (ASGE), www.asge.org.

Chronic Wound Care (CWC)		
Brief Description of Performance Measure & Source	CPT Category II Code(s)	Code Descriptor(s)
<p>Denominator: All patient visits for those patients aged 18 years and older with a diagnosis of chronic skin ulcer</p> <p>Exclusion(s): Documentation of medical reason(s) for prescribing/recommending the use of wet to dry dressings (eg, presence of necrotic tissue requiring debridement, highly exudative wound that is unlikely to dry out between dressing changes)</p> <p>Percentage of patient visits for those patients aged 18 years and older with a diagnosis of chronic skin ulcer without a prescription or recommendation to use wet to dry dressings</p> <p>Reporting Instructions: Report 4165F or 4266F for each patient aged 18 years and older with a diagnosis of chronic skin ulcer. For patient visits with appropriate exclusion criteria report 4165F with modifier 1P.</p> <p>There are no performance exclusions for code 4266F. Do not report modifiers 1P, 2P, or 3P with this code.</p>		Use of wet to dry dressings neither prescribed nor recommended
<p>Assessment of Wound Characteristics in Patients Undergoing Debridement⁵</p>	2050F	Wound characteristics including size AND nature of wound base tissue

Footnotes

¹Physician Consortium for Performance Improvement®(PCPI) - For more information on measures developed by the Physician Consortium for Performance Improvement® (PCPI), see the appropriate Payor website.

²National Committee on Quality Assurance (NCQA), Health Employer Data Information Set (HEDIS®), www.ncqa.org

³The Joint Commission, <https://www.jointcommission.org>

⁴National Diabetes Quality Improvement Alliance (NDQIA) - For more information on measures developed by the National Diabetes Quality Improvement Alliance (NDQIA), see the appropriate Payor website.

⁵Joint measure from The Physician Consortium for Performance Improvement (PCPI), and National Committee on Quality Assurance (NCQA) - For more information on measures developed as joint measures from Physician Consortium for Performance Improvement and the National Committee on Quality Assurance (NCQA), visit the NCQA website at www.ncqa.org.

⁶The Society of Thoracic Surgeons at www.sts.org and National Quality Forum, www.qualityforum.org.

⁷Optum, www.optum.com.

⁸American Academy of Neurology, <https://www.aan.com/practice/neuromuscular-quality-measures>, or quality@aan.com.

⁹College of American Pathologists (CAP), <https://www.cap.org/advocacy/quality-payment-program-for-pathologists/mips-for-pathologists/2023-pathology-quality-measures>.

¹⁰American Gastroenterological Association (AGA), www.gastro.org/quality.

¹¹American Society of Anesthesiologists (ASA), www.asahq.org.

¹²American College of Gastroenterology (ACG), www.gi.org; American Gastroenterological Association (AGA), www.gastro.org; and American Society for Gastrointestinal Endoscopy (ASGE), www.asge.org.

Chronic Wound Care (CWC)		
Brief Description of Performance Measure & Source	CPT Category II Code(s)	Code Descriptor(s)
<p>Whether or not the patient aged 18 years and older with a diagnosis of chronic skin ulcer undergoing debridement had documentation of wound characteristics (including at a minimum: size AND nature of wound base tissue, AND amount of drainage) prior to debridement</p> <p>Numerator: Patients with documentation of wound characteristics (including at a minimum: size AND nature of wound base tissue AND amount of drainage) prior to debridement</p> <p>Denominator: All patients aged 18 years and older with a diagnosis of chronic skin ulcer undergoing debridement</p> <p>Exclusion(s): NONE</p> <p>Percentage of patients aged 18 years and older with a diagnosis of chronic skin ulcer undergoing debridement with documentation of wound characteristics (including at a minimum: size AND nature of wound base tissue AND amount of drainage) prior to debridement</p>		AND amount of drainage prior to debridement, documented

Footnotes

¹Physician Consortium for Performance Improvement®(PCPI) - For more information on measures developed by the Physician Consortium for Performance Improvement® (PCPI), see the appropriate Payor website.

²National Committee on Quality Assurance (NCQA), Health Employer Data Information Set (HEDIS®), www.ncqa.org

³The Joint Commission, <https://www.jointcommission.org>

⁴National Diabetes Quality Improvement Alliance (NDQIA) - For more information on measures developed by the National Diabetes Quality Improvement Alliance (NDQIA), see the appropriate Payor website.

⁵Joint measure from The Physician Consortium for Performance Improvement (PCPI), and National Committee on Quality Assurance (NCQA) - For more information on measures developed as joint measures from Physician Consortium for Performance Improvement and the National Committee on Quality Assurance (NCQA), visit the NCQA website at www.ncqa.org.

⁶The Society of Thoracic Surgeons at www.sts.org and National Quality Forum, www.qualityforum.org.

⁷Optum, www.optum.com.

⁸American Academy of Neurology, <https://www.aan.com/practice/neuromuscular-quality-measures>, or quality@aan.com.

⁹College of American Pathologists (CAP), <https://www.cap.org/advocacy/quality-payment-program-for-pathologists/mips-for-pathologists/2023-pathology-quality-measures>.

¹⁰American Gastroenterological Association (AGA), www.gastro.org/quality.

¹¹American Society of Anesthesiologists (ASA), www.asahq.org.

¹²American College of Gastroenterology (ACG), www.gi.org; American Gastroenterological Association (AGA), www.gastro.org; and American Society for Gastrointestinal Endoscopy (ASGE), www.asge.org.

Chronic Wound Care (CWC)		
Brief Description of Performance Measure & Source	CPT Category II Code(s)	Code Descriptor(s)
<p>Reporting Instructions: There are no performance exclusions for this measure; modifiers 1P, 2P or 3P may not be used.</p>		
<p>Use of Compression System in Patients with Venous Ulcers⁵</p> <p>Whether or not the patient aged 18 years and older with a diagnosis of venous ulcer was prescribed compression therapy within the 12 month reporting period</p> <p>Numerator: Patients who were prescribed compression therapy within the 12 month reporting period</p> <p>Denominator: All patients aged 18 years and older with a diagnosis of venous ulcer</p> <p>Exclusion(s): Documentation of medical reason(s) for not prescribing compression therapy (eg, severe arterial occlusive disease)</p> <p>Documentation of patient or system reason(s) for not prescribing compression therapy</p>	4267F	Compression therapy prescribed

Footnotes

¹Physician Consortium for Performance Improvement®(PCPI) - For more information on measures developed by the Physician Consortium for Performance Improvement® (PCPI), see the appropriate Payor website.

²National Committee on Quality Assurance (NCQA), Health Employer Data Information Set (HEDIS®), www.ncqa.org

³The Joint Commission, <https://www.jointcommission.org>

⁴National Diabetes Quality Improvement Alliance (NDQIA) - For more information on measures developed by the National Diabetes Quality Improvement Alliance (NDQIA), see the appropriate Payor website.

⁵Joint measure from The Physician Consortium for Performance Improvement (PCPI), and National Committee on Quality Assurance (NCQA) - For more information on measures developed as joint measures from Physician Consortium for Performance Improvement and the National Committee on Quality Assurance (NCQA), visit the NCQA website at www.ncqa.org.

⁶The Society of Thoracic Surgeons at www.sts.org and National Quality Forum, www.qualityforum.org.

⁷Optum, www.optum.com.

⁸American Academy of Neurology, <https://www.aan.com/practice/neuromuscular-quality-measures>, or quality@aan.com.

⁹College of American Pathologists (CAP), <https://www.cap.org/advocacy/quality-payment-program-for-pathologists/mips-for-pathologists/2023-pathology-quality-measures>.

¹⁰American Gastroenterological Association (AGA), www.gastro.org/quality.

¹¹American Society of Anesthesiologists (ASA), www.asahq.org.

¹²American College of Gastroenterology (ACG), www.gi.org; American Gastroenterological Association (AGA), www.gastro.org; and American Society for Gastrointestinal Endoscopy (ASGE), www.asge.org.

Chronic Wound Care (CWC)		
Brief Description of Performance Measure & Source	CPT Category II Code(s)	Code Descriptor(s)
<p>Percentage of patients aged 18 years and older with a diagnosis of venous ulcer who were prescribed compression therapy within the 12 month reporting period</p> <p>Reporting Instructions: For patient with appropriate exclusion criteria report 4267F with modifier 1P, 2P, or 3P.</p>		
<p>Patient Education Regarding Long Term Compression Therapy⁵</p> <p>Whether or not the patient aged 18 years and older with a diagnosis of venous ulcer received education regarding the need for long term compression therapy including interval replacement of compression stockings within the 12 month reporting period</p> <p>Numerator: Patients who received education regarding the need for long term compression therapy including interval replacement of compression stockings within the 12 month reporting period</p> <p>Denominator: All patients aged 18 years and older with a diagnosis of venous ulcer</p>	4268F	Patient education regarding the need for long term compression therapy including interval replacement of compression stockings, received

Footnotes

¹Physician Consortium for Performance Improvement®(PCPI) - For more information on measures developed by the Physician Consortium for Performance Improvement® (PCPI), see the appropriate Payor website.

²National Committee on Quality Assurance (NCQA), Health Employer Data Information Set (HEDIS®), www.ncqa.org

³The Joint Commission, <https://www.jointcommission.org>

⁴National Diabetes Quality Improvement Alliance (NDQIA) - For more information on measures developed by the National Diabetes Quality Improvement Alliance (NDQIA), see the appropriate Payor website.

⁵Joint measure from The Physician Consortium for Performance Improvement (PCPI), and National Committee on Quality Assurance (NCQA) - For more information on measures developed as joint measures from Physician Consortium for Performance Improvement and the National Committee on Quality Assurance (NCQA), visit the NCQA website at www.ncqa.org.

⁶The Society of Thoracic Surgeons at www.sts.org and National Quality Forum, www.qualityforum.org.

⁷Optum, www.optum.com.

⁸American Academy of Neurology, <https://www.aan.com/practice/neuromuscular-quality-measures>, or quality@aan.com.

⁹College of American Pathologists (CAP), <https://www.cap.org/advocacy/quality-payment-program-for-pathologists/mips-for-pathologists/2023-pathology-quality-measures>.

¹⁰American Gastroenterological Association (AGA), www.gastro.org/quality.

¹¹American Society of Anesthesiologists (ASA), www.asahq.org.

¹²American College of Gastroenterology (ACG), www.gi.org; American Gastroenterological Association (AGA), www.gastro.org; and American Society for Gastrointestinal Endoscopy (ASGE), www.asge.org.

Chronic Wound Care (CWC)		
Brief Description of Performance Measure & Source	CPT Category II Code(s)	Code Descriptor(s)
<p>Exclusion(s): NONE</p> <p>Percentage of patients aged 18 years and older with a diagnosis of venous ulcer who received education regarding the need for long term compression therapy including interval replacement of compression stockings within the 12 month reporting period</p> <p>Reporting Instructions: There are no performance exclusions for this measure; modifiers 1P, 2P, or 3P may not be used.</p>		
<p>Offloading (Pressure Relief) of Diabetic Foot Ulcers⁵</p> <p>Whether or not the patient aged 18 years and older with a diagnosis of diabetes and foot ulcer was prescribed an appropriate method of offloading (pressure relief) within the 12 month reporting period</p> <p>Numerator: Patients who were prescribed an appropriate* method of offloading (pressure relief) within the 12 month reporting period</p> <p>*An appropriate method of offloading includes any of the following: crutches, walkers, wheelchairs, custom shoes, depth</p>	4269F	Appropriate method of offloading (pressure relief) prescribed

Footnotes

¹Physician Consortium for Performance Improvement®(PCPI) - For more information on measures developed by the Physician Consortium for Performance Improvement® (PCPI), see the appropriate Payor website.

²National Committee on Quality Assurance (NCQA), Health Employer Data Information Set (HEDIS®), www.ncqa.org

³The Joint Commission, <https://www.jointcommission.org>

⁴National Diabetes Quality Improvement Alliance (NDQIA) - For more information on measures developed by the National Diabetes Quality Improvement Alliance (NDQIA), see the appropriate Payor website.

⁵Joint measure from The Physician Consortium for Performance Improvement (PCPI), and National Committee on Quality Assurance (NCQA) - For more information on measures developed as joint measures from Physician Consortium for Performance Improvement and the National Committee on Quality Assurance (NCQA), visit the NCQA website at www.ncqa.org.

⁶The Society of Thoracic Surgeons at www.sts.org and National Quality Forum, www.qualityforum.org.

⁷Optum, www.optum.com.

⁸American Academy of Neurology, <https://www.aan.com/practice/neuromuscular-quality-measures>, or quality@aan.com.

⁹College of American Pathologists (CAP), <https://www.cap.org/advocacy/quality-payment-program-for-pathologists/mips-for-pathologists/2023-pathology-quality-measures>.

¹⁰American Gastroenterological Association (AGA), www.gastro.org/quality.

¹¹American Society of Anesthesiologists (ASA), www.asahq.org.

¹²American College of Gastroenterology (ACG), www.gi.org; American Gastroenterological Association (AGA), www.gastro.org; and American Society for Gastrointestinal Endoscopy (ASGE), www.asge.org.

Chronic Wound Care (CWC)		
Brief Description of Performance Measure & Source	CPT Category II Code(s)	Code Descriptor(s)
<p>shoes, shoe modifications, custom inserts, custom relief orthotic walkers (CROW), diabetic boots, forefoot and heel relief shoes, or total contact casts</p> <p>Denominator: All patients aged 18 years and older with a diagnosis of diabetes and foot ulcer</p> <p>Exclusion(s): Documentation of medical reason(s) for not prescribing an appropriate method of offloading (pressure relief) (eg, non-plantar location)</p> <p>Documentation of patient reason(s) for not prescribing an appropriate method of offloading (pressure relief)</p> <p>Documentation of system reason(s) for not prescribing an appropriate method of offloading (pressure relief)</p> <p>Percentage of patients aged 18 years and older with a diagnosis of diabetes and foot ulcer who were prescribed an appropriate method of offloading (pressure relief) within the 12 month reporting period</p>		

Footnotes

¹Physician Consortium for Performance Improvement®(PCPI) - For more information on measures developed by the Physician Consortium for Performance Improvement® (PCPI), see the appropriate Payor website.

²National Committee on Quality Assurance (NCQA), Health Employer Data Information Set (HEDIS®), www.ncqa.org

³The Joint Commission, <https://www.jointcommission.org>

⁴National Diabetes Quality Improvement Alliance (NDQIA) - For more information on measures developed by the National Diabetes Quality Improvement Alliance (NDQIA), see the appropriate Payor website.

⁵Joint measure from The Physician Consortium for Performance Improvement (PCPI), and National Committee on Quality Assurance (NCQA) - For more information on measures developed as joint measures from Physician Consortium for Performance Improvement and the National Committee on Quality Assurance (NCQA), visit the NCQA website at www.ncqa.org.

⁶The Society of Thoracic Surgeons at www.sts.org and National Quality Forum, www.qualityforum.org.

⁷Optum, www.optum.com.

⁸American Academy of Neurology, <https://www.aan.com/practice/neuromuscular-quality-measures>, or quality@aan.com.

⁹College of American Pathologists (CAP), <https://www.cap.org/advocacy/quality-payment-program-for-pathologists/mips-for-pathologists/2023-pathology-quality-measures>.

¹⁰American Gastroenterological Association (AGA), www.gastro.org/quality.

¹¹American Society of Anesthesiologists (ASA), www.asahq.org.

¹²American College of Gastroenterology (ACG), www.gi.org; American Gastroenterological Association (AGA), www.gastro.org; and American Society for Gastrointestinal Endoscopy (ASGE), www.asge.org.

Chronic Wound Care (CWC)		
Brief Description of Performance Measure & Source	CPT Category II Code(s)	Code Descriptor(s)
<p>Reporting Instructions: For patient with appropriate exclusion criteria report 4269F with modifier 1P, 2P, or 3P.</p>		
<p>Patient Education Regarding Diabetic Foot Care⁵ Whether or not the patient aged 18 years and older with a diagnosis of diabetes and foot ulcer received education regarding appropriate foot care AND daily inspection of the feet within the 12 month reporting period</p> <p>Numerator: Patients who received education regarding appropriate foot care* AND daily inspection of the feet within the 12 month reporting period</p> <p>*Definition - Appropriate foot care may include self-inspection and surveillance, monitoring foot temperatures, appropriate daily foot hygiene, use of proper footwear, good diabetes control, and prompt recognition and professional treatment of newly discovered lesions.</p> <p>Denominator: All patients aged 18 years and older with a diagnosis of diabetes and foot ulcer</p> <p>Exclusion(s): NONE</p>	4305F	Patient education regarding appropriate foot care AND daily inspection of the feet, received

Footnotes

¹Physician Consortium for Performance Improvement®(PCPI) - For more information on measures developed by the Physician Consortium for Performance Improvement® (PCPI), see the appropriate Payor website.

²National Committee on Quality Assurance (NCQA), Health Employer Data Information Set (HEDIS®), www.ncqa.org

³The Joint Commission, <https://www.jointcommission.org>

⁴National Diabetes Quality Improvement Alliance (NDQIA) - For more information on measures developed by the National Diabetes Quality Improvement Alliance (NDQIA), see the appropriate Payor website.

⁵Joint measure from The Physician Consortium for Performance Improvement (PCPI), and National Committee on Quality Assurance (NCQA) - For more information on measures developed as joint measures from Physician Consortium for Performance Improvement and the National Committee on Quality Assurance (NCQA), visit the NCQA website at www.ncqa.org.

⁶The Society of Thoracic Surgeons at www.sts.org and National Quality Forum, www.qualityforum.org.

⁷Optum, www.optum.com.

⁸American Academy of Neurology, <https://www.aan.com/practice/neuromuscular-quality-measures>, or quality@aan.com.

⁹College of American Pathologists (CAP), <https://www.cap.org/advocacy/quality-payment-program-for-pathologists/mips-for-pathologists/2023-pathology-quality-measures>.

¹⁰American Gastroenterological Association (AGA), www.gastro.org/quality.

¹¹American Society of Anesthesiologists (ASA), www.asahq.org.

¹²American College of Gastroenterology (ACG), www.gi.org; American Gastroenterological Association (AGA), www.gastro.org; and American Society for Gastrointestinal Endoscopy (ASGE), www.asge.org.

Chronic Wound Care (CWC)		
Brief Description of Performance Measure & Source	CPT Category II Code(s)	Code Descriptor(s)
<p>Percentage of patients aged 18 years and older with a diagnosis of diabetes and foot ulcer who received education regarding appropriate foot care AND daily inspection of the feet within the 12 month reporting period</p> <p>Reporting Instructions: There are no performance exclusions for this measure; modifiers 1P or 2P or 3P may not be used.</p>		

Community-Acquired Bacterial Pneumonia (CAP)		
Brief Description of Performance Measure & Source and Reporting Instructions	CPT Category II Code(s)	Code Descriptor(s)
<p>Chest Radiograph¹ Whether or not patient had a chest X-ray performed</p> <p>Numerator: All patients with a chest x-ray performed</p> <p>Denominator: All patients with the diagnosis of community-acquired bacterial pneumonia</p>	3006F	

Footnotes

¹Physician Consortium for Performance Improvement®(PCPI) - For more information on measures developed by the Physician Consortium for Performance Improvement® (PCPI), see the appropriate Payor website.

²National Committee on Quality Assurance (NCQA), Health Employer Data Information Set (HEDIS®), www.ncqa.org

³The Joint Commission, <https://www.jointcommission.org>

⁴National Diabetes Quality Improvement Alliance (NDQIA) - For more information on measures developed by the National Diabetes Quality Improvement Alliance (NDQIA), see the appropriate Payor website.

⁵Joint measure from The Physician Consortium for Performance Improvement (PCPI), and National Committee on Quality Assurance (NCQA) - For more information on measures developed as joint measures from Physician Consortium for Performance Improvement and the National Committee on Quality Assurance (NCQA), visit the NCQA website at www.ncqa.org.

⁶The Society of Thoracic Surgeons at www.sts.org and National Quality Forum, www.qualityforum.org.

⁷Optum, www.optum.com.

⁸American Academy of Neurology, <https://www.aan.com/practice/neuromuscular-quality-measures>, or quality@aan.com.

⁹College of American Pathologists (CAP), <https://www.cap.org/advocacy/quality-payment-program-for-pathologists/mips-for-pathologists/2023-pathology-quality-measures>.

¹⁰American Gastroenterological Association (AGA), www.gastro.org/quality.

¹¹American Society of Anesthesiologists (ASA), www.asahq.org.

¹²American College of Gastroenterology (ACG), www.gi.org; American Gastroenterological Association (AGA), www.gastro.org; and American Society for Gastrointestinal Endoscopy (ASGE), www.asge.org.

Community-Acquired Bacterial Pneumonia (CAP)		
Brief Description of Performance Measure & Source and Reporting Instructions	CPT Category II Code(s)	Code Descriptor(s)
<p>Exclusion(s): NONE</p> <p>Documentation of medical, patient, or system reason(s) for not performing a chest x-ray (eg, chest x-ray equipment not accessible).</p> <p>Percentage of community-acquired bacterial pneumonia patients ≥18 years of age with a chest x-ray performed</p> <p>Reporting Instructions:</p> <p>For patients with appropriate exclusion criteria, report 3006F with modifier 1P, 2P, or 3P.</p>		Chest X-ray results documented and reviewed
<p>Composite Measure: Community-Acquired Bacterial Pneumonia Assessment - See individual measures listed below for (includes all of the following components):</p> <p>Co-morbid conditions assessed (1026F)</p> <p>Vital signs recorded (2010F)</p> <p>Mental status assessed (2014F)</p> <p>Hydration status assessed (2018F)</p>	0012F	Community-acquired bacterial pneumonia assessment
Assessment of Co-morbid Conditions¹		

Footnotes

¹Physician Consortium for Performance Improvement®(PCPI) - For more information on measures developed by the Physician Consortium for Performance Improvement® (PCPI), see the appropriate Payor website.

²National Committee on Quality Assurance (NCQA), Health Employer Data Information Set (HEDIS®), www.ncqa.org

³The Joint Commission, <https://www.jointcommission.org>

⁴National Diabetes Quality Improvement Alliance (NDQIA) - For more information on measures developed by the National Diabetes Quality Improvement Alliance (NDQIA), see the appropriate Payor website.

⁵Joint measure from The Physician Consortium for Performance Improvement (PCPI), and National Committee on Quality Assurance (NCQA) - For more information on measures developed as joint measures from Physician Consortium for Performance Improvement and the National Committee on Quality Assurance (NCQA), visit the NCQA website at www.ncqa.org.

⁶The Society of Thoracic Surgeons at www.sts.org and National Quality Forum, www.qualityforum.org.

⁷Optum, www.optum.com.

⁸American Academy of Neurology, <https://www.aan.com/practice/neuromuscular-quality-measures>, or quality@aan.com.

⁹College of American Pathologists (CAP), <https://www.cap.org/advocacy/quality-payment-program-for-pathologists/mips-for-pathologists/2023-pathology-quality-measures>.

¹⁰American Gastroenterological Association (AGA), www.gastro.org/quality.

¹¹American Society of Anesthesiologists (ASA), www.asahq.org.

¹²American College of Gastroenterology (ACG), www.gi.org; American Gastroenterological Association (AGA), www.gastro.org; and American Society for Gastrointestinal Endoscopy (ASGE), www.asge.org.

Community-Acquired Bacterial Pneumonia (CAP)		
Brief Description of Performance Measure & Source and Reporting Instructions	CPT Category II Code(s)	Code Descriptor(s)
<p>Whether or not patient was assessed for co-morbid conditions</p> <p>Numerator: All patients assessed for history of co-morbid conditions</p> <p>Denominator: All patients with the diagnosis of Community-Acquired Bacterial Pneumonia</p> <p>Exclusion(s): NONE</p> <p>Percentage of patients ≥18 years of age with Community-Acquired Bacterial Pneumonia who were assessed for co-morbid conditions</p> <p>Reporting Instructions: There are no performance exclusions for this measure; modifiers 1P, 2P, and 3P may not be used.</p>	1026F	Co-morbid conditions assessed (eg, includes assessment for presence or absence of: malignancy, liver disease, congestive heart failure, cerebrovascular disease, renal disease, chronic obstructive pulmonary disease, asthma, diabetes, other co-morbid conditions)

Footnotes

¹Physician Consortium for Performance Improvement®(PCPI) - For more information on measures developed by the Physician Consortium for Performance Improvement® (PCPI), see the appropriate Payor website.

²National Committee on Quality Assurance (NCQA), Health Employer Data Information Set (HEDIS®), www.ncqa.org

³The Joint Commission, <https://www.jointcommission.org>

⁴National Diabetes Quality Improvement Alliance (NDQIA) - For more information on measures developed by the National Diabetes Quality Improvement Alliance (NDQIA), see the appropriate Payor website.

⁵Joint measure from The Physician Consortium for Performance Improvement (PCPI), and National Committee on Quality Assurance (NCQA) - For more information on measures developed as joint measures from Physician Consortium for Performance Improvement and the National Committee on Quality Assurance (NCQA), visit the NCQA website at www.ncqa.org.

⁶The Society of Thoracic Surgeons at www.sts.org and National Quality Forum, www.qualityforum.org.

⁷Optum, www.optum.com.

⁸American Academy of Neurology, <https://www.aan.com/practice/neuromuscular-quality-measures>, or quality@aan.com.

⁹College of American Pathologists (CAP), <https://www.cap.org/advocacy/quality-payment-program-for-pathologists/mips-for-pathologists/2023-pathology-quality-measures>.

¹⁰American Gastroenterological Association (AGA), www.gastro.org/quality.

¹¹American Society of Anesthesiologists (ASA), www.asahq.org.

¹²American College of Gastroenterology (ACG), www.gi.org; American Gastroenterological Association (AGA), www.gastro.org; and American Society for Gastrointestinal Endoscopy (ASGE), www.asge.org.

Community-Acquired Bacterial Pneumonia (CAP)		
Brief Description of Performance Measure & Source and Reporting Instructions	CPT Category II Code(s)	Code Descriptor(s)
<p>Vital Signs¹ Whether or not patient had vital signs recorded</p> <p>Numerator: All patients with vital signs recorded</p> <p>Denominator: All patients with the diagnosis of Community-Acquired Bacterial Pneumonia</p> <p>Exclusion(s): NONE</p> <p>Percentage of Community-Acquired Bacterial Pneumonia patients ≥18 years of age with vital signs recorded</p>	2010F	Vital signs (temperature, pulse, respiratory rate, and blood pressure) documented and reviewed
<p>Assessment of Oxygen Saturation¹ Whether or not patient had oxygen saturation assessed</p> <p>Numerator: All patients with oxygen saturation assessed</p> <p>Denominator: All patients with the diagnosis of community-acquired bacterial pneumonia</p> <p>Exclusion(s): Documentation of medical, patient, system reason(s) for not assessing oxygen saturation (eg, oxygen saturation equipment not available).</p>	3028F	Oxygen saturation results documented and reviewed (Includes assessment through pulse oximetry or arterial blood gas measurement)

Footnotes

¹Physician Consortium for Performance Improvement®(PCPI) - For more information on measures developed by the Physician Consortium for Performance Improvement® (PCPI), see the appropriate Payor website.

²National Committee on Quality Assurance (NCQA), Health Employer Data Information Set (HEDIS®), www.ncqa.org

³The Joint Commission, <https://www.jointcommission.org>

⁴National Diabetes Quality Improvement Alliance (NDQIA) - For more information on measures developed by the National Diabetes Quality Improvement Alliance (NDQIA), see the appropriate Payor website.

⁵Joint measure from The Physician Consortium for Performance Improvement (PCPI), and National Committee on Quality Assurance (NCQA) - For more information on measures developed as joint measures from Physician Consortium for Performance Improvement and the National Committee on Quality Assurance (NCQA), visit the NCQA website at www.ncqa.org.

⁶The Society of Thoracic Surgeons at www.sts.org and National Quality Forum, www.qualityforum.org.

⁷Optum, www.optum.com.

⁸American Academy of Neurology, <https://www.aan.com/practice/neuromuscular-quality-measures>, or quality@aan.com.

⁹College of American Pathologists (CAP), <https://www.cap.org/advocacy/quality-payment-program-for-pathologists/mips-for-pathologists/2023-pathology-quality-measures>.

¹⁰American Gastroenterological Association (AGA), www.gastro.org/quality.

¹¹American Society of Anesthesiologists (ASA), www.asahq.org.

¹²American College of Gastroenterology (ACG), www.gi.org; American Gastroenterological Association (AGA), www.gastro.org; and American Society for Gastrointestinal Endoscopy (ASGE), www.asge.org.

Community-Acquired Bacterial Pneumonia (CAP)		
Brief Description of Performance Measure & Source and Reporting Instructions	CPT Category II Code(s)	Code Descriptor(s)
<p>Percentage of patients ≥18 years of age with community-acquired bacterial pneumonia with oxygen saturation assessed</p> <p>Reporting Instructions: For patients with appropriate exclusion criteria, report 3028F with modifier 1P, 2P or 3P.</p>		
<p>Assessment of Mental Status¹ Whether or not patient had mental status assessed</p> <p>Numerator: All patients with mental status assessed</p> <p>Denominator: All patients with the diagnosis of Community-Acquired Bacterial Pneumonia</p> <p>Exclusion(s): NONE</p> <p>Percentage of Community-Acquired Bacterial Pneumonia patients age ≥18 years of age with mental status assessed</p> <p>Reporting Instructions: There are no performance exclusions for this measure; modifiers 1P, 2P, and 3P may not be used.</p>	2014F	Mental status assessed

Footnotes

¹Physician Consortium for Performance Improvement®(PCPI) - For more information on measures developed by the Physician Consortium for Performance Improvement® (PCPI), see the appropriate Payor website.

²National Committee on Quality Assurance (NCQA), Health Employer Data Information Set (HEDIS®), www.ncqa.org

³The Joint Commission, <https://www.jointcommission.org>

⁴National Diabetes Quality Improvement Alliance (NDQIA) - For more information on measures developed by the National Diabetes Quality Improvement Alliance (NDQIA), see the appropriate Payor website.

⁵Joint measure from The Physician Consortium for Performance Improvement (PCPI), and National Committee on Quality Assurance (NCQA) - For more information on measures developed as joint measures from Physician Consortium for Performance Improvement and the National Committee on Quality Assurance (NCQA), visit the NCQA website at www.ncqa.org.

⁶The Society of Thoracic Surgeons at www.sts.org and National Quality Forum, www.qualityforum.org.

⁷Optum, www.optum.com.

⁸American Academy of Neurology, <https://www.aan.com/practice/neuromuscular-quality-measures>, or quality@aan.com.

⁹College of American Pathologists (CAP), <https://www.cap.org/advocacy/quality-payment-program-for-pathologists/mips-for-pathologists/2023-pathology-quality-measures>.

¹⁰American Gastroenterological Association (AGA), www.gastro.org/quality.

¹¹American Society of Anesthesiologists (ASA), www.asahq.org.

¹²American College of Gastroenterology (ACG), www.gi.org; American Gastroenterological Association (AGA), www.gastro.org; and American Society for Gastrointestinal Endoscopy (ASGE), www.asge.org.

Community-Acquired Bacterial Pneumonia (CAP)		
Brief Description of Performance Measure & Source and Reporting Instructions	CPT Category II Code(s)	Code Descriptor(s)
<p>Assessment of Hydration Status¹ Whether or not had hydration status assessed</p> <p>Numerator: All patients with hydration status assessed</p> <p>Denominator: All patients with the diagnosis of community-acquired bacterial pneumonia</p> <p>Exclusion(s): NONE</p> <p>Percentage of community-acquired bacterial pneumonia patients age ≥18 years of age with hydration status assessed</p> <p>Reporting Instructions: There are no performance exclusions for this measure; modifiers 1P, 2P, and 3P may not be used.</p>	2018F	Hydration status assessed (normal/mildly dehydrated/severely dehydrated)
<p>Level of Care Rationale¹ Whether or not an assessment was made to determine the level of care</p> <p>Numerator: All patients with documented rationale for level of care</p> <p>Denominator: All patients with the diagnosis of community-acquired bacterial pneumonia</p>	6005F	

Footnotes

¹Physician Consortium for Performance Improvement®(PCPI) - For more information on measures developed by the Physician Consortium for Performance Improvement® (PCPI), see the appropriate Payor website.

²National Committee on Quality Assurance (NCQA), Health Employer Data Information Set (HEDIS®), www.ncqa.org

³The Joint Commission, <https://www.jointcommission.org>

⁴National Diabetes Quality Improvement Alliance (NDQIA) - For more information on measures developed by the National Diabetes Quality Improvement Alliance (NDQIA), see the appropriate Payor website.

⁵Joint measure from The Physician Consortium for Performance Improvement (PCPI), and National Committee on Quality Assurance (NCQA) - For more information on measures developed as joint measures from Physician Consortium for Performance Improvement and the National Committee on Quality Assurance (NCQA), visit the NCQA website at www.ncqa.org.

⁶The Society of Thoracic Surgeons at www.sts.org and National Quality Forum, www.qualityforum.org.

⁷Optum, www.optum.com.

⁸American Academy of Neurology, <https://www.aan.com/practice/neuromuscular-quality-measures>, or quality@aan.com.

⁹College of American Pathologists (CAP), <https://www.cap.org/advocacy/quality-payment-program-for-pathologists/mips-for-pathologists/2023-pathology-quality-measures>.

¹⁰American Gastroenterological Association (AGA), www.gastro.org/quality.

¹¹American Society of Anesthesiologists (ASA), www.asahq.org.

¹²American College of Gastroenterology (ACG), www.gi.org; American Gastroenterological Association (AGA), www.gastro.org; and American Society for Gastrointestinal Endoscopy (ASGE), www.asge.org.

Community-Acquired Bacterial Pneumonia (CAP)		
Brief Description of Performance Measure & Source and Reporting Instructions	CPT Category II Code(s)	Code Descriptor(s)
<p>Exclusion(s): NONE</p> <p>Percentage of community-acquired bacterial pneumonia patients ≥ 18 years of age who had a documented rationale for level of care based on severity of illness and safety of home care</p> <p>Reporting Instructions: There are no performance exclusions for this measure; modifiers 1P, 2P, and 3P may not be used.</p>		Rationale (eg, severity of illness and safety) for level of care (eg, home, hospital) documented
<p>Empiric Antibiotic¹</p> <p>Whether or not patient was prescribed an appropriate empiric antibiotic</p> <p>Numerator: All patients with an appropriate empiric antibiotic prescribed</p> <p>Denominator: All patients with the diagnosis of community-acquired bacterial pneumonia</p> <p>Exclusion(s): Documentation of medical, patient, or system reasons(s) for not prescribing an antibiotic.</p>	4045F	Appropriate empiric antibiotic prescribed (See measure developer's Web site for definition of appropriate antibiotic)

Footnotes

¹Physician Consortium for Performance Improvement®(PCPI) - For more information on measures developed by the Physician Consortium for Performance Improvement® (PCPI), see the appropriate Payor website.

²National Committee on Quality Assurance (NCQA), Health Employer Data Information Set (HEDIS®), www.ncqa.org

³The Joint Commission, <https://www.jointcommission.org>

⁴National Diabetes Quality Improvement Alliance (NDQIA) - For more information on measures developed by the National Diabetes Quality Improvement Alliance (NDQIA), see the appropriate Payor website.

⁵Joint measure from The Physician Consortium for Performance Improvement (PCPI), and National Committee on Quality Assurance (NCQA) - For more information on measures developed as joint measures from Physician Consortium for Performance Improvement and the National Committee on Quality Assurance (NCQA), visit the NCQA website at www.ncqa.org.

⁶The Society of Thoracic Surgeons at www.sts.org and National Quality Forum, www.qualityforum.org.

⁷Optum, www.optum.com.

⁸American Academy of Neurology, <https://www.aan.com/practice/neuromuscular-quality-measures>, or quality@aan.com.

⁹College of American Pathologists (CAP), <https://www.cap.org/advocacy/quality-payment-program-for-pathologists/mips-for-pathologists/2023-pathology-quality-measures>.

¹⁰American Gastroenterological Association (AGA), www.gastro.org/quality.

¹¹American Society of Anesthesiologists (ASA), www.asahq.org.

¹²American College of Gastroenterology (ACG), www.gi.org; American Gastroenterological Association (AGA), www.gastro.org; and American Society for Gastrointestinal Endoscopy (ASGE), www.asge.org.

Community-Acquired Bacterial Pneumonia (CAP)		
Brief Description of Performance Measure & Source and Reporting Instructions	CPT Category II Code(s)	Code Descriptor(s)
<p>Percentage of community-acquired bacterial pneumonia patients ≥ 18 years of age who were prescribed an appropriate empiric antibiotic</p> <p>Reporting Instructions: For patients with appropriate exclusion criteria, report 4045F with modifier 1P, 2P, or 3P.</p>		
<p>Smoking Assessment¹</p> <p>Whether or not patient was queried about smoking</p> <p>Numerator: All patients who were queried about smoking</p> <p>Denominator: All patients with the diagnosis of community-acquired bacterial pneumonia</p> <p>Exclusion(s): NONE</p> <p>Percentage of patients with community-acquired bacterial pneumonia who were queried about smoking</p> <p>Reporting Instructions: When reporting 1000F, it is required to report 1034F, and/or 1035F, or 1036F.</p> <p>There are no performance exclusions for this measure; modifiers 1P, 2P, and 3P may not be used.</p>	<p>1000F</p> <p>1034F</p> <p>1035F</p> <p>1036F</p>	<p>Tobacco use assessed</p> <p>Current tobacco smoker</p> <p>Current smokeless tobacco user (eg, chew, snuff)</p> <p>Current tobacco non-user</p>

Footnotes

¹Physician Consortium for Performance Improvement®(PCPI) - For more information on measures developed by the Physician Consortium for Performance Improvement® (PCPI), see the appropriate Payor website.

²National Committee on Quality Assurance (NCQA), Health Employer Data Information Set (HEDIS®), www.ncqa.org

³The Joint Commission, <https://www.jointcommission.org>

⁴National Diabetes Quality Improvement Alliance (NDQIA) - For more information on measures developed by the National Diabetes Quality Improvement Alliance (NDQIA), see the appropriate Payor website.

⁵Joint measure from The Physician Consortium for Performance Improvement (PCPI), and National Committee on Quality Assurance (NCQA) - For more information on measures developed as joint measures from Physician Consortium for Performance Improvement and the National Committee on Quality Assurance (NCQA), visit the NCQA website at www.ncqa.org.

⁶The Society of Thoracic Surgeons at www.sts.org and National Quality Forum, www.qualityforum.org.

⁷Optum, www.optum.com.

⁸American Academy of Neurology, <https://www.aan.com/practice/neuromuscular-quality-measures>, or quality@aan.com.

⁹College of American Pathologists (CAP), <https://www.cap.org/advocacy/quality-payment-program-for-pathologists/mips-for-pathologists/2023-pathology-quality-measures>.

¹⁰American Gastroenterological Association (AGA), www.gastro.org/quality.

¹¹American Society of Anesthesiologists (ASA), www.asahq.org.

¹²American College of Gastroenterology (ACG), www.gi.org; American Gastroenterological Association (AGA), www.gastro.org; and American Society for Gastrointestinal Endoscopy (ASGE), www.asge.org.

Community-Acquired Bacterial Pneumonia (CAP)		
Brief Description of Performance Measure & Source and Reporting Instructions	CPT Category II Code(s)	Code Descriptor(s)
<p>Report 1034F for each cigarette smoker. Report either 1034F, 1035F, or 1036F for each patient. If patient is a smoker and received cessation intervention, report 4000F or 4001F, or both. Report 4000F or 4001F only if 1034F has been reported.</p> <p>There are no performance exclusions for this measure; modifiers 1P, 2P, and 3P may not be used.</p>	<p>Denominator Codes</p> <p>1034F</p> <p>1035F</p> <p>1036F</p>	<p>Current tobacco smoker</p> <p>Current smokeless tobacco user (eg, chew, snuff)</p> <p>Current tobacco non-user</p>
<p>Assessment of Influenza Immunization Status^{1,2}</p>	<p>1030F</p>	<p>Influenza immunization status assessed</p>

Footnotes

¹Physician Consortium for Performance Improvement®(PCPI) - For more information on measures developed by the Physician Consortium for Performance Improvement® (PCPI), see the appropriate Payor website.

²National Committee on Quality Assurance (NCQA), Health Employer Data Information Set (HEDIS®), www.ncqa.org

³The Joint Commission, <https://www.jointcommission.org>

⁴National Diabetes Quality Improvement Alliance (NDQIA) - For more information on measures developed by the National Diabetes Quality Improvement Alliance (NDQIA), see the appropriate Payor website.

⁵Joint measure from The Physician Consortium for Performance Improvement (PCPI), and National Committee on Quality Assurance (NCQA) - For more information on measures developed as joint measures from Physician Consortium for Performance Improvement and the National Committee on Quality Assurance (NCQA), visit the NCQA website at www.ncqa.org.

⁶The Society of Thoracic Surgeons at www.sts.org and National Quality Forum, www.qualityforum.org.

⁷Optum, www.optum.com.

⁸American Academy of Neurology, <https://www.aan.com/practice/neuromuscular-quality-measures>, or quality@aan.com.

⁹College of American Pathologists (CAP), <https://www.cap.org/advocacy/quality-payment-program-for-pathologists/mips-for-pathologists/2023-pathology-quality-measures>.

¹⁰American Gastroenterological Association (AGA), www.gastro.org/quality.

¹¹American Society of Anesthesiologists (ASA), www.asahq.org.

¹²American College of Gastroenterology (ACG), www.gi.org; American Gastroenterological Association (AGA), www.gastro.org; and American Society for Gastrointestinal Endoscopy (ASGE), www.asge.org.

Community-Acquired Bacterial Pneumonia (CAP)		
Brief Description of Performance Measure & Source and Reporting Instructions	CPT Category II Code(s)	Code Descriptor(s)
<p>Whether or not patient aged 18 years and older with a diagnosis of community-acquired bacterial pneumonia was assessed for influenza immunization status</p> <p>Numerator: Patients who were assessed for influenza immunization status</p> <p>Denominator: All patients aged 18 year and older with the diagnosis of community-acquired bacterial pneumonia</p> <p>Exclusion(s): Documentation of medical reason(s) for not assessing influenza immunization status (eg, documentation that immunization was not indicated)</p> <p>Percentage of patients age 18 years and older with a diagnosis of community-acquired bacterial pneumonia who were assessed for influenza immunization status</p> <p>Reporting Instructions: For patients with appropriate exclusion criteria, report 1030F with modifier 1P.</p>		
Assessment of Pneumococcus Immunization Status¹		

Footnotes

¹Physician Consortium for Performance Improvement®(PCPI) - For more information on measures developed by the Physician Consortium for Performance Improvement® (PCPI), see the appropriate Payor website.

²National Committee on Quality Assurance (NCQA), Health Employer Data Information Set (HEDIS®), www.ncqa.org

³The Joint Commission, <https://www.jointcommission.org>

⁴National Diabetes Quality Improvement Alliance (NDQIA) - For more information on measures developed by the National Diabetes Quality Improvement Alliance (NDQIA), see the appropriate Payor website.

⁵Joint measure from The Physician Consortium for Performance Improvement (PCPI), and National Committee on Quality Assurance (NCQA) - For more information on measures developed as joint measures from Physician Consortium for Performance Improvement and the National Committee on Quality Assurance (NCQA), visit the NCQA website at www.ncqa.org.

⁶The Society of Thoracic Surgeons at www.sts.org and National Quality Forum, www.qualityforum.org.

⁷Optum, www.optum.com.

⁸American Academy of Neurology, <https://www.aan.com/practice/neuromuscular-quality-measures>, or quality@aan.com.

⁹College of American Pathologists (CAP), <https://www.cap.org/advocacy/quality-payment-program-for-pathologists/mips-for-pathologists/2023-pathology-quality-measures>.

¹⁰American Gastroenterological Association (AGA), www.gastro.org/quality.

¹¹American Society of Anesthesiologists (ASA), www.asahq.org.

¹²American College of Gastroenterology (ACG), www.gi.org; American Gastroenterological Association (AGA), www.gastro.org; and American Society for Gastrointestinal Endoscopy (ASGE), www.asge.org.

Community-Acquired Bacterial Pneumonia (CAP)		
Brief Description of Performance Measure & Source and Reporting Instructions	CPT Category II Code(s)	Code Descriptor(s)
<p>Whether or not patient aged 18 years and older with a diagnosis of community-acquired bacterial pneumonia was assessed for pneumococcus immunization status</p> <p>Numerator: Patients who were assessed for pneumococcus immunization status</p> <p>Denominator: All patients aged 18 years and older with a diagnosis of community-acquired bacterial pneumonia</p> <p>Exclusion(s): Documentation of medical reason(s) for not assessing pneumococcus immunization status (eg, documentation that immunization was not indicated)</p> <p>Percentage of patients aged 18 years and older with a diagnosis of community-acquired bacterial pneumonia who were assessed for pneumococcus immunization status</p> <p>Reporting Instructions: For patients with appropriate exclusion criteria, report 1022F with modifier 1P.</p>	1022F	Pneumococcus immunization status assessed

Footnotes

¹Physician Consortium for Performance Improvement®(PCPI) - For more information on measures developed by the Physician Consortium for Performance Improvement® (PCPI), see the appropriate Payor website.

²National Committee on Quality Assurance (NCQA), Health Employer Data Information Set (HEDIS®), www.ncqa.org

³The Joint Commission, <https://www.jointcommission.org>

⁴National Diabetes Quality Improvement Alliance (NDQIA) - For more information on measures developed by the National Diabetes Quality Improvement Alliance (NDQIA), see the appropriate Payor website.

⁵Joint measure from The Physician Consortium for Performance Improvement (PCPI), and National Committee on Quality Assurance (NCQA) - For more information on measures developed as joint measures from Physician Consortium for Performance Improvement and the National Committee on Quality Assurance (NCQA), visit the NCQA website at www.ncqa.org.

⁶The Society of Thoracic Surgeons at www.sts.org and National Quality Forum, www.qualityforum.org.

⁷Optum, www.optum.com.

⁸American Academy of Neurology, <https://www.aan.com/practice/neuromuscular-quality-measures>, or quality@aan.com.

⁹College of American Pathologists (CAP), <https://www.cap.org/advocacy/quality-payment-program-for-pathologists/mips-for-pathologists/2023-pathology-quality-measures>.

¹⁰American Gastroenterological Association (AGA), www.gastro.org/quality.

¹¹American Society of Anesthesiologists (ASA), www.asahq.org.

¹²American College of Gastroenterology (ACG), www.gi.org; American Gastroenterological Association (AGA), www.gastro.org; and American Society for Gastrointestinal Endoscopy (ASGE), www.asge.org.

Coronary Artery Bypass Graft (CABG)		
Brief Description of Performance Measure & Source	CPT Category II Code(s)	Code Descriptor(s)
<p>Use of Internal Mammary Artery (IMA) Graft in Primary, Isolated Coronary Artery Bypass Graft (CABG) Surgery⁶</p> <p>Whether or not a patient received an IMA graft in the performance of a primary, isolated CABG procedure.</p> <p>Numerator: All patients who received an IMA graft in isolated CABG procedures</p> <p>Denominator: All patients who received a primary isolated CABG procedure</p> <p>Exclusion(s): Medical reasons for not receiving an IMA graft in the performance of a primary, isolated CABG procedure</p> <p>Reporting Instructions:</p> <p>This measure is not intended for use with repeat CABG procedures.</p> <p>For patients with documented medical reasons for not receiving an IMA graft in the performance of a primary, isolated CABG procedure, report modifier 1P with code 4110F.</p>	4110F	Internal mammary artery graft performed for primary, isolated coronary artery bypass graft procedure

Footnotes

¹Physician Consortium for Performance Improvement®(PCPI) - For more information on measures developed by the Physician Consortium for Performance Improvement® (PCPI), see the appropriate Payor website.

²National Committee on Quality Assurance (NCQA), Health Employer Data Information Set (HEDIS®), www.ncqa.org

³The Joint Commission, <https://www.jointcommission.org>

⁴National Diabetes Quality Improvement Alliance (NDQIA) - For more information on measures developed by the National Diabetes Quality Improvement Alliance (NDQIA), see the appropriate Payor website.

⁵Joint measure from The Physician Consortium for Performance Improvement (PCPI), and National Committee on Quality Assurance (NCQA) - For more information on measures developed as joint measures from Physician Consortium for Performance Improvement and the National Committee on Quality Assurance (NCQA), visit the NCQA website at www.ncqa.org.

⁶The Society of Thoracic Surgeons at www.sts.org and National Quality Forum, www.qualityforum.org.

⁷Optum, www.optum.com.

⁸American Academy of Neurology, <https://www.aan.com/practice/neuromuscular-quality-measures>, or quality@aan.com.

⁹College of American Pathologists (CAP), <https://www.cap.org/advocacy/quality-payment-program-for-pathologists/mips-for-pathologists/2023-pathology-quality-measures>.

¹⁰American Gastroenterological Association (AGA), www.gastro.org/quality.

¹¹American Society of Anesthesiologists (ASA), www.asahq.org.

¹²American College of Gastroenterology (ACG), www.gi.org; American Gastroenterological Association (AGA), www.gastro.org; and American Society for Gastrointestinal Endoscopy (ASGE), www.asge.org.

Coronary Artery Bypass Graft (CABG)		
Brief Description of Performance Measure & Source	CPT Category II Code(s)	Code Descriptor(s)
<p>Use of Beta Blocker in Isolated Coronary Artery Bypass Graft (CABG) Surgery⁶</p> <p>Whether or not a patient was administered beta blocker within 24 hours prior to surgical incision for isolated CABG surgery</p> <p>Numerator: Patients who were administered beta blocker within 24 hours prior to surgical incision</p> <p>Denominator: All patients undergoing isolated CABG surgery</p> <p>Exclusion(s): Medical reasons for not administering beta blocker within 24 hours prior to surgical incision for isolated CABG surgery</p> <p>Percentage of patients who were administered beta blocker within 24 hours prior to surgical incision for isolated CABG surgery</p> <p>Reporting Instructions:</p> <p>For patients with medical reasons for not administering beta blocker within 24 hours prior to surgical incision for isolated CABG surgery, report modifier 1P with code 4115F.</p>	4115F	Beta blocker administered within 24 hours prior to surgical incision

Footnotes

¹Physician Consortium for Performance Improvement®(PCPI) - For more information on measures developed by the Physician Consortium for Performance Improvement® (PCPI), see the appropriate Payor website.

²National Committee on Quality Assurance (NCQA), Health Employer Data Information Set (HEDIS®), www.ncqa.org

³The Joint Commission, <https://www.jointcommission.org>

⁴National Diabetes Quality Improvement Alliance (NDQIA) - For more information on measures developed by the National Diabetes Quality Improvement Alliance (NDQIA), see the appropriate Payor website.

⁵Joint measure from The Physician Consortium for Performance Improvement (PCPI), and National Committee on Quality Assurance (NCQA) - For more information on measures developed as joint measures from Physician Consortium for Performance Improvement and the National Committee on Quality Assurance (NCQA), visit the NCQA website at www.ncqa.org.

⁶The Society of Thoracic Surgeons at www.sts.org and National Quality Forum, www.qualityforum.org.

⁷Optum, www.optum.com.

⁸American Academy of Neurology, <https://www.aan.com/practice/neuromuscular-quality-measures>, or quality@aan.com.

⁹College of American Pathologists (CAP), <https://www.cap.org/advocacy/quality-payment-program-for-pathologists/mips-for-pathologists/2023-pathology-quality-measures>.

¹⁰American Gastroenterological Association (AGA), www.gastro.org/quality.

¹¹American Society of Anesthesiologists (ASA), www.asahq.org.

¹²American College of Gastroenterology (ACG), www.gi.org; American Gastroenterological Association (AGA), www.gastro.org; and American Society for Gastrointestinal Endoscopy (ASGE), www.asge.org.

The measures for Coronary Artery Disease have been deleted. See the measures included in the [Chronic Stable Coronary Artery Disease](#) measures.

For Critical Care, see Anesthesiology/Critical Care (CRIT)

Footnotes

¹Physician Consortium for Performance Improvement®(PCPI) - For more information on measures developed by the Physician Consortium for Performance Improvement® (PCPI), see the appropriate Payor website.

²National Committee on Quality Assurance (NCQA), Health Employer Data Information Set (HEDIS®), www.ncqa.org

³The Joint Commission, <https://www.jointcommission.org>

⁴National Diabetes Quality Improvement Alliance (NDQIA) - For more information on measures developed by the National Diabetes Quality Improvement Alliance (NDQIA), see the appropriate Payor website.

⁵Joint measure from The Physician Consortium for Performance Improvement (PCPI), and National Committee on Quality Assurance (NCQA) - For more information on measures developed as joint measures from Physician Consortium for Performance Improvement and the National Committee on Quality Assurance (NCQA), visit the NCQA website at www.ncqa.org.

⁶The Society of Thoracic Surgeons at www.sts.org and National Quality Forum, www.qualityforum.org.

⁷Optum, www.optum.com.

⁸American Academy of Neurology, <https://www.aan.com/practice/neuromuscular-quality-measures>, or quality@aan.com.

⁹College of American Pathologists (CAP), <https://www.cap.org/advocacy/quality-payment-program-for-pathologists/mips-for-pathologists/2023-pathology-quality-measures>.

¹⁰American Gastroenterological Association (AGA), www.gastro.org/quality.

¹¹American Society of Anesthesiologists (ASA), www.asahq.org.

¹²American College of Gastroenterology (ACG), www.gi.org; American Gastroenterological Association (AGA), www.gastro.org; and American Society for Gastrointestinal Endoscopy (ASGE), www.asge.org.

Dementia (DEM)		
Brief Description of Performance Measure & Source and Reporting Instructions	CPT Category II Code(s)	Code Descriptor(s)

Footnotes

¹**Physician Consortium for Performance Improvement®(PCPI)** - For more information on measures developed by the Physician Consortium for Performance Improvement® (PCPI), see the appropriate Payor website.

²**National Committee on Quality Assurance (NCQA)**, Health Employer Data Information Set (HEDIS®), www.ncqa.org

³**The Joint Commission**, <https://www.jointcommission.org>

⁴**National Diabetes Quality Improvement Alliance (NDQIA)** - For more information on measures developed by the National Diabetes Quality Improvement Alliance (NDQIA), see the appropriate Payor website.

⁵Joint measure from **The Physician Consortium for Performance Improvement (PCPI)**, and **National Committee on Quality Assurance (NCQA)** - For more information on measures developed as joint measures from Physician Consortium for Performance Improvement and the National Committee on Quality Assurance (NCQA), visit the NCQA website at www.ncqa.org.

⁶*The Society of Thoracic Surgeons* at www.sts.org and *National Quality Forum*, www.qualityforum.org.

⁷**Optum**, www.optum.com.

⁸**American Academy of Neurology**, <https://www.aan.com/practice/neuromuscular-quality-measures>, or quality@aan.com.

⁹**College of American Pathologists (CAP)**, <https://www.cap.org/advocacy/quality-payment-program-for-pathologists/mips-for-pathologists/2023-pathology-quality-measures>.

¹⁰**American Gastroenterological Association (AGA)**, www.gastro.org/quality.

¹¹**American Society of Anesthesiologists (ASA)**, www.asahq.org.

¹²**American College of Gastroenterology (ACG)**, www.gi.org; **American Gastroenterological Association (AGA)**, www.gastro.org; and **American Society for Gastrointestinal Endoscopy (ASGE)**, www.asge.org.

<p>Staging of Dementia¹</p> <p>Whether or not the patient, regardless of age, with a diagnosis of dementia had severity of dementia classified as mild, moderate or severe at least once within a 12 month period</p> <p>Numerator:</p> <p>Patients whose severity of dementia was classified as mild, moderate or severe*</p> <p>*See measure specifications for additional information regarding classification of dementia severity and for definitions of mild, moderate, and severe dementia.</p> <p>Denominator:</p> <p>All patients, regardless of age, with a diagnosis of dementia</p> <p>Exclusion(s):</p> <p>None</p> <p>Reporting Instructions:</p> <p>Report 1490F OR 1491F OR 1493F to indicate dementia severity classification.</p> <p>There are no performance exclusions for this measure; modifiers 1P, 2P, or 3P may not be used.</p>	<p>1490F</p> <p>1491F</p> <p>1493F</p>	<p>Dementia severity classified, mild</p> <p>Dementia severity classified, moderate</p> <p>Dementia severity classified, severe</p>
---	--	---

Footnotes

¹Physician Consortium for Performance Improvement®(PCPI) - For more information on measures developed by the Physician Consortium for Performance Improvement® (PCPI), see the appropriate Payor website.

²National Committee on Quality Assurance (NCQA), Health Employer Data Information Set (HEDIS®), www.ncqa.org

³The Joint Commission, <https://www.jointcommission.org>

⁴National Diabetes Quality Improvement Alliance (NDQIA) - For more information on measures developed by the National Diabetes Quality Improvement Alliance (NDQIA), see the appropriate Payor website.

⁵Joint measure from The Physician Consortium for Performance Improvement (PCPI), and National Committee on Quality Assurance (NCQA) - For more information on measures developed as joint measures from Physician Consortium for Performance Improvement and the National Committee on Quality Assurance (NCQA), visit the NCQA website at www.ncqa.org.

⁶The Society of Thoracic Surgeons at www.sts.org and National Quality Forum, www.qualityforum.org.

⁷Optum, www.optum.com.

⁸American Academy of Neurology, <https://www.aan.com/practice/neuromuscular-quality-measures>, or quality@aan.com.

⁹College of American Pathologists (CAP), <https://www.cap.org/advocacy/quality-payment-program-for-pathologists/mips-for-pathologists/2023-pathology-quality-measures>.

¹⁰American Gastroenterological Association (AGA), www.gastro.org/quality.

¹¹American Society of Anesthesiologists (ASA), www.asahq.org.

¹²American College of Gastroenterology (ACG), www.gi.org; American Gastroenterological Association (AGA), www.gastro.org; and American Society for Gastrointestinal Endoscopy (ASGE), www.asge.org.

<p>Cognitive Assessment¹</p> <p>Whether or not the patient, regardless of age, with a diagnosis of dementia had an assessment of cognition performed and the results were reviewed at least once within a 12 month period</p> <p>Numerator:</p> <p>Patients for whom an assessment of cognition* is performed and the results reviewed</p> <p>*See measure specifications for examples.</p> <p>Denominator:</p> <p>All patients, regardless of age, with a diagnosis of dementia</p> <p>Exclusion(s):</p> <p>Documentation of medical (eg, patient with very advanced stage dementia, other medical reason(s)) or patient reason(s) for not assessing cognition</p> <p>Reporting Instructions:</p> <p>Report 1494F if assessment of cognition is performed and the results reviewed.</p>	<p>1494F</p>	<p>Cognition assessed and reviewed</p>
--	--------------	--

Footnotes

¹Physician Consortium for Performance Improvement®(PCPI) - For more information on measures developed by the Physician Consortium for Performance Improvement® (PCPI), see the appropriate Payor website.

²National Committee on Quality Assurance (NCQA), Health Employer Data Information Set (HEDIS®), www.ncqa.org

³The Joint Commission, <https://www.jointcommission.org>

⁴National Diabetes Quality Improvement Alliance (NDQIA) - For more information on measures developed by the National Diabetes Quality Improvement Alliance (NDQIA), see the appropriate Payor website.

⁵Joint measure from The Physician Consortium for Performance Improvement (PCPI), and National Committee on Quality Assurance (NCQA) - For more information on measures developed as joint measures from Physician Consortium for Performance Improvement and the National Committee on Quality Assurance (NCQA), visit the NCQA website at www.ncqa.org.

⁶The Society of Thoracic Surgeons at www.sts.org and National Quality Forum, www.qualityforum.org.

⁷Optum, www.optum.com.

⁸American Academy of Neurology, <https://www.aan.com/practice/neuromuscular-quality-measures>, or quality@aan.com.

⁹College of American Pathologists (CAP), <https://www.cap.org/advocacy/quality-payment-program-for-pathologists/mips-for-pathologists/2023-pathology-quality-measures>.

¹⁰American Gastroenterological Association (AGA), www.gastro.org/quality.

¹¹American Society of Anesthesiologists (ASA), www.asahq.org.

¹²American College of Gastroenterology (ACG), www.gi.org; American Gastroenterological Association (AGA), www.gastro.org; and American Society for Gastrointestinal Endoscopy (ASGE), www.asge.org.

Dementia (DEM)		
Brief Description of Performance Measure & Source and Reporting Instructions	CPT Category II Code(s)	Code Descriptor(s)
For the patient with appropriate exclusion criteria, report 1494F with modifier 1P or 2P; modifier 3P may not be reported.		

Footnotes

¹**Physician Consortium for Performance Improvement®(PCPI)** - For more information on measures developed by the Physician Consortium for Performance Improvement® (PCPI), see the appropriate Payor website.

²**National Committee on Quality Assurance (NCQA)**, Health Employer Data Information Set (HEDIS®), www.ncqa.org

³**The Joint Commission**, <https://www.jointcommission.org>

⁴**National Diabetes Quality Improvement Alliance (NDQIA)** - For more information on measures developed by the National Diabetes Quality Improvement Alliance (NDQIA), see the appropriate Payor website.

⁵Joint measure from **The Physician Consortium for Performance Improvement (PCPI)**, and **National Committee on Quality Assurance (NCQA)** - For more information on measures developed as joint measures from Physician Consortium for Performance Improvement and the National Committee on Quality Assurance (NCQA), visit the NCQA website at www.ncqa.org.

⁶**The Society of Thoracic Surgeons** at www.sts.org and **National Quality Forum**, www.qualityforum.org.

⁷**Optum**, www.optum.com.

⁸**American Academy of Neurology**, <https://www.aan.com/practice/neuromuscular-quality-measures>, or quality@aan.com.

⁹**College of American Pathologists (CAP)**, <https://www.cap.org/advocacy/quality-payment-program-for-pathologists/mips-for-pathologists/2023-pathology-quality-measures>.

¹⁰**American Gastroenterological Association (AGA)**, www.gastro.org/quality.

¹¹**American Society of Anesthesiologists (ASA)**, www.asahq.org.

¹²**American College of Gastroenterology (ACG)**, www.gi.org; **American Gastroenterological Association (AGA)**, www.gastro.org; and **American Society for Gastrointestinal Endoscopy (ASGE)**, www.asge.org.

<p>Functional Status Assessment¹</p> <p>Whether or not the patient, regardless of age, with a diagnosis of dementia had an assessment of functional status performed and the results reviewed at least once within a 12 month period</p> <p>Numerator:</p> <p>Patients for whom an assessment of functional status* is performed and the results reviewed</p> <p>* Functional status can be assessed by direct examination of the patient or knowledgeable informant. An assessment of functional status should include, at a minimum, an evaluation of the patient's ability to perform instrumental activities of daily living and basic activities of daily living (ADL). Functional status can also be assessed using one of a number of available valid and reliable instruments available from the medical literature. Examples include, but are not limited to:</p> <ul style="list-style-type: none"> • Barthel ADL Index • Katz Index of Independence in ADL <p>Denominator:</p> <p>All patients, regardless of age, with a diagnosis of dementia</p> <p>Exclusion(s):</p>	<p>1175F</p>	<p>Functional status for dementia assessed and results reviewed</p>
--	--------------	---

Footnotes

¹Physician Consortium for Performance Improvement®(PCPI) - For more information on measures developed by the Physician Consortium for Performance Improvement® (PCPI), see the appropriate Payor website.

²National Committee on Quality Assurance (NCQA), Health Employer Data Information Set (HEDIS®), www.ncqa.org

³The Joint Commission, <https://www.jointcommission.org>

⁴National Diabetes Quality Improvement Alliance (NDQIA) - For more information on measures developed by the National Diabetes Quality Improvement Alliance (NDQIA), see the appropriate Payor website.

⁵Joint measure from The Physician Consortium for Performance Improvement (PCPI), and National Committee on Quality Assurance (NCQA) - For more information on measures developed as joint measures from Physician Consortium for Performance Improvement and the National Committee on Quality Assurance (NCQA), visit the NCQA website at www.ncqa.org.

⁶The Society of Thoracic Surgeons at www.sts.org and National Quality Forum, www.qualityforum.org.

⁷Optum, www.optum.com.

⁸American Academy of Neurology, <https://www.aan.com/practice/neuromuscular-quality-measures>, or quality@aan.com.

⁹College of American Pathologists (CAP), <https://www.cap.org/advocacy/quality-payment-program-for-pathologists/mips-for-pathologists/2023-pathology-quality-measures>.

¹⁰American Gastroenterological Association (AGA), www.gastro.org/quality.

¹¹American Society of Anesthesiologists (ASA), www.asahq.org.

¹²American College of Gastroenterology (ACG), www.gi.org; American Gastroenterological Association (AGA), www.gastro.org; and American Society for Gastrointestinal Endoscopy (ASGE), www.asge.org.

Dementia (DEM)		
Brief Description of Performance Measure & Source and Reporting Instructions	CPT Category II Code(s)	Code Descriptor(s)
<p>Documentation of medical reason(s) for not assessing functional status (eg, patient is severely impaired and caregiver knowledge is limited, other medical reason(s))</p> <p>Reporting Instructions:</p> <p>Report 1175F if assessment of functional status is performed and the results reviewed.</p> <p>For the patient with appropriate exclusion criteria, report 1175F with modifier 1P; modifiers 2P and 3P may not be reported.</p>		

Footnotes

¹**Physician Consortium for Performance Improvement®(PCPI)** - For more information on measures developed by the Physician Consortium for Performance Improvement® (PCPI), see the appropriate Payor website.

²**National Committee on Quality Assurance (NCQA)**, Health Employer Data Information Set (HEDIS®), www.ncqa.org

³**The Joint Commission**, <https://www.jointcommission.org>

⁴**National Diabetes Quality Improvement Alliance (NDQIA)** - For more information on measures developed by the National Diabetes Quality Improvement Alliance (NDQIA), see the appropriate Payor website.

⁵Joint measure from **The Physician Consortium for Performance Improvement (PCPI)**, and **National Committee on Quality Assurance (NCQA)** - For more information on measures developed as joint measures from Physician Consortium for Performance Improvement and the National Committee on Quality Assurance (NCQA), visit the NCQA website at www.ncqa.org.

⁶**The Society of Thoracic Surgeons** at www.sts.org and **National Quality Forum**, www.qualityforum.org.

⁷**Optum**, www.optum.com.

⁸**American Academy of Neurology**, <https://www.aan.com/practice/neuromuscular-quality-measures>, or quality@aan.com.

⁹**College of American Pathologists (CAP)**, <https://www.cap.org/advocacy/quality-payment-program-for-pathologists/mips-for-pathologists/2023-pathology-quality-measures>.

¹⁰**American Gastroenterological Association (AGA)**, www.gastro.org/quality.

¹¹**American Society of Anesthesiologists (ASA)**, www.asahq.org.

¹²**American College of Gastroenterology (ACG)**, www.gi.org; **American Gastroenterological Association (AGA)**, www.gastro.org; and **American Society for Gastrointestinal Endoscopy (ASGE)**, www.asge.org.

<p>Neuropsychiatric Symptom Assessment¹</p> <p>Whether or not the patient, regardless of age, with a diagnosis of dementia had an assessment of neuropsychiatric symptoms performed and results reviewed at least once in a 12 month period</p> <p>Numerator:</p> <p>Patients for whom an assessment of neuropsychiatric symptoms** is performed and results reviewed</p> <p>** Neuropsychiatric symptoms can be assessed by direct examination of the patient or knowledgeable informant. Please see measure specifications for examples of neuropsychiatric symptoms.</p> <p>Denominator:</p> <p>All patients, regardless of age, with a diagnosis of dementia</p> <p>Exclusion(s):</p> <p>None</p> <p>Reporting Instructions:</p> <p><u>This measure is paired with measure #5- Management of Neuropsychiatric Symptoms. Implementers of this measure should not use this Neuropsychiatric Symptom Assessment</u></p>	<p>1181F</p>	<p>Neuropsychiatric symptoms assessed and results reviewed</p>
--	--------------	--

Footnotes

¹Physician Consortium for Performance Improvement®(PCPI) - For more information on measures developed by the Physician Consortium for Performance Improvement® (PCPI), see the appropriate Payor website.

²National Committee on Quality Assurance (NCQA), Health Employer Data Information Set (HEDIS®), www.ncqa.org

³The Joint Commission, <https://www.jointcommission.org>

⁴National Diabetes Quality Improvement Alliance (NDQIA) - For more information on measures developed by the National Diabetes Quality Improvement Alliance (NDQIA), see the appropriate Payor website.

⁵Joint measure from The Physician Consortium for Performance Improvement (PCPI), and National Committee on Quality Assurance (NCQA) - For more information on measures developed as joint measures from Physician Consortium for Performance Improvement and the National Committee on Quality Assurance (NCQA), visit the NCQA website at www.ncqa.org.

⁶The Society of Thoracic Surgeons at www.sts.org and National Quality Forum, www.qualityforum.org.

⁷Optum, www.optum.com.

⁸American Academy of Neurology, <https://www.aan.com/practice/neuromuscular-quality-measures>, or quality@aan.com.

⁹College of American Pathologists (CAP), <https://www.cap.org/advocacy/quality-payment-program-for-pathologists/mips-for-pathologists/2023-pathology-quality-measures>.

¹⁰American Gastroenterological Association (AGA), www.gastro.org/quality.

¹¹American Society of Anesthesiologists (ASA), www.asahq.org.

¹²American College of Gastroenterology (ACG), www.gi.org; American Gastroenterological Association (AGA), www.gastro.org; and American Society for Gastrointestinal Endoscopy (ASGE), www.asge.org.

Dementia (DEM)		
Brief Description of Performance Measure & Source and Reporting Instructions	CPT Category II Code(s)	Code Descriptor(s)
<p><u>without the Management of Neuropsychiatric Symptoms measure.</u></p> <p>Report 1181F if assessment of neuropsychiatric symptoms performed and results reviewed.</p> <p>There are no performance exclusions for this measure; modifiers 1P, 2P, or 3P may not be used.</p>		

Footnotes

¹**Physician Consortium for Performance Improvement®(PCPI)** - For more information on measures developed by the Physician Consortium for Performance Improvement® (PCPI), see the appropriate Payor website.

²**National Committee on Quality Assurance (NCQA)**, Health Employer Data Information Set (HEDIS®), www.ncqa.org

³**The Joint Commission**, <https://www.jointcommission.org>

⁴**National Diabetes Quality Improvement Alliance (NDQIA)** - For more information on measures developed by the National Diabetes Quality Improvement Alliance (NDQIA), see the appropriate Payor website.

⁵Joint measure from **The Physician Consortium for Performance Improvement (PCPI)**, and **National Committee on Quality Assurance (NCQA)** - For more information on measures developed as joint measures from Physician Consortium for Performance Improvement and the National Committee on Quality Assurance (NCQA), visit the NCQA website at www.ncqa.org.

⁶*The Society of Thoracic Surgeons* at www.sts.org and *National Quality Forum*, www.qualityforum.org.

⁷**Optum**, www.optum.com.

⁸**American Academy of Neurology**, <https://www.aan.com/practice/neuromuscular-quality-measures>, or quality@aan.com.

⁹**College of American Pathologists (CAP)**, <https://www.cap.org/advocacy/quality-payment-program-for-pathologists/mips-for-pathologists/2023-pathology-quality-measures>.

¹⁰**American Gastroenterological Association (AGA)**, www.gastro.org/quality.

¹¹**American Society of Anesthesiologists (ASA)**, www.asahq.org.

¹²**American College of Gastroenterology (ACG)**, www.gi.org; **American Gastroenterological Association (AGA)**, www.gastro.org; and **American Society for Gastrointestinal Endoscopy (ASGE)**, www.asge.org.

<p>Management of Neuropsychiatric Symptoms¹ Whether or not the patient, regardless of age, with a diagnosis of dementia received or was recommended to receive an intervention for neuropsychiatric symptoms within a 12 month period</p> <p>Numerator: Patients who received or were recommended to receive an intervention for neuropsychiatric symptoms</p> <p>Denominator: All patients, regardless of age, with a diagnosis of dementia who have one or more neuropsychiatric symptoms</p> <p>Exclusion(s): None</p> <p>Reporting Instructions: This measure is paired with Measure #4 – Neuropsychiatric Symptom Assessment. Implementers of this measure should not use <u>this measure without the Neuropsychiatric Symptom Assessment measure</u>. Report 1182F OR 1183F to indicate number of neuropsychiatric symptoms. If one or more neuropsychiatric symptoms present (1182F), report <u>4525F</u> if</p>	<p>4525F</p> <p>4526F</p> <p>Denominator Codes</p> <p>1182F</p> <p>1183F</p>	<p>Neuropsychiatric intervention ordered</p> <p>Neuropsychiatric intervention received</p> <p>Neuropsychiatric symptoms, one or more present</p> <p>Neuropsychiatric symptoms, absent</p>
---	---	---

Footnotes

¹Physician Consortium for Performance Improvement®(PCPI) - For more information on measures developed by the Physician Consortium for Performance Improvement® (PCPI), see the appropriate Payor website.

²National Committee on Quality Assurance (NCQA), Health Employer Data Information Set (HEDIS®), www.ncqa.org

³The Joint Commission, <https://www.jointcommission.org>

⁴National Diabetes Quality Improvement Alliance (NDQIA) - For more information on measures developed by the National Diabetes Quality Improvement Alliance (NDQIA), see the appropriate Payor website.

⁵Joint measure from The Physician Consortium for Performance Improvement (PCPI), and National Committee on Quality Assurance (NCQA) - For more information on measures developed as joint measures from Physician Consortium for Performance Improvement and the National Committee on Quality Assurance (NCQA), visit the NCQA website at www.ncqa.org.

⁶The Society of Thoracic Surgeons at www.sts.org and National Quality Forum, www.qualityforum.org.

⁷Optum, www.optum.com.

⁸American Academy of Neurology, <https://www.aan.com/practice/neuromuscular-quality-measures>, or quality@aan.com.

⁹College of American Pathologists (CAP), <https://www.cap.org/advocacy/quality-payment-program-for-pathologists/mips-for-pathologists/2023-pathology-quality-measures>.

¹⁰American Gastroenterological Association (AGA), www.gastro.org/quality.

¹¹American Society of Anesthesiologists (ASA), www.asahq.org.

¹²American College of Gastroenterology (ACG), www.gi.org; American Gastroenterological Association (AGA), www.gastro.org; and American Society for Gastrointestinal Endoscopy (ASGE), www.asge.org.

Dementia (DEM)		
Brief Description of Performance Measure & Source and Reporting Instructions	CPT Category II Code(s)	Code Descriptor(s)
<p>patient was recommended to receive or <u>report 4526F</u> if patient has received an intervention for neuropsychiatric symptoms.</p> <p>There are no performance exclusions for this measure; modifiers 1P, 2P, or 3P may not be used.</p>		

Footnotes

¹**Physician Consortium for Performance Improvement®(PCPI)** - For more information on measures developed by the Physician Consortium for Performance Improvement® (PCPI), see the appropriate Payor website.

²**National Committee on Quality Assurance (NCQA)**, Health Employer Data Information Set (HEDIS®), www.ncqa.org

³**The Joint Commission**, <https://www.jointcommission.org>

⁴**National Diabetes Quality Improvement Alliance (NDQIA)** - For more information on measures developed by the National Diabetes Quality Improvement Alliance (NDQIA), see the appropriate Payor website.

⁵Joint measure from **The Physician Consortium for Performance Improvement (PCPI)**, and **National Committee on Quality Assurance (NCQA)** - For more information on measures developed as joint measures from Physician Consortium for Performance Improvement and the National Committee on Quality Assurance (NCQA), visit the NCQA website at www.ncqa.org.

⁶**The Society of Thoracic Surgeons** at www.sts.org and **National Quality Forum**, www.qualityforum.org.

⁷**Optum**, www.optum.com.

⁸**American Academy of Neurology**, <https://www.aan.com/practice/neuromuscular-quality-measures>, or quality@aan.com.

⁹**College of American Pathologists (CAP)**, <https://www.cap.org/advocacy/quality-payment-program-for-pathologists/mips-for-pathologists/2023-pathology-quality-measures>.

¹⁰**American Gastroenterological Association (AGA)**, www.gastro.org/quality.

¹¹**American Society of Anesthesiologists (ASA)**, www.asahq.org.

¹²**American College of Gastroenterology (ACG)**, www.gi.org; **American Gastroenterological Association (AGA)**, www.gastro.org; and **American Society for Gastrointestinal Endoscopy (ASGE)**, www.asge.org.

<p>Screening for Depressive Symptoms¹ Whether or not the patient, regardless of age, with a diagnosis of dementia was screened for depressive symptoms within a 12 month period</p> <p>Numerator: Patients who were screened for depressive symptoms*</p> <p>*See measure specifications for definition of screening for depressive symptoms</p> <p>Denominator: All patients, regardless of age, with a diagnosis of dementia</p> <p>Exclusion(s): None</p> <p>Reporting Instructions: Report 3725F if patient was screened for depressive symptoms. There are no performance exclusions for this measure; modifiers 1P, 2P or 3P may not be used.</p>	<p>3725F</p>	<p>Screening for depression performed</p>
<p>Counseling Regarding Safety Concerns¹</p>		

Footnotes

¹Physician Consortium for Performance Improvement®(PCPI) - For more information on measures developed by the Physician Consortium for Performance Improvement® (PCPI), see the appropriate Payor website.

²National Committee on Quality Assurance (NCQA), Health Employer Data Information Set (HEDIS®), www.ncqa.org

³The Joint Commission, <https://www.jointcommission.org>

⁴National Diabetes Quality Improvement Alliance (NDQIA) - For more information on measures developed by the National Diabetes Quality Improvement Alliance (NDQIA), see the appropriate Payor website.

⁵Joint measure from The Physician Consortium for Performance Improvement (PCPI), and National Committee on Quality Assurance (NCQA) - For more information on measures developed as joint measures from Physician Consortium for Performance Improvement and the National Committee on Quality Assurance (NCQA), visit the NCQA website at www.ncqa.org.

⁶The Society of Thoracic Surgeons at www.sts.org and National Quality Forum, www.qualityforum.org.

⁷Optum, www.optum.com.

⁸American Academy of Neurology, <https://www.aan.com/practice/neuromuscular-quality-measures>, or quality@aan.com.

⁹College of American Pathologists (CAP), <https://www.cap.org/advocacy/quality-payment-program-for-pathologists/mips-for-pathologists/2023-pathology-quality-measures>.

¹⁰American Gastroenterological Association (AGA), www.gastro.org/quality.

¹¹American Society of Anesthesiologists (ASA), www.asahq.org.

¹²American College of Gastroenterology (ACG), www.gi.org; American Gastroenterological Association (AGA), www.gastro.org; and American Society for Gastrointestinal Endoscopy (ASGE), www.asge.org.

Dementia (DEM)		
Brief Description of Performance Measure & Source and Reporting Instructions	CPT Category II Code(s)	Code Descriptor(s)
For the patient with appropriate exclusion criteria, report 6102F with modifier 1P; modifiers 2P and 3P may not be reported.		

Footnotes

¹**Physician Consortium for Performance Improvement®(PCPI)** - For more information on measures developed by the Physician Consortium for Performance Improvement® (PCPI), see the appropriate Payor website.

²**National Committee on Quality Assurance (NCQA)**, Health Employer Data Information Set (HEDIS®), www.ncqa.org

³**The Joint Commission**, <https://www.jointcommission.org>

⁴**National Diabetes Quality Improvement Alliance (NDQIA)** - For more information on measures developed by the National Diabetes Quality Improvement Alliance (NDQIA), see the appropriate Payor website.

⁵Joint measure from **The Physician Consortium for Performance Improvement (PCPI)**, and **National Committee on Quality Assurance (NCQA)** - For more information on measures developed as joint measures from Physician Consortium for Performance Improvement and the National Committee on Quality Assurance (NCQA), visit the NCQA website at www.ncqa.org.

⁶**The Society of Thoracic Surgeons** at www.sts.org and **National Quality Forum**, www.qualityforum.org.

⁷**Optum**, www.optum.com.

⁸**American Academy of Neurology**, <https://www.aan.com/practice/neuromuscular-quality-measures>, or quality@aan.com.

⁹**College of American Pathologists (CAP)**, <https://www.cap.org/advocacy/quality-payment-program-for-pathologists/mips-for-pathologists/2023-pathology-quality-measures>.

¹⁰**American Gastroenterological Association (AGA)**, www.gastro.org/quality.

¹¹**American Society of Anesthesiologists (ASA)**, www.asahq.org.

¹²**American College of Gastroenterology (ACG)**, www.gi.org; **American Gastroenterological Association (AGA)**, www.gastro.org; and **American Society for Gastrointestinal Endoscopy (ASGE)**, www.asge.org.

<p>Counseling Regarding Risks of Driving¹</p> <p>Whether or not the patient, regardless of age, with a diagnosis of dementia (or their caregiver) was counseled regarding the risks of driving and driving alternatives within a 12 month period</p> <p>Numerator:</p> <p>Patients or their caregiver(s) who were counseled regarding the risks of driving and the alternatives to driving</p> <p>Denominator:</p> <p>All patients, regardless of age, with a diagnosis of dementia</p> <p>Exclusion(s):</p> <p>Documentation of medical reason(s) for not counseling regarding the risks of driving (eg, patient is no longer driving, other medical reason(s))</p> <p>Reporting Instructions:</p> <p>Report 6110F if patient (or caregiver) was counseled regarding the risks of driving and alternatives to driving.</p> <p>For the patient with appropriate exclusion criteria, report 6110F with modifier 1P; modifiers 2P and 3P may not be reported.</p>	<p>6110F</p>	<p>Counseling provided regarding risks of driving and the alternatives to driving</p>
---	--------------	---

Footnotes

¹**Physician Consortium for Performance Improvement®(PCPI)** - For more information on measures developed by the Physician Consortium for Performance Improvement® (PCPI), see the appropriate Payor website.

²**National Committee on Quality Assurance (NCQA)**, Health Employer Data Information Set (HEDIS®), www.ncqa.org

³**The Joint Commission**, <https://www.jointcommission.org>

⁴**National Diabetes Quality Improvement Alliance (NDQIA)** - For more information on measures developed by the National Diabetes Quality Improvement Alliance (NDQIA), see the appropriate Payor website.

⁵Joint measure from **The Physician Consortium for Performance Improvement (PCPI)**, and **National Committee on Quality Assurance (NCQA)** - For more information on measures developed as joint measures from Physician Consortium for Performance Improvement and the National Committee on Quality Assurance (NCQA), visit the NCQA website at www.ncqa.org.

⁶**The Society of Thoracic Surgeons** at www.sts.org and **National Quality Forum**, www.qualityforum.org.

⁷**Optum**, www.optum.com.

⁸**American Academy of Neurology**, <https://www.aan.com/practice/neuromuscular-quality-measures>, or quality@aan.com.

⁹**College of American Pathologists (CAP)**, <https://www.cap.org/advocacy/quality-payment-program-for-pathologists/mips-for-pathologists/2023-pathology-quality-measures>.

¹⁰**American Gastroenterological Association (AGA)**, www.gastro.org/quality.

¹¹**American Society of Anesthesiologists (ASA)**, www.asahq.org.

¹²**American College of Gastroenterology (ACG)**, www.gi.org; **American Gastroenterological Association (AGA)**, www.gastro.org; and **American Society for Gastrointestinal Endoscopy (ASGE)**, www.asge.org.

<p>Palliative Care Counseling and Advance Care Planning¹ Whether or not the patient, regardless of age, with a diagnosis of dementia (or their caregiver) received 1) comprehensive counseling regarding ongoing palliation and symptom management and end of life decisions AND 2) has an advance care plan or surrogate decision maker in the medical record or documentation in the medical record that the patient did not wish or was not able to name a surrogate decision maker or provide an advance care plan** within two years of initial diagnosis or assumption of care</p> <p>Numerator:</p> <p>Patients or their caregiver(s) who received 1) comprehensive counseling regarding ongoing palliation and symptom management and end of life decisions* AND 2) have an advance care plan or surrogate decision maker in the medical record or documentation in the medical record that the patient did not wish or was not able to name a surrogate decision maker or provide an advance care plan</p> <p>*Comprehensive counseling regarding end of life decisions includes a discussion of the risks and benefits of various medical interventions to address the major clinical issues associated with advanced dementia. See measure specifications for details.</p>	<p>4350F</p> <p>1123F</p> <p>1124F</p>	<p>Counseling provided on symptom management, end of life decisions, and palliation</p> <p>Advance care planning discussed and documented advance care plan or surrogate decision maker documented in the medical record</p> <p>Advance care planning discussed and documented in the medical record, patient did not wish or was not able to name a surrogate</p>
---	--	--

Footnotes

¹Physician Consortium for Performance Improvement®(PCPI) - For more information on measures developed by the Physician Consortium for Performance Improvement® (PCPI), see the appropriate Payor website.

²National Committee on Quality Assurance (NCQA), Health Employer Data Information Set (HEDIS®), www.ncqa.org

³The Joint Commission, <https://www.jointcommission.org>

⁴National Diabetes Quality Improvement Alliance (NDQIA) - For more information on measures developed by the National Diabetes Quality Improvement Alliance (NDQIA), see the appropriate Payor website.

⁵Joint measure from The Physician Consortium for Performance Improvement (PCPI), and National Committee on Quality Assurance (NCQA) - For more information on measures developed as joint measures from Physician Consortium for Performance Improvement and the National Committee on Quality Assurance (NCQA), visit the NCQA website at www.ncqa.org.

⁶The Society of Thoracic Surgeons at www.sts.org and National Quality Forum, www.qualityforum.org.

⁷Optum, www.optum.com.

⁸American Academy of Neurology, <https://www.aan.com/practice/neuromuscular-quality-measures>, or quality@aan.com.

⁹College of American Pathologists (CAP), <https://www.cap.org/advocacy/quality-payment-program-for-pathologists/mips-for-pathologists/2023-pathology-quality-measures>.

¹⁰American Gastroenterological Association (AGA), www.gastro.org/quality.

¹¹American Society of Anesthesiologists (ASA), www.asahq.org.

¹²American College of Gastroenterology (ACG), www.gi.org; American Gastroenterological Association (AGA), www.gastro.org; and American Society for Gastrointestinal Endoscopy (ASGE), www.asge.org.

Dementia (DEM)		
Brief Description of Performance Measure & Source and Reporting Instructions	CPT Category II Code(s)	Code Descriptor(s)
<p>Denominator:</p> <p>All patients, regardless of age, with a diagnosis of dementia</p> <p>Exclusion(s):</p> <p>No</p> <p>Reporting Instructions:</p> <p>Report 4350F if patient (or caregiver) received comprehensive counseling regarding ongoing palliation and symptom management and end of life decisions. In addition, report 1123F or 1124F, to indicate advance care planning discussion and decision regarding an advance care plan.</p> <p>There are no performance exclusions for this measure; modifiers 1P, 2P or 3P may not be used.</p>		<p>decision maker or provide an advance care plan</p>

Footnotes

¹Physician Consortium for Performance Improvement®(PCPI) - For more information on measures developed by the Physician Consortium for Performance Improvement® (PCPI), see the appropriate Payor website.

²National Committee on Quality Assurance (NCQA), Health Employer Data Information Set (HEDIS®), www.ncqa.org

³The Joint Commission, <https://www.jointcommission.org>

⁴National Diabetes Quality Improvement Alliance (NDQIA) - For more information on measures developed by the National Diabetes Quality Improvement Alliance (NDQIA), see the appropriate Payor website.

⁵Joint measure from The Physician Consortium for Performance Improvement (PCPI), and National Committee on Quality Assurance (NCQA) - For more information on measures developed as joint measures from Physician Consortium for Performance Improvement and the National Committee on Quality Assurance (NCQA), visit the NCQA website at www.ncqa.org.

⁶The Society of Thoracic Surgeons at www.sts.org and National Quality Forum, www.qualityforum.org.

⁷Optum, www.optum.com.

⁸American Academy of Neurology, <https://www.aan.com/practice/neuromuscular-quality-measures>, or quality@aan.com.

⁹College of American Pathologists (CAP), <https://www.cap.org/advocacy/quality-payment-program-for-pathologists/mips-for-pathologists/2023-pathology-quality-measures>.

¹⁰American Gastroenterological Association (AGA), www.gastro.org/quality.

¹¹American Society of Anesthesiologists (ASA), www.asahq.org.

¹²American College of Gastroenterology (ACG), www.gi.org; American Gastroenterological Association (AGA), www.gastro.org; and American Society for Gastrointestinal Endoscopy (ASGE), www.asge.org.

<p>Caregiver Education and Support¹ Whether or not the caregiver for a patient with a diagnosis of dementia, regardless of age, was provided with education on disease management and health behavior changes AND referred to additional resources for support within a 12-month period</p> <p>Numerator:</p> <p>Patients whose caregiver(s) were provided with education* on disease management and health behavior changes AND referred to additional resources for support</p> <p>*See measure specification for details</p> <p>Denominator:</p> <p>All patients, regardless of age, with a diagnosis of dementia</p> <p>Exclusion(s):</p> <p>Documentation of medical reason(s) for not providing the caregiver with education on disease management and health behavior changes or referring to additional sources for support (eg, patient does not have a caregiver, other medical reason)</p> <p>Reporting Instructions:</p>	4322F	Caregiver provided with education and referred to additional resources for support
--	-------	--

Footnotes

¹Physician Consortium for Performance Improvement®(PCPI) - For more information on measures developed by the Physician Consortium for Performance Improvement® (PCPI), see the appropriate Payor website.

²National Committee on Quality Assurance (NCQA), Health Employer Data Information Set (HEDIS®), www.ncqa.org

³The Joint Commission, <https://www.jointcommission.org>

⁴National Diabetes Quality Improvement Alliance (NDQIA) - For more information on measures developed by the National Diabetes Quality Improvement Alliance (NDQIA), see the appropriate Payor website.

⁵Joint measure from The Physician Consortium for Performance Improvement (PCPI), and National Committee on Quality Assurance (NCQA) - For more information on measures developed as joint measures from Physician Consortium for Performance Improvement and the National Committee on Quality Assurance (NCQA), visit the NCQA website at www.ncqa.org.

⁶The Society of Thoracic Surgeons at www.sts.org and National Quality Forum, www.qualityforum.org.

⁷Optum, www.optum.com.

⁸American Academy of Neurology, <https://www.aan.com/practice/neuromuscular-quality-measures>, or quality@aan.com.

⁹College of American Pathologists (CAP), <https://www.cap.org/advocacy/quality-payment-program-for-pathologists/mips-for-pathologists/2023-pathology-quality-measures>.

¹⁰American Gastroenterological Association (AGA), www.gastro.org/quality.

¹¹American Society of Anesthesiologists (ASA), www.asahq.org.

¹²American College of Gastroenterology (ACG), www.gi.org; American Gastroenterological Association (AGA), www.gastro.org; and American Society for Gastrointestinal Endoscopy (ASGE), www.asge.org.

Dementia (DEM)		
Brief Description of Performance Measure & Source and Reporting Instructions	CPT Category II Code(s)	Code Descriptor(s)
<p>Report 4322F if patient's caregiver was provided education on disease management and health behavior changes performed AND referred to additional resources for support.</p> <p>For the patient with appropriate exclusion criteria, report 4322F with modifier 1P; modifiers 2P and 3P may not be reported.</p>		

Diabetes (DM)		
Brief Description of Performance Measure & Source and Reporting Instructions	CPT Category II Code(s)	Code Descriptor(s)
<p>A1c Management ⁴ Whether or not patient received one or more A1c test(s) Numerator: Patients who received one or more A1c test(s) Denominator: Patients with diagnosed diabetes 18-75 years of age</p>	<p>3044F</p> <p>▶ 3051F ◀</p>	<p><i>Most recent hemoglobin A1c (HbA1c) level < 7.0%</i></p> <p>▶ Most recent hemoglobin A1c (HbA1c) level greater than or equal to 7.0% and less than 8.0% ◀</p>

Footnotes

¹Physician Consortium for Performance Improvement®(PCPI) - For more information on measures developed by the Physician Consortium for Performance Improvement® (PCPI), see the appropriate Payor website.

²National Committee on Quality Assurance (NCQA), Health Employer Data Information Set (HEDIS®), www.ncqa.org

³The Joint Commission, <https://www.jointcommission.org>

⁴National Diabetes Quality Improvement Alliance (NDQIA) - For more information on measures developed by the National Diabetes Quality Improvement Alliance (NDQIA), see the appropriate Payor website.

⁵Joint measure from The Physician Consortium for Performance Improvement (PCPI), and National Committee on Quality Assurance (NCQA) - For more information on measures developed as joint measures from Physician Consortium for Performance Improvement and the National Committee on Quality Assurance (NCQA), visit the NCQA website at www.ncqa.org.

⁶The Society of Thoracic Surgeons at www.sts.org and National Quality Forum, www.qualityforum.org.

⁷Optum, www.optum.com.

⁸American Academy of Neurology, <https://www.aan.com/practice/neuromuscular-quality-measures>, or quality@aan.com.

⁹College of American Pathologists (CAP), <https://www.cap.org/advocacy/quality-payment-program-for-pathologists/mips-for-pathologists/2023-pathology-quality-measures>.

¹⁰American Gastroenterological Association (AGA), www.gastro.org/quality.

¹¹American Society of Anesthesiologists (ASA), www.asahq.org.

¹²American College of Gastroenterology (ACG), www.gi.org; American Gastroenterological Association (AGA), www.gastro.org; and American Society for Gastrointestinal Endoscopy (ASGE), www.asge.org.

Diabetes (DM)		
Brief Description of Performance Measure & Source and Reporting Instructions	CPT Category II Code(s)	Code Descriptor(s)
<p>Percentage of patients with diagnosed diabetes aged 18-75 years with one or more A1c test(s).</p> <p>Exclusion(s): NONE</p> <p>Reporting Instructions: In order to meet this measure, the date of test, when it was performed, and the corresponding result are required. For this reason, report one of the three Category II codes listed and use the date of service as the date of the test, not the date of the reporting of the Category II code. The measure may also be met by reporting the Category I code, 83036 Hemoglobin; glycosylated (A1C), when performed.</p> <p>▶To report most recent hemoglobin A1c level ≤9.0%, see codes 3044F, 3051F, 3052F. ◀</p>	<p>▶3052F ◀</p> <p>3046F</p>	<p>▶Most recent hemoglobin A1c (HbA1c) level greater than or equal to 8.0% and less than or equal to 9.0% ◀</p> <p><i>Most recent hemoglobin A1c (HbA1c) level > 9.0%</i></p>
<p>▶A1c Management² ◀</p> <p><i>Whether or not patient's most recent A1c level > 9.0% (poor control)</i></p> <p>Numerator: <i>Patients with most recent A1c level > 9.0% (poor control)</i></p> <p>Denominator: <i>Patients diagnosed with diabetes 18-75 years of age</i></p>	<p>3044F</p> <p>▶3051F ◀</p> <p>▶3052F ◀</p>	<p>Most recent hemoglobin A1c level < 7.0%</p> <p>▶Most recent hemoglobin A1c (HbA1c) level greater than or equal to 7.0% and less than 8.0% ◀</p>

Footnotes

¹Physician Consortium for Performance Improvement®(PCPI) - For more information on measures developed by the Physician Consortium for Performance Improvement® (PCPI), see the appropriate Payor website.

²National Committee on Quality Assurance (NCQA), Health Employer Data Information Set (HEDIS®), www.ncqa.org

³The Joint Commission, <https://www.jointcommission.org>

⁴National Diabetes Quality Improvement Alliance (NDQIA) - For more information on measures developed by the National Diabetes Quality Improvement Alliance (NDQIA), see the appropriate Payor website.

⁵Joint measure from The Physician Consortium for Performance Improvement (PCPI), and National Committee on Quality Assurance (NCQA) - For more information on measures developed as joint measures from Physician Consortium for Performance Improvement and the National Committee on Quality Assurance (NCQA), visit the NCQA website at www.ncqa.org.

⁶The Society of Thoracic Surgeons at www.sts.org and National Quality Forum, www.qualityforum.org.

⁷Optum, www.optum.com.

⁸American Academy of Neurology, <https://www.aan.com/practice/neuromuscular-quality-measures>, or quality@aan.com.

⁹College of American Pathologists (CAP), <https://www.cap.org/advocacy/quality-payment-program-for-pathologists/mips-for-pathologists/2023-pathology-quality-measures>.

¹⁰American Gastroenterological Association (AGA), www.gastro.org/quality.

¹¹American Society of Anesthesiologists (ASA), www.asahq.org.

¹²American College of Gastroenterology (ACG), www.gi.org; American Gastroenterological Association (AGA), www.gastro.org; and American Society for Gastrointestinal Endoscopy (ASGE), www.asge.org.

Diabetes (DM)		
Brief Description of Performance Measure & Source and Reporting Instructions	CPT Category II Code(s)	Code Descriptor(s)
<p>Percentage of patients with most recent A1c level > 9.0% (poor control)</p> <p>Exclusion(s): NONE</p> <p>► Reporting Instructions: In order to meet this measure, the date of test when it was performed and the corresponding result are required. For this reason, report one of the four Category II codes listed and use the date of service as the date of the test, not the date of the reporting of the Category II code.</p> <p>To report most recent hemoglobin A1c level ≤9.0%, see codes 3044F, 3051F, and 3052F. ◀</p> <p>Back to Top</p>	3046F	<p>► Most recent hemoglobin A1c (HbA1c) level greater than or equal to 8.0% and less than or equal to 9.0% ◀</p> <p>Most recent hemoglobin A1c level > 9.0%</p>
<p>A1c Management²</p> <p>► Whether or not patient's most recent A1c level is controlled ◀</p> <p>► Numerator: Patients with most recent A1c level < 7.0% for a selected population OR Patients with most recent A1c level <8.0% OR Patients with most recent level >9.0% ◀</p> <p>Denominator: Patients diagnosed with diabetes 18-75 years of age</p>	<p>3044F</p> <p>► 3051F ◀</p> <p>► 3052F ◀</p>	<p>Most recent hemoglobin A1c level less than 7.0%</p> <p>► Most recent hemoglobin A1c (HbA1c) level greater than or equal to 7.0% and less than 8.0% ◀</p>

Footnotes

¹Physician Consortium for Performance Improvement®(PCPI) - For more information on measures developed by the Physician Consortium for Performance Improvement® (PCPI), see the appropriate Payor website.

²National Committee on Quality Assurance (NCQA), Health Employer Data Information Set (HEDIS®), www.ncqa.org

³The Joint Commission, <https://www.jointcommission.org>

⁴National Diabetes Quality Improvement Alliance (NDQIA) - For more information on measures developed by the National Diabetes Quality Improvement Alliance (NDQIA), see the appropriate Payor website.

⁵Joint measure from The Physician Consortium for Performance Improvement (PCPI), and National Committee on Quality Assurance (NCQA) - For more information on measures developed as joint measures from Physician Consortium for Performance Improvement and the National Committee on Quality Assurance (NCQA), visit the NCQA website at www.ncqa.org.

⁶The Society of Thoracic Surgeons at www.sts.org and National Quality Forum, www.qualityforum.org.

⁷Optum, www.optum.com.

⁸American Academy of Neurology, <https://www.aan.com/practice/neuromuscular-quality-measures>, or quality@aan.com.

⁹College of American Pathologists (CAP), <https://www.cap.org/advocacy/quality-payment-program-for-pathologists/mips-for-pathologists/2023-pathology-quality-measures>.

¹⁰American Gastroenterological Association (AGA), www.gastro.org/quality.

¹¹American Society of Anesthesiologists (ASA), www.asahq.org.

¹²American College of Gastroenterology (ACG), www.gi.org; American Gastroenterological Association (AGA), www.gastro.org; and American Society for Gastrointestinal Endoscopy (ASGE), www.asge.org.

Diabetes (DM)		
Brief Description of Performance Measure & Source and Reporting Instructions	CPT Category II Code(s)	Code Descriptor(s)
<p>► Exclusion(s): Documentation of medical reasons for not pursuing tight control of A1c level (eg, steroid-induced or gestational diabetes, frailty and/or advanced illness) ◀</p> <p>► Percentage of patients with most recent A1c level controlled ◀</p> <p>Reporting Instructions:</p> <p>► In order to meet this measure, the date of test when it was performed and the corresponding result are required. For this reason, report one of the four Category II codes listed and use the date of service as the date of the test, not the date of the reporting of the Category II code.</p> <p>Reference the HEDIS Value Sets cited in the Comprehensive Diabetes Care Exclusions section for information on reporting for patients with appropriate exclusion criteria</p> <p>To report most recent hemoglobin A1c level <7.0% use 3044F. To report most recent hemoglobin A1c level greater than or equal to 7.0% and less than 8.0%, use 3051F. To report most recent hemoglobin A1c level greater than or equal to 8.0% and less than 9.0%, use 3052F. To report most recent A1c level ≤9.0%, see codes 3044F, 3051F, 3052F. ◀</p> <p>Back to Top</p>	3046F	<p>► Most recent hemoglobin A1c (HbA1c) level greater than or equal to 8.0% and less than or equal to 9.0% ◀</p> <p><i>Most recent hemoglobin A1c level greater than 9.0%</i></p>

Footnotes

¹Physician Consortium for Performance Improvement®(PCPI) - For more information on measures developed by the Physician Consortium for Performance Improvement® (PCPI), see the appropriate Payor website.

²National Committee on Quality Assurance (NCQA), Health Employer Data Information Set (HEDIS®), www.ncqa.org

³The Joint Commission, <https://www.jointcommission.org>

⁴National Diabetes Quality Improvement Alliance (NDQIA) - For more information on measures developed by the National Diabetes Quality Improvement Alliance (NDQIA), see the appropriate Payor website.

⁵Joint measure from The Physician Consortium for Performance Improvement (PCPI), and National Committee on Quality Assurance (NCQA) - For more information on measures developed as joint measures from Physician Consortium for Performance Improvement and the National Committee on Quality Assurance (NCQA), visit the NCQA website at www.ncqa.org.

⁶The Society of Thoracic Surgeons at www.sts.org and National Quality Forum, www.qualityforum.org.

⁷Optum, www.optum.com.

⁸American Academy of Neurology, <https://www.aan.com/practice/neuromuscular-quality-measures>, or quality@aan.com.

⁹College of American Pathologists (CAP), <https://www.cap.org/advocacy/quality-payment-program-for-pathologists/mips-for-pathologists/2023-pathology-quality-measures>.

¹⁰American Gastroenterological Association (AGA), www.gastro.org/quality.

¹¹American Society of Anesthesiologists (ASA), www.asahq.org.

¹²American College of Gastroenterology (ACG), www.gi.org; American Gastroenterological Association (AGA), www.gastro.org; and American Society for Gastrointestinal Endoscopy (ASGE), www.asge.org.

Diabetes (DM)		
Brief Description of Performance Measure & Source and Reporting Instructions	CPT Category II Code(s)	Code Descriptor(s)
<p>Lipid Management⁴ Whether or not patient received at least one LDL-C test</p> <p>Numerator: Patients who received at least one LDL-C test</p> <p>Denominator: Patients diagnosed with diabetes 18-75 years of age</p> <p>Percentage of patients diagnosed with diabetes aged 18-75 years with at least one LDL-C test</p> <p>Exclusion(s): NONE</p> <p>Reporting Instructions: In order to meet this measure, the date of test when it was performed and the corresponding result are required. For this reason, report one of the three Category II codes listed and use the date of service as the date of the test, not the date of the reporting of the Category II code. The measure may also be met by reporting the listed lipid test category I codes, when performed.</p>	<p>3048F</p> <p>3049F</p> <p>3050F</p>	<p>Most recent LDL-C <100 mg/dL</p> <p>Most recent LDL-C 100-129 mg/dL</p> <p>Most recent LDL-C ≥ 130 mg/dL</p>
<p>Lipid Management⁴ Whether or not patient's most recent LDL-C < 130 mg/dL</p> <p>Numerator: Patients with most recent LDL-C < 130 mg/dL</p>	<p>3048F</p>	<p>Most recent LDL-C <100 mg/dL</p>

Footnotes

¹Physician Consortium for Performance Improvement®(PCPI) - For more information on measures developed by the Physician Consortium for Performance Improvement® (PCPI), see the appropriate Payor website.

²National Committee on Quality Assurance (NCQA), Health Employer Data Information Set (HEDIS®), www.ncqa.org

³The Joint Commission, <https://www.jointcommission.org>

⁴National Diabetes Quality Improvement Alliance (NDQIA) - For more information on measures developed by the National Diabetes Quality Improvement Alliance (NDQIA), see the appropriate Payor website.

⁵Joint measure from The Physician Consortium for Performance Improvement (PCPI), and National Committee on Quality Assurance (NCQA) - For more information on measures developed as joint measures from Physician Consortium for Performance Improvement and the National Committee on Quality Assurance (NCQA), visit the NCQA website at www.ncqa.org.

⁶The Society of Thoracic Surgeons at www.sts.org and National Quality Forum, www.qualityforum.org.

⁷Optum, www.optum.com.

⁸American Academy of Neurology, <https://www.aan.com/practice/neuromuscular-quality-measures>, or quality@aan.com.

⁹College of American Pathologists (CAP), <https://www.cap.org/advocacy/quality-payment-program-for-pathologists/mips-for-pathologists/2023-pathology-quality-measures>.

¹⁰American Gastroenterological Association (AGA), www.gastro.org/quality.

¹¹American Society of Anesthesiologists (ASA), www.asahq.org.

¹²American College of Gastroenterology (ACG), www.gi.org; American Gastroenterological Association (AGA), www.gastro.org; and American Society for Gastrointestinal Endoscopy (ASGE), www.asge.org.

Diabetes (DM)		
Brief Description of Performance Measure & Source and Reporting Instructions	CPT Category II Code(s)	Code Descriptor(s)
<p>Denominator: Patients diagnosed with diabetes aged 18-75 years</p> <p>Percentage of patients diagnosed with diabetes aged 18-75 years with most recent LDL-C < 130 mg/dL</p> <p>Exclusion(s): NONE</p> <p>Reporting Instructions: In order to meet this measure, the date of test when it was performed and the corresponding result are required. For this reason, report one of the three Category II codes listed and use the date of service as the date of the test, not the date of the reporting of the Category II code.</p> <p>There are no performance exclusions for this measure; modifiers 1P, 2P, and 3P may not be used.</p>	<p>3049F</p> <p>3050F</p>	<p>Most recent LDL-C 100-129 mg/dL</p> <p>Most recent LDL-C ≥ 130 mg/dL</p>
<p>Lipid Management⁴</p> <p>Whether or not patient's most recent LDL-C < 100 mg/dL</p> <p>Numerator: Patients whose most recent LDL-C is <100 mg/dL</p>	<p>3048F</p> <p>3049F</p>	<p>Most recent LDL-C <100 mg/dL</p> <p>Most recent LDL-C 100-129 mg/dL</p>

Footnotes

¹Physician Consortium for Performance Improvement®(PCPI) - For more information on measures developed by the Physician Consortium for Performance Improvement® (PCPI), see the appropriate Payor website.

²National Committee on Quality Assurance (NCQA), Health Employer Data Information Set (HEDIS®), www.ncqa.org

³The Joint Commission, <https://www.jointcommission.org>

⁴National Diabetes Quality Improvement Alliance (NDQIA) - For more information on measures developed by the National Diabetes Quality Improvement Alliance (NDQIA), see the appropriate Payor website.

⁵Joint measure from The Physician Consortium for Performance Improvement (PCPI), and National Committee on Quality Assurance (NCQA) - For more information on measures developed as joint measures from Physician Consortium for Performance Improvement and the National Committee on Quality Assurance (NCQA), visit the NCQA website at www.ncqa.org.

⁶The Society of Thoracic Surgeons at www.sts.org and National Quality Forum, www.qualityforum.org.

⁷Optum, www.optum.com.

⁸American Academy of Neurology, <https://www.aan.com/practice/neuromuscular-quality-measures>, or quality@aan.com.

⁹College of American Pathologists (CAP), <https://www.cap.org/advocacy/quality-payment-program-for-pathologists/mips-for-pathologists/2023-pathology-quality-measures>.

¹⁰American Gastroenterological Association (AGA), www.gastro.org/quality.

¹¹American Society of Anesthesiologists (ASA), www.asahq.org.

¹²American College of Gastroenterology (ACG), www.gi.org; American Gastroenterological Association (AGA), www.gastro.org; and American Society for Gastrointestinal Endoscopy (ASGE), www.asge.org.

Diabetes (DM)		
Brief Description of Performance Measure & Source and Reporting Instructions	CPT Category II Code(s)	Code Descriptor(s)
<p>Denominator: Patients diagnosed with diabetes 18-75 years of age Percentage of patients diagnosed with diabetes 18-75 years of age whose most recent LDL-C < 100 mg/dL</p> <p>Exclusion(s): NONE</p> <p>Reporting Instructions: In order to meet this measure, the date of test, when it was performed and the corresponding result are required. For this reason, report one of the three Category II codes listed and use the date of service as the date of the test, not the date of the reporting of the Category II code.</p>	3050F	Most recent LDL-C ≥ 130 mg/dL
<p>Urine Protein Screening⁴ Whether or not a patient received at least one test for microalbumin during the measurement year OR had evidence of medical attention for existing nephropathy, OR has documentation of microalbuminuria or albuminuria, OR is on an Angiotensin converting enzyme (ACE) inhibitor or Angiotensin Receptor Blocker (ARB)</p> <p>Numerator: Patients with at least one test for microalbumin during the measurement year; or who had evidence of medical attention for existing nephropathy or documentation of</p>	3060F 3061F 3062F	Positive microalbuminuria test result documented and reviewed Negative microalbuminuria test result documented and reviewed

Footnotes

¹Physician Consortium for Performance Improvement®(PCPI) - For more information on measures developed by the Physician Consortium for Performance Improvement® (PCPI), see the appropriate Payor website.

²National Committee on Quality Assurance (NCQA), Health Employer Data Information Set (HEDIS®), www.ncqa.org

³The Joint Commission, <https://www.jointcommission.org>

⁴National Diabetes Quality Improvement Alliance (NDQIA) - For more information on measures developed by the National Diabetes Quality Improvement Alliance (NDQIA), see the appropriate Payor website.

⁵Joint measure from The Physician Consortium for Performance Improvement (PCPI), and National Committee on Quality Assurance (NCQA) - For more information on measures developed as joint measures from Physician Consortium for Performance Improvement and the National Committee on Quality Assurance (NCQA), visit the NCQA website at www.ncqa.org.

⁶The Society of Thoracic Surgeons at www.sts.org and National Quality Forum, www.qualityforum.org.

⁷Optum, www.optum.com.

⁸American Academy of Neurology, <https://www.aan.com/practice/neuromuscular-quality-measures>, or quality@aan.com.

⁹College of American Pathologists (CAP), <https://www.cap.org/advocacy/quality-payment-program-for-pathologists/mips-for-pathologists/2023-pathology-quality-measures>.

¹⁰American Gastroenterological Association (AGA), www.gastro.org/quality.

¹¹American Society of Anesthesiologists (ASA), www.asahq.org.

¹²American College of Gastroenterology (ACG), www.gi.org; American Gastroenterological Association (AGA), www.gastro.org; and American Society for Gastrointestinal Endoscopy (ASGE), www.asge.org.

Diabetes (DM)		
Brief Description of Performance Measure & Source and Reporting Instructions	CPT Category II Code(s)	Code Descriptor(s)
<p>microalbuminuria or albuminuria or are on an ACE inhibitor or ARB therapy</p> <p>Denominator: Patients diagnosed with diabetes 18-75 years of age</p> <p>Exclusion(s): NONE</p> <p>Percentage of patients diagnosed with diabetes 18-75 years of age with at least one test for microalbumin during the measurement year; or who had evidence of medical attention for existing nephropathy or documentation of microalbuminuria or albuminuria or are on an ACE inhibitor or ARB therapy</p> <p>Reporting Instructions: Report any one of the codes listed using the following:</p> <ol style="list-style-type: none"> Codes 3060F, 3061F, and 3062F may be used to indicate that a patient received at least one test for microalbuminuria. Codes 3066F may be used if there is evidence of nephropathy OR if there was a patient visit to a nephrologist 	<p>3066F</p> <p>4010F</p>	<p>Positive macroalbuminuria test result documented and reviewed</p> <p>Documentation of treatment for nephropathy (eg, patient receiving dialysis, patient being treated for ESRD, CRF, ARF, or renal insufficiency, any visit to a nephrologist)</p> <p>Angiotensin converting enzyme (ACE) inhibitor or Angiotensin Receptor Blocker (ARB) therapy prescribed or currently being taken</p>

Footnotes

¹Physician Consortium for Performance Improvement®(PCPI) - For more information on measures developed by the Physician Consortium for Performance Improvement® (PCPI), see the appropriate Payor website.

²National Committee on Quality Assurance (NCQA), Health Employer Data Information Set (HEDIS®), www.ncqa.org

³The Joint Commission, <https://www.jointcommission.org>

⁴National Diabetes Quality Improvement Alliance (NDQIA) - For more information on measures developed by the National Diabetes Quality Improvement Alliance (NDQIA), see the appropriate Payor website.

⁵Joint measure from The Physician Consortium for Performance Improvement (PCPI), and National Committee on Quality Assurance (NCQA) - For more information on measures developed as joint measures from Physician Consortium for Performance Improvement and the National Committee on Quality Assurance (NCQA), visit the NCQA website at www.ncqa.org.

⁶The Society of Thoracic Surgeons at www.sts.org and National Quality Forum, www.qualityforum.org.

⁷Optum, www.optum.com.

⁸American Academy of Neurology, <https://www.aan.com/practice/neuromuscular-quality-measures>, or quality@aan.com.

⁹College of American Pathologists (CAP), <https://www.cap.org/advocacy/quality-payment-program-for-pathologists/mips-for-pathologists/2023-pathology-quality-measures>.

¹⁰American Gastroenterological Association (AGA), www.gastro.org/quality.

¹¹American Society of Anesthesiologists (ASA), www.asahq.org.

¹²American College of Gastroenterology (ACG), www.gi.org; American Gastroenterological Association (AGA), www.gastro.org; and American Society for Gastrointestinal Endoscopy (ASGE), www.asge.org.

Diabetes (DM)		
Brief Description of Performance Measure & Source and Reporting Instructions	CPT Category II Code(s)	Code Descriptor(s)
<p>3. Codes 3062F may be used to indicate that a patient had documentation of microalbuminuria or albuminuria.</p> <p>4. Codes 4010F may be used if patient is on an ACE inhibitor or ARB therapy.</p> <p>5. Any CPT category I code and corresponding result, when performed, and reported with any of the following ICD-9 diagnosis or procedure codes found in specifications: ICD-9-CM Codes 39.27, 39.42, 39.43, 39.53, 39.93-39.95, 54.98, 55.4-55.6, 250.4, 403, 404, 405.01, 405.11, 405.91, 581.81, 582.9, 583.81, 584-586, 588, 753.0, 753.1, 791.0; V-Codes V42.0, V45.1, V56</p> <p>CPT category I codes for microalbumin measurement or quantitative timed urine albumin measurement and corresponding result as follows: 82042, 82043, 82044, 83518, 84156 or (84160, 84165, 84166) with code 81050</p> <p>There are no performance exclusions for this measure; modifiers 1P, 2P, and 3P may not be used.</p>		

Footnotes

¹Physician Consortium for Performance Improvement®(PCPI) - For more information on measures developed by the Physician Consortium for Performance Improvement® (PCPI), see the appropriate Payor website.

²National Committee on Quality Assurance (NCQA), Health Employer Data Information Set (HEDIS®), www.ncqa.org

³The Joint Commission, <https://www.jointcommission.org>

⁴National Diabetes Quality Improvement Alliance (NDQIA) - For more information on measures developed by the National Diabetes Quality Improvement Alliance (NDQIA), see the appropriate Payor website.

⁵Joint measure from The Physician Consortium for Performance Improvement (PCPI), and National Committee on Quality Assurance (NCQA) - For more information on measures developed as joint measures from Physician Consortium for Performance Improvement and the National Committee on Quality Assurance (NCQA), visit the NCQA website at www.ncqa.org.

⁶The Society of Thoracic Surgeons at www.sts.org and National Quality Forum, www.qualityforum.org.

⁷Optum, www.optum.com.

⁸American Academy of Neurology, <https://www.aan.com/practice/neuromuscular-quality-measures>, or quality@aan.com.

⁹College of American Pathologists (CAP), <https://www.cap.org/advocacy/quality-payment-program-for-pathologists/mips-for-pathologists/2023-pathology-quality-measures>.

¹⁰American Gastroenterological Association (AGA), www.gastro.org/quality.

¹¹American Society of Anesthesiologists (ASA), www.asahq.org.

¹²American College of Gastroenterology (ACG), www.gi.org; American Gastroenterological Association (AGA), www.gastro.org; and American Society for Gastrointestinal Endoscopy (ASGE), www.asge.org.

Diabetes (DM)		
Brief Description of Performance Measure & Source and Reporting Instructions	CPT Category II Code(s)	Code Descriptor(s)
<p>Urine Protein Screening (Medical Attention for Nephropathy)⁴</p> <p>To assess the percentage of patients aged 18 – 75 years of age with diabetes (type 1 and type 2) who received urine protein screening or medical attention for nephropathy.</p> <p>Numerator:</p> <p>Patients who have a nephropathy screening during one or more office visits within 12 months. This measure is looking for a nephropathy screening test or evidence of nephropathy.</p> <p>Denominator:</p> <p>All patients aged 18 – 75 years of age with the diagnosis of diabetes</p> <p>Exclusion(s): None.</p> <p>The percentage of patients aged 18 – 75 years of age with diabetes (type 1 and type 2) who received urine protein screening or medical attention for nephropathy.</p> <p>Reporting Instructions:</p> <p>Report one or more of these codes for urine protein screening or medical attention to nephropathy at least once per reporting period.</p>	<p>3060F</p> <p>3061F</p> <p>3062F</p> <p>3066F</p>	<p>Positive microalbuminuria test result documented and reviewed</p> <p>Negative microalbuminuria test result documented and reviewed</p> <p>Positive macroalbuminuria test result documented and reviewed</p> <p>Documentation of treatment for nephropathy (eg, patient receiving dialysis, patient being treated for ESRD, CRF, ARF, or renal insufficiency, any visit to a nephrologist)</p>

Footnotes

¹Physician Consortium for Performance Improvement®(PCPI) - For more information on measures developed by the Physician Consortium for Performance Improvement® (PCPI), see the appropriate Payor website.

²National Committee on Quality Assurance (NCQA), Health Employer Data Information Set (HEDIS®), www.ncqa.org

³The Joint Commission, <https://www.jointcommission.org>

⁴National Diabetes Quality Improvement Alliance (NDQIA) - For more information on measures developed by the National Diabetes Quality Improvement Alliance (NDQIA), see the appropriate Payor website.

⁵Joint measure from The Physician Consortium for Performance Improvement (PCPI), and National Committee on Quality Assurance (NCQA) - For more information on measures developed as joint measures from Physician Consortium for Performance Improvement and the National Committee on Quality Assurance (NCQA), visit the NCQA website at www.ncqa.org.

⁶The Society of Thoracic Surgeons at www.sts.org and National Quality Forum, www.qualityforum.org.

⁷Optum, www.optum.com.

⁸American Academy of Neurology, <https://www.aan.com/practice/neuromuscular-quality-measures>, or quality@aan.com.

⁹College of American Pathologists (CAP), <https://www.cap.org/advocacy/quality-payment-program-for-pathologists/mips-for-pathologists/2023-pathology-quality-measures>.

¹⁰American Gastroenterological Association (AGA), www.gastro.org/quality.

¹¹American Society of Anesthesiologists (ASA), www.asahq.org.

¹²American College of Gastroenterology (ACG), www.gi.org; American Gastroenterological Association (AGA), www.gastro.org; and American Society for Gastrointestinal Endoscopy (ASGE), www.asge.org.

Diabetes (DM)		
Brief Description of Performance Measure & Source and Reporting Instructions	CPT Category II Code(s)	Code Descriptor(s)
There are no exclusions for this measure; modifiers 1P, 2P, and 3P may not be used.	4010F	Angiotensin converting enzyme (ACE) inhibitor or Angiotensin Receptor Blocker (ARB) therapy prescribed or currently being taken
<p>Eye Examination ⁴</p> <p>Whether or not patient received a dilated eye exam or seven standard field stereoscopic photos with interpretation by an ophthalmologist or optometrist or imaging validated to match diagnosis from these photos during the reporting year, or during the prior year if patient is at low risk* for retinopathy</p> <p>Numerator: Patients who received a dilated eye exam or seven standard field stereoscopic photos with interpretation by an ophthalmologist or optometrist or imaging validated to match diagnosis from these photos during the reporting year, or during the prior year, if patient is at low risk* for retinopathy</p> <p>Denominator: Patients with diagnosed diabetes 18-75 years of age; Low risk patient (defined as a patient who had no evidence of retinopathy in the prior year) must have had an evaluation in the prior year</p> <p>Exclusion(s): NONE</p>	<p>2022F</p> <p>2023F</p> <p>2024F</p> <p>2025F</p>	<p>Dilated retinal eye exam with interpretation by an ophthalmologist or optometrist documented and reviewed; with evidence of retinopathy</p> <p>without evidence of retinopathy</p> <p>OR</p> <p>7 standard field stereoscopic photos with interpretation by an ophthalmologist or optometrist documented and reviewed; with evidence of retinopathy</p> <p>without evidence of retinopathy</p>

Footnotes

¹Physician Consortium for Performance Improvement®(PCPI) - For more information on measures developed by the Physician Consortium for Performance Improvement® (PCPI), see the appropriate Payor website.

²National Committee on Quality Assurance (NCQA), Health Employer Data Information Set (HEDIS®), www.ncqa.org

³The Joint Commission, <https://www.jointcommission.org>

⁴National Diabetes Quality Improvement Alliance (NDQIA) - For more information on measures developed by the National Diabetes Quality Improvement Alliance (NDQIA), see the appropriate Payor website.

⁵Joint measure from The Physician Consortium for Performance Improvement (PCPI), and National Committee on Quality Assurance (NCQA) - For more information on measures developed as joint measures from Physician Consortium for Performance Improvement and the National Committee on Quality Assurance (NCQA), visit the NCQA website at www.ncqa.org.

⁶The Society of Thoracic Surgeons at www.sts.org and National Quality Forum, www.qualityforum.org.

⁷Optum, www.optum.com.

⁸American Academy of Neurology, <https://www.aan.com/practice/neuromuscular-quality-measures>, or quality@aan.com.

⁹College of American Pathologists (CAP), <https://www.cap.org/advocacy/quality-payment-program-for-pathologists/mips-for-pathologists/2023-pathology-quality-measures>.

¹⁰American Gastroenterological Association (AGA), www.gastro.org/quality.

¹¹American Society of Anesthesiologists (ASA), www.asahq.org.

¹²American College of Gastroenterology (ACG), www.gi.org; American Gastroenterological Association (AGA), www.gastro.org; and American Society for Gastrointestinal Endoscopy (ASGE), www.asge.org.

Diabetes (DM)		
Brief Description of Performance Measure & Source and Reporting Instructions	CPT Category II Code(s)	Code Descriptor(s)
<p>Percentage of patients who received a dilated eye exam or seven standard field stereoscopic photos with interpretation by an ophthalmologist or optometrist or imaging validated to match diagnosis from these photos during the reporting year</p> <p>Reporting Instructions: Only one of these codes should be reported.</p> <p>There are no performance exclusions for this measure; modifiers 1P, 2P, and 3P may not be used.</p> <p>-----</p> <p>* A patient is considered low risk if the following criterion is met: has no evidence of retinopathy on one of the accepted examination in the prior year</p> <p>Back to Top</p>	<p>2026F</p> <p>2033F</p> <p>3072F</p>	<p>OR</p> <p>Eye imaging validated to match diagnosis from seven standard field stereoscopic photos results documented and reviewed; with evidence of retinopathy</p> <p>without evidence of retinopathy</p> <p>OR</p> <p><i>Low risk for retinopathy (no evidence of retinopathy in the prior year)</i></p>

Footnotes

¹Physician Consortium for Performance Improvement®(PCPI) - For more information on measures developed by the Physician Consortium for Performance Improvement® (PCPI), see the appropriate Payor website.

²National Committee on Quality Assurance (NCQA), Health Employer Data Information Set (HEDIS®), www.ncqa.org

³The Joint Commission, <https://www.jointcommission.org>

⁴National Diabetes Quality Improvement Alliance (NDQIA) - For more information on measures developed by the National Diabetes Quality Improvement Alliance (NDQIA), see the appropriate Payor website.

⁵Joint measure from The Physician Consortium for Performance Improvement (PCPI), and National Committee on Quality Assurance (NCQA) - For more information on measures developed as joint measures from Physician Consortium for Performance Improvement and the National Committee on Quality Assurance (NCQA), visit the NCQA website at www.ncqa.org.

⁶The Society of Thoracic Surgeons at www.sts.org and National Quality Forum, www.qualityforum.org.

⁷Optum, www.optum.com.

⁸American Academy of Neurology, <https://www.aan.com/practice/neuromuscular-quality-measures>, or quality@aan.com.

⁹College of American Pathologists (CAP), <https://www.cap.org/advocacy/quality-payment-program-for-pathologists/mips-for-pathologists/2023-pathology-quality-measures>.

¹⁰American Gastroenterological Association (AGA), www.gastro.org/quality.

¹¹American Society of Anesthesiologists (ASA), www.asahq.org.

¹²American College of Gastroenterology (ACG), www.gi.org; American Gastroenterological Association (AGA), www.gastro.org; and American Society for Gastrointestinal Endoscopy (ASGE), www.asge.org.

Diabetes (DM)		
Brief Description of Performance Measure & Source and Reporting Instructions	CPT Category II Code(s)	Code Descriptor(s)
<p>Foot Examination⁴ Whether or not patient received at least one foot exam, defined in any manner</p> <p>Numerator: Patients who received at least one foot exam, defined in any manner</p> <p>Denominator: Patients diagnosed with diabetes 18-75 years of age</p> <p>Exclusion(s): Patients with bilateral foot/leg amputation</p> <p>Percentage of patients diagnosed with diabetes 18-75 years of age receiving at least one foot exam, defined in any manner</p> <p>Reporting Instructions: Report 2028F with modifier 1P for patients with bilateral foot/leg amputation.</p>	2028F	Foot examination performed (includes examination through visual inspection, sensory exam with monofilament, and pulse exam – report when any of the 3 components are completed)

Footnotes

¹Physician Consortium for Performance Improvement®(PCPI) - For more information on measures developed by the Physician Consortium for Performance Improvement® (PCPI), see the appropriate Payor website.

²National Committee on Quality Assurance (NCQA), Health Employer Data Information Set (HEDIS®), www.ncqa.org

³The Joint Commission, <https://www.jointcommission.org>

⁴National Diabetes Quality Improvement Alliance (NDQIA) - For more information on measures developed by the National Diabetes Quality Improvement Alliance (NDQIA), see the appropriate Payor website.

⁵Joint measure from The Physician Consortium for Performance Improvement (PCPI), and National Committee on Quality Assurance (NCQA) - For more information on measures developed as joint measures from Physician Consortium for Performance Improvement and the National Committee on Quality Assurance (NCQA), visit the NCQA website at www.ncqa.org.

⁶The Society of Thoracic Surgeons at www.sts.org and National Quality Forum, www.qualityforum.org.

⁷Optum, www.optum.com.

⁸American Academy of Neurology, <https://www.aan.com/practice/neuromuscular-quality-measures>, or quality@aan.com.

⁹College of American Pathologists (CAP), <https://www.cap.org/advocacy/quality-payment-program-for-pathologists/mips-for-pathologists/2023-pathology-quality-measures>.

¹⁰American Gastroenterological Association (AGA), www.gastro.org/quality.

¹¹American Society of Anesthesiologists (ASA), www.asahq.org.

¹²American College of Gastroenterology (ACG), www.gi.org; American Gastroenterological Association (AGA), www.gastro.org; and American Society for Gastrointestinal Endoscopy (ASGE), www.asge.org.

Diabetes (DM)		
Brief Description of Performance Measure & Source and Reporting Instructions	CPT Category II Code(s)	Code Descriptor(s)
<p>Blood Pressure Management² Whether or not patient's most recent blood pressure is < 130 mm Hg systolic and < 80 mm Hg diastolic</p> <p>Numerator: Patients whose most recent blood pressure is < 130 mm Hg systolic and < 80 mm Hg diastolic.</p> <p>Denominator: Patients diagnosed with diabetes 18-75 years of age</p> <p>Exclusion(s): Documentation of medical reasons that diastolic < 80 is not medically indicated.</p> <p>Documentation of medical reasons that systolic < 130 is not medically indicated.</p> <p>Percentage of patients diagnosed with diabetes 18-75 years of age with most recent blood pressure < 130 mm Hg systolic and <80 mm Hg diastolic.</p> <p>Reporting Instructions: Two codes must be reported here. For the systolic blood pressure value, report one of the three systolic codes; for the diastolic blood pressure value, report one of the three diastolic codes. For patients in whom a goal of 130/80 is not medically indicated, report codes 3075F, 3077F, 3078F, 3079F, 3080F with modifier 1P.</p>	*2000F	Blood pressure measured
	3074F	Most recent systolic blood pressure < 130 mm Hg
	3075F	Most recent systolic blood pressure 130 to 139 mm Hg
	3077F	Most recent systolic blood pressure ≥ 140 mm Hg
	3078F	Most recent diastolic blood pressure < 80 mm Hg

Footnotes

¹Physician Consortium for Performance Improvement®(PCPI) - For more information on measures developed by the Physician Consortium for Performance Improvement® (PCPI), see the appropriate Payor website.

²National Committee on Quality Assurance (NCQA), Health Employer Data Information Set (HEDIS®), www.ncqa.org

³The Joint Commission, <https://www.jointcommission.org>

⁴National Diabetes Quality Improvement Alliance (NDQIA) - For more information on measures developed by the National Diabetes Quality Improvement Alliance (NDQIA), see the appropriate Payor website.

⁵Joint measure from The Physician Consortium for Performance Improvement (PCPI), and National Committee on Quality Assurance (NCQA) - For more information on measures developed as joint measures from Physician Consortium for Performance Improvement and the National Committee on Quality Assurance (NCQA), visit the NCQA website at www.ncqa.org.

⁶The Society of Thoracic Surgeons at www.sts.org and National Quality Forum, www.qualityforum.org.

⁷Optum, www.optum.com.

⁸American Academy of Neurology, <https://www.aan.com/practice/neuromuscular-quality-measures>, or quality@aan.com.

⁹College of American Pathologists (CAP), <https://www.cap.org/advocacy/quality-payment-program-for-pathologists/mips-for-pathologists/2023-pathology-quality-measures>.

¹⁰American Gastroenterological Association (AGA), www.gastro.org/quality.

¹¹American Society of Anesthesiologists (ASA), www.asahq.org.

¹²American College of Gastroenterology (ACG), www.gi.org; American Gastroenterological Association (AGA), www.gastro.org; and American Society for Gastrointestinal Endoscopy (ASGE), www.asge.org.

Diabetes (DM)		
Brief Description of Performance Measure & Source and Reporting Instructions	CPT Category II Code(s)	Code Descriptor(s)
<p>*Code 2000F has been included with the Diabetes measure set to reflect potential use in the Physician Quality Reporting Initiative (PQRI) to identify non-performance of a blood pressure check. To identify non-performance of a blood pressure check report code 2000F with modifier 8P. 2000F is not valid for another use in this measure.</p>	3079F	Most recent diastolic blood pressure 80 - 89 mm Hg
	3080F	Most recent diastolic blood pressure ≥ 90 mm Hg
<p>Blood Pressure Management⁴ Whether or not patient's most recent blood pressure is < 140/80 mm Hg Numerator: Patients in whose most recent blood pressure < 140/80 mm Hg Denominator: Patients diagnosed with diabetes 18-75 years of age Exclusion(s): None Percentage of patients diagnosed with diabetes 18-75 years of age with most recent blood pressure < 140/80 mm Hg Reporting Instruction: Two codes must be reported here. For the systolic blood pressure value, report one of the two</p>	<p>Systolic Codes:</p> 3074F 3075F 3077F <p>Diastolic Codes</p> 3078F 3079F	<p>Most recent systolic blood pressure < 130 mm Hg</p> <p>Most recent systolic blood pressure 130 to 139 mm Hg</p> <p>Most recent systolic blood pressure ≥ 140 mm Hg</p> <p>Most recent diastolic blood pressure < 80 mm Hg</p> <p>Most recent diastolic blood pressure 80 - 89 mm Hg</p>

Footnotes

¹Physician Consortium for Performance Improvement®(PCPI) - For more information on measures developed by the Physician Consortium for Performance Improvement® (PCPI), see the appropriate Payor website.

²National Committee on Quality Assurance (NCQA), Health Employer Data Information Set (HEDIS®), www.ncqa.org

³The Joint Commission, <https://www.jointcommission.org>

⁴National Diabetes Quality Improvement Alliance (NDQIA) - For more information on measures developed by the National Diabetes Quality Improvement Alliance (NDQIA), see the appropriate Payor website.

⁵Joint measure from The Physician Consortium for Performance Improvement (PCPI), and National Committee on Quality Assurance (NCQA) - For more information on measures developed as joint measures from Physician Consortium for Performance Improvement and the National Committee on Quality Assurance (NCQA), visit the NCQA website at www.ncqa.org.

⁶The Society of Thoracic Surgeons at www.sts.org and National Quality Forum, www.qualityforum.org.

⁷Optum, www.optum.com.

⁸American Academy of Neurology, <https://www.aan.com/practice/neuromuscular-quality-measures>, or quality@aan.com.

⁹College of American Pathologists (CAP), <https://www.cap.org/advocacy/quality-payment-program-for-pathologists/mips-for-pathologists/2023-pathology-quality-measures>.

¹⁰American Gastroenterological Association (AGA), www.gastro.org/quality.

¹¹American Society of Anesthesiologists (ASA), www.asahq.org.

¹²American College of Gastroenterology (ACG), www.gi.org; American Gastroenterological Association (AGA), www.gastro.org; and American Society for Gastrointestinal Endoscopy (ASGE), www.asge.org.

Diabetes (DM)		
Brief Description of Performance Measure & Source and Reporting Instructions	CPT Category II Code(s)	Code Descriptor(s)
<p>systolic codes; for the diastolic blood pressure value, report one of the three diastolic codes.</p> <p>To report most recent systolic blood pressure <140 mm Hg, see codes 3074F-3075F.</p>	3080F	Most recent diastolic blood pressure ≥ 90 mm Hg
<p>Smoking Cessation ⁴</p> <p>Whether or not patient's smoking status was ascertained and documented</p> <p>Numerator: Patients whose smoking status was ascertained and documented</p> <p>Denominator: Patients diagnosed with diabetes 18-75 years of age</p> <p>Percentage of patients diagnosed with diabetes 18-75 years of age whose smoking status was ascertained and documented</p> <p>Reporting Instructions: Report 1034F for each cigarette smoker. Report either 1034F, 1035F, or 1036F for each patient. If patient is a smoker and received cessation intervention, report 4000F or 4001F, or both. Report 4000F or 4001F only if 1034F has been reported.</p>	<p>4000F</p> <p>4001F</p> <p>Denominator Codes</p> <p>1034F</p> <p>1035F</p> <p>1036F</p>	<p>Tobacco use cessation intervention, counseling</p> <p>Tobacco use cessation intervention, pharmacologic therapy</p> <p>Current tobacco smoker</p> <p>Current smokeless tobacco user (eg, chew, snuff)</p> <p>Current tobacco non-user</p>

Footnotes

¹Physician Consortium for Performance Improvement®(PCPI) - For more information on measures developed by the Physician Consortium for Performance Improvement® (PCPI), see the appropriate Payor website.

²National Committee on Quality Assurance (NCQA), Health Employer Data Information Set (HEDIS®), www.ncqa.org

³The Joint Commission, <https://www.jointcommission.org>

⁴National Diabetes Quality Improvement Alliance (NDQIA) - For more information on measures developed by the National Diabetes Quality Improvement Alliance (NDQIA), see the appropriate Payor website.

⁵Joint measure from The Physician Consortium for Performance Improvement (PCPI), and National Committee on Quality Assurance (NCQA) - For more information on measures developed as joint measures from Physician Consortium for Performance Improvement and the National Committee on Quality Assurance (NCQA), visit the NCQA website at www.ncqa.org.

⁶The Society of Thoracic Surgeons at www.sts.org and National Quality Forum, www.qualityforum.org.

⁷Optum, www.optum.com.

⁸American Academy of Neurology, <https://www.aan.com/practice/neuromuscular-quality-measures>, or quality@aan.com.

⁹College of American Pathologists (CAP), <https://www.cap.org/advocacy/quality-payment-program-for-pathologists/mips-for-pathologists/2023-pathology-quality-measures>.

¹⁰American Gastroenterological Association (AGA), www.gastro.org/quality.

¹¹American Society of Anesthesiologists (ASA), www.asahq.org.

¹²American College of Gastroenterology (ACG), www.gi.org; American Gastroenterological Association (AGA), www.gastro.org; and American Society for Gastrointestinal Endoscopy (ASGE), www.asge.org.

Diabetes (DM)		
Brief Description of Performance Measure & Source and Reporting Instructions	CPT Category II Code(s)	Code Descriptor(s)
There are no exclusions for this measure; modifiers 1P, 2P, and 3P may not be used.	2033F 3072F	stereoscopic retinal photos results documented and reviewed; with evidence of retinopathy without evidence of retinopathy <i>Low risk for retinopathy (no evidence of retinopathy in the prior year)</i>

Distal Symmetric Polyneuropathy (DSP)		
Brief Description of Performance Measure & Source and Reporting Instructions	CPT Category II Code(s)	Code Descriptor(s)
Distal Symmetric Polyneuropathy (DSP) Diagnosis Criteria: DSP Symptoms and Signs⁸ Whether or not the patient diagnosed with distal symmetric polyneuropathy had their neuropathic symptoms and signs* reviewed and documented at the initial evaluation for distal symmetric polyneuropathy		

Footnotes

¹Physician Consortium for Performance Improvement®(PCPI) - For more information on measures developed by the Physician Consortium for Performance Improvement® (PCPI), see the appropriate Payor website.

²National Committee on Quality Assurance (NCQA), Health Employer Data Information Set (HEDIS®), www.ncqa.org

³The Joint Commission, <https://www.jointcommission.org>

⁴National Diabetes Quality Improvement Alliance (NDQIA) - For more information on measures developed by the National Diabetes Quality Improvement Alliance (NDQIA), see the appropriate Payor website.

⁵Joint measure from The Physician Consortium for Performance Improvement (PCPI), and National Committee on Quality Assurance (NCQA) - For more information on measures developed as joint measures from Physician Consortium for Performance Improvement and the National Committee on Quality Assurance (NCQA), visit the NCQA website at www.ncqa.org.

⁶The Society of Thoracic Surgeons at www.sts.org and National Quality Forum, www.qualityforum.org.

⁷Optum, www.optum.com.

⁸American Academy of Neurology, <https://www.aan.com/practice/neuromuscular-quality-measures>, or quality@aan.com.

⁹College of American Pathologists (CAP), <https://www.cap.org/advocacy/quality-payment-program-for-pathologists/mips-for-pathologists/2023-pathology-quality-measures>.

¹⁰American Gastroenterological Association (AGA), www.gastro.org/quality.

¹¹American Society of Anesthesiologists (ASA), www.asahq.org.

¹²American College of Gastroenterology (ACG), www.gi.org; American Gastroenterological Association (AGA), www.gastro.org; and American Society for Gastrointestinal Endoscopy (ASGE), www.asge.org.

Distal Symmetric Polyneuropathy (DSP)		
Brief Description of Performance Measure & Source and Reporting Instructions	CPT Category II Code(s)	Code Descriptor(s)
<p>Numerator: Patients who had their neuropathic symptoms and signs* reviewed and documented at the initial evaluation for distal symmetric polyneuropathy</p> <p>Definitions:</p> <p>*Neuropathic Symptoms: numbness, altered sensation, or pain in the feet.</p> <p>Neuropathic Signs: decreased or absent ankle reflexes, decreased distal sensation, and distal muscle weakness or atrophy</p> <p>Denominator: All patients age 18 years and older with a diagnosis of distal symmetric polyneuropathy</p> <p>Exclusion(s): Documentation of a medical reason for not reviewing and documenting neuropathic symptoms and signs (eg, patient has profound mental retardation, language disturbance, or cognitive impairment)</p> <p>Reporting Instructions:</p>	<p>1500F</p> <p>1119F</p> <p>1501F</p>	<p>Symptoms and signs of distal symmetric polyneuropathy reviewed and documented</p> <p>Initial evaluation for condition</p> <p>Not initial evaluation for condition</p>

Footnotes

¹Physician Consortium for Performance Improvement®(PCPI) - For more information on measures developed by the Physician Consortium for Performance Improvement® (PCPI), see the appropriate Payor website.

²National Committee on Quality Assurance (NCQA), Health Employer Data Information Set (HEDIS®), www.ncqa.org

³The Joint Commission, <https://www.jointcommission.org>

⁴National Diabetes Quality Improvement Alliance (NDQIA) - For more information on measures developed by the National Diabetes Quality Improvement Alliance (NDQIA), see the appropriate Payor website.

⁵Joint measure from The Physician Consortium for Performance Improvement (PCPI), and National Committee on Quality Assurance (NCQA) - For more information on measures developed as joint measures from Physician Consortium for Performance Improvement and the National Committee on Quality Assurance (NCQA), visit the NCQA website at www.ncqa.org.

⁶The Society of Thoracic Surgeons at www.sts.org and National Quality Forum, www.qualityforum.org.

⁷Optum, www.optum.com.

⁸American Academy of Neurology, <https://www.aan.com/practice/neuromuscular-quality-measures>, or quality@aan.com.

⁹College of American Pathologists (CAP), <https://www.cap.org/advocacy/quality-payment-program-for-pathologists/mips-for-pathologists/2023-pathology-quality-measures>.

¹⁰American Gastroenterological Association (AGA), www.gastro.org/quality.

¹¹American Society of Anesthesiologists (ASA), www.asahq.org.

¹²American College of Gastroenterology (ACG), www.gi.org; American Gastroenterological Association (AGA), www.gastro.org; and American Society for Gastrointestinal Endoscopy (ASGE), www.asge.org.

Distal Symmetric Polyneuropathy (DSP)		
Brief Description of Performance Measure & Source and Reporting Instructions	CPT Category II Code(s)	Code Descriptor(s)
<p>For all patients meeting denominator criteria, report either 1119F or 1501F.</p> <p>When 1119F is reported, also report 1500F.</p> <p>For patient with appropriate exclusion criteria, report 1500F with modifier 1P.</p>		
<p>Distal Symmetric Polyneuropathy (DSP) Diagnosis Criteria – Electrodiagnostic Studies⁸</p> <p>Whether or not the patient age 18 years and older diagnosed with distal symmetric polyneuropathy had electrodiagnostic studies conducted, documented, and reviewed within 6 months of the initial evaluation for distal symmetric polyneuropathy</p> <p>Numerator: Patients who had electrodiagnostic (EDX) studies conducted, documented, and reviewed within 6 months of the initial evaluation for distal symmetric polyneuropathy</p> <p>Note: It may be necessary to look for findings in the patient medical record or request studies previously conducted from</p>		

Footnotes

¹Physician Consortium for Performance Improvement®(PCPI) - For more information on measures developed by the Physician Consortium for Performance Improvement® (PCPI), see the appropriate Payor website.

²National Committee on Quality Assurance (NCQA), Health Employer Data Information Set (HEDIS®), www.ncqa.org

³The Joint Commission, <https://www.jointcommission.org>

⁴National Diabetes Quality Improvement Alliance (NDQIA) - For more information on measures developed by the National Diabetes Quality Improvement Alliance (NDQIA), see the appropriate Payor website.

⁵Joint measure from The Physician Consortium for Performance Improvement (PCPI), and National Committee on Quality Assurance (NCQA) - For more information on measures developed as joint measures from Physician Consortium for Performance Improvement and the National Committee on Quality Assurance (NCQA), visit the NCQA website at www.ncqa.org.

⁶The Society of Thoracic Surgeons at www.sts.org and National Quality Forum, www.qualityforum.org.

⁷Optum, www.optum.com.

⁸American Academy of Neurology, <https://www.aan.com/practice/neuromuscular-quality-measures>, or quality@aan.com.

⁹College of American Pathologists (CAP), <https://www.cap.org/advocacy/quality-payment-program-for-pathologists/mips-for-pathologists/2023-pathology-quality-measures>.

¹⁰American Gastroenterological Association (AGA), www.gastro.org/quality.

¹¹American Society of Anesthesiologists (ASA), www.asahq.org.

¹²American College of Gastroenterology (ACG), www.gi.org; American Gastroenterological Association (AGA), www.gastro.org; and American Society for Gastrointestinal Endoscopy (ASGE), www.asge.org.

Distal Symmetric Polyneuropathy (DSP)		
Brief Description of Performance Measure & Source and Reporting Instructions	CPT Category II Code(s)	Code Descriptor(s)
<p>another physician office which may require additional time. Another electrodiagnostic study should not be performed if a satisfactory study has already been done and can be reviewed.</p> <p>Denominator:</p> <p>All patients age 18 years and older with a diagnosis of distal symmetric polyneuropathy</p> <p>Exclusion(s):</p> <p>Documentation of a medical (eg, patient has a skin condition which contraindicates EDX), patient (eg, patient declines to undergo testing), or system (eg, patient does not have insurance to pay for the testing) reason(s) for not conducting, documenting, and reviewing EDX studies</p> <p>Reporting Instructions:</p> <p>For all patients meeting denominator criteria, report either 3751F or 3752F or 3753F.</p>	<p>3751F</p> <p>3752F</p> <p>3753F</p>	<p>Electrodiagnostic studies for distal symmetric polyneuropathy conducted (or requested), documented, and reviewed within 6 months of initial evaluation for condition</p> <p>Electrodiagnostic studies for distal symmetric polyneuropathy not conducted (or requested), documented, or reviewed within 6 months of initial evaluation for condition</p> <p>Patient has clear clinical symptoms and signs that are highly suggestive of neuropathy AND cannot be attributed to another condition, AND has an obvious cause for the neuropathy</p>

Footnotes

¹Physician Consortium for Performance Improvement®(PCPI) - For more information on measures developed by the Physician Consortium for Performance Improvement® (PCPI), see the appropriate Payor website.

²National Committee on Quality Assurance (NCQA), Health Employer Data Information Set (HEDIS®), www.ncqa.org

³The Joint Commission, <https://www.jointcommission.org>

⁴National Diabetes Quality Improvement Alliance (NDQIA) - For more information on measures developed by the National Diabetes Quality Improvement Alliance (NDQIA), see the appropriate Payor website.

⁵Joint measure from The Physician Consortium for Performance Improvement (PCPI), and National Committee on Quality Assurance (NCQA) - For more information on measures developed as joint measures from Physician Consortium for Performance Improvement and the National Committee on Quality Assurance (NCQA), visit the NCQA website at www.ncqa.org.

⁶The Society of Thoracic Surgeons at www.sts.org and National Quality Forum, www.qualityforum.org.

⁷Optum, www.optum.com.

⁸American Academy of Neurology, <https://www.aan.com/practice/neuromuscular-quality-measures>, or quality@aan.com.

⁹College of American Pathologists (CAP), <https://www.cap.org/advocacy/quality-payment-program-for-pathologists/mips-for-pathologists/2023-pathology-quality-measures>.

¹⁰American Gastroenterological Association (AGA), www.gastro.org/quality.

¹¹American Society of Anesthesiologists (ASA), www.asahq.org.

¹²American College of Gastroenterology (ACG), www.gi.org; American Gastroenterological Association (AGA), www.gastro.org; and American Society for Gastrointestinal Endoscopy (ASGE), www.asge.org.

Distal Symmetric Polyneuropathy (DSP)		
Brief Description of Performance Measure & Source and Reporting Instructions	CPT Category II Code(s)	Code Descriptor(s)
For patient with appropriate exclusion criteria, report 3751F with modifier 1P, 2P, or 3P.		
<p>Diabetes/Pre-Diabetes Screening for Patients with DSP⁸ Whether or not the patient age 18 years and older diagnosed with distal symmetric polyneuropathy had screening tests for diabetes (eg, fasting blood sugar test, hemoglobin A1C, or a 2 hour Glucose Tolerance Test) reviewed, requested, or ordered when seen for the initial evaluation for distal symmetric polyneuropathy</p> <p>Numerator: Patients who had screening tests for diabetes (eg, fasting blood sugar test, hemoglobin A1C, or a 2-hour Glucose Tolerance Test) reviewed, requested, or ordered</p>		

Footnotes

¹Physician Consortium for Performance Improvement®(PCPI) - For more information on measures developed by the Physician Consortium for Performance Improvement® (PCPI), see the appropriate Payor website.

²National Committee on Quality Assurance (NCQA), Health Employer Data Information Set (HEDIS®), www.ncqa.org

³The Joint Commission, <https://www.jointcommission.org>

⁴National Diabetes Quality Improvement Alliance (NDQIA) - For more information on measures developed by the National Diabetes Quality Improvement Alliance (NDQIA), see the appropriate Payor website.

⁵Joint measure from The Physician Consortium for Performance Improvement (PCPI), and National Committee on Quality Assurance (NCQA) - For more information on measures developed as joint measures from Physician Consortium for Performance Improvement and the National Committee on Quality Assurance (NCQA), visit the NCQA website at www.ncqa.org.

⁶The Society of Thoracic Surgeons at www.sts.org and National Quality Forum, www.qualityforum.org.

⁷Optum, www.optum.com.

⁸American Academy of Neurology, <https://www.aan.com/practice/neuromuscular-quality-measures>, or quality@aan.com.

⁹College of American Pathologists (CAP), <https://www.cap.org/advocacy/quality-payment-program-for-pathologists/mips-for-pathologists/2023-pathology-quality-measures>.

¹⁰American Gastroenterological Association (AGA), www.gastro.org/quality.

¹¹American Society of Anesthesiologists (ASA), www.asahq.org.

¹²American College of Gastroenterology (ACG), www.gi.org; American Gastroenterological Association (AGA), www.gastro.org; and American Society for Gastrointestinal Endoscopy (ASGE), www.asge.org.

Distal Symmetric Polyneuropathy (DSP)		
Brief Description of Performance Measure & Source and Reporting Instructions	CPT Category II Code(s)	Code Descriptor(s)
<p>when seen for an initial evaluation for distal symmetric polyneuropathy</p> <p>Denominator: All patients age 18 years and older with a diagnosis of distal symmetric polyneuropathy</p> <p>Exclusion(s): Documentation of medical (eg, patient already has a diagnosis of diabetes, patient has a known medical condition to cause neuropathy, patient had previous diabetes screening), patient (eg, patient declines to undergo testing), or system (eg, patient does not have insurance to pay for testing) reason(s) for not reviewing, requesting, or ordering diabetes screening tests</p> <p>Reporting Instructions:</p> <p>For all patients meeting denominator criteria, report either 1119F or 1501F.</p> <p>When 1119F is reported, also report 3754F.</p>	<p>3754F</p> <p>1119F</p> <p>1501F</p>	<p>Screening tests for diabetes mellitus reviewed, requested, or ordered</p> <p>Initial evaluation for condition</p> <p>Not initial evaluation for condition</p>

Footnotes

¹Physician Consortium for Performance Improvement®(PCPI) - For more information on measures developed by the Physician Consortium for Performance Improvement® (PCPI), see the appropriate Payor website.

²National Committee on Quality Assurance (NCQA), Health Employer Data Information Set (HEDIS®), www.ncqa.org

³The Joint Commission, <https://www.jointcommission.org>

⁴National Diabetes Quality Improvement Alliance (NDQIA) - For more information on measures developed by the National Diabetes Quality Improvement Alliance (NDQIA), see the appropriate Payor website.

⁵Joint measure from The Physician Consortium for Performance Improvement (PCPI), and National Committee on Quality Assurance (NCQA) - For more information on measures developed as joint measures from Physician Consortium for Performance Improvement and the National Committee on Quality Assurance (NCQA), visit the NCQA website at www.ncqa.org.

⁶The Society of Thoracic Surgeons at www.sts.org and National Quality Forum, www.qualityforum.org.

⁷Optum, www.optum.com.

⁸American Academy of Neurology, <https://www.aan.com/practice/neuromuscular-quality-measures>, or quality@aan.com.

⁹College of American Pathologists (CAP), <https://www.cap.org/advocacy/quality-payment-program-for-pathologists/mips-for-pathologists/2023-pathology-quality-measures>.

¹⁰American Gastroenterological Association (AGA), www.gastro.org/quality.

¹¹American Society of Anesthesiologists (ASA), www.asahq.org.

¹²American College of Gastroenterology (ACG), www.gi.org; American Gastroenterological Association (AGA), www.gastro.org; and American Society for Gastrointestinal Endoscopy (ASGE), www.asge.org.

Distal Symmetric Polyneuropathy (DSP)		
Brief Description of Performance Measure & Source and Reporting Instructions	CPT Category II Code(s)	Code Descriptor(s)
For patient with appropriate exclusion criteria, report 3754F with modifier 1P, 2P, or 3P.		
<p>Screening for Unhealthy Alcohol Use⁸ Whether or not the patient age 18 years and older diagnosed with distal symmetric polyneuropathy was screened with a validated screening instrument for unhealthy alcohol use* when seen for the initial evaluation for distal symmetric polyneuropathy</p> <p>Numerator: Patients who were screened with a validated screening instrument for unhealthy alcohol use* when seen for an initial evaluation for distal symmetric polyneuropathy.</p> <p>*Unhealthy alcohol use covers a spectrum that is associated with varying degrees of risk to health. Categories representing unhealthy alcohol use include risky use, problem drinking, harmful use, and alcohol abuse, and the less common but more severe alcoholism and alcohol dependence.</p>	<p>3016F</p> <p>1119F</p>	<p>Patient screened for unhealthy alcohol use using a validated screening instrument</p> <p>Initial evaluation for condition</p>

Footnotes

¹Physician Consortium for Performance Improvement®(PCPI) - For more information on measures developed by the Physician Consortium for Performance Improvement® (PCPI), see the appropriate Payor website.

²National Committee on Quality Assurance (NCQA), Health Employer Data Information Set (HEDIS®), www.ncqa.org

³The Joint Commission, <https://www.jointcommission.org>

⁴National Diabetes Quality Improvement Alliance (NDQIA) - For more information on measures developed by the National Diabetes Quality Improvement Alliance (NDQIA), see the appropriate Payor website.

⁵Joint measure from The Physician Consortium for Performance Improvement (PCPI), and National Committee on Quality Assurance (NCQA) - For more information on measures developed as joint measures from Physician Consortium for Performance Improvement and the National Committee on Quality Assurance (NCQA), visit the NCQA website at www.ncqa.org.

⁶The Society of Thoracic Surgeons at www.sts.org and National Quality Forum, www.qualityforum.org.

⁷Optum, www.optum.com.

⁸American Academy of Neurology, <https://www.aan.com/practice/neuromuscular-quality-measures>, or quality@aan.com.

⁹College of American Pathologists (CAP), <https://www.cap.org/advocacy/quality-payment-program-for-pathologists/mips-for-pathologists/2023-pathology-quality-measures>.

¹⁰American Gastroenterological Association (AGA), www.gastro.org/quality.

¹¹American Society of Anesthesiologists (ASA), www.asahq.org.

¹²American College of Gastroenterology (ACG), www.gi.org; American Gastroenterological Association (AGA), www.gastro.org; and American Society for Gastrointestinal Endoscopy (ASGE), www.asge.org.

Distal Symmetric Polyneuropathy (DSP)		
Brief Description of Performance Measure & Source and Reporting Instructions	CPT Category II Code(s)	Code Descriptor(s)
<p>Unhealthy alcohol use can be assessed using one of a number of available valid and reliable instruments available from medical literature. Examples include, but are not limited to:</p> <ul style="list-style-type: none"> • CAGE-AID (Cut-down, Annoyed, Guilty, Eye-opener) • AUDIT C (Alcohol Use Disorders Identification Test – Consumption) <p>A systematic method of assessing for unhealthy alcohol use should be utilized. Please refer to the National Institute on Alcohol Abuse and Alcoholism publication: Helping Patients Who Drink Too Much: A Clinician’s Guide for additional information regarding systematic screening methods.</p> <p>Denominator:</p> <p>All patients age 18 years and older with a diagnosis of distal symmetric polyneuropathy.</p> <p>Exclusion(s):</p>	1501F	Not initial evaluation for condition

Footnotes

¹Physician Consortium for Performance Improvement®(PCPI) - For more information on measures developed by the Physician Consortium for Performance Improvement® (PCPI), see the appropriate Payor website.

²National Committee on Quality Assurance (NCQA), Health Employer Data Information Set (HEDIS®), www.ncqa.org

³The Joint Commission, <https://www.jointcommission.org>

⁴National Diabetes Quality Improvement Alliance (NDQIA) - For more information on measures developed by the National Diabetes Quality Improvement Alliance (NDQIA), see the appropriate Payor website.

⁵Joint measure from The Physician Consortium for Performance Improvement (PCPI), and National Committee on Quality Assurance (NCQA) - For more information on measures developed as joint measures from Physician Consortium for Performance Improvement and the National Committee on Quality Assurance (NCQA), visit the NCQA website at www.ncqa.org.

⁶The Society of Thoracic Surgeons at www.sts.org and National Quality Forum, www.qualityforum.org.

⁷Optum, www.optum.com.

⁸American Academy of Neurology, <https://www.aan.com/practice/neuromuscular-quality-measures>, or quality@aan.com.

⁹College of American Pathologists (CAP), <https://www.cap.org/advocacy/quality-payment-program-for-pathologists/mips-for-pathologists/2023-pathology-quality-measures>.

¹⁰American Gastroenterological Association (AGA), www.gastro.org/quality.

¹¹American Society of Anesthesiologists (ASA), www.asahq.org.

¹²American College of Gastroenterology (ACG), www.gi.org; American Gastroenterological Association (AGA), www.gastro.org; and American Society for Gastrointestinal Endoscopy (ASGE), www.asge.org.

Distal Symmetric Polyneuropathy (DSP)		
Brief Description of Performance Measure & Source and Reporting Instructions	CPT Category II Code(s)	Code Descriptor(s)
<p>Documentation of medical (eg, patient diagnosed with alcoholism) or patient (eg, patient declines to answer questions/complete the screening) reason(s) for not screening patient with a validated screening instrument for unhealthy alcohol use</p> <p>Reporting Instructions:</p> <p>For all patients meeting denominator criteria, report either 1119F or 1501F.</p> <p>When 1119F is reported, also report 3016F.</p> <p>For patient with appropriate exclusion criteria, report 3016F with modifier 1P or 2P.</p>		
<p>Querying about Pain and Pain Interference with Function⁸</p> <p>Whether or not at the visit for the patient age 18 years and older with a diagnosis of distal symmetric polyneuropathy, the patient was queried about pain and pain interference with</p>		

Footnotes

¹Physician Consortium for Performance Improvement®(PCPI) - For more information on measures developed by the Physician Consortium for Performance Improvement® (PCPI), see the appropriate Payor website.

²National Committee on Quality Assurance (NCQA), Health Employer Data Information Set (HEDIS®), www.ncqa.org

³The Joint Commission, <https://www.jointcommission.org>

⁴National Diabetes Quality Improvement Alliance (NDQIA) - For more information on measures developed by the National Diabetes Quality Improvement Alliance (NDQIA), see the appropriate Payor website.

⁵Joint measure from The Physician Consortium for Performance Improvement (PCPI), and National Committee on Quality Assurance (NCQA) - For more information on measures developed as joint measures from Physician Consortium for Performance Improvement and the National Committee on Quality Assurance (NCQA), visit the NCQA website at www.ncqa.org.

⁶The Society of Thoracic Surgeons at www.sts.org and National Quality Forum, www.qualityforum.org.

⁷Optum, www.optum.com.

⁸American Academy of Neurology, <https://www.aan.com/practice/neuromuscular-quality-measures>, or quality@aan.com.

⁹College of American Pathologists (CAP), <https://www.cap.org/advocacy/quality-payment-program-for-pathologists/mips-for-pathologists/2023-pathology-quality-measures>.

¹⁰American Gastroenterological Association (AGA), www.gastro.org/quality.

¹¹American Society of Anesthesiologists (ASA), www.asahq.org.

¹²American College of Gastroenterology (ACG), www.gi.org; American Gastroenterological Association (AGA), www.gastro.org; and American Society for Gastrointestinal Endoscopy (ASGE), www.asge.org.

Distal Symmetric Polyneuropathy (DSP)		
Brief Description of Performance Measure & Source and Reporting Instructions	CPT Category II Code(s)	Code Descriptor(s)
<p>function using a valid and reliable instrument (eg, Graded Chronic Pain Scale).</p> <p>Numerator: Patient visits with patient queried about pain and pain interference with function using a valid and reliable instrument (eg, Graded Chronic Pain Scale).</p> <p>Note: Neuropathic pain can be assessed using one of a number of available valid and reliable instruments available from medical literature. Examples include, but are not limited to:</p> <p>Graded Chronic Pain Scale⁴⁹</p> <p>Denominator: All visits for patients age 18 years and older with a diagnosis of distal symmetric polyneuropathy</p> <p>Exclusion(s): Documentation of a medical (eg, patient cognitively impaired and unable to respond) or patient (eg, patient declines to respond to questions) reason(s) for not querying patient about pain and pain interference with function</p>	1502F	Patient queried about pain and pain interference with function using a valid and reliable instrument

Footnotes

¹Physician Consortium for Performance Improvement®(PCPI) - For more information on measures developed by the Physician Consortium for Performance Improvement® (PCPI), see the appropriate Payor website.

²National Committee on Quality Assurance (NCQA), Health Employer Data Information Set (HEDIS®), www.ncqa.org

³The Joint Commission, <https://www.jointcommission.org>

⁴National Diabetes Quality Improvement Alliance (NDQIA) - For more information on measures developed by the National Diabetes Quality Improvement Alliance (NDQIA), see the appropriate Payor website.

⁵Joint measure from The Physician Consortium for Performance Improvement (PCPI), and National Committee on Quality Assurance (NCQA) - For more information on measures developed as joint measures from Physician Consortium for Performance Improvement and the National Committee on Quality Assurance (NCQA), visit the NCQA website at www.ncqa.org.

⁶The Society of Thoracic Surgeons at www.sts.org and National Quality Forum, www.qualityforum.org.

⁷Optum, www.optum.com.

⁸American Academy of Neurology, <https://www.aan.com/practice/neuromuscular-quality-measures>, or quality@aan.com.

⁹College of American Pathologists (CAP), <https://www.cap.org/advocacy/quality-payment-program-for-pathologists/mips-for-pathologists/2023-pathology-quality-measures>.

¹⁰American Gastroenterological Association (AGA), www.gastro.org/quality.

¹¹American Society of Anesthesiologists (ASA), www.asahq.org.

¹²American College of Gastroenterology (ACG), www.gi.org; American Gastroenterological Association (AGA), www.gastro.org; and American Society for Gastrointestinal Endoscopy (ASGE), www.asge.org.

Distal Symmetric Polyneuropathy (DSP)		
Brief Description of Performance Measure & Source and Reporting Instructions	CPT Category II Code(s)	Code Descriptor(s)
<p>Reporting Instructions:</p> <p>For all visits meeting denominator criteria, report 1502F.</p> <p>For visits with appropriate exclusion criteria, report 1502F with modifier 1P or 2P.</p>		
<p>Querying about Falls for Patients with DSP⁸</p> <p>Whether or not a patient age 18 years old and older with a diagnosis of distal symmetric polyneuropathy was queried at least once annually about falls within the past 12 months</p> <p>Numerator: Patients who were queried at least once annually about falls within the past 12 months</p> <p>Note: Participants are encouraged to use validated assessments. An example of this is the multi-factorial falls risk assessment, which is to be performed once a year as part of an exam.</p> <p>Denominator: All patients age 18 years and older with a diagnosis of distal symmetric polyneuropathy.</p> <p>Exclusion(s): Documentation of a medical (eg, patient is cognitively impaired and unable to communicate) or patient (eg, patient declines to answer the query about falls)</p>	6080F	Patient (or caregiver) queried about falls

Footnotes

¹Physician Consortium for Performance Improvement®(PCPI) - For more information on measures developed by the Physician Consortium for Performance Improvement® (PCPI), see the appropriate Payor website.

²National Committee on Quality Assurance (NCQA), Health Employer Data Information Set (HEDIS®), www.ncqa.org

³The Joint Commission, <https://www.jointcommission.org>

⁴National Diabetes Quality Improvement Alliance (NDQIA) - For more information on measures developed by the National Diabetes Quality Improvement Alliance (NDQIA), see the appropriate Payor website.

⁵Joint measure from The Physician Consortium for Performance Improvement (PCPI), and National Committee on Quality Assurance (NCQA) - For more information on measures developed as joint measures from Physician Consortium for Performance Improvement and the National Committee on Quality Assurance (NCQA), visit the NCQA website at www.ncqa.org.

⁶The Society of Thoracic Surgeons at www.sts.org and National Quality Forum, www.qualityforum.org.

⁷Optum, www.optum.com.

⁸American Academy of Neurology, <https://www.aan.com/practice/neuromuscular-quality-measures>, or quality@aan.com.

⁹College of American Pathologists (CAP), <https://www.cap.org/advocacy/quality-payment-program-for-pathologists/mips-for-pathologists/2023-pathology-quality-measures>.

¹⁰American Gastroenterological Association (AGA), www.gastro.org/quality.

¹¹American Society of Anesthesiologists (ASA), www.asahq.org.

¹²American College of Gastroenterology (ACG), www.gi.org; American Gastroenterological Association (AGA), www.gastro.org; and American Society for Gastrointestinal Endoscopy (ASGE), www.asge.org.

Distal Symmetric Polyneuropathy (DSP)		
Brief Description of Performance Measure & Source and Reporting Instructions	CPT Category II Code(s)	Code Descriptor(s)
<p>reason(s) for not querying about falls within the past 12 months</p> <p>Reporting Instructions: For all patients meeting denominator criteria, report 6080F. For patient with appropriate exclusion criteria, report 6080F with modifier 1P or 2P.</p>		

Emergency Medicine (EM)		
Brief Description of Performance Measure & Source	CPT Category II Code(s)	Code Descriptor(s)
<p>Electrocardiogram Performed for Non-Traumatic Chest Pain⁵</p> <p>Whether or not the patient aged 40 years and older with an emergency department discharge diagnosis of non-traumatic chest pain had an ECG performed</p> <p>Numerator: Patients who had an ECG performed</p>	3120F	12-Lead ECG performed

Footnotes

¹Physician Consortium for Performance Improvement®(PCPI) - For more information on measures developed by the Physician Consortium for Performance Improvement® (PCPI), see the appropriate Payor website.

²National Committee on Quality Assurance (NCQA), Health Employer Data Information Set (HEDIS®), www.ncqa.org

³The Joint Commission, <https://www.jointcommission.org>

⁴National Diabetes Quality Improvement Alliance (NDQIA) - For more information on measures developed by the National Diabetes Quality Improvement Alliance (NDQIA), see the appropriate Payor website.

⁵Joint measure from The Physician Consortium for Performance Improvement (PCPI), and National Committee on Quality Assurance (NCQA) - For more information on measures developed as joint measures from Physician Consortium for Performance Improvement and the National Committee on Quality Assurance (NCQA), visit the NCQA website at www.ncqa.org.

⁶The Society of Thoracic Surgeons at www.sts.org and National Quality Forum, www.qualityforum.org.

⁷Optum, www.optum.com.

⁸American Academy of Neurology, <https://www.aan.com/practice/neuromuscular-quality-measures>, or quality@aan.com.

⁹College of American Pathologists (CAP), <https://www.cap.org/advocacy/quality-payment-program-for-pathologists/mips-for-pathologists/2023-pathology-quality-measures>.

¹⁰American Gastroenterological Association (AGA), www.gastro.org/quality.

¹¹American Society of Anesthesiologists (ASA), www.asahq.org.

¹²American College of Gastroenterology (ACG), www.gi.org; American Gastroenterological Association (AGA), www.gastro.org; and American Society for Gastrointestinal Endoscopy (ASGE), www.asge.org.

Emergency Medicine (EM)		
Brief Description of Performance Measure & Source	CPT Category II Code(s)	Code Descriptor(s)
<p>Denominator: All patients aged 40 years and older with an emergency department discharge diagnosis of non-traumatic chest pain</p> <p>Exclusion(s): Documentation of medical reason(s) for not performing an ECG; documentation of patient reason(s) for not performing an ECG</p> <p>Percentage of patients aged 40 years and older with an emergency department discharge diagnosis of non-traumatic chest pain who had an ECG performed</p> <p>Reporting Instructions: For patient with appropriate exclusion criteria, report 3120F with modifier 1P or 2P.</p>		
<p>Aspirin at Arrival for Acute Myocardial Infarction (AMI)⁵</p> <p>Whether or not the patient with an emergency department discharge diagnosis of AMI had documentation of receiving aspirin within 24 hours before emergency department arrival or during emergency department stay</p>	4084F	Aspirin received within 24 hours before emergency department arrival or during emergency department stay

Footnotes

¹Physician Consortium for Performance Improvement®(PCPI) - For more information on measures developed by the Physician Consortium for Performance Improvement® (PCPI), see the appropriate Payor website.

²National Committee on Quality Assurance (NCQA), Health Employer Data Information Set (HEDIS®), www.ncqa.org

³The Joint Commission, <https://www.jointcommission.org>

⁴National Diabetes Quality Improvement Alliance (NDQIA) - For more information on measures developed by the National Diabetes Quality Improvement Alliance (NDQIA), see the appropriate Payor website.

⁵Joint measure from The Physician Consortium for Performance Improvement (PCPI), and National Committee on Quality Assurance (NCQA) - For more information on measures developed as joint measures from Physician Consortium for Performance Improvement and the National Committee on Quality Assurance (NCQA), visit the NCQA website at www.ncqa.org.

⁶The Society of Thoracic Surgeons at www.sts.org and National Quality Forum, www.qualityforum.org.

⁷Optum, www.optum.com.

⁸American Academy of Neurology, <https://www.aan.com/practice/neuromuscular-quality-measures>, or quality@aan.com.

⁹College of American Pathologists (CAP), <https://www.cap.org/advocacy/quality-payment-program-for-pathologists/mips-for-pathologists/2023-pathology-quality-measures>.

¹⁰American Gastroenterological Association (AGA), www.gastro.org/quality.

¹¹American Society of Anesthesiologists (ASA), www.asahq.org.

¹²American College of Gastroenterology (ACG), www.gi.org; American Gastroenterological Association (AGA), www.gastro.org; and American Society for Gastrointestinal Endoscopy (ASGE), www.asge.org.

Emergency Medicine (EM)		
Brief Description of Performance Measure & Source	CPT Category II Code(s)	Code Descriptor(s)
<p>Numerator: Patients who had documentation of receiving aspirin within 24 hours before emergency department arrival or during emergency department stay</p> <p>Denominator: All patients with an emergency department discharge diagnosis of acute myocardial infarction</p> <p>Exclusion(s): Documentation of medical reason(s) for not receiving aspirin within 24 hours before emergency department arrival or during emergency department stay; documentation of patient reason(s) for not receiving aspirin within 24 hours before emergency department arrival or during emergency department stay</p> <p>Percentage of patients with AMI who had documentation of receiving aspirin within 24 hours before or after hospital arrival</p> <p>Reporting Instructions: For patient with appropriate exclusion criteria, report 4084F with modifier 1P or 2P.</p>		
<p>Electrocardiogram Performed for Syncope⁵</p> <p>Whether or not the patient aged 60 years and older with an emergency department discharge diagnosis of syncope had an ECG performed</p> <p>Numerator: Patients who had an ECG performed</p>	3120F	12-Lead ECG performed

Footnotes

¹Physician Consortium for Performance Improvement®(PCPI) - For more information on measures developed by the Physician Consortium for Performance Improvement® (PCPI), see the appropriate Payor website.

²National Committee on Quality Assurance (NCQA), Health Employer Data Information Set (HEDIS®), www.ncqa.org

³The Joint Commission, <https://www.jointcommission.org>

⁴National Diabetes Quality Improvement Alliance (NDQIA) - For more information on measures developed by the National Diabetes Quality Improvement Alliance (NDQIA), see the appropriate Payor website.

⁵Joint measure from The Physician Consortium for Performance Improvement (PCPI), and National Committee on Quality Assurance (NCQA) - For more information on measures developed as joint measures from Physician Consortium for Performance Improvement and the National Committee on Quality Assurance (NCQA), visit the NCQA website at www.ncqa.org.

⁶The Society of Thoracic Surgeons at www.sts.org and National Quality Forum, www.qualityforum.org.

⁷Optum, www.optum.com.

⁸American Academy of Neurology, <https://www.aan.com/practice/neuromuscular-quality-measures>, or quality@aan.com.

⁹College of American Pathologists (CAP), <https://www.cap.org/advocacy/quality-payment-program-for-pathologists/mips-for-pathologists/2023-pathology-quality-measures>.

¹⁰American Gastroenterological Association (AGA), www.gastro.org/quality.

¹¹American Society of Anesthesiologists (ASA), www.asahq.org.

¹²American College of Gastroenterology (ACG), www.gi.org; American Gastroenterological Association (AGA), www.gastro.org; and American Society for Gastrointestinal Endoscopy (ASGE), www.asge.org.

Emergency Medicine (EM)		
Brief Description of Performance Measure & Source	CPT Category II Code(s)	Code Descriptor(s)
<p>Denominator: All patients aged 60 years and older with an emergency department discharge diagnosis of syncope</p> <p>Exclusion(s): Documentation of medical reason(s) for not performing an ECG; documentation of patient reason(s) for not performing an ECG</p> <p>Percentage of patients aged 60 years and older with an emergency department discharge diagnosis of syncope who had an ECG performed</p> <p>Reporting Instructions: For patient with appropriate exclusion criteria, report 3120F with modifier 1P or 2P.</p>		
<p>Vital Signs for Community-Acquired Bacterial Pneumonia⁵</p> <p>Whether or not the patient aged 18 years and older with the diagnosis of community-acquired pneumonia had vital signs documented and reviewed</p> <p>Numerator: Patients with vital signs (temperature, pulse, respiratory rate, and blood pressure) documented and reviewed</p> <p>Denominator: All patients aged 18 years and older with the diagnosis of community-acquired bacterial pneumonia</p>	2010F	Vital signs (temperature, pulse, respiratory rate, and blood pressure) documented and reviewed

Footnotes

¹Physician Consortium for Performance Improvement®(PCPI) - For more information on measures developed by the Physician Consortium for Performance Improvement® (PCPI), see the appropriate Payor website.

²National Committee on Quality Assurance (NCQA), Health Employer Data Information Set (HEDIS®), www.ncqa.org

³The Joint Commission, <https://www.jointcommission.org>

⁴National Diabetes Quality Improvement Alliance (NDQIA) - For more information on measures developed by the National Diabetes Quality Improvement Alliance (NDQIA), see the appropriate Payor website.

⁵Joint measure from The Physician Consortium for Performance Improvement (PCPI), and National Committee on Quality Assurance (NCQA) - For more information on measures developed as joint measures from Physician Consortium for Performance Improvement and the National Committee on Quality Assurance (NCQA), visit the NCQA website at www.ncqa.org.

⁶The Society of Thoracic Surgeons at www.sts.org and National Quality Forum, www.qualityforum.org.

⁷Optum, www.optum.com.

⁸American Academy of Neurology, <https://www.aan.com/practice/neuromuscular-quality-measures>, or quality@aan.com.

⁹College of American Pathologists (CAP), <https://www.cap.org/advocacy/quality-payment-program-for-pathologists/mips-for-pathologists/2023-pathology-quality-measures>.

¹⁰American Gastroenterological Association (AGA), www.gastro.org/quality.

¹¹American Society of Anesthesiologists (ASA), www.asahq.org.

¹²American College of Gastroenterology (ACG), www.gi.org; American Gastroenterological Association (AGA), www.gastro.org; and American Society for Gastrointestinal Endoscopy (ASGE), www.asge.org.

Emergency Medicine (EM)		
Brief Description of Performance Measure & Source	CPT Category II Code(s)	Code Descriptor(s)
<p>Exclusion(s): None</p> <p>Percentage of patients aged 18 years and older with the diagnosis of community-acquired bacterial pneumonia with vital signs documented and reviewed</p> <p>Reporting Instructions:</p> <p>There are no performance exclusions for this measure; modifiers 1P, 2P and 3P may not be used.</p>		
<p>Assessment of Oxygen Saturation for Community-Acquired Bacterial Pneumonia⁵</p> <p>Whether or not the patient aged 18 years and older with the diagnosis of community-acquired bacterial pneumonia had oxygen saturation documented and reviewed</p> <p>Numerator: Patients with oxygen saturation documented and reviewed</p> <p>Denominator: All patients aged 18 years and older with the diagnosis of community-acquired bacterial pneumonia</p> <p>Exclusion(s): Documentation of physician reason(s) for not documented and reviewed oxygen saturation; documentation of patient reason(s) for not assessing documented and</p>	3028F	Oxygen saturation results documented and reviewed (Includes assessment through pulse oximetry or arterial blood gas measurement)

Footnotes

¹Physician Consortium for Performance Improvement®(PCPI) - For more information on measures developed by the Physician Consortium for Performance Improvement® (PCPI), see the appropriate Payor website.

²National Committee on Quality Assurance (NCQA), Health Employer Data Information Set (HEDIS®), www.ncqa.org

³The Joint Commission, <https://www.jointcommission.org>

⁴National Diabetes Quality Improvement Alliance (NDQIA) - For more information on measures developed by the National Diabetes Quality Improvement Alliance (NDQIA), see the appropriate Payor website.

⁵Joint measure from The Physician Consortium for Performance Improvement (PCPI), and National Committee on Quality Assurance (NCQA) - For more information on measures developed as joint measures from Physician Consortium for Performance Improvement and the National Committee on Quality Assurance (NCQA), visit the NCQA website at www.ncqa.org.

⁶The Society of Thoracic Surgeons at www.sts.org and National Quality Forum, www.qualityforum.org.

⁷Optum, www.optum.com.

⁸American Academy of Neurology, <https://www.aan.com/practice/neuromuscular-quality-measures>, or quality@aan.com.

⁹College of American Pathologists (CAP), <https://www.cap.org/advocacy/quality-payment-program-for-pathologists/mips-for-pathologists/2023-pathology-quality-measures>.

¹⁰American Gastroenterological Association (AGA), www.gastro.org/quality.

¹¹American Society of Anesthesiologists (ASA), www.asahq.org.

¹²American College of Gastroenterology (ACG), www.gi.org; American Gastroenterological Association (AGA), www.gastro.org; and American Society for Gastrointestinal Endoscopy (ASGE), www.asge.org.

Emergency Medicine (EM)		
Brief Description of Performance Measure & Source	CPT Category II Code(s)	Code Descriptor(s)
<p>reviewed oxygen saturation; documentation of system reason(s) for not documented and reviewed oxygen saturation</p> <p>Percentage of patients aged 18 years and older with the diagnosis of community-acquired bacterial pneumonia with oxygen saturation documented and reviewed</p> <p>Reporting Instructions: For patients with appropriate exclusion criteria, report 3028F with modifier 1P, 2P or 3P.</p>		
<p>Assessment of Mental Status for Community-Acquired Bacterial Pneumonia⁵</p> <p>Whether or not the patient aged 18 years and older with the diagnosis of community-acquired bacterial pneumonia had mental status assessed</p> <p>Numerator: Patients with mental status assessed</p> <p>Denominator: All patients aged 18 years and older with the diagnosis of community-acquired bacterial pneumonia with mental status assessed.</p> <p>Exclusions: None</p>	2014F	Mental status assessed

Footnotes

¹Physician Consortium for Performance Improvement®(PCPI) - For more information on measures developed by the Physician Consortium for Performance Improvement® (PCPI), see the appropriate Payor website.

²National Committee on Quality Assurance (NCQA), Health Employer Data Information Set (HEDIS®), www.ncqa.org

³The Joint Commission, <https://www.jointcommission.org>

⁴National Diabetes Quality Improvement Alliance (NDQIA) - For more information on measures developed by the National Diabetes Quality Improvement Alliance (NDQIA), see the appropriate Payor website.

⁵Joint measure from The Physician Consortium for Performance Improvement (PCPI), and National Committee on Quality Assurance (NCQA) - For more information on measures developed as joint measures from Physician Consortium for Performance Improvement and the National Committee on Quality Assurance (NCQA), visit the NCQA website at www.ncqa.org.

⁶The Society of Thoracic Surgeons at www.sts.org and National Quality Forum, www.qualityforum.org.

⁷Optum, www.optum.com.

⁸American Academy of Neurology, <https://www.aan.com/practice/neuromuscular-quality-measures>, or quality@aan.com.

⁹College of American Pathologists (CAP), <https://www.cap.org/advocacy/quality-payment-program-for-pathologists/mips-for-pathologists/2023-pathology-quality-measures>.

¹⁰American Gastroenterological Association (AGA), www.gastro.org/quality.

¹¹American Society of Anesthesiologists (ASA), www.asahq.org.

¹²American College of Gastroenterology (ACG), www.gi.org; American Gastroenterological Association (AGA), www.gastro.org; and American Society for Gastrointestinal Endoscopy (ASGE), www.asge.org.

Emergency Medicine (EM)		
Brief Description of Performance Measure & Source	CPT Category II Code(s)	Code Descriptor(s)
<p>Percentage of patients aged 18 years and older with the diagnosis of community-acquired bacterial pneumonia with mental status assessed</p> <p>Reporting Instructions: There are no performance exclusions for this measure; modifiers 1P, 2P and 3P may not be used.</p>		
<p>Empiric Antibiotic for Community-Acquired Bacterial Pneumonia⁵</p> <p>Whether or not the patient aged 18 years and older with a diagnosis of community-acquired bacterial pneumonia had an appropriate empiric antibiotic prescribed</p> <p>Numerator: Patients with an appropriate empiric antibiotic prescribed</p> <p>Appropriate empiric antibiotic for treatment of community-acquired bacterial pneumonia (CAP) should include any medication from one of the following four drug classes: Fluoroquinolones, Macrolides, Doxycycline, Beta Lactam with Macrolide or Doxycycline (as defined by current ATS/IDSA guidelines).</p>	4045F	Appropriate empiric antibiotic prescribed

Footnotes

¹Physician Consortium for Performance Improvement®(PCPI) - For more information on measures developed by the Physician Consortium for Performance Improvement® (PCPI), see the appropriate Payor website.

²National Committee on Quality Assurance (NCQA), Health Employer Data Information Set (HEDIS®), www.ncqa.org

³The Joint Commission, <https://www.jointcommission.org>

⁴National Diabetes Quality Improvement Alliance (NDQIA) - For more information on measures developed by the National Diabetes Quality Improvement Alliance (NDQIA), see the appropriate Payor website.

⁵Joint measure from The Physician Consortium for Performance Improvement (PCPI), and National Committee on Quality Assurance (NCQA) - For more information on measures developed as joint measures from Physician Consortium for Performance Improvement and the National Committee on Quality Assurance (NCQA), visit the NCQA website at www.ncqa.org.

⁶The Society of Thoracic Surgeons at www.sts.org and National Quality Forum, www.qualityforum.org.

⁷Optum, www.optum.com.

⁸American Academy of Neurology, <https://www.aan.com/practice/neuromuscular-quality-measures>, or quality@aan.com.

⁹College of American Pathologists (CAP), <https://www.cap.org/advocacy/quality-payment-program-for-pathologists/mips-for-pathologists/2023-pathology-quality-measures>.

¹⁰American Gastroenterological Association (AGA), www.gastro.org/quality.

¹¹American Society of Anesthesiologists (ASA), www.asahq.org.

¹²American College of Gastroenterology (ACG), www.gi.org; American Gastroenterological Association (AGA), www.gastro.org; and American Society for Gastrointestinal Endoscopy (ASGE), www.asge.org.

Emergency Medicine (EM)		
Brief Description of Performance Measure & Source	CPT Category II Code(s)	Code Descriptor(s)
<p>Denominator: All patients 18 years and older with the diagnosis of community-acquired bacterial pneumonia</p> <p>Exclusion(s): Documentation of physician reason(s) for not prescribing an antibiotic; documentation of patient reason(s) for not prescribing an antibiotic; documentation of system reason(s) for not prescribing an antibiotic</p> <p>Percentage of patients aged 18 years and older with the diagnosis of community-acquired bacterial pneumonia with an appropriate empiric antibiotic prescribed</p> <p>Reporting Instructions: For patients with appropriate exclusion criteria, report 4045F with modifier 1P, 2P, or 3P.</p>		

End Stage Renal Disease (ESRD)		
Brief Description of Performance Measure & Source	CPT Category II Code(s)	Code Descriptor(s)
<p>Plan of Care for Inadequate Hemodialysis¹</p>		

Footnotes

¹Physician Consortium for Performance Improvement®(PCPI) - For more information on measures developed by the Physician Consortium for Performance Improvement® (PCPI), see the appropriate Payor website.

²National Committee on Quality Assurance (NCQA), Health Employer Data Information Set (HEDIS®), www.ncqa.org

³The Joint Commission, <https://www.jointcommission.org>

⁴National Diabetes Quality Improvement Alliance (NDQIA) - For more information on measures developed by the National Diabetes Quality Improvement Alliance (NDQIA), see the appropriate Payor website.

⁵Joint measure from The Physician Consortium for Performance Improvement (PCPI), and National Committee on Quality Assurance (NCQA) - For more information on measures developed as joint measures from Physician Consortium for Performance Improvement and the National Committee on Quality Assurance (NCQA), visit the NCQA website at www.ncqa.org.

⁶The Society of Thoracic Surgeons at www.sts.org and National Quality Forum, www.qualityforum.org.

⁷Optum, www.optum.com.

⁸American Academy of Neurology, <https://www.aan.com/practice/neuromuscular-quality-measures>, or quality@aan.com.

⁹College of American Pathologists (CAP), <https://www.cap.org/advocacy/quality-payment-program-for-pathologists/mips-for-pathologists/2023-pathology-quality-measures>.

¹⁰American Gastroenterological Association (AGA), www.gastro.org/quality.

¹¹American Society of Anesthesiologists (ASA), www.asahq.org.

¹²American College of Gastroenterology (ACG), www.gi.org; American Gastroenterological Association (AGA), www.gastro.org; and American Society for Gastrointestinal Endoscopy (ASGE), www.asge.org.

End Stage Renal Disease (ESRD)		
Brief Description of Performance Measure & Source	CPT Category II Code(s)	Code Descriptor(s)
<p>Number of calendar months during which a patient aged 18 years and older with a diagnosis of ESRD receiving hemodialysis has Kt/V \geq1.2 OR has Kt/V $<$1.2 with a documented plan of care</p> <p>Numerator: Number of calendar months during which patients aged 18 years and older with a diagnosis of ESRD receiving hemodialysis have Kt/V \geq1.2 OR have Kt/V $<$1.2 with a documented plan of care</p> <p>A documented plan of care may include checking for adequacy of the AV access, increasing the blood flow, increasing the dialyzer size, increasing the time of dialysis sessions, adjusting dialysis prescription, or documenting residual renal function.</p> <p>Denominator: Calendar months for all patients aged 18 years and older with a diagnosis of ESRD who are receiving hemodialysis</p> <p>Exclusion(s): None</p> <p>Percentage of calendar months during the 12-month reporting period in which patients aged 18 years and older with a</p>	0505F	Hemodialysis plan of care documented
	3082F	Kt/V less than 1.2 (Clearance of urea (Kt)/volume (V))
	3083F	Kt/V equal to or greater than 1.2 and less than 1.7 (Clearance of urea (Kt)/volume (V))
	3084F	Kt/V greater than or equal to 1.7 (Clearance of urea (Kt)/volume (V))
	Denominator Codes	
	4052F	Hemodialysis via functioning arterio-venous (AV) fistula
	4053F	Hemodialysis via functioning arterio-venous (AV) graft
	4054F	Hemodialysis via catheter

Footnotes

¹Physician Consortium for Performance Improvement®(PCPI) - For more information on measures developed by the Physician Consortium for Performance Improvement® (PCPI), see the appropriate Payor website.

²National Committee on Quality Assurance (NCQA), Health Employer Data Information Set (HEDIS®), www.ncqa.org

³The Joint Commission, <https://www.jointcommission.org>

⁴National Diabetes Quality Improvement Alliance (NDQIA) - For more information on measures developed by the National Diabetes Quality Improvement Alliance (NDQIA), see the appropriate Payor website.

⁵Joint measure from The Physician Consortium for Performance Improvement (PCPI), and National Committee on Quality Assurance (NCQA) - For more information on measures developed as joint measures from Physician Consortium for Performance Improvement and the National Committee on Quality Assurance (NCQA), visit the NCQA website at www.ncqa.org.

⁶The Society of Thoracic Surgeons at www.sts.org and National Quality Forum, www.qualityforum.org.

⁷Optum, www.optum.com.

⁸American Academy of Neurology, <https://www.aan.com/practice/neuromuscular-quality-measures>, or quality@aan.com.

⁹College of American Pathologists (CAP), <https://www.cap.org/advocacy/quality-payment-program-for-pathologists/mips-for-pathologists/2023-pathology-quality-measures>.

¹⁰American Gastroenterological Association (AGA), www.gastro.org/quality.

¹¹American Society of Anesthesiologists (ASA), www.asahq.org.

¹²American College of Gastroenterology (ACG), www.gi.org; American Gastroenterological Association (AGA), www.gastro.org; and American Society for Gastrointestinal Endoscopy (ASGE), www.asge.org.

End Stage Renal Disease (ESRD)		
Brief Description of Performance Measure & Source	CPT Category II Code(s)	Code Descriptor(s)
<p>diagnosis of ESRD receiving hemodialysis have a Kt/V \geq1.2 OR have a Kt/V <1.2 with a documented plan of care</p> <p>Reporting Instructions: Report this measure during each calendar month a patient is receiving hemodialysis. Report 4052F or 4053F or 4054F for each patient. Report 3082F or 3083F or 3084F for the corresponding Kt/V measurement.</p> <p>If Kt/V < 1.2 (3082F) and patient has a plan of care for inadequate hemodialysis, also report 0505F. There are no performance exclusions for this measure; modifiers 1P, 2P, or 3P may not be used.</p>		
<p>Plan of Care for Inadequate Peritoneal Dialysis¹</p> <p>Whether or not a patient aged 18 years and older with a diagnosis of ESRD receiving peritoneal dialysis has a Kt/V \geq1.7 OR has a Kt/V<1.7 with a documented plan of care at least three times during the 12-month reporting period</p> <p>Numerator: Patients who have a Kt/V \geq1.7 OR have a Kt/V < 1.7 with a documented plan of at least three times during the 12-month reporting period</p>	0507F	Peritoneal dialysis plan of care documented

Footnotes

¹Physician Consortium for Performance Improvement®(PCPI) - For more information on measures developed by the Physician Consortium for Performance Improvement® (PCPI), see the appropriate Payor website.

²National Committee on Quality Assurance (NCQA), Health Employer Data Information Set (HEDIS®), www.ncqa.org

³The Joint Commission, <https://www.jointcommission.org>

⁴National Diabetes Quality Improvement Alliance (NDQIA) - For more information on measures developed by the National Diabetes Quality Improvement Alliance (NDQIA), see the appropriate Payor website.

⁵Joint measure from The Physician Consortium for Performance Improvement (PCPI), and National Committee on Quality Assurance (NCQA) - For more information on measures developed as joint measures from Physician Consortium for Performance Improvement and the National Committee on Quality Assurance (NCQA), visit the NCQA website at www.ncqa.org.

⁶The Society of Thoracic Surgeons at www.sts.org and National Quality Forum, www.qualityforum.org.

⁷Optum, www.optum.com.

⁸American Academy of Neurology, <https://www.aan.com/practice/neuromuscular-quality-measures>, or quality@aan.com.

⁹College of American Pathologists (CAP), <https://www.cap.org/advocacy/quality-payment-program-for-pathologists/mips-for-pathologists/2023-pathology-quality-measures>.

¹⁰American Gastroenterological Association (AGA), www.gastro.org/quality.

¹¹American Society of Anesthesiologists (ASA), www.asahq.org.

¹²American College of Gastroenterology (ACG), www.gi.org; American Gastroenterological Association (AGA), www.gastro.org; and American Society for Gastrointestinal Endoscopy (ASGE), www.asge.org.

End Stage Renal Disease (ESRD)		
Brief Description of Performance Measure & Source	CPT Category II Code(s)	Code Descriptor(s)
<p>A documented plan of care may include assessing for non-adherence with the peritoneal prescription, sampling, and collection; assessing for error in the peritoneal dialysis prescription and/or inadequate monitoring of the delivered dose; performing peritoneal equilibrium testing; assessing for inadequate patient education; increasing the exchange volume; increasing the number of exchanges per 24 hours; assessing for modality (continuous ambulatory peritoneal dialysis (CAPD) or continuous cyclic peritoneal dialysis (CCPD)).</p> <p>Denominator: All patients aged 18 years and older with a diagnosis of ESRD receiving peritoneal dialysis</p> <p>Exclusion(s): None</p> <p>Percentage of patients aged 18 years and older with a diagnosis of ESRD receiving peritoneal dialysis who have a Kt/V ≥ 1.7 OR have a Kt/V < 1.7 with a documented plan of care at least three times during the 12-month reporting period</p> <p>Reporting Instructions:</p>	<p>3082F</p> <p>3083F</p> <p>3084F</p>	<p>Kt/V < 1.2 (Clearance of urea (Kt)/volume (V))</p> <p>Kt/V equal to or greater than 1.2 and less than 1.7 (Clearance of urea (Kt)/volume (V))</p> <p>Kt/V ≥ 1.7 (Clearance of urea (Kt)/volume (V))</p>

Footnotes

¹Physician Consortium for Performance Improvement®(PCPI) - For more information on measures developed by the Physician Consortium for Performance Improvement® (PCPI), see the appropriate Payor website.

²National Committee on Quality Assurance (NCQA), Health Employer Data Information Set (HEDIS®), www.ncqa.org

³The Joint Commission, <https://www.jointcommission.org>

⁴National Diabetes Quality Improvement Alliance (NDQIA) - For more information on measures developed by the National Diabetes Quality Improvement Alliance (NDQIA), see the appropriate Payor website.

⁵Joint measure from The Physician Consortium for Performance Improvement (PCPI), and National Committee on Quality Assurance (NCQA) - For more information on measures developed as joint measures from Physician Consortium for Performance Improvement and the National Committee on Quality Assurance (NCQA), visit the NCQA website at www.ncqa.org.

⁶The Society of Thoracic Surgeons at www.sts.org and National Quality Forum, www.qualityforum.org.

⁷Optum, www.optum.com.

⁸American Academy of Neurology, <https://www.aan.com/practice/neuromuscular-quality-measures>, or quality@aan.com.

⁹College of American Pathologists (CAP), <https://www.cap.org/advocacy/quality-payment-program-for-pathologists/mips-for-pathologists/2023-pathology-quality-measures>.

¹⁰American Gastroenterological Association (AGA), www.gastro.org/quality.

¹¹American Society of Anesthesiologists (ASA), www.asahq.org.

¹²American College of Gastroenterology (ACG), www.gi.org; American Gastroenterological Association (AGA), www.gastro.org; and American Society for Gastrointestinal Endoscopy (ASGE), www.asge.org.

End Stage Renal Disease (ESRD)		
Brief Description of Performance Measure & Source	CPT Category II Code(s)	Code Descriptor(s)
<p>Report 3082F or 3083F or 3084F for the corresponding Kt/V measurement during the calendar month when patient is receiving peritoneal dialysis.</p> <p>If Kt/V < 1.7 (3082F or 3083F), and patient has a plan of care, also report 0507F. There are no performance exclusions for this measure; modifiers 1P or 2P or 3P may not be used.</p>		
<p>Influenza Immunization¹</p> <p>Whether or not the patient aged 18 years and older with a diagnosis of ESRD and receiving dialysis received the influenza immunization during the flu season (September through February)</p> <p>Numerator: Patients who received the influenza immunization during the flu season (September through February)</p> <p>Denominator: All patients aged 18 years and older with a diagnosis of ESRD and receiving dialysis</p> <p>Exclusion(s): Documentation of medical, patient, or system reason(s) for patient not receiving the influenza immunization during the flu season (September through February)</p>	4037F	Influenza immunization ordered or administered

Footnotes

¹Physician Consortium for Performance Improvement®(PCPI) - For more information on measures developed by the Physician Consortium for Performance Improvement® (PCPI), see the appropriate Payor website.

²National Committee on Quality Assurance (NCQA), Health Employer Data Information Set (HEDIS®), www.ncqa.org

³The Joint Commission, <https://www.jointcommission.org>

⁴National Diabetes Quality Improvement Alliance (NDQIA) - For more information on measures developed by the National Diabetes Quality Improvement Alliance (NDQIA), see the appropriate Payor website.

⁵Joint measure from The Physician Consortium for Performance Improvement (PCPI), and National Committee on Quality Assurance (NCQA) - For more information on measures developed as joint measures from Physician Consortium for Performance Improvement and the National Committee on Quality Assurance (NCQA), visit the NCQA website at www.ncqa.org.

⁶The Society of Thoracic Surgeons at www.sts.org and National Quality Forum, www.qualityforum.org.

⁷Optum, www.optum.com.

⁸American Academy of Neurology, <https://www.aan.com/practice/neuromuscular-quality-measures>, or quality@aan.com.

⁹College of American Pathologists (CAP), <https://www.cap.org/advocacy/quality-payment-program-for-pathologists/mips-for-pathologists/2023-pathology-quality-measures>.

¹⁰American Gastroenterological Association (AGA), www.gastro.org/quality.

¹¹American Society of Anesthesiologists (ASA), www.asahq.org.

¹²American College of Gastroenterology (ACG), www.gi.org; American Gastroenterological Association (AGA), www.gastro.org; and American Society for Gastrointestinal Endoscopy (ASGE), www.asge.org.

End Stage Renal Disease (ESRD)		
Brief Description of Performance Measure & Source	CPT Category II Code(s)	Code Descriptor(s)
<p>Percentage of patients aged 18 years and older with a diagnosis of ESRD and receiving dialysis who received the influenza immunization during flu season (September through February)</p> <p>Reporting Instructions: For patient with appropriate exclusion criteria use 4037F with modifier 1P, 2P, or 3P.</p>		
<p>Vascular Access-Patients receiving Hemodialysis¹</p> <p>Whether or not the patient aged 18 years and older with a diagnosis of ESRD and receiving hemodialysis has a</p>	4051F	Referred for an arterio-venous (AV) fistula

Footnotes

¹Physician Consortium for Performance Improvement®(PCPI) - For more information on measures developed by the Physician Consortium for Performance Improvement® (PCPI), see the appropriate Payor website.

²National Committee on Quality Assurance (NCQA), Health Employer Data Information Set (HEDIS®), www.ncqa.org

³The Joint Commission, <https://www.jointcommission.org>

⁴National Diabetes Quality Improvement Alliance (NDQIA) - For more information on measures developed by the National Diabetes Quality Improvement Alliance (NDQIA), see the appropriate Payor website.

⁵Joint measure from The Physician Consortium for Performance Improvement (PCPI), and National Committee on Quality Assurance (NCQA) - For more information on measures developed as joint measures from Physician Consortium for Performance Improvement and the National Committee on Quality Assurance (NCQA), visit the NCQA website at www.ncqa.org.

⁶The Society of Thoracic Surgeons at www.sts.org and National Quality Forum, www.qualityforum.org.

⁷Optum, www.optum.com.

⁸American Academy of Neurology, <https://www.aan.com/practice/neuromuscular-quality-measures>, or quality@aan.com.

⁹College of American Pathologists (CAP), <https://www.cap.org/advocacy/quality-payment-program-for-pathologists/mips-for-pathologists/2023-pathology-quality-measures>.

¹⁰American Gastroenterological Association (AGA), www.gastro.org/quality.

¹¹American Society of Anesthesiologists (ASA), www.asahq.org.

¹²American College of Gastroenterology (ACG), www.gi.org; American Gastroenterological Association (AGA), www.gastro.org; and American Society for Gastrointestinal Endoscopy (ASGE), www.asge.org.

End Stage Renal Disease (ESRD)		
Brief Description of Performance Measure & Source	CPT Category II Code(s)	Code Descriptor(s)
<p>functioning AV fistula or is referred for an AV fistula at least once during the 12-month reporting period</p> <p>Numerator: Patients who have a functioning AV fistula OR patients who are referred for AV fistula at least once during the 12-month reporting period</p> <p>Denominator: All patients aged 18 years and older with a diagnosis of ESRD and receiving hemodialysis</p> <p>Exclusion(s): Documentation of medical or patient reason(s) for not having a functioning AV fistula or being referred for an AV fistula (eg, documentation of a functioning AV graft)</p> <p>Percentage of patients aged 18 years and older with a diagnosis of ESRD and receiving hemodialysis who have a functioning AV fistula OR patients who are referred for an AV fistula at least once during the 12-month reporting period</p> <p>Reporting Instructions: Report 4052F or 4053F or 4054F or 4055F to specify the type of access for each patient receiving hemodialysis.</p> <p>If patient is receiving hemodialysis via functioning AV fistula, report 4052F only once; additional codes do not need to be reported.</p>	<p>4052F</p> <p>Denominator Codes</p> <p>4052F</p> <p>4053F</p> <p>4054F</p> <p>4055F</p>	<p>Hemodialysis via functioning arterio-venous (AV) fistula</p> <p>Hemodialysis via functioning arterio-venous (AV) fistula</p> <p>Hemodialysis via functioning arterio-venous (AV) graft</p> <p>Hemodialysis via catheter</p> <p>Patient receiving peritoneal dialysis</p>

Footnotes

¹Physician Consortium for Performance Improvement®(PCPI) - For more information on measures developed by the Physician Consortium for Performance Improvement® (PCPI), see the appropriate Payor website.

²National Committee on Quality Assurance (NCQA), Health Employer Data Information Set (HEDIS®), www.ncqa.org

³The Joint Commission, <https://www.jointcommission.org>

⁴National Diabetes Quality Improvement Alliance (NDQIA) - For more information on measures developed by the National Diabetes Quality Improvement Alliance (NDQIA), see the appropriate Payor website.

⁵Joint measure from The Physician Consortium for Performance Improvement (PCPI), and National Committee on Quality Assurance (NCQA) - For more information on measures developed as joint measures from Physician Consortium for Performance Improvement and the National Committee on Quality Assurance (NCQA), visit the NCQA website at www.ncqa.org.

⁶The Society of Thoracic Surgeons at www.sts.org and National Quality Forum, www.qualityforum.org.

⁷Optum, www.optum.com.

⁸American Academy of Neurology, <https://www.aan.com/practice/neuromuscular-quality-measures>, or quality@aan.com.

⁹College of American Pathologists (CAP), <https://www.cap.org/advocacy/quality-payment-program-for-pathologists/mips-for-pathologists/2023-pathology-quality-measures>.

¹⁰American Gastroenterological Association (AGA), www.gastro.org/quality.

¹¹American Society of Anesthesiologists (ASA), www.asahq.org.

¹²American College of Gastroenterology (ACG), www.gi.org; American Gastroenterological Association (AGA), www.gastro.org; and American Society for Gastrointestinal Endoscopy (ASGE), www.asge.org.

End Stage Renal Disease (ESRD)		
Brief Description of Performance Measure & Source	CPT Category II Code(s)	Code Descriptor(s)
<p>For patient receiving hemodialysis via a catheter, report 4051F if referred for an AV fistula.</p> <p>For patient receiving hemodialysis via AV graft, reporting 4053F will exclude patient from measure; 1P or 2P is not required.</p> <p>For patient with appropriate exclusion criteria, report 4051F with modifier 1P or 2P.</p>		
<p>Vascular Access-Patients Receiving Hemodialysis with a Permanent Catheter¹</p> <p>Whether or not the patient aged 18 years and older with a diagnosis of ESRD receiving hemodialysis with a permanent catheter is referred for evaluation for AV fistula at least once during the 12-month reporting period</p> <p>Numerator: Patients who are referred for evaluation for AV fistula at least once during the 12-month reporting period</p> <p>Denominator: All patients aged 18 years and older with a diagnosis of ESRD receiving hemodialysis with a permanent catheter</p>		

Footnotes

¹Physician Consortium for Performance Improvement®(PCPI) - For more information on measures developed by the Physician Consortium for Performance Improvement® (PCPI), see the appropriate Payor website.

²National Committee on Quality Assurance (NCQA), Health Employer Data Information Set (HEDIS®), www.ncqa.org

³The Joint Commission, <https://www.jointcommission.org>

⁴National Diabetes Quality Improvement Alliance (NDQIA) - For more information on measures developed by the National Diabetes Quality Improvement Alliance (NDQIA), see the appropriate Payor website.

⁵Joint measure from The Physician Consortium for Performance Improvement (PCPI), and National Committee on Quality Assurance (NCQA) - For more information on measures developed as joint measures from Physician Consortium for Performance Improvement and the National Committee on Quality Assurance (NCQA), visit the NCQA website at www.ncqa.org.

⁶The Society of Thoracic Surgeons at www.sts.org and National Quality Forum, www.qualityforum.org.

⁷Optum, www.optum.com.

⁸American Academy of Neurology, <https://www.aan.com/practice/neuromuscular-quality-measures>, or quality@aan.com.

⁹College of American Pathologists (CAP), <https://www.cap.org/advocacy/quality-payment-program-for-pathologists/mips-for-pathologists/2023-pathology-quality-measures>.

¹⁰American Gastroenterological Association (AGA), www.gastro.org/quality.

¹¹American Society of Anesthesiologists (ASA), www.asahq.org.

¹²American College of Gastroenterology (ACG), www.gi.org; American Gastroenterological Association (AGA), www.gastro.org; and American Society for Gastrointestinal Endoscopy (ASGE), www.asge.org.

End Stage Renal Disease (ESRD)		
Brief Description of Performance Measure & Source	CPT Category II Code(s)	Code Descriptor(s)
<p>Exclusion(s): Documentation of medical reason(s) (eg, documentation of a functioning AV graft, documentation that patient is enrolled in Hospice) or patient reason(s) for not being referred for evaluation for AV fistula</p> <p>Percentage of patients aged 18 years and older with a diagnosis of ESRD receiving hemodialysis with a permanent catheter who are referred for evaluation for AV fistula at least once during the 12 month reporting period</p> <p>Reporting Instructions: Report 4052F or 4053F or 4054F or 4055F for each patient.</p> <p>If patient has a permanent catheter (4054F) and has been referred for evaluation for AV fistula, also report 4051F. For patient with appropriate exclusion criteria, report 4051F with modifier 1P or 2P. For patient receiving hemodialysis via AV graft, reporting 4053F alone will exclude patient from measure; 1P or 2P is not required.</p>	4051F	Referred for an arterio-venous (AV) fistula
	Denominator Codes	
	4052F	Hemodialysis via functioning arterio-venous (AV) fistula
	4053F	Hemodialysis via functioning arterio-venous (AV) graft
	4054F	Hemodialysis via catheter

Footnotes

¹Physician Consortium for Performance Improvement®(PCPI) - For more information on measures developed by the Physician Consortium for Performance Improvement® (PCPI), see the appropriate Payor website.

²National Committee on Quality Assurance (NCQA), Health Employer Data Information Set (HEDIS®), www.ncqa.org

³The Joint Commission, <https://www.jointcommission.org>

⁴National Diabetes Quality Improvement Alliance (NDQIA) - For more information on measures developed by the National Diabetes Quality Improvement Alliance (NDQIA), see the appropriate Payor website.

⁵Joint measure from The Physician Consortium for Performance Improvement (PCPI), and National Committee on Quality Assurance (NCQA) - For more information on measures developed as joint measures from Physician Consortium for Performance Improvement and the National Committee on Quality Assurance (NCQA), visit the NCQA website at www.ncqa.org.

⁶The Society of Thoracic Surgeons at www.sts.org and National Quality Forum, www.qualityforum.org.

⁷Optum, www.optum.com.

⁸American Academy of Neurology, <https://www.aan.com/practice/neuromuscular-quality-measures>, or quality@aan.com.

⁹College of American Pathologists (CAP), <https://www.cap.org/advocacy/quality-payment-program-for-pathologists/mips-for-pathologists/2023-pathology-quality-measures>.

¹⁰American Gastroenterological Association (AGA), www.gastro.org/quality.

¹¹American Society of Anesthesiologists (ASA), www.asahq.org.

¹²American College of Gastroenterology (ACG), www.gi.org; American Gastroenterological Association (AGA), www.gastro.org; and American Society for Gastrointestinal Endoscopy (ASGE), www.asge.org.

End Stage Renal Disease (ESRD)		
Brief Description of Performance Measure & Source	CPT Category II Code(s)	Code Descriptor(s)
<p>Denominator: Calendar months during which all patients aged 18 years and older with a diagnosis of ESRD are receiving dialysis</p> <p>Exclusion(s): None</p> <p>Percentage of calendar months during the 12-month reporting period in which patients aged 18 years and older with a diagnosis of ESRD who are receiving dialysis have a Hgb \geq 11 g/dL OR have a Hgb $<$ 11 g/dL with a documented plan of care</p> <p>Reporting Instructions: Report this measure for each calendar month a patient is receiving dialysis.</p> <p>Report the code that corresponds to the hemoglobin value. If hemoglobin $<$11 g/dL (3281F) and patient has a documented plan of care, also report 0516F.</p> <p>There are no performance exclusions for this measure; modifiers 1P or 2P or 3P may not be used.</p>	<p>3281F</p> <p>0516F</p>	<p>Hemoglobin level less than 11 g/dL</p> <p>Anemia plan of care documented</p>

Footnotes

¹Physician Consortium for Performance Improvement®(PCPI) - For more information on measures developed by the Physician Consortium for Performance Improvement® (PCPI), see the appropriate Payor website.

²National Committee on Quality Assurance (NCQA), Health Employer Data Information Set (HEDIS®), www.ncqa.org

³The Joint Commission, <https://www.jointcommission.org>

⁴National Diabetes Quality Improvement Alliance (NDQIA) - For more information on measures developed by the National Diabetes Quality Improvement Alliance (NDQIA), see the appropriate Payor website.

⁵Joint measure from The Physician Consortium for Performance Improvement (PCPI), and National Committee on Quality Assurance (NCQA) - For more information on measures developed as joint measures from Physician Consortium for Performance Improvement and the National Committee on Quality Assurance (NCQA), visit the NCQA website at www.ncqa.org.

⁶The Society of Thoracic Surgeons at www.sts.org and National Quality Forum, www.qualityforum.org.

⁷Optum, www.optum.com.

⁸American Academy of Neurology, <https://www.aan.com/practice/neuromuscular-quality-measures>, or quality@aan.com.

⁹College of American Pathologists (CAP), <https://www.cap.org/advocacy/quality-payment-program-for-pathologists/mips-for-pathologists/2023-pathology-quality-measures>.

¹⁰American Gastroenterological Association (AGA), www.gastro.org/quality.

¹¹American Society of Anesthesiologists (ASA), www.asahq.org.

¹²American College of Gastroenterology (ACG), www.gi.org; American Gastroenterological Association (AGA), www.gastro.org; and American Society for Gastrointestinal Endoscopy (ASGE), www.asge.org.

Endoscopy and Polyp Surveillance (End/Polyp)		
Brief Description of Performance Measure & Source	CPT Category II Code(s)	Code Descriptor(s)
<p>Appropriate follow-up interval for normal colonoscopy in average risk patients⁵</p> <p>Whether or not the patient aged 50 years and older receiving a screening colonoscopy without biopsy or polypectomy had a recommended follow-up interval of at least 10 years for repeat colonoscopy documented in their colonoscopy report</p> <p>Numerator: Colonoscopy reports with a recommended follow-up interval for repeat colonoscopy of at least 10 years</p> <p>Denominator: All colonoscopy reports for patients aged 50 years and older receiving screening colonoscopy without biopsy or polypectomy</p> <p>Exclusion(s): Documentation of medical reason(s) for not recommending at least a 10-year follow-up interval (eg, above average risk patient, inadequate prep)</p> <p>Percentage of patients aged 50 years and older receiving a screening colonoscopy without biopsy or polypectomy who had a recommended follow-up interval of at least 10 years for repeat colonoscopy documented in their colonoscopy report</p>	0528F	Recommended follow-up interval for repeat colonoscopy of at least 10 years documented in colonoscopy report

Footnotes

¹Physician Consortium for Performance Improvement®(PCPI) - For more information on measures developed by the Physician Consortium for Performance Improvement® (PCPI), see the appropriate Payor website.

²National Committee on Quality Assurance (NCQA), Health Employer Data Information Set (HEDIS®), www.ncqa.org

³The Joint Commission, <https://www.jointcommission.org>

⁴National Diabetes Quality Improvement Alliance (NDQIA) - For more information on measures developed by the National Diabetes Quality Improvement Alliance (NDQIA), see the appropriate Payor website.

⁵Joint measure from The Physician Consortium for Performance Improvement (PCPI), and National Committee on Quality Assurance (NCQA) - For more information on measures developed as joint measures from Physician Consortium for Performance Improvement and the National Committee on Quality Assurance (NCQA), visit the NCQA website at www.ncqa.org.

⁶The Society of Thoracic Surgeons at www.sts.org and National Quality Forum, www.qualityforum.org.

⁷Optum, www.optum.com.

⁸American Academy of Neurology, <https://www.aan.com/practice/neuromuscular-quality-measures>, or quality@aan.com.

⁹College of American Pathologists (CAP), <https://www.cap.org/advocacy/quality-payment-program-for-pathologists/mips-for-pathologists/2023-pathology-quality-measures>.

¹⁰American Gastroenterological Association (AGA), www.gastro.org/quality.

¹¹American Society of Anesthesiologists (ASA), www.asahq.org.

¹²American College of Gastroenterology (ACG), www.gi.org; American Gastroenterological Association (AGA), www.gastro.org; and American Society for Gastrointestinal Endoscopy (ASGE), www.asge.org.

Endoscopy and Polyp Surveillance (End/Polyp)		
Brief Description of Performance Measure & Source	CPT Category II Code(s)	Code Descriptor(s)
<p>Reporting Instructions: For patient with appropriate exclusion criteria report 0528F with modifier 1P.</p>		
<p>Surveillance Colonoscopy Interval for Patients with a History of Colonic Polyps - Avoidance of Inappropriate Use⁵</p> <p>Whether or not the patient aged 18 years and older receiving a surveillance colonoscopy, with a history of a prior colonic polyp in a previous colonoscopy finding, had a follow-up interval of 3 or more years since their last colonoscopy documented in the colonoscopy report</p> <p>Numerator: Patients who had an interval of 3 or more years since their last colonoscopy</p> <p>Denominator: All patients aged 18 years and older receiving a surveillance colonoscopy with a history of colonic polyp(s) in a previous colonoscopy</p> <p>Exclusion(s): Documentation of medical reason(s) for an interval of less than 3 years since the last colonoscopy (eg, patients with high risk for colon cancer, last colonoscopy incomplete, last colonoscopy had inadequate prep, piecemeal</p>	0529F	Interval of 3 or more years since patient's last colonoscopy, documented

Footnotes

¹Physician Consortium for Performance Improvement®(PCPI) - For more information on measures developed by the Physician Consortium for Performance Improvement® (PCPI), see the appropriate Payor website.

²National Committee on Quality Assurance (NCQA), Health Employer Data Information Set (HEDIS®), www.ncqa.org

³The Joint Commission, <https://www.jointcommission.org>

⁴National Diabetes Quality Improvement Alliance (NDQIA) - For more information on measures developed by the National Diabetes Quality Improvement Alliance (NDQIA), see the appropriate Payor website.

⁵Joint measure from The Physician Consortium for Performance Improvement (PCPI), and National Committee on Quality Assurance (NCQA) - For more information on measures developed as joint measures from Physician Consortium for Performance Improvement and the National Committee on Quality Assurance (NCQA), visit the NCQA website at www.ncqa.org.

⁶The Society of Thoracic Surgeons at www.sts.org and National Quality Forum, www.qualityforum.org.

⁷Optum, www.optum.com.

⁸American Academy of Neurology, <https://www.aan.com/practice/neuromuscular-quality-measures>, or quality@aan.com.

⁹College of American Pathologists (CAP), <https://www.cap.org/advocacy/quality-payment-program-for-pathologists/mips-for-pathologists/2023-pathology-quality-measures>.

¹⁰American Gastroenterological Association (AGA), www.gastro.org/quality.

¹¹American Society of Anesthesiologists (ASA), www.asahq.org.

¹²American College of Gastroenterology (ACG), www.gi.org; American Gastroenterological Association (AGA), www.gastro.org; and American Society for Gastrointestinal Endoscopy (ASGE), www.asge.org.

Endoscopy and Polyp Surveillance (End/Polyp)		
Brief Description of Performance Measure & Source	CPT Category II Code(s)	Code Descriptor(s)
<p>removal of adenomas, or last colonoscopy found greater than 10 adenomas)</p> <p>Documentation of system reason(s) for an interval of less than 3 years since the last colonoscopy (eg, unable to locate previous colonoscopy report)</p> <p>Percentage of patients aged 18 years and older receiving a surveillance colonoscopy, with a history of a prior colonic polyp(s) in a previous colonoscopy finding, who had a follow-up interval of 3 or more years since their last colonoscopy documented in the colonoscopy report</p> <p>Reporting Instructions: For patient with appropriate exclusion criteria report 0529F with modifier 1P or 3P.</p>		
<p>Comprehensive Colonoscopy Documentation⁵</p> <p>Whether or not the final colonoscopy report for a patient aged 18 years and older included documentation of all of the following: pre-procedure risk assessment; depth of insertion; quality of the bowel prep; complete description of polyp(s)</p>		

Footnotes

¹**Physician Consortium for Performance Improvement®(PCPI)** - For more information on measures developed by the Physician Consortium for Performance Improvement® (PCPI), see the appropriate Payor website.

²**National Committee on Quality Assurance (NCQA)**, Health Employer Data Information Set (HEDIS®), www.ncqa.org

³**The Joint Commission**, <https://www.jointcommission.org>

⁴**National Diabetes Quality Improvement Alliance (NDQIA)** - For more information on measures developed by the National Diabetes Quality Improvement Alliance (NDQIA), see the appropriate Payor website.

⁵Joint measure from **The Physician Consortium for Performance Improvement (PCPI)**, and **National Committee on Quality Assurance (NCQA)** - For more information on measures developed as joint measures from Physician Consortium for Performance Improvement and the National Committee on Quality Assurance (NCQA), visit the NCQA website at www.ncqa.org.

⁶**The Society of Thoracic Surgeons** at www.sts.org and **National Quality Forum**, www.qualityforum.org.

⁷**Optum**, www.optum.com.

⁸**American Academy of Neurology**, <https://www.aan.com/practice/neuromuscular-quality-measures>, or quality@aan.com.

⁹**College of American Pathologists (CAP)**, <https://www.cap.org/advocacy/quality-payment-program-for-pathologists/mips-for-pathologists/2023-pathology-quality-measures>.

¹⁰**American Gastroenterological Association (AGA)**, www.gastro.org/quality.

¹¹**American Society of Anesthesiologists (ASA)**, www.asahq.org.

¹²**American College of Gastroenterology (ACG)**, www.gi.org; **American Gastroenterological Association (AGA)**, www.gastro.org; and **American Society for Gastrointestinal Endoscopy (ASGE)**, www.asge.org.

Endoscopy and Polyp Surveillance (End/Polyp)		
Brief Description of Performance Measure & Source	CPT Category II Code(s)	Code Descriptor(s)
<p>found, including location of each polyp, size, number and gross morphology; and recommendations for follow-up</p> <p>Numerator: Final colonoscopy reports that include documentation of ALL of the following:</p> <ul style="list-style-type: none"> • Pre-procedure risk assessment (eg, ASA class, Mallampati score) • Depth of insertion (ie, to cecum or other landmark) • Quality of the bowel prep (ie, prep was either adequate or inadequate) • Complete description of polyp(s) found, including location of each polyp, size, number and gross morphology • Recommendations for follow-up <p>Denominator: All final colonoscopy reports for patients aged 18 years and older</p> <p>Exclusion(s): NONE</p> <p>Percentage of final colonoscopy reports for patients aged 18 years and older that include documentation of all of the following: pre-procedure risk assessment; depth of insertion; quality of the bowel prep; complete description of polyp(s)</p>	3018F	Pre-procedure risk assessment AND depth of insertion AND quality of the bowel prep AND complete description of polyp(s) found, including location of each polyp, size, number and gross morphology AND recommendations for follow-up in final colonoscopy report, documented

Footnotes

¹Physician Consortium for Performance Improvement®(PCPI) - For more information on measures developed by the Physician Consortium for Performance Improvement® (PCPI), see the appropriate Payor website.

²National Committee on Quality Assurance (NCQA), Health Employer Data Information Set (HEDIS®), www.ncqa.org

³The Joint Commission, <https://www.jointcommission.org>

⁴National Diabetes Quality Improvement Alliance (NDQIA) - For more information on measures developed by the National Diabetes Quality Improvement Alliance (NDQIA), see the appropriate Payor website.

⁵Joint measure from The Physician Consortium for Performance Improvement (PCPI), and National Committee on Quality Assurance (NCQA) - For more information on measures developed as joint measures from Physician Consortium for Performance Improvement and the National Committee on Quality Assurance (NCQA), visit the NCQA website at www.ncqa.org.

⁶The Society of Thoracic Surgeons at www.sts.org and National Quality Forum, www.qualityforum.org.

⁷Optum, www.optum.com.

⁸American Academy of Neurology, <https://www.aan.com/practice/neuromuscular-quality-measures>, or quality@aan.com.

⁹College of American Pathologists (CAP), <https://www.cap.org/advocacy/quality-payment-program-for-pathologists/mips-for-pathologists/2023-pathology-quality-measures>.

¹⁰American Gastroenterological Association (AGA), www.gastro.org/quality.

¹¹American Society of Anesthesiologists (ASA), www.asahq.org.

¹²American College of Gastroenterology (ACG), www.gi.org; American Gastroenterological Association (AGA), www.gastro.org; and American Society for Gastrointestinal Endoscopy (ASGE), www.asge.org.

Endoscopy and Polyp Surveillance (End/Polyp)		
Brief Description of Performance Measure & Source	CPT Category II Code(s)	Code Descriptor(s)
<p>found, including location of each polyp, size, number and gross morphology; and recommendations for follow-up</p> <p>Reporting Instructions: There are no performance exclusions for this measure; modifiers 1P or 2P or 3P may not be used.</p>		

Epilepsy (EPI)		
Brief Description of Performance Measure & Source	CPT Category II Code(s)	Code Descriptor(s)
<p>Seizure Type(s) and Current Seizure Frequency(ies)⁸</p> <p>Whether or not the visit for the patient with a diagnosis of epilepsy had seizure type(s) and current seizure frequency(ies) for each seizure type documented in the medical record</p> <p>Numerator: Patient visits with seizure type(s) specified and current seizure frequency for each seizure type documented in the medical record</p>	1200F	Seizure type(s) and current seizure frequency(ies) documented

Footnotes

¹Physician Consortium for Performance Improvement®(PCPI) - For more information on measures developed by the Physician Consortium for Performance Improvement® (PCPI), see the appropriate Payor website.

²National Committee on Quality Assurance (NCQA), Health Employer Data Information Set (HEDIS®), www.ncqa.org

³The Joint Commission, <https://www.jointcommission.org>

⁴National Diabetes Quality Improvement Alliance (NDQIA) - For more information on measures developed by the National Diabetes Quality Improvement Alliance (NDQIA), see the appropriate Payor website.

⁵Joint measure from The Physician Consortium for Performance Improvement (PCPI), and National Committee on Quality Assurance (NCQA) - For more information on measures developed as joint measures from Physician Consortium for Performance Improvement and the National Committee on Quality Assurance (NCQA), visit the NCQA website at www.ncqa.org.

⁶The Society of Thoracic Surgeons at www.sts.org and National Quality Forum, www.qualityforum.org.

⁷Optum, www.optum.com.

⁸American Academy of Neurology, <https://www.aan.com/practice/neuromuscular-quality-measures>, or quality@aan.com.

⁹College of American Pathologists (CAP), <https://www.cap.org/advocacy/quality-payment-program-for-pathologists/mips-for-pathologists/2023-pathology-quality-measures>.

¹⁰American Gastroenterological Association (AGA), www.gastro.org/quality.

¹¹American Society of Anesthesiologists (ASA), www.asahq.org.

¹²American College of Gastroenterology (ACG), www.gi.org; American Gastroenterological Association (AGA), www.gastro.org; and American Society for Gastrointestinal Endoscopy (ASGE), www.asge.org.

Epilepsy (EPI)		
Brief Description of Performance Measure & Source	CPT Category II Code(s)	Code Descriptor(s)
<p>Denominator: All visits for patients with a diagnosis of epilepsy</p> <p>Exclusion(s): Documentation of medical reason(s)(eg patient is unable to communicate and no informant is available) or patient reason(s)(eg patient and/or informant refuses to answer or comply)for not documenting seizure type(s) and current seizure frequency for each seizure type</p> <p>Percentage of patient visits for patients with a diagnosis of epilepsy who had the seizure type(s) and current seizure frequency for each seizure type documented in the medical record for all visits during the measurement period</p> <p>Reporting Instructions: For the patient with appropriate exclusion criteria report 1200F with modifier 1P or 2P.</p>		
<p>Documentation of Etiology of Epilepsy or Epilepsy Syndrome⁸ Back to Table</p> <p>Whether or not the visit for the patient with a diagnosis of epilepsy had etiology of epilepsy or epilepsy syndrome(s) reviewed and documented if known, or documented as unknown or cryptogenic</p>	1205F	

Footnotes

¹Physician Consortium for Performance Improvement®(PCPI) - For more information on measures developed by the Physician Consortium for Performance Improvement® (PCPI), see the appropriate Payor website.

²National Committee on Quality Assurance (NCQA), Health Employer Data Information Set (HEDIS®), www.ncqa.org

³The Joint Commission, <https://www.jointcommission.org>

⁴National Diabetes Quality Improvement Alliance (NDQIA) - For more information on measures developed by the National Diabetes Quality Improvement Alliance (NDQIA), see the appropriate Payor website.

⁵Joint measure from The Physician Consortium for Performance Improvement (PCPI), and National Committee on Quality Assurance (NCQA) - For more information on measures developed as joint measures from Physician Consortium for Performance Improvement and the National Committee on Quality Assurance (NCQA), visit the NCQA website at www.ncqa.org.

⁶The Society of Thoracic Surgeons at www.sts.org and National Quality Forum, www.qualityforum.org.

⁷Optum, www.optum.com.

⁸American Academy of Neurology, <https://www.aan.com/practice/neuromuscular-quality-measures>, or quality@aan.com.

⁹College of American Pathologists (CAP), <https://www.cap.org/advocacy/quality-payment-program-for-pathologists/mips-for-pathologists/2023-pathology-quality-measures>.

¹⁰American Gastroenterological Association (AGA), www.gastro.org/quality.

¹¹American Society of Anesthesiologists (ASA), www.asahq.org.

¹²American College of Gastroenterology (ACG), www.gi.org; American Gastroenterological Association (AGA), www.gastro.org; and American Society for Gastrointestinal Endoscopy (ASGE), www.asge.org.

Epilepsy (EPI)		
Brief Description of Performance Measure & Source	CPT Category II Code(s)	Code Descriptor(s)
<p>Numerator: Patient visits with etiology of epilepsy or with epilepsy syndrome(s) reviewed and documented if known, or documented as unknown or cryptogenic</p> <p>Denominator: All visits for patients with a diagnosis of epilepsy</p> <p>Exclusion(s): None</p> <p>Percentage of patient visits for patients with a diagnosis of epilepsy who had etiology of epilepsy or epilepsy syndrome(s) reviewed and documented if known, or documented as unknown or cryptogenic</p> <p>Reporting Instructions: There are no performance exclusions for this measure; modifiers 1P, 2P and 3P may not be used.</p>		Etiology of epilepsy or epilepsy syndrome(s) reviewed and documented
<p>Electroencephalogram (EEG) ordered, reviewed or requested⁸</p> <p>Whether or not the patient with a diagnosis of epilepsy seen for an initial evaluation had at least one electroencephalogram (EEG) ordered or, if an EEG was performed previously, then results reviewed or requested</p>		

Footnotes

¹Physician Consortium for Performance Improvement®(PCPI) - For more information on measures developed by the Physician Consortium for Performance Improvement® (PCPI), see the appropriate Payor website.

²National Committee on Quality Assurance (NCQA), Health Employer Data Information Set (HEDIS®), www.ncqa.org

³The Joint Commission, <https://www.jointcommission.org>

⁴National Diabetes Quality Improvement Alliance (NDQIA) - For more information on measures developed by the National Diabetes Quality Improvement Alliance (NDQIA), see the appropriate Payor website.

⁵Joint measure from The Physician Consortium for Performance Improvement (PCPI), and National Committee on Quality Assurance (NCQA) - For more information on measures developed as joint measures from Physician Consortium for Performance Improvement and the National Committee on Quality Assurance (NCQA), visit the NCQA website at www.ncqa.org.

⁶The Society of Thoracic Surgeons at www.sts.org and National Quality Forum, www.qualityforum.org.

⁷Optum, www.optum.com.

⁸American Academy of Neurology, <https://www.aan.com/practice/neuromuscular-quality-measures>, or quality@aan.com.

⁹College of American Pathologists (CAP), <https://www.cap.org/advocacy/quality-payment-program-for-pathologists/mips-for-pathologists/2023-pathology-quality-measures>.

¹⁰American Gastroenterological Association (AGA), www.gastro.org/quality.

¹¹American Society of Anesthesiologists (ASA), www.asahq.org.

¹²American College of Gastroenterology (ACG), www.gi.org; American Gastroenterological Association (AGA), www.gastro.org; and American Society for Gastrointestinal Endoscopy (ASGE), www.asge.org.

Epilepsy (EPI)		
Brief Description of Performance Measure & Source	CPT Category II Code(s)	Code Descriptor(s)
<p>Numerator: Patients who had at least one electroencephalogram (EEG) ordered or, if an EEG was performed previously, then results reviewed or requested</p> <p>Denominator: All patients with a diagnosis of epilepsy seen for an initial evaluation</p> <p>Exclusion(s): Documentation of medical reason(s) for not ordering, reviewing results or requesting results of at least one EEG (eg patient has a serious skin condition that prevents EEG electrode adhesion); documentation of patient reason(s) for not ordering, reviewing results or requesting results of at least one EEG (eg patient refuses to cooperate); or documentation of system reason(s) for not ordering, reviewing results or requesting results of at least one EEG (eg no insurance or patient cannot pay)</p> <p>Percentage of patients with the diagnosis of epilepsy seen for an initial evaluation who had at least one EEG ordered or, if an EEG was performed previously, then results reviewed or requested</p> <p>Reporting Instructions: If this measure is reported on the same claim as an E/M service for “new patient” (99201-</p>	<p>3650F</p> <p>Denominator Codes</p> <p>1119F</p> <p>1121F</p>	<p>Electroencephalogram (EEG) ordered, reviewed or requested</p> <p>Initial Evaluation for condition</p> <p>Subsequent evaluation for condition</p>

Footnotes

¹Physician Consortium for Performance Improvement®(PCPI) - For more information on measures developed by the Physician Consortium for Performance Improvement® (PCPI), see the appropriate Payor website.

²National Committee on Quality Assurance (NCQA), Health Employer Data Information Set (HEDIS®), www.ncqa.org

³The Joint Commission, <https://www.jointcommission.org>

⁴National Diabetes Quality Improvement Alliance (NDQIA) - For more information on measures developed by the National Diabetes Quality Improvement Alliance (NDQIA), see the appropriate Payor website.

⁵Joint measure from The Physician Consortium for Performance Improvement (PCPI), and National Committee on Quality Assurance (NCQA) - For more information on measures developed as joint measures from Physician Consortium for Performance Improvement and the National Committee on Quality Assurance (NCQA), visit the NCQA website at www.ncqa.org.

⁶The Society of Thoracic Surgeons at www.sts.org and National Quality Forum, www.qualityforum.org.

⁷Optum, www.optum.com.

⁸American Academy of Neurology, <https://www.aan.com/practice/neuromuscular-quality-measures>, or quality@aan.com.

⁹College of American Pathologists (CAP), <https://www.cap.org/advocacy/quality-payment-program-for-pathologists/mips-for-pathologists/2023-pathology-quality-measures>.

¹⁰American Gastroenterological Association (AGA), www.gastro.org/quality.

¹¹American Society of Anesthesiologists (ASA), www.asahq.org.

¹²American College of Gastroenterology (ACG), www.gi.org; American Gastroenterological Association (AGA), www.gastro.org; and American Society for Gastrointestinal Endoscopy (ASGE), www.asge.org.

Epilepsy (EPI)		
Brief Description of Performance Measure & Source	CPT Category II Code(s)	Code Descriptor(s)
<p>99205), the denominator code (1119F or 1121F) does not need to be reported</p> <p>If reporting an established patient code or consultation code, (99212-99215 or 99241-99245), the reporting physician should use 1119F to report initial evaluation for condition or 1121F to denote a subsequent evaluation</p> <p>If EEG is ordered, reviewed or requested also report 3650F. For the patient with appropriate exclusion criteria report 3650F with modifier 1P, 2P or 3P.</p>		
<p>Magnetic Resonance Imaging/Computed Tomography Scan (MRI/CT Scan) Ordered, Reviewed or Requested⁸</p> <p>Whether or not the patient at initial evaluation with a diagnosis of epilepsy had a MRI or CT (MRI Preferred) ordered or, if obtained previously, then results reviewed or requested</p> <p>Numerator: Patients who had a MRI or CT (MRI Preferred) ordered or, if obtained previously, then results reviewed or requested</p> <p>Denominator: All patients at initial evaluation with a diagnosis of epilepsy</p>	<p>3324F</p> <p>Denominator Codes</p> <p>1119F</p>	<p>MRI or CT scan ordered, reviewed or requested.</p> <p>Initial evaluation for condition</p>

Footnotes

¹**Physician Consortium for Performance Improvement®(PCPI)** - For more information on measures developed by the Physician Consortium for Performance Improvement® (PCPI), see the appropriate Payor website.

²**National Committee on Quality Assurance (NCQA)**, Health Employer Data Information Set (HEDIS®), www.ncqa.org

³**The Joint Commission**, <https://www.jointcommission.org>

⁴**National Diabetes Quality Improvement Alliance (NDQIA)** - For more information on measures developed by the National Diabetes Quality Improvement Alliance (NDQIA), see the appropriate Payor website.

⁵Joint measure from **The Physician Consortium for Performance Improvement (PCPI)**, and **National Committee on Quality Assurance (NCQA)** - For more information on measures developed as joint measures from Physician Consortium for Performance Improvement and the National Committee on Quality Assurance (NCQA), visit the NCQA website at www.ncqa.org.

⁶**The Society of Thoracic Surgeons** at www.sts.org and **National Quality Forum**, www.qualityforum.org.

⁷**Optum**, www.optum.com.

⁸**American Academy of Neurology**, <https://www.aan.com/practice/neuromuscular-quality-measures>, or quality@aan.com.

⁹**College of American Pathologists (CAP)**, <https://www.cap.org/advocacy/quality-payment-program-for-pathologists/mips-for-pathologists/2023-pathology-quality-measures>.

¹⁰**American Gastroenterological Association (AGA)**, www.gastro.org/quality.

¹¹**American Society of Anesthesiologists (ASA)**, www.asahq.org.

¹²**American College of Gastroenterology (ACG)**, www.gi.org; **American Gastroenterological Association (AGA)**, www.gastro.org; and **American Society for Gastrointestinal Endoscopy (ASGE)**, www.asge.org.

Epilepsy (EPI)		
Brief Description of Performance Measure & Source	CPT Category II Code(s)	Code Descriptor(s)
<p>Exclusion(s): Documentation of medical reason(s) for not ordering, reviewing results or requesting results of a MRI or CT (eg diagnosis of an idiopathic epilepsy syndrome); documentation of patient reason(s) for not ordering, reviewing results or requesting results of a MRI or CT (eg patient refusal) ; or documentation of system reason(s) (for not ordering, reviewing results or requesting results of a MRI or CT (eg no insurance or patient unable to pay)</p> <p>Percentage of patients with the diagnosis of epilepsy seen for an initial evaluation who had a MRI or CT (MRI Preferred) ordered or, if obtained previously, then results reviewed or requested during the measurement period</p> <p>Reporting Instructions: If this measure is reported on the same claim as an E/M service for “new patient” (99201-99205), the denominator code (1119F or 1121F) does not need to be reported</p> <p>If reporting an established patient code or consultation code, (99212-99215 or 99241-99245), the reporting physician should use 1119F to report initial evaluation for condition or 1121F to denote a subsequent evaluation.</p>	1121F	Subsequent evaluation for condition

Footnotes

¹Physician Consortium for Performance Improvement®(PCPI) - For more information on measures developed by the Physician Consortium for Performance Improvement® (PCPI), see the appropriate Payor website.

²National Committee on Quality Assurance (NCQA), Health Employer Data Information Set (HEDIS®), www.ncqa.org

³The Joint Commission, <https://www.jointcommission.org>

⁴National Diabetes Quality Improvement Alliance (NDQIA) - For more information on measures developed by the National Diabetes Quality Improvement Alliance (NDQIA), see the appropriate Payor website.

⁵Joint measure from The Physician Consortium for Performance Improvement (PCPI), and National Committee on Quality Assurance (NCQA) - For more information on measures developed as joint measures from Physician Consortium for Performance Improvement and the National Committee on Quality Assurance (NCQA), visit the NCQA website at www.ncqa.org.

⁶The Society of Thoracic Surgeons at www.sts.org and National Quality Forum, www.qualityforum.org.

⁷Optum, www.optum.com.

⁸American Academy of Neurology, <https://www.aan.com/practice/neuromuscular-quality-measures>, or quality@aan.com.

⁹College of American Pathologists (CAP), <https://www.cap.org/advocacy/quality-payment-program-for-pathologists/mips-for-pathologists/2023-pathology-quality-measures>.

¹⁰American Gastroenterological Association (AGA), www.gastro.org/quality.

¹¹American Society of Anesthesiologists (ASA), www.asahq.org.

¹²American College of Gastroenterology (ACG), www.gi.org; American Gastroenterological Association (AGA), www.gastro.org; and American Society for Gastrointestinal Endoscopy (ASGE), www.asge.org.

Epilepsy (EPI)		
Brief Description of Performance Measure & Source	CPT Category II Code(s)	Code Descriptor(s)
If MRI or CT is ordered, reviewed or requested also report 3324F. For the patient with appropriate exclusion criteria report 3324F with modifier 1P, 2P or 3P.		
<p>Querying and Counseling about Anti-Epileptic Drug (AED) Side-Effects⁸</p> <p>Whether or not at the visit for the patient with a diagnosis of epilepsy the patient was queried and counseled about anti-epileptic drug (AED) side-effects and the counseling was documented in the medical record</p> <p>Numerator: Patient visits with patient queried and counseled about anti-epileptic drug (AED) side-effects and the counseling was documented in the medical record</p> <p>Denominator: All visits for patients with a diagnosis of epilepsy</p> <p>Exclusion(s): Documentation of medical reason(s) (eg for not querying and counseling patient about anti-epileptic drug (AED) side-effects (eg patient is NOT receiving an AED; patient is unable to communicate and no informant is available)</p>	6070F	Patient queried and counseled about anti-epileptic drug (AED) side effects

Footnotes

¹Physician Consortium for Performance Improvement®(PCPI) - For more information on measures developed by the Physician Consortium for Performance Improvement® (PCPI), see the appropriate Payor website.

²National Committee on Quality Assurance (NCQA), Health Employer Data Information Set (HEDIS®), www.ncqa.org

³The Joint Commission, <https://www.jointcommission.org>

⁴National Diabetes Quality Improvement Alliance (NDQIA) - For more information on measures developed by the National Diabetes Quality Improvement Alliance (NDQIA), see the appropriate Payor website.

⁵Joint measure from The Physician Consortium for Performance Improvement (PCPI), and National Committee on Quality Assurance (NCQA) - For more information on measures developed as joint measures from Physician Consortium for Performance Improvement and the National Committee on Quality Assurance (NCQA), visit the NCQA website at www.ncqa.org.

⁶The Society of Thoracic Surgeons at www.sts.org and National Quality Forum, www.qualityforum.org.

⁷Optum, www.optum.com.

⁸American Academy of Neurology, <https://www.aan.com/practice/neuromuscular-quality-measures>, or quality@aan.com.

⁹College of American Pathologists (CAP), <https://www.cap.org/advocacy/quality-payment-program-for-pathologists/mips-for-pathologists/2023-pathology-quality-measures>.

¹⁰American Gastroenterological Association (AGA), www.gastro.org/quality.

¹¹American Society of Anesthesiologists (ASA), www.asahq.org.

¹²American College of Gastroenterology (ACG), www.gi.org; American Gastroenterological Association (AGA), www.gastro.org; and American Society for Gastrointestinal Endoscopy (ASGE), www.asge.org.

Epilepsy (EPI)		
Brief Description of Performance Measure & Source	CPT Category II Code(s)	Code Descriptor(s)
<p>Percentage of patients with a diagnosis of epilepsy who were queried and counseled about anti-epileptic drug (AED) side-effects and the counseling was documented in the medical record for all visits during the measurement period</p> <p>Reporting Instructions: For the patient with appropriate exclusion criteria report 6070F with modifier 1P, including patients who are not taking an AED.</p>		
<p>Surgical Therapy Referral Consideration for Intractable Epilepsy⁸</p> <p>Whether or not the patient with a diagnosis of intractable epilepsy was considered for referral for a neurological evaluation of appropriateness for surgical therapy and the consideration was documented in the medical record within the past 3 years</p> <p>Numerator: Patients who were considered for referral for a neurological evaluation of appropriateness for surgical therapy and the consideration was documented in the medical record within the past 3 years</p> <p>Denominator: All patients with a diagnosis of intractable epilepsy</p>	5200F	Consideration of referral for a neurological evaluation of appropriateness for surgical therapy for intractable epilepsy within the past 3 years

Footnotes

¹Physician Consortium for Performance Improvement®(PCPI) - For more information on measures developed by the Physician Consortium for Performance Improvement® (PCPI), see the appropriate Payor website.

²National Committee on Quality Assurance (NCQA), Health Employer Data Information Set (HEDIS®), www.ncqa.org

³The Joint Commission, <https://www.jointcommission.org>

⁴National Diabetes Quality Improvement Alliance (NDQIA) - For more information on measures developed by the National Diabetes Quality Improvement Alliance (NDQIA), see the appropriate Payor website.

⁵Joint measure from The Physician Consortium for Performance Improvement (PCPI), and National Committee on Quality Assurance (NCQA) - For more information on measures developed as joint measures from Physician Consortium for Performance Improvement and the National Committee on Quality Assurance (NCQA), visit the NCQA website at www.ncqa.org.

⁶The Society of Thoracic Surgeons at www.sts.org and National Quality Forum, www.qualityforum.org.

⁷Optum, www.optum.com.

⁸American Academy of Neurology, <https://www.aan.com/practice/neuromuscular-quality-measures>, or quality@aan.com.

⁹College of American Pathologists (CAP), <https://www.cap.org/advocacy/quality-payment-program-for-pathologists/mips-for-pathologists/2023-pathology-quality-measures>.

¹⁰American Gastroenterological Association (AGA), www.gastro.org/quality.

¹¹American Society of Anesthesiologists (ASA), www.asahq.org.

¹²American College of Gastroenterology (ACG), www.gi.org; American Gastroenterological Association (AGA), www.gastro.org; and American Society for Gastrointestinal Endoscopy (ASGE), www.asge.org.

Epilepsy (EPI)		
Brief Description of Performance Measure & Source	CPT Category II Code(s)	Code Descriptor(s)
<p>Exclusion(s): None</p> <p>Percentage of patients with a diagnosis of intractable epilepsy who were considered for referral for a neurological evaluation of appropriateness for surgical therapy and the consideration was documented in the medical record within the past 3 years</p> <p>Reporting Instructions: There are no performance exclusions for this measure; modifiers 1P, 2P, and 3P may not be used.</p>		
<p>Counseling about Epilepsy Specific Safety Issues⁸</p> <p>Whether or not the patient with a diagnosis of epilepsy (or their caregiver(s)) was counseled about context-specific safety issues, appropriate to the patient's age, seizure type(s) and frequency(ies), occupation and leisure activities, etc. (such as injury prevention, burns, appropriate driving restrictions or bathing) at least once a year</p> <p>Numerator: Patients (or their caregiver[s]) counseled about context-specific safety issues, appropriate to the patient's age, seizure type(s) and frequency(ies), occupation and leisure activities, etc. (such as injury prevention, burns, appropriate</p>	4330F	Counseling about epilepsy specific safety issues provided to patient (or caregiver(s))

Footnotes

¹Physician Consortium for Performance Improvement®(PCPI) - For more information on measures developed by the Physician Consortium for Performance Improvement® (PCPI), see the appropriate Payor website.

²National Committee on Quality Assurance (NCQA), Health Employer Data Information Set (HEDIS®), www.ncqa.org

³The Joint Commission, <https://www.jointcommission.org>

⁴National Diabetes Quality Improvement Alliance (NDQIA) - For more information on measures developed by the National Diabetes Quality Improvement Alliance (NDQIA), see the appropriate Payor website.

⁵Joint measure from The Physician Consortium for Performance Improvement (PCPI), and National Committee on Quality Assurance (NCQA) - For more information on measures developed as joint measures from Physician Consortium for Performance Improvement and the National Committee on Quality Assurance (NCQA), visit the NCQA website at www.ncqa.org.

⁶The Society of Thoracic Surgeons at www.sts.org and National Quality Forum, www.qualityforum.org.

⁷Optum, www.optum.com.

⁸American Academy of Neurology, <https://www.aan.com/practice/neuromuscular-quality-measures>, or quality@aan.com.

⁹College of American Pathologists (CAP), <https://www.cap.org/advocacy/quality-payment-program-for-pathologists/mips-for-pathologists/2023-pathology-quality-measures>.

¹⁰American Gastroenterological Association (AGA), www.gastro.org/quality.

¹¹American Society of Anesthesiologists (ASA), www.asahq.org.

¹²American College of Gastroenterology (ACG), www.gi.org; American Gastroenterological Association (AGA), www.gastro.org; and American Society for Gastrointestinal Endoscopy (ASGE), www.asge.org.

Epilepsy (EPI)		
Brief Description of Performance Measure & Source	CPT Category II Code(s)	Code Descriptor(s)
<p>driving restrictions or bathing) at least once a year and counseling documented in the medical record</p> <p>Denominator: All patients with a diagnosis of epilepsy</p> <p>Exclusion(s): Documentation of system reason for not counseling about context-specific safety issues (ie, caregiver is not available for the patient who is unable to comprehend counseling about safety issues)</p> <p>Percentage of patients with a diagnosis of epilepsy (or their caregiver(s)) who were counseled about context-specific safety issues, appropriate to the patient's age, seizure type(s) and frequency(ies), occupation and leisure activities, etc. (eg injury prevention, burns, appropriate driving restrictions or bathing) at least once a year and documented in the medical record during the measurement period.</p> <p>Reporting Instructions: For the patient with appropriate exclusion criteria, report code 4330F with modifier 3P.</p>		
<p>Counseling for Women of Childbearing Potential with Epilepsy⁸</p> <p>Whether or not a female of childbearing potential (12-44 years old) with a diagnosis of epilepsy was counseled about how</p>		

Footnotes

¹Physician Consortium for Performance Improvement®(PCPI) - For more information on measures developed by the Physician Consortium for Performance Improvement® (PCPI), see the appropriate Payor website.

²National Committee on Quality Assurance (NCQA), Health Employer Data Information Set (HEDIS®), www.ncqa.org

³The Joint Commission, <https://www.jointcommission.org>

⁴National Diabetes Quality Improvement Alliance (NDQIA) - For more information on measures developed by the National Diabetes Quality Improvement Alliance (NDQIA), see the appropriate Payor website.

⁵Joint measure from The Physician Consortium for Performance Improvement (PCPI), and National Committee on Quality Assurance (NCQA) - For more information on measures developed as joint measures from Physician Consortium for Performance Improvement and the National Committee on Quality Assurance (NCQA), visit the NCQA website at www.ncqa.org.

⁶The Society of Thoracic Surgeons at www.sts.org and National Quality Forum, www.qualityforum.org.

⁷Optum, www.optum.com.

⁸American Academy of Neurology, <https://www.aan.com/practice/neuromuscular-quality-measures>, or quality@aan.com.

⁹College of American Pathologists (CAP), <https://www.cap.org/advocacy/quality-payment-program-for-pathologists/mips-for-pathologists/2023-pathology-quality-measures>.

¹⁰American Gastroenterological Association (AGA), www.gastro.org/quality.

¹¹American Society of Anesthesiologists (ASA), www.asahq.org.

¹²American College of Gastroenterology (ACG), www.gi.org; American Gastroenterological Association (AGA), www.gastro.org; and American Society for Gastrointestinal Endoscopy (ASGE), www.asge.org.

Epilepsy (EPI)		
Brief Description of Performance Measure & Source	CPT Category II Code(s)	Code Descriptor(s)
<p>epilepsy and its treatment may affect contraception and pregnancy and the counseling was documented in the medical record.</p> <p>Numerator: Female patients counseled about how epilepsy and its treatment may affect contraception and pregnancy and the counseling was documented in the medical record at least once a year</p> <p>Denominator: All females of childbearing potential (12-44 years old) with a diagnosis of epilepsy</p> <p>Exclusion(s): Documentation of medical reason(s) for not counseling female patient of childbearing age (12-44 years old) about how epilepsy and its treatment may affect contraception and pregnancy. (eg patient is surgically sterile)</p> <p>Percentage of female patients of childbearing potential (12-44 years old) with a diagnosis of epilepsy who were counseled about how epilepsy and its treatment may affect contraception and pregnancy and the counseling was documented in the medical record during the measurement period.</p> <p>Reporting Instructions: For the patient with appropriate exclusion criteria report 4340F with modifier 1P.</p>	4340F	Counseling for women of childbearing potential with epilepsy

Footnotes

¹Physician Consortium for Performance Improvement®(PCPI) - For more information on measures developed by the Physician Consortium for Performance Improvement® (PCPI), see the appropriate Payor website.

²National Committee on Quality Assurance (NCQA), Health Employer Data Information Set (HEDIS®), www.ncqa.org

³The Joint Commission, <https://www.jointcommission.org>

⁴National Diabetes Quality Improvement Alliance (NDQIA) - For more information on measures developed by the National Diabetes Quality Improvement Alliance (NDQIA), see the appropriate Payor website.

⁵Joint measure from The Physician Consortium for Performance Improvement (PCPI), and National Committee on Quality Assurance (NCQA) - For more information on measures developed as joint measures from Physician Consortium for Performance Improvement and the National Committee on Quality Assurance (NCQA), visit the NCQA website at www.ncqa.org.

⁶The Society of Thoracic Surgeons at www.sts.org and National Quality Forum, www.qualityforum.org.

⁷Optum, www.optum.com.

⁸American Academy of Neurology, <https://www.aan.com/practice/neuromuscular-quality-measures>, or quality@aan.com.

⁹College of American Pathologists (CAP), <https://www.cap.org/advocacy/quality-payment-program-for-pathologists/mips-for-pathologists/2023-pathology-quality-measures>.

¹⁰American Gastroenterological Association (AGA), www.gastro.org/quality.

¹¹American Society of Anesthesiologists (ASA), www.asahq.org.

¹²American College of Gastroenterology (ACG), www.gi.org; American Gastroenterological Association (AGA), www.gastro.org; and American Society for Gastrointestinal Endoscopy (ASGE), www.asge.org.

Eye Care (EC)		
Brief Description of Performance Measure & Source	CPT Category II Code(s)	Code Descriptor(s)
<p>Primary Open-Angle Glaucoma: Optic Nerve Evaluation⁵</p> <p>Whether or not the patient aged 18 years and older with a diagnosis of primary open-angle glaucoma had an optic nerve head evaluation during one or more office visits within 12 months</p> <p>Numerator: Patients who have an optic nerve head evaluation during one or more office visits within 12 months</p> <p>Denominator: All patients aged 18 years and older with a diagnosis of primary open-angle glaucoma</p> <p>Exclusion(s): Documentation of medical reason(s) for not performing an optic nerve head evaluation</p> <p>Percentage of patients aged 18 years and older with a diagnosis of primary open-angle glaucoma who have an optic nerve head evaluation during one or more office visits within 12 months</p> <p>Reporting Instructions:</p>	2027F	Optic nerve head evaluation performed

Footnotes

¹Physician Consortium for Performance Improvement®(PCPI) - For more information on measures developed by the Physician Consortium for Performance Improvement® (PCPI), see the appropriate Payor website.

²National Committee on Quality Assurance (NCQA), Health Employer Data Information Set (HEDIS®), www.ncqa.org

³The Joint Commission, <https://www.jointcommission.org>

⁴National Diabetes Quality Improvement Alliance (NDQIA) - For more information on measures developed by the National Diabetes Quality Improvement Alliance (NDQIA), see the appropriate Payor website.

⁵Joint measure from The Physician Consortium for Performance Improvement (PCPI), and National Committee on Quality Assurance (NCQA) - For more information on measures developed as joint measures from Physician Consortium for Performance Improvement and the National Committee on Quality Assurance (NCQA), visit the NCQA website at www.ncqa.org.

⁶The Society of Thoracic Surgeons at www.sts.org and National Quality Forum, www.qualityforum.org.

⁷Optum, www.optum.com.

⁸American Academy of Neurology, <https://www.aan.com/practice/neuromuscular-quality-measures>, or quality@aan.com.

⁹College of American Pathologists (CAP), <https://www.cap.org/advocacy/quality-payment-program-for-pathologists/mips-for-pathologists/2023-pathology-quality-measures>.

¹⁰American Gastroenterological Association (AGA), www.gastro.org/quality.

¹¹American Society of Anesthesiologists (ASA), www.asahq.org.

¹²American College of Gastroenterology (ACG), www.gi.org; American Gastroenterological Association (AGA), www.gastro.org; and American Society for Gastrointestinal Endoscopy (ASGE), www.asge.org.

Eye Care (EC)		
Brief Description of Performance Measure & Source	CPT Category II Code(s)	Code Descriptor(s)
<p>For patients with appropriate exclusion criteria, report 2027F with modifier 1P.</p> <p>Modifier 1P may also be used if physician is asked to report on this measure but is not the physician providing the primary management of primary open angle glaucoma.</p>		
<p>Primary Open-Angle Glaucoma: Reduction of Intraocular Pressure (IOP) by 15% OR Documentation of a Plan of Care⁵</p> <p>Whether or not the patient aged 18 years and older with a diagnosis of primary open-angle glaucoma whose glaucoma treatment has not failed (the most recent IOP was reduced by at least 15% from the pre-intervention level) OR if the most recent IOP was not reduced by at least 15% from the pre-intervention level a plan of care was documented within 12 months</p> <p>Numerator: Patients whose glaucoma treatment has not failed (the most recent IOP was reduced by at least 15% from the pre-intervention level) OR if the most recent IOP was not</p>	<p>0517F</p> <p>3284F</p> <p>3285F</p>	<p>Glaucoma plan of care documented</p> <p>Intraocular pressure (IOP) reduced by a value of greater than or equal to 15% from the pre-intervention level</p> <p>Intraocular pressure (IOP) reduced by a value less than 15% from the pre-intervention level</p>

Footnotes

¹Physician Consortium for Performance Improvement®(PCPI) - For more information on measures developed by the Physician Consortium for Performance Improvement® (PCPI), see the appropriate Payor website.

²National Committee on Quality Assurance (NCQA), Health Employer Data Information Set (HEDIS®), www.ncqa.org

³The Joint Commission, <https://www.jointcommission.org>

⁴National Diabetes Quality Improvement Alliance (NDQIA) - For more information on measures developed by the National Diabetes Quality Improvement Alliance (NDQIA), see the appropriate Payor website.

⁵Joint measure from The Physician Consortium for Performance Improvement (PCPI), and National Committee on Quality Assurance (NCQA) - For more information on measures developed as joint measures from Physician Consortium for Performance Improvement and the National Committee on Quality Assurance (NCQA), visit the NCQA website at www.ncqa.org.

⁶The Society of Thoracic Surgeons at www.sts.org and National Quality Forum, www.qualityforum.org.

⁷Optum, www.optum.com.

⁸American Academy of Neurology, <https://www.aan.com/practice/neuromuscular-quality-measures>, or quality@aan.com.

⁹College of American Pathologists (CAP), <https://www.cap.org/advocacy/quality-payment-program-for-pathologists/mips-for-pathologists/2023-pathology-quality-measures>.

¹⁰American Gastroenterological Association (AGA), www.gastro.org/quality.

¹¹American Society of Anesthesiologists (ASA), www.asahq.org.

¹²American College of Gastroenterology (ACG), www.gi.org; American Gastroenterological Association (AGA), www.gastro.org; and American Society for Gastrointestinal Endoscopy (ASGE), www.asge.org.

Eye Care (EC)		
Brief Description of Performance Measure & Source	CPT Category II Code(s)	Code Descriptor(s)
<p>reduced by at least 15% from the pre-intervention level a plan of care was documented within 12 months</p> <p>Plan of care may include: recheck of IOP at specified time, change in therapy, perform additional diagnostic evaluations, monitoring per patient decisions or unable to achieve due to health system reasons, and/or referral to a specialist</p> <p>Denominator: All patients aged 18 years and older with a diagnosis of primary open-angle glaucoma</p> <p>Exclusion(s): Documentation of system reason(s) for not reducing the IOP by at least 15% from the pre-intervention level or documenting a plan of care</p> <p>Percentage of patients aged 18 years and older with a diagnosis of primary open-angle glaucoma whose glaucoma treatment has not failed (the most recent IOP was reduced by at least 15% from the pre-intervention level) OR if the most recent IOP was not reduced by at least 15% from the pre-intervention level a plan of care was documented within 12 months</p>		

Footnotes

¹Physician Consortium for Performance Improvement®(PCPI) - For more information on measures developed by the Physician Consortium for Performance Improvement® (PCPI), see the appropriate Payor website.

²National Committee on Quality Assurance (NCQA), Health Employer Data Information Set (HEDIS®), www.ncqa.org

³The Joint Commission, <https://www.jointcommission.org>

⁴National Diabetes Quality Improvement Alliance (NDQIA) - For more information on measures developed by the National Diabetes Quality Improvement Alliance (NDQIA), see the appropriate Payor website.

⁵Joint measure from The Physician Consortium for Performance Improvement (PCPI), and National Committee on Quality Assurance (NCQA) - For more information on measures developed as joint measures from Physician Consortium for Performance Improvement and the National Committee on Quality Assurance (NCQA), visit the NCQA website at www.ncqa.org.

⁶The Society of Thoracic Surgeons at www.sts.org and National Quality Forum, www.qualityforum.org.

⁷Optum, www.optum.com.

⁸American Academy of Neurology, <https://www.aan.com/practice/neuromuscular-quality-measures>, or quality@aan.com.

⁹College of American Pathologists (CAP), <https://www.cap.org/advocacy/quality-payment-program-for-pathologists/mips-for-pathologists/2023-pathology-quality-measures>.

¹⁰American Gastroenterological Association (AGA), www.gastro.org/quality.

¹¹American Society of Anesthesiologists (ASA), www.asahq.org.

¹²American College of Gastroenterology (ACG), www.gi.org; American Gastroenterological Association (AGA), www.gastro.org; and American Society for Gastrointestinal Endoscopy (ASGE), www.asge.org.

Eye Care (EC)		
Brief Description of Performance Measure & Source	CPT Category II Code(s)	Code Descriptor(s)
<p>Reporting Instructions: Report 3284F or 3285F for each patient. If Intraocular pressure (IOP) is reduced by a value less than 15% from the pre-intervention level and there is a plan of care documented, also report 0517F.</p> <p>For patient with appropriate exclusion criteria, report 0517F with modifier 3P. The system reason exclusion may be used if a physician is asked to report on this measure but is not the ophthalmologist or optometrist providing the primary management for primary open-angle glaucoma.</p>		
<p>Age-Related Eye Disease Study (AREDS): AREDS Formulation Prescribed/Recommended⁵</p> <p>Whether or not the patient aged 50 years and older with a diagnosis of age-related macular degeneration had the AREDS formulation prescribed/recommended within 12 months</p> <p>Numerator:</p> <p>Patients who had the AREDS formulation prescribed/recommended within 12 months</p>	4007F	Age-Related Eye Disease Study (AREDS) formulation prescribed or recommended

Footnotes

¹Physician Consortium for Performance Improvement®(PCPI) - For more information on measures developed by the Physician Consortium for Performance Improvement® (PCPI), see the appropriate Payor website.

²National Committee on Quality Assurance (NCQA), Health Employer Data Information Set (HEDIS®), www.ncqa.org

³The Joint Commission, <https://www.jointcommission.org>

⁴National Diabetes Quality Improvement Alliance (NDQIA) - For more information on measures developed by the National Diabetes Quality Improvement Alliance (NDQIA), see the appropriate Payor website.

⁵Joint measure from The Physician Consortium for Performance Improvement (PCPI), and National Committee on Quality Assurance (NCQA) - For more information on measures developed as joint measures from Physician Consortium for Performance Improvement and the National Committee on Quality Assurance (NCQA), visit the NCQA website at www.ncqa.org.

⁶The Society of Thoracic Surgeons at www.sts.org and National Quality Forum, www.qualityforum.org.

⁷Optum, www.optum.com.

⁸American Academy of Neurology, <https://www.aan.com/practice/neuromuscular-quality-measures>, or quality@aan.com.

⁹College of American Pathologists (CAP), <https://www.cap.org/advocacy/quality-payment-program-for-pathologists/mips-for-pathologists/2023-pathology-quality-measures>.

¹⁰American Gastroenterological Association (AGA), www.gastro.org/quality.

¹¹American Society of Anesthesiologists (ASA), www.asahq.org.

¹²American College of Gastroenterology (ACG), www.gi.org; American Gastroenterological Association (AGA), www.gastro.org; and American Society for Gastrointestinal Endoscopy (ASGE), www.asge.org.

Eye Care (EC)		
Brief Description of Performance Measure & Source	CPT Category II Code(s)	Code Descriptor(s)
<p>Denominator: All patients aged 50 years and older with a diagnosis of age-related macular degeneration</p> <p>Exclusion(s): Documentation of medical reason(s) for not prescribing/recommending antioxidant vitamin or mineral supplements the AREDS formulation (eg, mild AMD, patient smokes, patient does not meet criteria for antioxidant vitamin or mineral supplements as outlined in the Age-Related Eye Disease Study)</p> <p>Percentage of patients aged 50 years and older with a diagnosis of age-related macular degeneration who had the AREDS formulation prescribed/recommended within 12 months</p> <p>Reporting Instructions: For patients with appropriate exclusion criteria, report 4007F with modifier 1P. Report 4007F with 1P modifier for patient with mild AMD. Modifier 1P may be used if physician is asked to report on this measure but is not the physician providing the primary management of AMD.</p>		

Footnotes

¹Physician Consortium for Performance Improvement®(PCPI) - For more information on measures developed by the Physician Consortium for Performance Improvement® (PCPI), see the appropriate Payor website.

²National Committee on Quality Assurance (NCQA), Health Employer Data Information Set (HEDIS®), www.ncqa.org

³The Joint Commission, <https://www.jointcommission.org>

⁴National Diabetes Quality Improvement Alliance (NDQIA) - For more information on measures developed by the National Diabetes Quality Improvement Alliance (NDQIA), see the appropriate Payor website.

⁵Joint measure from The Physician Consortium for Performance Improvement (PCPI), and National Committee on Quality Assurance (NCQA) - For more information on measures developed as joint measures from Physician Consortium for Performance Improvement and the National Committee on Quality Assurance (NCQA), visit the NCQA website at www.ncqa.org.

⁶The Society of Thoracic Surgeons at www.sts.org and National Quality Forum, www.qualityforum.org.

⁷Optum, www.optum.com.

⁸American Academy of Neurology, <https://www.aan.com/practice/neuromuscular-quality-measures>, or quality@aan.com.

⁹College of American Pathologists (CAP), <https://www.cap.org/advocacy/quality-payment-program-for-pathologists/mips-for-pathologists/2023-pathology-quality-measures>.

¹⁰American Gastroenterological Association (AGA), www.gastro.org/quality.

¹¹American Society of Anesthesiologists (ASA), www.asahq.org.

¹²American College of Gastroenterology (ACG), www.gi.org; American Gastroenterological Association (AGA), www.gastro.org; and American Society for Gastrointestinal Endoscopy (ASGE), www.asge.org.

Eye Care (EC)		
Brief Description of Performance Measure & Source	CPT Category II Code(s)	Code Descriptor(s)
<p>Age-Related Macular Degeneration: Dilated Macular Examination⁵</p> <p>Whether or not the patient aged 50 years and older with a diagnosis of age-related macular degeneration had a dilated macular examination performed which included documentation of the presence or absence of macular thickening or hemorrhage AND the level of macular degeneration severity during one or more office visits within 12 months</p> <p>Numerator: Patients who had a dilated macular examination performed which included documentation of the presence or absence of macular thickening or hemorrhage AND the level of macular degeneration severity during one or more office visits within 12 months</p> <p>Denominator: All patients aged 50 years and older with a diagnosis of age-related macular degeneration</p> <p>Exclusion(s): Documentation of medical or patient reason(s) for not performing a dilated macular examination</p> <p>Percentage of patients aged 50 years and older with a diagnosis of age-related macular degeneration who had a dilated macular examination performed which included</p>	2019F	Dilated macular exam performed, including documentation of the presence or absence of macular thickening or hemorrhage AND the level of macular degeneration severity

Footnotes

¹Physician Consortium for Performance Improvement®(PCPI) - For more information on measures developed by the Physician Consortium for Performance Improvement® (PCPI), see the appropriate Payor website.

²National Committee on Quality Assurance (NCQA), Health Employer Data Information Set (HEDIS®), www.ncqa.org

³The Joint Commission, <https://www.jointcommission.org>

⁴National Diabetes Quality Improvement Alliance (NDQIA) - For more information on measures developed by the National Diabetes Quality Improvement Alliance (NDQIA), see the appropriate Payor website.

⁵Joint measure from The Physician Consortium for Performance Improvement (PCPI), and National Committee on Quality Assurance (NCQA) - For more information on measures developed as joint measures from Physician Consortium for Performance Improvement and the National Committee on Quality Assurance (NCQA), visit the NCQA website at www.ncqa.org.

⁶The Society of Thoracic Surgeons at www.sts.org and National Quality Forum, www.qualityforum.org.

⁷Optum, www.optum.com.

⁸American Academy of Neurology, <https://www.aan.com/practice/neuromuscular-quality-measures>, or quality@aan.com.

⁹College of American Pathologists (CAP), <https://www.cap.org/advocacy/quality-payment-program-for-pathologists/mips-for-pathologists/2023-pathology-quality-measures>.

¹⁰American Gastroenterological Association (AGA), www.gastro.org/quality.

¹¹American Society of Anesthesiologists (ASA), www.asahq.org.

¹²American College of Gastroenterology (ACG), www.gi.org; American Gastroenterological Association (AGA), www.gastro.org; and American Society for Gastrointestinal Endoscopy (ASGE), www.asge.org.

Eye Care (EC)		
Brief Description of Performance Measure & Source	CPT Category II Code(s)	Code Descriptor(s)
<p>documentation of the presence or absence of macular thickening or hemorrhage AND the level of macular degeneration severity during one or more office visits within 12 months</p> <p>Reporting Instructions:</p> <p>For patient with appropriate exclusion criteria, report 2019F with modifier 1P or 2P.</p> <p>Modifier 1P may also be used if physician is asked to report on this measure but is not the physician providing the primary management of AMD.</p>		
<p>Cataracts: Assessment of Visual Functional Status⁵</p> <p>Whether or not the patient aged 18 years and older with a diagnosis of cataract(s) was assessed for visual functional status during one or more office visits within 12 months</p> <p>Numerator: Patients who were assessed for visual functional status during one or more office visits within 12 months</p> <p>Medical record must include:</p> <p>Documentation that patient is operating well with vision or not operating well with vision based on discussion with the patient</p>	1055F	Visual functional status assessed

Footnotes

¹Physician Consortium for Performance Improvement®(PCPI) - For more information on measures developed by the Physician Consortium for Performance Improvement® (PCPI), see the appropriate Payor website.

²National Committee on Quality Assurance (NCQA), Health Employer Data Information Set (HEDIS®), www.ncqa.org

³The Joint Commission, <https://www.jointcommission.org>

⁴National Diabetes Quality Improvement Alliance (NDQIA) - For more information on measures developed by the National Diabetes Quality Improvement Alliance (NDQIA), see the appropriate Payor website.

⁵Joint measure from The Physician Consortium for Performance Improvement (PCPI), and National Committee on Quality Assurance (NCQA) - For more information on measures developed as joint measures from Physician Consortium for Performance Improvement and the National Committee on Quality Assurance (NCQA), visit the NCQA website at www.ncqa.org.

⁶The Society of Thoracic Surgeons at www.sts.org and National Quality Forum, www.qualityforum.org.

⁷Optum, www.optum.com.

⁸American Academy of Neurology, <https://www.aan.com/practice/neuromuscular-quality-measures>, or quality@aan.com.

⁹College of American Pathologists (CAP), <https://www.cap.org/advocacy/quality-payment-program-for-pathologists/mips-for-pathologists/2023-pathology-quality-measures>.

¹⁰American Gastroenterological Association (AGA), www.gastro.org/quality.

¹¹American Society of Anesthesiologists (ASA), www.asahq.org.

¹²American College of Gastroenterology (ACG), www.gi.org; American Gastroenterological Association (AGA), www.gastro.org; and American Society for Gastrointestinal Endoscopy (ASGE), www.asge.org.

Eye Care (EC)		
Brief Description of Performance Measure & Source	CPT Category II Code(s)	Code Descriptor(s)
<p>OR</p> <p>Documentation of use of a standardized scale or completion of an assessment questionnaire [eg, VF-14, ADVS (Activities of Daily Vision Scale), or VFQ (Visual Function Questionnaire)]</p> <p>Denominator: All patients aged 18 years and older with a diagnosis of cataract(s)</p> <p>Exclusion(s): Documentation of medical reason(s) for not assessing for visual functional status</p> <p>Percentage of patients aged 18 years and older with a diagnosis of cataract(s) who were assessed for visual functional status during one or more office visits within 12 months</p> <p>Reporting Instructions:</p> <p>For patient with appropriate exclusion criteria, report 1055F with modifier 1P.</p> <p>Modifier 1P may be used if physician is asked to report on this measure but is not the physician providing the primary management for cataract(s).</p>		

Footnotes

¹Physician Consortium for Performance Improvement®(PCPI) - For more information on measures developed by the Physician Consortium for Performance Improvement® (PCPI), see the appropriate Payor website.

²National Committee on Quality Assurance (NCQA), Health Employer Data Information Set (HEDIS®), www.ncqa.org

³The Joint Commission, <https://www.jointcommission.org>

⁴National Diabetes Quality Improvement Alliance (NDQIA) - For more information on measures developed by the National Diabetes Quality Improvement Alliance (NDQIA), see the appropriate Payor website.

⁵Joint measure from The Physician Consortium for Performance Improvement (PCPI), and National Committee on Quality Assurance (NCQA) - For more information on measures developed as joint measures from Physician Consortium for Performance Improvement and the National Committee on Quality Assurance (NCQA), visit the NCQA website at www.ncqa.org.

⁶The Society of Thoracic Surgeons at www.sts.org and National Quality Forum, www.qualityforum.org.

⁷Optum, www.optum.com.

⁸American Academy of Neurology, <https://www.aan.com/practice/neuromuscular-quality-measures>, or quality@aan.com.

⁹College of American Pathologists (CAP), <https://www.cap.org/advocacy/quality-payment-program-for-pathologists/mips-for-pathologists/2023-pathology-quality-measures>.

¹⁰American Gastroenterological Association (AGA), www.gastro.org/quality.

¹¹American Society of Anesthesiologists (ASA), www.asahq.org.

¹²American College of Gastroenterology (ACG), www.gi.org; American Gastroenterological Association (AGA), www.gastro.org; and American Society for Gastrointestinal Endoscopy (ASGE), www.asge.org.

Eye Care (EC)		
Brief Description of Performance Measure & Source	CPT Category II Code(s)	Code Descriptor(s)
<p>Cataracts: Documentation of Pre-Surgical Axial Length, Corneal Power Measurement and Method of Intraocular Lens Power Calculation⁵</p> <p>Whether or not the patient aged 18 years and older who had cataract surgery had documentation of pre-surgical axial length, corneal power measurement and method of intraocular lens power calculation performed and documented within six months prior to the procedure</p> <p>Numerator: Patients who had the pre-surgical axial length, corneal power measurement and method of intraocular lens power calculation performed and documented within six months prior to the procedure</p> <p>Denominator: All patients aged 18 years and older who had cataract surgery</p> <p>Exclusion(s): Documentation of medical reason(s) for not performing the pre-surgical axial length, corneal power measurement and method of intraocular lens power calculation</p> <p>Percentage of patients aged 18 years and older who had cataract surgery who had documentation of pre-surgical axial length, corneal power measurement and method of intraocular</p>	3073F	Pre-surgical (cataract) axial length, corneal power measurement and method of intraocular lens power calculation documented (must be performed within 12 months prior to surgery)

Footnotes

¹Physician Consortium for Performance Improvement®(PCPI) - For more information on measures developed by the Physician Consortium for Performance Improvement® (PCPI), see the appropriate Payor website.

²National Committee on Quality Assurance (NCQA), Health Employer Data Information Set (HEDIS®), www.ncqa.org

³The Joint Commission, <https://www.jointcommission.org>

⁴National Diabetes Quality Improvement Alliance (NDQIA) - For more information on measures developed by the National Diabetes Quality Improvement Alliance (NDQIA), see the appropriate Payor website.

⁵Joint measure from The Physician Consortium for Performance Improvement (PCPI), and National Committee on Quality Assurance (NCQA) - For more information on measures developed as joint measures from Physician Consortium for Performance Improvement and the National Committee on Quality Assurance (NCQA), visit the NCQA website at www.ncqa.org.

⁶The Society of Thoracic Surgeons at www.sts.org and National Quality Forum, www.qualityforum.org.

⁷Optum, www.optum.com.

⁸American Academy of Neurology, <https://www.aan.com/practice/neuromuscular-quality-measures>, or quality@aan.com.

⁹College of American Pathologists (CAP), <https://www.cap.org/advocacy/quality-payment-program-for-pathologists/mips-for-pathologists/2023-pathology-quality-measures>.

¹⁰American Gastroenterological Association (AGA), www.gastro.org/quality.

¹¹American Society of Anesthesiologists (ASA), www.asahq.org.

¹²American College of Gastroenterology (ACG), www.gi.org; American Gastroenterological Association (AGA), www.gastro.org; and American Society for Gastrointestinal Endoscopy (ASGE), www.asge.org.

Eye Care (EC)		
Brief Description of Performance Measure & Source	CPT Category II Code(s)	Code Descriptor(s)
<p>lens power calculation performed and documented within six months prior to the procedure</p> <p>Reporting Instructions: For patients with appropriate exclusion criteria, report 3073F with modifier 1P.</p>		
<p>Diabetic Retinopathy: Documentation of Presence or Absence of Macular Edema and Level of Severity of Retinopathy⁵</p> <p>Whether or not the patient aged 18 years and older with a diagnosis of diabetic retinopathy had a dilated macular or fundus exam performed which included documentation of the level of severity of retinopathy AND the presence or absence of macular edema during one or more office visits within 12 months</p> <p>Numerator: Patients who had a dilated macular or fundus exam performed which included documentation of the level of severity of retinopathy AND the presence or absence of macular edema during one or more office visits within 12 months</p> <p>Medical record must include: Documentation of the level of severity of retinopathy (eg background diabetic retinopathy,</p>	2021F	Dilated macular or fundus exam performed, including documentation of the presence or absence of macular edema AND level of severity of retinopathy

Footnotes

¹Physician Consortium for Performance Improvement®(PCPI) - For more information on measures developed by the Physician Consortium for Performance Improvement® (PCPI), see the appropriate Payor website.

²National Committee on Quality Assurance (NCQA), Health Employer Data Information Set (HEDIS®), www.ncqa.org

³The Joint Commission, <https://www.jointcommission.org>

⁴National Diabetes Quality Improvement Alliance (NDQIA) - For more information on measures developed by the National Diabetes Quality Improvement Alliance (NDQIA), see the appropriate Payor website.

⁵Joint measure from The Physician Consortium for Performance Improvement (PCPI), and National Committee on Quality Assurance (NCQA) - For more information on measures developed as joint measures from Physician Consortium for Performance Improvement and the National Committee on Quality Assurance (NCQA), visit the NCQA website at www.ncqa.org.

⁶The Society of Thoracic Surgeons at www.sts.org and National Quality Forum, www.qualityforum.org.

⁷Optum, www.optum.com.

⁸American Academy of Neurology, <https://www.aan.com/practice/neuromuscular-quality-measures>, or quality@aan.com.

⁹College of American Pathologists (CAP), <https://www.cap.org/advocacy/quality-payment-program-for-pathologists/mips-for-pathologists/2023-pathology-quality-measures>.

¹⁰American Gastroenterological Association (AGA), www.gastro.org/quality.

¹¹American Society of Anesthesiologists (ASA), www.asahq.org.

¹²American College of Gastroenterology (ACG), www.gi.org; American Gastroenterological Association (AGA), www.gastro.org; and American Society for Gastrointestinal Endoscopy (ASGE), www.asge.org.

Eye Care (EC)		
Brief Description of Performance Measure & Source	CPT Category II Code(s)	Code Descriptor(s)
<p>proliferative diabetic retinopathy, nonproliferative diabetic retinopathy)</p> <p>AND</p> <p>Documentation of whether macular edema was present or absent</p> <p>Denominator: All patients aged 18 years and older with a diagnosis of diabetic retinopathy</p> <p>Exclusion(s): Documentation of medical or patient reason(s) for not receiving a dilated macular or fundus examination</p> <p>Percentage of patients aged 18 years and older with a diagnosis of diabetic retinopathy who had a dilated macular or fundus exam performed which included documentation of the level of severity of retinopathy AND the presence or absence of macular edema during one or more office visits within 12 months</p> <p>Reporting Instructions:</p> <p>For patients with appropriate exclusion criteria, report 2021F with modifier 1P or 2P.</p>		

Footnotes

¹Physician Consortium for Performance Improvement®(PCPI) - For more information on measures developed by the Physician Consortium for Performance Improvement® (PCPI), see the appropriate Payor website.

²National Committee on Quality Assurance (NCQA), Health Employer Data Information Set (HEDIS®), www.ncqa.org

³The Joint Commission, <https://www.jointcommission.org>

⁴National Diabetes Quality Improvement Alliance (NDQIA) - For more information on measures developed by the National Diabetes Quality Improvement Alliance (NDQIA), see the appropriate Payor website.

⁵Joint measure from The Physician Consortium for Performance Improvement (PCPI), and National Committee on Quality Assurance (NCQA) - For more information on measures developed as joint measures from Physician Consortium for Performance Improvement and the National Committee on Quality Assurance (NCQA), visit the NCQA website at www.ncqa.org.

⁶The Society of Thoracic Surgeons at www.sts.org and National Quality Forum, www.qualityforum.org.

⁷Optum, www.optum.com.

⁸American Academy of Neurology, <https://www.aan.com/practice/neuromuscular-quality-measures>, or quality@aan.com.

⁹College of American Pathologists (CAP), <https://www.cap.org/advocacy/quality-payment-program-for-pathologists/mips-for-pathologists/2023-pathology-quality-measures>.

¹⁰American Gastroenterological Association (AGA), www.gastro.org/quality.

¹¹American Society of Anesthesiologists (ASA), www.asahq.org.

¹²American College of Gastroenterology (ACG), www.gi.org; American Gastroenterological Association (AGA), www.gastro.org; and American Society for Gastrointestinal Endoscopy (ASGE), www.asge.org.

Eye Care (EC)		
Brief Description of Performance Measure & Source	CPT Category II Code(s)	Code Descriptor(s)
Modifier 1P may be used if physician is asked to report on this measure but is not the physician providing the primary management of diabetic retinopathy.		
<p>Diabetic Retinopathy: Communication with the Physician Managing Ongoing Diabetes Care⁵</p> <p>Whether or not the patient aged 18 years and older with a diagnosis of diabetic retinopathy who had a dilated macular or fundus exam performed had documented communication to the physician who manages the ongoing care of the patient with diabetes regarding the findings of the dilated macular or fundus exam at least once within 12 months</p> <p>Numerator: Patients with documentation, at least once within 12 months, of communication of the findings of the dilated macular or fundus exam to the physician who manages the patient's diabetic care</p> <p>Documentation in the medical record indicating that the results of the macular or fundus exam were communicated (eg, verbally, or by letter) with the physician managing the patient's diabetic care</p> <p>OR</p>	<p>5010F</p> <p>Denominator Code</p> <p>2021F</p>	<p>Findings of dilated macular or fundus exam communicated to the physician managing the diabetes care</p> <p>Dilated macular or fundus exam performed, including documentation of the presence or absence of macular edema AND level of severity of retinopathy</p>

Footnotes

¹Physician Consortium for Performance Improvement®(PCPI) - For more information on measures developed by the Physician Consortium for Performance Improvement® (PCPI), see the appropriate Payor website.

²National Committee on Quality Assurance (NCQA), Health Employer Data Information Set (HEDIS®), www.ncqa.org

³The Joint Commission, <https://www.jointcommission.org>

⁴National Diabetes Quality Improvement Alliance (NDQIA) - For more information on measures developed by the National Diabetes Quality Improvement Alliance (NDQIA), see the appropriate Payor website.

⁵Joint measure from The Physician Consortium for Performance Improvement (PCPI), and National Committee on Quality Assurance (NCQA) - For more information on measures developed as joint measures from Physician Consortium for Performance Improvement and the National Committee on Quality Assurance (NCQA), visit the NCQA website at www.ncqa.org.

⁶The Society of Thoracic Surgeons at www.sts.org and National Quality Forum, www.qualityforum.org.

⁷Optum, www.optum.com.

⁸American Academy of Neurology, <https://www.aan.com/practice/neuromuscular-quality-measures>, or quality@aan.com.

⁹College of American Pathologists (CAP), <https://www.cap.org/advocacy/quality-payment-program-for-pathologists/mips-for-pathologists/2023-pathology-quality-measures>.

¹⁰American Gastroenterological Association (AGA), www.gastro.org/quality.

¹¹American Society of Anesthesiologists (ASA), www.asahq.org.

¹²American College of Gastroenterology (ACG), www.gi.org; American Gastroenterological Association (AGA), www.gastro.org; and American Society for Gastrointestinal Endoscopy (ASGE), www.asge.org.

Eye Care (EC)		
Brief Description of Performance Measure & Source	CPT Category II Code(s)	Code Descriptor(s)
<p>A copy of a letter in the medical record to the physician managing the patient’s diabetic care outlining the findings of the dilated macular or fundus exam.</p> <p>Denominator: All patients aged 18 years and older with a diagnosis of diabetic retinopathy who had a dilated macular or fundus exam performed</p> <p>Exclusion(s): Documentation of medical reason(s) for not communicating the findings of the macular or fundus exam to the physician who manages the ongoing care of the patient with diabetes</p> <p>Documentation of patient reason(s) for not communicating the findings of the macular or fundus exam to the physician who manages the ongoing care of the patient with diabetes</p> <p>Percentage of patients aged 18 years and older with a diagnosis of diabetic retinopathy who had a dilated macular or fundus exam performed with documented communication to the physician who manages the ongoing care of the patient with diabetes regarding the findings of the dilated macular or fundus exam at least once within 12 months</p> <p>Reporting Instructions:</p>		

Footnotes

¹Physician Consortium for Performance Improvement®(PCPI) - For more information on measures developed by the Physician Consortium for Performance Improvement® (PCPI), see the appropriate Payor website.

²National Committee on Quality Assurance (NCQA), Health Employer Data Information Set (HEDIS®), www.ncqa.org

³The Joint Commission, <https://www.jointcommission.org>

⁴National Diabetes Quality Improvement Alliance (NDQIA) - For more information on measures developed by the National Diabetes Quality Improvement Alliance (NDQIA), see the appropriate Payor website.

⁵Joint measure from The Physician Consortium for Performance Improvement (PCPI), and National Committee on Quality Assurance (NCQA) - For more information on measures developed as joint measures from Physician Consortium for Performance Improvement and the National Committee on Quality Assurance (NCQA), visit the NCQA website at www.ncqa.org.

⁶The Society of Thoracic Surgeons at www.sts.org and National Quality Forum, www.qualityforum.org.

⁷Optum, www.optum.com.

⁸American Academy of Neurology, <https://www.aan.com/practice/neuromuscular-quality-measures>, or quality@aan.com.

⁹College of American Pathologists (CAP), <https://www.cap.org/advocacy/quality-payment-program-for-pathologists/mips-for-pathologists/2023-pathology-quality-measures>.

¹⁰American Gastroenterological Association (AGA), www.gastro.org/quality.

¹¹American Society of Anesthesiologists (ASA), www.asahq.org.

¹²American College of Gastroenterology (ACG), www.gi.org; American Gastroenterological Association (AGA), www.gastro.org; and American Society for Gastrointestinal Endoscopy (ASGE), www.asge.org.

Eye Care (EC)		
Brief Description of Performance Measure & Source	CPT Category II Code(s)	Code Descriptor(s)
<p>-Report 2021F for each patient who had a dilated macular or fundus exam performed meeting the denominator inclusion. Do not report 5010F without a modifier unless reporting 2021F. Also report 5010F where findings of dilated macular or fundus exam communicated to the physician managing the diabetes care; for patients with appropriate exclusion criteria, report 5010F with modifier 1P or 2P.</p> <p>-Modifier 1P may be used if physician is asked to report on this measure but is not the physician providing the primary management of diabetic retinopathy.</p>		
<p>Primary Open-Angle Glaucoma: Counseling on Glaucoma⁵</p> <p>Whether or not the patient aged 18 years and older with a diagnosis of primary open-angle glaucoma or his/her caregiver(s) were counseled within 12 months about 1) the potential impact of glaucoma on visual functioning and quality of life, and 2) the importance of treatment adherence</p>		

Footnotes

¹Physician Consortium for Performance Improvement®(PCPI) - For more information on measures developed by the Physician Consortium for Performance Improvement® (PCPI), see the appropriate Payor website.

²National Committee on Quality Assurance (NCQA), Health Employer Data Information Set (HEDIS®), www.ncqa.org

³The Joint Commission, <https://www.jointcommission.org>

⁴National Diabetes Quality Improvement Alliance (NDQIA) - For more information on measures developed by the National Diabetes Quality Improvement Alliance (NDQIA), see the appropriate Payor website.

⁵Joint measure from The Physician Consortium for Performance Improvement (PCPI), and National Committee on Quality Assurance (NCQA) - For more information on measures developed as joint measures from Physician Consortium for Performance Improvement and the National Committee on Quality Assurance (NCQA), visit the NCQA website at www.ncqa.org.

⁶The Society of Thoracic Surgeons at www.sts.org and National Quality Forum, www.qualityforum.org.

⁷Optum, www.optum.com.

⁸American Academy of Neurology, <https://www.aan.com/practice/neuromuscular-quality-measures>, or quality@aan.com.

⁹College of American Pathologists (CAP), <https://www.cap.org/advocacy/quality-payment-program-for-pathologists/mips-for-pathologists/2023-pathology-quality-measures>.

¹⁰American Gastroenterological Association (AGA), www.gastro.org/quality.

¹¹American Society of Anesthesiologists (ASA), www.asahq.org.

¹²American College of Gastroenterology (ACG), www.gi.org; American Gastroenterological Association (AGA), www.gastro.org; and American Society for Gastrointestinal Endoscopy (ASGE), www.asge.org.

Eye Care (EC)		
Brief Description of Performance Measure & Source	CPT Category II Code(s)	Code Descriptor(s)
<p>Numerator: Patients or their caregiver(s) who were counseled within 12 months about 1) the potential impact of glaucoma on their visual functioning and quality of life and 2) the importance of treatment adherence</p> <p>Denominator: All patients aged 18 years and older with a diagnosis of primary open-angle glaucoma</p> <p>Exclusion(s): Documentation of medical reason(s) for not providing counseling to the patient or caregiver(s) (eg, patient has impaired mental status and no caregiver)</p> <p>Documentation of system reason(s) for not providing counseling to the patient or caregiver(s)</p> <p>Percentage of patients aged 18 years and older with a diagnosis of primary open-angle glaucoma or their caregiver(s) who were counseled within 12 months about 1) the potential impact of glaucoma on visual functioning and quality of life, and 2) the importance of treatment adherence</p> <p>Reporting Instructions: For patient with appropriate exclusion criteria, report 4174F with modifier 1P or 3P. The system reason exclusion may be used if a physician is asked to report on this measure but is not the physician providing the primary management for primary open-angle glaucoma.</p>	4174F	Counseling about the potential impact of glaucoma on visual functioning and quality of life, and importance of treatment adherence provided to patient and/or caregiver(s)

Footnotes

¹Physician Consortium for Performance Improvement®(PCPI) - For more information on measures developed by the Physician Consortium for Performance Improvement® (PCPI), see the appropriate Payor website.

²National Committee on Quality Assurance (NCQA), Health Employer Data Information Set (HEDIS®), www.ncqa.org

³The Joint Commission, <https://www.jointcommission.org>

⁴National Diabetes Quality Improvement Alliance (NDQIA) - For more information on measures developed by the National Diabetes Quality Improvement Alliance (NDQIA), see the appropriate Payor website.

⁵Joint measure from The Physician Consortium for Performance Improvement (PCPI), and National Committee on Quality Assurance (NCQA) - For more information on measures developed as joint measures from Physician Consortium for Performance Improvement and the National Committee on Quality Assurance (NCQA), visit the NCQA website at www.ncqa.org.

⁶The Society of Thoracic Surgeons at www.sts.org and National Quality Forum, www.qualityforum.org.

⁷Optum, www.optum.com.

⁸American Academy of Neurology, <https://www.aan.com/practice/neuromuscular-quality-measures>, or quality@aan.com.

⁹College of American Pathologists (CAP), <https://www.cap.org/advocacy/quality-payment-program-for-pathologists/mips-for-pathologists/2023-pathology-quality-measures>.

¹⁰American Gastroenterological Association (AGA), www.gastro.org/quality.

¹¹American Society of Anesthesiologists (ASA), www.asahq.org.

¹²American College of Gastroenterology (ACG), www.gi.org; American Gastroenterological Association (AGA), www.gastro.org; and American Society for Gastrointestinal Endoscopy (ASGE), www.asge.org.

Eye Care (EC)		
Brief Description of Performance Measure & Source	CPT Category II Code(s)	Code Descriptor(s)
<p>Cataracts: 20/40 or Better Visual Acuity within 90 Days Following Cataract Surgery⁵</p> <p>Whether or not the patient aged 18 years and older who had cataract surgery and no significant ocular conditions impacting the visual outcome of surgery had best-corrected visual acuity of 20/40 or better (distance or near) achieved within 90 days following the cataract surgery</p> <p>Numerator: Patients who had best-corrected visual acuity of 20/40 or better (distance or near) achieved within 90 days following cataract surgery</p> <p>Denominator: All patients aged 18 years and older who had cataract surgery and no significant pre-operative ocular conditions impacting the visual outcome of surgery</p> <p>Exclusion(s): Patients with comorbid conditions that impact the visual outcome of surgery (see measure technical specifications for a detailed list of conditions)</p> <p>Percentage of patients aged 18 years and older who had cataract surgery and no significant pre-operative ocular conditions impacting the visual outcome of surgery and had best-corrected visual acuity of 20/40 or better (distance or near) achieved within 90 days following the cataract surgery</p>	4175F	Best-corrected visual acuity of 20/40 or better (distance or near) achieved within the 90 days following cataract surgery

Footnotes

¹Physician Consortium for Performance Improvement®(PCPI) - For more information on measures developed by the Physician Consortium for Performance Improvement® (PCPI), see the appropriate Payor website.

²National Committee on Quality Assurance (NCQA), Health Employer Data Information Set (HEDIS®), www.ncqa.org

³The Joint Commission, <https://www.jointcommission.org>

⁴National Diabetes Quality Improvement Alliance (NDQIA) - For more information on measures developed by the National Diabetes Quality Improvement Alliance (NDQIA), see the appropriate Payor website.

⁵Joint measure from The Physician Consortium for Performance Improvement (PCPI), and National Committee on Quality Assurance (NCQA) - For more information on measures developed as joint measures from Physician Consortium for Performance Improvement and the National Committee on Quality Assurance (NCQA), visit the NCQA website at www.ncqa.org.

⁶The Society of Thoracic Surgeons at www.sts.org and National Quality Forum, www.qualityforum.org.

⁷Optum, www.optum.com.

⁸American Academy of Neurology, <https://www.aan.com/practice/neuromuscular-quality-measures>, or quality@aan.com.

⁹College of American Pathologists (CAP), <https://www.cap.org/advocacy/quality-payment-program-for-pathologists/mips-for-pathologists/2023-pathology-quality-measures>.

¹⁰American Gastroenterological Association (AGA), www.gastro.org/quality.

¹¹American Society of Anesthesiologists (ASA), www.asahq.org.

¹²American College of Gastroenterology (ACG), www.gi.org; American Gastroenterological Association (AGA), www.gastro.org; and American Society for Gastrointestinal Endoscopy (ASGE), www.asge.org.

Eye Care (EC)		
Brief Description of Performance Measure & Source	CPT Category II Code(s)	Code Descriptor(s)
<p>Reporting Instructions: Performance exclusions for this measure are obtained using ICD-9 diagnosis codes (see measure technical specifications for detailed list of qualifying conditions); modifiers 1P, 2P or 3P may not be used.</p>		
<p>Cataracts: Comprehensive Pre-operative Assessment for Cataract Surgery with Intraocular Lens (IOL) Placement⁵ Whether or not the patient aged 18 years and older who had cataract surgery with intraocular lens (IOL) placement received a comprehensive preoperative assessment of 1) dilated fundus exam, 2) axial length, corneal keratometry measurement and method of IOL power calculation; and 3) functional or medical indication(s) for surgery prior to the cataract surgery with IOL placement within 12 months prior to cataract surgery</p> <p>Numerator: Patients who received a comprehensive preoperative assessment of 1) dilated fundus exam, 2) axial length, corneal keratometry measurement and method of IOL power calculation; and 3) functional or medical indication(s) for surgery prior to the cataract surgery with IOL placement within 12 months prior to cataract surgery</p>	0014F	Comprehensive preoperative assessment performed for cataract surgery with intraocular lens (IOL) placement

Footnotes

¹Physician Consortium for Performance Improvement®(PCPI) - For more information on measures developed by the Physician Consortium for Performance Improvement® (PCPI), see the appropriate Payor website.

²National Committee on Quality Assurance (NCQA), Health Employer Data Information Set (HEDIS®), www.ncqa.org

³The Joint Commission, <https://www.jointcommission.org>

⁴National Diabetes Quality Improvement Alliance (NDQIA) - For more information on measures developed by the National Diabetes Quality Improvement Alliance (NDQIA), see the appropriate Payor website.

⁵Joint measure from The Physician Consortium for Performance Improvement (PCPI), and National Committee on Quality Assurance (NCQA) - For more information on measures developed as joint measures from Physician Consortium for Performance Improvement and the National Committee on Quality Assurance (NCQA), visit the NCQA website at www.ncqa.org.

⁶The Society of Thoracic Surgeons at www.sts.org and National Quality Forum, www.qualityforum.org.

⁷Optum, www.optum.com.

⁸American Academy of Neurology, <https://www.aan.com/practice/neuromuscular-quality-measures>, or quality@aan.com.

⁹College of American Pathologists (CAP), <https://www.cap.org/advocacy/quality-payment-program-for-pathologists/mips-for-pathologists/2023-pathology-quality-measures>.

¹⁰American Gastroenterological Association (AGA), www.gastro.org/quality.

¹¹American Society of Anesthesiologists (ASA), www.asahq.org.

¹²American College of Gastroenterology (ACG), www.gi.org; American Gastroenterological Association (AGA), www.gastro.org; and American Society for Gastrointestinal Endoscopy (ASGE), www.asge.org.

Eye Care (EC)		
Brief Description of Performance Measure & Source	CPT Category II Code(s)	Code Descriptor(s)
<p>Denominator: All patients aged 18 years and older who had cataract surgery with IOL placement</p> <p>Exclusion(s): None</p> <p>Percentage of patients aged 18 years and older with a procedure of cataract surgery with IOL placement who received a comprehensive preoperative assessment of 1) dilated fundus exam, 2) axial length, corneal keratometry measurement, and method of IOL power calculation; and 3) functional or medical indication(s) for surgery prior to the cataract surgery with IOL placement within 12 months prior to cataract surgery</p> <p>Reporting Instructions: If all three components of the numerator are performed, report composite code 0014F for this measure.</p> <p>If fewer than all three components are performed, report only the code(s) for the components that have been performed.</p> <p>There are no performance exclusions for this measure; modifiers 1P, 2P, or 3P may not be used.</p>	2020F	Dilated fundus evaluation performed within 12 months prior to cataract surgery
	3073F	Pre-surgical (cataract) axial length, corneal power measurement and method of intraocular lens power calculation documented (must be performed within twelve months prior to surgery)
	3325F	Preoperative assessment of functional or medical indication(s) for surgery prior to the cataract surgery with intraocular lens placement (must be performed within twelve months prior to cataract surgery)

Footnotes

¹Physician Consortium for Performance Improvement®(PCPI) - For more information on measures developed by the Physician Consortium for Performance Improvement® (PCPI), see the appropriate Payor website.

²National Committee on Quality Assurance (NCQA), Health Employer Data Information Set (HEDIS®), www.ncqa.org

³The Joint Commission, <https://www.jointcommission.org>

⁴National Diabetes Quality Improvement Alliance (NDQIA) - For more information on measures developed by the National Diabetes Quality Improvement Alliance (NDQIA), see the appropriate Payor website.

⁵Joint measure from The Physician Consortium for Performance Improvement (PCPI), and National Committee on Quality Assurance (NCQA) - For more information on measures developed as joint measures from Physician Consortium for Performance Improvement and the National Committee on Quality Assurance (NCQA), visit the NCQA website at www.ncqa.org.

⁶The Society of Thoracic Surgeons at www.sts.org and National Quality Forum, www.qualityforum.org.

⁷Optum, www.optum.com.

⁸American Academy of Neurology, <https://www.aan.com/practice/neuromuscular-quality-measures>, or quality@aan.com.

⁹College of American Pathologists (CAP), <https://www.cap.org/advocacy/quality-payment-program-for-pathologists/mips-for-pathologists/2023-pathology-quality-measures>.

¹⁰American Gastroenterological Association (AGA), www.gastro.org/quality.

¹¹American Society of Anesthesiologists (ASA), www.asahq.org.

¹²American College of Gastroenterology (ACG), www.gi.org; American Gastroenterological Association (AGA), www.gastro.org; and American Society for Gastrointestinal Endoscopy (ASGE), www.asge.org.

Eye Care (EC)		
Brief Description of Performance Measure & Source	CPT Category II Code(s)	Code Descriptor(s)
<p>Age-Related Macular Degeneration (AMD): Counseling on Antioxidant Supplement⁵</p> <p>Whether or not the patient aged 50 years and older with a diagnosis of age-related macular degeneration (AMD) and/or his/her caregiver(s) were counseled within 12 months on the benefits and/or risks of the Age-Related Eye Disease Study (AREDS) formulation for preventing progression of AMD</p> <p>Numerator: Patients and/or their caregiver(s) who were counseled within 12 months on the benefits and/or risks of the AREDS formulation for preventing progression of AMD</p> <p>Denominator: All patients aged 50 years and older with a diagnosis of age-related macular degeneration</p> <p>Exclusion(s): Documentation of system reason(s) for not counseling the patient and/or caregiver(s) on the benefits and/or risks of the AREDS formulation</p> <p>Percentage of patients aged 50 years and older with a diagnosis of age-related macular degeneration and/or their caregiver(s) who were counseled within 12 months on the benefits and/or risks of the AREDS formulation for preventing progression of AMD</p>	4177F	Counseling about the benefits and/or risks of the Age-Related Eye Disease Study (AREDS) formulation for preventing progression of age-related macular degeneration (AMD) provided to patient and/or caregiver(s)

Footnotes

¹Physician Consortium for Performance Improvement®(PCPI) - For more information on measures developed by the Physician Consortium for Performance Improvement® (PCPI), see the appropriate Payor website.

²National Committee on Quality Assurance (NCQA), Health Employer Data Information Set (HEDIS®), www.ncqa.org

³The Joint Commission, <https://www.jointcommission.org>

⁴National Diabetes Quality Improvement Alliance (NDQIA) - For more information on measures developed by the National Diabetes Quality Improvement Alliance (NDQIA), see the appropriate Payor website.

⁵Joint measure from The Physician Consortium for Performance Improvement (PCPI), and National Committee on Quality Assurance (NCQA) - For more information on measures developed as joint measures from Physician Consortium for Performance Improvement and the National Committee on Quality Assurance (NCQA), visit the NCQA website at www.ncqa.org.

⁶The Society of Thoracic Surgeons at www.sts.org and National Quality Forum, www.qualityforum.org.

⁷Optum, www.optum.com.

⁸American Academy of Neurology, <https://www.aan.com/practice/neuromuscular-quality-measures>, or quality@aan.com.

⁹College of American Pathologists (CAP), <https://www.cap.org/advocacy/quality-payment-program-for-pathologists/mips-for-pathologists/2023-pathology-quality-measures>.

¹⁰American Gastroenterological Association (AGA), www.gastro.org/quality.

¹¹American Society of Anesthesiologists (ASA), www.asahq.org.

¹²American College of Gastroenterology (ACG), www.gi.org; American Gastroenterological Association (AGA), www.gastro.org; and American Society for Gastrointestinal Endoscopy (ASGE), www.asge.org.

Eye Care (EC)		
Brief Description of Performance Measure & Source	CPT Category II Code(s)	Code Descriptor(s)
<p>Reporting Instructions:</p> <p>For patient with appropriate exclusion criteria, report 4177F with modifier 3P. The system reason exclusion may be used if a physician is asked to report on this measure but is not the physician providing the primary management for age-related macular degeneration.</p>		

Gastroesophageal Reflux Disease (GERD)		
Brief Description of Performance Measure & Source and Reporting Instructions:	CPT Category II Code(s)	Code Descriptor(s)
<p>Assessment for Alarm Symptoms⁵</p>		

Footnotes

¹Physician Consortium for Performance Improvement®(PCPI) - For more information on measures developed by the Physician Consortium for Performance Improvement® (PCPI), see the appropriate Payor website.

²National Committee on Quality Assurance (NCQA), Health Employer Data Information Set (HEDIS®), www.ncqa.org

³The Joint Commission, <https://www.jointcommission.org>

⁴National Diabetes Quality Improvement Alliance (NDQIA) - For more information on measures developed by the National Diabetes Quality Improvement Alliance (NDQIA), see the appropriate Payor website.

⁵Joint measure from The Physician Consortium for Performance Improvement (PCPI), and National Committee on Quality Assurance (NCQA) - For more information on measures developed as joint measures from Physician Consortium for Performance Improvement and the National Committee on Quality Assurance (NCQA), visit the NCQA website at www.ncqa.org.

⁶The Society of Thoracic Surgeons at www.sts.org and National Quality Forum, www.qualityforum.org.

⁷Optum, www.optum.com.

⁸American Academy of Neurology, <https://www.aan.com/practice/neuromuscular-quality-measures>, or quality@aan.com.

⁹College of American Pathologists (CAP), <https://www.cap.org/advocacy/quality-payment-program-for-pathologists/mips-for-pathologists/2023-pathology-quality-measures>.

¹⁰American Gastroenterological Association (AGA), www.gastro.org/quality.

¹¹American Society of Anesthesiologists (ASA), www.asahq.org.

¹²American College of Gastroenterology (ACG), www.gi.org; American Gastroenterological Association (AGA), www.gastro.org; and American Society for Gastrointestinal Endoscopy (ASGE), www.asge.org.

Gastroesophageal Reflux Disease (GERD)		
Brief Description of Performance Measure & Source and Reporting Instructions:	CPT Category II Code(s)	Code Descriptor(s)
<p>Whether or not the patient aged 18 years and older with diagnosis of GERD, seen for an initial evaluation, was assessed for the presence or absence of the following alarm symptoms: involuntary weight loss, dysphagia, and GI bleeding</p> <p>Numerator:</p> <p>Patients who were assessed for the presence or absence of the following alarm symptoms: involuntary weight loss, dysphagia, and GI bleeding</p> <p>Denominator:</p> <p>All patients aged 18 years and older with the diagnosis of GERD, seen for an initial evaluation</p> <p>Exclusion(s):</p> <p>Documentation of medical reason(s) for not assessing for alarm symptoms.</p> <p>Percentage of patients aged 18 years and older with a diagnosis of GERD, seen for an initial evaluation, who were assessed for the presence or absence of the following alarm symptoms: involuntary weight loss, dysphagia, and GI bleeding</p>	<p>1070F</p> <p>1071F</p>	<p>Alarm symptoms (involuntary weight loss, dysphagia, or gastrointestinal bleeding) assessed; none present</p> <p>Alarm symptoms (involuntary weight loss, dysphagia, or gastrointestinal bleeding) assessed; one or more present</p>

Footnotes

¹Physician Consortium for Performance Improvement®(PCPI) - For more information on measures developed by the Physician Consortium for Performance Improvement® (PCPI), see the appropriate Payor website.

²National Committee on Quality Assurance (NCQA), Health Employer Data Information Set (HEDIS®), www.ncqa.org

³The Joint Commission, <https://www.jointcommission.org>

⁴National Diabetes Quality Improvement Alliance (NDQIA) - For more information on measures developed by the National Diabetes Quality Improvement Alliance (NDQIA), see the appropriate Payor website.

⁵Joint measure from The Physician Consortium for Performance Improvement (PCPI), and National Committee on Quality Assurance (NCQA) - For more information on measures developed as joint measures from Physician Consortium for Performance Improvement and the National Committee on Quality Assurance (NCQA), visit the NCQA website at www.ncqa.org.

⁶The Society of Thoracic Surgeons at www.sts.org and National Quality Forum, www.qualityforum.org.

⁷Optum, www.optum.com.

⁸American Academy of Neurology, <https://www.aan.com/practice/neuromuscular-quality-measures>, or quality@aan.com.

⁹College of American Pathologists (CAP), <https://www.cap.org/advocacy/quality-payment-program-for-pathologists/mips-for-pathologists/2023-pathology-quality-measures>.

¹⁰American Gastroenterological Association (AGA), www.gastro.org/quality.

¹¹American Society of Anesthesiologists (ASA), www.asahq.org.

¹²American College of Gastroenterology (ACG), www.gi.org; American Gastroenterological Association (AGA), www.gastro.org; and American Society for Gastrointestinal Endoscopy (ASGE), www.asge.org.

Gastroesophageal Reflux Disease (GERD)		
Brief Description of Performance Measure & Source and Reporting Instructions:	CPT Category II Code(s)	Code Descriptor(s)
<p>Documentation of medical, patient, or system reason(s) for not referring for or not performing an upper endoscopy</p> <p>Percentage of patients aged 18 years and older with a diagnosis of GERD, seen for an initial evaluation, with at least one alarm symptom, who were either referred for an upper endoscopy or had an upper endoscopy performed</p> <p>Reporting Instructions: Report 1070F or 1071F for each patient. If patient had documentation of at least one GERD alarm symptom and had upper endoscopy performed, report 3130F or the corresponding Category I code. If patient had documentation of at least one GERD alarm symptom and was referred for upper endoscopy, report 3132F. For patient with appropriate exclusion criteria, report either 3130F or 3132F with modifier 1P, 2P or 3P.</p>	<p>Denominator Codes</p> <p>1070F</p> <p>1071F</p>	<p>Alarm symptoms (involuntary weight loss, dysphagia, or gastrointestinal bleeding) assessed; none present</p> <p>Alarm symptoms (involuntary weight loss, dysphagia, or gastrointestinal bleeding) assessed; one or more present</p>

Footnotes

¹Physician Consortium for Performance Improvement®(PCPI) - For more information on measures developed by the Physician Consortium for Performance Improvement® (PCPI), see the appropriate Payor website.

²National Committee on Quality Assurance (NCQA), Health Employer Data Information Set (HEDIS®), www.ncqa.org

³The Joint Commission, <https://www.jointcommission.org>

⁴National Diabetes Quality Improvement Alliance (NDQIA) - For more information on measures developed by the National Diabetes Quality Improvement Alliance (NDQIA), see the appropriate Payor website.

⁵Joint measure from The Physician Consortium for Performance Improvement (PCPI), and National Committee on Quality Assurance (NCQA) - For more information on measures developed as joint measures from Physician Consortium for Performance Improvement and the National Committee on Quality Assurance (NCQA), visit the NCQA website at www.ncqa.org.

⁶The Society of Thoracic Surgeons at www.sts.org and National Quality Forum, www.qualityforum.org.

⁷Optum, www.optum.com.

⁸American Academy of Neurology, <https://www.aan.com/practice/neuromuscular-quality-measures>, or quality@aan.com.

⁹College of American Pathologists (CAP), <https://www.cap.org/advocacy/quality-payment-program-for-pathologists/mips-for-pathologists/2023-pathology-quality-measures>.

¹⁰American Gastroenterological Association (AGA), www.gastro.org/quality.

¹¹American Society of Anesthesiologists (ASA), www.asahq.org.

¹²American College of Gastroenterology (ACG), www.gi.org; American Gastroenterological Association (AGA), www.gastro.org; and American Society for Gastrointestinal Endoscopy (ASGE), www.asge.org.

Gastroesophageal Reflux Disease (GERD)		
Brief Description of Performance Measure & Source and Reporting Instructions:	CPT Category II Code(s)	Code Descriptor(s)
<p>Biopsy for Barrett's Esophagus⁵</p> <p>Whether or not the patient aged 18 years and older with a diagnosis of GERD or heartburn whose endoscopy report indicates a suspicion of Barrett's esophagus had a forceps esophageal biopsy performed</p> <p>Numerator:</p> <p>Patients who had a forceps esophageal biopsy performed</p> <p>Denominator:</p> <p>All patients aged 18 years and older with a diagnosis of GERD or heartburn whose endoscopy report indicates a suspicion of Barrett's esophagus</p> <p>Exclusion(s):</p> <p>Documentation of medical reason(s) for not performing a forceps esophageal biopsy</p> <p>Percentage of patients aged 18 years and older with a diagnosis of GERD or heartburn whose endoscopy report indicates a suspicion of Barrett's esophagus who had a forceps esophageal biopsy performed</p>	<p>3150F</p> <p>Denominator codes</p> <p>3140F</p>	<p>Forceps esophageal biopsy performed</p>

Footnotes

¹Physician Consortium for Performance Improvement®(PCPI) - For more information on measures developed by the Physician Consortium for Performance Improvement® (PCPI), see the appropriate Payor website.

²National Committee on Quality Assurance (NCQA), Health Employer Data Information Set (HEDIS®), www.ncqa.org

³The Joint Commission, <https://www.jointcommission.org>

⁴National Diabetes Quality Improvement Alliance (NDQIA) - For more information on measures developed by the National Diabetes Quality Improvement Alliance (NDQIA), see the appropriate Payor website.

⁵Joint measure from The Physician Consortium for Performance Improvement (PCPI), and National Committee on Quality Assurance (NCQA) - For more information on measures developed as joint measures from Physician Consortium for Performance Improvement and the National Committee on Quality Assurance (NCQA), visit the NCQA website at www.ncqa.org.

⁶The Society of Thoracic Surgeons at www.sts.org and National Quality Forum, www.qualityforum.org.

⁷Optum, www.optum.com.

⁸American Academy of Neurology, <https://www.aan.com/practice/neuromuscular-quality-measures>, or quality@aan.com.

⁹College of American Pathologists (CAP), <https://www.cap.org/advocacy/quality-payment-program-for-pathologists/mips-for-pathologists/2023-pathology-quality-measures>.

¹⁰American Gastroenterological Association (AGA), www.gastro.org/quality.

¹¹American Society of Anesthesiologists (ASA), www.asahq.org.

¹²American College of Gastroenterology (ACG), www.gi.org; American Gastroenterological Association (AGA), www.gastro.org; and American Society for Gastrointestinal Endoscopy (ASGE), www.asge.org.

Gastroesophageal Reflux Disease (GERD)		
Brief Description of Performance Measure & Source and Reporting Instructions:	CPT Category II Code(s)	Code Descriptor(s)
<p>Reporting Instructions: This measure should be reported by the physician performing the endoscopy. Report 3140F or 3141F for each patient. If endoscopy report included documentation that Barrett's esophagus was suspected, also report 3150F if patient had esophageal biopsy performed. For patient with appropriate exclusion criteria, report 3150F with modifier 1P.</p>	3141F	<p>Upper gastrointestinal endoscopy report indicates suspicion of Barrett's esophagus</p> <p>Upper gastrointestinal endoscopy report indicates no suspicion of Barrett's esophagus</p>
<p>Barium Swallow – Inappropriate Use⁵ Whether or not the patient aged 18 years and older seen for an initial evaluation of GERD did not have a Barium swallow test ordered</p> <p>Numerator: Patients who did not have Barium swallow test ordered</p> <p>Denominator: All patients aged 18 years and older seen for an initial evaluation of GERD</p> <p>Exclusion(s):</p>	3142F	Barium swallow test ordered

Footnotes

¹Physician Consortium for Performance Improvement®(PCPI) - For more information on measures developed by the Physician Consortium for Performance Improvement® (PCPI), see the appropriate Payor website.

²National Committee on Quality Assurance (NCQA), Health Employer Data Information Set (HEDIS®), www.ncqa.org

³The Joint Commission, <https://www.jointcommission.org>

⁴National Diabetes Quality Improvement Alliance (NDQIA) - For more information on measures developed by the National Diabetes Quality Improvement Alliance (NDQIA), see the appropriate Payor website.

⁵Joint measure from The Physician Consortium for Performance Improvement (PCPI), and National Committee on Quality Assurance (NCQA) - For more information on measures developed as joint measures from Physician Consortium for Performance Improvement and the National Committee on Quality Assurance (NCQA), visit the NCQA website at www.ncqa.org.

⁶The Society of Thoracic Surgeons at www.sts.org and National Quality Forum, www.qualityforum.org.

⁷Optum, www.optum.com.

⁸American Academy of Neurology, <https://www.aan.com/practice/neuromuscular-quality-measures>, or quality@aan.com.

⁹College of American Pathologists (CAP), <https://www.cap.org/advocacy/quality-payment-program-for-pathologists/mips-for-pathologists/2023-pathology-quality-measures>.

¹⁰American Gastroenterological Association (AGA), www.gastro.org/quality.

¹¹American Society of Anesthesiologists (ASA), www.asahq.org.

¹²American College of Gastroenterology (ACG), www.gi.org; American Gastroenterological Association (AGA), www.gastro.org; and American Society for Gastrointestinal Endoscopy (ASGE), www.asge.org.

Gastroesophageal Reflux Disease (GERD)		
Brief Description of Performance Measure & Source and Reporting Instructions:	CPT Category II Code(s)	Code Descriptor(s)
<p>Documentation of medical reason(s) for ordering a Barium swallow test</p> <p>Percentage of patients aged 18 years and older seen for an initial evaluation of GERD who did not have a Barium swallow test ordered</p> <p>Reporting Instructions:</p> <p>-If barium swallow test was ordered at initial evaluation for GERD, report 3142F. If barium swallow was not ordered at initial evaluation, report 3200F.</p> <p>-If there is documentation that supports the reason for ordering a barium swallow, report 3142F with modifier 1P.</p>	3200F	Barium swallow test not ordered
<p>Gastroesophageal Reflux Disease (GERD) Continuous Medication Therapy - Assessment of GERD Symptoms⁵</p> <p>Whether or not the patient aged 18 years and older with a diagnosis of GERD who has been prescribed continuous proton pump inhibitor (PPI) or histamine H2 receptor antagonist (H2RA) therapy had an annual assessment of his/her GERD symptoms after 12 months of therapy</p>	1118F	GERD symptoms assessed after 12 months of therapy

Footnotes

¹Physician Consortium for Performance Improvement®(PCPI) - For more information on measures developed by the Physician Consortium for Performance Improvement® (PCPI), see the appropriate Payor website.

²National Committee on Quality Assurance (NCQA), Health Employer Data Information Set (HEDIS®), www.ncqa.org

³The Joint Commission, <https://www.jointcommission.org>

⁴National Diabetes Quality Improvement Alliance (NDQIA) - For more information on measures developed by the National Diabetes Quality Improvement Alliance (NDQIA), see the appropriate Payor website.

⁵Joint measure from The Physician Consortium for Performance Improvement (PCPI), and National Committee on Quality Assurance (NCQA) - For more information on measures developed as joint measures from Physician Consortium for Performance Improvement and the National Committee on Quality Assurance (NCQA), visit the NCQA website at www.ncqa.org.

⁶The Society of Thoracic Surgeons at www.sts.org and National Quality Forum, www.qualityforum.org.

⁷Optum, www.optum.com.

⁸American Academy of Neurology, <https://www.aan.com/practice/neuromuscular-quality-measures>, or quality@aan.com.

⁹College of American Pathologists (CAP), <https://www.cap.org/advocacy/quality-payment-program-for-pathologists/mips-for-pathologists/2023-pathology-quality-measures>.

¹⁰American Gastroenterological Association (AGA), www.gastro.org/quality.

¹¹American Society of Anesthesiologists (ASA), www.asahq.org.

¹²American College of Gastroenterology (ACG), www.gi.org; American Gastroenterological Association (AGA), www.gastro.org; and American Society for Gastrointestinal Endoscopy (ASGE), www.asge.org.

Gastroesophageal Reflux Disease (GERD)		
Brief Description of Performance Measure & Source and Reporting Instructions:	CPT Category II Code(s)	Code Descriptor(s)
<p>Numerator: Patients who had an annual assessment of their GERD symptoms after 12 months of therapy</p> <p>Denominator: All patients aged 18 years and older with a diagnosis of GERD who have been prescribed continuous proton pump inhibitor (PPI) or histamine H2 receptor antagonist (H2RA) therapy*</p> <p>*Continuous therapy is defined as proton pump inhibitor (PPI) or histamine H2 receptor antagonist (H2RA) therapy lasting twelve months or more to treat GERD</p> <p>Exclusion(s): Documentation of medical reason(s) for not assessing GERD symptoms</p> <p>Percentage of patients aged 18 years and older with the diagnosis of GERD who have been prescribed continuous proton pump inhibitor (PPI) or histamine H2 receptor antagonist (H2RA) therapy who received an annual assessment of their GERD symptoms after 12 months of therapy</p> <p>Reporting Instructions: Report 4185F or 4186F for each patient. If patient is receiving continuous (12-months) proton pump inhibitor (PPI) or histamine H2 receptor antagonist</p>	<p>Denominator Codes</p> <p>4185F</p> <p>4186F</p>	<p>Continuous (12-months) therapy with proton pump inhibitor (PPI) or histamine H2 receptor antagonist (H2RA) received</p> <p>No continuous (12-months) therapy with either proton pump inhibitor (PPI) or histamine H2 receptor antagonist (H2RA) received</p>

Footnotes

¹Physician Consortium for Performance Improvement®(PCPI) - For more information on measures developed by the Physician Consortium for Performance Improvement® (PCPI), see the appropriate Payor website.

²National Committee on Quality Assurance (NCQA), Health Employer Data Information Set (HEDIS®), www.ncqa.org

³The Joint Commission, <https://www.jointcommission.org>

⁴National Diabetes Quality Improvement Alliance (NDQIA) - For more information on measures developed by the National Diabetes Quality Improvement Alliance (NDQIA), see the appropriate Payor website.

⁵Joint measure from The Physician Consortium for Performance Improvement (PCPI), and National Committee on Quality Assurance (NCQA) - For more information on measures developed as joint measures from Physician Consortium for Performance Improvement and the National Committee on Quality Assurance (NCQA), visit the NCQA website at www.ncqa.org.

⁶The Society of Thoracic Surgeons at www.sts.org and National Quality Forum, www.qualityforum.org.

⁷Optum, www.optum.com.

⁸American Academy of Neurology, <https://www.aan.com/practice/neuromuscular-quality-measures>, or quality@aan.com.

⁹College of American Pathologists (CAP), <https://www.cap.org/advocacy/quality-payment-program-for-pathologists/mips-for-pathologists/2023-pathology-quality-measures>.

¹⁰American Gastroenterological Association (AGA), www.gastro.org/quality.

¹¹American Society of Anesthesiologists (ASA), www.asahq.org.

¹²American College of Gastroenterology (ACG), www.gi.org; American Gastroenterological Association (AGA), www.gastro.org; and American Society for Gastrointestinal Endoscopy (ASGE), www.asge.org.

Gastroesophageal Reflux Disease (GERD)		
Brief Description of Performance Measure & Source and Reporting Instructions:	CPT Category II Code(s)	Code Descriptor(s)
(H2RA) therapy and has had GERD symptoms assessed annually after 12 months of therapy, report 1118F. For patient with appropriate exclusion criteria use 1118F with modifier 1P.		

Footnotes

¹Physician Consortium for Performance Improvement®(PCPI) - For more information on measures developed by the Physician Consortium for Performance Improvement® (PCPI), see the appropriate Payor website.

²National Committee on Quality Assurance (NCQA), Health Employer Data Information Set (HEDIS®), www.ncqa.org

³The Joint Commission, <https://www.jointcommission.org>

⁴National Diabetes Quality Improvement Alliance (NDQIA) - For more information on measures developed by the National Diabetes Quality Improvement Alliance (NDQIA), see the appropriate Payor website.

⁵Joint measure from The Physician Consortium for Performance Improvement (PCPI), and National Committee on Quality Assurance (NCQA) - For more information on measures developed as joint measures from Physician Consortium for Performance Improvement and the National Committee on Quality Assurance (NCQA), visit the NCQA website at www.ncqa.org.

⁶The Society of Thoracic Surgeons at www.sts.org and National Quality Forum, www.qualityforum.org.

⁷Optum, www.optum.com.

⁸American Academy of Neurology, <https://www.aan.com/practice/neuromuscular-quality-measures>, or quality@aan.com.

⁹College of American Pathologists (CAP), <https://www.cap.org/advocacy/quality-payment-program-for-pathologists/mips-for-pathologists/2023-pathology-quality-measures>.

¹⁰American Gastroenterological Association (AGA), www.gastro.org/quality.

¹¹American Society of Anesthesiologists (ASA), www.asahq.org.

¹²American College of Gastroenterology (ACG), www.gi.org; American Gastroenterological Association (AGA), www.gastro.org; and American Society for Gastrointestinal Endoscopy (ASGE), www.asge.org.

Geriatrics (GER)		
Brief Description of Performance Measure & Source and Reporting Instructions:	CPT Category II Code(s)	Code Descriptor(s)
<p>Medication Reconciliation⁵</p> <p>Whether or not the patient aged 65 years and older discharged from any inpatient facility (eg, hospital, skilled nursing facility, or rehabilitation facility) and seen within 60 days following discharge in the office by the physician providing on-going care had a reconciliation of the discharge medications with the current medication list in the outpatient medical record documented</p> <p>Numerator: Patients who had a reconciliation of the discharge medications with the current medication list in the outpatient medical record documented</p> <p>Denominator: All patients aged 65 years and older discharged from any inpatient facility (eg, hospital, skilled nursing facility, or rehabilitation facility) and seen within 60 days following discharge in the office by the physician providing on-going care</p> <p>Exclusion(s): None</p> <p>Percentage of patients aged 65 years and older discharged from any inpatient facility (eg, hospital, skilled nursing facility, or rehabilitation facility) and seen within 60 days following</p>	<p>1111F</p> <p>Denominator Code</p> <p>1110F</p>	<p>Discharge medications reconciled with the current medication list in outpatient medical record</p> <p>Patient discharged from an inpatient facility (eg hospital, skilled nursing facility, or rehabilitation facility) within the last 60 days</p>

Footnotes

¹Physician Consortium for Performance Improvement®(PCPI) - For more information on measures developed by the Physician Consortium for Performance Improvement® (PCPI), see the appropriate Payor website.

²National Committee on Quality Assurance (NCQA), Health Employer Data Information Set (HEDIS®), www.ncqa.org

³The Joint Commission, <https://www.jointcommission.org>

⁴National Diabetes Quality Improvement Alliance (NDQIA) - For more information on measures developed by the National Diabetes Quality Improvement Alliance (NDQIA), see the appropriate Payor website.

⁵Joint measure from The Physician Consortium for Performance Improvement (PCPI), and National Committee on Quality Assurance (NCQA) - For more information on measures developed as joint measures from Physician Consortium for Performance Improvement and the National Committee on Quality Assurance (NCQA), visit the NCQA website at www.ncqa.org.

⁶The Society of Thoracic Surgeons at www.sts.org and National Quality Forum, www.qualityforum.org.

⁷Optum, www.optum.com.

⁸American Academy of Neurology, <https://www.aan.com/practice/neuromuscular-quality-measures>, or quality@aan.com.

⁹College of American Pathologists (CAP), <https://www.cap.org/advocacy/quality-payment-program-for-pathologists/mips-for-pathologists/2023-pathology-quality-measures>.

¹⁰American Gastroenterological Association (AGA), www.gastro.org/quality.

¹¹American Society of Anesthesiologists (ASA), www.asahq.org.

¹²American College of Gastroenterology (ACG), www.gi.org; American Gastroenterological Association (AGA), www.gastro.org; and American Society for Gastrointestinal Endoscopy (ASGE), www.asge.org.

Geriatrics (GER)		
Brief Description of Performance Measure & Source and Reporting Instructions:	CPT Category II Code(s)	Code Descriptor(s)
<p>discharge in the office by the physician providing on-going care who had a reconciliation of the discharge medications with the current medication list in the medical record documented</p> <p>Reporting Instructions: Report only for patients who were discharged from an inpatient facility (eg hospital, skilled nursing facility, or rehabilitation facility) within the last 60 days. If there is documentation of reconciliation of discharge medications with the current medication list, report 1111F. There are no performance exclusions; modifiers 1P, 2P and 3P may not be used.</p>		
<p>Advance Care Plan⁵</p> <p>Whether or not the patient aged 65 years and older has an advance care plan or surrogate decision maker documented in the medical record or documentation in the medical record that an advance care plan was discussed but patient did not wish or was not able to name a surrogate decision maker or provide an advance care plan</p>		

Footnotes

¹**Physician Consortium for Performance Improvement®(PCPI)** - For more information on measures developed by the Physician Consortium for Performance Improvement® (PCPI), see the appropriate Payor website.

²**National Committee on Quality Assurance (NCQA)**, Health Employer Data Information Set (HEDIS®), www.ncqa.org

³**The Joint Commission**, <https://www.jointcommission.org>

⁴**National Diabetes Quality Improvement Alliance (NDQIA)** - For more information on measures developed by the National Diabetes Quality Improvement Alliance (NDQIA), see the appropriate Payor website.

⁵Joint measure from **The Physician Consortium for Performance Improvement (PCPI)**, and **National Committee on Quality Assurance (NCQA)** - For more information on measures developed as joint measures from Physician Consortium for Performance Improvement and the National Committee on Quality Assurance (NCQA), visit the NCQA website at www.ncqa.org.

⁶**The Society of Thoracic Surgeons** at www.sts.org and **National Quality Forum**, www.qualityforum.org.

⁷**Optum**, www.optum.com.

⁸**American Academy of Neurology**, <https://www.aan.com/practice/neuromuscular-quality-measures>, or quality@aan.com.

⁹**College of American Pathologists (CAP)**, <https://www.cap.org/advocacy/quality-payment-program-for-pathologists/mips-for-pathologists/2023-pathology-quality-measures>.

¹⁰**American Gastroenterological Association (AGA)**, www.gastro.org/quality.

¹¹**American Society of Anesthesiologists (ASA)**, www.asahq.org.

¹²**American College of Gastroenterology (ACG)**, www.gi.org; **American Gastroenterological Association (AGA)**, www.gastro.org; and **American Society for Gastrointestinal Endoscopy (ASGE)**, www.asge.org.

Geriatrics (GER)		
Brief Description of Performance Measure & Source and Reporting Instructions:	CPT Category II Code(s)	Code Descriptor(s)
<p>wish or was not able to name a surrogate decision maker or provide an advance care plan</p> <p>Reporting Instructions</p> <p>Report 1123F or 1124F for each patient. If patient's cultural and/or spiritual beliefs preclude a discussion of advance care planning, report 1124F. There are no performance exclusions for this measure; modifiers 1P, 2P or 3P may not be used.</p> <p>The reporting physician does not need to be the physician who documented or discussed advance care planning with the patient but it must be in the medical record at the time of reporting.</p> <p>Note: This measure applies to all healthcare settings (eg, inpatient, nursing home, ambulatory). For each of these settings, there should be documentation in the medical record(s) that advance care planning was discussed or documented.</p>		
Assessment of Presence or Absence of Urinary Incontinence in Women Aged 65 Years and Older⁵		

Footnotes

¹**Physician Consortium for Performance Improvement®(PCPI)** - For more information on measures developed by the Physician Consortium for Performance Improvement® (PCPI), see the appropriate Payor website.

²**National Committee on Quality Assurance (NCQA)**, Health Employer Data Information Set (HEDIS®), www.ncqa.org

³**The Joint Commission**, <https://www.jointcommission.org>

⁴**National Diabetes Quality Improvement Alliance (NDQIA)** - For more information on measures developed by the National Diabetes Quality Improvement Alliance (NDQIA), see the appropriate Payor website.

⁵Joint measure from **The Physician Consortium for Performance Improvement (PCPI)**, and **National Committee on Quality Assurance (NCQA)** - For more information on measures developed as joint measures from Physician Consortium for Performance Improvement and the National Committee on Quality Assurance (NCQA), visit the NCQA website at www.ncqa.org.

⁶**The Society of Thoracic Surgeons** at www.sts.org and **National Quality Forum**, www.qualityforum.org.

⁷**Optum**, www.optum.com.

⁸**American Academy of Neurology**, <https://www.aan.com/practice/neuromuscular-quality-measures>, or quality@aan.com.

⁹**College of American Pathologists (CAP)**, <https://www.cap.org/advocacy/quality-payment-program-for-pathologists/mips-for-pathologists/2023-pathology-quality-measures>.

¹⁰**American Gastroenterological Association (AGA)**, www.gastro.org/quality.

¹¹**American Society of Anesthesiologists (ASA)**, www.asahq.org.

¹²**American College of Gastroenterology (ACG)**, www.gi.org; **American Gastroenterological Association (AGA)**, www.gastro.org; and **American Society for Gastrointestinal Endoscopy (ASGE)**, www.asge.org.

Geriatrics (GER)		
Brief Description of Performance Measure & Source and Reporting Instructions:	CPT Category II Code(s)	Code Descriptor(s)
<p>Whether or not the female patient aged 65 years and older was assessed for the presence or absence of urinary incontinence within 12 months</p> <p>Numerator: Patients who were assessed for the presence or absence of urinary incontinence within 12 months</p> <p>Urinary incontinence is defined as any involuntary leakage of urine</p> <p>Denominator: All female patients aged 65 years and older</p> <p>Exclusion(s): Documentation of medical reason(s) for not assessing for the presence or absence of urinary incontinence</p> <p>Percentage of female patients aged 65 years and older who were assessed for the presence or absence of urinary incontinence within 12 months</p> <p>Reporting Instructions: For patient with appropriate exclusion criteria, report 1090F with modifier 1P.</p>	1090F	Presence or absence of urinary incontinence assessed

Footnotes

¹Physician Consortium for Performance Improvement®(PCPI) - For more information on measures developed by the Physician Consortium for Performance Improvement® (PCPI), see the appropriate Payor website.

²National Committee on Quality Assurance (NCQA), Health Employer Data Information Set (HEDIS®), www.ncqa.org

³The Joint Commission, <https://www.jointcommission.org>

⁴National Diabetes Quality Improvement Alliance (NDQIA) - For more information on measures developed by the National Diabetes Quality Improvement Alliance (NDQIA), see the appropriate Payor website.

⁵Joint measure from The Physician Consortium for Performance Improvement (PCPI), and National Committee on Quality Assurance (NCQA) - For more information on measures developed as joint measures from Physician Consortium for Performance Improvement and the National Committee on Quality Assurance (NCQA), visit the NCQA website at www.ncqa.org.

⁶The Society of Thoracic Surgeons at www.sts.org and National Quality Forum, www.qualityforum.org.

⁷Optum, www.optum.com.

⁸American Academy of Neurology, <https://www.aan.com/practice/neuromuscular-quality-measures>, or quality@aan.com.

⁹College of American Pathologists (CAP), <https://www.cap.org/advocacy/quality-payment-program-for-pathologists/mips-for-pathologists/2023-pathology-quality-measures>.

¹⁰American Gastroenterological Association (AGA), www.gastro.org/quality.

¹¹American Society of Anesthesiologists (ASA), www.asahq.org.

¹²American College of Gastroenterology (ACG), www.gi.org; American Gastroenterological Association (AGA), www.gastro.org; and American Society for Gastrointestinal Endoscopy (ASGE), www.asge.org.

Geriatrics (GER)		
Brief Description of Performance Measure & Source and Reporting Instructions:	CPT Category II Code(s)	Code Descriptor(s)
<p>Characterization of Urinary Incontinence in Women Aged 65 Years and Older⁵</p> <p>Whether or not the female patient aged 65 years and older with a diagnosis of urinary incontinence whose urinary incontinence was characterized at least once within 12 months</p> <p>Numerator: Patients whose urinary incontinence was characterized (may include one or more of the following: frequency, volume, timing, type of symptoms or how bothersome to the patient) at least once within 12 months</p> <p>Denominator: All female patients aged 65 years and older with a diagnosis of urinary incontinence</p> <p>Exclusion(s): None</p> <p>Percentage of female patients aged 65 years and older with a diagnosis of urinary incontinence whose urinary incontinence was characterized at least once within 12 months</p> <p>Reporting Instructions: There are no performance exclusions for this measure; modifiers 1P, 2P and 3P may not be used.</p>	1091F	Urinary incontinence characterized (eg frequency, volume, timing, type of symptoms, how bothersome)

Footnotes

¹Physician Consortium for Performance Improvement®(PCPI) - For more information on measures developed by the Physician Consortium for Performance Improvement® (PCPI), see the appropriate Payor website.

²National Committee on Quality Assurance (NCQA), Health Employer Data Information Set (HEDIS®), www.ncqa.org

³The Joint Commission, <https://www.jointcommission.org>

⁴National Diabetes Quality Improvement Alliance (NDQIA) - For more information on measures developed by the National Diabetes Quality Improvement Alliance (NDQIA), see the appropriate Payor website.

⁵Joint measure from The Physician Consortium for Performance Improvement (PCPI), and National Committee on Quality Assurance (NCQA) - For more information on measures developed as joint measures from Physician Consortium for Performance Improvement and the National Committee on Quality Assurance (NCQA), visit the NCQA website at www.ncqa.org.

⁶The Society of Thoracic Surgeons at www.sts.org and National Quality Forum, www.qualityforum.org.

⁷Optum, www.optum.com.

⁸American Academy of Neurology, <https://www.aan.com/practice/neuromuscular-quality-measures>, or quality@aan.com.

⁹College of American Pathologists (CAP), <https://www.cap.org/advocacy/quality-payment-program-for-pathologists/mips-for-pathologists/2023-pathology-quality-measures>.

¹⁰American Gastroenterological Association (AGA), www.gastro.org/quality.

¹¹American Society of Anesthesiologists (ASA), www.asahq.org.

¹²American College of Gastroenterology (ACG), www.gi.org; American Gastroenterological Association (AGA), www.gastro.org; and American Society for Gastrointestinal Endoscopy (ASGE), www.asge.org.

Geriatrics (GER)		
Brief Description of Performance Measure & Source and Reporting Instructions:	CPT Category II Code(s)	Code Descriptor(s)
<p>Plan of Care for Urinary Incontinence in Women Aged 65 Years and Older⁵</p> <p>Whether or not the female patient aged 65 years and older with a diagnosis of urinary incontinence had a documented plan of care for urinary incontinence at least once within 12 months</p> <p>Numerator: Patients with a documented plan of care for urinary incontinence at least once within 12 months</p> <p>Definition: Plan of care may include behavioral interventions (eg, bladder training, pelvic floor muscle training, prompted voiding), referral to specialist, surgical treatment, reassess at follow-up visit, lifestyle interventions, addressing co-morbid factors, modifications or discontinuation of medications contributing to urinary incontinence, or pharmacologic therapy</p> <p>Denominator: All female patients aged 65 years and older with a diagnosis of urinary incontinence</p> <p>Exclusion(s): None</p> <p>Percentage of female patients aged 65 years and older with a diagnosis of urinary incontinence with a documented plan of care for urinary incontinence at least once within 12 months</p>	0509F	Urinary incontinence plan of care documented

Footnotes

¹Physician Consortium for Performance Improvement®(PCPI) - For more information on measures developed by the Physician Consortium for Performance Improvement® (PCPI), see the appropriate Payor website.

²National Committee on Quality Assurance (NCQA), Health Employer Data Information Set (HEDIS®), www.ncqa.org

³The Joint Commission, <https://www.jointcommission.org>

⁴National Diabetes Quality Improvement Alliance (NDQIA) - For more information on measures developed by the National Diabetes Quality Improvement Alliance (NDQIA), see the appropriate Payor website.

⁵Joint measure from The Physician Consortium for Performance Improvement (PCPI), and National Committee on Quality Assurance (NCQA) - For more information on measures developed as joint measures from Physician Consortium for Performance Improvement and the National Committee on Quality Assurance (NCQA), visit the NCQA website at www.ncqa.org.

⁶The Society of Thoracic Surgeons at www.sts.org and National Quality Forum, www.qualityforum.org.

⁷Optum, www.optum.com.

⁸American Academy of Neurology, <https://www.aan.com/practice/neuromuscular-quality-measures>, or quality@aan.com.

⁹College of American Pathologists (CAP), <https://www.cap.org/advocacy/quality-payment-program-for-pathologists/mips-for-pathologists/2023-pathology-quality-measures>.

¹⁰American Gastroenterological Association (AGA), www.gastro.org/quality.

¹¹American Society of Anesthesiologists (ASA), www.asahq.org.

¹²American College of Gastroenterology (ACG), www.gi.org; American Gastroenterological Association (AGA), www.gastro.org; and American Society for Gastrointestinal Endoscopy (ASGE), www.asge.org.

Geriatrics (GER)		
Brief Description of Performance Measure & Source and Reporting Instructions:	CPT Category II Code(s)	Code Descriptor(s)
Reporting Instructions: There are no performance exclusions for this measure. Modifiers 1P, 2P and 3P may not be used.		
Screening for Future Fall Risk⁵ Whether or not the patient aged 65 years and older was screened for future fall risk (2 or more falls in the past year or any fall with injury in the past year) at least once within 12 months Numerator: Patients who were screened for future fall risk (patients are considered at risk for future falls if they have had 2 or more falls in the past year or any fall with injury in the past year) at least once within 12 months Denominator: All patients aged 65 years and older Exclusion(s): Documentation of medical reason(s) for not screening for future fall risk (eg, patient is not ambulatory) Percentage of patients aged 65 years and older who were screened for future fall risk at least once within 12 months	1100F	Patient screened for future fall risk; documentation of two or more falls in the past year or any fall with injury in the past year

Footnotes

¹Physician Consortium for Performance Improvement®(PCPI) - For more information on measures developed by the Physician Consortium for Performance Improvement® (PCPI), see the appropriate Payor website.

²National Committee on Quality Assurance (NCQA), Health Employer Data Information Set (HEDIS®), www.ncqa.org

³The Joint Commission, <https://www.jointcommission.org>

⁴National Diabetes Quality Improvement Alliance (NDQIA) - For more information on measures developed by the National Diabetes Quality Improvement Alliance (NDQIA), see the appropriate Payor website.

⁵Joint measure from The Physician Consortium for Performance Improvement (PCPI), and National Committee on Quality Assurance (NCQA) - For more information on measures developed as joint measures from Physician Consortium for Performance Improvement and the National Committee on Quality Assurance (NCQA), visit the NCQA website at www.ncqa.org.

⁶The Society of Thoracic Surgeons at www.sts.org and National Quality Forum, www.qualityforum.org.

⁷Optum, www.optum.com.

⁸American Academy of Neurology, <https://www.aan.com/practice/neuromuscular-quality-measures>, or quality@aan.com.

⁹College of American Pathologists (CAP), <https://www.cap.org/advocacy/quality-payment-program-for-pathologists/mips-for-pathologists/2023-pathology-quality-measures>.

¹⁰American Gastroenterological Association (AGA), www.gastro.org/quality.

¹¹American Society of Anesthesiologists (ASA), www.asahq.org.

¹²American College of Gastroenterology (ACG), www.gi.org; American Gastroenterological Association (AGA), www.gastro.org; and American Society for Gastrointestinal Endoscopy (ASGE), www.asge.org.

Geriatrics (GER)		
Brief Description of Performance Measure & Source and Reporting Instructions:	CPT Category II Code(s)	Code Descriptor(s)
Reporting Instructions: For patient with appropriate exclusion criteria, report either 1100F or 1101F with modifier 1P.	1101F	Patient screened for future fall risk; documentation of no falls in the past year or only one fall without injury in the past year
Risk Assessment for Falls⁵ Whether or not the patient aged 65 years and older with a history of falls had a risk assessment for falls completed within 12 months Numerator: Patients who had a risk assessment for falls completed within 12 months *Risk assessment is comprised of: - Balance/gait AND one or more of the following: - Postural blood pressure - Vision - Home fall hazards - Documentation on whether medications are a contributing factor or not to falls	3288F	Falls risk assessment documented

Footnotes

¹**Physician Consortium for Performance Improvement®(PCPI)** - For more information on measures developed by the Physician Consortium for Performance Improvement® (PCPI), see the appropriate Payor website.

²**National Committee on Quality Assurance (NCQA)**, Health Employer Data Information Set (HEDIS®), www.ncqa.org

³**The Joint Commission**, <https://www.jointcommission.org>

⁴**National Diabetes Quality Improvement Alliance (NDQIA)** - For more information on measures developed by the National Diabetes Quality Improvement Alliance (NDQIA), see the appropriate Payor website.

⁵Joint measure from **The Physician Consortium for Performance Improvement (PCPI)**, and **National Committee on Quality Assurance (NCQA)** - For more information on measures developed as joint measures from Physician Consortium for Performance Improvement and the National Committee on Quality Assurance (NCQA), visit the NCQA website at www.ncqa.org.

⁶**The Society of Thoracic Surgeons** at www.sts.org and **National Quality Forum**, www.qualityforum.org.

⁷**Optum**, www.optum.com.

⁸**American Academy of Neurology**, <https://www.aan.com/practice/neuromuscular-quality-measures>, or quality@aan.com.

⁹**College of American Pathologists (CAP)**, <https://www.cap.org/advocacy/quality-payment-program-for-pathologists/mips-for-pathologists/2023-pathology-quality-measures>.

¹⁰**American Gastroenterological Association (AGA)**, www.gastro.org/quality.

¹¹**American Society of Anesthesiologists (ASA)**, www.asahq.org.

¹²**American College of Gastroenterology (ACG)**, www.gi.org; **American Gastroenterological Association (AGA)**, www.gastro.org; and **American Society for Gastrointestinal Endoscopy (ASGE)**, www.asge.org.

Geriatrics (GER)		
Brief Description of Performance Measure & Source and Reporting Instructions:	CPT Category II Code(s)	Code Descriptor(s)
<p>within the past 12 months (Note: all components do not need to be completed during one patient visit)</p> <p>Definition: A fall is defined as a sudden, unintentional change in position causing an individual to land at a lower level, on an object, the floor, or the ground, other than as a consequence of sudden onset of paralysis, epileptic seizure, or overwhelming external force.</p> <p>See technical specifications for detailed requirements for each component</p> <p>Denominator: All patients aged 65 years and older with a history of falls (history of falls is defined as 2 or more falls in the past year or any fall with injury in the past year)</p> <p>Exclusion(s): Documentation of medical reason(s) for not completing a risk assessment for falls</p> <p>Percentage of patients aged 65 years and older with a history of falls who had a risk assessment for falls completed within 12 months</p> <p>Reporting Instructions: Report 1100F or 1101F for each patient. If patient has a history of falls (1100F) and there is a</p>	<p>Denominator Codes</p> <p>1100F</p> <p>1101F</p>	<p>Patient screened for future fall risk; documentation of two or more falls in the past year or any fall with injury in the past year</p> <p>Patient screened for future fall risk; documentation of no falls in the past year or only one fall without injury in the past year</p>

Footnotes

¹Physician Consortium for Performance Improvement®(PCPI) - For more information on measures developed by the Physician Consortium for Performance Improvement® (PCPI), see the appropriate Payor website.

²National Committee on Quality Assurance (NCQA), Health Employer Data Information Set (HEDIS®), www.ncqa.org

³The Joint Commission, <https://www.jointcommission.org>

⁴National Diabetes Quality Improvement Alliance (NDQIA) - For more information on measures developed by the National Diabetes Quality Improvement Alliance (NDQIA), see the appropriate Payor website.

⁵Joint measure from The Physician Consortium for Performance Improvement (PCPI), and National Committee on Quality Assurance (NCQA) - For more information on measures developed as joint measures from Physician Consortium for Performance Improvement and the National Committee on Quality Assurance (NCQA), visit the NCQA website at www.ncqa.org.

⁶The Society of Thoracic Surgeons at www.sts.org and National Quality Forum, www.qualityforum.org.

⁷Optum, www.optum.com.

⁸American Academy of Neurology, <https://www.aan.com/practice/neuromuscular-quality-measures>, or quality@aan.com.

⁹College of American Pathologists (CAP), <https://www.cap.org/advocacy/quality-payment-program-for-pathologists/mips-for-pathologists/2023-pathology-quality-measures>.

¹⁰American Gastroenterological Association (AGA), www.gastro.org/quality.

¹¹American Society of Anesthesiologists (ASA), www.asahq.org.

¹²American College of Gastroenterology (ACG), www.gi.org; American Gastroenterological Association (AGA), www.gastro.org; and American Society for Gastrointestinal Endoscopy (ASGE), www.asge.org.

Geriatrics (GER)		
Brief Description of Performance Measure & Source and Reporting Instructions:	CPT Category II Code(s)	Code Descriptor(s)
<p>Denominator: All patients aged 65 years and older with a history of falls (history of falls is defined as 2 or more falls in the past year or any fall with injury in the past year)</p> <p>Exclusion(s): Documentation of medical reason(s) why a plan of care is not documented</p> <p>Percentage of patients aged 65 years and older with a history of falls who had a plan of care for falls documented within 12 months</p> <p>Reporting Instructions: Report 1100F or 1101F for each patient. If patient has a history of falls (1100F) and there is a plan of care for falls documented, also report 0518F. For patient with appropriate exclusion criteria, report 0518F with modifier 1P.</p>	1101F	<p>fall with injury in the past year</p> <p>Patient screened for future fall risk; documentation of no falls in the past year or only one fall without injury in the past year</p>

Footnotes

¹Physician Consortium for Performance Improvement®(PCPI) - For more information on measures developed by the Physician Consortium for Performance Improvement® (PCPI), see the appropriate Payor website.

²National Committee on Quality Assurance (NCQA), Health Employer Data Information Set (HEDIS®), www.ncqa.org

³The Joint Commission, <https://www.jointcommission.org>

⁴National Diabetes Quality Improvement Alliance (NDQIA) - For more information on measures developed by the National Diabetes Quality Improvement Alliance (NDQIA), see the appropriate Payor website.

⁵Joint measure from The Physician Consortium for Performance Improvement (PCPI), and National Committee on Quality Assurance (NCQA) - For more information on measures developed as joint measures from Physician Consortium for Performance Improvement and the National Committee on Quality Assurance (NCQA), visit the NCQA website at www.ncqa.org.

⁶The Society of Thoracic Surgeons at www.sts.org and National Quality Forum, www.qualityforum.org.

⁷Optum, www.optum.com.

⁸American Academy of Neurology, <https://www.aan.com/practice/neuromuscular-quality-measures>, or quality@aan.com.

⁹College of American Pathologists (CAP), <https://www.cap.org/advocacy/quality-payment-program-for-pathologists/mips-for-pathologists/2023-pathology-quality-measures>.

¹⁰American Gastroenterological Association (AGA), www.gastro.org/quality.

¹¹American Society of Anesthesiologists (ASA), www.asahq.org.

¹²American College of Gastroenterology (ACG), www.gi.org; American Gastroenterological Association (AGA), www.gastro.org; and American Society for Gastrointestinal Endoscopy (ASGE), www.asge.org.

Heart Failure (HF)		
Brief Description of Performance Measure & Source and Reporting Instructions:	CPT Category II Code(s)	Code Descriptor(s)
<p>Left Ventricular Ejection Fraction (LVEF) Assessment (Outpatient)¹ (#1)</p> <p>Whether or not the patient aged 18 years and older with a diagnosis of heart failure has results of a recent or prior LVEF assessment documented</p> <p>**For complete measure language with definitions, please reference the measure worksheets at www.physicianconsortium.org**</p> <p>Numerator:</p> <p>Patients for whom the quantitative or qualitative results of a recent or prior (any time in the past) LVEF assessment documented</p> <p>Denominator:</p> <p>All patients aged 18 years and older with a diagnosis of heart failure</p>	<p>3021F</p> <p>3022F</p>	<p>Left ventricular ejection fraction (LVEF) less than 40% or documentation of moderately or severely depressed left ventricular systolic function</p> <p>Left ventricular ejection fraction (LVEF) greater than or equal to 40% or documentation as normal or mildly depressed left ventricular systolic function</p>

Footnotes

¹Physician Consortium for Performance Improvement®(PCPI) - For more information on measures developed by the Physician Consortium for Performance Improvement® (PCPI), see the appropriate Payor website.

²National Committee on Quality Assurance (NCQA), Health Employer Data Information Set (HEDIS®), www.ncqa.org

³The Joint Commission, <https://www.jointcommission.org>

⁴National Diabetes Quality Improvement Alliance (NDQIA) - For more information on measures developed by the National Diabetes Quality Improvement Alliance (NDQIA), see the appropriate Payor website.

⁵Joint measure from The Physician Consortium for Performance Improvement (PCPI), and National Committee on Quality Assurance (NCQA) - For more information on measures developed as joint measures from Physician Consortium for Performance Improvement and the National Committee on Quality Assurance (NCQA), visit the NCQA website at www.ncqa.org.

⁶The Society of Thoracic Surgeons at www.sts.org and National Quality Forum, www.qualityforum.org.

⁷Optum, www.optum.com.

⁸American Academy of Neurology, <https://www.aan.com/practice/neuromuscular-quality-measures>, or quality@aan.com.

⁹College of American Pathologists (CAP), <https://www.cap.org/advocacy/quality-payment-program-for-pathologists/mips-for-pathologists/2023-pathology-quality-measures>.

¹⁰American Gastroenterological Association (AGA), www.gastro.org/quality.

¹¹American Society of Anesthesiologists (ASA), www.asahq.org.

¹²American College of Gastroenterology (ACG), www.gi.org; American Gastroenterological Association (AGA), www.gastro.org; and American Society for Gastrointestinal Endoscopy (ASGE), www.asge.org.

Heart Failure (HF)		
Brief Description of Performance Measure & Source and Reporting Instructions:	CPT Category II Code(s)	Code Descriptor(s)
<p>Exclusion(s):</p> <p>None</p> <p>Reporting Instructions:</p> <p>Report 3021F OR 3022F to indicate availability of LVEF assessment result. If the patient has ever had a left ventricular ejection fraction (LVEF) less than 40% or documentation of moderately or severely depressed left ventricular systolic function, report 3021F.</p> <p>There are no performance exclusions for this measure; modifiers 1P, 2P, or 3P may not be used.</p>		
Left Ventricular Ejection Fraction (LVEF) Assessment (Inpatient)¹ (#2)		

Footnotes

¹Physician Consortium for Performance Improvement®(PCPI) - For more information on measures developed by the Physician Consortium for Performance Improvement® (PCPI), see the appropriate Payor website.

²National Committee on Quality Assurance (NCQA), Health Employer Data Information Set (HEDIS®), www.ncqa.org

³The Joint Commission, <https://www.jointcommission.org>

⁴National Diabetes Quality Improvement Alliance (NDQIA) - For more information on measures developed by the National Diabetes Quality Improvement Alliance (NDQIA), see the appropriate Payor website.

⁵Joint measure from The Physician Consortium for Performance Improvement (PCPI), and National Committee on Quality Assurance (NCQA) - For more information on measures developed as joint measures from Physician Consortium for Performance Improvement and the National Committee on Quality Assurance (NCQA), visit the NCQA website at www.ncqa.org.

⁶The Society of Thoracic Surgeons at www.sts.org and National Quality Forum, www.qualityforum.org.

⁷Optum, www.optum.com.

⁸American Academy of Neurology, <https://www.aan.com/practice/neuromuscular-quality-measures>, or quality@aan.com.

⁹College of American Pathologists (CAP), <https://www.cap.org/advocacy/quality-payment-program-for-pathologists/mips-for-pathologists/2023-pathology-quality-measures>.

¹⁰American Gastroenterological Association (AGA), www.gastro.org/quality.

¹¹American Society of Anesthesiologists (ASA), www.asahq.org.

¹²American College of Gastroenterology (ACG), www.gi.org; American Gastroenterological Association (AGA), www.gastro.org; and American Society for Gastrointestinal Endoscopy (ASGE), www.asge.org.

Heart Failure (HF)		
Brief Description of Performance Measure & Source and Reporting Instructions:	CPT Category II Code(s)	Code Descriptor(s)
<p>Whether or not the patient aged 18 years and older with a principal diagnosis of heart failure has a result of LVEF assessment available in hospital medical record or LVEF assessment planned after discharge</p> <p>**For complete measure language with definitions, please reference the measure worksheets at www.physicianconsortium.org**</p> <p>Numerator: Patients with documentation in the hospital record of the results of an LVEF assessment that was performed either before arrival or during hospitalization <u>OR</u> documentation in the hospital record that LVEF assessment is planned for after discharge</p> <p>Denominator: All patients aged 18 years and older with a principal discharge diagnosis of heart failure</p> <p>Exclusion(s): Documentation of medical reason(s) for not documenting the results of an LVEF assessment <u>OR</u> that LVEF assessment is not planned for after discharge (eg,</p>	3021F	Left ventricular ejection fraction (LVEF) less than 40% or documentation of moderately or severely depressed left ventricular systolic function

Footnotes

¹Physician Consortium for Performance Improvement®(PCPI) - For more information on measures developed by the Physician Consortium for Performance Improvement® (PCPI), see the appropriate Payor website.

²National Committee on Quality Assurance (NCQA), Health Employer Data Information Set (HEDIS®), www.ncqa.org

³The Joint Commission, <https://www.jointcommission.org>

⁴National Diabetes Quality Improvement Alliance (NDQIA) - For more information on measures developed by the National Diabetes Quality Improvement Alliance (NDQIA), see the appropriate Payor website.

⁵Joint measure from The Physician Consortium for Performance Improvement (PCPI), and National Committee on Quality Assurance (NCQA) - For more information on measures developed as joint measures from Physician Consortium for Performance Improvement and the National Committee on Quality Assurance (NCQA), visit the NCQA website at www.ncqa.org.

⁶The Society of Thoracic Surgeons at www.sts.org and National Quality Forum, www.qualityforum.org.

⁷Optum, www.optum.com.

⁸American Academy of Neurology, <https://www.aan.com/practice/neuromuscular-quality-measures>, or quality@aan.com.

⁹College of American Pathologists (CAP), <https://www.cap.org/advocacy/quality-payment-program-for-pathologists/mips-for-pathologists/2023-pathology-quality-measures>.

¹⁰American Gastroenterological Association (AGA), www.gastro.org/quality.

¹¹American Society of Anesthesiologists (ASA), www.asahq.org.

¹²American College of Gastroenterology (ACG), www.gi.org; American Gastroenterological Association (AGA), www.gastro.org; and American Society for Gastrointestinal Endoscopy (ASGE), www.asge.org.

Heart Failure (HF)		
Brief Description of Performance Measure & Source and Reporting Instructions:	CPT Category II Code(s)	Code Descriptor(s)
<p>patients who expired, patients who left against medical advice, other medical reason(s))</p> <p>Reporting Instructions: Report this measure for each hospitalization. Report 3021F OR 3022F to indicate presence of LVEF result. If the patient has ever had a left ventricular ejection fraction (LVEF) less than 40% or documentation of moderately or severely depressed left ventricular systolic function, report 3021F. If LVEF result is not available, report 3019F if LVEF assessment is planned after patient is discharged from the hospital. For the patient with appropriate exclusion criteria, report 3019F, with modifier 1P. Modifier 2P or 3P may not be used.</p>	<p>3022F</p> <p>3019F</p>	<p>Left ventricular ejection fraction (LVEF) greater than or equal to 40% or documentation as normal or mildly depressed left ventricular systolic function</p> <p>Left ventricular ejection fraction (LVEF) assessment planned post discharge</p>

Footnotes

¹Physician Consortium for Performance Improvement®(PCPI) - For more information on measures developed by the Physician Consortium for Performance Improvement® (PCPI), see the appropriate Payor website.

²National Committee on Quality Assurance (NCQA), Health Employer Data Information Set (HEDIS®), www.ncqa.org

³The Joint Commission, <https://www.jointcommission.org>

⁴National Diabetes Quality Improvement Alliance (NDQIA) - For more information on measures developed by the National Diabetes Quality Improvement Alliance (NDQIA), see the appropriate Payor website.

⁵Joint measure from The Physician Consortium for Performance Improvement (PCPI), and National Committee on Quality Assurance (NCQA) - For more information on measures developed as joint measures from Physician Consortium for Performance Improvement and the National Committee on Quality Assurance (NCQA), visit the NCQA website at www.ncqa.org.

⁶The Society of Thoracic Surgeons at www.sts.org and National Quality Forum, www.qualityforum.org.

⁷Optum, www.optum.com.

⁸American Academy of Neurology, <https://www.aan.com/practice/neuromuscular-quality-measures>, or quality@aan.com.

⁹College of American Pathologists (CAP), <https://www.cap.org/advocacy/quality-payment-program-for-pathologists/mips-for-pathologists/2023-pathology-quality-measures>.

¹⁰American Gastroenterological Association (AGA), www.gastro.org/quality.

¹¹American Society of Anesthesiologists (ASA), www.asahq.org.

¹²American College of Gastroenterology (ACG), www.gi.org; American Gastroenterological Association (AGA), www.gastro.org; and American Society for Gastrointestinal Endoscopy (ASGE), www.asge.org.

<p>For each patient aged 18 years of age and older with a diagnosis of heart failure, report 3115F or 3118F or 3117F.</p> <p>For the patient with appropriate exclusion criteria, report 3115F, with modifier 1P. Modifier 2P or 3P may not be used for this measure.</p>		
---	--	--

Footnotes

¹**Physician Consortium for Performance Improvement®(PCPI)** - For more information on measures developed by the Physician Consortium for Performance Improvement® (PCPI), see the appropriate Payor website.

²**National Committee on Quality Assurance (NCQA)**, Health Employer Data Information Set (HEDIS®), www.ncqa.org

³**The Joint Commission**, <https://www.jointcommission.org>

⁴**National Diabetes Quality Improvement Alliance (NDQIA)** - For more information on measures developed by the National Diabetes Quality Improvement Alliance (NDQIA), see the appropriate Payor website.

⁵Joint measure from **The Physician Consortium for Performance Improvement (PCPI)**, and **National Committee on Quality Assurance (NCQA)** - For more information on measures developed as joint measures from Physician Consortium for Performance Improvement and the National Committee on Quality Assurance (NCQA), visit the NCQA website at www.ncqa.org.

⁶*The Society of Thoracic Surgeons* at www.sts.org and *National Quality Forum*, www.qualityforum.org.

⁷**Optum**, www.optum.com.

⁸**American Academy of Neurology**, <https://www.aan.com/practice/neuromuscular-quality-measures>, or quality@aan.com.

⁹**College of American Pathologists (CAP)**, <https://www.cap.org/advocacy/quality-payment-program-for-pathologists/mips-for-pathologists/2023-pathology-quality-measures>.

¹⁰**American Gastroenterological Association (AGA)**, www.gastro.org/quality.

¹¹**American Society of Anesthesiologists (ASA)**, www.asahq.org.

¹²**American College of Gastroenterology (ACG)**, www.gi.org; **American Gastroenterological Association (AGA)**, www.gastro.org; and **American Society for Gastrointestinal Endoscopy (ASGE)**, www.asge.org.

<p>Symptom Management¹</p> <p>Whether or not the patient aged 18 years and older with a diagnosis of heart failure with quantitative results of an evaluation of both level of activity AND clinical symptoms documented which symptoms have improved or remained consistent with treatment goals OR symptoms demonstrate clinically important deterioration and have a plan of care</p> <p>**For complete measure language with definitions, please reference the measure worksheets at www.physicianconsortium.org**</p> <p>Numerator: Patient visits in which patient symptoms have improved or remained consistent with treatment goals since last assessment OR patient symptoms have demonstrated clinically important deterioration since last assessment with a documented plan of care</p> <p>Denominator:</p> <p>All patient visits for those patients aged 18 years and older with a diagnosis of heart failure and with quantitative results of an evaluation of both level of activity AND clinical symptoms documented</p> <p>Exclusion(s): None</p>	<p>1450F</p> <p>1451F</p> <p>0555F</p> <p>Denominator Codes</p> <p>3115F</p> <p>3118F</p> <p>3117F</p>	<p>Symptoms improved or remained consistent with treatment goals since last assessment</p> <p>Symptoms demonstrated clinically important deterioration since last assessment</p> <p>Symptom management plan of care documented</p> <p>Quantitative results of an evaluation of level of activity and clinical symptoms</p> <p>New York Heart Association (NYHA) Class documented</p> <p>Heart Failure disease specific structured assessment tool completed</p>
---	---	---

Footnotes

¹Physician Consortium for Performance Improvement®(PCPI) - For more information on measures developed by the Physician Consortium for Performance Improvement® (PCPI), see the appropriate Payor website.

²National Committee on Quality Assurance (NCQA), Health Employer Data Information Set (HEDIS®), www.ncqa.org

³The Joint Commission, <https://www.jointcommission.org>

⁴National Diabetes Quality Improvement Alliance (NDQIA) - For more information on measures developed by the National Diabetes Quality Improvement Alliance (NDQIA), see the appropriate Payor website.

⁵Joint measure from The Physician Consortium for Performance Improvement (PCPI), and National Committee on Quality Assurance (NCQA) - For more information on measures developed as joint measures from Physician Consortium for Performance Improvement and the National Committee on Quality Assurance (NCQA), visit the NCQA website at www.ncqa.org.

⁶The Society of Thoracic Surgeons at www.sts.org and National Quality Forum, www.qualityforum.org.

⁷Optum, www.optum.com.

⁸American Academy of Neurology, <https://www.aan.com/practice/neuromuscular-quality-measures>, or quality@aan.com.

⁹College of American Pathologists (CAP), <https://www.cap.org/advocacy/quality-payment-program-for-pathologists/mips-for-pathologists/2023-pathology-quality-measures>.

¹⁰American Gastroenterological Association (AGA), www.gastro.org/quality.

¹¹American Society of Anesthesiologists (ASA), www.asahq.org.

¹²American College of Gastroenterology (ACG), www.gi.org; American Gastroenterological Association (AGA), www.gastro.org; and American Society for Gastrointestinal Endoscopy (ASGE), www.asge.org.

<p>Reporting Instructions: If quantitative results of an evaluation of level of activity and clinical symptoms are present, report 3115F OR 3118F OR 3117F. Otherwise, report 3119F. If symptoms improved or remained consistent with treatment goals since last assessment, report 1450F. If symptoms have demonstrated clinically important deterioration since last assessment and there is a documented plan of care, report 1451F AND 0555F. There are no performance exclusions for this measure; modifiers 1P, 2P or 3P may not be used.</p>	<p>3119F</p>	<p>No evaluation of level of activity or clinical symptoms</p>
--	--------------	--

Footnotes

¹**Physician Consortium for Performance Improvement®(PCPI)** - For more information on measures developed by the Physician Consortium for Performance Improvement® (PCPI), see the appropriate Payor website.

²**National Committee on Quality Assurance (NCQA)**, Health Employer Data Information Set (HEDIS®), www.ncqa.org

³**The Joint Commission**, <https://www.jointcommission.org>

⁴**National Diabetes Quality Improvement Alliance (NDQIA)** - For more information on measures developed by the National Diabetes Quality Improvement Alliance (NDQIA), see the appropriate Payor website.

⁵Joint measure from **The Physician Consortium for Performance Improvement (PCPI)**, and **National Committee on Quality Assurance (NCQA)** - For more information on measures developed as joint measures from Physician Consortium for Performance Improvement and the National Committee on Quality Assurance (NCQA), visit the NCQA website at www.ncqa.org.

⁶**The Society of Thoracic Surgeons** at www.sts.org and **National Quality Forum**, www.qualityforum.org.

⁷**Optum**, www.optum.com.

⁸**American Academy of Neurology**, <https://www.aan.com/practice/neuromuscular-quality-measures>, or quality@aan.com.

⁹**College of American Pathologists (CAP)**, <https://www.cap.org/advocacy/quality-payment-program-for-pathologists/mips-for-pathologists/2023-pathology-quality-measures>.

¹⁰**American Gastroenterological Association (AGA)**, www.gastro.org/quality.

¹¹**American Society of Anesthesiologists (ASA)**, www.asahq.org.

¹²**American College of Gastroenterology (ACG)**, www.gi.org; **American Gastroenterological Association (AGA)**, www.gastro.org; and **American Society for Gastrointestinal Endoscopy (ASGE)**, www.asge.org.

Heart Failure (HF)		
Brief Description of Performance Measure & Source and Reporting Instructions:	CPT Category II Code(s)	Code Descriptor(s)
<p>Patient Self-Care Education¹</p> <p>Whether or not the patient aged 18 and older with a diagnosis of heart failure was provided self-care education on three or more elements of education</p> <p>**For complete measure language with definitions, please reference the measure worksheets at www.physicianconsortium.org**</p> <p>Numerator:</p> <p>Patients who were provided with self-care education on three or more elements of education</p> <p>Denominator:</p> <p>All patients aged 18 years and older with a diagnosis of heart failure</p> <p>Exclusion(s):</p> <p>None</p>	4450F	

Footnotes

¹Physician Consortium for Performance Improvement®(PCPI) - For more information on measures developed by the Physician Consortium for Performance Improvement® (PCPI), see the appropriate Payor website.

²National Committee on Quality Assurance (NCQA), Health Employer Data Information Set (HEDIS®), www.ncqa.org

³The Joint Commission, <https://www.jointcommission.org>

⁴National Diabetes Quality Improvement Alliance (NDQIA) - For more information on measures developed by the National Diabetes Quality Improvement Alliance (NDQIA), see the appropriate Payor website.

⁵Joint measure from The Physician Consortium for Performance Improvement (PCPI), and National Committee on Quality Assurance (NCQA) - For more information on measures developed as joint measures from Physician Consortium for Performance Improvement and the National Committee on Quality Assurance (NCQA), visit the NCQA website at www.ncqa.org.

⁶The Society of Thoracic Surgeons at www.sts.org and National Quality Forum, www.qualityforum.org.

⁷Optum, www.optum.com.

⁸American Academy of Neurology, <https://www.aan.com/practice/neuromuscular-quality-measures>, or quality@aan.com.

⁹College of American Pathologists (CAP), <https://www.cap.org/advocacy/quality-payment-program-for-pathologists/mips-for-pathologists/2023-pathology-quality-measures>.

¹⁰American Gastroenterological Association (AGA), www.gastro.org/quality.

¹¹American Society of Anesthesiologists (ASA), www.asahq.org.

¹²American College of Gastroenterology (ACG), www.gi.org; American Gastroenterological Association (AGA), www.gastro.org; and American Society for Gastrointestinal Endoscopy (ASGE), www.asge.org.

Heart Failure (HF)		
Brief Description of Performance Measure & Source and Reporting Instructions:	CPT Category II Code(s)	Code Descriptor(s)
<p>Reporting Instructions:</p> <p>For each patient aged 18 years and older with a diagnosis of heart failure who was provided with self-care education on three or more elements of education, report 4450F.</p> <p>There are no performance exclusions for this measure; modifiers 1P, or 2P, or 3P may not be used.</p> <p>Back to New Measure Table</p>		Self-care education provided to patient
<p>Beta-Blocker Therapy for Left Ventricular Systolic Dysfunction (Outpt and Inpt Setting)¹</p> <p>Whether or not the patient aged 18 and older with a diagnosis of heart failure with a current or prior LVEF < 40% was prescribed beta-blocker therapy</p> <p>**For complete measure language with definitions, please reference the measure worksheets at www.physicianconsortium.org**</p>	4008F	Beta-Blocker therapy prescribed or currently being taken

Footnotes

¹Physician Consortium for Performance Improvement®(PCPI) - For more information on measures developed by the Physician Consortium for Performance Improvement® (PCPI), see the appropriate Payor website.

²National Committee on Quality Assurance (NCQA), Health Employer Data Information Set (HEDIS®), www.ncqa.org

³The Joint Commission, <https://www.jointcommission.org>

⁴National Diabetes Quality Improvement Alliance (NDQIA) - For more information on measures developed by the National Diabetes Quality Improvement Alliance (NDQIA), see the appropriate Payor website.

⁵Joint measure from The Physician Consortium for Performance Improvement (PCPI), and National Committee on Quality Assurance (NCQA) - For more information on measures developed as joint measures from Physician Consortium for Performance Improvement and the National Committee on Quality Assurance (NCQA), visit the NCQA website at www.ncqa.org.

⁶The Society of Thoracic Surgeons at www.sts.org and National Quality Forum, www.qualityforum.org.

⁷Optum, www.optum.com.

⁸American Academy of Neurology, <https://www.aan.com/practice/neuromuscular-quality-measures>, or quality@aan.com.

⁹College of American Pathologists (CAP), <https://www.cap.org/advocacy/quality-payment-program-for-pathologists/mips-for-pathologists/2023-pathology-quality-measures>.

¹⁰American Gastroenterological Association (AGA), www.gastro.org/quality.

¹¹American Society of Anesthesiologists (ASA), www.asahq.org.

¹²American College of Gastroenterology (ACG), www.gi.org; American Gastroenterological Association (AGA), www.gastro.org; and American Society for Gastrointestinal Endoscopy (ASGE), www.asge.org.

Heart Failure (HF)		
Brief Description of Performance Measure & Source and Reporting Instructions:	CPT Category II Code(s)	Code Descriptor(s)
<p>Numerator:</p> <p>Patients who were prescribed beta-blocker therapy</p> <p>Denominator:</p> <p>All patients aged 18 years and older with a diagnosis of heart failure with a current or prior LVEF < 40%</p> <p>Exclusion(s):</p> <p>Documentation of medical (eg, low blood pressure, fluid overload, asthma, patients recently treated with an intravenous positive inotropic agent, other medical reason(s)), patient (eg, patient declined, other patient reason(s)), or system (eg, other reason(s) attributable to the health care system) reason(s) for not prescribing beta-blocker therapy</p> <p>Reporting Instructions:</p> <p>This measure is paired with measure #7- Angiotensin-Converting Enzyme (ACE) Inhibitor or Angiotensin Receptor Blocker (ARB) Therapy for Left Ventricular Systolic</p>	<p>Denominator Codes</p> <p>3021F</p> <p>3022F</p>	<p>Left ventricular ejection fraction (LVEF) < 40% or documentation of moderately or severely depressed left ventricular systolic function</p> <p>Left ventricular ejection fraction (LVEF) ≥ 40% or documentation as normal or mildly depressed left ventricular systolic function</p>

Footnotes

¹Physician Consortium for Performance Improvement®(PCPI) - For more information on measures developed by the Physician Consortium for Performance Improvement® (PCPI), see the appropriate Payor website.

²National Committee on Quality Assurance (NCQA), Health Employer Data Information Set (HEDIS®), www.ncqa.org

³The Joint Commission, <https://www.jointcommission.org>

⁴National Diabetes Quality Improvement Alliance (NDQIA) - For more information on measures developed by the National Diabetes Quality Improvement Alliance (NDQIA), see the appropriate Payor website.

⁵Joint measure from The Physician Consortium for Performance Improvement (PCPI), and National Committee on Quality Assurance (NCQA) - For more information on measures developed as joint measures from Physician Consortium for Performance Improvement and the National Committee on Quality Assurance (NCQA), visit the NCQA website at www.ncqa.org.

⁶The Society of Thoracic Surgeons at www.sts.org and National Quality Forum, www.qualityforum.org.

⁷Optum, www.optum.com.

⁸American Academy of Neurology, <https://www.aan.com/practice/neuromuscular-quality-measures>, or quality@aan.com.

⁹College of American Pathologists (CAP), <https://www.cap.org/advocacy/quality-payment-program-for-pathologists/mips-for-pathologists/2023-pathology-quality-measures>.

¹⁰American Gastroenterological Association (AGA), www.gastro.org/quality.

¹¹American Society of Anesthesiologists (ASA), www.asahq.org.

¹²American College of Gastroenterology (ACG), www.gi.org; American Gastroenterological Association (AGA), www.gastro.org; and American Society for Gastrointestinal Endoscopy (ASGE), www.asge.org.

Heart Failure (HF)		
Brief Description of Performance Measure & Source and Reporting Instructions:	CPT Category II Code(s)	Code Descriptor(s)
<p>Dysfunction. Implementers of this measure should not use this measure without the Angiotensin-Converting Enzyme (ACE) Inhibitor or Angiotensin Receptor Blocker (ARB) Therapy for Left Ventricular Systolic Dysfunction measure. Report 3021F OR 3022F to indicate LVEF result. If the patient has ever had a left ventricular ejection fraction (LVEF) less than 40% or documentation of moderately or severely depressed left ventricular systolic function (3021F), report 4008F if prescribed beta-blocker or if currently taking beta-blocker. For patient with appropriate exclusion criteria, report 4008F with modifier 1P, or 2P, or 3P. If ventricular ejection fraction (LVEF) less than 40% or documentation of moderately or severely depressed left ventricular systolic function (3021F) AND was prescribed or currently taking beta-blocker therapy, report 4008F in addition.</p> <p>In the event that patient has CAD with a prior MI and LVEF < 40% and was prescribed or currently taking beta-blocker therapy, report 3021F AND 4008F.</p>		

Footnotes

¹Physician Consortium for Performance Improvement®(PCPI) - For more information on measures developed by the Physician Consortium for Performance Improvement® (PCPI), see the appropriate Payor website.

²National Committee on Quality Assurance (NCQA), Health Employer Data Information Set (HEDIS®), www.ncqa.org

³The Joint Commission, <https://www.jointcommission.org>

⁴National Diabetes Quality Improvement Alliance (NDQIA) - For more information on measures developed by the National Diabetes Quality Improvement Alliance (NDQIA), see the appropriate Payor website.

⁵Joint measure from The Physician Consortium for Performance Improvement (PCPI), and National Committee on Quality Assurance (NCQA) - For more information on measures developed as joint measures from Physician Consortium for Performance Improvement and the National Committee on Quality Assurance (NCQA), visit the NCQA website at www.ncqa.org.

⁶The Society of Thoracic Surgeons at www.sts.org and National Quality Forum, www.qualityforum.org.

⁷Optum, www.optum.com.

⁸American Academy of Neurology, <https://www.aan.com/practice/neuromuscular-quality-measures>, or quality@aan.com.

⁹College of American Pathologists (CAP), <https://www.cap.org/advocacy/quality-payment-program-for-pathologists/mips-for-pathologists/2023-pathology-quality-measures>.

¹⁰American Gastroenterological Association (AGA), www.gastro.org/quality.

¹¹American Society of Anesthesiologists (ASA), www.asahq.org.

¹²American College of Gastroenterology (ACG), www.gi.org; American Gastroenterological Association (AGA), www.gastro.org; and American Society for Gastrointestinal Endoscopy (ASGE), www.asge.org.

Heart Failure (HF)		
Brief Description of Performance Measure & Source and Reporting Instructions:	CPT Category II Code(s)	Code Descriptor(s)
For patient with appropriate exclusion criteria report 4008F with modifier 1P, 2P, or 3P.		
<p>Angiotensin-Converting Enzyme (ACE) Inhibitor or Angiotensin Receptor Blocker (ARB) Therapy for Left Ventricular Systolic Dysfunction (Outpatient and Inpatient Setting)¹</p> <p>Whether or not the patient aged 18 and older with a diagnosis of heart failure with a current or prior LVEF < 40% was prescribed an ACE inhibitor or ARB therapy</p> <p>**For complete measure language with definitions, please reference the measure worksheets at www.physicianconsortium.org**</p> <p>Numerator:</p> <p>Patients who were prescribed ACE inhibitor or ARB therapy</p> <p>Denominator:</p>	<p>4010F</p> <p>Denominator Codes</p> <p>3021F</p> <p>3022F</p>	<p>Angiotensin converting enzyme (ACE) inhibitor or Angiotensin Receptor Blocker (ARB) therapy prescribed or currently being taken</p> <p>Left ventricular ejection fraction (LVEF) < 40% or documentation of moderately or severely depressed left ventricular systolic function</p> <p>Left ventricular ejection fraction (LVEF) ≥ 40% or documentation as normal or mildly depressed left ventricular systolic function</p>

Footnotes

¹Physician Consortium for Performance Improvement®(PCPI) - For more information on measures developed by the Physician Consortium for Performance Improvement® (PCPI), see the appropriate Payor website.

²National Committee on Quality Assurance (NCQA), Health Employer Data Information Set (HEDIS®), www.ncqa.org

³The Joint Commission, <https://www.jointcommission.org>

⁴National Diabetes Quality Improvement Alliance (NDQIA) - For more information on measures developed by the National Diabetes Quality Improvement Alliance (NDQIA), see the appropriate Payor website.

⁵Joint measure from The Physician Consortium for Performance Improvement (PCPI), and National Committee on Quality Assurance (NCQA) - For more information on measures developed as joint measures from Physician Consortium for Performance Improvement and the National Committee on Quality Assurance (NCQA), visit the NCQA website at www.ncqa.org.

⁶The Society of Thoracic Surgeons at www.sts.org and National Quality Forum, www.qualityforum.org.

⁷Optum, www.optum.com.

⁸American Academy of Neurology, <https://www.aan.com/practice/neuromuscular-quality-measures>, or quality@aan.com.

⁹College of American Pathologists (CAP), <https://www.cap.org/advocacy/quality-payment-program-for-pathologists/mips-for-pathologists/2023-pathology-quality-measures>.

¹⁰American Gastroenterological Association (AGA), www.gastro.org/quality.

¹¹American Society of Anesthesiologists (ASA), www.asahq.org.

¹²American College of Gastroenterology (ACG), www.gi.org; American Gastroenterological Association (AGA), www.gastro.org; and American Society for Gastrointestinal Endoscopy (ASGE), www.asge.org.

Heart Failure (HF)		
Brief Description of Performance Measure & Source and Reporting Instructions:	CPT Category II Code(s)	Code Descriptor(s)
<p>All patients aged 18 years and older with a diagnosis of heart failure with a current or prior LVEF < 40%</p> <p>Exclusion(s):</p> <p>Documentation of medical reason(s) (eg, hypotensive patients who are at immediate risk of cardiogenic shock, hospitalized patients who have experienced marked azotemia, other medical reason(s)), patient (eg, other patient reason(s)), or system (eg, other system reason(s)) reason(s) for not prescribing ACE inhibitor or ARB therapy</p> <p>Reporting Instructions:</p> <p>This measure is paired with measure #6- Beta-Blocker Therapy for Left Ventricular Systolic Dysfunction (Outpatient and Inpatient Setting). Implementers of this measure should not use this measure without the Beta-Blocker Therapy for Left Ventricular Systolic Dysfunction (Outpatient and Inpatient Setting) measure.</p>		

Footnotes

¹Physician Consortium for Performance Improvement®(PCPI) - For more information on measures developed by the Physician Consortium for Performance Improvement® (PCPI), see the appropriate Payor website.

²National Committee on Quality Assurance (NCQA), Health Employer Data Information Set (HEDIS®), www.ncqa.org

³The Joint Commission, <https://www.jointcommission.org>

⁴National Diabetes Quality Improvement Alliance (NDQIA) - For more information on measures developed by the National Diabetes Quality Improvement Alliance (NDQIA), see the appropriate Payor website.

⁵Joint measure from The Physician Consortium for Performance Improvement (PCPI), and National Committee on Quality Assurance (NCQA) - For more information on measures developed as joint measures from Physician Consortium for Performance Improvement and the National Committee on Quality Assurance (NCQA), visit the NCQA website at www.ncqa.org.

⁶The Society of Thoracic Surgeons at www.sts.org and National Quality Forum, www.qualityforum.org.

⁷Optum, www.optum.com.

⁸American Academy of Neurology, <https://www.aan.com/practice/neuromuscular-quality-measures>, or quality@aan.com.

⁹College of American Pathologists (CAP), <https://www.cap.org/advocacy/quality-payment-program-for-pathologists/mips-for-pathologists/2023-pathology-quality-measures>.

¹⁰American Gastroenterological Association (AGA), www.gastro.org/quality.

¹¹American Society of Anesthesiologists (ASA), www.asahq.org.

¹²American College of Gastroenterology (ACG), www.gi.org; American Gastroenterological Association (AGA), www.gastro.org; and American Society for Gastrointestinal Endoscopy (ASGE), www.asge.org.

Heart Failure (HF)		
Brief Description of Performance Measure & Source and Reporting Instructions:	CPT Category II Code(s)	Code Descriptor(s)
<p>Report 3021F OR 3022F to indicate LVEF result. If the patient has ever had a left ventricular ejection fraction (LVEF) less than 40% or documentation of moderately</p> <p>or severely depressed left ventricular systolic function (3021F), report 4010F ACE inhibitor or ARB therapy is prescribed or currently being taken.</p> <p>For patient with appropriate exclusion criteria, report 4010F with modifier 1P, or 2P, or 3P.</p>		
<p>Counseling regarding Implantable Cardioverter-Defibrillator (ICD) Implantation for Patients with Left Ventricular Systolic Dysfunction on Combination Medical Therapy¹</p> <p>Whether or not the patient with a diagnosis of heart failure with a current LVEF \leq 35% despite ACE/ARB therapy and beta-blocker therapy for 3 months was counseled regarding implantable cardioverter-defibrillator (ICD) implantation as a treatment option for the prophylaxis of sudden death</p>		

Footnotes

¹Physician Consortium for Performance Improvement®(PCPI) - For more information on measures developed by the Physician Consortium for Performance Improvement® (PCPI), see the appropriate Payor website.

²National Committee on Quality Assurance (NCQA), Health Employer Data Information Set (HEDIS®), www.ncqa.org

³The Joint Commission, <https://www.jointcommission.org>

⁴National Diabetes Quality Improvement Alliance (NDQIA) - For more information on measures developed by the National Diabetes Quality Improvement Alliance (NDQIA), see the appropriate Payor website.

⁵Joint measure from The Physician Consortium for Performance Improvement (PCPI), and National Committee on Quality Assurance (NCQA) - For more information on measures developed as joint measures from Physician Consortium for Performance Improvement and the National Committee on Quality Assurance (NCQA), visit the NCQA website at www.ncqa.org.

⁶The Society of Thoracic Surgeons at www.sts.org and National Quality Forum, www.qualityforum.org.

⁷Optum, www.optum.com.

⁸American Academy of Neurology, <https://www.aan.com/practice/neuromuscular-quality-measures>, or quality@aan.com.

⁹College of American Pathologists (CAP), <https://www.cap.org/advocacy/quality-payment-program-for-pathologists/mips-for-pathologists/2023-pathology-quality-measures>.

¹⁰American Gastroenterological Association (AGA), www.gastro.org/quality.

¹¹American Society of Anesthesiologists (ASA), www.asahq.org.

¹²American College of Gastroenterology (ACG), www.gi.org; American Gastroenterological Association (AGA), www.gastro.org; and American Society for Gastrointestinal Endoscopy (ASGE), www.asge.org.

Heart Failure (HF)		
Brief Description of Performance Measure & Source and Reporting Instructions:	CPT Category II Code(s)	Code Descriptor(s)
<p>**For complete measure language with definitions, please reference the measure worksheets at www.physicianconsortium.org**</p> <p>Numerator:</p> <p>Patients who were counseled regarding ICD implantation as a treatment option for the prophylaxis of sudden death</p> <p>Denominator:</p> <p>All patients aged 18 years and older with a diagnosis of heart failure with current LVEF ≤ 35% despite ACE inhibitor/ARB and beta-blocker therapy for at least three months</p> <p>Exclusion(s):</p> <p>Documentation of medical reasons for not counseling regarding ICD implantation as a treatment option for the prophylaxis of sudden death (eg, patients with an ICD or CRT-</p>	<p>4470F</p> <p>Denominator Codes</p> <p>3055F</p> <p>3056F</p> <p>4480F</p> <p>4481F</p>	<p>Implantable Cardioverter-Defibrillator (ICD) counseling provided</p> <p>Left ventricular ejection fraction (LVEF) less than or equal to 35%</p> <p>Left ventricular ejection fraction (LVEF) greater than 35% or no LVEF result available</p> <p>Patient receiving ACE Inhibitor/ARB Therapy and Beta-Blocker Therapy for 3 months or longer</p> <p>Patient receiving ACE Inhibitor/ARB Therapy and Beta-Blocker Therapy for less than 3 months or patient not</p>

Footnotes

¹Physician Consortium for Performance Improvement®(PCPI) - For more information on measures developed by the Physician Consortium for Performance Improvement® (PCPI), see the appropriate Payor website.

²National Committee on Quality Assurance (NCQA), Health Employer Data Information Set (HEDIS®), www.ncqa.org

³The Joint Commission, <https://www.jointcommission.org>

⁴National Diabetes Quality Improvement Alliance (NDQIA) - For more information on measures developed by the National Diabetes Quality Improvement Alliance (NDQIA), see the appropriate Payor website.

⁵Joint measure from The Physician Consortium for Performance Improvement (PCPI), and National Committee on Quality Assurance (NCQA) - For more information on measures developed as joint measures from Physician Consortium for Performance Improvement and the National Committee on Quality Assurance (NCQA), visit the NCQA website at www.ncqa.org.

⁶The Society of Thoracic Surgeons at www.sts.org and National Quality Forum, www.qualityforum.org.

⁷Optum, www.optum.com.

⁸American Academy of Neurology, <https://www.aan.com/practice/neuromuscular-quality-measures>, or quality@aan.com.

⁹College of American Pathologists (CAP), <https://www.cap.org/advocacy/quality-payment-program-for-pathologists/mips-for-pathologists/2023-pathology-quality-measures>.

¹⁰American Gastroenterological Association (AGA), www.gastro.org/quality.

¹¹American Society of Anesthesiologists (ASA), www.asahq.org.

¹²American College of Gastroenterology (ACG), www.gi.org; American Gastroenterological Association (AGA), www.gastro.org; and American Society for Gastrointestinal Endoscopy (ASGE), www.asge.org.

Heart Failure (HF)		
Brief Description of Performance Measure & Source and Reporting Instructions:	CPT Category II Code(s)	Code Descriptor(s)
<p>D device, multiple or significant comorbidities, limited life expectancy, other medical reason(s))</p> <p>Reporting Instructions:</p> <p>Report 3055F or 3056F to indicate current LVEF result AND report 4480F or 4481F to indicate duration of ACE/ARB therapy and beta-blocker therapy. If LVEF less than or equal to 35% (3055F) AND patient receiving ACE Inhibitor/ARB Therapy and Beta-Blocker Therapy for three months or longer (4480F), also report 4470F if Implantable Cardioverter-Defibrillator (ICD) counseling provided to patient.</p> <p>For the patient with appropriate exclusion criteria, report 4470F with modifier 1P; modifier 2P or 3P may not be reported.</p>		receiving ACE Inhibitor/ARB Therapy and Beta-Blocker Therapy

Footnotes

¹Physician Consortium for Performance Improvement®(PCPI) - For more information on measures developed by the Physician Consortium for Performance Improvement® (PCPI), see the appropriate Payor website.

²National Committee on Quality Assurance (NCQA), Health Employer Data Information Set (HEDIS®), www.ncqa.org

³The Joint Commission, <https://www.jointcommission.org>

⁴National Diabetes Quality Improvement Alliance (NDQIA) - For more information on measures developed by the National Diabetes Quality Improvement Alliance (NDQIA), see the appropriate Payor website.

⁵Joint measure from The Physician Consortium for Performance Improvement (PCPI), and National Committee on Quality Assurance (NCQA) - For more information on measures developed as joint measures from Physician Consortium for Performance Improvement and the National Committee on Quality Assurance (NCQA), visit the NCQA website at www.ncqa.org.

⁶The Society of Thoracic Surgeons at www.sts.org and National Quality Forum, www.qualityforum.org.

⁷Optum, www.optum.com.

⁸American Academy of Neurology, <https://www.aan.com/practice/neuromuscular-quality-measures>, or quality@aan.com.

⁹College of American Pathologists (CAP), <https://www.cap.org/advocacy/quality-payment-program-for-pathologists/mips-for-pathologists/2023-pathology-quality-measures>.

¹⁰American Gastroenterological Association (AGA), www.gastro.org/quality.

¹¹American Society of Anesthesiologists (ASA), www.asahq.org.

¹²American College of Gastroenterology (ACG), www.gi.org; American Gastroenterological Association (AGA), www.gastro.org; and American Society for Gastrointestinal Endoscopy (ASGE), www.asge.org.

Hematology (HEM)		
Brief Description of Performance Measure & Source and Reporting Instructions	CPT Category II Code(s)	Code Descriptor(s)
<p>Myelodysplastic Syndrome (MDS) and Acute Leukemias-Baseline cytogenetic testing performed on bone marrow¹</p> <p>Whether or not the patient aged 18 years and older with a diagnosis of MDS or an acute leukemia had baseline cytogenetic testing performed on bone marrow</p> <p>Numerator: Patients who had baseline cytogenetic testing performed on bone marrow</p> <p>Baseline refers to testing that is performed at time of diagnosis or prior to initiating treatment (eg, transfusion, growth factors or anti-neoplastic therapy) for that diagnosis</p> <p>Denominator: All patients aged 18 years and older with a diagnosis of MDS or an acute leukemia</p> <p>Exclusion(s): Documentation of medical, patient, or system reason(s) for not performing baseline cytogenetic testing</p> <p>Percentage of patients aged 18 years and older with a diagnosis of MDS or an acute leukemia who had baseline cytogenetic testing performed on bone marrow</p> <p>Reporting Instructions: Treatment may include transfusion, growth factors or anti-neoplastic therapy.</p>	3155F	Cytogenetic testing performed on bone marrow at time of diagnosis or prior to initiating treatment

Footnotes

¹Physician Consortium for Performance Improvement®(PCPI) - For more information on measures developed by the Physician Consortium for Performance Improvement® (PCPI), see the appropriate Payor website.

²National Committee on Quality Assurance (NCQA), Health Employer Data Information Set (HEDIS®), www.ncqa.org

³The Joint Commission, <https://www.jointcommission.org>

⁴National Diabetes Quality Improvement Alliance (NDQIA) - For more information on measures developed by the National Diabetes Quality Improvement Alliance (NDQIA), see the appropriate Payor website.

⁵Joint measure from The Physician Consortium for Performance Improvement (PCPI), and National Committee on Quality Assurance (NCQA) - For more information on measures developed as joint measures from Physician Consortium for Performance Improvement and the National Committee on Quality Assurance (NCQA), visit the NCQA website at www.ncqa.org.

⁶The Society of Thoracic Surgeons at www.sts.org and National Quality Forum, www.qualityforum.org.

⁷Optum, www.optum.com.

⁸American Academy of Neurology, <https://www.aan.com/practice/neuromuscular-quality-measures>, or quality@aan.com.

⁹College of American Pathologists (CAP), <https://www.cap.org/advocacy/quality-payment-program-for-pathologists/mips-for-pathologists/2023-pathology-quality-measures>.

¹⁰American Gastroenterological Association (AGA), www.gastro.org/quality.

¹¹American Society of Anesthesiologists (ASA), www.asahq.org.

¹²American College of Gastroenterology (ACG), www.gi.org; American Gastroenterological Association (AGA), www.gastro.org; and American Society for Gastrointestinal Endoscopy (ASGE), www.asge.org.

Hematology (HEM)		
Brief Description of Performance Measure & Source and Reporting Instructions	CPT Category II Code(s)	Code Descriptor(s)
<p>For patients with a medical reason for not performing cytogenetic testing (eg, no liquid bone marrow or fibrotic marrow), report 3155F with modifier 1P.</p> <p>For patients with a patient reason for not performing cytogenetic testing (eg, at time of diagnosis receiving palliative care or not receiving treatment as defined above), report 3155F with modifier 2P.</p> <p>For patients with a system reason for not performing cytogenetic testing (eg, patient previously treated by another physician at the time cytogenetic testing performed), report 3155F with modifier 3P.</p>		
<p>Myelodysplastic Syndrome (MDS)-Documentation of iron stores in patients receiving erythropoietin therapy¹</p> <p>Whether or not the patient aged 18 years and older with a diagnosis of MDS who is receiving erythropoietin therapy had documentation of iron stores prior to initiating erythropoietin therapy</p> <p>Numerator: Patients with documentation of iron stores prior to initiating erythropoietin therapy</p> <p>Documentation includes either:</p> <p>Bone marrow examination including iron stain OR</p>	3160F	Documentation of iron stores prior to initiating erythropoietin therapy

Footnotes

¹Physician Consortium for Performance Improvement®(PCPI) - For more information on measures developed by the Physician Consortium for Performance Improvement® (PCPI), see the appropriate Payor website.

²National Committee on Quality Assurance (NCQA), Health Employer Data Information Set (HEDIS®), www.ncqa.org

³The Joint Commission, <https://www.jointcommission.org>

⁴National Diabetes Quality Improvement Alliance (NDQIA) - For more information on measures developed by the National Diabetes Quality Improvement Alliance (NDQIA), see the appropriate Payor website.

⁵Joint measure from The Physician Consortium for Performance Improvement (PCPI), and National Committee on Quality Assurance (NCQA) - For more information on measures developed as joint measures from Physician Consortium for Performance Improvement and the National Committee on Quality Assurance (NCQA), visit the NCQA website at www.ncqa.org.

⁶The Society of Thoracic Surgeons at www.sts.org and National Quality Forum, www.qualityforum.org.

⁷Optum, www.optum.com.

⁸American Academy of Neurology, <https://www.aan.com/practice/neuromuscular-quality-measures>, or quality@aan.com.

⁹College of American Pathologists (CAP), <https://www.cap.org/advocacy/quality-payment-program-for-pathologists/mips-for-pathologists/2023-pathology-quality-measures>.

¹⁰American Gastroenterological Association (AGA), www.gastro.org/quality.

¹¹American Society of Anesthesiologists (ASA), www.asahq.org.

¹²American College of Gastroenterology (ACG), www.gi.org; American Gastroenterological Association (AGA), www.gastro.org; and American Society for Gastrointestinal Endoscopy (ASGE), www.asge.org.

Hematology (HEM)		
Brief Description of Performance Measure & Source and Reporting Instructions	CPT Category II Code(s)	Code Descriptor(s)
<p>Serum iron measurement by ferritin or serum iron and total iron binding capacity (TIBC)</p> <p>Denominator: All patients aged 18 years and older with a diagnosis of MDS who are receiving erythropoietin therapy</p> <p>Exclusion(s): Documentation of system reason(s) for not documenting iron stores prior to initiating erythropoietin therapy</p> <p>Percentage of patients aged 18 years and older with a diagnosis of MDS who are receiving erythropoietin therapy with documentation of iron stores prior to initiating erythropoietin therapy</p> <p>Reporting Instructions: If using CPT II codes to report the denominator, report either 4090F or 4095F for each patient. Otherwise report the appropriate drug administration code and the appropriate drug code for the erythropoietin. If patient is receiving erythropoietin therapy and iron stores were documented prior to initiating erythropoietin therapy, also report 3160F. If patient was started on erythropoietin therapy under the care of another physician, is responding to erythropoietin therapy, and there is no documentation of iron stores, report 3160F with modifier 3P.</p>	<p>Denominator Codes</p> <p>4090F</p> <p>4095F</p>	<p>Patient receiving erythropoietin therapy</p> <p>Patient not receiving erythropoietin therapy</p>

Footnotes

¹Physician Consortium for Performance Improvement®(PCPI) - For more information on measures developed by the Physician Consortium for Performance Improvement® (PCPI), see the appropriate Payor website.

²National Committee on Quality Assurance (NCQA), Health Employer Data Information Set (HEDIS®), www.ncqa.org

³The Joint Commission, <https://www.jointcommission.org>

⁴National Diabetes Quality Improvement Alliance (NDQIA) - For more information on measures developed by the National Diabetes Quality Improvement Alliance (NDQIA), see the appropriate Payor website.

⁵Joint measure from The Physician Consortium for Performance Improvement (PCPI), and National Committee on Quality Assurance (NCQA) - For more information on measures developed as joint measures from Physician Consortium for Performance Improvement and the National Committee on Quality Assurance (NCQA), visit the NCQA website at www.ncqa.org.

⁶The Society of Thoracic Surgeons at www.sts.org and National Quality Forum, www.qualityforum.org.

⁷Optum, www.optum.com.

⁸American Academy of Neurology, <https://www.aan.com/practice/neuromuscular-quality-measures>, or quality@aan.com.

⁹College of American Pathologists (CAP), <https://www.cap.org/advocacy/quality-payment-program-for-pathologists/mips-for-pathologists/2023-pathology-quality-measures>.

¹⁰American Gastroenterological Association (AGA), www.gastro.org/quality.

¹¹American Society of Anesthesiologists (ASA), www.asahq.org.

¹²American College of Gastroenterology (ACG), www.gi.org; American Gastroenterological Association (AGA), www.gastro.org; and American Society for Gastrointestinal Endoscopy (ASGE), www.asge.org.

Hematology (HEM)		
Brief Description of Performance Measure & Source and Reporting Instructions	CPT Category II Code(s)	Code Descriptor(s)
<p>Multiple Myeloma: Treatment with bisphosphonates¹ Whether or not the patient aged 18 years and older with a diagnosis of multiple myeloma, not in remission, was prescribed or is receiving intravenous bisphosphonate therapy within the 12-month reporting period</p> <p>Numerator: Patients who were prescribed or received intravenous bisphosphonate therapy within the 12-month reporting period (For a listing of intravenous bisphosphonates that qualify for reporting 4100F please see the measure technical specifications.)</p> <p>Denominator: All patients aged 18 years and older with a diagnosis of multiple myeloma, not in remission</p> <p>Exclusion(s): Documentation of medical reason(s) for not prescribing bisphosphonates; Documentation of patient reason(s) for not prescribing bisphosphonates</p> <p>Percentage of patients aged 18 years and older with a diagnosis of multiple myeloma, not in remission, who were prescribed or received intravenous bisphosphonate therapy within the 12-month reporting period</p>	4100F	Bisphosphonate therapy, intravenous, ordered or received

Footnotes

¹Physician Consortium for Performance Improvement®(PCPI) - For more information on measures developed by the Physician Consortium for Performance Improvement® (PCPI), see the appropriate Payor website.

²National Committee on Quality Assurance (NCQA), Health Employer Data Information Set (HEDIS®), www.ncqa.org

³The Joint Commission, <https://www.jointcommission.org>

⁴National Diabetes Quality Improvement Alliance (NDQIA) - For more information on measures developed by the National Diabetes Quality Improvement Alliance (NDQIA), see the appropriate Payor website.

⁵Joint measure from The Physician Consortium for Performance Improvement (PCPI), and National Committee on Quality Assurance (NCQA) - For more information on measures developed as joint measures from Physician Consortium for Performance Improvement and the National Committee on Quality Assurance (NCQA), visit the NCQA website at www.ncqa.org.

⁶The Society of Thoracic Surgeons at www.sts.org and National Quality Forum, www.qualityforum.org.

⁷Optum, www.optum.com.

⁸American Academy of Neurology, <https://www.aan.com/practice/neuromuscular-quality-measures>, or quality@aan.com.

⁹College of American Pathologists (CAP), <https://www.cap.org/advocacy/quality-payment-program-for-pathologists/mips-for-pathologists/2023-pathology-quality-measures>.

¹⁰American Gastroenterological Association (AGA), www.gastro.org/quality.

¹¹American Society of Anesthesiologists (ASA), www.asahq.org.

¹²American College of Gastroenterology (ACG), www.gi.org; American Gastroenterological Association (AGA), www.gastro.org; and American Society for Gastrointestinal Endoscopy (ASGE), www.asge.org.

Hematology (HEM)		
Brief Description of Performance Measure & Source and Reporting Instructions	CPT Category II Code(s)	Code Descriptor(s)
Reporting Instructions: For patient with appropriate exclusion criteria, report 4100F with modifier 1P or 2P.		

Footnotes

¹**Physician Consortium for Performance Improvement®(PCPI)** - For more information on measures developed by the Physician Consortium for Performance Improvement® (PCPI), see the appropriate Payor website.

²**National Committee on Quality Assurance (NCQA)**, Health Employer Data Information Set (HEDIS®), www.ncqa.org

³**The Joint Commission**, <https://www.jointcommission.org>

⁴**National Diabetes Quality Improvement Alliance (NDQIA)** - For more information on measures developed by the National Diabetes Quality Improvement Alliance (NDQIA), see the appropriate Payor website.

⁵Joint measure from **The Physician Consortium for Performance Improvement (PCPI)**, and **National Committee on Quality Assurance (NCQA)** - For more information on measures developed as joint measures from Physician Consortium for Performance Improvement and the National Committee on Quality Assurance (NCQA), visit the NCQA website at www.ncqa.org.

⁶**The Society of Thoracic Surgeons** at www.sts.org and **National Quality Forum**, www.qualityforum.org.

⁷**Optum**, www.optum.com.

⁸**American Academy of Neurology**, <https://www.aan.com/practice/neuromuscular-quality-measures>, or quality@aan.com.

⁹**College of American Pathologists (CAP)**, <https://www.cap.org/advocacy/quality-payment-program-for-pathologists/mips-for-pathologists/2023-pathology-quality-measures>.

¹⁰**American Gastroenterological Association (AGA)**, www.gastro.org/quality.

¹¹**American Society of Anesthesiologists (ASA)**, www.asahq.org.

¹²**American College of Gastroenterology (ACG)**, www.gi.org; **American Gastroenterological Association (AGA)**, www.gastro.org; and **American Society for Gastrointestinal Endoscopy (ASGE)**, www.asge.org.

<p>Chronic Lymphocytic Leukemia (CLL)-Baseline Flow Cytometry¹</p> <p>Whether or not the patient aged 18 years and older with a diagnosis of CLL had baseline flow cytometry studies performed</p> <p>► Numerator: Patients who had baseline flow cytometry studies performed and documented in the chart ◀</p> <p>Baseline refers to testing that is performed at time of diagnosis or prior to initiating treatment (ie antineoplastic therapy) for that diagnosis</p> <p>► Denominator: All patients aged 18 years and older, seen within a 12-month reporting period, with a diagnosis of chronic lymphocytic leukemia (CLL) ◀</p> <p>► Exception(s): Documentation of medical, patient, or system reason(s) for not performing baseline flow cytometry studies ◀</p> <p>► Percentage of patients aged 18 years and older, seen within a 12-month reporting period, with a diagnosis of chronic lymphocytic leukemia (CLL) made at any time during or prior to the reporting period who had baseline flow cytometry studies performed and documented in the chart. ◀</p> <p>Reporting Instructions: Treatment may include antineoplastic therapy.</p> <p>For patients with a medical reason for not performing baseline flow cytometry studies, report 3170F with modifier 1P.</p> <p>For patients with a patient reason for not performing cytogenetic testing (eg, receiving palliative care or not</p>	<p>3170F</p>	<p>► Baseline flow cytometry studies performed at time of diagnosis or prior to initiating treatment ◀</p>
--	--------------	--

Footnotes

¹Physician Consortium for Performance Improvement®(PCPI) - For more information on measures developed by the Physician Consortium for Performance Improvement® (PCPI), see the appropriate Payor website.

²National Committee on Quality Assurance (NCQA), Health Employer Data Information Set (HEDIS®), www.ncqa.org

³The Joint Commission, <https://www.jointcommission.org>

⁴National Diabetes Quality Improvement Alliance (NDQIA) - For more information on measures developed by the National Diabetes Quality Improvement Alliance (NDQIA), see the appropriate Payor website.

⁵Joint measure from The Physician Consortium for Performance Improvement (PCPI), and National Committee on Quality Assurance (NCQA) - For more information on measures developed as joint measures from Physician Consortium for Performance Improvement and the National Committee on Quality Assurance (NCQA), visit the NCQA website at www.ncqa.org.

⁶The Society of Thoracic Surgeons at www.sts.org and National Quality Forum, www.qualityforum.org.

⁷Optum, www.optum.com.

⁸American Academy of Neurology, <https://www.aan.com/practice/neuromuscular-quality-measures>, or quality@aan.com.

⁹College of American Pathologists (CAP), <https://www.cap.org/advocacy/quality-payment-program-for-pathologists/mips-for-pathologists/2023-pathology-quality-measures>.

¹⁰American Gastroenterological Association (AGA), www.gastro.org/quality.

¹¹American Society of Anesthesiologists (ASA), www.asahq.org.

¹²American College of Gastroenterology (ACG), www.gi.org; American Gastroenterological Association (AGA), www.gastro.org; and American Society for Gastrointestinal Endoscopy (ASGE), www.asge.org.

Hematology (HEM)		
Brief Description of Performance Measure & Source and Reporting Instructions	CPT Category II Code(s)	Code Descriptor(s)
<p>receiving treatment as defined above), report 3170F with modifier 2P.</p> <p>For patients with a system reason for not performing cytogenetic testing (eg, patient previously treated by another physician at the time baseline flow cytometry studies were performed), report 3170F with modifier 3P.</p> <p>Back to Top</p>		

Hepatitis C (HEP C)		
Brief Description of Performance Measure & Source	CPT Category II Code(s)	Code Descriptor(s)
<p>Testing for Chronic Hepatitis C: Confirmation of Hepatitis C Viremia (HCV)¹</p> <p>Whether or not the patient aged 18 years and older with a diagnosis of hepatitis C seen for an initial evaluation had HCV RNA testing ordered or previously performed</p>	3265F	

Footnotes

¹Physician Consortium for Performance Improvement®(PCPI) - For more information on measures developed by the Physician Consortium for Performance Improvement® (PCPI), see the appropriate Payor website.

²National Committee on Quality Assurance (NCQA), Health Employer Data Information Set (HEDIS®), www.ncqa.org

³The Joint Commission, <https://www.jointcommission.org>

⁴National Diabetes Quality Improvement Alliance (NDQIA) - For more information on measures developed by the National Diabetes Quality Improvement Alliance (NDQIA), see the appropriate Payor website.

⁵Joint measure from The Physician Consortium for Performance Improvement (PCPI), and National Committee on Quality Assurance (NCQA) - For more information on measures developed as joint measures from Physician Consortium for Performance Improvement and the National Committee on Quality Assurance (NCQA), visit the NCQA website at www.ncqa.org.

⁶The Society of Thoracic Surgeons at www.sts.org and National Quality Forum, www.qualityforum.org.

⁷Optum, www.optum.com.

⁸American Academy of Neurology, <https://www.aan.com/practice/neuromuscular-quality-measures>, or quality@aan.com.

⁹College of American Pathologists (CAP), <https://www.cap.org/advocacy/quality-payment-program-for-pathologists/mips-for-pathologists/2023-pathology-quality-measures>.

¹⁰American Gastroenterological Association (AGA), www.gastro.org/quality.

¹¹American Society of Anesthesiologists (ASA), www.asahq.org.

¹²American College of Gastroenterology (ACG), www.gi.org; American Gastroenterological Association (AGA), www.gastro.org; and American Society for Gastrointestinal Endoscopy (ASGE), www.asge.org.

Hepatitis C (HEP C)		
Brief Description of Performance Measure & Source	CPT Category II Code(s)	Code Descriptor(s)
<p>Numerator: Patients for whom HCV RNA testing was ordered or previously performed</p> <p>Denominator: All patients aged 18 years and older with a diagnosis of hepatitis C seen for initial evaluation</p> <p>Exclusion(s): Documentation of medical or patient reason(s) for not ordering or performing HCV RNA</p> <p>Percentage of patients aged 18 years and older with a diagnosis of hepatitis C seen for an initial evaluation who had HCV RNA testing ordered or previously performed</p> <p>Reporting Instructions: If this measure is reported on the same claim as an E/M service for “new patient” (99201-99205), the denominator code (1119F or 1121F) does not need to be reported.</p> <p>If reporting an established patient code or consultation code, (99212-99215 or 99241-99245), the reporting physician should use 1119F to report initial evaluation for condition or 1121F to denote a subsequent evaluation.</p> <p>If 1119F is reported and RNA testing for Hepatitis C viremia is ordered or was previously performed and results are documented, also report 3265F. For patients with appropriate exclusion criteria report 3265F with modifier 1P or 2P.</p>	<p>Denominator Codes</p> <p>1119F</p> <p>1121F</p>	<p>Ribonucleic acid (RNA) testing for Hepatitis C viremia ordered or results documented</p> <p>Initial evaluation for condition</p> <p>Subsequent evaluation for condition</p>

Footnotes

¹Physician Consortium for Performance Improvement®(PCPI) - For more information on measures developed by the Physician Consortium for Performance Improvement® (PCPI), see the appropriate Payor website.

²National Committee on Quality Assurance (NCQA), Health Employer Data Information Set (HEDIS®), www.ncqa.org

³The Joint Commission, <https://www.jointcommission.org>

⁴National Diabetes Quality Improvement Alliance (NDQIA) - For more information on measures developed by the National Diabetes Quality Improvement Alliance (NDQIA), see the appropriate Payor website.

⁵Joint measure from The Physician Consortium for Performance Improvement (PCPI), and National Committee on Quality Assurance (NCQA) - For more information on measures developed as joint measures from Physician Consortium for Performance Improvement and the National Committee on Quality Assurance (NCQA), visit the NCQA website at www.ncqa.org.

⁶The Society of Thoracic Surgeons at www.sts.org and National Quality Forum, www.qualityforum.org.

⁷Optum, www.optum.com.

⁸American Academy of Neurology, <https://www.aan.com/practice/neuromuscular-quality-measures>, or quality@aan.com.

⁹College of American Pathologists (CAP), <https://www.cap.org/advocacy/quality-payment-program-for-pathologists/mips-for-pathologists/2023-pathology-quality-measures>.

¹⁰American Gastroenterological Association (AGA), www.gastro.org/quality.

¹¹American Society of Anesthesiologists (ASA), www.asahq.org.

¹²American College of Gastroenterology (ACG), www.gi.org; American Gastroenterological Association (AGA), www.gastro.org; and American Society for Gastrointestinal Endoscopy (ASGE), www.asge.org.

Hepatitis C (HEP-C)¹		
Brief Description of Performance Measure & Source and Reporting Instruction	CPT Category II Code(s)	Code Descriptor(s)
<p>Hepatitis C Ribonucleic Acid (RNA) Testing Before Initiating Treatment¹</p> <p>Whether or not the patient aged 18 years and older with a diagnosis of chronic Hepatitis C who is receiving antiviral treatment had quantitative HCV RNA testing performed within 12 months prior to initiation of treatment</p> <p>Numerator: Patients for whom quantitative HCV RNA testing was performed within 12 months prior to initiation of treatment</p> <p>Denominator: All patients aged 18 years and older with a diagnosis of chronic Hepatitis C who are receiving antiviral treatment</p> <p>Exclusion (s): Documentation of medical reason(s) for not performing HCV RNA within 6 months prior to treatment</p> <p>Percentage of patients aged 18 years and older with a diagnosis of chronic Hepatitis C who started antiviral treatment within the 12 month reporting period for whom a quantitative Hepatitis C virus (HCV) ribonucleic acid (RNA)</p>	3218F	RNA testing for Hepatitis C documented as performed within six months prior to initiation of antiviral treatment for Hepatitis C

Footnotes

¹Physician Consortium for Performance Improvement®(PCPI) - For more information on measures developed by the Physician Consortium for Performance Improvement® (PCPI), see the appropriate Payor website.

²National Committee on Quality Assurance (NCQA), Health Employer Data Information Set (HEDIS®), www.ncqa.org

³The Joint Commission, <https://www.jointcommission.org>

⁴National Diabetes Quality Improvement Alliance (NDQIA) - For more information on measures developed by the National Diabetes Quality Improvement Alliance (NDQIA), see the appropriate Payor website.

⁵Joint measure from The Physician Consortium for Performance Improvement (PCPI), and National Committee on Quality Assurance (NCQA) - For more information on measures developed as joint measures from Physician Consortium for Performance Improvement and the National Committee on Quality Assurance (NCQA), visit the NCQA website at www.ncqa.org.

⁶The Society of Thoracic Surgeons at www.sts.org and National Quality Forum, www.qualityforum.org.

⁷Optum, www.optum.com.

⁸American Academy of Neurology, <https://www.aan.com/practice/neuromuscular-quality-measures>, or quality@aan.com.

⁹College of American Pathologists (CAP), <https://www.cap.org/advocacy/quality-payment-program-for-pathologists/mips-for-pathologists/2023-pathology-quality-measures>.

¹⁰American Gastroenterological Association (AGA), www.gastro.org/quality.

¹¹American Society of Anesthesiologists (ASA), www.asahq.org.

¹²American College of Gastroenterology (ACG), www.gi.org; American Gastroenterological Association (AGA), www.gastro.org; and American Society for Gastrointestinal Endoscopy (ASGE), www.asge.org.

Hepatitis C (HEP-C) ¹		
Brief Description of Performance Measure & Source and Reporting Instruction	CPT Category II Code(s)	Code Descriptor(s)
<p>testing was performed within 12 months prior to initiation of antiviral treatment</p> <p>Reporting Instructions:</p> <p>Report this measure only once.</p> <p>Report 4150F or 4151F for each patient aged 18 years and older with a diagnosis of chronic Hepatitis C. If patient is receiving antiviral therapy and received RNA testing for Hepatitis C within 12 months prior to initiation of antiviral treatment, also report 3218F.</p> <p>For the patient with appropriate exclusion criteria, report 3218F with modifier 1P.</p> <p>If patient is first seen by physician after initiation of treatment, report 3218F with modifier 1P.</p> <p>Back to Top</p>	<p>Denominator Codes</p> <p>4150F</p>	<p>Patient receiving antiviral treatment for Hepatitis C</p>

Footnotes

¹Physician Consortium for Performance Improvement®(PCPI) - For more information on measures developed by the Physician Consortium for Performance Improvement® (PCPI), see the appropriate Payor website.

²National Committee on Quality Assurance (NCQA), Health Employer Data Information Set (HEDIS®), www.ncqa.org

³The Joint Commission, <https://www.jointcommission.org>

⁴National Diabetes Quality Improvement Alliance (NDQIA) - For more information on measures developed by the National Diabetes Quality Improvement Alliance (NDQIA), see the appropriate Payor website.

⁵Joint measure from The Physician Consortium for Performance Improvement (PCPI), and National Committee on Quality Assurance (NCQA) - For more information on measures developed as joint measures from Physician Consortium for Performance Improvement and the National Committee on Quality Assurance (NCQA), visit the NCQA website at www.ncqa.org.

⁶The Society of Thoracic Surgeons at www.sts.org and National Quality Forum, www.qualityforum.org.

⁷Optum, www.optum.com.

⁸American Academy of Neurology, <https://www.aan.com/practice/neuromuscular-quality-measures>, or quality@aan.com.

⁹College of American Pathologists (CAP), <https://www.cap.org/advocacy/quality-payment-program-for-pathologists/mips-for-pathologists/2023-pathology-quality-measures>.

¹⁰American Gastroenterological Association (AGA), www.gastro.org/quality.

¹¹American Society of Anesthesiologists (ASA), www.asahq.org.

¹²American College of Gastroenterology (ACG), www.gi.org; American Gastroenterological Association (AGA), www.gastro.org; and American Society for Gastrointestinal Endoscopy (ASGE), www.asge.org.

Hepatitis C (HEP-C) ¹		
Brief Description of Performance Measure & Source and Reporting Instruction	CPT Category II Code(s)	Code Descriptor(s)
	4151F	Patient did not start or is not receiving antiviral treatment for Hepatitis C during the measurement period
<p>HCV Genotype Testing Prior to Treatment¹</p> <p>Whether or not the patient aged 18 years and older with a diagnosis of chronic Hepatitis C, who is receiving antiviral treatment had HCV genotype testing performed prior to initiation of antiviral treatment</p> <p>Numerator: Patients for whom HCV genotype testing was performed prior to initiation of antiviral treatment</p> <p>Denominator: All patients aged 18 years and older with a diagnosis of chronic Hepatitis C who are receiving antiviral treatment</p> <p>Exclusion (s): None</p>	3266F	Hepatitis C genotype testing documented as performed prior to

Footnotes

¹Physician Consortium for Performance Improvement®(PCPI) - For more information on measures developed by the Physician Consortium for Performance Improvement® (PCPI), see the appropriate Payor website.

²National Committee on Quality Assurance (NCQA), Health Employer Data Information Set (HEDIS®), www.ncqa.org

³The Joint Commission, <https://www.jointcommission.org>

⁴National Diabetes Quality Improvement Alliance (NDQIA) - For more information on measures developed by the National Diabetes Quality Improvement Alliance (NDQIA), see the appropriate Payor website.

⁵Joint measure from The Physician Consortium for Performance Improvement (PCPI), and National Committee on Quality Assurance (NCQA) - For more information on measures developed as joint measures from Physician Consortium for Performance Improvement and the National Committee on Quality Assurance (NCQA), visit the NCQA website at www.ncqa.org.

⁶The Society of Thoracic Surgeons at www.sts.org and National Quality Forum, www.qualityforum.org.

⁷Optum, www.optum.com.

⁸American Academy of Neurology, <https://www.aan.com/practice/neuromuscular-quality-measures>, or quality@aan.com.

⁹College of American Pathologists (CAP), <https://www.cap.org/advocacy/quality-payment-program-for-pathologists/mips-for-pathologists/2023-pathology-quality-measures>.

¹⁰American Gastroenterological Association (AGA), www.gastro.org/quality.

¹¹American Society of Anesthesiologists (ASA), www.asahq.org.

¹²American College of Gastroenterology (ACG), www.gi.org; American Gastroenterological Association (AGA), www.gastro.org; and American Society for Gastrointestinal Endoscopy (ASGE), www.asge.org.

Hepatitis C (HEP-C)¹		
Brief Description of Performance Measure & Source and Reporting Instruction	CPT Category II Code(s)	Code Descriptor(s)
<p>Percentage of patients aged 18 years and older with a diagnosis of chronic Hepatitis C who are receiving antiviral treatment for whom HCV genotype testing was performed prior to initiation of antiviral treatment</p> <p>Reporting Instructions: Report this measure only once. Report 4150F or 4151F for each patient aged 18 years and older with a diagnosis of chronic Hepatitis C. If patient is receiving antiviral treatment and had Hepatitis C genotype testing performed prior to initiation of antiviral treatment, also report 3266F. There are no performance exclusions for this measure; modifiers 1P, 2P or 3P may not be used.</p>	<p>Denominator Codes</p> <p>4150F</p> <p>4151F</p>	<p>initiation of antiviral treatment for Hepatitis C</p> <p>Patient receiving antiviral treatment for Hepatitis C</p> <p>Patient did not start or not receiving antiviral treatment for Hepatitis C during the measurement period</p>
<p>Antiviral Treatment Prescribed¹</p> <p>Whether or not the patient aged 18 years and older with a diagnosis of chronic Hepatitis C was prescribed peginterferon and ribavirin therapy within the 12-month reporting period</p>		

Footnotes

¹Physician Consortium for Performance Improvement®(PCPI) - For more information on measures developed by the Physician Consortium for Performance Improvement® (PCPI), see the appropriate Payor website.

²National Committee on Quality Assurance (NCQA), Health Employer Data Information Set (HEDIS®), www.ncqa.org

³The Joint Commission, <https://www.jointcommission.org>

⁴National Diabetes Quality Improvement Alliance (NDQIA) - For more information on measures developed by the National Diabetes Quality Improvement Alliance (NDQIA), see the appropriate Payor website.

⁵Joint measure from The Physician Consortium for Performance Improvement (PCPI), and National Committee on Quality Assurance (NCQA) - For more information on measures developed as joint measures from Physician Consortium for Performance Improvement and the National Committee on Quality Assurance (NCQA), visit the NCQA website at www.ncqa.org.

⁶The Society of Thoracic Surgeons at www.sts.org and National Quality Forum, www.qualityforum.org.

⁷Optum, www.optum.com.

⁸American Academy of Neurology, <https://www.aan.com/practice/neuromuscular-quality-measures>, or quality@aan.com.

⁹College of American Pathologists (CAP), <https://www.cap.org/advocacy/quality-payment-program-for-pathologists/mips-for-pathologists/2023-pathology-quality-measures>.

¹⁰American Gastroenterological Association (AGA), www.gastro.org/quality.

¹¹American Society of Anesthesiologists (ASA), www.asahq.org.

¹²American College of Gastroenterology (ACG), www.gi.org; American Gastroenterological Association (AGA), www.gastro.org; and American Society for Gastrointestinal Endoscopy (ASGE), www.asge.org.

Hepatitis C (HEP-C)¹		
Brief Description of Performance Measure & Source and Reporting Instruction	CPT Category II Code(s)	Code Descriptor(s)
<p>Numerator: Patients who were prescribed peginterferon and ribavirin therapy within the 12-month reporting period</p> <p>Denominator: All patients aged 18 years and older with a diagnosis of chronic Hepatitis C</p> <p>Exclusion (s): Documentation of medical reason(s) for not prescribing peginterferon and ribavirin therapy (eg, patient was not a candidate for therapy, could not tolerate)</p> <p>Percentage of patients aged 18 years and older with a diagnosis of chronic Hepatitis C who were prescribed peginterferon and ribavirin therapy within the 12 month reporting period</p> <p>Reporting Instructions: For the patient with appropriate exclusion criteria, report 4153F with modifier 1P.</p>	4153F	Combination peginterferon and ribavirin therapy prescribed
<p>HCV RNA Testing at Week 12 of Treatment¹</p> <p>Whether or not the patient aged 18 years and older with a diagnosis of chronic Hepatitis C who is receiving antiviral treatment had quantitative HCV RNA testing performed at 12 weeks from the initiation of antiviral treatment</p>		

Footnotes

¹Physician Consortium for Performance Improvement®(PCPI) - For more information on measures developed by the Physician Consortium for Performance Improvement® (PCPI), see the appropriate Payor website.

²National Committee on Quality Assurance (NCQA), Health Employer Data Information Set (HEDIS®), www.ncqa.org

³The Joint Commission, <https://www.jointcommission.org>

⁴National Diabetes Quality Improvement Alliance (NDQIA) - For more information on measures developed by the National Diabetes Quality Improvement Alliance (NDQIA), see the appropriate Payor website.

⁵Joint measure from The Physician Consortium for Performance Improvement (PCPI), and National Committee on Quality Assurance (NCQA) - For more information on measures developed as joint measures from Physician Consortium for Performance Improvement and the National Committee on Quality Assurance (NCQA), visit the NCQA website at www.ncqa.org.

⁶The Society of Thoracic Surgeons at www.sts.org and National Quality Forum, www.qualityforum.org.

⁷Optum, www.optum.com.

⁸American Academy of Neurology, <https://www.aan.com/practice/neuromuscular-quality-measures>, or quality@aan.com.

⁹College of American Pathologists (CAP), <https://www.cap.org/advocacy/quality-payment-program-for-pathologists/mips-for-pathologists/2023-pathology-quality-measures>.

¹⁰American Gastroenterological Association (AGA), www.gastro.org/quality.

¹¹American Society of Anesthesiologists (ASA), www.asahq.org.

¹²American College of Gastroenterology (ACG), www.gi.org; American Gastroenterological Association (AGA), www.gastro.org; and American Society for Gastrointestinal Endoscopy (ASGE), www.asge.org.

Hepatitis C (HEP-C) ¹		
Brief Description of Performance Measure & Source and Reporting Instruction	CPT Category II Code(s)	Code Descriptor(s)
<p>Numerator: Patients for whom quantitative HCV RNA testing was performed at 12 weeks from the initiation of antiviral treatment</p> <p>Denominator: All patients aged 18 years and older with a diagnosis of chronic Hepatitis C who are receiving antiviral treatment</p> <p>Exclusion(s): Documentation of medical reason(s) for not performing quantitative HCV RNA at 12 weeks Documentation of patient reason(s) for not performing quantitative HCV RNA at 12 weeks</p> <p>Percentage of patients aged 18 years and older with a diagnosis of chronic Hepatitis C who are receiving antiviral treatment for whom quantitative HCV RNA testing was performed at 12 weeks from the initiation of antiviral treatment</p> <p>Reporting Instructions: Report 4150F or 4151F for each patient aged 18 years and older with a diagnosis of chronic Hepatitis C. If the patient is receiving antiviral treatment for Hepatitis C and Hepatitis C quantitative RNA testing is documented as performed at 12 weeks from initiation of antiviral treatment, also report 3220F.</p>	<p>3220F</p> <p>Denominator Codes</p> <p>4150F</p> <p>4151F</p>	<p>Hepatitis C quantitative RNA testing documented as performed at 12 weeks from initiation of antiviral treatment</p> <p>Patient receiving antiviral treatment for Hepatitis C</p> <p>Patient did not start or is not receiving antiviral treatment for</p>

Footnotes

¹Physician Consortium for Performance Improvement®(PCPI) - For more information on measures developed by the Physician Consortium for Performance Improvement® (PCPI), see the appropriate Payor website.

²National Committee on Quality Assurance (NCQA), Health Employer Data Information Set (HEDIS®), www.ncqa.org

³The Joint Commission, <https://www.jointcommission.org>

⁴National Diabetes Quality Improvement Alliance (NDQIA) - For more information on measures developed by the National Diabetes Quality Improvement Alliance (NDQIA), see the appropriate Payor website.

⁵Joint measure from The Physician Consortium for Performance Improvement (PCPI), and National Committee on Quality Assurance (NCQA) - For more information on measures developed as joint measures from Physician Consortium for Performance Improvement and the National Committee on Quality Assurance (NCQA), visit the NCQA website at www.ncqa.org.

⁶The Society of Thoracic Surgeons at www.sts.org and National Quality Forum, www.qualityforum.org.

⁷Optum, www.optum.com.

⁸American Academy of Neurology, <https://www.aan.com/practice/neuromuscular-quality-measures>, or quality@aan.com.

⁹College of American Pathologists (CAP), <https://www.cap.org/advocacy/quality-payment-program-for-pathologists/mips-for-pathologists/2023-pathology-quality-measures>.

¹⁰American Gastroenterological Association (AGA), www.gastro.org/quality.

¹¹American Society of Anesthesiologists (ASA), www.asahq.org.

¹²American College of Gastroenterology (ACG), www.gi.org; American Gastroenterological Association (AGA), www.gastro.org; and American Society for Gastrointestinal Endoscopy (ASGE), www.asge.org.

Hepatitis C (HEP-C)¹		
Brief Description of Performance Measure & Source and Reporting Instruction	CPT Category II Code(s)	Code Descriptor(s)
<p>For patient with appropriate exclusion criteria, report 3220F with modifier 1P.</p> <p>Note: Technical specifications for this measure allow for testing to be completed between treatment weeks 11-13. The date the test was performed should be documented in the patient's medical record</p>		Hepatitis C during the measurement period
<p>Hepatitis A Vaccination¹</p> <p>Whether or not the patient aged 18 years and older with a diagnosis of Hepatitis C received at least one injection of Hepatitis A vaccine, or has documented immunity to Hepatitis A</p> <p>Numerator: Patients who have received at least or who have documented immunity to Hepatitis A</p> <p>Denominator: All patients aged 18 years and older with a diagnosis of Hepatitis C</p> <p>Exclusion(s): Documentation of medical reason(s) for not receiving at least one injection of Hepatitis A vaccine</p>	4148F	Hepatitis A vaccine injection administered or previously received

Footnotes

¹Physician Consortium for Performance Improvement®(PCPI) - For more information on measures developed by the Physician Consortium for Performance Improvement® (PCPI), see the appropriate Payor website.

²National Committee on Quality Assurance (NCQA), Health Employer Data Information Set (HEDIS®), www.ncqa.org

³The Joint Commission, <https://www.jointcommission.org>

⁴National Diabetes Quality Improvement Alliance (NDQIA) - For more information on measures developed by the National Diabetes Quality Improvement Alliance (NDQIA), see the appropriate Payor website.

⁵Joint measure from The Physician Consortium for Performance Improvement (PCPI), and National Committee on Quality Assurance (NCQA) - For more information on measures developed as joint measures from Physician Consortium for Performance Improvement and the National Committee on Quality Assurance (NCQA), visit the NCQA website at www.ncqa.org.

⁶The Society of Thoracic Surgeons at www.sts.org and National Quality Forum, www.qualityforum.org.

⁷Optum, www.optum.com.

⁸American Academy of Neurology, <https://www.aan.com/practice/neuromuscular-quality-measures>, or quality@aan.com.

⁹College of American Pathologists (CAP), <https://www.cap.org/advocacy/quality-payment-program-for-pathologists/mips-for-pathologists/2023-pathology-quality-measures>.

¹⁰American Gastroenterological Association (AGA), www.gastro.org/quality.

¹¹American Society of Anesthesiologists (ASA), www.asahq.org.

¹²American College of Gastroenterology (ACG), www.gi.org; American Gastroenterological Association (AGA), www.gastro.org; and American Society for Gastrointestinal Endoscopy (ASGE), www.asge.org.

Hepatitis C (HEP-C) ¹		
Brief Description of Performance Measure & Source and Reporting Instruction	CPT Category II Code(s)	Code Descriptor(s)
<p>Percentage of patients aged 18 years and older with a diagnosis of Hepatitis C who have received at least one injection of Hepatitis A vaccine, or who have documented immunity to Hepatitis A</p> <p>Reporting Instructions:</p> <p>Report code 4148F if the patient has received at least one injection of Hepatitis A vaccine, or report code 3215F, if the patient has documented immunity to Hepatitis A.</p> <p>For the patient with appropriate exclusion criteria, report 4148F with modifier 1P.</p> <p>Note: If patient has previously received complete Hepatitis A vaccination series (both doses), code 4155F may be reported.</p>	3215F	Patient has documented immunity to Hepatitis A
<p>Hepatitis B Vaccination¹</p> <p>Whether or not the patient aged 18 years and older with a diagnosis of Hepatitis C received at least one injection of Hepatitis B vaccine, or has documented immunity to Hepatitis B</p>	4149F	Hepatitis B vaccine injection administered or previously received

Footnotes

¹Physician Consortium for Performance Improvement®(PCPI) - For more information on measures developed by the Physician Consortium for Performance Improvement® (PCPI), see the appropriate Payor website.

²National Committee on Quality Assurance (NCQA), Health Employer Data Information Set (HEDIS®), www.ncqa.org

³The Joint Commission, <https://www.jointcommission.org>

⁴National Diabetes Quality Improvement Alliance (NDQIA) - For more information on measures developed by the National Diabetes Quality Improvement Alliance (NDQIA), see the appropriate Payor website.

⁵Joint measure from The Physician Consortium for Performance Improvement (PCPI), and National Committee on Quality Assurance (NCQA) - For more information on measures developed as joint measures from Physician Consortium for Performance Improvement and the National Committee on Quality Assurance (NCQA), visit the NCQA website at www.ncqa.org.

⁶The Society of Thoracic Surgeons at www.sts.org and National Quality Forum, www.qualityforum.org.

⁷Optum, www.optum.com.

⁸American Academy of Neurology, <https://www.aan.com/practice/neuromuscular-quality-measures>, or quality@aan.com.

⁹College of American Pathologists (CAP), <https://www.cap.org/advocacy/quality-payment-program-for-pathologists/mips-for-pathologists/2023-pathology-quality-measures>.

¹⁰American Gastroenterological Association (AGA), www.gastro.org/quality.

¹¹American Society of Anesthesiologists (ASA), www.asahq.org.

¹²American College of Gastroenterology (ACG), www.gi.org; American Gastroenterological Association (AGA), www.gastro.org; and American Society for Gastrointestinal Endoscopy (ASGE), www.asge.org.

Hepatitis C (HEP-C) ¹		
Brief Description of Performance Measure & Source and Reporting Instruction	CPT Category II Code(s)	Code Descriptor(s)
<p>Numerator: Patients who have received at least one injection of Hepatitis B vaccine, or who have documented immunity to Hepatitis B</p> <p>Denominator: All patients aged 18 years and older with a diagnosis of Hepatitis C</p> <p>Exclusion(s): Documentation of medical reason(s) for not receiving at least one injection of Hepatitis B vaccine</p> <p>Percentage of patients aged 18 years and older with a diagnosis of Hepatitis C who have received at least one injection of Hepatitis B vaccine, or who have documented immunity to Hepatitis B</p> <p>Reporting Instructions: Report code 4149F, if patient has received at least one injection of Hepatitis B vaccine, or code 3216F, if patient has documented immunity to Hepatitis B. For the patient with appropriate exclusion criteria report, 4149F with modifier 1P.</p> <p>Note: If patient has previously received complete Hepatitis B vaccination series (all 3 doses), code 4157F may be reported.</p>	3216F	Patient has documented immunity to Hepatitis B

Footnotes

¹Physician Consortium for Performance Improvement®(PCPI) - For more information on measures developed by the Physician Consortium for Performance Improvement® (PCPI), see the appropriate Payor website.

²National Committee on Quality Assurance (NCQA), Health Employer Data Information Set (HEDIS®), www.ncqa.org

³The Joint Commission, <https://www.jointcommission.org>

⁴National Diabetes Quality Improvement Alliance (NDQIA) - For more information on measures developed by the National Diabetes Quality Improvement Alliance (NDQIA), see the appropriate Payor website.

⁵Joint measure from The Physician Consortium for Performance Improvement (PCPI), and National Committee on Quality Assurance (NCQA) - For more information on measures developed as joint measures from Physician Consortium for Performance Improvement and the National Committee on Quality Assurance (NCQA), visit the NCQA website at www.ncqa.org.

⁶The Society of Thoracic Surgeons at www.sts.org and National Quality Forum, www.qualityforum.org.

⁷Optum, www.optum.com.

⁸American Academy of Neurology, <https://www.aan.com/practice/neuromuscular-quality-measures>, or quality@aan.com.

⁹College of American Pathologists (CAP), <https://www.cap.org/advocacy/quality-payment-program-for-pathologists/mips-for-pathologists/2023-pathology-quality-measures>.

¹⁰American Gastroenterological Association (AGA), www.gastro.org/quality.

¹¹American Society of Anesthesiologists (ASA), www.asahq.org.

¹²American College of Gastroenterology (ACG), www.gi.org; American Gastroenterological Association (AGA), www.gastro.org; and American Society for Gastrointestinal Endoscopy (ASGE), www.asge.org.

Hepatitis C (HEP-C) ¹		
Brief Description of Performance Measure & Source and Reporting Instruction	CPT Category II Code(s)	Code Descriptor(s)
<p>Counseling Regarding Risk of Alcohol Consumption</p> <p>Whether or not the patient aged 18 years and older with a diagnosis of Hepatitis C was counseled about the risks of alcohol consumption at least once within the 12 month reporting period</p> <p>Numerator: Patients who were counseled^a about the risks of alcohol use at least once in the 12 month reporting period</p> <p>^aDefinition: Counseling may include documentation of a discussion regarding the risks of alcohol, or notation to decrease or abstain from alcohol intake</p> <p>Denominator: All patients aged 18 years and older with a diagnosis of Hepatitis C</p> <p>Exclusion(s): None</p> <p>Percentage of patients aged 18 years and older with a diagnosis of Hepatitis C who were counseled about the risks of alcohol use at least once in the 12 month reporting period</p>	4158F	Patient counseled about risks of alcohol use

Footnotes

¹Physician Consortium for Performance Improvement®(PCPI) - For more information on measures developed by the Physician Consortium for Performance Improvement® (PCPI), see the appropriate Payor website.

²National Committee on Quality Assurance (NCQA), Health Employer Data Information Set (HEDIS®), www.ncqa.org

³The Joint Commission, <https://www.jointcommission.org>

⁴National Diabetes Quality Improvement Alliance (NDQIA) - For more information on measures developed by the National Diabetes Quality Improvement Alliance (NDQIA), see the appropriate Payor website.

⁵Joint measure from The Physician Consortium for Performance Improvement (PCPI), and National Committee on Quality Assurance (NCQA) - For more information on measures developed as joint measures from Physician Consortium for Performance Improvement and the National Committee on Quality Assurance (NCQA), visit the NCQA website at www.ncqa.org.

⁶The Society of Thoracic Surgeons at www.sts.org and National Quality Forum, www.qualityforum.org.

⁷Optum, www.optum.com.

⁸American Academy of Neurology, <https://www.aan.com/practice/neuromuscular-quality-measures>, or quality@aan.com.

⁹College of American Pathologists (CAP), <https://www.cap.org/advocacy/quality-payment-program-for-pathologists/mips-for-pathologists/2023-pathology-quality-measures>.

¹⁰American Gastroenterological Association (AGA), www.gastro.org/quality.

¹¹American Society of Anesthesiologists (ASA), www.asahq.org.

¹²American College of Gastroenterology (ACG), www.gi.org; American Gastroenterological Association (AGA), www.gastro.org; and American Society for Gastrointestinal Endoscopy (ASGE), www.asge.org.

Hepatitis C (HEP-C) ¹		
Brief Description of Performance Measure & Source and Reporting Instruction	CPT Category II Code(s)	Code Descriptor(s)
<p>Reporting Instructions:</p> <p>There are no performance exclusions for code 4158F. Do not report modifiers 1P, 2P, or 3P with this code.</p>		
<p>Counseling Regarding Use of Contraception Prior to Antiviral Therapy¹</p> <p>Whether or not the female patient aged 18 to 44 years and all men aged 18 years and older with a diagnosis of chronic hepatitis C who are receiving antiviral treatment received counseling regarding contraception prior to the initiation of treatment</p> <p>Numerator: Patients who were counseled regarding contraception prior to the initiation of treatment</p> <p>Denominator: All women aged 18 to 44 years and all men aged 18 years and older with a diagnosis of chronic hepatitis C who are receiving antiviral treatment</p> <p>Exclusion(s): Documentation of medical reason(s) for not counseling patient regarding contraception</p>	4159F	

Footnotes

¹Physician Consortium for Performance Improvement®(PCPI) - For more information on measures developed by the Physician Consortium for Performance Improvement® (PCPI), see the appropriate Payor website.

²National Committee on Quality Assurance (NCQA), Health Employer Data Information Set (HEDIS®), www.ncqa.org

³The Joint Commission, <https://www.jointcommission.org>

⁴National Diabetes Quality Improvement Alliance (NDQIA) - For more information on measures developed by the National Diabetes Quality Improvement Alliance (NDQIA), see the appropriate Payor website.

⁵Joint measure from The Physician Consortium for Performance Improvement (PCPI), and National Committee on Quality Assurance (NCQA) - For more information on measures developed as joint measures from Physician Consortium for Performance Improvement and the National Committee on Quality Assurance (NCQA), visit the NCQA website at www.ncqa.org.

⁶The Society of Thoracic Surgeons at www.sts.org and National Quality Forum, www.qualityforum.org.

⁷Optum, www.optum.com.

⁸American Academy of Neurology, <https://www.aan.com/practice/neuromuscular-quality-measures>, or quality@aan.com.

⁹College of American Pathologists (CAP), <https://www.cap.org/advocacy/quality-payment-program-for-pathologists/mips-for-pathologists/2023-pathology-quality-measures>.

¹⁰American Gastroenterological Association (AGA), www.gastro.org/quality.

¹¹American Society of Anesthesiologists (ASA), www.asahq.org.

¹²American College of Gastroenterology (ACG), www.gi.org; American Gastroenterological Association (AGA), www.gastro.org; and American Society for Gastrointestinal Endoscopy (ASGE), www.asge.org.

Hepatitis C (HEP-C) ¹		
Brief Description of Performance Measure & Source and Reporting Instruction	CPT Category II Code(s)	Code Descriptor(s)
<p>Percentage of female patients aged 18 to 44 years and all men aged 18 years and older with a diagnosis of chronic hepatitis C who are receiving antiviral treatment who were counseled regarding contraception prior to the initiation of treatment</p> <p>Reporting Instructions: Report 4150F or 4151F for each patient. If patient is receiving antiviral treatment for Hepatitis C and patient received counseling regarding contraception, also report 4159F. For patient with appropriate exclusion criteria, report 4159F with modifier 1P. If patient is first seen by physician after initiation of treatment, report 3218F with modifier 1P.</p>	<p>Denominator Codes</p> <p>4150F</p> <p>4151F</p>	<p>Counseling regarding contraception received prior to initiation of antiviral treatment</p> <p>Patient receiving antiviral treatment for Hepatitis C</p> <p>Patient did not start or is not receiving antiviral treatment for</p>

Footnotes

¹Physician Consortium for Performance Improvement®(PCPI) - For more information on measures developed by the Physician Consortium for Performance Improvement® (PCPI), see the appropriate Payor website.

²National Committee on Quality Assurance (NCQA), Health Employer Data Information Set (HEDIS®), www.ncqa.org

³The Joint Commission, <https://www.jointcommission.org>

⁴National Diabetes Quality Improvement Alliance (NDQIA) - For more information on measures developed by the National Diabetes Quality Improvement Alliance (NDQIA), see the appropriate Payor website.

⁵Joint measure from The Physician Consortium for Performance Improvement (PCPI), and National Committee on Quality Assurance (NCQA) - For more information on measures developed as joint measures from Physician Consortium for Performance Improvement and the National Committee on Quality Assurance (NCQA), visit the NCQA website at www.ncqa.org.

⁶The Society of Thoracic Surgeons at www.sts.org and National Quality Forum, www.qualityforum.org.

⁷Optum, www.optum.com.

⁸American Academy of Neurology, <https://www.aan.com/practice/neuromuscular-quality-measures>, or quality@aan.com.

⁹College of American Pathologists (CAP), <https://www.cap.org/advocacy/quality-payment-program-for-pathologists/mips-for-pathologists/2023-pathology-quality-measures>.

¹⁰American Gastroenterological Association (AGA), www.gastro.org/quality.

¹¹American Society of Anesthesiologists (ASA), www.asahq.org.

¹²American College of Gastroenterology (ACG), www.gi.org; American Gastroenterological Association (AGA), www.gastro.org; and American Society for Gastrointestinal Endoscopy (ASGE), www.asge.org.

Hepatitis C (HEP-C) ¹		
Brief Description of Performance Measure & Source and Reporting Instruction	CPT Category II Code(s)	Code Descriptor(s)
		hepatitis C during the measurement period

HIV/AIDS (HIV)		
Brief Description of Performance Measure & Source and Reporting Instruction	CPT Category II Code(s)	Code Descriptor(s)
CD4+ Cell Count⁵ Whether or not the patient with a diagnosis of HIV/AIDS had a CD4+ cell count or CD4+ cell percentage performed at least once every six months		

Footnotes

¹Physician Consortium for Performance Improvement®(PCPI) - For more information on measures developed by the Physician Consortium for Performance Improvement® (PCPI), see the appropriate Payor website.

²National Committee on Quality Assurance (NCQA), Health Employer Data Information Set (HEDIS®), www.ncqa.org

³The Joint Commission, <https://www.jointcommission.org>

⁴National Diabetes Quality Improvement Alliance (NDQIA) - For more information on measures developed by the National Diabetes Quality Improvement Alliance (NDQIA), see the appropriate Payor website.

⁵Joint measure from The Physician Consortium for Performance Improvement (PCPI), and National Committee on Quality Assurance (NCQA) - For more information on measures developed as joint measures from Physician Consortium for Performance Improvement and the National Committee on Quality Assurance (NCQA), visit the NCQA website at www.ncqa.org.

⁶The Society of Thoracic Surgeons at www.sts.org and National Quality Forum, www.qualityforum.org.

⁷Optum, www.optum.com.

⁸American Academy of Neurology, <https://www.aan.com/practice/neuromuscular-quality-measures>, or quality@aan.com.

⁹College of American Pathologists (CAP), <https://www.cap.org/advocacy/quality-payment-program-for-pathologists/mips-for-pathologists/2023-pathology-quality-measures>.

¹⁰American Gastroenterological Association (AGA), www.gastro.org/quality.

¹¹American Society of Anesthesiologists (ASA), www.asahq.org.

¹²American College of Gastroenterology (ACG), www.gi.org; American Gastroenterological Association (AGA), www.gastro.org; and American Society for Gastrointestinal Endoscopy (ASGE), www.asge.org.

HIV/AIDS (HIV)		
Brief Description of Performance Measure & Source and Reporting Instruction	CPT Category II Code(s)	Code Descriptor(s)
<p>Numerator: Patients who had a CD4+ cell count or CD4+ cell percentage performed at least once every six months</p> <p>Denominator: All patients aged 6 months and older with a diagnosis of HIV/AIDS</p> <p>Exclusion(s): None</p> <p>Percentage of patients aged 6 months and older with a diagnosis of HIV/AIDS for whom a CD4+ cell count or CD4+ cell percentage was performed at least once every 6 months</p> <p>Reporting Instructions: Report 3500F each time the CD4+ cell count or percentage is performed.</p> <p>There are no performance exclusions for this measure; modifiers 1P, 2P or 3P may not be used.</p> <p>Note: Patients who have at least two medical visits during the measurement year, with at least 60 days between each visit, will be included in the measure calculation.</p>	3500F	CD4+ cell count or CD4+ cell percentage documented as performed

Footnotes

¹Physician Consortium for Performance Improvement®(PCPI) - For more information on measures developed by the Physician Consortium for Performance Improvement® (PCPI), see the appropriate Payor website.

²National Committee on Quality Assurance (NCQA), Health Employer Data Information Set (HEDIS®), www.ncqa.org

³The Joint Commission, <https://www.jointcommission.org>

⁴National Diabetes Quality Improvement Alliance (NDQIA) - For more information on measures developed by the National Diabetes Quality Improvement Alliance (NDQIA), see the appropriate Payor website.

⁵Joint measure from The Physician Consortium for Performance Improvement (PCPI), and National Committee on Quality Assurance (NCQA) - For more information on measures developed as joint measures from Physician Consortium for Performance Improvement and the National Committee on Quality Assurance (NCQA), visit the NCQA website at www.ncqa.org.

⁶The Society of Thoracic Surgeons at www.sts.org and National Quality Forum, www.qualityforum.org.

⁷Optum, www.optum.com.

⁸American Academy of Neurology, <https://www.aan.com/practice/neuromuscular-quality-measures>, or quality@aan.com.

⁹College of American Pathologists (CAP), <https://www.cap.org/advocacy/quality-payment-program-for-pathologists/mips-for-pathologists/2023-pathology-quality-measures>.

¹⁰American Gastroenterological Association (AGA), www.gastro.org/quality.

¹¹American Society of Anesthesiologists (ASA), www.asahq.org.

¹²American College of Gastroenterology (ACG), www.gi.org; American Gastroenterological Association (AGA), www.gastro.org; and American Society for Gastrointestinal Endoscopy (ASGE), www.asge.org.

HIV/AIDS (HIV)		
Brief Description of Performance Measure & Source and Reporting Instruction	CPT Category II Code(s)	Code Descriptor(s)
Refer to the measure specifications for a definition of medical visit.		
<p>HIV RNA Control for Patients After Six Months of Potent Antiretroviral Therapy⁵</p> <p>Whether or not the patient with a diagnosis of HIV/AIDS who is receiving potent antiretroviral therapy has a viral load below limits of quantification after at least 6 months of potent antiretroviral therapy OR who does not have a viral load below limits of quantification after at least 6 months of potent antiretroviral therapy and has documentation of a plan of care</p> <p>Numerator: Patients who have viral load below limits of quantification* OR patients who do not have viral load below limits of quantification AND who have a documented plan of care**</p> <p>*Limits of quantification using laboratory cutoff for reference laboratory used by that clinic or provider</p>	<p>3503F</p> <p>3502F</p> <p>0575F</p> <p>Denominator Code</p> <p>4270F</p> <p>4271F</p>	<p>HIV RNA viral load not below limits of quantification</p> <p>HIV RNA viral load below limits of quantification</p> <p>HIV RNA control plan of care, documented</p> <p>Patient receiving potent antiretroviral therapy for 6 months or longer</p>

Footnotes

¹Physician Consortium for Performance Improvement®(PCPI) - For more information on measures developed by the Physician Consortium for Performance Improvement® (PCPI), see the appropriate Payor website.

²National Committee on Quality Assurance (NCQA), Health Employer Data Information Set (HEDIS®), www.ncqa.org

³The Joint Commission, <https://www.jointcommission.org>

⁴National Diabetes Quality Improvement Alliance (NDQIA) - For more information on measures developed by the National Diabetes Quality Improvement Alliance (NDQIA), see the appropriate Payor website.

⁵Joint measure from The Physician Consortium for Performance Improvement (PCPI), and National Committee on Quality Assurance (NCQA) - For more information on measures developed as joint measures from Physician Consortium for Performance Improvement and the National Committee on Quality Assurance (NCQA), visit the NCQA website at www.ncqa.org.

⁶The Society of Thoracic Surgeons at www.sts.org and National Quality Forum, www.qualityforum.org.

⁷Optum, www.optum.com.

⁸American Academy of Neurology, <https://www.aan.com/practice/neuromuscular-quality-measures>, or quality@aan.com.

⁹College of American Pathologists (CAP), <https://www.cap.org/advocacy/quality-payment-program-for-pathologists/mips-for-pathologists/2023-pathology-quality-measures>.

¹⁰American Gastroenterological Association (AGA), www.gastro.org/quality.

¹¹American Society of Anesthesiologists (ASA), www.asahq.org.

¹²American College of Gastroenterology (ACG), www.gi.org; American Gastroenterological Association (AGA), www.gastro.org; and American Society for Gastrointestinal Endoscopy (ASGE), www.asge.org.

HIV/AIDS (HIV)		
Brief Description of Performance Measure & Source and Reporting Instruction	CPT Category II Code(s)	Code Descriptor(s)
<p>**A plan of care may include: altering the therapy regimen, reaffirming to the patient the importance of high adherence to the regimen, or reassessment of viral load at a specified future date</p> <p>Denominator: All patients aged 13 years and older with a diagnosis of HIV/AIDS who have received potent antiretroviral therapy* for at least 6 months</p> <p>*Potent antiretroviral therapy is described as any antiretroviral therapy that has demonstrated optimal efficacy and results in durable suppression of HIV as shown by prior clinical trials</p> <p>Note: For potent antiretroviral therapy recommendations refer to current DHHS guidelines available at www.aidsinfo.nih.gov/Guidelines</p> <p>Exclusion(s): None</p> <p>Percentage of patients aged 13 years and older with a diagnosis of HIV/AIDS who are receiving potent antiretroviral therapy AND who have a viral load below limits of quantification after at least 6 months of potent antiretroviral therapy OR who do not have a viral load below limits of</p>		<p>Patient receiving potent antiretroviral therapy for less than 6 months or not receiving potent antiretroviral therapy</p>

Footnotes

¹Physician Consortium for Performance Improvement®(PCPI) - For more information on measures developed by the Physician Consortium for Performance Improvement® (PCPI), see the appropriate Payor website.

²National Committee on Quality Assurance (NCQA), Health Employer Data Information Set (HEDIS®), www.ncqa.org

³The Joint Commission, <https://www.jointcommission.org>

⁴National Diabetes Quality Improvement Alliance (NDQIA) - For more information on measures developed by the National Diabetes Quality Improvement Alliance (NDQIA), see the appropriate Payor website.

⁵Joint measure from The Physician Consortium for Performance Improvement (PCPI), and National Committee on Quality Assurance (NCQA) - For more information on measures developed as joint measures from Physician Consortium for Performance Improvement and the National Committee on Quality Assurance (NCQA), visit the NCQA website at www.ncqa.org.

⁶The Society of Thoracic Surgeons at www.sts.org and National Quality Forum, www.qualityforum.org.

⁷Optum, www.optum.com.

⁸American Academy of Neurology, <https://www.aan.com/practice/neuromuscular-quality-measures>, or quality@aan.com.

⁹College of American Pathologists (CAP), <https://www.cap.org/advocacy/quality-payment-program-for-pathologists/mips-for-pathologists/2023-pathology-quality-measures>.

¹⁰American Gastroenterological Association (AGA), www.gastro.org/quality.

¹¹American Society of Anesthesiologists (ASA), www.asahq.org.

¹²American College of Gastroenterology (ACG), www.gi.org; American Gastroenterological Association (AGA), www.gastro.org; and American Society for Gastrointestinal Endoscopy (ASGE), www.asge.org.

HIV/AIDS (HIV)		
Brief Description of Performance Measure & Source and Reporting Instruction	CPT Category II Code(s)	Code Descriptor(s)
<p>quantification after at least six months of potent antiretroviral therapy and have a documented plan of care during the measurement year.</p> <p>Reporting Instructions:</p> <p>For all patients aged 13 years and older with a diagnosis of HIV/AIDS, report 4270F if patient has received potent antiviral therapy for at least 6 months, or 4271F if patient has received potent antiretroviral therapy for less than 6 months or is not receiving potent antiretroviral therapy. When reporting 4270F, also report 3503F if HIV RNA viral load is not below limits of quantification or 3502F if HIV RNA viral load is below limits of quantification. When reporting 3503F, also report 0575F if HIV RNA control plan is documented.</p> <p>There are no performance exclusions for this measure; modifiers 1P, 2P or 3P may not be used.</p> <p>Note: Patients who have at least two medical visits during the measurement year, with at least 60 days between each visit, will be included in the measure calculation.</p>		

Footnotes

¹Physician Consortium for Performance Improvement®(PCPI) - For more information on measures developed by the Physician Consortium for Performance Improvement® (PCPI), see the appropriate Payor website.

²National Committee on Quality Assurance (NCQA), Health Employer Data Information Set (HEDIS®), www.ncqa.org

³The Joint Commission, <https://www.jointcommission.org>

⁴National Diabetes Quality Improvement Alliance (NDQIA) - For more information on measures developed by the National Diabetes Quality Improvement Alliance (NDQIA), see the appropriate Payor website.

⁵Joint measure from The Physician Consortium for Performance Improvement (PCPI), and National Committee on Quality Assurance (NCQA) - For more information on measures developed as joint measures from Physician Consortium for Performance Improvement and the National Committee on Quality Assurance (NCQA), visit the NCQA website at www.ncqa.org.

⁶The Society of Thoracic Surgeons at www.sts.org and National Quality Forum, www.qualityforum.org.

⁷Optum, www.optum.com.

⁸American Academy of Neurology, <https://www.aan.com/practice/neuromuscular-quality-measures>, or quality@aan.com.

⁹College of American Pathologists (CAP), <https://www.cap.org/advocacy/quality-payment-program-for-pathologists/mips-for-pathologists/2023-pathology-quality-measures>.

¹⁰American Gastroenterological Association (AGA), www.gastro.org/quality.

¹¹American Society of Anesthesiologists (ASA), www.asahq.org.

¹²American College of Gastroenterology (ACG), www.gi.org; American Gastroenterological Association (AGA), www.gastro.org; and American Society for Gastrointestinal Endoscopy (ASGE), www.asge.org.

HIV/AIDS (HIV)		
Brief Description of Performance Measure & Source and Reporting Instruction	CPT Category II Code(s)	Code Descriptor(s)
Refer to the measure specifications for a definition of medical visit.		
<p>Tuberculosis (TB) Screening⁵</p> <p>Whether or not the patient with a diagnosis of HIV/AIDS has documentation of a tuberculosis (TB) screening test performed and results interpreted at least once since the diagnosis of HIV infection</p> <p>Numerator: Patients who have documentation of a tuberculosis (TB) screening test performed and results interpreted at least once since the diagnosis of HIV infection</p> <p>Denominator: All patients aged 3 months and older with a diagnosis of HIV/AIDS</p> <p>Exclusion(s): Documentation of medical reason(s) for not performing tuberculosis (TB) screening test (eg, patients with a history of positive PPD or treatment for TB); documentation</p>	3510F	Documentation that tuberculosis (TB) screening test performed and results interpreted

Footnotes

¹Physician Consortium for Performance Improvement®(PCPI) - For more information on measures developed by the Physician Consortium for Performance Improvement® (PCPI), see the appropriate Payor website.

²National Committee on Quality Assurance (NCQA), Health Employer Data Information Set (HEDIS®), www.ncqa.org

³The Joint Commission, <https://www.jointcommission.org>

⁴National Diabetes Quality Improvement Alliance (NDQIA) - For more information on measures developed by the National Diabetes Quality Improvement Alliance (NDQIA), see the appropriate Payor website.

⁵Joint measure from The Physician Consortium for Performance Improvement (PCPI), and National Committee on Quality Assurance (NCQA) - For more information on measures developed as joint measures from Physician Consortium for Performance Improvement and the National Committee on Quality Assurance (NCQA), visit the NCQA website at www.ncqa.org.

⁶The Society of Thoracic Surgeons at www.sts.org and National Quality Forum, www.qualityforum.org.

⁷Optum, www.optum.com.

⁸American Academy of Neurology, <https://www.aan.com/practice/neuromuscular-quality-measures>, or quality@aan.com.

⁹College of American Pathologists (CAP), <https://www.cap.org/advocacy/quality-payment-program-for-pathologists/mips-for-pathologists/2023-pathology-quality-measures>.

¹⁰American Gastroenterological Association (AGA), www.gastro.org/quality.

¹¹American Society of Anesthesiologists (ASA), www.asahq.org.

¹²American College of Gastroenterology (ACG), www.gi.org; American Gastroenterological Association (AGA), www.gastro.org; and American Society for Gastrointestinal Endoscopy (ASGE), www.asge.org.

HIV/AIDS (HIV)		
Brief Description of Performance Measure & Source and Reporting Instruction	CPT Category II Code(s)	Code Descriptor(s)
<p>of patient reason for not performing TB screening test (e.g., patient declined)</p> <p>Percentage of patients aged 3 months and older with a diagnosis of HIV/AIDS for whom there is documentation that a tuberculosis (TB) screening test was performed and results interpreted at least once since the diagnosis of HIV infection.</p> <p>Reporting Instructions:</p> <p>For patient with appropriate exclusion criteria, report 3510F with modifier 1P or 2P.</p> <p>Note: Patients who have at least two medical visits during the measurement year, with at least 60 days between each visit, will be included in the measure calculation. Refer to the measure specifications for a definition of medical visit.</p>		
<p>Sexually Transmitted Diseases – Chlamydia and Gonorrhea Screenings⁵</p>	3511F	Chlamydia and gonorrhea screenings documented as performed

Footnotes

¹**Physician Consortium for Performance Improvement®(PCPI)** - For more information on measures developed by the Physician Consortium for Performance Improvement® (PCPI), see the appropriate Payor website.

²**National Committee on Quality Assurance (NCQA)**, Health Employer Data Information Set (HEDIS®), www.ncqa.org

³**The Joint Commission**, <https://www.jointcommission.org>

⁴**National Diabetes Quality Improvement Alliance (NDQIA)** - For more information on measures developed by the National Diabetes Quality Improvement Alliance (NDQIA), see the appropriate Payor website.

⁵Joint measure from **The Physician Consortium for Performance Improvement (PCPI)**, and **National Committee on Quality Assurance (NCQA)** - For more information on measures developed as joint measures from Physician Consortium for Performance Improvement and the National Committee on Quality Assurance (NCQA), visit the NCQA website at www.ncqa.org.

⁶**The Society of Thoracic Surgeons** at www.sts.org and **National Quality Forum**, www.qualityforum.org.

⁷**Optum**, www.optum.com.

⁸**American Academy of Neurology**, <https://www.aan.com/practice/neuromuscular-quality-measures>, or quality@aan.com.

⁹**College of American Pathologists (CAP)**, <https://www.cap.org/advocacy/quality-payment-program-for-pathologists/mips-for-pathologists/2023-pathology-quality-measures>.

¹⁰**American Gastroenterological Association (AGA)**, www.gastro.org/quality.

¹¹**American Society of Anesthesiologists (ASA)**, www.asahq.org.

¹²**American College of Gastroenterology (ACG)**, www.gi.org; **American Gastroenterological Association (AGA)**, www.gastro.org; and **American Society for Gastrointestinal Endoscopy (ASGE)**, www.asge.org.

HIV/AIDS (HIV)		
Brief Description of Performance Measure & Source and Reporting Instruction	CPT Category II Code(s)	Code Descriptor(s)
<p>Numerator: Patients who have Chlamydia and gonorrhea screenings performed at least once since the diagnosis of HIV infection</p> <p>Denominator: All patients aged 13 years and older with a diagnosis of HIV/AIDS</p> <p>Exclusion(s): Documentation of patient reason(s) for not performing Chlamydia and gonorrhea screenings (eg, patient refusal)</p> <p>Percentage of patients aged 13 years and older with a diagnosis of HIV/AIDS for whom Chlamydia and gonorrhea screenings were performed at least once since the diagnosis of HIV infection.</p> <p>Reporting Instructions: For patient with appropriate exclusion criteria, report 3511F with modifier 2P.</p> <p>Note: Patients who have at least two medical visits during the measurement year, with at least 60 days between each visit,</p>		

Footnotes

¹Physician Consortium for Performance Improvement®(PCPI) - For more information on measures developed by the Physician Consortium for Performance Improvement® (PCPI), see the appropriate Payor website.

²National Committee on Quality Assurance (NCQA), Health Employer Data Information Set (HEDIS®), www.ncqa.org

³The Joint Commission, <https://www.jointcommission.org>

⁴National Diabetes Quality Improvement Alliance (NDQIA) - For more information on measures developed by the National Diabetes Quality Improvement Alliance (NDQIA), see the appropriate Payor website.

⁵Joint measure from The Physician Consortium for Performance Improvement (PCPI), and National Committee on Quality Assurance (NCQA) - For more information on measures developed as joint measures from Physician Consortium for Performance Improvement and the National Committee on Quality Assurance (NCQA), visit the NCQA website at www.ncqa.org.

⁶The Society of Thoracic Surgeons at www.sts.org and National Quality Forum, www.qualityforum.org.

⁷Optum, www.optum.com.

⁸American Academy of Neurology, <https://www.aan.com/practice/neuromuscular-quality-measures>, or quality@aan.com.

⁹College of American Pathologists (CAP), <https://www.cap.org/advocacy/quality-payment-program-for-pathologists/mips-for-pathologists/2023-pathology-quality-measures>.

¹⁰American Gastroenterological Association (AGA), www.gastro.org/quality.

¹¹American Society of Anesthesiologists (ASA), www.asahq.org.

¹²American College of Gastroenterology (ACG), www.gi.org; American Gastroenterological Association (AGA), www.gastro.org; and American Society for Gastrointestinal Endoscopy (ASGE), www.asge.org.

HIV/AIDS (HIV)		
Brief Description of Performance Measure & Source and Reporting Instruction	CPT Category II Code(s)	Code Descriptor(s)
will be included in the measure calculation. Refer to the measure specifications for a definition of medical visit.		
<p>Sexually Transmitted Diseases – Syphilis Screening⁵</p> <p>Whether or not the patient with a diagnosis of HIV/AIDS has a syphilis screening performed</p> <p>Numerator: Patients who have a syphilis screening performed</p> <p>Denominator: All patients aged 13 years and older with a diagnosis of HIV/AIDS</p> <p>Exclusion(s): Documentation of patient reason(s) for not performing a syphilis screening (eg, patient declined)</p> <p>Percentage of patients aged 13 years and older with a diagnosis of HIV/AIDS for whom a syphilis screening was performed during the measurement year.</p> <p>Reporting Instructions:</p> <p>For patient with appropriate exclusion criteria, report 3512F with modifier 2P.</p>	3512F	Syphilis screening documented as performed

Footnotes

¹Physician Consortium for Performance Improvement®(PCPI) - For more information on measures developed by the Physician Consortium for Performance Improvement® (PCPI), see the appropriate Payor website.

²National Committee on Quality Assurance (NCQA), Health Employer Data Information Set (HEDIS®), www.ncqa.org

³The Joint Commission, <https://www.jointcommission.org>

⁴National Diabetes Quality Improvement Alliance (NDQIA) - For more information on measures developed by the National Diabetes Quality Improvement Alliance (NDQIA), see the appropriate Payor website.

⁵Joint measure from The Physician Consortium for Performance Improvement (PCPI), and National Committee on Quality Assurance (NCQA) - For more information on measures developed as joint measures from Physician Consortium for Performance Improvement and the National Committee on Quality Assurance (NCQA), visit the NCQA website at www.ncqa.org.

⁶The Society of Thoracic Surgeons at www.sts.org and National Quality Forum, www.qualityforum.org.

⁷Optum, www.optum.com.

⁸American Academy of Neurology, <https://www.aan.com/practice/neuromuscular-quality-measures>, or quality@aan.com.

⁹College of American Pathologists (CAP), <https://www.cap.org/advocacy/quality-payment-program-for-pathologists/mips-for-pathologists/2023-pathology-quality-measures>.

¹⁰American Gastroenterological Association (AGA), www.gastro.org/quality.

¹¹American Society of Anesthesiologists (ASA), www.asahq.org.

¹²American College of Gastroenterology (ACG), www.gi.org; American Gastroenterological Association (AGA), www.gastro.org; and American Society for Gastrointestinal Endoscopy (ASGE), www.asge.org.

HIV/AIDS (HIV)		
Brief Description of Performance Measure & Source and Reporting Instruction	CPT Category II Code(s)	Code Descriptor(s)
Note: Patients who have at least two medical visits during the measurement year, with at least 60 days between each visit, will be included in the measure calculation. Refer to the measure specifications for a definition of medical visit.		
<p>Other Infectious Diseases – Hepatitis B Screening⁵</p> <p>Whether or not the patient with a diagnosis of HIV/AIDS has a Hepatitis B screening performed at least once since the diagnosis of HIV infection, or has documented immunity</p> <p>Numerator: Patients who had a Hepatitis B screening performed at least once since the diagnosis of HIV infection, or who have documented immunity</p> <p>Denominator: All patients aged 6 months and older with a diagnosis of HIV/AIDS</p> <p>Exclusion(s): Documentation of patient reason for not performing Hepatitis B screening (e.g., patient declined)</p> <p>Percentage of patients aged 6 months and older with a diagnosis of HIV/AIDS who had a Hepatitis B screening</p>	<p>3513F</p> <p>3216F</p>	<p>Hepatitis B screening documented as performed</p> <p>Patient has documented immunity to Hepatitis B</p>

Footnotes

¹Physician Consortium for Performance Improvement®(PCPI) - For more information on measures developed by the Physician Consortium for Performance Improvement® (PCPI), see the appropriate Payor website.

²National Committee on Quality Assurance (NCQA), Health Employer Data Information Set (HEDIS®), www.ncqa.org

³The Joint Commission, <https://www.jointcommission.org>

⁴National Diabetes Quality Improvement Alliance (NDQIA) - For more information on measures developed by the National Diabetes Quality Improvement Alliance (NDQIA), see the appropriate Payor website.

⁵Joint measure from The Physician Consortium for Performance Improvement (PCPI), and National Committee on Quality Assurance (NCQA) - For more information on measures developed as joint measures from Physician Consortium for Performance Improvement and the National Committee on Quality Assurance (NCQA), visit the NCQA website at www.ncqa.org.

⁶The Society of Thoracic Surgeons at www.sts.org and National Quality Forum, www.qualityforum.org.

⁷Optum, www.optum.com.

⁸American Academy of Neurology, <https://www.aan.com/practice/neuromuscular-quality-measures>, or quality@aan.com.

⁹College of American Pathologists (CAP), <https://www.cap.org/advocacy/quality-payment-program-for-pathologists/mips-for-pathologists/2023-pathology-quality-measures>.

¹⁰American Gastroenterological Association (AGA), www.gastro.org/quality.

¹¹American Society of Anesthesiologists (ASA), www.asahq.org.

¹²American College of Gastroenterology (ACG), www.gi.org; American Gastroenterological Association (AGA), www.gastro.org; and American Society for Gastrointestinal Endoscopy (ASGE), www.asge.org.

HIV/AIDS (HIV)		
Brief Description of Performance Measure & Source and Reporting Instruction	CPT Category II Code(s)	Code Descriptor(s)
<p>performed at least once since the diagnosis of HIV infection, or for whom there was documented immunity.</p> <p>Reporting Instructions:</p> <p>Report 3513F or 3216F for each patient with a diagnosis of HIV/AIDS. For patient with appropriate exclusion criteria, report 3513F with modifier 2P.</p> <p>Note: Patients who have at least two medical visits during the measurement year, with at least 60 days between each visit, will be included in the measure calculation. Refer to the measure specifications for a definition of medical visit.</p>		
<p>Other Infectious Diseases – Hepatitis C Screening⁵</p> <p>Whether or not the patient with a diagnosis of HIV/AIDS had a Hepatitis C screening performed at least once since the diagnosis of HIV infection, or has documented immunity</p> <p>Numerator: Patients who had a Hepatitis C screening performed at least once since the diagnosis of HIV infection, or who have documented immunity</p>	<p>3514F</p> <p>3515F</p>	<p>Hepatitis C screening documented as performed</p>

Footnotes

¹Physician Consortium for Performance Improvement®(PCPI) - For more information on measures developed by the Physician Consortium for Performance Improvement® (PCPI), see the appropriate Payor website.

²National Committee on Quality Assurance (NCQA), Health Employer Data Information Set (HEDIS®), www.ncqa.org

³The Joint Commission, <https://www.jointcommission.org>

⁴National Diabetes Quality Improvement Alliance (NDQIA) - For more information on measures developed by the National Diabetes Quality Improvement Alliance (NDQIA), see the appropriate Payor website.

⁵Joint measure from The Physician Consortium for Performance Improvement (PCPI), and National Committee on Quality Assurance (NCQA) - For more information on measures developed as joint measures from Physician Consortium for Performance Improvement and the National Committee on Quality Assurance (NCQA), visit the NCQA website at www.ncqa.org.

⁶The Society of Thoracic Surgeons at www.sts.org and National Quality Forum, www.qualityforum.org.

⁷Optum, www.optum.com.

⁸American Academy of Neurology, <https://www.aan.com/practice/neuromuscular-quality-measures>, or quality@aan.com.

⁹College of American Pathologists (CAP), <https://www.cap.org/advocacy/quality-payment-program-for-pathologists/mips-for-pathologists/2023-pathology-quality-measures>.

¹⁰American Gastroenterological Association (AGA), www.gastro.org/quality.

¹¹American Society of Anesthesiologists (ASA), www.asahq.org.

¹²American College of Gastroenterology (ACG), www.gi.org; American Gastroenterological Association (AGA), www.gastro.org; and American Society for Gastrointestinal Endoscopy (ASGE), www.asge.org.

HIV/AIDS (HIV)		
Brief Description of Performance Measure & Source and Reporting Instruction	CPT Category II Code(s)	Code Descriptor(s)
<p>Denominator: All patients 13 years of age and older with a diagnosis of HIV/AIDS</p> <p>Exclusion(s): Documentation of patient reason for not performing Hepatitis C screening (eg, patient refusal)</p> <p>Percentage of patients 13 years of age and older with a diagnosis of HIV/AIDS who had a Hepatitis C screening performed at least once since the diagnosis of HIV infection, or for whom there was documented immunity.</p> <p>Reporting Instructions: Report 3514F or 3515F for each patient with a diagnosis of HIV/AIDS. For patient with appropriate exclusion criteria, report 3514F with modifier 2P.</p> <p>Note: Patients who have at least two medical visits during the measurement year, with at least 60 days between each visit, will be included in the measure calculation. Refer to the measure specifications for a definition of medical visit.</p>		Patient has documented immunity to Hepatitis C

Footnotes

¹Physician Consortium for Performance Improvement®(PCPI) - For more information on measures developed by the Physician Consortium for Performance Improvement® (PCPI), see the appropriate Payor website.

²National Committee on Quality Assurance (NCQA), Health Employer Data Information Set (HEDIS®), www.ncqa.org

³The Joint Commission, <https://www.jointcommission.org>

⁴National Diabetes Quality Improvement Alliance (NDQIA) - For more information on measures developed by the National Diabetes Quality Improvement Alliance (NDQIA), see the appropriate Payor website.

⁵Joint measure from The Physician Consortium for Performance Improvement (PCPI), and National Committee on Quality Assurance (NCQA) - For more information on measures developed as joint measures from Physician Consortium for Performance Improvement and the National Committee on Quality Assurance (NCQA), visit the NCQA website at www.ncqa.org.

⁶The Society of Thoracic Surgeons at www.sts.org and National Quality Forum, www.qualityforum.org.

⁷Optum, www.optum.com.

⁸American Academy of Neurology, <https://www.aan.com/practice/neuromuscular-quality-measures>, or quality@aan.com.

⁹College of American Pathologists (CAP), <https://www.cap.org/advocacy/quality-payment-program-for-pathologists/mips-for-pathologists/2023-pathology-quality-measures>.

¹⁰American Gastroenterological Association (AGA), www.gastro.org/quality.

¹¹American Society of Anesthesiologists (ASA), www.asahq.org.

¹²American College of Gastroenterology (ACG), www.gi.org; American Gastroenterological Association (AGA), www.gastro.org; and American Society for Gastrointestinal Endoscopy (ASGE), www.asge.org.

HIV/AIDS (HIV)		
Brief Description of Performance Measure & Source and Reporting Instruction	CPT Category II Code(s)	Code Descriptor(s)
<p>Influenza Immunization⁵</p> <p>Whether or not the patient with a diagnosis of HIV/AIDS was administered or documented to have previously received an influenza immunization during the current influenza season</p> <p>Numerator: Patients administered or documented to have previously received an influenza immunization during the current influenza season</p> <p>Note: Patient self-report is acceptable if documented in the patient's medical record</p> <p>Denominator: All patients age 6 months and older with a diagnosis of HIV/AIDS</p> <p>Exclusion(s): Documentation of medical reason for patient not receiving an influenza immunization (e.g., patient allergic history, potential adverse drug interaction); documentation of patient reason for patient not receiving influenza immunization (e.g., patient refusal); documentation of system reason for</p>	4274F	Influenza immunization administered or previously received

Footnotes

¹Physician Consortium for Performance Improvement®(PCPI) - For more information on measures developed by the Physician Consortium for Performance Improvement® (PCPI), see the appropriate Payor website.

²National Committee on Quality Assurance (NCQA), Health Employer Data Information Set (HEDIS®), www.ncqa.org

³The Joint Commission, <https://www.jointcommission.org>

⁴National Diabetes Quality Improvement Alliance (NDQIA) - For more information on measures developed by the National Diabetes Quality Improvement Alliance (NDQIA), see the appropriate Payor website.

⁵Joint measure from The Physician Consortium for Performance Improvement (PCPI), and National Committee on Quality Assurance (NCQA) - For more information on measures developed as joint measures from Physician Consortium for Performance Improvement and the National Committee on Quality Assurance (NCQA), visit the NCQA website at www.ncqa.org.

⁶The Society of Thoracic Surgeons at www.sts.org and National Quality Forum, www.qualityforum.org.

⁷Optum, www.optum.com.

⁸American Academy of Neurology, <https://www.aan.com/practice/neuromuscular-quality-measures>, or quality@aan.com.

⁹College of American Pathologists (CAP), <https://www.cap.org/advocacy/quality-payment-program-for-pathologists/mips-for-pathologists/2023-pathology-quality-measures>.

¹⁰American Gastroenterological Association (AGA), www.gastro.org/quality.

¹¹American Society of Anesthesiologists (ASA), www.asahq.org.

¹²American College of Gastroenterology (ACG), www.gi.org; American Gastroenterological Association (AGA), www.gastro.org; and American Society for Gastrointestinal Endoscopy (ASGE), www.asge.org.

HIV/AIDS (HIV)		
Brief Description of Performance Measure & Source and Reporting Instruction	CPT Category II Code(s)	Code Descriptor(s)
<p>patient not receiving an influenza immunization (e.g., vaccine unavailable)</p> <p>Percentage of patients age 6 months and older with a diagnosis of HIV/AIDS who were administered or documented to have previously received an influenza immunization during the current influenza season.</p> <p>Reporting Instructions:</p> <p>For patient with appropriate exclusion criteria, report 4274F with modifier 1P, 2P or 3P.</p> <p>Note: Patients who have at least two medical visits during the measurement year, with at least 60 days between each visit, will be included in the measure calculation. Refer to the measure specifications for a definition of medical visit.</p>		
<p>Pneumococcal Immunization⁵</p> <p>Whether or not the patient with a diagnosis of HIV/AIDS was administered or documented to have previously received a</p>		

Footnotes

¹**Physician Consortium for Performance Improvement®(PCPI)** - For more information on measures developed by the Physician Consortium for Performance Improvement® (PCPI), see the appropriate Payor website.

²**National Committee on Quality Assurance (NCQA)**, Health Employer Data Information Set (HEDIS®), www.ncqa.org

³**The Joint Commission**, <https://www.jointcommission.org>

⁴**National Diabetes Quality Improvement Alliance (NDQIA)** - For more information on measures developed by the National Diabetes Quality Improvement Alliance (NDQIA), see the appropriate Payor website.

⁵Joint measure from **The Physician Consortium for Performance Improvement (PCPI)**, and **National Committee on Quality Assurance (NCQA)** - For more information on measures developed as joint measures from Physician Consortium for Performance Improvement and the National Committee on Quality Assurance (NCQA), visit the NCQA website at www.ncqa.org.

⁶**The Society of Thoracic Surgeons** at www.sts.org and **National Quality Forum**, www.qualityforum.org.

⁷**Optum**, www.optum.com.

⁸**American Academy of Neurology**, <https://www.aan.com/practice/neuromuscular-quality-measures>, or quality@aan.com.

⁹**College of American Pathologists (CAP)**, <https://www.cap.org/advocacy/quality-payment-program-for-pathologists/mips-for-pathologists/2023-pathology-quality-measures>.

¹⁰**American Gastroenterological Association (AGA)**, www.gastro.org/quality.

¹¹**American Society of Anesthesiologists (ASA)**, www.asahq.org.

¹²**American College of Gastroenterology (ACG)**, www.gi.org; **American Gastroenterological Association (AGA)**, www.gastro.org; and **American Society for Gastrointestinal Endoscopy (ASGE)**, www.asge.org.

HIV/AIDS (HIV)		
Brief Description of Performance Measure & Source and Reporting Instruction	CPT Category II Code(s)	Code Descriptor(s)
<p>pneumococcal vaccine at least once since the diagnosis of HIV infection</p> <p>Numerator: Patients administered or previously received a pneumococcal vaccine at least once since the diagnosis of HIV infection</p> <p>Denominator: All patients aged 2 years and older with a diagnosis of HIV/AIDS</p> <p>Exclusion(s): Documentation of medical reason for patient not receiving a pneumococcal vaccine (e.g., patient allergic history, potential adverse drug interaction); documentation of patient reason for patient not receiving a pneumococcal vaccine (e.g., patient declined)</p> <p>Percentage of patients aged 2 years and older with a diagnosis of HIV/AIDS who were administered or documented to have previously received a pneumococcal vaccine at least once since the diagnosis of HIV infection.</p> <p>Reporting Instructions:</p>	4040F	Pneumococcal vaccine administered or previously received

Footnotes

¹Physician Consortium for Performance Improvement®(PCPI) - For more information on measures developed by the Physician Consortium for Performance Improvement® (PCPI), see the appropriate Payor website.

²National Committee on Quality Assurance (NCQA), Health Employer Data Information Set (HEDIS®), www.ncqa.org

³The Joint Commission, <https://www.jointcommission.org>

⁴National Diabetes Quality Improvement Alliance (NDQIA) - For more information on measures developed by the National Diabetes Quality Improvement Alliance (NDQIA), see the appropriate Payor website.

⁵Joint measure from The Physician Consortium for Performance Improvement (PCPI), and National Committee on Quality Assurance (NCQA) - For more information on measures developed as joint measures from Physician Consortium for Performance Improvement and the National Committee on Quality Assurance (NCQA), visit the NCQA website at www.ncqa.org.

⁶The Society of Thoracic Surgeons at www.sts.org and National Quality Forum, www.qualityforum.org.

⁷Optum, www.optum.com.

⁸American Academy of Neurology, <https://www.aan.com/practice/neuromuscular-quality-measures>, or quality@aan.com.

⁹College of American Pathologists (CAP), <https://www.cap.org/advocacy/quality-payment-program-for-pathologists/mips-for-pathologists/2023-pathology-quality-measures>.

¹⁰American Gastroenterological Association (AGA), www.gastro.org/quality.

¹¹American Society of Anesthesiologists (ASA), www.asahq.org.

¹²American College of Gastroenterology (ACG), www.gi.org; American Gastroenterological Association (AGA), www.gastro.org; and American Society for Gastrointestinal Endoscopy (ASGE), www.asge.org.

HIV/AIDS (HIV)		
Brief Description of Performance Measure & Source and Reporting Instruction	CPT Category II Code(s)	Code Descriptor(s)
<p>For patient with appropriate exclusion criteria, report 4040F with modifier 1P.</p> <p>Note: Patients who have at least two medical visits during the measurement year, with at least 60 days between each visit, will be included in the measure calculation.</p> <p>Refer to the measure specifications for a definition of medical visit.</p>		
<p>Hepatitis B Vaccination⁵</p> <p>Whether or not the patient with a diagnosis of HIV/AIDS has ever received at least one injection of Hepatitis B vaccine, or who has documented immunity</p> <p>Numerator: Patients who have ever received at least one injection of Hepatitis B vaccine or who have documented immunity</p> <p>Denominator: All patients aged 6 months and older with a diagnosis of HIV/AIDS</p>	4191F	Hepatitis B vaccine injection administered or previously received

Footnotes

¹Physician Consortium for Performance Improvement®(PCPI) - For more information on measures developed by the Physician Consortium for Performance Improvement® (PCPI), see the appropriate Payor website.

²National Committee on Quality Assurance (NCQA), Health Employer Data Information Set (HEDIS®), www.ncqa.org

³The Joint Commission, <https://www.jointcommission.org>

⁴National Diabetes Quality Improvement Alliance (NDQIA) - For more information on measures developed by the National Diabetes Quality Improvement Alliance (NDQIA), see the appropriate Payor website.

⁵Joint measure from The Physician Consortium for Performance Improvement (PCPI), and National Committee on Quality Assurance (NCQA) - For more information on measures developed as joint measures from Physician Consortium for Performance Improvement and the National Committee on Quality Assurance (NCQA), visit the NCQA website at www.ncqa.org.

⁶The Society of Thoracic Surgeons at www.sts.org and National Quality Forum, www.qualityforum.org.

⁷Optum, www.optum.com.

⁸American Academy of Neurology, <https://www.aan.com/practice/neuromuscular-quality-measures>, or quality@aan.com.

⁹College of American Pathologists (CAP), <https://www.cap.org/advocacy/quality-payment-program-for-pathologists/mips-for-pathologists/2023-pathology-quality-measures>.

¹⁰American Gastroenterological Association (AGA), www.gastro.org/quality.

¹¹American Society of Anesthesiologists (ASA), www.asahq.org.

¹²American College of Gastroenterology (ACG), www.gi.org; American Gastroenterological Association (AGA), www.gastro.org; and American Society for Gastrointestinal Endoscopy (ASGE), www.asge.org.

HIV/AIDS (HIV)		
Brief Description of Performance Measure & Source and Reporting Instruction	CPT Category II Code(s)	Code Descriptor(s)
<p>Exclusion(s): Documentation of medical reason(s) for patient not receiving at least one inject of Hepatitis B vaccine (e.g., patient has documented HBV infection); documentation of patient reason(s) for patient not receiving at least one injection of Hepatitis B vaccine (e.g., patient refusal)</p> <p>Percentage of patients aged 6 months and older with a diagnosis of HIV/AIDS who have ever received at least one injection of Hepatitis B vaccine, or who have documented immunity during the measurement year.</p> <p>Reporting Instructions:</p> <p>Report 4191F or 3216F for each patient with HIV/AIDS. For patient with appropriate exclusion criteria, report 4191F with modifier 1P or 2P.</p> <p>Note: If patient has previously received complete Hepatitis B vaccination series (all 3 doses), code 4157F may be reported.</p> <p>Note: Patients who have at least two medical visits during the measurement year, with at least 60 days between each visit,</p>	3216F	Patient has documented immunity to Hepatitis B

Footnotes

¹Physician Consortium for Performance Improvement®(PCPI) - For more information on measures developed by the Physician Consortium for Performance Improvement® (PCPI), see the appropriate Payor website.

²National Committee on Quality Assurance (NCQA), Health Employer Data Information Set (HEDIS®), www.ncqa.org

³The Joint Commission, <https://www.jointcommission.org>

⁴National Diabetes Quality Improvement Alliance (NDQIA) - For more information on measures developed by the National Diabetes Quality Improvement Alliance (NDQIA), see the appropriate Payor website.

⁵Joint measure from The Physician Consortium for Performance Improvement (PCPI), and National Committee on Quality Assurance (NCQA) - For more information on measures developed as joint measures from Physician Consortium for Performance Improvement and the National Committee on Quality Assurance (NCQA), visit the NCQA website at www.ncqa.org.

⁶The Society of Thoracic Surgeons at www.sts.org and National Quality Forum, www.qualityforum.org.

⁷Optum, www.optum.com.

⁸American Academy of Neurology, <https://www.aan.com/practice/neuromuscular-quality-measures>, or quality@aan.com.

⁹College of American Pathologists (CAP), <https://www.cap.org/advocacy/quality-payment-program-for-pathologists/mips-for-pathologists/2023-pathology-quality-measures>.

¹⁰American Gastroenterological Association (AGA), www.gastro.org/quality.

¹¹American Society of Anesthesiologists (ASA), www.asahq.org.

¹²American College of Gastroenterology (ACG), www.gi.org; American Gastroenterological Association (AGA), www.gastro.org; and American Society for Gastrointestinal Endoscopy (ASGE), www.asge.org.

HIV/AIDS (HIV)		
Brief Description of Performance Measure & Source and Reporting Instruction	CPT Category II Code(s)	Code Descriptor(s)
will be included in the measure calculation. Refer to the measure specifications for a definition of medical visit.		
<p>Screening for Injection Drug Use ⁵</p> <p>Whether or not the patient with a diagnosis of HIV/AIDS was screened for injection drug use at least once within 12 months</p> <p>Numerator: Patients who were screened* for injection drug use at least once within 12 months</p> <p>*Screening is defined as documentation that a discussion regarding injection drug use took place, or documentation that a standardized written or verbal tool for assessing injection drug use was used</p> <p>Denominator: All patients aged 13 years and older with a diagnosis of HIV/AIDS</p>	4290F	Patient screened for injection drug use

Footnotes

¹Physician Consortium for Performance Improvement®(PCPI) - For more information on measures developed by the Physician Consortium for Performance Improvement® (PCPI), see the appropriate Payor website.

²National Committee on Quality Assurance (NCQA), Health Employer Data Information Set (HEDIS®), www.ncqa.org

³The Joint Commission, <https://www.jointcommission.org>

⁴National Diabetes Quality Improvement Alliance (NDQIA) - For more information on measures developed by the National Diabetes Quality Improvement Alliance (NDQIA), see the appropriate Payor website.

⁵Joint measure from The Physician Consortium for Performance Improvement (PCPI), and National Committee on Quality Assurance (NCQA) - For more information on measures developed as joint measures from Physician Consortium for Performance Improvement and the National Committee on Quality Assurance (NCQA), visit the NCQA website at www.ncqa.org.

⁶The Society of Thoracic Surgeons at www.sts.org and National Quality Forum, www.qualityforum.org.

⁷Optum, www.optum.com.

⁸American Academy of Neurology, <https://www.aan.com/practice/neuromuscular-quality-measures>, or quality@aan.com.

⁹College of American Pathologists (CAP), <https://www.cap.org/advocacy/quality-payment-program-for-pathologists/mips-for-pathologists/2023-pathology-quality-measures>.

¹⁰American Gastroenterological Association (AGA), www.gastro.org/quality.

¹¹American Society of Anesthesiologists (ASA), www.asahq.org.

¹²American College of Gastroenterology (ACG), www.gi.org; American Gastroenterological Association (AGA), www.gastro.org; and American Society for Gastrointestinal Endoscopy (ASGE), www.asge.org.

HIV/AIDS (HIV)		
Brief Description of Performance Measure & Source and Reporting Instruction	CPT Category II Code(s)	Code Descriptor(s)
<p>Exclusion(s): None</p> <p>Percentage of patients aged 13 years and older with a diagnosis of HIV/AIDS who were screened for injection drug use at least once within 12 months.</p> <p>Reporting Instructions:</p> <p>There are no performance exclusions for this measure; modifiers 1P, 2P or 3P may not be used.</p> <p>Note: Patients who have at least two medical visits during the measurement year, with at least 60 days between each visit, will be included in the measure calculation.</p> <p>Refer to the measure specifications for a definition of medical visit.</p>		

Footnotes

¹Physician Consortium for Performance Improvement®(PCPI) - For more information on measures developed by the Physician Consortium for Performance Improvement® (PCPI), see the appropriate Payor website.

²National Committee on Quality Assurance (NCQA), Health Employer Data Information Set (HEDIS®), www.ncqa.org

³The Joint Commission, <https://www.jointcommission.org>

⁴National Diabetes Quality Improvement Alliance (NDQIA) - For more information on measures developed by the National Diabetes Quality Improvement Alliance (NDQIA), see the appropriate Payor website.

⁵Joint measure from The Physician Consortium for Performance Improvement (PCPI), and National Committee on Quality Assurance (NCQA) - For more information on measures developed as joint measures from Physician Consortium for Performance Improvement and the National Committee on Quality Assurance (NCQA), visit the NCQA website at www.ncqa.org.

⁶The Society of Thoracic Surgeons at www.sts.org and National Quality Forum, www.qualityforum.org.

⁷Optum, www.optum.com.

⁸American Academy of Neurology, <https://www.aan.com/practice/neuromuscular-quality-measures>, or quality@aan.com.

⁹College of American Pathologists (CAP), <https://www.cap.org/advocacy/quality-payment-program-for-pathologists/mips-for-pathologists/2023-pathology-quality-measures>.

¹⁰American Gastroenterological Association (AGA), www.gastro.org/quality.

¹¹American Society of Anesthesiologists (ASA), www.asahq.org.

¹²American College of Gastroenterology (ACG), www.gi.org; American Gastroenterological Association (AGA), www.gastro.org; and American Society for Gastrointestinal Endoscopy (ASGE), www.asge.org.

HIV/AIDS (HIV)		
Brief Description of Performance Measure & Source and Reporting Instruction	CPT Category II Code(s)	Code Descriptor(s)
<p>Screening for High Risk Sexual Behaviors⁵</p> <p>Whether or not the patient with a diagnosis of HIV/AIDS was screened for high-risk sexual behaviors at least once within 12 months.</p> <p>Numerator: Patients who were screened* for high-risk sexual behaviors at least once within 12 months.</p> <p>*Screening is defined as documentation that a discussion regarding injection drug use took place, or documentation that a standardized written or verbal tool for assessing injection drug use was used</p> <p>Denominator: All patients 13 years of age and older with a diagnosis of HIV/AIDS</p> <p>Exclusion(s): None</p> <p>Percentage of patients 13 years of age and older with a diagnosis of HIV/AIDS who were screened for high-risk sexual behaviors at least once within 12 months.</p>	4293F	Patient screened for high risk sexual behavior

Footnotes

¹Physician Consortium for Performance Improvement®(PCPI) - For more information on measures developed by the Physician Consortium for Performance Improvement® (PCPI), see the appropriate Payor website.

²National Committee on Quality Assurance (NCQA), Health Employer Data Information Set (HEDIS®), www.ncqa.org

³The Joint Commission, <https://www.jointcommission.org>

⁴National Diabetes Quality Improvement Alliance (NDQIA) - For more information on measures developed by the National Diabetes Quality Improvement Alliance (NDQIA), see the appropriate Payor website.

⁵Joint measure from The Physician Consortium for Performance Improvement (PCPI), and National Committee on Quality Assurance (NCQA) - For more information on measures developed as joint measures from Physician Consortium for Performance Improvement and the National Committee on Quality Assurance (NCQA), visit the NCQA website at www.ncqa.org.

⁶The Society of Thoracic Surgeons at www.sts.org and National Quality Forum, www.qualityforum.org.

⁷Optum, www.optum.com.

⁸American Academy of Neurology, <https://www.aan.com/practice/neuromuscular-quality-measures>, or quality@aan.com.

⁹College of American Pathologists (CAP), <https://www.cap.org/advocacy/quality-payment-program-for-pathologists/mips-for-pathologists/2023-pathology-quality-measures>.

¹⁰American Gastroenterological Association (AGA), www.gastro.org/quality.

¹¹American Society of Anesthesiologists (ASA), www.asahq.org.

¹²American College of Gastroenterology (ACG), www.gi.org; American Gastroenterological Association (AGA), www.gastro.org; and American Society for Gastrointestinal Endoscopy (ASGE), www.asge.org.

HIV/AIDS (HIV)		
Brief Description of Performance Measure & Source and Reporting Instruction	CPT Category II Code(s)	Code Descriptor(s)
<p>Reporting Instructions:</p> <p>There are no performance exclusions for this measure; modifiers 1P, 2P or 3P may not be used.</p> <p>Note: Patients who have at least two medical visits during the measurement year, with at least 60 days between each visit, will be included in the measure calculation. Refer to the measure specifications for a definition of medical visit.</p>		
<p>Pneumocystis jiroveci pneumonia (PCP) Prophylaxis – Adults and Children ≥6 Years ⁵</p> <p>Whether or not the patient with a diagnosis of HIV/AIDS and a CD4+ cell count <200 cells/mm³ had pneumocystis jiroveci pneumonia (PCP) prophylaxis prescribed within 3 months of low CD4+ cell count</p> <p>Numerator: Patients who had pneumocystis jiroveci pneumonia (PCP) prophylaxis prescribed within 3 months of low CD4+ cell count</p>	<p>4280F</p> <p>Denominator Codes</p> <p>3494F</p>	<p>Pneumocystis jiroveci pneumonia prophylaxis prescribed within 3 months of low CD4+ cell count or percentage</p> <p>CD4+ cell count <200 cells/mm³</p>

Footnotes

¹Physician Consortium for Performance Improvement®(PCPI) - For more information on measures developed by the Physician Consortium for Performance Improvement® (PCPI), see the appropriate Payor website.

²National Committee on Quality Assurance (NCQA), Health Employer Data Information Set (HEDIS®), www.ncqa.org

³The Joint Commission, <https://www.jointcommission.org>

⁴National Diabetes Quality Improvement Alliance (NDQIA) - For more information on measures developed by the National Diabetes Quality Improvement Alliance (NDQIA), see the appropriate Payor website.

⁵Joint measure from The Physician Consortium for Performance Improvement (PCPI), and National Committee on Quality Assurance (NCQA) - For more information on measures developed as joint measures from Physician Consortium for Performance Improvement and the National Committee on Quality Assurance (NCQA), visit the NCQA website at www.ncqa.org.

⁶The Society of Thoracic Surgeons at www.sts.org and National Quality Forum, www.qualityforum.org.

⁷Optum, www.optum.com.

⁸American Academy of Neurology, <https://www.aan.com/practice/neuromuscular-quality-measures>, or quality@aan.com.

⁹College of American Pathologists (CAP), <https://www.cap.org/advocacy/quality-payment-program-for-pathologists/mips-for-pathologists/2023-pathology-quality-measures>.

¹⁰American Gastroenterological Association (AGA), www.gastro.org/quality.

¹¹American Society of Anesthesiologists (ASA), www.asahq.org.

¹²American College of Gastroenterology (ACG), www.gi.org; American Gastroenterological Association (AGA), www.gastro.org; and American Society for Gastrointestinal Endoscopy (ASGE), www.asge.org.

HIV/AIDS (HIV)		
Brief Description of Performance Measure & Source and Reporting Instruction	CPT Category II Code(s)	Code Descriptor(s)
<p>Denominator: All patients aged 6 years and older with a diagnosis of HIV/AIDS whose CD4+ cell count <200 cells/mm3</p> <p>Exclusion(s): Documentation of medical reason for not prescribing PCP prophylaxis (ie, patient's CD4+ cell count ≥200 cells/mm3 within 3 months after CD4+ cell count <200 cells/mm3, indicating that the patient's CD4+ levels are within an acceptable range and the patient does not require PCP prophylaxis)</p> <p>Percentage of patients aged 6 years and older with a diagnosis of HIV/AIDS and a CD4+ cell count <200 cells/mm3 for whom pneumocystis jiroveci pneumonia (PCP) prophylaxis was prescribed within 3 months of low CD4+ cell count.</p> <p>Reporting Instructions:</p> <p>For all patients aged 6 years and older with a diagnosis of HIV/AIDS, report 3494F, 3495F or 3496F each time a CD4+ cell count is performed.</p>	<p>3495F</p> <p>3496F</p>	<p>CD4+ cell count 200 – 499 cells/mm3</p> <p>CD4+ cell count ≥500 cells/mm3</p>

Footnotes

¹Physician Consortium for Performance Improvement®(PCPI) - For more information on measures developed by the Physician Consortium for Performance Improvement® (PCPI), see the appropriate Payor website.

²National Committee on Quality Assurance (NCQA), Health Employer Data Information Set (HEDIS®), www.ncqa.org

³The Joint Commission, <https://www.jointcommission.org>

⁴National Diabetes Quality Improvement Alliance (NDQIA) - For more information on measures developed by the National Diabetes Quality Improvement Alliance (NDQIA), see the appropriate Payor website.

⁵Joint measure from The Physician Consortium for Performance Improvement (PCPI), and National Committee on Quality Assurance (NCQA) - For more information on measures developed as joint measures from Physician Consortium for Performance Improvement and the National Committee on Quality Assurance (NCQA), visit the NCQA website at www.ncqa.org.

⁶The Society of Thoracic Surgeons at www.sts.org and National Quality Forum, www.qualityforum.org.

⁷Optum, www.optum.com.

⁸American Academy of Neurology, <https://www.aan.com/practice/neuromuscular-quality-measures>, or quality@aan.com.

⁹College of American Pathologists (CAP), <https://www.cap.org/advocacy/quality-payment-program-for-pathologists/mips-for-pathologists/2023-pathology-quality-measures>.

¹⁰American Gastroenterological Association (AGA), www.gastro.org/quality.

¹¹American Society of Anesthesiologists (ASA), www.asahq.org.

¹²American College of Gastroenterology (ACG), www.gi.org; American Gastroenterological Association (AGA), www.gastro.org; and American Society for Gastrointestinal Endoscopy (ASGE), www.asge.org.

HIV/AIDS (HIV)		
Brief Description of Performance Measure & Source and Reporting Instruction	CPT Category II Code(s)	Code Descriptor(s)
<p>When reporting 3494F, also report if pneumocystis jiroveci pneumonia (PCP) prophylaxis is prescribed within 3 months of low CD4+ cell count.</p> <p>For patient with appropriate exclusion criterion (a subsequent CD4+ cell count ≥ 200 cells/mm³ within 3 months after a CD4+ cell count < 200 cells/mm³), report 4280F with modifier 1P.</p> <p>Note: It is anticipated that the measure will be reported by the physician providing ongoing HIV care.</p> <p>Refer to the measure specifications for a definition of medical visit.</p>		
<p>Pneumocystis jiroveci pneumonia (PCP) Prophylaxis – Children 1–5 Years⁵</p> <p>Whether or not the patient with a diagnosis of HIV/AIDS and a CD4+ cell count < 500 cells/mm³ or a CD4+ cell percentage $< 15\%$ had pneumocystis jiroveci pneumonia (PCP) prophylaxis</p>	4280F	Pneumocystis jiroveci pneumonia prophylaxis prescribed within 3

Footnotes

¹Physician Consortium for Performance Improvement®(PCPI) - For more information on measures developed by the Physician Consortium for Performance Improvement® (PCPI), see the appropriate Payor website.

²National Committee on Quality Assurance (NCQA), Health Employer Data Information Set (HEDIS®), www.ncqa.org

³The Joint Commission, <https://www.jointcommission.org>

⁴National Diabetes Quality Improvement Alliance (NDQIA) - For more information on measures developed by the National Diabetes Quality Improvement Alliance (NDQIA), see the appropriate Payor website.

⁵Joint measure from The Physician Consortium for Performance Improvement (PCPI), and National Committee on Quality Assurance (NCQA) - For more information on measures developed as joint measures from Physician Consortium for Performance Improvement and the National Committee on Quality Assurance (NCQA), visit the NCQA website at www.ncqa.org.

⁶The Society of Thoracic Surgeons at www.sts.org and National Quality Forum, www.qualityforum.org.

⁷Optum, www.optum.com.

⁸American Academy of Neurology, <https://www.aan.com/practice/neuromuscular-quality-measures>, or quality@aan.com.

⁹College of American Pathologists (CAP), <https://www.cap.org/advocacy/quality-payment-program-for-pathologists/mips-for-pathologists/2023-pathology-quality-measures>.

¹⁰American Gastroenterological Association (AGA), www.gastro.org/quality.

¹¹American Society of Anesthesiologists (ASA), www.asahq.org.

¹²American College of Gastroenterology (ACG), www.gi.org; American Gastroenterological Association (AGA), www.gastro.org; and American Society for Gastrointestinal Endoscopy (ASGE), www.asge.org.

HIV/AIDS (HIV)		
Brief Description of Performance Measure & Source and Reporting Instruction	CPT Category II Code(s)	Code Descriptor(s)
<p>prescribed within 3 months of low CD4+ cell count or percentage</p> <p>Numerator: Patients who had pneumocystis jiroveci pneumonia (PCP) prophylaxis prescribed within 3 months of low CD4+ cell count or percentage</p> <p>Denominator: All patients aged 1–5 years with a diagnosis of HIV/AIDS whose CD4+ cell count <500 cells/mm3 or CD4+ cell percentage <15%</p> <p>Exclusion(s): Documentation of medical reason for not prescribing PCP prophylaxis (ie, patient’s CD4+ cell count ≥500 cells/mm3 or CD4+ cell percentage ≥15% within 3 months after CD4+ cell count <500 cells/mm3 or CD4+ cell percentage <15%, indicating that the patient’s CD4+ levels are within an acceptable range and the patient does not require PCP prophylaxis)</p> <p>Percentage of patients aged 1–5 years with a diagnosis of HIV/AIDS and a CD4+ cell count <500 cells/mm3 or CD4+ cell percentage <15% for whom pneumocystis jiroveci pneumonia</p>	<p>Denominator Codes</p> <p>3494F</p> <p>3495F</p>	<p>months of low CD4+ cell count or percentage</p> <p>CD4+ cell count <200 cells/mm3</p>

Footnotes

¹Physician Consortium for Performance Improvement®(PCPI) - For more information on measures developed by the Physician Consortium for Performance Improvement® (PCPI), see the appropriate Payor website.

²National Committee on Quality Assurance (NCQA), Health Employer Data Information Set (HEDIS®), www.ncqa.org

³The Joint Commission, <https://www.jointcommission.org>

⁴National Diabetes Quality Improvement Alliance (NDQIA) - For more information on measures developed by the National Diabetes Quality Improvement Alliance (NDQIA), see the appropriate Payor website.

⁵Joint measure from The Physician Consortium for Performance Improvement (PCPI), and National Committee on Quality Assurance (NCQA) - For more information on measures developed as joint measures from Physician Consortium for Performance Improvement and the National Committee on Quality Assurance (NCQA), visit the NCQA website at www.ncqa.org.

⁶The Society of Thoracic Surgeons at www.sts.org and National Quality Forum, www.qualityforum.org.

⁷Optum, www.optum.com.

⁸American Academy of Neurology, <https://www.aan.com/practice/neuromuscular-quality-measures>, or quality@aan.com.

⁹College of American Pathologists (CAP), <https://www.cap.org/advocacy/quality-payment-program-for-pathologists/mips-for-pathologists/2023-pathology-quality-measures>.

¹⁰American Gastroenterological Association (AGA), www.gastro.org/quality.

¹¹American Society of Anesthesiologists (ASA), www.asahq.org.

¹²American College of Gastroenterology (ACG), www.gi.org; American Gastroenterological Association (AGA), www.gastro.org; and American Society for Gastrointestinal Endoscopy (ASGE), www.asge.org.

HIV/AIDS (HIV)		
Brief Description of Performance Measure & Source and Reporting Instruction	CPT Category II Code(s)	Code Descriptor(s)
<p>(PCP) prophylaxis was prescribed within 3 months of low CD4+ cell count or percentage</p> <p>Reporting Instructions:</p> <p>For all patients aged 1–5 years with a diagnosis of HIV/AIDS, report 3494F, 3495F, 3496F, 3497F or 3498F each time the patient’s CD4+ cell count or percentage is performed.</p> <p>When reporting 3494F, 3495F or 3497F, also report 4280F if pneumocystis jiroveci pneumonia (PCP) prophylaxis is prescribed within 3 months of low CD4+ cell count or percentage.</p> <p>For patient with appropriate exclusion criterion (a subsequent CD4+ cell count ≥500 cells/mm3 or CD4+cell percentage ≥15% within 3 months after a CD4+ cell count <500 cells/mm3 or CD4+ cell percentage <15%), report 4280F with modifier 1P.</p> <p>Note: It is anticipated that the measure will be reported by the physician providing ongoing HIV care.</p>	<p>3496F</p> <p>3497F</p> <p>3498F</p>	<p>CD4+ cell count 200 – 499 cells/mm3</p> <p>CD4+ cell count ≥500 cells/mm3</p> <p>CD4+ cell percentage <15%</p> <p>CD4+ cell percentage ≥15%</p>

Footnotes

¹Physician Consortium for Performance Improvement®(PCPI) - For more information on measures developed by the Physician Consortium for Performance Improvement® (PCPI), see the appropriate Payor website.

²National Committee on Quality Assurance (NCQA), Health Employer Data Information Set (HEDIS®), www.ncqa.org

³The Joint Commission, <https://www.jointcommission.org>

⁴National Diabetes Quality Improvement Alliance (NDQIA) - For more information on measures developed by the National Diabetes Quality Improvement Alliance (NDQIA), see the appropriate Payor website.

⁵Joint measure from The Physician Consortium for Performance Improvement (PCPI), and National Committee on Quality Assurance (NCQA) - For more information on measures developed as joint measures from Physician Consortium for Performance Improvement and the National Committee on Quality Assurance (NCQA), visit the NCQA website at www.ncqa.org.

⁶The Society of Thoracic Surgeons at www.sts.org and National Quality Forum, www.qualityforum.org.

⁷Optum, www.optum.com.

⁸American Academy of Neurology, <https://www.aan.com/practice/neuromuscular-quality-measures>, or quality@aan.com.

⁹College of American Pathologists (CAP), <https://www.cap.org/advocacy/quality-payment-program-for-pathologists/mips-for-pathologists/2023-pathology-quality-measures>.

¹⁰American Gastroenterological Association (AGA), www.gastro.org/quality.

¹¹American Society of Anesthesiologists (ASA), www.asahq.org.

¹²American College of Gastroenterology (ACG), www.gi.org; American Gastroenterological Association (AGA), www.gastro.org; and American Society for Gastrointestinal Endoscopy (ASGE), www.asge.org.

HIV/AIDS (HIV)		
Brief Description of Performance Measure & Source and Reporting Instruction	CPT Category II Code(s)	Code Descriptor(s)
Refer to the measure specifications for a definition of medical visit.		
<p>Pneumocystis jiroveci pneumonia (PCP) Prophylaxis – Infants ≥6 Weeks to <12 Months ⁵</p> <p>Whether or not the patient with a diagnosis of HIV/AIDS or who is HIV indeterminate had pneumocystis jiroveci pneumonia (PCP) prophylaxis prescribed</p> <p>Numerator: Patients who were prescribed pneumocystis jiroveci pneumonia (PCP) prophylaxis</p> <p>Denominator: All patients aged ≥6 weeks and <12 months with a diagnosis of HIV/AIDS or who are HIV indeterminate*</p> <p>*For the purposes of this measure, HIV indeterminate is defined as infants of undetermined HIV status born of HIV-infected mothers as determined by medical record review</p>	4279F	Pneumocystis jiroveci pneumonia prophylaxis prescribed

Footnotes

¹Physician Consortium for Performance Improvement®(PCPI) - For more information on measures developed by the Physician Consortium for Performance Improvement® (PCPI), see the appropriate Payor website.

²National Committee on Quality Assurance (NCQA), Health Employer Data Information Set (HEDIS®), www.ncqa.org

³The Joint Commission, <https://www.jointcommission.org>

⁴National Diabetes Quality Improvement Alliance (NDQIA) - For more information on measures developed by the National Diabetes Quality Improvement Alliance (NDQIA), see the appropriate Payor website.

⁵Joint measure from The Physician Consortium for Performance Improvement (PCPI), and National Committee on Quality Assurance (NCQA) - For more information on measures developed as joint measures from Physician Consortium for Performance Improvement and the National Committee on Quality Assurance (NCQA), visit the NCQA website at www.ncqa.org.

⁶The Society of Thoracic Surgeons at www.sts.org and National Quality Forum, www.qualityforum.org.

⁷Optum, www.optum.com.

⁸American Academy of Neurology, <https://www.aan.com/practice/neuromuscular-quality-measures>, or quality@aan.com.

⁹College of American Pathologists (CAP), <https://www.cap.org/advocacy/quality-payment-program-for-pathologists/mips-for-pathologists/2023-pathology-quality-measures>.

¹⁰American Gastroenterological Association (AGA), www.gastro.org/quality.

¹¹American Society of Anesthesiologists (ASA), www.asahq.org.

¹²American College of Gastroenterology (ACG), www.gi.org; American Gastroenterological Association (AGA), www.gastro.org; and American Society for Gastrointestinal Endoscopy (ASGE), www.asge.org.

HIV/AIDS (HIV)		
Brief Description of Performance Measure & Source and Reporting Instruction	CPT Category II Code(s)	Code Descriptor(s)
<p>Exclusion(s): None</p> <p>Percentage of patients aged ≥ 6 weeks to < 12 months with a diagnosis of HIV/AIDS or who are HIV indeterminate for whom pneumocystis jiroveci pneumonia (PCP) prophylaxis was prescribed</p> <p>Reporting Instructions:</p> <p>For patients ≥ 6 weeks to < 12 months diagnosed with HIV (using ICD-9 codes) and prescribed PCP prophylaxis, report 4279F. For patients ≥ 6 weeks to < 12 months who are HIV indeterminate (infants born of HIV-infected mothers), report 3491F. If pneumocystis jiroveci pneumonia (PCP) prophylaxis is prescribed, also report 4279F.</p> <p>There are no performance exclusions for this measure; modifiers 1P, 2P or 3P may not be used.</p> <p>It is anticipated that this measure will be reported by the physician providing ongoing HIV care. Refer to the measure</p>	<p>Denominator Codes</p> <p>3491F</p>	<p>HIV indeterminate (infants of undetermined HIV status born of HIV-infected mothers)</p>

Footnotes

¹Physician Consortium for Performance Improvement®(PCPI) - For more information on measures developed by the Physician Consortium for Performance Improvement® (PCPI), see the appropriate Payor website.

²National Committee on Quality Assurance (NCQA), Health Employer Data Information Set (HEDIS®), www.ncqa.org

³The Joint Commission, <https://www.jointcommission.org>

⁴National Diabetes Quality Improvement Alliance (NDQIA) - For more information on measures developed by the National Diabetes Quality Improvement Alliance (NDQIA), see the appropriate Payor website.

⁵Joint measure from The Physician Consortium for Performance Improvement (PCPI), and National Committee on Quality Assurance (NCQA) - For more information on measures developed as joint measures from Physician Consortium for Performance Improvement and the National Committee on Quality Assurance (NCQA), visit the NCQA website at www.ncqa.org.

⁶The Society of Thoracic Surgeons at www.sts.org and National Quality Forum, www.qualityforum.org.

⁷Optum, www.optum.com.

⁸American Academy of Neurology, <https://www.aan.com/practice/neuromuscular-quality-measures>, or quality@aan.com.

⁹College of American Pathologists (CAP), <https://www.cap.org/advocacy/quality-payment-program-for-pathologists/mips-for-pathologists/2023-pathology-quality-measures>.

¹⁰American Gastroenterological Association (AGA), www.gastro.org/quality.

¹¹American Society of Anesthesiologists (ASA), www.asahq.org.

¹²American College of Gastroenterology (ACG), www.gi.org; American Gastroenterological Association (AGA), www.gastro.org; and American Society for Gastrointestinal Endoscopy (ASGE), www.asge.org.

HIV/AIDS (HIV)		
Brief Description of Performance Measure & Source and Reporting Instruction	CPT Category II Code(s)	Code Descriptor(s)
specifications for a definition of medical visit and other requirements for inclusion in measure calculation.		
<p>Adolescent and Adult Patients with HIV/AIDS who are Prescribed Potent Antiretroviral Therapy⁵</p> <p>Whether or not the patient with a diagnosis of HIV/AIDS and:</p> <ul style="list-style-type: none"> • nadir CD4+ cell count <350 cells/mm³, OR • a history of an AIDS-defining condition, OR • is pregnant, <p>had potent antiretroviral therapy prescribed</p> <p>Numerator: Patients who were prescribed potent antiretroviral therapy*</p>	4276F	Potent antiretroviral therapy prescribed

Footnotes

¹Physician Consortium for Performance Improvement®(PCPI) - For more information on measures developed by the Physician Consortium for Performance Improvement® (PCPI), see the appropriate Payor website.

²National Committee on Quality Assurance (NCQA), Health Employer Data Information Set (HEDIS®), www.ncqa.org

³The Joint Commission, <https://www.jointcommission.org>

⁴National Diabetes Quality Improvement Alliance (NDQIA) - For more information on measures developed by the National Diabetes Quality Improvement Alliance (NDQIA), see the appropriate Payor website.

⁵Joint measure from The Physician Consortium for Performance Improvement (PCPI), and National Committee on Quality Assurance (NCQA) - For more information on measures developed as joint measures from Physician Consortium for Performance Improvement and the National Committee on Quality Assurance (NCQA), visit the NCQA website at www.ncqa.org.

⁶The Society of Thoracic Surgeons at www.sts.org and National Quality Forum, www.qualityforum.org.

⁷Optum, www.optum.com.

⁸American Academy of Neurology, <https://www.aan.com/practice/neuromuscular-quality-measures>, or quality@aan.com.

⁹College of American Pathologists (CAP), <https://www.cap.org/advocacy/quality-payment-program-for-pathologists/mips-for-pathologists/2023-pathology-quality-measures>.

¹⁰American Gastroenterological Association (AGA), www.gastro.org/quality.

¹¹American Society of Anesthesiologists (ASA), www.asahq.org.

¹²American College of Gastroenterology (ACG), www.gi.org; American Gastroenterological Association (AGA), www.gastro.org; and American Society for Gastrointestinal Endoscopy (ASGE), www.asge.org.

HIV/AIDS (HIV)		
Brief Description of Performance Measure & Source and Reporting Instruction	CPT Category II Code(s)	Code Descriptor(s)
<p>*Potent antiretroviral therapy is described as any antiretroviral therapy that has demonstrated optimal efficacy and results in durable suppression of HIV as shown by prior clinical trials</p> <p>Denominator:</p> <ul style="list-style-type: none"> All patients aged 13 years and older with a diagnosis of HIV/AIDS who have a history of a nadir** CD4+ cell count <350 cells/mm3; OR All patients aged 13 years and older with a diagnosis of HIV/AIDS who have a history of an AIDS-defining condition***, regardless of CD4+ cell count; OR All patients with a diagnosis of HIV/AIDS who are pregnant, regardless of CD4+ cell count or age <p>**Nadir (lowest ever) CD4+ cell count may be the present count</p> <p>***For AIDS-defining conditions refer to measure specification</p> <p>Exclusion(s): None</p> <p>Percentage of patients with a diagnosis of HIV/AIDS: aged 13 years and older who have a history of a nadir CD4+ count <350</p>	<p>Denominator Codes</p> <p>3492F</p> <p>3490F</p> <p>3493F</p>	<p>History of nadir CD4+ cell count <350 cells/mm3</p> <p>History of AIDS-defining condition</p> <p>No history of nadir CD4+ cell count <350 cells/mm3 AND no history of AIDS-defining condition</p>

Footnotes

¹Physician Consortium for Performance Improvement®(PCPI) - For more information on measures developed by the Physician Consortium for Performance Improvement® (PCPI), see the appropriate Payor website.

²National Committee on Quality Assurance (NCQA), Health Employer Data Information Set (HEDIS®), www.ncqa.org

³The Joint Commission, <https://www.jointcommission.org>

⁴National Diabetes Quality Improvement Alliance (NDQIA) - For more information on measures developed by the National Diabetes Quality Improvement Alliance (NDQIA), see the appropriate Payor website.

⁵Joint measure from The Physician Consortium for Performance Improvement (PCPI), and National Committee on Quality Assurance (NCQA) - For more information on measures developed as joint measures from Physician Consortium for Performance Improvement and the National Committee on Quality Assurance (NCQA), visit the NCQA website at www.ncqa.org.

⁶The Society of Thoracic Surgeons at www.sts.org and National Quality Forum, www.qualityforum.org.

⁷Optum, www.optum.com.

⁸American Academy of Neurology, <https://www.aan.com/practice/neuromuscular-quality-measures>, or quality@aan.com.

⁹College of American Pathologists (CAP), <https://www.cap.org/advocacy/quality-payment-program-for-pathologists/mips-for-pathologists/2023-pathology-quality-measures>.

¹⁰American Gastroenterological Association (AGA), www.gastro.org/quality.

¹¹American Society of Anesthesiologists (ASA), www.asahq.org.

¹²American College of Gastroenterology (ACG), www.gi.org; American Gastroenterological Association (AGA), www.gastro.org; and American Society for Gastrointestinal Endoscopy (ASGE), www.asge.org.

HIV/AIDS (HIV)		
Brief Description of Performance Measure & Source and Reporting Instruction	CPT Category II Code(s)	Code Descriptor(s)
<p>cells/mm³; aged 13 years and older who have a history of an AIDS-defining condition, regardless of CD4+ cell count; or who are pregnant, regardless of CD4+ cell count or age, who were prescribed potent antiretroviral therapy</p> <p>Reporting Instructions:</p> <p>For patients diagnosed with HIV/AIDS who are pregnant (using ICD-9 codes) and prescribed potent antiretroviral therapy (ART), report 4276F. For patients aged 13 years and older diagnosed with HIV/AIDS and a history of a nadir CD4+cell count <350 cells/mm³, report 3492F. If potent ART is prescribed, also report 4276F. For patients aged 13 years and older diagnosed with HIV/AIDS and a history of an AIDS-defining condition, report 3490F. If potent ART is prescribed, also report 4276F. For patients aged 13 years and older diagnosed with HIV/AIDS and no history of a nadir CD4+ cell count <350 cells/mm³ AND no history of an AIDS-defining condition, report 3493F.</p>		

Footnotes

¹Physician Consortium for Performance Improvement®(PCPI) - For more information on measures developed by the Physician Consortium for Performance Improvement® (PCPI), see the appropriate Payor website.

²National Committee on Quality Assurance (NCQA), Health Employer Data Information Set (HEDIS®), www.ncqa.org

³The Joint Commission, <https://www.jointcommission.org>

⁴National Diabetes Quality Improvement Alliance (NDQIA) - For more information on measures developed by the National Diabetes Quality Improvement Alliance (NDQIA), see the appropriate Payor website.

⁵Joint measure from The Physician Consortium for Performance Improvement (PCPI), and National Committee on Quality Assurance (NCQA) - For more information on measures developed as joint measures from Physician Consortium for Performance Improvement and the National Committee on Quality Assurance (NCQA), visit the NCQA website at www.ncqa.org.

⁶The Society of Thoracic Surgeons at www.sts.org and National Quality Forum, www.qualityforum.org.

⁷Optum, www.optum.com.

⁸American Academy of Neurology, <https://www.aan.com/practice/neuromuscular-quality-measures>, or quality@aan.com.

⁹College of American Pathologists (CAP), <https://www.cap.org/advocacy/quality-payment-program-for-pathologists/mips-for-pathologists/2023-pathology-quality-measures>.

¹⁰American Gastroenterological Association (AGA), www.gastro.org/quality.

¹¹American Society of Anesthesiologists (ASA), www.asahq.org.

¹²American College of Gastroenterology (ACG), www.gi.org; American Gastroenterological Association (AGA), www.gastro.org; and American Society for Gastrointestinal Endoscopy (ASGE), www.asge.org.

HIV/AIDS (HIV)		
Brief Description of Performance Measure & Source and Reporting Instruction	CPT Category II Code(s)	Code Descriptor(s)
<p>There are no performance exclusions for this measure; modifiers 1P, 2P or 3P may not be used.</p> <p>Note: It is anticipated that the measure will be reported by the physician providing ongoing HIV care.</p> <p>Refer to the measure specifications for a definition of medical visit.</p>		

Hypertension		
Brief Description of Performance Measure and Source	CPT Category II Code(s)	Code Descriptor(s)
<p>Blood Pressure Control¹</p> <p>Whether or not the patient aged 18 years and older with a diagnosis of hypertension has a blood pressure reading less than 140 mm Hg systolic and less than 90 mm Hg diastolic OR a blood pressure reading greater than or equal to 140 mm</p>		

Footnotes

¹Physician Consortium for Performance Improvement®(PCPI) - For more information on measures developed by the Physician Consortium for Performance Improvement® (PCPI), see the appropriate Payor website.

²National Committee on Quality Assurance (NCQA), Health Employer Data Information Set (HEDIS®), www.ncqa.org

³The Joint Commission, <https://www.jointcommission.org>

⁴National Diabetes Quality Improvement Alliance (NDQIA) - For more information on measures developed by the National Diabetes Quality Improvement Alliance (NDQIA), see the appropriate Payor website.

⁵Joint measure from The Physician Consortium for Performance Improvement (PCPI), and National Committee on Quality Assurance (NCQA) - For more information on measures developed as joint measures from Physician Consortium for Performance Improvement and the National Committee on Quality Assurance (NCQA), visit the NCQA website at www.ncqa.org.

⁶The Society of Thoracic Surgeons at www.sts.org and National Quality Forum, www.qualityforum.org.

⁷Optum, www.optum.com.

⁸American Academy of Neurology, <https://www.aan.com/practice/neuromuscular-quality-measures>, or quality@aan.com.

⁹College of American Pathologists (CAP), <https://www.cap.org/advocacy/quality-payment-program-for-pathologists/mips-for-pathologists/2023-pathology-quality-measures>.

¹⁰American Gastroenterological Association (AGA), www.gastro.org/quality.

¹¹American Society of Anesthesiologists (ASA), www.asahq.org.

¹²American College of Gastroenterology (ACG), www.gi.org; American Gastroenterological Association (AGA), www.gastro.org; and American Society for Gastrointestinal Endoscopy (ASGE), www.asge.org.

Hypertension		
Brief Description of Performance Measure and Source	CPT Category II Code(s)	Code Descriptor(s)
<p>Hg systolic and less than 90 mm Hg diastolic and prescribed 2 or more anti-hypertensive agents during the most recent visit</p> <p>**For complete measure language with definitions, please reference the measure worksheets at www.physicianconsortium.org**</p> <p>Numerator:</p> <p>Patients with a blood pressure < 140/90 mm Hg</p> <p><u>OR</u> Patients with a blood pressure ≥ 140/90 mm Hg and prescribed 2 or more anti-hypertensive medications during the most recent office visit</p> <p>Denominator: All patients aged 18 years and older with a diagnosis of hypertension</p> <p>Exclusion(s): Documentation of medical (eg, allergy, intolerant, postural hypotension, other medical reason(s)), patient (eg, patient declined, other patient reason(s)), or system (eg, financial reasons, other system reason(s))</p>	<p>3074F</p> <p>3075F</p> <p>3077F</p> <p>3078F</p> <p>3079F</p> <p>3080F</p> <p>4145F</p>	<p>Most recent systolic blood pressure < 130 mm Hg</p> <p>Most recent systolic blood pressure 130 to 139 mm Hg</p> <p>Most recent systolic blood pressure ≥ 140 mm Hg</p> <p>Most recent diastolic blood pressure < 80 mm Hg</p> <p>Most recent diastolic blood pressure 80 – 89 mm Hg</p> <p>Most recent diastolic blood pressure ≥ 90 mm Hg</p>

Footnotes

¹Physician Consortium for Performance Improvement®(PCPI) - For more information on measures developed by the Physician Consortium for Performance Improvement® (PCPI), see the appropriate Payor website.

²National Committee on Quality Assurance (NCQA), Health Employer Data Information Set (HEDIS®), www.ncqa.org

³The Joint Commission, <https://www.jointcommission.org>

⁴National Diabetes Quality Improvement Alliance (NDQIA) - For more information on measures developed by the National Diabetes Quality Improvement Alliance (NDQIA), see the appropriate Payor website.

⁵Joint measure from The Physician Consortium for Performance Improvement (PCPI), and National Committee on Quality Assurance (NCQA) - For more information on measures developed as joint measures from Physician Consortium for Performance Improvement and the National Committee on Quality Assurance (NCQA), visit the NCQA website at www.ncqa.org.

⁶The Society of Thoracic Surgeons at www.sts.org and National Quality Forum, www.qualityforum.org.

⁷Optum, www.optum.com.

⁸American Academy of Neurology, <https://www.aan.com/practice/neuromuscular-quality-measures>, or quality@aan.com.

⁹College of American Pathologists (CAP), <https://www.cap.org/advocacy/quality-payment-program-for-pathologists/mips-for-pathologists/2023-pathology-quality-measures>.

¹⁰American Gastroenterological Association (AGA), www.gastro.org/quality.

¹¹American Society of Anesthesiologists (ASA), www.asahq.org.

¹²American College of Gastroenterology (ACG), www.gi.org; American Gastroenterological Association (AGA), www.gastro.org; and American Society for Gastrointestinal Endoscopy (ASGE), www.asge.org.

Hypertension		
Brief Description of Performance Measure and Source	CPT Category II Code(s)	Code Descriptor(s)
<p>reason(s) for not prescribing 2 or more anti-hypertensive medications</p> <p>Reporting Instructions: For the systolic blood pressure value, report one of the three systolic codes; for the diastolic blood pressure value, report one of the three diastolic codes. If 3077F or 3080F are reported AND two or more anti-hypertensive agents are prescribed or currently taking, also report 4145F.</p> <p>For patient with appropriate exclusion criteria report 4145F with modifier 1P, 2P, or 3P.</p>		Two or more anti-hypertensive agents prescribed or currently being taken

Inflammatory Bowel Disease (IBD)		
Brief Description of Performance Measure & Source	CPT Category II Code(s)	Code Descriptor(s)
IBD Preventive Care: Corticosteroid Sparring Therapy¹⁰		

Footnotes

¹Physician Consortium for Performance Improvement®(PCPI) - For more information on measures developed by the Physician Consortium for Performance Improvement® (PCPI), see the appropriate Payor website.

²National Committee on Quality Assurance (NCQA), Health Employer Data Information Set (HEDIS®), www.ncqa.org

³The Joint Commission, <https://www.jointcommission.org>

⁴National Diabetes Quality Improvement Alliance (NDQIA) - For more information on measures developed by the National Diabetes Quality Improvement Alliance (NDQIA), see the appropriate Payor website.

⁵Joint measure from The Physician Consortium for Performance Improvement (PCPI), and National Committee on Quality Assurance (NCQA) - For more information on measures developed as joint measures from Physician Consortium for Performance Improvement and the National Committee on Quality Assurance (NCQA), visit the NCQA website at www.ncqa.org.

⁶The Society of Thoracic Surgeons at www.sts.org and National Quality Forum, www.qualityforum.org.

⁷Optum, www.optum.com.

⁸American Academy of Neurology, <https://www.aan.com/practice/neuromuscular-quality-measures>, or quality@aan.com.

⁹College of American Pathologists (CAP), <https://www.cap.org/advocacy/quality-payment-program-for-pathologists/mips-for-pathologists/2023-pathology-quality-measures>.

¹⁰American Gastroenterological Association (AGA), www.gastro.org/quality.

¹¹American Society of Anesthesiologists (ASA), www.asahq.org.

¹²American College of Gastroenterology (ACG), www.gi.org; American Gastroenterological Association (AGA), www.gastro.org; and American Society for Gastrointestinal Endoscopy (ASGE), www.asge.org.

Inflammatory Bowel Disease (IBD)		
Brief Description of Performance Measure & Source	CPT Category II Code(s)	Code Descriptor(s)
<p>steroids, initiating steroid sparing therapy or patient refuses to initiate steroid sparing therapy).</p> <p>Reporting Instructions:</p> <p>For patients with appropriate exclusion criteria, report code 4142F with modifier 1P.</p> <p>*Prednisone equivalents can be determined using the following:</p> <p>1 mg of prednisone = 1 mg of prednisolone; 5 mg of cortisone; 4 mg of hydrocortisone; 0.8 mg of triamcinolone; 0.8 mg of methylprednisolone; 0.15 mg of dexamethasone; 0.15 mg of betamethasone</p>		
<p>IBD Preventive Care: Corticosteroid Related Iatrogenic Injury –Bone Loss Assessment¹⁰</p> <p>Whether or not patient aged 18 years and older with a diagnosis of inflammatory bowel disease who has received dose of corticosteroids greater than or equal to 10 mg/day for</p>	3096F	Central Dual-energy X-Ray Absorptiometry (DXA) ordered

Footnotes

¹Physician Consortium for Performance Improvement®(PCPI) - For more information on measures developed by the Physician Consortium for Performance Improvement® (PCPI), see the appropriate Payor website.

²National Committee on Quality Assurance (NCQA), Health Employer Data Information Set (HEDIS®), www.ncqa.org

³The Joint Commission, <https://www.jointcommission.org>

⁴National Diabetes Quality Improvement Alliance (NDQIA) - For more information on measures developed by the National Diabetes Quality Improvement Alliance (NDQIA), see the appropriate Payor website.

⁵Joint measure from The Physician Consortium for Performance Improvement (PCPI), and National Committee on Quality Assurance (NCQA) - For more information on measures developed as joint measures from Physician Consortium for Performance Improvement and the National Committee on Quality Assurance (NCQA), visit the NCQA website at www.ncqa.org.

⁶The Society of Thoracic Surgeons at www.sts.org and National Quality Forum, www.qualityforum.org.

⁷Optum, www.optum.com.

⁸American Academy of Neurology, <https://www.aan.com/practice/neuromuscular-quality-measures>, or quality@aan.com.

⁹College of American Pathologists (CAP), <https://www.cap.org/advocacy/quality-payment-program-for-pathologists/mips-for-pathologists/2023-pathology-quality-measures>.

¹⁰American Gastroenterological Association (AGA), www.gastro.org/quality.

¹¹American Society of Anesthesiologists (ASA), www.asahq.org.

¹²American College of Gastroenterology (ACG), www.gi.org; American Gastroenterological Association (AGA), www.gastro.org; and American Society for Gastrointestinal Endoscopy (ASGE), www.asge.org.

Inflammatory Bowel Disease (IBD)		
Brief Description of Performance Measure & Source	CPT Category II Code(s)	Code Descriptor(s)
<p>60 or greater consecutive days was assessed for risk of bone loss once per reporting year.</p> <p>Numerator:</p> <p>Patients who have received dose of corticosteroids* greater than or equal to 10mg/day for 60 or greater consecutive days who were assessed** for risk of bone loss.</p> <p>Denominator: All patients aged 18 years and older with a diagnosis of inflammatory bowel disease.</p> <p>Exclusion(s): None</p> <p>*Prednisone equivalents can be determined using the following:</p> <p>1 mg of prednisone = 1 mg of prednisolone; 5 mg of cortisone; 4 mg of hydrocortisone; 0.8 mg of triamcinolone; 0.8 mg of methylprednisolone; 0.15 mg of dexamethasone; 0.15 mg of betamethasone</p> <p>** Documentation of an assessment for risk of bone loss has been performed or ordered includes central DXA</p>	<p>3095F</p> <p>4005F</p> <p>3750F</p>	<p>Dual-energy X-Ray Absorptiometry (DXA) results documented</p> <p>Pharmacologic therapy (other than minerals/vitamins) for osteoporosis prescribed</p> <p>Patient not receiving dose of corticosteroids greater than or equal to 10mg/day* for 60 or greater consecutive days</p>

Footnotes

¹Physician Consortium for Performance Improvement®(PCPI) - For more information on measures developed by the Physician Consortium for Performance Improvement® (PCPI), see the appropriate Payor website.

²National Committee on Quality Assurance (NCQA), Health Employer Data Information Set (HEDIS®), www.ncqa.org

³The Joint Commission, <https://www.jointcommission.org>

⁴National Diabetes Quality Improvement Alliance (NDQIA) - For more information on measures developed by the National Diabetes Quality Improvement Alliance (NDQIA), see the appropriate Payor website.

⁵Joint measure from The Physician Consortium for Performance Improvement (PCPI), and National Committee on Quality Assurance (NCQA) - For more information on measures developed as joint measures from Physician Consortium for Performance Improvement and the National Committee on Quality Assurance (NCQA), visit the NCQA website at www.ncqa.org.

⁶The Society of Thoracic Surgeons at www.sts.org and National Quality Forum, www.qualityforum.org.

⁷Optum, www.optum.com.

⁸American Academy of Neurology, <https://www.aan.com/practice/neuromuscular-quality-measures>, or quality@aan.com.

⁹College of American Pathologists (CAP), <https://www.cap.org/advocacy/quality-payment-program-for-pathologists/mips-for-pathologists/2023-pathology-quality-measures>.

¹⁰American Gastroenterological Association (AGA), www.gastro.org/quality.

¹¹American Society of Anesthesiologists (ASA), www.asahq.org.

¹²American College of Gastroenterology (ACG), www.gi.org; American Gastroenterological Association (AGA), www.gastro.org; and American Society for Gastrointestinal Endoscopy (ASGE), www.asge.org.

Inflammatory Bowel Disease (IBD)		
Brief Description of Performance Measure & Source	CPT Category II Code(s)	Code Descriptor(s)
<p>Denominator:</p> <p>All patients aged 18 years and older with a diagnosis of inflammatory bowel disease.</p> <p>Exclusion(s):</p> <p>Documentation of medical reason(s) (eg, patient allergic reaction, potential adverse drug reaction), patient reasons (eg, patient refusal), systems reasons (eg, vaccine not available) for not recommending, administering or having previously received influenza immunization</p> <p>Reporting Instructions:</p> <p>For patients with appropriate exclusion criteria, report code 4037F or 4035F with modifier 1P, 2P, or 3P.</p> <p>To report previous administration of influenza vaccine, report 4037F with modifier 1P.</p>		

Footnotes

¹Physician Consortium for Performance Improvement®(PCPI) - For more information on measures developed by the Physician Consortium for Performance Improvement® (PCPI), see the appropriate Payor website.

²National Committee on Quality Assurance (NCQA), Health Employer Data Information Set (HEDIS®), www.ncqa.org

³The Joint Commission, <https://www.jointcommission.org>

⁴National Diabetes Quality Improvement Alliance (NDQIA) - For more information on measures developed by the National Diabetes Quality Improvement Alliance (NDQIA), see the appropriate Payor website.

⁵Joint measure from The Physician Consortium for Performance Improvement (PCPI), and National Committee on Quality Assurance (NCQA) - For more information on measures developed as joint measures from Physician Consortium for Performance Improvement and the National Committee on Quality Assurance (NCQA), visit the NCQA website at www.ncqa.org.

⁶The Society of Thoracic Surgeons at www.sts.org and National Quality Forum, www.qualityforum.org.

⁷Optum, www.optum.com.

⁸American Academy of Neurology, <https://www.aan.com/practice/neuromuscular-quality-measures>, or quality@aan.com.

⁹College of American Pathologists (CAP), <https://www.cap.org/advocacy/quality-payment-program-for-pathologists/mips-for-pathologists/2023-pathology-quality-measures>.

¹⁰American Gastroenterological Association (AGA), www.gastro.org/quality.

¹¹American Society of Anesthesiologists (ASA), www.asahq.org.

¹²American College of Gastroenterology (ACG), www.gi.org; American Gastroenterological Association (AGA), www.gastro.org; and American Society for Gastrointestinal Endoscopy (ASGE), www.asge.org.

Inflammatory Bowel Disease (IBD)		
Brief Description of Performance Measure & Source	CPT Category II Code(s)	Code Descriptor(s)
<p>Assessment of Hepatitis B status before initiating anti-TNF therapy¹⁰</p> <p>Whether or not patients aged 18 years and older with a diagnosis of inflammatory bowel disease (IBD) had Hepatitis B Virus (HBV) status assessed and results interpreted within one year prior to receiving a first course of anti-TNF (tumor necrosis factor) therapy</p> <p>Numerator: Patients who had Hepatitis B Virus (HBV) status assessed* and results interpreted within one year prior to receiving a first course of anti-TNF (tumor necrosis factor) therapy.</p> <p>*Assessed by one of the following:</p> <p>87340: HBsAG</p> <p>87341: HBsAG neutralization</p> <p>86704 HBcAb, total</p> <p>86705: HBcAB, IgM</p>	<p>3216F</p> <p>4149F</p> <p>3517F</p> <p>6150F</p>	<p>Patient has documented immunity to Hepatitis</p> <p>Hepatitis B vaccine injection administered or previously received</p> <p>Hepatitis B Virus (HBV) status assessed and results interpreted within one year prior to receiving a first course of anti-TNF (tumor necrosis factor) therapy.</p> <p>Patient not receiving a first course of anti-TNF (tumor necrosis factor) therapy</p>

Footnotes

¹Physician Consortium for Performance Improvement®(PCPI) - For more information on measures developed by the Physician Consortium for Performance Improvement® (PCPI), see the appropriate Payor website.

²National Committee on Quality Assurance (NCQA), Health Employer Data Information Set (HEDIS®), www.ncqa.org

³The Joint Commission, <https://www.jointcommission.org>

⁴National Diabetes Quality Improvement Alliance (NDQIA) - For more information on measures developed by the National Diabetes Quality Improvement Alliance (NDQIA), see the appropriate Payor website.

⁵Joint measure from The Physician Consortium for Performance Improvement (PCPI), and National Committee on Quality Assurance (NCQA) - For more information on measures developed as joint measures from Physician Consortium for Performance Improvement and the National Committee on Quality Assurance (NCQA), visit the NCQA website at www.ncqa.org.

⁶The Society of Thoracic Surgeons at www.sts.org and National Quality Forum, www.qualityforum.org.

⁷Optum, www.optum.com.

⁸American Academy of Neurology, <https://www.aan.com/practice/neuromuscular-quality-measures>, or quality@aan.com.

⁹College of American Pathologists (CAP), <https://www.cap.org/advocacy/quality-payment-program-for-pathologists/mips-for-pathologists/2023-pathology-quality-measures>.

¹⁰American Gastroenterological Association (AGA), www.gastro.org/quality.

¹¹American Society of Anesthesiologists (ASA), www.asahq.org.

¹²American College of Gastroenterology (ACG), www.gi.org; American Gastroenterological Association (AGA), www.gastro.org; and American Society for Gastrointestinal Endoscopy (ASGE), www.asge.org.

Inflammatory Bowel Disease (IBD)		
Brief Description of Performance Measure & Source	CPT Category II Code(s)	Code Descriptor(s)
<p>86706: HBsAB</p> <p>Denominator: All patients aged 18 years and older with a diagnosis of inflammatory bowel disease.</p> <p>Exclusion(s): Documentation of medical reason(s) (e.g., potential drug interaction, potential for allergic reaction) or patient reason(s) (eg, patient declined) for not assessing for Hepatitis B Virus (HBV) status within one year prior to first course of anti-TNF therapy.</p> <p>Reporting Instructions: For patients with appropriate exclusion criteria, report code 3517F with modifier 1P or 2P.</p>		
<p>IBD: Testing for latent TB before initiating anti-TNF therapy¹⁰</p> <p>Whether or not patients aged 18 years and older with a diagnosis of inflammatory bowel disease for whom a tuberculosis (TB) screening was performed and results</p>		

Footnotes

¹Physician Consortium for Performance Improvement®(PCPI) - For more information on measures developed by the Physician Consortium for Performance Improvement® (PCPI), see the appropriate Payor website.

²National Committee on Quality Assurance (NCQA), Health Employer Data Information Set (HEDIS®), www.ncqa.org

³The Joint Commission, <https://www.jointcommission.org>

⁴National Diabetes Quality Improvement Alliance (NDQIA) - For more information on measures developed by the National Diabetes Quality Improvement Alliance (NDQIA), see the appropriate Payor website.

⁵Joint measure from The Physician Consortium for Performance Improvement (PCPI), and National Committee on Quality Assurance (NCQA) - For more information on measures developed as joint measures from Physician Consortium for Performance Improvement and the National Committee on Quality Assurance (NCQA), visit the NCQA website at www.ncqa.org.

⁶The Society of Thoracic Surgeons at www.sts.org and National Quality Forum, www.qualityforum.org.

⁷Optum, www.optum.com.

⁸American Academy of Neurology, <https://www.aan.com/practice/neuromuscular-quality-measures>, or quality@aan.com.

⁹College of American Pathologists (CAP), <https://www.cap.org/advocacy/quality-payment-program-for-pathologists/mips-for-pathologists/2023-pathology-quality-measures>.

¹⁰American Gastroenterological Association (AGA), www.gastro.org/quality.

¹¹American Society of Anesthesiologists (ASA), www.asahq.org.

¹²American College of Gastroenterology (ACG), www.gi.org; American Gastroenterological Association (AGA), www.gastro.org; and American Society for Gastrointestinal Endoscopy (ASGE), www.asge.org.

Inflammatory Bowel Disease (IBD)		
Brief Description of Performance Measure & Source	CPT Category II Code(s)	Code Descriptor(s)
<p>interpreted within 6 months prior to receiving a first course of anti-TNF (tumor necrosis factor) therapy.</p> <p>Numerator: Patients for whom a TB screening was performed and results interpreted, within six months prior to receiving a first course of anti-TNF (tumor necrosis factor) therapy.</p> <p>Denominator: All patients aged 18 years and older with a diagnosis of inflammatory bowel disease.</p> <p>Exclusion(s): Documentation of medical reason(s) (eg, patient positive for TB and documentation of past treatment; patient recently completed course of anti-TB therapy) or patient reason(s) (eg, patient declined) for not screening for TB within six months prior to first course of anti-TNF therapy.</p> <p>Reporting Instructions: For patients with appropriate exclusion criteria, report code 3510F with modifier 1P or 2P.</p>	<p>3510F</p> <p>6150F</p>	<p>Documentation that Tuberculosis (TB) screening test performed and results interpreted</p> <p>Patient not receiving a first course of anti-TNF (tumor necrosis factor) therapy</p>

Footnotes

¹Physician Consortium for Performance Improvement®(PCPI) - For more information on measures developed by the Physician Consortium for Performance Improvement® (PCPI), see the appropriate Payor website.

²National Committee on Quality Assurance (NCQA), Health Employer Data Information Set (HEDIS®), www.ncqa.org

³The Joint Commission, <https://www.jointcommission.org>

⁴National Diabetes Quality Improvement Alliance (NDQIA) - For more information on measures developed by the National Diabetes Quality Improvement Alliance (NDQIA), see the appropriate Payor website.

⁵Joint measure from The Physician Consortium for Performance Improvement (PCPI), and National Committee on Quality Assurance (NCQA) - For more information on measures developed as joint measures from Physician Consortium for Performance Improvement and the National Committee on Quality Assurance (NCQA), visit the NCQA website at www.ncqa.org.

⁶The Society of Thoracic Surgeons at www.sts.org and National Quality Forum, www.qualityforum.org.

⁷Optum, www.optum.com.

⁸American Academy of Neurology, <https://www.aan.com/practice/neuromuscular-quality-measures>, or quality@aan.com.

⁹College of American Pathologists (CAP), <https://www.cap.org/advocacy/quality-payment-program-for-pathologists/mips-for-pathologists/2023-pathology-quality-measures>.

¹⁰American Gastroenterological Association (AGA), www.gastro.org/quality.

¹¹American Society of Anesthesiologists (ASA), www.asahq.org.

¹²American College of Gastroenterology (ACG), www.gi.org; American Gastroenterological Association (AGA), www.gastro.org; and American Society for Gastrointestinal Endoscopy (ASGE), www.asge.org.

Inflammatory Bowel Disease (IBD)		
Brief Description of Performance Measure & Source	CPT Category II Code(s)	Code Descriptor(s)
<p>Prophylaxis for Venous Thromboembolism-Inpatient measure¹⁰</p> <p>Whether or not a patient aged 18 years and older with a diagnosis of inflammatory bowel disease (IBD) hospitalized for any reason received prophylaxis* for venous thromboembolism prevention.</p> <p>Numerator:</p> <p>Patients who receive prophylaxis* for venous thromboembolism prevention.</p> <p>*Definition: For purposes of this measure, DVT prophylaxis can include Low Molecular Weight Heparin (LMWH), Low-Dose Unfractionated Heparin (LDUH), intravenous heparin, low-dose subcutaneous heparin, or intermittent pneumatic compression devices when pharmacological prophylaxis is contraindicated. Mechanical prophylaxis does not include anti-embolism stockings such as TED hose. (See category II code 4070F)</p>	4069F	Venous thromboembolism (VTE) prophylaxis received

Footnotes

¹Physician Consortium for Performance Improvement®(PCPI) - For more information on measures developed by the Physician Consortium for Performance Improvement® (PCPI), see the appropriate Payor website.

²National Committee on Quality Assurance (NCQA), Health Employer Data Information Set (HEDIS®), www.ncqa.org

³The Joint Commission, <https://www.jointcommission.org>

⁴National Diabetes Quality Improvement Alliance (NDQIA) - For more information on measures developed by the National Diabetes Quality Improvement Alliance (NDQIA), see the appropriate Payor website.

⁵Joint measure from The Physician Consortium for Performance Improvement (PCPI), and National Committee on Quality Assurance (NCQA) - For more information on measures developed as joint measures from Physician Consortium for Performance Improvement and the National Committee on Quality Assurance (NCQA), visit the NCQA website at www.ncqa.org.

⁶The Society of Thoracic Surgeons at www.sts.org and National Quality Forum, www.qualityforum.org.

⁷Optum, www.optum.com.

⁸American Academy of Neurology, <https://www.aan.com/practice/neuromuscular-quality-measures>, or quality@aan.com.

⁹College of American Pathologists (CAP), <https://www.cap.org/advocacy/quality-payment-program-for-pathologists/mips-for-pathologists/2023-pathology-quality-measures>.

¹⁰American Gastroenterological Association (AGA), www.gastro.org/quality.

¹¹American Society of Anesthesiologists (ASA), www.asahq.org.

¹²American College of Gastroenterology (ACG), www.gi.org; American Gastroenterological Association (AGA), www.gastro.org; and American Society for Gastrointestinal Endoscopy (ASGE), www.asge.org.

Inflammatory Bowel Disease (IBD)		
Brief Description of Performance Measure & Source	CPT Category II Code(s)	Code Descriptor(s)
<p>Denominator: All patients aged 18 years and older with a diagnosis of IBD (inflammatory bowel disease) hospitalized for any reason.</p> <p>Exclusion(s): None</p> <p>Reporting Instructions:</p> <p>There are no exclusions for this measure; modifiers 1P, 2P, and 3P may not be reported for this measure.</p>		
<p>Type, anatomic location, and activity assessed¹⁰</p> <p>Whether or not a patient 18 years and older with a diagnosis of inflammatory bowel disease was assessed for disease type, anatomic location and activity, at least once during the reporting year.</p> <p>Numerator:</p> <p>Patients with documented assessment of:</p> <p>a. Type of Inflammatory Bowel Disease (Crohn's, Ulcerative Colitis or IBD-unclassified);</p>		

Footnotes

¹Physician Consortium for Performance Improvement®(PCPI) - For more information on measures developed by the Physician Consortium for Performance Improvement® (PCPI), see the appropriate Payor website.

²National Committee on Quality Assurance (NCQA), Health Employer Data Information Set (HEDIS®), www.ncqa.org

³The Joint Commission, <https://www.jointcommission.org>

⁴National Diabetes Quality Improvement Alliance (NDQIA) - For more information on measures developed by the National Diabetes Quality Improvement Alliance (NDQIA), see the appropriate Payor website.

⁵Joint measure from The Physician Consortium for Performance Improvement (PCPI), and National Committee on Quality Assurance (NCQA) - For more information on measures developed as joint measures from Physician Consortium for Performance Improvement and the National Committee on Quality Assurance (NCQA), visit the NCQA website at www.ncqa.org.

⁶The Society of Thoracic Surgeons at www.sts.org and National Quality Forum, www.qualityforum.org.

⁷Optum, www.optum.com.

⁸American Academy of Neurology, <https://www.aan.com/practice/neuromuscular-quality-measures>, or quality@aan.com.

⁹College of American Pathologists (CAP), <https://www.cap.org/advocacy/quality-payment-program-for-pathologists/mips-for-pathologists/2023-pathology-quality-measures>.

¹⁰American Gastroenterological Association (AGA), www.gastro.org/quality.

¹¹American Society of Anesthesiologists (ASA), www.asahq.org.

¹²American College of Gastroenterology (ACG), www.gi.org; American Gastroenterological Association (AGA), www.gastro.org; and American Society for Gastrointestinal Endoscopy (ASGE), www.asge.org.

Inflammatory Bowel Disease (IBD)		
Brief Description of Performance Measure & Source	CPT Category II Code(s)	Code Descriptor(s)
<p>b. Anatomic location of disease based on current or historical endoscopic and/or radiologic data;</p> <p>c. Luminal Disease activity (quiescent, mild, moderate, severe), and presence of extraintestinal manifestations</p> <p>Denominator: All patients aged 18 years and older with a diagnosis of inflammatory bowel disease.</p> <p>Exclusion(s):</p> <p>Documentation of patient reason(s) for not performing assessment (eg, patient refuses endoscopic and/or radiologic assessment)</p> <p>Reporting Instruction:</p> <p>For patients with appropriate exclusion criteria report code 1052F with modifier 2P.</p>	1052F	Type, anatomic location and activity all assessed
<p>Pneumococcal Immunization¹⁰</p> <p>Whether or not patient aged 18 years and older with a diagnosis of inflammatory bowel disease received</p>		

Footnotes

¹Physician Consortium for Performance Improvement®(PCPI) - For more information on measures developed by the Physician Consortium for Performance Improvement® (PCPI), see the appropriate Payor website.

²National Committee on Quality Assurance (NCQA), Health Employer Data Information Set (HEDIS®), www.ncqa.org

³The Joint Commission, <https://www.jointcommission.org>

⁴National Diabetes Quality Improvement Alliance (NDQIA) - For more information on measures developed by the National Diabetes Quality Improvement Alliance (NDQIA), see the appropriate Payor website.

⁵Joint measure from The Physician Consortium for Performance Improvement (PCPI), and National Committee on Quality Assurance (NCQA) - For more information on measures developed as joint measures from Physician Consortium for Performance Improvement and the National Committee on Quality Assurance (NCQA), visit the NCQA website at www.ncqa.org.

⁶The Society of Thoracic Surgeons at www.sts.org and National Quality Forum, www.qualityforum.org.

⁷Optum, www.optum.com.

⁸American Academy of Neurology, <https://www.aan.com/practice/neuromuscular-quality-measures>, or quality@aan.com.

⁹College of American Pathologists (CAP), <https://www.cap.org/advocacy/quality-payment-program-for-pathologists/mips-for-pathologists/2023-pathology-quality-measures>.

¹⁰American Gastroenterological Association (AGA), www.gastro.org/quality.

¹¹American Society of Anesthesiologists (ASA), www.asahq.org.

¹²American College of Gastroenterology (ACG), www.gi.org; American Gastroenterological Association (AGA), www.gastro.org; and American Society for Gastrointestinal Endoscopy (ASGE), www.asge.org.

Inflammatory Bowel Disease (IBD)		
Brief Description of Performance Measure & Source	CPT Category II Code(s)	Code Descriptor(s)
<p>pneumococcal vaccination administered or previously received</p> <p>Numerator: Patients for whom pneumococcal vaccination was administered or previously received.</p> <p>Denominator: All patients aged 18 years and older with a diagnosis of inflammatory bowel disease.</p> <p>Exclusion(s): Documentation of medical (eg, patient allergic reaction ,potential adverse drug reaction), and patient (eg, patient refusal) reasons for not administering or previously receiving pneumococcal vaccination</p> <p>Reporting Instructions: For patients with appropriate exclusion criteria, report code 4040F with modifier 1P or 2P.</p>	4040F	Pneumococcal vaccine administered or previously received

Footnotes

¹Physician Consortium for Performance Improvement®(PCPI) - For more information on measures developed by the Physician Consortium for Performance Improvement® (PCPI), see the appropriate Payor website.

²National Committee on Quality Assurance (NCQA), Health Employer Data Information Set (HEDIS®), www.ncqa.org

³The Joint Commission, <https://www.jointcommission.org>

⁴National Diabetes Quality Improvement Alliance (NDQIA) - For more information on measures developed by the National Diabetes Quality Improvement Alliance (NDQIA), see the appropriate Payor website.

⁵Joint measure from The Physician Consortium for Performance Improvement (PCPI), and National Committee on Quality Assurance (NCQA) - For more information on measures developed as joint measures from Physician Consortium for Performance Improvement and the National Committee on Quality Assurance (NCQA), visit the NCQA website at www.ncqa.org.

⁶The Society of Thoracic Surgeons at www.sts.org and National Quality Forum, www.qualityforum.org.

⁷Optum, www.optum.com.

⁸American Academy of Neurology, <https://www.aan.com/practice/neuromuscular-quality-measures>, or quality@aan.com.

⁹College of American Pathologists (CAP), <https://www.cap.org/advocacy/quality-payment-program-for-pathologists/mips-for-pathologists/2023-pathology-quality-measures>.

¹⁰American Gastroenterological Association (AGA), www.gastro.org/quality.

¹¹American Society of Anesthesiologists (ASA), www.asahq.org.

¹²American College of Gastroenterology (ACG), www.gi.org; American Gastroenterological Association (AGA), www.gastro.org; and American Society for Gastrointestinal Endoscopy (ASGE), www.asge.org.

Inflammatory Bowel Disease (IBD)		
Brief Description of Performance Measure & Source	CPT Category II Code(s)	Code Descriptor(s)
<p>Testing for <i>Clostridium difficile</i> - Inpatient Measure¹⁰</p> <p>Whether or not patient aged 18 years and older with a diagnosis of inflammatory bowel disease hospitalized (for any reason) who has refractory diarrhea at the time of hospitalization or who develops diarrhea during hospitalization is tested for <i>Clostridium difficile</i>.</p> <p>Numerator:</p> <p>Patients who are tested for <i>Clostridium difficile</i>.</p> <p>Denominator:</p> <p>All patients with aged 18 years and older with a diagnosis of inflammatory bowel disease hospitalized (for any reason)</p>	3520F	Clostridium difficile testing performed

Footnotes

¹Physician Consortium for Performance Improvement®(PCPI) - For more information on measures developed by the Physician Consortium for Performance Improvement® (PCPI), see the appropriate Payor website.

²National Committee on Quality Assurance (NCQA), Health Employer Data Information Set (HEDIS®), www.ncqa.org

³The Joint Commission, <https://www.jointcommission.org>

⁴National Diabetes Quality Improvement Alliance (NDQIA) - For more information on measures developed by the National Diabetes Quality Improvement Alliance (NDQIA), see the appropriate Payor website.

⁵Joint measure from The Physician Consortium for Performance Improvement (PCPI), and National Committee on Quality Assurance (NCQA) - For more information on measures developed as joint measures from Physician Consortium for Performance Improvement and the National Committee on Quality Assurance (NCQA), visit the NCQA website at www.ncqa.org.

⁶The Society of Thoracic Surgeons at www.sts.org and National Quality Forum, www.qualityforum.org.

⁷Optum, www.optum.com.

⁸American Academy of Neurology, <https://www.aan.com/practice/neuromuscular-quality-measures>, or quality@aan.com.

⁹College of American Pathologists (CAP), <https://www.cap.org/advocacy/quality-payment-program-for-pathologists/mips-for-pathologists/2023-pathology-quality-measures>.

¹⁰American Gastroenterological Association (AGA), www.gastro.org/quality.

¹¹American Society of Anesthesiologists (ASA), www.asahq.org.

¹²American College of Gastroenterology (ACG), www.gi.org; American Gastroenterological Association (AGA), www.gastro.org; and American Society for Gastrointestinal Endoscopy (ASGE), www.asge.org.

Inflammatory Bowel Disease (IBD)		
Brief Description of Performance Measure & Source	CPT Category II Code(s)	Code Descriptor(s)
<p>who have refractory diarrhea at the time of hospitalization or who develop diarrhea during hospitalization.</p> <p>Exclusion(s):</p> <ul style="list-style-type: none"> Documentation of medical reason(s) for not testing for <i>Clostridium difficile</i> (eg, testing completed within 2 weeks of admission to hospital or patient had resection of colon). <p>Reporting Instructions:</p> <p>For patients with appropriate exclusion criteria, report code 3520F with modifier 1P.</p>		
<p>Tobacco Use: Screening & Cessation Intervention¹⁰</p> <p>Whether or not patient aged 18 years and older with a diagnosis of inflammatory bowel disease was screened for tobacco use at least once during the one-year measurement period AND who received cessation counseling intervention if identified as a tobacco user.</p> <p>Numerator:</p>	<p>4004F</p> <p>1036F</p>	<p>Patient screened for tobacco use AND received tobacco cessation counseling, if identified as a tobacco user</p> <p>Current tobacco non-user</p>

Footnotes

¹Physician Consortium for Performance Improvement®(PCPI) - For more information on measures developed by the Physician Consortium for Performance Improvement® (PCPI), see the appropriate Payor website.

²National Committee on Quality Assurance (NCQA), Health Employer Data Information Set (HEDIS®), www.ncqa.org

³The Joint Commission, <https://www.jointcommission.org>

⁴National Diabetes Quality Improvement Alliance (NDQIA) - For more information on measures developed by the National Diabetes Quality Improvement Alliance (NDQIA), see the appropriate Payor website.

⁵Joint measure from The Physician Consortium for Performance Improvement (PCPI), and National Committee on Quality Assurance (NCQA) - For more information on measures developed as joint measures from Physician Consortium for Performance Improvement and the National Committee on Quality Assurance (NCQA), visit the NCQA website at www.ncqa.org.

⁶The Society of Thoracic Surgeons at www.sts.org and National Quality Forum, www.qualityforum.org.

⁷Optum, www.optum.com.

⁸American Academy of Neurology, <https://www.aan.com/practice/neuromuscular-quality-measures>, or quality@aan.com.

⁹College of American Pathologists (CAP), <https://www.cap.org/advocacy/quality-payment-program-for-pathologists/mips-for-pathologists/2023-pathology-quality-measures>.

¹⁰American Gastroenterological Association (AGA), www.gastro.org/quality.

¹¹American Society of Anesthesiologists (ASA), www.asahq.org.

¹²American College of Gastroenterology (ACG), www.gi.org; American Gastroenterological Association (AGA), www.gastro.org; and American Society for Gastrointestinal Endoscopy (ASGE), www.asge.org.

Inflammatory Bowel Disease (IBD)		
Brief Description of Performance Measure & Source	CPT Category II Code(s)	Code Descriptor(s)
<p>Patients who were screened for tobacco use* at least once during the one-year measurement period AND who received tobacco cessation counseling intervention** if identified as a tobacco user</p> <p>*Includes use of any type of tobacco</p> <p>** Cessation counseling intervention includes brief counseling (3 minutes or less), and/or pharmacotherapy</p> <p>Denominator:</p> <p>All patients aged 18 years and older with a diagnosis of inflammatory bowel disease.</p> <p>Exclusion(s):</p> <p>Documentation of medical reason(s) for not screening for tobacco use (e.g., limited life expectancy)</p> <p>Reporting Instructions:</p>		

Footnotes

¹Physician Consortium for Performance Improvement®(PCPI) - For more information on measures developed by the Physician Consortium for Performance Improvement® (PCPI), see the appropriate Payor website.

²National Committee on Quality Assurance (NCQA), Health Employer Data Information Set (HEDIS®), www.ncqa.org

³The Joint Commission, <https://www.jointcommission.org>

⁴National Diabetes Quality Improvement Alliance (NDQIA) - For more information on measures developed by the National Diabetes Quality Improvement Alliance (NDQIA), see the appropriate Payor website.

⁵Joint measure from The Physician Consortium for Performance Improvement (PCPI), and National Committee on Quality Assurance (NCQA) - For more information on measures developed as joint measures from Physician Consortium for Performance Improvement and the National Committee on Quality Assurance (NCQA), visit the NCQA website at www.ncqa.org.

⁶The Society of Thoracic Surgeons at www.sts.org and National Quality Forum, www.qualityforum.org.

⁷Optum, www.optum.com.

⁸American Academy of Neurology, <https://www.aan.com/practice/neuromuscular-quality-measures>, or quality@aan.com.

⁹College of American Pathologists (CAP), <https://www.cap.org/advocacy/quality-payment-program-for-pathologists/mips-for-pathologists/2023-pathology-quality-measures>.

¹⁰American Gastroenterological Association (AGA), www.gastro.org/quality.

¹¹American Society of Anesthesiologists (ASA), www.asahq.org.

¹²American College of Gastroenterology (ACG), www.gi.org; American Gastroenterological Association (AGA), www.gastro.org; and American Society for Gastrointestinal Endoscopy (ASGE), www.asge.org.

Inflammatory Bowel Disease (IBD)		
Brief Description of Performance Measure & Source	CPT Category II Code(s)	Code Descriptor(s)
For patients with appropriate exclusion criteria, report code 4004F with modifier 1P.		

Footnotes

¹Physician Consortium for Performance Improvement®(PCPI) - For more information on measures developed by the Physician Consortium for Performance Improvement® (PCPI), see the appropriate Payor website.

²National Committee on Quality Assurance (NCQA), Health Employer Data Information Set (HEDIS®), www.ncqa.org

³The Joint Commission, <https://www.jointcommission.org>

⁴National Diabetes Quality Improvement Alliance (NDQIA) - For more information on measures developed by the National Diabetes Quality Improvement Alliance (NDQIA), see the appropriate Payor website.

⁵Joint measure from The Physician Consortium for Performance Improvement (PCPI), and National Committee on Quality Assurance (NCQA) - For more information on measures developed as joint measures from Physician Consortium for Performance Improvement and the National Committee on Quality Assurance (NCQA), visit the NCQA website at www.ncqa.org.

⁶The Society of Thoracic Surgeons at www.sts.org and National Quality Forum, www.qualityforum.org.

⁷Optum, www.optum.com.

⁸American Academy of Neurology, <https://www.aan.com/practice/neuromuscular-quality-measures>, or quality@aan.com.

⁹College of American Pathologists (CAP), <https://www.cap.org/advocacy/quality-payment-program-for-pathologists/mips-for-pathologists/2023-pathology-quality-measures>.

¹⁰American Gastroenterological Association (AGA), www.gastro.org/quality.

¹¹American Society of Anesthesiologists (ASA), www.asahq.org.

¹²American College of Gastroenterology (ACG), www.gi.org; American Gastroenterological Association (AGA), www.gastro.org; and American Society for Gastrointestinal Endoscopy (ASGE), www.asge.org.

Lung Cancer/Esophageal Cancer (Lung/Esop Cx)		
Brief Description of Performance Measure & Source	CPT Category II Code(s)	Code Descriptor(s)
<p>Pulmonary function testing⁶</p> <p>Whether or not a patient, ≥ 18 years of age, undergoing a major lung resection had a pulmonary function test within 12 months prior to surgery</p> <p>Numerator: Patients who had a pulmonary function test performed within 12 months prior to surgery.</p> <p>Denominator: All patients ≥ 18 years of age, undergoing a major lung resection.</p> <p>Exclusion(s): Documentation of medical reasons for not performing pulmonary function tests within 12 months prior to surgery (eg, patients who were unable to perform pulmonary function testing and those with urgent/emergent need of lung resection (lung abscess, massive hemoptysis, bronchoplural fistula, etc.)</p> <p>Percentage of patients, ≥ 18 years of age, undergoing a major lung resection who had a pulmonary function test performed within 12 months prior to surgery.</p> <p>Reporting Instructions: For the patient with appropriate exclusion criteria, report 3038F with modifier 1P.</p>	3038F	Pulmonary function test performed within 12 months prior to surgery

Footnotes

¹Physician Consortium for Performance Improvement®(PCPI) - For more information on measures developed by the Physician Consortium for Performance Improvement® (PCPI), see the appropriate Payor website.

²National Committee on Quality Assurance (NCQA), Health Employer Data Information Set (HEDIS®), www.ncqa.org

³The Joint Commission, <https://www.jointcommission.org>

⁴National Diabetes Quality Improvement Alliance (NDQIA) - For more information on measures developed by the National Diabetes Quality Improvement Alliance (NDQIA), see the appropriate Payor website.

⁵Joint measure from The Physician Consortium for Performance Improvement (PCPI), and National Committee on Quality Assurance (NCQA) - For more information on measures developed as joint measures from Physician Consortium for Performance Improvement and the National Committee on Quality Assurance (NCQA), visit the NCQA website at www.ncqa.org.

⁶The Society of Thoracic Surgeons at www.sts.org and National Quality Forum, www.qualityforum.org.

⁷Optum, www.optum.com.

⁸American Academy of Neurology, <https://www.aan.com/practice/neuromuscular-quality-measures>, or quality@aan.com.

⁹College of American Pathologists (CAP), <https://www.cap.org/advocacy/quality-payment-program-for-pathologists/mips-for-pathologists/2023-pathology-quality-measures>.

¹⁰American Gastroenterological Association (AGA), www.gastro.org/quality.

¹¹American Society of Anesthesiologists (ASA), www.asahq.org.

¹²American College of Gastroenterology (ACG), www.gi.org; American Gastroenterological Association (AGA), www.gastro.org; and American Society for Gastrointestinal Endoscopy (ASGE), www.asge.org.

Lung Cancer/Esophageal Cancer (Lung/Esop Cx)		
Brief Description of Performance Measure & Source	CPT Category II Code(s)	Code Descriptor(s)
<p>Recording of Performance Status⁶</p> <p>Whether or not a patient, ≥ 18 years of age, undergoing resection for lung or esophageal cancer had performance status documented and reviewed within 2 weeks prior to the surgery date.</p> <p>Numerator: Patients who had their performance status documented and reviewed within 2 weeks prior to surgery.</p> <p>Definition: Performance status is a general measure of a patient's physiologic status, taking into account the cancer and its associated effects along with other concurrent medical problems, such as cardiac or pulmonary disease. Examples of appropriate scales include Zubrod, Karnofsky, WHO, and ECOG.</p> <p>Denominator: All patients ≥ 18 years of age, undergoing resection for lung or esophageal cancer.</p> <p>Exclusion(s): None</p> <p>Percentage of patients, ≥ 18 years of age, undergoing resection for lung or esophageal cancer who had performance</p>	3328F	Performance status documented and reviewed within 2 weeks prior to surgery

Footnotes

¹Physician Consortium for Performance Improvement®(PCPI) - For more information on measures developed by the Physician Consortium for Performance Improvement® (PCPI), see the appropriate Payor website.

²National Committee on Quality Assurance (NCQA), Health Employer Data Information Set (HEDIS®), www.ncqa.org

³The Joint Commission, <https://www.jointcommission.org>

⁴National Diabetes Quality Improvement Alliance (NDQIA) - For more information on measures developed by the National Diabetes Quality Improvement Alliance (NDQIA), see the appropriate Payor website.

⁵Joint measure from The Physician Consortium for Performance Improvement (PCPI), and National Committee on Quality Assurance (NCQA) - For more information on measures developed as joint measures from Physician Consortium for Performance Improvement and the National Committee on Quality Assurance (NCQA), visit the NCQA website at www.ncqa.org.

⁶The Society of Thoracic Surgeons at www.sts.org and National Quality Forum, www.qualityforum.org.

⁷Optum, www.optum.com.

⁸American Academy of Neurology, <https://www.aan.com/practice/neuromuscular-quality-measures>, or quality@aan.com.

⁹College of American Pathologists (CAP), <https://www.cap.org/advocacy/quality-payment-program-for-pathologists/mips-for-pathologists/2023-pathology-quality-measures>.

¹⁰American Gastroenterological Association (AGA), www.gastro.org/quality.

¹¹American Society of Anesthesiologists (ASA), www.asahq.org.

¹²American College of Gastroenterology (ACG), www.gi.org; American Gastroenterological Association (AGA), www.gastro.org; and American Society for Gastrointestinal Endoscopy (ASGE), www.asge.org.

Lung Cancer/Esophageal Cancer (Lung/Esop Cx)		
Brief Description of Performance Measure & Source	CPT Category II Code(s)	Code Descriptor(s)
<p>status documented and reviewed within 2 weeks prior to the surgery date</p> <p>Reporting Instructions: There are no performance exclusions for this measure; modifiers 1P, 2P or 3P may not be used.</p>		
<p>Recording of Clinical Stage⁶</p> <p>Whether or not a patient, aged 18 years and older, undergoing resection for lung or esophageal cancer had clinical tumor, node and metastases (TNM) staging documented and reviewed prior to surgery.</p> <p>Numerator: Patients who had clinical TNM staging documented and reviewed prior to surgery</p> <p>Denominator: All patients aged 18 years and older undergoing resection for lung or esophageal cancer</p> <p>Exclusion(s): None</p> <p>Percentage of patients, aged 18 years and older, undergoing resection for lung or esophageal cancer who had clinical TNM staging provided prior to surgery.</p>	3323F	Clinical tumor, node and metastases (TNM) staging documented and reviewed prior to surgery

Footnotes

¹Physician Consortium for Performance Improvement®(PCPI) - For more information on measures developed by the Physician Consortium for Performance Improvement® (PCPI), see the appropriate Payor website.

²National Committee on Quality Assurance (NCQA), Health Employer Data Information Set (HEDIS®), www.ncqa.org

³The Joint Commission, <https://www.jointcommission.org>

⁴National Diabetes Quality Improvement Alliance (NDQIA) - For more information on measures developed by the National Diabetes Quality Improvement Alliance (NDQIA), see the appropriate Payor website.

⁵Joint measure from The Physician Consortium for Performance Improvement (PCPI), and National Committee on Quality Assurance (NCQA) - For more information on measures developed as joint measures from Physician Consortium for Performance Improvement and the National Committee on Quality Assurance (NCQA), visit the NCQA website at www.ncqa.org.

⁶The Society of Thoracic Surgeons at www.sts.org and National Quality Forum, www.qualityforum.org.

⁷Optum, www.optum.com.

⁸American Academy of Neurology, <https://www.aan.com/practice/neuromuscular-quality-measures>, or quality@aan.com.

⁹College of American Pathologists (CAP), <https://www.cap.org/advocacy/quality-payment-program-for-pathologists/mips-for-pathologists/2023-pathology-quality-measures>.

¹⁰American Gastroenterological Association (AGA), www.gastro.org/quality.

¹¹American Society of Anesthesiologists (ASA), www.asahq.org.

¹²American College of Gastroenterology (ACG), www.gi.org; American Gastroenterological Association (AGA), www.gastro.org; and American Society for Gastrointestinal Endoscopy (ASGE), www.asge.org.

Lung Cancer/Esophageal Cancer (Lung/Esop Cx)		
Brief Description of Performance Measure & Source	CPT Category II Code(s)	Code Descriptor(s)
Reporting Instructions: There are no performance exclusions for this measure; modifiers 1P, 2P or 3P may not be used.		

Major Depressive Disorder (MDD)		
Brief Description of Performance Measure and Source	CPT Category II Code(s)	Code Descriptor(s)
<p>Depression Screening and Assessment in High Risk Patients²</p> <p>Whether or not a patient who is 18 years and older and is identified in a high risk category (ie age or condition) has a documented result from a depression screen or assessment during the measurement year.</p> <p>Numerator:</p> <p>Documented results of depression screen or assessment during the measurement year.</p> <p>Note: Patients who are screened positive for depressive symptoms who do not receive further assessment of</p>	3351F	Negative screen for depressive symptoms as categorized by using a standardized depression screening/assessment tool

Footnotes

¹Physician Consortium for Performance Improvement®(PCPI) - For more information on measures developed by the Physician Consortium for Performance Improvement® (PCPI), see the appropriate Payor website.

²National Committee on Quality Assurance (NCQA), Health Employer Data Information Set (HEDIS®), www.ncqa.org

³The Joint Commission, <https://www.jointcommission.org>

⁴National Diabetes Quality Improvement Alliance (NDQIA) - For more information on measures developed by the National Diabetes Quality Improvement Alliance (NDQIA), see the appropriate Payor website.

⁵Joint measure from The Physician Consortium for Performance Improvement (PCPI), and National Committee on Quality Assurance (NCQA) - For more information on measures developed as joint measures from Physician Consortium for Performance Improvement and the National Committee on Quality Assurance (NCQA), visit the NCQA website at www.ncqa.org.

⁶The Society of Thoracic Surgeons at www.sts.org and National Quality Forum, www.qualityforum.org.

⁷Optum, www.optum.com.

⁸American Academy of Neurology, <https://www.aan.com/practice/neuromuscular-quality-measures>, or quality@aan.com.

⁹College of American Pathologists (CAP), <https://www.cap.org/advocacy/quality-payment-program-for-pathologists/mips-for-pathologists/2023-pathology-quality-measures>.

¹⁰American Gastroenterological Association (AGA), www.gastro.org/quality.

¹¹American Society of Anesthesiologists (ASA), www.asahq.org.

¹²American College of Gastroenterology (ACG), www.gi.org; American Gastroenterological Association (AGA), www.gastro.org; and American Society for Gastrointestinal Endoscopy (ASGE), www.asge.org.

Major Depressive Disorder (MDD)		
Brief Description of Performance Measure and Source	CPT Category II Code(s)	Code Descriptor(s)
<p>depressive symptoms with a standardized tool do not count toward the numerator.</p> <p>Documentation of any one of the following counts toward this measure:</p> <ul style="list-style-type: none"> Negative screen for depressive symptoms using a standardized tool** No significant depressive symptoms using a standardized tool** Mild to moderate depressive symptoms using a standardized tool** Clinically significant depressive symptoms using a standardized tool** <p>*Note: Measure specifications should be referred to determine criteria to meet any of the listed risk categories (i.e., the denominators.)</p> <p>**Note: Measure specifications should be referred to identify acceptable standardized tools for screening and assessment.</p> <p>Denominator:</p> <p>Adults, 18 years and older, who have been identified in one or more of following the high risk categories (i.e. age or condition)*:</p>	<p>3352F</p> <p>3353F</p> <p>3354F</p>	<p>No significant depressive symptoms as categorized by using a standardized depression assessment tool</p> <p>Mild to moderate depressive symptoms as categorized by using a standardized depression screening/assessment tool</p> <p>Clinically significant depressive symptoms as categorized by using a standardized depression screening/assessment tool</p>

Footnotes

¹Physician Consortium for Performance Improvement®(PCPI) - For more information on measures developed by the Physician Consortium for Performance Improvement® (PCPI), see the appropriate Payor website.

²National Committee on Quality Assurance (NCQA), Health Employer Data Information Set (HEDIS®), www.ncqa.org

³The Joint Commission, <https://www.jointcommission.org>

⁴National Diabetes Quality Improvement Alliance (NDQIA) - For more information on measures developed by the National Diabetes Quality Improvement Alliance (NDQIA), see the appropriate Payor website.

⁵Joint measure from The Physician Consortium for Performance Improvement (PCPI), and National Committee on Quality Assurance (NCQA) - For more information on measures developed as joint measures from Physician Consortium for Performance Improvement and the National Committee on Quality Assurance (NCQA), visit the NCQA website at www.ncqa.org.

⁶The Society of Thoracic Surgeons at www.sts.org and National Quality Forum, www.qualityforum.org.

⁷Optum, www.optum.com.

⁸American Academy of Neurology, <https://www.aan.com/practice/neuromuscular-quality-measures>, or quality@aan.com.

⁹College of American Pathologists (CAP), <https://www.cap.org/advocacy/quality-payment-program-for-pathologists/mips-for-pathologists/2023-pathology-quality-measures>.

¹⁰American Gastroenterological Association (AGA), www.gastro.org/quality.

¹¹American Society of Anesthesiologists (ASA), www.asahq.org.

¹²American College of Gastroenterology (ACG), www.gi.org; American Gastroenterological Association (AGA), www.gastro.org; and American Society for Gastrointestinal Endoscopy (ASGE), www.asge.org.

Major Depressive Disorder (MDD)		
Brief Description of Performance Measure and Source	CPT Category II Code(s)	Code Descriptor(s)
<ul style="list-style-type: none"> • Patients with diabetes • Patients with cardiovascular disease including acute myocardial infraction (AMI), coronary artery bypass graft (CABG) or percutaneous transluminal coronary angioplasty (PTCA) <ul style="list-style-type: none"> ○ Two methods can be used to identify the eligible population: 1) a cardiac event or 2) an ischemic vascular disease (IVD) diagnosis. For the cardiac event (AMI, CABG, or PTCA) the look back is from January 1 through November 1 of the year prior to the measurement year; for the IVD diagnosis the look back is the measurement and the year prior to the measurement year. • Patients with persistent asthma • Patients with chronic obstructive pulmonary disease (COPD) • Patients with low back pain • Patients who are 65 years and older <p>Exclusion(s): None</p> <p>Reporting Instructions: Report code 3351F, 3352F, 3353F, or 3354F for patients identified as high risk when acceptable screening or assessment has been documented. There are no</p>		

Footnotes

¹Physician Consortium for Performance Improvement®(PCPI) - For more information on measures developed by the Physician Consortium for Performance Improvement® (PCPI), see the appropriate Payor website.

²National Committee on Quality Assurance (NCQA), Health Employer Data Information Set (HEDIS®), www.ncqa.org

³The Joint Commission, <https://www.jointcommission.org>

⁴National Diabetes Quality Improvement Alliance (NDQIA) - For more information on measures developed by the National Diabetes Quality Improvement Alliance (NDQIA), see the appropriate Payor website.

⁵Joint measure from The Physician Consortium for Performance Improvement (PCPI), and National Committee on Quality Assurance (NCQA) - For more information on measures developed as joint measures from Physician Consortium for Performance Improvement and the National Committee on Quality Assurance (NCQA), visit the NCQA website at www.ncqa.org.

⁶The Society of Thoracic Surgeons at www.sts.org and National Quality Forum, www.qualityforum.org.

⁷Optum, www.optum.com.

⁸American Academy of Neurology, <https://www.aan.com/practice/neuromuscular-quality-measures>, or quality@aan.com.

⁹College of American Pathologists (CAP), <https://www.cap.org/advocacy/quality-payment-program-for-pathologists/mips-for-pathologists/2023-pathology-quality-measures>.

¹⁰American Gastroenterological Association (AGA), www.gastro.org/quality.

¹¹American Society of Anesthesiologists (ASA), www.asahq.org.

¹²American College of Gastroenterology (ACG), www.gi.org; American Gastroenterological Association (AGA), www.gastro.org; and American Society for Gastrointestinal Endoscopy (ASGE), www.asge.org.

Major Depressive Disorder (MDD)		
Brief Description of Performance Measure and Source	CPT Category II Code(s)	Code Descriptor(s)
<p>performance exclusions for this measure; modifiers 1P, 2P and 3P may not be used.</p> <p>**Note: Measure specifications should be referred to identify acceptable standardized tools for screening and assessment.</p>		
<p>Diagnostic Evaluation¹</p> <p>Whether or not a patient aged 18 years and older with a new diagnosis or recurrent episode of MDD met the DSM-IV™ criteria during the visit in which the new diagnosis or recurrent episode was identified during the reporting year</p> <p>Numerator: Patients with documented evidence that they met the DSM-IV™ criteria* [At least 5 elements (must include: 1) depressed mood or 2) loss of interest or pleasure) with symptom duration of two weeks or longer] during the visit in which the new diagnosis of an initial or recurrent episode was identified during the reporting year</p> <p>*DSM-IV™ criteria includes presence of depressed mood, marked diminished interest/pleasure, significant weight loss or weight gain, insomnia or hypersomnia, psychomotor agitation or retardation, fatigue or loss of energy, feelings of worthlessness, diminished ability to concentrate and recurrent suicidal ideation.</p>	1040F	DSM-5 criteria for major depressive disorder documented at the initial evaluation

Footnotes

¹Physician Consortium for Performance Improvement®(PCPI) - For more information on measures developed by the Physician Consortium for Performance Improvement® (PCPI), see the appropriate Payor website.

²National Committee on Quality Assurance (NCQA), Health Employer Data Information Set (HEDIS®), www.ncqa.org

³The Joint Commission, <https://www.jointcommission.org>

⁴National Diabetes Quality Improvement Alliance (NDQIA) - For more information on measures developed by the National Diabetes Quality Improvement Alliance (NDQIA), see the appropriate Payor website.

⁵Joint measure from The Physician Consortium for Performance Improvement (PCPI), and National Committee on Quality Assurance (NCQA) - For more information on measures developed as joint measures from Physician Consortium for Performance Improvement and the National Committee on Quality Assurance (NCQA), visit the NCQA website at www.ncqa.org.

⁶The Society of Thoracic Surgeons at www.sts.org and National Quality Forum, www.qualityforum.org.

⁷Optum, www.optum.com.

⁸American Academy of Neurology, <https://www.aan.com/practice/neuromuscular-quality-measures>, or quality@aan.com.

⁹College of American Pathologists (CAP), <https://www.cap.org/advocacy/quality-payment-program-for-pathologists/mips-for-pathologists/2023-pathology-quality-measures>.

¹⁰American Gastroenterological Association (AGA), www.gastro.org/quality.

¹¹American Society of Anesthesiologists (ASA), www.asahq.org.

¹²American College of Gastroenterology (ACG), www.gi.org; American Gastroenterological Association (AGA), www.gastro.org; and American Society for Gastrointestinal Endoscopy (ASGE), www.asge.org.

Major Depressive Disorder (MDD)		
Brief Description of Performance Measure and Source	CPT Category II Code(s)	Code Descriptor(s)
<p>Denominator: Patients aged 18 years and older with a new diagnosis or recurrent episode of MDD</p> <p>Exclusion(s): None</p> <p>Percentage of patients aged 18 years and older with a new diagnosis or recurrent episode of MDD with documented evidence of having met DSM-IV™ criteria during the visit in which the new diagnosis or recurrent episode was identified during the reporting year</p> <p>Reporting Instructions: Report 3093F for each patient with a new diagnosis of an initial or recurrent episode of MDD. Report 1040F where DSM-5 criteria documented</p> <p>There are no performance exclusions for this measure; modifiers 1P, 2P and 3P may not be used.</p>	<p>Denominator Codes</p> <p>3093F</p>	<p>Documentation of new diagnosis of initial or recurrent episode of major depressive disorder</p>
<p>Suicide Risk Assessment¹</p> <p>Whether or not a patient aged 18 years and older with a new diagnosis or recurrent episode of MDD was assessed for suicide risk at each visit during the reporting year</p> <p>Numerator: Patients who had a suicide risk assessment at each visit during the reporting year</p>	<p>3085F</p> <p>Denominator Codes</p>	<p>Suicide risk assessed</p>

Footnotes

¹Physician Consortium for Performance Improvement®(PCPI) - For more information on measures developed by the Physician Consortium for Performance Improvement® (PCPI), see the appropriate Payor website.

²National Committee on Quality Assurance (NCQA), Health Employer Data Information Set (HEDIS®), www.ncqa.org

³The Joint Commission, <https://www.jointcommission.org>

⁴National Diabetes Quality Improvement Alliance (NDQIA) - For more information on measures developed by the National Diabetes Quality Improvement Alliance (NDQIA), see the appropriate Payor website.

⁵Joint measure from The Physician Consortium for Performance Improvement (PCPI), and National Committee on Quality Assurance (NCQA) - For more information on measures developed as joint measures from Physician Consortium for Performance Improvement and the National Committee on Quality Assurance (NCQA), visit the NCQA website at www.ncqa.org.

⁶The Society of Thoracic Surgeons at www.sts.org and National Quality Forum, www.qualityforum.org.

⁷Optum, www.optum.com.

⁸American Academy of Neurology, <https://www.aan.com/practice/neuromuscular-quality-measures>, or quality@aan.com.

⁹College of American Pathologists (CAP), <https://www.cap.org/advocacy/quality-payment-program-for-pathologists/mips-for-pathologists/2023-pathology-quality-measures>.

¹⁰American Gastroenterological Association (AGA), www.gastro.org/quality.

¹¹American Society of Anesthesiologists (ASA), www.asahq.org.

¹²American College of Gastroenterology (ACG), www.gi.org; American Gastroenterological Association (AGA), www.gastro.org; and American Society for Gastrointestinal Endoscopy (ASGE), www.asge.org.

Major Depressive Disorder (MDD)		
Brief Description of Performance Measure and Source	CPT Category II Code(s)	Code Descriptor(s)
<p>Denominator: Patients aged 18 years and older with a new diagnosis of an initial or recurrent episode of MDD</p> <p>Exclusion: Documentation that patient is in remission (no longer meeting DSM-IV™ criteria)</p> <p>Percentage of patients aged 18 years and older with a new diagnosis or recurrent episode of MDD who had a suicide risk assessment completed at each visit during the reporting year</p> <p>Reporting Instructions: Report 3093F for each patient with a new, confirmed diagnosis of MDD. Report 3085F for assessment of suicide risk. For patient with appropriate exclusion criteria, report 3092F.</p>	<p>3093F</p> <p>Exclusion Code</p> <p>3092F</p>	<p>Documentation of new diagnosis of initial or recurrent episode of major depressive disorder</p> <p>Major depressive disorder, in remission</p>
<p>Severity Classification at Initial Visit¹</p> <p>Whether or not a patient aged 18 years and older was classified for severity of his/her MDD during the visit in which the new diagnosis or recurrent episode was identified during the reporting year</p> <p>Numerator: Patients whose severity of MDD was classified during the visit in which the new diagnosis or recurrent episode was identified during the reporting year</p> <p>Denominator: All patients aged 18 years and older with a new diagnosis of an initial or recurrent episode of MDD</p>	<p>Severity Classification Codes</p> <p>3088F</p> <p>3089F</p> <p>3090F</p> <p>3091F</p>	<p>Major depressive disorder, mild</p> <p>Major depressive disorder, moderate</p> <p>Major depressive disorder, severe without psychotic features</p>

Footnotes

¹Physician Consortium for Performance Improvement®(PCPI) - For more information on measures developed by the Physician Consortium for Performance Improvement® (PCPI), see the appropriate Payor website.

²National Committee on Quality Assurance (NCQA), Health Employer Data Information Set (HEDIS®), www.ncqa.org

³The Joint Commission, <https://www.jointcommission.org>

⁴National Diabetes Quality Improvement Alliance (NDQIA) - For more information on measures developed by the National Diabetes Quality Improvement Alliance (NDQIA), see the appropriate Payor website.

⁵Joint measure from The Physician Consortium for Performance Improvement (PCPI), and National Committee on Quality Assurance (NCQA) - For more information on measures developed as joint measures from Physician Consortium for Performance Improvement and the National Committee on Quality Assurance (NCQA), visit the NCQA website at www.ncqa.org.

⁶The Society of Thoracic Surgeons at www.sts.org and National Quality Forum, www.qualityforum.org.

⁷Optum, www.optum.com.

⁸American Academy of Neurology, <https://www.aan.com/practice/neuromuscular-quality-measures>, or quality@aan.com.

⁹College of American Pathologists (CAP), <https://www.cap.org/advocacy/quality-payment-program-for-pathologists/mips-for-pathologists/2023-pathology-quality-measures>.

¹⁰American Gastroenterological Association (AGA), www.gastro.org/quality.

¹¹American Society of Anesthesiologists (ASA), www.asahq.org.

¹²American College of Gastroenterology (ACG), www.gi.org; American Gastroenterological Association (AGA), www.gastro.org; and American Society for Gastrointestinal Endoscopy (ASGE), www.asge.org.

Major Depressive Disorder (MDD)		
Brief Description of Performance Measure and Source	CPT Category II Code(s)	Code Descriptor(s)
<p>Exclusion: None</p> <p>Percentage of patients aged 18 years and older with a new diagnosis or recurrent episode of MDD whose severity of MDD was classified during the visit in which the new diagnosis or recurrent episode was identified during the reporting year</p> <p>Reporting Instructions: Report 3093F for each patient with a new diagnosis of an initial or recurrent episode of MDD during the reporting year. Also report 3088F or 3089F or 3090F or 3091F or 3092F for the corresponding severity classification.</p> <p>There are no performance exclusions for this measure; modifiers 1P, 2P and 3P may not be used.</p>	<p>3092F</p> <p>Denominator Code</p> <p>3093F</p>	<p>Major depressive disorder, severe with psychotic features</p> <p>Major depressive disorder, in remission</p> <p>Documentation of new diagnosis of initial or recurrent episode of major depressive disorder</p>
<p>Treatment: Psychotherapy, Medication Management, and/or Electroconvulsive Therapy (ECT) ¹</p> <p>Whether or not the patient aged 18 years and older with a new diagnosis or recurrent episode of MDD received therapy appropriate to his/her classification during the reporting year</p> <p>Numerator: Patients who received therapy appropriate to their classification during the reporting year</p> <p>Appropriate treatment for corresponding severity classification:</p> <p>Mild MDD:</p>	<p>Treatment Codes</p> <p>4060F</p> <p>4062F</p> <p>4064F</p>	<p>Psychotherapy services provided</p> <p>Patient referral for psychotherapy documented</p> <p>Antidepressant pharmacotherapy prescribed</p>

Footnotes

¹Physician Consortium for Performance Improvement®(PCPI) - For more information on measures developed by the Physician Consortium for Performance Improvement® (PCPI), see the appropriate Payor website.

²National Committee on Quality Assurance (NCQA), Health Employer Data Information Set (HEDIS®), www.ncqa.org

³The Joint Commission, <https://www.jointcommission.org>

⁴National Diabetes Quality Improvement Alliance (NDQIA) - For more information on measures developed by the National Diabetes Quality Improvement Alliance (NDQIA), see the appropriate Payor website.

⁵Joint measure from The Physician Consortium for Performance Improvement (PCPI), and National Committee on Quality Assurance (NCQA) - For more information on measures developed as joint measures from Physician Consortium for Performance Improvement and the National Committee on Quality Assurance (NCQA), visit the NCQA website at www.ncqa.org.

⁶The Society of Thoracic Surgeons at www.sts.org and National Quality Forum, www.qualityforum.org.

⁷Optum, www.optum.com.

⁸American Academy of Neurology, <https://www.aan.com/practice/neuromuscular-quality-measures>, or quality@aan.com.

⁹College of American Pathologists (CAP), <https://www.cap.org/advocacy/quality-payment-program-for-pathologists/mips-for-pathologists/2023-pathology-quality-measures>.

¹⁰American Gastroenterological Association (AGA), www.gastro.org/quality.

¹¹American Society of Anesthesiologists (ASA), www.asahq.org.

¹²American College of Gastroenterology (ACG), www.gi.org; American Gastroenterological Association (AGA), www.gastro.org; and American Society for Gastrointestinal Endoscopy (ASGE), www.asge.org.

Major Depressive Disorder (MDD)		
Brief Description of Performance Measure and Source	CPT Category II Code(s)	Code Descriptor(s)
Psychotherapy OR Antidepressant medication	4065F	Antipsychotic pharmacotherapy prescribed
Moderate MDD: Psychotherapy OR Antidepressant medication OR Psychotherapy and antidepressant medication	4066F	Electroconvulsive Therapy (ECT) provided
Severe MDD without psychotic features: Antidepressant medications OR Psychotherapy and antidepressant medications	4067F	Patient referral for electroconvulsive therapy (ECT) documented
Severe MDD with psychotic features: Antidepressant medication and antipsychotic medication OR ECT	90870	Electroconvulsive therapy
Denominator: All patients aged 18 years and older with a new diagnosis of an initial or recurrent episode of MDD	Severity Classification Codes	
Exclusion(s): Documentation of medical, patient, or system reason(s) for not prescribing treatment.		
Percentage of patients aged 18 years and older with a new diagnosis or recurrent episode of MDD who received therapy		
	3088F	Major depressive disorder, mild
	3089F	Major depressive disorder, moderate
	3090F	

Footnotes

¹Physician Consortium for Performance Improvement®(PCPI) - For more information on measures developed by the Physician Consortium for Performance Improvement® (PCPI), see the appropriate Payor website.

²National Committee on Quality Assurance (NCQA), Health Employer Data Information Set (HEDIS®), www.ncqa.org

³The Joint Commission, <https://www.jointcommission.org>

⁴National Diabetes Quality Improvement Alliance (NDQIA) - For more information on measures developed by the National Diabetes Quality Improvement Alliance (NDQIA), see the appropriate Payor website.

⁵Joint measure from The Physician Consortium for Performance Improvement (PCPI), and National Committee on Quality Assurance (NCQA) - For more information on measures developed as joint measures from Physician Consortium for Performance Improvement and the National Committee on Quality Assurance (NCQA), visit the NCQA website at www.ncqa.org.

⁶The Society of Thoracic Surgeons at www.sts.org and National Quality Forum, www.qualityforum.org.

⁷Optum, www.optum.com.

⁸American Academy of Neurology, <https://www.aan.com/practice/neuromuscular-quality-measures>, or quality@aan.com.

⁹College of American Pathologists (CAP), <https://www.cap.org/advocacy/quality-payment-program-for-pathologists/mips-for-pathologists/2023-pathology-quality-measures>.

¹⁰American Gastroenterological Association (AGA), www.gastro.org/quality.

¹¹American Society of Anesthesiologists (ASA), www.asahq.org.

¹²American College of Gastroenterology (ACG), www.gi.org; American Gastroenterological Association (AGA), www.gastro.org; and American Society for Gastrointestinal Endoscopy (ASGE), www.asge.org.

Major Depressive Disorder (MDD)		
Brief Description of Performance Measure and Source	CPT Category II Code(s)	Code Descriptor(s)
<p>appropriate to their severity classification during the reporting year</p> <p>Reporting Instructions: Report 3093F for each patient with a new diagnosis of an initial or recurrent episode of MDD. Report one code from severity classification codes for each patient. Report all treatment codes that apply. For patient with appropriate exclusion criteria, report an appropriate treatment code with modifier 1P, 2P or 3P.</p> <p>Mild MDD: Report 3088F and:</p> <ul style="list-style-type: none"> (a) Psychotherapy- 4060F or 4062F (b) Antidepressant medication- 4064F <p>Moderate MDD: Report 3089F and:</p> <ul style="list-style-type: none"> (c) Psychotherapy- 4060F or 4062F (d) Antidepressant medication- 4064F (e) Psychotherapy and antidepressant medication-4060F or 4062F AND 4064F <p>Severe MDD without psychotic features: Report 3090F and:</p> <ul style="list-style-type: none"> (f) Antidepressant medications – 4064F (g) Psychotherapy and antidepressant medications- 4060F or 4062F AND 4064F 	<p>3091F</p> <p>3092F</p> <p>Denominator Code:</p> <p>3093F</p>	<p>Major depressive disorder, severe without psychotic features</p> <p>Major depressive disorder, severe with psychotic features</p> <p>Major depressive disorder, in remission</p> <p>Documentation of new diagnosis of initial or recurrent episode of major depressive disorder</p>

Footnotes

¹Physician Consortium for Performance Improvement®(PCPI) - For more information on measures developed by the Physician Consortium for Performance Improvement® (PCPI), see the appropriate Payor website.

²National Committee on Quality Assurance (NCQA), Health Employer Data Information Set (HEDIS®), www.ncqa.org

³The Joint Commission, <https://www.jointcommission.org>

⁴National Diabetes Quality Improvement Alliance (NDQIA) - For more information on measures developed by the National Diabetes Quality Improvement Alliance (NDQIA), see the appropriate Payor website.

⁵Joint measure from The Physician Consortium for Performance Improvement (PCPI), and National Committee on Quality Assurance (NCQA) - For more information on measures developed as joint measures from Physician Consortium for Performance Improvement and the National Committee on Quality Assurance (NCQA), visit the NCQA website at www.ncqa.org.

⁶The Society of Thoracic Surgeons at www.sts.org and National Quality Forum, www.qualityforum.org.

⁷Optum, www.optum.com.

⁸American Academy of Neurology, <https://www.aan.com/practice/neuromuscular-quality-measures>, or quality@aan.com.

⁹College of American Pathologists (CAP), <https://www.cap.org/advocacy/quality-payment-program-for-pathologists/mips-for-pathologists/2023-pathology-quality-measures>.

¹⁰American Gastroenterological Association (AGA), www.gastro.org/quality.

¹¹American Society of Anesthesiologists (ASA), www.asahq.org.

¹²American College of Gastroenterology (ACG), www.gi.org; American Gastroenterological Association (AGA), www.gastro.org; and American Society for Gastrointestinal Endoscopy (ASGE), www.asge.org.

Major Depressive Disorder (MDD)		
Brief Description of Performance Measure and Source	CPT Category II Code(s)	Code Descriptor(s)
Severe MDD with psychotic features: Report 3091F and: (h) Antidepressant medication and antipsychotic medication-4064F and 4065F (i) ECT- 4066F or 4067F or 90870		

Footnotes

¹Physician Consortium for Performance Improvement®(PCPI) - For more information on measures developed by the Physician Consortium for Performance Improvement® (PCPI), see the appropriate Payor website.

²National Committee on Quality Assurance (NCQA), Health Employer Data Information Set (HEDIS®), www.ncqa.org

³The Joint Commission, <https://www.jointcommission.org>

⁴National Diabetes Quality Improvement Alliance (NDQIA) - For more information on measures developed by the National Diabetes Quality Improvement Alliance (NDQIA), see the appropriate Payor website.

⁵Joint measure from The Physician Consortium for Performance Improvement (PCPI), and National Committee on Quality Assurance (NCQA) - For more information on measures developed as joint measures from Physician Consortium for Performance Improvement and the National Committee on Quality Assurance (NCQA), visit the NCQA website at www.ncqa.org.

⁶The Society of Thoracic Surgeons at www.sts.org and National Quality Forum, www.qualityforum.org.

⁷Optum, www.optum.com.

⁸American Academy of Neurology, <https://www.aan.com/practice/neuromuscular-quality-measures>, or quality@aan.com.

⁹College of American Pathologists (CAP), <https://www.cap.org/advocacy/quality-payment-program-for-pathologists/mips-for-pathologists/2023-pathology-quality-measures>.

¹⁰American Gastroenterological Association (AGA), www.gastro.org/quality.

¹¹American Society of Anesthesiologists (ASA), www.asahq.org.

¹²American College of Gastroenterology (ACG), www.gi.org; American Gastroenterological Association (AGA), www.gastro.org; and American Society for Gastrointestinal Endoscopy (ASGE), www.asge.org.

Major Depressive Disorder—Child and Adolescent (MDD ADOL)		
Brief Description of Performance Measure and Source	CPT Category II Code(s)	Code Descriptor(s)
<p>Interview of Adolescent or Child¹ Back to Top</p> <p>Whether or not the patient aged 6 through 17 years with a diagnosis of major depressive disorder was interviewed directly by the evaluating clinician on or before the date of diagnosis</p> <p>Numerator: Patients who were interviewed directly by the evaluating clinician on or before the date of diagnosis</p> <p>Denominator: All patients aged 6 through 17 years with a diagnosis of major depressive disorder</p> <p>Exclusion(s): None</p> <p>Percentage of patients aged 6 through 17 years with a diagnosis of major depressive disorder who were interviewed directly by the evaluating clinician on or before the date of diagnosis</p> <p>Reporting Instructions: There are no performance exclusions for this measure; modifiers 1P, 2P, or 3P may not be used.</p> <p>Back to Top</p>	2060F	Patient interviewed directly by evaluating clinician on or before date of diagnosis of major depressive disorder
Diagnostic Evaluation¹		

Footnotes

¹Physician Consortium for Performance Improvement®(PCPI) - For more information on measures developed by the Physician Consortium for Performance Improvement® (PCPI), see the appropriate Payor website.

²National Committee on Quality Assurance (NCQA), Health Employer Data Information Set (HEDIS®), www.ncqa.org

³The Joint Commission, <https://www.jointcommission.org>

⁴National Diabetes Quality Improvement Alliance (NDQIA) - For more information on measures developed by the National Diabetes Quality Improvement Alliance (NDQIA), see the appropriate Payor website.

⁵Joint measure from The Physician Consortium for Performance Improvement (PCPI), and National Committee on Quality Assurance (NCQA) - For more information on measures developed as joint measures from Physician Consortium for Performance Improvement and the National Committee on Quality Assurance (NCQA), visit the NCQA website at www.ncqa.org.

⁶The Society of Thoracic Surgeons at www.sts.org and National Quality Forum, www.qualityforum.org.

⁷Optum, www.optum.com.

⁸American Academy of Neurology, <https://www.aan.com/practice/neuromuscular-quality-measures>, or quality@aan.com.

⁹College of American Pathologists (CAP), <https://www.cap.org/advocacy/quality-payment-program-for-pathologists/mips-for-pathologists/2023-pathology-quality-measures>.

¹⁰American Gastroenterological Association (AGA), www.gastro.org/quality.

¹¹American Society of Anesthesiologists (ASA), www.asahq.org.

¹²American College of Gastroenterology (ACG), www.gi.org; American Gastroenterological Association (AGA), www.gastro.org; and American Society for Gastrointestinal Endoscopy (ASGE), www.asge.org.

Major Depressive Disorder—Child and Adolescent (MDD ADOL)		
Brief Description of Performance Measure and Source	CPT Category II Code(s)	Code Descriptor(s)
<p>Whether or not the patient aged 6 through 17 years with a diagnosis of major depressive disorder has documented evidence that they met the DSM-IV criteria during the visit in which the new diagnosis or recurrent episode was identified</p> <p>Numerator: Patients with documented evidence that they met the DSM-IV criteria [at least 5 elements with symptom duration of two weeks or longer, including 1) depressed mood (<i>can be irritable mood in children and adolescents</i>) or 2) loss of interest or pleasure] during the visit in which the new diagnosis or recurrent episode was identified</p> <p>Denominator: All patients aged 6 through 17 years with a diagnosis of major depressive disorder</p> <p>Exclusion(s): None</p> <p>Percentage of patients aged 6 through 17 years with a diagnosis of major depressive disorder with documented evidence that they met the DSM-IV criteria [at least 5 elements (including 1) depressed mood (<i>can be irritable mood in children and adolescents</i>) or 2) loss of interest or pleasure) with symptom duration of two weeks or longer] during the visit in which the new diagnosis or recurrent episode was identified</p>	1040F	DSM-5 criteria for major depressive disorder documented at the initial evaluation

Footnotes

¹Physician Consortium for Performance Improvement®(PCPI) - For more information on measures developed by the Physician Consortium for Performance Improvement® (PCPI), see the appropriate Payor website.

²National Committee on Quality Assurance (NCQA), Health Employer Data Information Set (HEDIS®), www.ncqa.org

³The Joint Commission, <https://www.jointcommission.org>

⁴National Diabetes Quality Improvement Alliance (NDQIA) - For more information on measures developed by the National Diabetes Quality Improvement Alliance (NDQIA), see the appropriate Payor website.

⁵Joint measure from The Physician Consortium for Performance Improvement (PCPI), and National Committee on Quality Assurance (NCQA) - For more information on measures developed as joint measures from Physician Consortium for Performance Improvement and the National Committee on Quality Assurance (NCQA), visit the NCQA website at www.ncqa.org.

⁶The Society of Thoracic Surgeons at www.sts.org and National Quality Forum, www.qualityforum.org.

⁷Optum, www.optum.com.

⁸American Academy of Neurology, <https://www.aan.com/practice/neuromuscular-quality-measures>, or quality@aan.com.

⁹College of American Pathologists (CAP), <https://www.cap.org/advocacy/quality-payment-program-for-pathologists/mips-for-pathologists/2023-pathology-quality-measures>.

¹⁰American Gastroenterological Association (AGA), www.gastro.org/quality.

¹¹American Society of Anesthesiologists (ASA), www.asahq.org.

¹²American College of Gastroenterology (ACG), www.gi.org; American Gastroenterological Association (AGA), www.gastro.org; and American Society for Gastrointestinal Endoscopy (ASGE), www.asge.org.

Major Depressive Disorder—Child and Adolescent (MDD ADOL)		
Brief Description of Performance Measure and Source	CPT Category II Code(s)	Code Descriptor(s)
<p>Reporting Instructions: There are no performance exclusions for this measure; modifiers 1P, 2P or 3P may not be used.</p>		
<p>Suicide Risk Assessment¹</p> <p>Whether or not the patient aged 6 through 17 years old with a diagnosis of major depressive disorder received an assessment for suicide risk</p> <p>Numerator: Patient visits with an assessment for suicide risk</p> <p>Denominator: All patient visits for those patients aged 6 through 17 years with a diagnosis of major depressive disorder</p> <p>Exclusion(s): None</p> <p>Percentage of patient visits for those patients aged 6 through 17 years with a diagnosis of major depressive disorder with an assessment for suicide risk</p> <p>Reporting Instructions: There are no performance exclusions for this measure; modifiers 1P, 2P, or 3P may not be used.</p>	3085F	Suicide risk assessed

Footnotes

¹Physician Consortium for Performance Improvement®(PCPI) - For more information on measures developed by the Physician Consortium for Performance Improvement® (PCPI), see the appropriate Payor website.

²National Committee on Quality Assurance (NCQA), Health Employer Data Information Set (HEDIS®), www.ncqa.org

³The Joint Commission, <https://www.jointcommission.org>

⁴National Diabetes Quality Improvement Alliance (NDQIA) - For more information on measures developed by the National Diabetes Quality Improvement Alliance (NDQIA), see the appropriate Payor website.

⁵Joint measure from The Physician Consortium for Performance Improvement (PCPI), and National Committee on Quality Assurance (NCQA) - For more information on measures developed as joint measures from Physician Consortium for Performance Improvement and the National Committee on Quality Assurance (NCQA), visit the NCQA website at www.ncqa.org.

⁶The Society of Thoracic Surgeons at www.sts.org and National Quality Forum, www.qualityforum.org.

⁷Optum, www.optum.com.

⁸American Academy of Neurology, <https://www.aan.com/practice/neuromuscular-quality-measures>, or quality@aan.com.

⁹College of American Pathologists (CAP), <https://www.cap.org/advocacy/quality-payment-program-for-pathologists/mips-for-pathologists/2023-pathology-quality-measures>.

¹⁰American Gastroenterological Association (AGA), www.gastro.org/quality.

¹¹American Society of Anesthesiologists (ASA), www.asahq.org.

¹²American College of Gastroenterology (ACG), www.gi.org; American Gastroenterological Association (AGA), www.gastro.org; and American Society for Gastrointestinal Endoscopy (ASGE), www.asge.org.

Major Depressive Disorder—Child and Adolescent (MDD ADOL)		
Brief Description of Performance Measure and Source	CPT Category II Code(s)	Code Descriptor(s)
<p>Psychotherapy¹ Whether or not the patient aged 6 through 17 years with a diagnosis of major depressive disorder received or was referred for psychotherapy during an episode of major depressive disorder</p> <p>Numerator: Patients who received or were referred for psychotherapy during an episode of major depressive disorder</p> <p>Denominator: All patients aged 6 through 17 years with a diagnosis of major depressive disorder</p> <p>Exclusion(s): Documentation of medical reason, patient reason (includes family reasons), or system reason(s) (eg, psychotherapy not regionally available) for not providing or referring for psychotherapy.</p> <p>Percentage of patients aged 6 through 17 years with a diagnosis of major depressive disorder who received or were referred for psychotherapy during an episode of major depressive disorder</p>	<p>4060F</p> <p>4062F</p>	<p>Psychotherapy services provided</p> <p>Patient referral for psychotherapy documented</p>

Footnotes

¹Physician Consortium for Performance Improvement®(PCPI) - For more information on measures developed by the Physician Consortium for Performance Improvement® (PCPI), see the appropriate Payor website.

²National Committee on Quality Assurance (NCQA), Health Employer Data Information Set (HEDIS®), www.ncqa.org

³The Joint Commission, <https://www.jointcommission.org>

⁴National Diabetes Quality Improvement Alliance (NDQIA) - For more information on measures developed by the National Diabetes Quality Improvement Alliance (NDQIA), see the appropriate Payor website.

⁵Joint measure from The Physician Consortium for Performance Improvement (PCPI), and National Committee on Quality Assurance (NCQA) - For more information on measures developed as joint measures from Physician Consortium for Performance Improvement and the National Committee on Quality Assurance (NCQA), visit the NCQA website at www.ncqa.org.

⁶The Society of Thoracic Surgeons at www.sts.org and National Quality Forum, www.qualityforum.org.

⁷Optum, www.optum.com.

⁸American Academy of Neurology, <https://www.aan.com/practice/neuromuscular-quality-measures>, or quality@aan.com.

⁹College of American Pathologists (CAP), <https://www.cap.org/advocacy/quality-payment-program-for-pathologists/mips-for-pathologists/2023-pathology-quality-measures>.

¹⁰American Gastroenterological Association (AGA), www.gastro.org/quality.

¹¹American Society of Anesthesiologists (ASA), www.asahq.org.

¹²American College of Gastroenterology (ACG), www.gi.org; American Gastroenterological Association (AGA), www.gastro.org; and American Society for Gastrointestinal Endoscopy (ASGE), www.asge.org.

Major Depressive Disorder—Child and Adolescent (MDD ADOL)		
Brief Description of Performance Measure and Source	CPT Category II Code(s)	Code Descriptor(s)
Reporting Instructions: For patient with appropriate exclusion criteria, report 4060F or 4062F with modifier 1P, 2P or 3P.		
<p>Medications Considered¹</p> <p>Whether or not the patient aged 6 through 17 years with a diagnosis of major depressive disorder was considered or prescribed an antidepressant medication during an episode of major depressive disorder</p> <p>Numerator: Patients for whom an antidepressant medication was considered* or prescribed during an episode of major depressive disorder</p> <p>Definition: The numerator criteria will be met if an antidepressant medication was either prescribed or there is documentation that the antidepressant medication was not prescribed for documented reasons.</p> <p>Denominator: All patients aged 6 through 17 years with a diagnosis of major depressive disorder</p> <p>Exclusion(s): None</p>	<p>4064F</p> <p>4063F</p>	<p>Antidepressant pharmacotherapy prescribed</p> <p>Antidepressant pharmacotherapy considered and not prescribed</p>

Footnotes

¹Physician Consortium for Performance Improvement®(PCPI) - For more information on measures developed by the Physician Consortium for Performance Improvement® (PCPI), see the appropriate Payor website.

²National Committee on Quality Assurance (NCQA), Health Employer Data Information Set (HEDIS®), www.ncqa.org

³The Joint Commission, <https://www.jointcommission.org>

⁴National Diabetes Quality Improvement Alliance (NDQIA) - For more information on measures developed by the National Diabetes Quality Improvement Alliance (NDQIA), see the appropriate Payor website.

⁵Joint measure from The Physician Consortium for Performance Improvement (PCPI), and National Committee on Quality Assurance (NCQA) - For more information on measures developed as joint measures from Physician Consortium for Performance Improvement and the National Committee on Quality Assurance (NCQA), visit the NCQA website at www.ncqa.org.

⁶The Society of Thoracic Surgeons at www.sts.org and National Quality Forum, www.qualityforum.org.

⁷Optum, www.optum.com.

⁸American Academy of Neurology, <https://www.aan.com/practice/neuromuscular-quality-measures>, or quality@aan.com.

⁹College of American Pathologists (CAP), <https://www.cap.org/advocacy/quality-payment-program-for-pathologists/mips-for-pathologists/2023-pathology-quality-measures>.

¹⁰American Gastroenterological Association (AGA), www.gastro.org/quality.

¹¹American Society of Anesthesiologists (ASA), www.asahq.org.

¹²American College of Gastroenterology (ACG), www.gi.org; American Gastroenterological Association (AGA), www.gastro.org; and American Society for Gastrointestinal Endoscopy (ASGE), www.asge.org.

Major Depressive Disorder—Child and Adolescent (MDD ADOL)		
Brief Description of Performance Measure and Source	CPT Category II Code(s)	Code Descriptor(s)
<p>Percentage of patients aged 6 through 17 years with a diagnosis of major depressive disorder for whom an antidepressant medication was considered or prescribed during an episode of major depressive disorder</p> <p>Reporting Instructions: Report 4064F if antidepressant pharmacotherapy was prescribed. If antidepressant pharmacotherapy was not prescribed but there is documentation that it was considered, report 4063F. There are no performance exclusions for this measure; modifiers 1P, 2P, or 3P may not be used.</p>		
<p>Follow-up Care¹</p> <p>Whether or not patient aged 6 through 17 years with a diagnosis of major depressive disorder has a plan for follow-up care documented</p> <p>Numerator: Patient visits with a plan for follow-up care documented</p> <p>Denominator: All patient visits for those patients aged 6 through 17 years with a diagnosis of major depressive disorder</p> <p>Exclusion(s): None</p>	0545F	Plan for follow-up care for major depressive disorder, documented

Footnotes

¹Physician Consortium for Performance Improvement®(PCPI) - For more information on measures developed by the Physician Consortium for Performance Improvement® (PCPI), see the appropriate Payor website.

²National Committee on Quality Assurance (NCQA), Health Employer Data Information Set (HEDIS®), www.ncqa.org

³The Joint Commission, <https://www.jointcommission.org>

⁴National Diabetes Quality Improvement Alliance (NDQIA) - For more information on measures developed by the National Diabetes Quality Improvement Alliance (NDQIA), see the appropriate Payor website.

⁵Joint measure from The Physician Consortium for Performance Improvement (PCPI), and National Committee on Quality Assurance (NCQA) - For more information on measures developed as joint measures from Physician Consortium for Performance Improvement and the National Committee on Quality Assurance (NCQA), visit the NCQA website at www.ncqa.org.

⁶The Society of Thoracic Surgeons at www.sts.org and National Quality Forum, www.qualityforum.org.

⁷Optum, www.optum.com.

⁸American Academy of Neurology, <https://www.aan.com/practice/neuromuscular-quality-measures>, or quality@aan.com.

⁹College of American Pathologists (CAP), <https://www.cap.org/advocacy/quality-payment-program-for-pathologists/mips-for-pathologists/2023-pathology-quality-measures>.

¹⁰American Gastroenterological Association (AGA), www.gastro.org/quality.

¹¹American Society of Anesthesiologists (ASA), www.asahq.org.

¹²American College of Gastroenterology (ACG), www.gi.org; American Gastroenterological Association (AGA), www.gastro.org; and American Society for Gastrointestinal Endoscopy (ASGE), www.asge.org.

Major Depressive Disorder—Child and Adolescent (MDD ADOL)		
Brief Description of Performance Measure and Source	CPT Category II Code(s)	Code Descriptor(s)
<p>Percentage of patient visits for those patients aged 6 through 17 years with a diagnosis of major depressive disorder with a plan for follow-up care documented</p> <p>Reporting Instructions: There are no performance exclusions for this measure; modifiers 1P, 2P, or 3P may not be used.</p>		

Footnotes

¹**Physician Consortium for Performance Improvement®(PCPI)** - For more information on measures developed by the Physician Consortium for Performance Improvement® (PCPI), see the appropriate Payor website.

²**National Committee on Quality Assurance (NCQA)**, Health Employer Data Information Set (HEDIS®), www.ncqa.org

³**The Joint Commission**, <https://www.jointcommission.org>

⁴**National Diabetes Quality Improvement Alliance (NDQIA)** - For more information on measures developed by the National Diabetes Quality Improvement Alliance (NDQIA), see the appropriate Payor website.

⁵Joint measure from **The Physician Consortium for Performance Improvement (PCPI)**, and **National Committee on Quality Assurance (NCQA)** - For more information on measures developed as joint measures from Physician Consortium for Performance Improvement and the National Committee on Quality Assurance (NCQA), visit the NCQA website at www.ncqa.org.

⁶**The Society of Thoracic Surgeons** at www.sts.org and **National Quality Forum**, www.qualityforum.org.

⁷**Optum**, www.optum.com.

⁸**American Academy of Neurology**, <https://www.aan.com/practice/neuromuscular-quality-measures>, or quality@aan.com.

⁹**College of American Pathologists (CAP)**, <https://www.cap.org/advocacy/quality-payment-program-for-pathologists/mips-for-pathologists/2023-pathology-quality-measures>.

¹⁰**American Gastroenterological Association (AGA)**, www.gastro.org/quality.

¹¹**American Society of Anesthesiologists (ASA)**, www.asahq.org.

¹²**American College of Gastroenterology (ACG)**, www.gi.org; **American Gastroenterological Association (AGA)**, www.gastro.org; and **American Society for Gastrointestinal Endoscopy (ASGE)**, www.asge.org.

Melanoma (ML)		
Brief Description of Performance Measure & Source and Reporting Instructions	CPT Category II Code(s)	Code Descriptor(s)
<p>Melanoma Follow Up Measures⁵</p> <p>Whether or not the patient with a new diagnosis of melanoma or a history of melanoma received all of the following aspects of care within the 12 month reporting period: (1) Patient was asked specifically if he/she had any new and changing moles AND (2) A complete physical skin examination was performed and the morphology, size, and location of new or changing pigmented lesions were noted AND (3) Patient was counseled to perform a monthly self skin examination</p> <p>Numerator: Patients who received all of the following aspects of care at least once within the 12 month reporting period: (1) Patient was asked specifically if he/she had any new or changing moles AND (2) A complete physical skin examination* was performed and the morphology, size, and location of new or changing pigmented lesions were noted AND (3) Patient was counseled to perform a monthly self-skin examination</p> <p>*A complete physical skin exam includes: head (including the face), neck, chest (including the axillae), abdomen, back, and</p>	<p>0015F</p> <p>1050F</p>	<p>Melanoma follow up completed</p>

Footnotes

¹Physician Consortium for Performance Improvement®(PCPI) - For more information on measures developed by the Physician Consortium for Performance Improvement® (PCPI), see the appropriate Payor website.

²National Committee on Quality Assurance (NCQA), Health Employer Data Information Set (HEDIS®), www.ncqa.org

³The Joint Commission, <https://www.jointcommission.org>

⁴National Diabetes Quality Improvement Alliance (NDQIA) - For more information on measures developed by the National Diabetes Quality Improvement Alliance (NDQIA), see the appropriate Payor website.

⁵Joint measure from The Physician Consortium for Performance Improvement (PCPI), and National Committee on Quality Assurance (NCQA) - For more information on measures developed as joint measures from Physician Consortium for Performance Improvement and the National Committee on Quality Assurance (NCQA), visit the NCQA website at www.ncqa.org.

⁶The Society of Thoracic Surgeons at www.sts.org and National Quality Forum, www.qualityforum.org.

⁷Optum, www.optum.com.

⁸American Academy of Neurology, <https://www.aan.com/practice/neuromuscular-quality-measures>, or quality@aan.com.

⁹College of American Pathologists (CAP), <https://www.cap.org/advocacy/quality-payment-program-for-pathologists/mips-for-pathologists/2023-pathology-quality-measures>.

¹⁰American Gastroenterological Association (AGA), www.gastro.org/quality.

¹¹American Society of Anesthesiologists (ASA), www.asahq.org.

¹²American College of Gastroenterology (ACG), www.gi.org; American Gastroenterological Association (AGA), www.gastro.org; and American Society for Gastrointestinal Endoscopy (ASGE), www.asge.org.

Melanoma (ML)		
Brief Description of Performance Measure & Source and Reporting Instructions	CPT Category II Code(s)	Code Descriptor(s)
<p>extremities. The genitalia (including the groin and buttocks) may also be examined (optional).</p> <p>Denominator: All patients with a new diagnosis of melanoma or a history of melanoma.</p> <p>Exclusion(s): Documentation of system reason(s) for not performing the follow up service (eg, another physician performed the service)</p> <p>Percentage of patients with a new diagnosis of melanoma or a history of melanoma who received all of the following aspects of care within the 12 month reporting period: (1) Patient was asked specifically if he/she had any new and changing moles AND (2) A complete physical skin examination was performed and the morphology, size, and location of new or changing pigmented lesions were noted AND (3) Patient was counseled to perform a monthly self-skin examination.</p> <p>Reporting Instructions: If all three components of the numerator are performed, report composite code 0015F for this measure.</p>	<p>2029F</p> <p>5005F</p>	<p>History obtained regarding new or changing moles</p> <p>Complete physical skin exam performed</p> <p>Patient counseled to perform a monthly self-skin examination</p>

Footnotes

¹Physician Consortium for Performance Improvement®(PCPI) - For more information on measures developed by the Physician Consortium for Performance Improvement® (PCPI), see the appropriate Payor website.

²National Committee on Quality Assurance (NCQA), Health Employer Data Information Set (HEDIS®), www.ncqa.org

³The Joint Commission, <https://www.jointcommission.org>

⁴National Diabetes Quality Improvement Alliance (NDQIA) - For more information on measures developed by the National Diabetes Quality Improvement Alliance (NDQIA), see the appropriate Payor website.

⁵Joint measure from The Physician Consortium for Performance Improvement (PCPI), and National Committee on Quality Assurance (NCQA) - For more information on measures developed as joint measures from Physician Consortium for Performance Improvement and the National Committee on Quality Assurance (NCQA), visit the NCQA website at www.ncqa.org.

⁶The Society of Thoracic Surgeons at www.sts.org and National Quality Forum, www.qualityforum.org.

⁷Optum, www.optum.com.

⁸American Academy of Neurology, <https://www.aan.com/practice/neuromuscular-quality-measures>, or quality@aan.com.

⁹College of American Pathologists (CAP), <https://www.cap.org/advocacy/quality-payment-program-for-pathologists/mips-for-pathologists/2023-pathology-quality-measures>.

¹⁰American Gastroenterological Association (AGA), www.gastro.org/quality.

¹¹American Society of Anesthesiologists (ASA), www.asahq.org.

¹²American College of Gastroenterology (ACG), www.gi.org; American Gastroenterological Association (AGA), www.gastro.org; and American Society for Gastrointestinal Endoscopy (ASGE), www.asge.org.

Melanoma (ML)		
Brief Description of Performance Measure & Source and Reporting Instructions	CPT Category II Code(s)	Code Descriptor(s)
<p>If fewer than the three components are performed, report only the code(s) for the components that have been performed.</p> <p>If there is a valid system reason(s) for not performing one or more of the components of the numerator, report the corresponding code(s) with modifier 3P.</p>		
<p>Melanoma Continuity</p> <p>Whether or not the patient, regardless of age, with a current diagnosis of melanoma or a history of melanoma had information entered, at least once within a 12 month period, into a recall system that includes: the target date for the next complete physical skin exam specified, AND a process to follow up with patients who either did not make an appointment within the specified timeframe or who missed a scheduled appointment</p> <p>Numerator: Patients whose information was entered, at least once within a 12 month period, into a recall system* that includes:</p> <ul style="list-style-type: none"> • A target date for the next complete physical skin exam, AND 	7010F	<p>Patient information entered into a recall system that includes: target date for the next exam specified and a process to follow up with patients regarding missed or unscheduled appointments</p>

Footnotes

¹Physician Consortium for Performance Improvement®(PCPI) - For more information on measures developed by the Physician Consortium for Performance Improvement® (PCPI), see the appropriate Payor website.

²National Committee on Quality Assurance (NCQA), Health Employer Data Information Set (HEDIS®), www.ncqa.org

³The Joint Commission, <https://www.jointcommission.org>

⁴National Diabetes Quality Improvement Alliance (NDQIA) - For more information on measures developed by the National Diabetes Quality Improvement Alliance (NDQIA), see the appropriate Payor website.

⁵Joint measure from The Physician Consortium for Performance Improvement (PCPI), and National Committee on Quality Assurance (NCQA) - For more information on measures developed as joint measures from Physician Consortium for Performance Improvement and the National Committee on Quality Assurance (NCQA), visit the NCQA website at www.ncqa.org.

⁶The Society of Thoracic Surgeons at www.sts.org and National Quality Forum, www.qualityforum.org.

⁷Optum, www.optum.com.

⁸American Academy of Neurology, <https://www.aan.com/practice/neuromuscular-quality-measures>, or quality@aan.com.

⁹College of American Pathologists (CAP), <https://www.cap.org/advocacy/quality-payment-program-for-pathologists/mips-for-pathologists/2023-pathology-quality-measures>.

¹⁰American Gastroenterological Association (AGA), www.gastro.org/quality.

¹¹American Society of Anesthesiologists (ASA), www.asahq.org.

¹²American College of Gastroenterology (ACG), www.gi.org; American Gastroenterological Association (AGA), www.gastro.org; and American Society for Gastrointestinal Endoscopy (ASGE), www.asge.org.

Melanoma (ML)		
Brief Description of Performance Measure & Source and Reporting Instructions	CPT Category II Code(s)	Code Descriptor(s)
<ul style="list-style-type: none"> A process to follow up with patients who either did not make an appointment within the specified timeframe or who missed a scheduled appointment <p>*To satisfy this measure, the recall system must be linked to a process to notify patients when their next physical exam is due and to follow up with patients who either did not make an appointment within the specified timeframe or who missed a scheduled appointment and must include the following elements at a minimum: patient identifier, patient contact information, cancer diagnosis(es), dates(s) of initial cancer diagnosis (if known), and the target date for the next complete physical exam.</p> <p>Denominator: All patients, regardless of age, with a current diagnosis of melanoma or a history of melanoma.</p> <p>Exclusion(s): Documentation of system reason for not entering patient's information into a recall system (eg, melanoma being monitored by another physician provider)</p> <p>Percentage of patients, regardless of age, with a current diagnosis of melanoma or a history of melanoma whose</p>		

Footnotes

¹Physician Consortium for Performance Improvement®(PCPI) - For more information on measures developed by the Physician Consortium for Performance Improvement® (PCPI), see the appropriate Payor website.

²National Committee on Quality Assurance (NCQA), Health Employer Data Information Set (HEDIS®), www.ncqa.org

³The Joint Commission, <https://www.jointcommission.org>

⁴National Diabetes Quality Improvement Alliance (NDQIA) - For more information on measures developed by the National Diabetes Quality Improvement Alliance (NDQIA), see the appropriate Payor website.

⁵Joint measure from The Physician Consortium for Performance Improvement (PCPI), and National Committee on Quality Assurance (NCQA) - For more information on measures developed as joint measures from Physician Consortium for Performance Improvement and the National Committee on Quality Assurance (NCQA), visit the NCQA website at www.ncqa.org.

⁶The Society of Thoracic Surgeons at www.sts.org and National Quality Forum, www.qualityforum.org.

⁷Optum, www.optum.com.

⁸American Academy of Neurology, <https://www.aan.com/practice/neuromuscular-quality-measures>, or quality@aan.com.

⁹College of American Pathologists (CAP), <https://www.cap.org/advocacy/quality-payment-program-for-pathologists/mips-for-pathologists/2023-pathology-quality-measures>.

¹⁰American Gastroenterological Association (AGA), www.gastro.org/quality.

¹¹American Society of Anesthesiologists (ASA), www.asahq.org.

¹²American College of Gastroenterology (ACG), www.gi.org; American Gastroenterological Association (AGA), www.gastro.org; and American Society for Gastrointestinal Endoscopy (ASGE), www.asge.org.

Melanoma (ML)		
Brief Description of Performance Measure & Source and Reporting Instructions	CPT Category II Code(s)	Code Descriptor(s)
<p>information was entered, at least once within a 12 month period, into a recall system that includes:</p> <ul style="list-style-type: none"> • A target date for the next complete physical skin exam, AND • A process to follow up with patients who either did not make an appointment within the specified timeframe or who missed a scheduled appointment <p>Reporting Instructions: For patient with appropriate exclusion criteria, report 7010F with modifier 3P.</p>		
<p>Melanoma Coordination of Care⁵</p> <p>Whether or not the patient diagnosed with a new episode of melanoma has a treatment plan documented in the chart that was communicated to the physician(s) providing continuing care within one month of diagnosis</p> <p>Numerator: Patients who have a treatment plan* documented in the chart that was communicated** to the physician(s) providing continuing care within one month of diagnosis</p>	5050F	

Footnotes

¹Physician Consortium for Performance Improvement®(PCPI) - For more information on measures developed by the Physician Consortium for Performance Improvement® (PCPI), see the appropriate Payor website.

²National Committee on Quality Assurance (NCQA), Health Employer Data Information Set (HEDIS®), www.ncqa.org

³The Joint Commission, <https://www.jointcommission.org>

⁴National Diabetes Quality Improvement Alliance (NDQIA) - For more information on measures developed by the National Diabetes Quality Improvement Alliance (NDQIA), see the appropriate Payor website.

⁵Joint measure from The Physician Consortium for Performance Improvement (PCPI), and National Committee on Quality Assurance (NCQA) - For more information on measures developed as joint measures from Physician Consortium for Performance Improvement and the National Committee on Quality Assurance (NCQA), visit the NCQA website at www.ncqa.org.

⁶The Society of Thoracic Surgeons at www.sts.org and National Quality Forum, www.qualityforum.org.

⁷Optum, www.optum.com.

⁸American Academy of Neurology, <https://www.aan.com/practice/neuromuscular-quality-measures>, or quality@aan.com.

⁹College of American Pathologists (CAP), <https://www.cap.org/advocacy/quality-payment-program-for-pathologists/mips-for-pathologists/2023-pathology-quality-measures>.

¹⁰American Gastroenterological Association (AGA), www.gastro.org/quality.

¹¹American Society of Anesthesiologists (ASA), www.asahq.org.

¹²American College of Gastroenterology (ACG), www.gi.org; American Gastroenterological Association (AGA), www.gastro.org; and American Society for Gastrointestinal Endoscopy (ASGE), www.asge.org.

Melanoma (ML)		
Brief Description of Performance Measure & Source and Reporting Instructions	CPT Category II Code(s)	Code Descriptor(s)
<p>*A treatment plan should include the following elements: diagnosis, tumor thickness, and plan for surgery or alternate care.</p> <p>**Communication may include: documentation in the medical record that the physician treating the melanoma communicated (eg, verbally, by letter, copy of treatment plan sent) with the physician(s) providing the continuing care OR a copy of a letter in the medical record outlining whether the patient was or should be treated for melanoma.</p> <p>Denominator All patients, regardless of age, diagnosed with a new occurrence of melanoma</p> <p>Exclusion(s): Documentation of patient reason(s) for not communicating treatment plan (eg, patient asks that treatment plan not be communicated physician(s) providing continuing care)</p> <p>Documentation of system reason(s) for not communicating treatment plan to the PCP(s) (eg, patient does not have a PCP or referring physician)</p>		Treatment plan communicated to provider(s) managing continuing care within one month of diagnosis

Footnotes

¹Physician Consortium for Performance Improvement®(PCPI) - For more information on measures developed by the Physician Consortium for Performance Improvement® (PCPI), see the appropriate Payor website.

²National Committee on Quality Assurance (NCQA), Health Employer Data Information Set (HEDIS®), www.ncqa.org

³The Joint Commission, <https://www.jointcommission.org>

⁴National Diabetes Quality Improvement Alliance (NDQIA) - For more information on measures developed by the National Diabetes Quality Improvement Alliance (NDQIA), see the appropriate Payor website.

⁵Joint measure from The Physician Consortium for Performance Improvement (PCPI), and National Committee on Quality Assurance (NCQA) - For more information on measures developed as joint measures from Physician Consortium for Performance Improvement and the National Committee on Quality Assurance (NCQA), visit the NCQA website at www.ncqa.org.

⁶The Society of Thoracic Surgeons at www.sts.org and National Quality Forum, www.qualityforum.org.

⁷Optum, www.optum.com.

⁸American Academy of Neurology, <https://www.aan.com/practice/neuromuscular-quality-measures>, or quality@aan.com.

⁹College of American Pathologists (CAP), <https://www.cap.org/advocacy/quality-payment-program-for-pathologists/mips-for-pathologists/2023-pathology-quality-measures>.

¹⁰American Gastroenterological Association (AGA), www.gastro.org/quality.

¹¹American Society of Anesthesiologists (ASA), www.asahq.org.

¹²American College of Gastroenterology (ACG), www.gi.org; American Gastroenterological Association (AGA), www.gastro.org; and American Society for Gastrointestinal Endoscopy (ASGE), www.asge.org.

Melanoma (ML)		
Brief Description of Performance Measure & Source and Reporting Instructions	CPT Category II Code(s)	Code Descriptor(s)
<p>Percentage of patients diagnosed with a new episode of melanoma who have a treatment plan documented in the chart that was communicated to the physician(s) providing continuing care within one month of diagnosis</p> <p>Reporting Instructions For patient with appropriate exclusion criteria, report 5050F with modifier 2P or 3P.</p>		
<p>Appropriate Use of Imaging Studies in Stage 0-IA Melanoma⁵</p> <p>Whether or not the patient, regardless of age, with Stage 0 or IA melanoma, without signs or symptoms, did not have imaging studies ordered</p> <p>Numerator: Patients with stage 0 or IA melanoma, without signs or symptoms, for whom no diagnostic imaging studies were ordered (ie, chest x-ray [CXR], computed tomography [CT], Ultrasound, magnetic resonance imaging [MRI], positron emission tomography [PET], or nuclear medicine scans)</p> <p>Denominator: All patients, regardless of age, with stage 0 or IA melanoma</p>	<p>3319F</p> <p>3320F</p>	<p>One of the following diagnostic imaging studies ordered: chest X-ray, CT, Ultrasound, MRI, PET, or nuclear medicine scans</p> <p>None of the following diagnostic imaging studies ordered: chest X-ray, CT, Ultrasound, MRI, PET, and nuclear medicine scans</p>

Footnotes

¹Physician Consortium for Performance Improvement®(PCPI) - For more information on measures developed by the Physician Consortium for Performance Improvement® (PCPI), see the appropriate Payor website.

²National Committee on Quality Assurance (NCQA), Health Employer Data Information Set (HEDIS®), www.ncqa.org

³The Joint Commission, <https://www.jointcommission.org>

⁴National Diabetes Quality Improvement Alliance (NDQIA) - For more information on measures developed by the National Diabetes Quality Improvement Alliance (NDQIA), see the appropriate Payor website.

⁵Joint measure from The Physician Consortium for Performance Improvement (PCPI), and National Committee on Quality Assurance (NCQA) - For more information on measures developed as joint measures from Physician Consortium for Performance Improvement and the National Committee on Quality Assurance (NCQA), visit the NCQA website at www.ncqa.org.

⁶The Society of Thoracic Surgeons at www.sts.org and National Quality Forum, www.qualityforum.org.

⁷Optum, www.optum.com.

⁸American Academy of Neurology, <https://www.aan.com/practice/neuromuscular-quality-measures>, or quality@aan.com.

⁹College of American Pathologists (CAP), <https://www.cap.org/advocacy/quality-payment-program-for-pathologists/mips-for-pathologists/2023-pathology-quality-measures>.

¹⁰American Gastroenterological Association (AGA), www.gastro.org/quality.

¹¹American Society of Anesthesiologists (ASA), www.asahq.org.

¹²American College of Gastroenterology (ACG), www.gi.org; American Gastroenterological Association (AGA), www.gastro.org; and American Society for Gastrointestinal Endoscopy (ASGE), www.asge.org.

Melanoma (ML)		
Brief Description of Performance Measure & Source and Reporting Instructions	CPT Category II Code(s)	Code Descriptor(s)
<p>Exclusion(s): Documentation of medical reason(s) for ordering diagnostic imaging studies (eg, patient has signs or symptoms that justify imaging studies)</p> <p>Documentation of system reason(s) for ordering diagnostic imaging studies (eg, requirement for clinical trial enrollment, ordered by another provider).</p> <p>Percentage of patients, regardless of age, with stage 0 or IA melanoma, without signs or symptoms, for whom no imaging studies were ordered</p> <p>Reporting Instructions:</p> <p>Report 3319F or 3320F for each patient with a diagnosis of melanoma.</p> <p>For the patient with Stage 0 or IA melanoma, also report 3321F or 3322F.</p> <p>If there is a valid medical or system reason for ordering diagnostic imaging studies, report 3319F with modifier 1P or 3P; 1P, 2P or 3P may not be used with 3320F.</p>	<p>Denominator Codes</p> <p>3321F</p> <p>3322F</p>	<p>AJCC Cancer Stage 0 or IA Melanoma, documented</p> <p>Melanoma greater than AJCC Stage 0 or IA</p>

Footnotes

¹Physician Consortium for Performance Improvement®(PCPI) - For more information on measures developed by the Physician Consortium for Performance Improvement® (PCPI), see the appropriate Payor website.

²National Committee on Quality Assurance (NCQA), Health Employer Data Information Set (HEDIS®), www.ncqa.org

³The Joint Commission, <https://www.jointcommission.org>

⁴National Diabetes Quality Improvement Alliance (NDQIA) - For more information on measures developed by the National Diabetes Quality Improvement Alliance (NDQIA), see the appropriate Payor website.

⁵Joint measure from The Physician Consortium for Performance Improvement (PCPI), and National Committee on Quality Assurance (NCQA) - For more information on measures developed as joint measures from Physician Consortium for Performance Improvement and the National Committee on Quality Assurance (NCQA), visit the NCQA website at www.ncqa.org.

⁶The Society of Thoracic Surgeons at www.sts.org and National Quality Forum, www.qualityforum.org.

⁷Optum, www.optum.com.

⁸American Academy of Neurology, <https://www.aan.com/practice/neuromuscular-quality-measures>, or quality@aan.com.

⁹College of American Pathologists (CAP), <https://www.cap.org/advocacy/quality-payment-program-for-pathologists/mips-for-pathologists/2023-pathology-quality-measures>.

¹⁰American Gastroenterological Association (AGA), www.gastro.org/quality.

¹¹American Society of Anesthesiologists (ASA), www.asahq.org.

¹²American College of Gastroenterology (ACG), www.gi.org; American Gastroenterological Association (AGA), www.gastro.org; and American Society for Gastrointestinal Endoscopy (ASGE), www.asge.org.

Melanoma (ML)		
Brief Description of Performance Measure & Source and Reporting Instructions	CPT Category II Code(s)	Code Descriptor(s)

Footnotes

¹**Physician Consortium for Performance Improvement®(PCPI)** - For more information on measures developed by the Physician Consortium for Performance Improvement® (PCPI), see the appropriate Payor website.

²**National Committee on Quality Assurance (NCQA)**, Health Employer Data Information Set (HEDIS®), www.ncqa.org

³**The Joint Commission**, <https://www.jointcommission.org>

⁴**National Diabetes Quality Improvement Alliance (NDQIA)** - For more information on measures developed by the National Diabetes Quality Improvement Alliance (NDQIA), see the appropriate Payor website.

⁵Joint measure from **The Physician Consortium for Performance Improvement (PCPI)**, and **National Committee on Quality Assurance (NCQA)** - For more information on measures developed as joint measures from Physician Consortium for Performance Improvement and the National Committee on Quality Assurance (NCQA), visit the NCQA website at www.ncqa.org.

⁶*The Society of Thoracic Surgeons* at www.sts.org and *National Quality Forum*, www.qualityforum.org.

⁷**Optum**, www.optum.com.

⁸**American Academy of Neurology**, <https://www.aan.com/practice/neuromuscular-quality-measures>, or quality@aan.com.

⁹**College of American Pathologists (CAP)**, <https://www.cap.org/advocacy/quality-payment-program-for-pathologists/mips-for-pathologists/2023-pathology-quality-measures>.

¹⁰**American Gastroenterological Association (AGA)**, www.gastro.org/quality.

¹¹**American Society of Anesthesiologists (ASA)**, www.asahq.org.

¹²**American College of Gastroenterology (ACG)**, www.gi.org; **American Gastroenterological Association (AGA)**, www.gastro.org; and **American Society for Gastrointestinal Endoscopy (ASGE)**, www.asge.org.

Nuclear Medicine (NUC_MED)		
Brief Description of Performance Measure & Source and Reporting Instructions	CPT Category II Code(s)	Code Descriptor(s)
<p>Nuclear Medicine (NUC_MED): Correlation With Existing Imaging Studies for All Patients Undergoing Bone Scintigraphy¹</p> <p>Whether or not the final report for the patient undergoing bone scintigraphy included physician documentation of correlation with existing relevant imaging studies (eg, x-ray, MRI, CT, etc.) that were performed</p> <p>Numerator: Final reports that include physician documentation of correlation with existing relevant^a imaging studies (eg, x-ray, MRI, CT, etc.)</p> <p>^aRelevant imaging studies are defined as studies that correspond to the same anatomical region in question.</p> <p>Denominator: All final reports for patients, regardless of age, undergoing bone scintigraphy</p> <p>Exclusion(s): System reason for not documenting correlation with existing relevant imaging studies in final report (eg, no</p>	3570F	Final report for bone scintigraphy study includes correlation with existing relevant imaging studies (eg, x-ray, MRI, CT) corresponding to the same anatomical region in question

Footnotes

¹Physician Consortium for Performance Improvement®(PCPI) - For more information on measures developed by the Physician Consortium for Performance Improvement® (PCPI), see the appropriate Payor website.

²National Committee on Quality Assurance (NCQA), Health Employer Data Information Set (HEDIS®), www.ncqa.org

³The Joint Commission, <https://www.jointcommission.org>

⁴National Diabetes Quality Improvement Alliance (NDQIA) - For more information on measures developed by the National Diabetes Quality Improvement Alliance (NDQIA), see the appropriate Payor website.

⁵Joint measure from The Physician Consortium for Performance Improvement (PCPI), and National Committee on Quality Assurance (NCQA) - For more information on measures developed as joint measures from Physician Consortium for Performance Improvement and the National Committee on Quality Assurance (NCQA), visit the NCQA website at www.ncqa.org.

⁶The Society of Thoracic Surgeons at www.sts.org and National Quality Forum, www.qualityforum.org.

⁷Optum, www.optum.com.

⁸American Academy of Neurology, <https://www.aan.com/practice/neuromuscular-quality-measures>, or quality@aan.com.

⁹College of American Pathologists (CAP), <https://www.cap.org/advocacy/quality-payment-program-for-pathologists/mips-for-pathologists/2023-pathology-quality-measures>.

¹⁰American Gastroenterological Association (AGA), www.gastro.org/quality.

¹¹American Society of Anesthesiologists (ASA), www.asahq.org.

¹²American College of Gastroenterology (ACG), www.gi.org; American Gastroenterological Association (AGA), www.gastro.org; and American Society for Gastrointestinal Endoscopy (ASGE), www.asge.org.

Nuclear Medicine (NUC_MED)		
Brief Description of Performance Measure & Source and Reporting Instructions	CPT Category II Code(s)	Code Descriptor(s)
<p>existing relevant imaging study available, patient did not have a previous relevant imaging study)</p> <p>Percentage of final reports for all patients, regardless of age, undergoing bone scintigraphy that include physician documentation of correlation with existing relevant imaging studies (eg, x-ray, MRI, CT, etc.) that were performed</p> <p>Reporting Instructions: For the patient with appropriate exclusion criteria, report 3570F with modifier 3P.</p>		
<p>Nuclear Medicine (NUC_MED)</p> <p>Communication to Referring Physician of Patient’s Potential Risk for Fracture for All Patients Undergoing Bone Scintigraphy¹</p> <p>Whether or not the patient, regardless of age, undergoing bone scintigraphy considered to be potentially at risk for fracture in a weight-bearing site had documentation of direct</p>	5100F	Potential risk for fracture communicated to the referring

Footnotes

¹Physician Consortium for Performance Improvement®(PCPI) - For more information on measures developed by the Physician Consortium for Performance Improvement® (PCPI), see the appropriate Payor website.

²National Committee on Quality Assurance (NCQA), Health Employer Data Information Set (HEDIS®), www.ncqa.org

³The Joint Commission, <https://www.jointcommission.org>

⁴National Diabetes Quality Improvement Alliance (NDQIA) - For more information on measures developed by the National Diabetes Quality Improvement Alliance (NDQIA), see the appropriate Payor website.

⁵Joint measure from The Physician Consortium for Performance Improvement (PCPI), and National Committee on Quality Assurance (NCQA) - For more information on measures developed as joint measures from Physician Consortium for Performance Improvement and the National Committee on Quality Assurance (NCQA), visit the NCQA website at www.ncqa.org.

⁶The Society of Thoracic Surgeons at www.sts.org and National Quality Forum, www.qualityforum.org.

⁷Optum, www.optum.com.

⁸American Academy of Neurology, <https://www.aan.com/practice/neuromuscular-quality-measures>, or quality@aan.com.

⁹College of American Pathologists (CAP), <https://www.cap.org/advocacy/quality-payment-program-for-pathologists/mips-for-pathologists/2023-pathology-quality-measures>.

¹⁰American Gastroenterological Association (AGA), www.gastro.org/quality.

¹¹American Society of Anesthesiologists (ASA), www.asahq.org.

¹²American College of Gastroenterology (ACG), www.gi.org; American Gastroenterological Association (AGA), www.gastro.org; and American Society for Gastrointestinal Endoscopy (ASGE), www.asge.org.

Nuclear Medicine (NUC_MED)		
Brief Description of Performance Measure & Source and Reporting Instructions	CPT Category II Code(s)	Code Descriptor(s)
<p>communication to the referring physician within 24 hours of completion of the imaging study</p> <p>Numerator: Patients with documentation of direct communication^a to the referring physician within 24 hours of completion of the imaging study</p> <p>^aDirect communication is defined as communication by the diagnostic imager or a designee to the treating or referring physician or his/her representative with confirmed receipt of the findings (verbal communication, certified letter, or by any electronic transmission with receipt or documentation that the communication was received.)</p> <p>Denominator: All patients, regardless of age, undergoing bone scintigraphy, considered to be potentially at risk for fracture in a weight-bearing site^a</p> <p>^aExamples of this would include: location of a lesion, new lesion in a weight-bearing region, increasing intensity and/or area of a previously noted lesion, etc.</p>	<p>Denominator Codes</p> <p>3572F</p> <p>3573F</p>	<p>physician within 24 hours of completion of the imaging study</p> <p>Patient considered to be potentially at risk for fracture in a weight-bearing site</p> <p>Patient not considered to be potentially at risk for fracture in a weight-bearing site</p>

Footnotes

¹Physician Consortium for Performance Improvement®(PCPI) - For more information on measures developed by the Physician Consortium for Performance Improvement® (PCPI), see the appropriate Payor website.

²National Committee on Quality Assurance (NCQA), Health Employer Data Information Set (HEDIS®), www.ncqa.org

³The Joint Commission, <https://www.jointcommission.org>

⁴National Diabetes Quality Improvement Alliance (NDQIA) - For more information on measures developed by the National Diabetes Quality Improvement Alliance (NDQIA), see the appropriate Payor website.

⁵Joint measure from The Physician Consortium for Performance Improvement (PCPI), and National Committee on Quality Assurance (NCQA) - For more information on measures developed as joint measures from Physician Consortium for Performance Improvement and the National Committee on Quality Assurance (NCQA), visit the NCQA website at www.ncqa.org.

⁶The Society of Thoracic Surgeons at www.sts.org and National Quality Forum, www.qualityforum.org.

⁷Optum, www.optum.com.

⁸American Academy of Neurology, <https://www.aan.com/practice/neuromuscular-quality-measures>, or quality@aan.com.

⁹College of American Pathologists (CAP), <https://www.cap.org/advocacy/quality-payment-program-for-pathologists/mips-for-pathologists/2023-pathology-quality-measures>.

¹⁰American Gastroenterological Association (AGA), www.gastro.org/quality.

¹¹American Society of Anesthesiologists (ASA), www.asahq.org.

¹²American College of Gastroenterology (ACG), www.gi.org; American Gastroenterological Association (AGA), www.gastro.org; and American Society for Gastrointestinal Endoscopy (ASGE), www.asge.org.

Nuclear Medicine (NUC_MED)		
Brief Description of Performance Measure & Source and Reporting Instructions	CPT Category II Code(s)	Code Descriptor(s)
<p>Exclusion(s): Medical reason for not documenting direct communication^a to the referring physician within 24 hours of completion of the imaging study (eg, previously reported prior lesion in same location with no evidence of progression or regression, negative scan)</p> <p>Percentage of patients, regardless of age, undergoing bone scintigraphy considered to be potentially at risk for fracture in a weight-bearing site for whom there is documentation of direct communication to the referring physician within 24 hours of completion of the imaging study</p> <p>Reporting Instructions:</p> <p>Report 3572F or 3573F for each patient undergoing bone scintigraphy. If the patient is considered to be potentially at risk for fracture in a weight-bearing site and has documentation of direct communication to the referring physician within 24 hours of completion of the imaging study, also report 5100F.</p>		

Footnotes

¹Physician Consortium for Performance Improvement®(PCPI) - For more information on measures developed by the Physician Consortium for Performance Improvement® (PCPI), see the appropriate Payor website.

²National Committee on Quality Assurance (NCQA), Health Employer Data Information Set (HEDIS®), www.ncqa.org

³The Joint Commission, <https://www.jointcommission.org>

⁴National Diabetes Quality Improvement Alliance (NDQIA) - For more information on measures developed by the National Diabetes Quality Improvement Alliance (NDQIA), see the appropriate Payor website.

⁵Joint measure from The Physician Consortium for Performance Improvement (PCPI), and National Committee on Quality Assurance (NCQA) - For more information on measures developed as joint measures from Physician Consortium for Performance Improvement and the National Committee on Quality Assurance (NCQA), visit the NCQA website at www.ncqa.org.

⁶The Society of Thoracic Surgeons at www.sts.org and National Quality Forum, www.qualityforum.org.

⁷Optum, www.optum.com.

⁸American Academy of Neurology, <https://www.aan.com/practice/neuromuscular-quality-measures>, or quality@aan.com.

⁹College of American Pathologists (CAP), <https://www.cap.org/advocacy/quality-payment-program-for-pathologists/mips-for-pathologists/2023-pathology-quality-measures>.

¹⁰American Gastroenterological Association (AGA), www.gastro.org/quality.

¹¹American Society of Anesthesiologists (ASA), www.asahq.org.

¹²American College of Gastroenterology (ACG), www.gi.org; American Gastroenterological Association (AGA), www.gastro.org; and American Society for Gastrointestinal Endoscopy (ASGE), www.asge.org.

Nuclear Medicine (NUC_MED)		
Brief Description of Performance Measure & Source and Reporting Instructions	CPT Category II Code(s)	Code Descriptor(s)
For patient with appropriate exclusion criteria, report 5100F with modifier 1P.		

Oncology (ONC)		
Brief Description of Performance Measure & Source	CPT Category II Code(s)	Code Descriptor(s)
<p>Cancer Stage Documented¹</p> <p>Whether or not the patient with a diagnosis of breast, colon, or rectal cancer who is receiving chemotherapy or radiation therapy had either a baseline American Joint Committee on Cancer (AJCC) cancer stage or documentation that the cancer is metastatic in the medical record</p> <p>Numerator: Patients who have a baseline AJCC cancer stage or documentation that the cancer is metastatic in the medical record at least once during the 12 month reporting period</p> <p>Cancer stage refers to stage at diagnosis</p>	<p>3300F</p> <p>3301F</p>	<p>American Joint Committee on Cancer (AJCC) stage documented and reviewed</p>

Footnotes

¹Physician Consortium for Performance Improvement®(PCPI) - For more information on measures developed by the Physician Consortium for Performance Improvement® (PCPI), see the appropriate Payor website.

²National Committee on Quality Assurance (NCQA), Health Employer Data Information Set (HEDIS®), www.ncqa.org

³The Joint Commission, <https://www.jointcommission.org>

⁴National Diabetes Quality Improvement Alliance (NDQIA) - For more information on measures developed by the National Diabetes Quality Improvement Alliance (NDQIA), see the appropriate Payor website.

⁵Joint measure from The Physician Consortium for Performance Improvement (PCPI), and National Committee on Quality Assurance (NCQA) - For more information on measures developed as joint measures from Physician Consortium for Performance Improvement and the National Committee on Quality Assurance (NCQA), visit the NCQA website at www.ncqa.org.

⁶The Society of Thoracic Surgeons at www.sts.org and National Quality Forum, www.qualityforum.org.

⁷Optum, www.optum.com.

⁸American Academy of Neurology, <https://www.aan.com/practice/neuromuscular-quality-measures>, or quality@aan.com.

⁹College of American Pathologists (CAP), <https://www.cap.org/advocacy/quality-payment-program-for-pathologists/mips-for-pathologists/2023-pathology-quality-measures>.

¹⁰American Gastroenterological Association (AGA), www.gastro.org/quality.

¹¹American Society of Anesthesiologists (ASA), www.asahq.org.

¹²American College of Gastroenterology (ACG), www.gi.org; American Gastroenterological Association (AGA), www.gastro.org; and American Society for Gastrointestinal Endoscopy (ASGE), www.asge.org.

Oncology (ONC)		
Brief Description of Performance Measure & Source	CPT Category II Code(s)	Code Descriptor(s)
<p>Denominator: All patients with a diagnosis of breast, colon, or rectal cancer seen in the ambulatory setting</p> <p>Exclusion(s): None</p> <p>Percentage of patients with a diagnosis of breast, colon, or rectal cancer seen in the ambulatory setting who have a baseline AJCC cancer stage or documentation that the cancer is metastatic in the medical record at least once during the 12 month reporting</p> <p>Reporting Instructions</p> <p>Report 3300F if American Joint Committee on Cancer (AJCC) stage is documented and reviewed or 3301F if cancer stage is documented in the medical record as metastatic and reviewed.</p> <p>There are no performance exclusions for this measure; modifiers 1P, 2P, or 3P may not be used.</p>		Cancer stage documented in medical record as metastatic and reviewed
<p>Hormonal Therapy for Stage IC-IIIC, ER/PR Positive Breast Cancer¹</p> <p>Whether or not the female patient aged 18 years and older with Stage IC through IIIC, estrogen receptor (ER) or</p>	<p>4179F</p> <p>Denominator Codes</p>	Tamoxifen or aromatase inhibitor (AI) prescribed

Footnotes

¹Physician Consortium for Performance Improvement®(PCPI) - For more information on measures developed by the Physician Consortium for Performance Improvement® (PCPI), see the appropriate Payor website.

²National Committee on Quality Assurance (NCQA), Health Employer Data Information Set (HEDIS®), www.ncqa.org

³The Joint Commission, <https://www.jointcommission.org>

⁴National Diabetes Quality Improvement Alliance (NDQIA) - For more information on measures developed by the National Diabetes Quality Improvement Alliance (NDQIA), see the appropriate Payor website.

⁵Joint measure from The Physician Consortium for Performance Improvement (PCPI), and National Committee on Quality Assurance (NCQA) - For more information on measures developed as joint measures from Physician Consortium for Performance Improvement and the National Committee on Quality Assurance (NCQA), visit the NCQA website at www.ncqa.org.

⁶The Society of Thoracic Surgeons at www.sts.org and National Quality Forum, www.qualityforum.org.

⁷Optum, www.optum.com.

⁸American Academy of Neurology, <https://www.aan.com/practice/neuromuscular-quality-measures>, or quality@aan.com.

⁹College of American Pathologists (CAP), <https://www.cap.org/advocacy/quality-payment-program-for-pathologists/mips-for-pathologists/2023-pathology-quality-measures>.

¹⁰American Gastroenterological Association (AGA), www.gastro.org/quality.

¹¹American Society of Anesthesiologists (ASA), www.asahq.org.

¹²American College of Gastroenterology (ACG), www.gi.org; American Gastroenterological Association (AGA), www.gastro.org; and American Society for Gastrointestinal Endoscopy (ASGE), www.asge.org.

Oncology (ONC)		
Brief Description of Performance Measure & Source	CPT Category II Code(s)	Code Descriptor(s)
<p>progesterone receptor (PR) positive breast cancer was prescribed tamoxifen or aromatase inhibitor (AI) during the 12 month reporting period</p> <p>Numerator: Patients who were prescribed tamoxifen or aromatase inhibitor (AI) within the 12 month reporting period</p> <p>Denominator: All female patients aged 18 years and older with Stage IC through IIIC, estrogen receptor (ER) or progesterone receptor (PR) positive breast cancer</p> <p>Exclusion(s): Documentation of medical reason(s) for not prescribing tamoxifen or an aromatase inhibitor (eg, patient's disease has progressed to metastatic; , patient is receiving a gonadotropin-releasing hormone analogue, patient has received oophorectomy, patient is receiving radiation or chemotherapy, patient diagnosis date was ≥ 5 years from reporting date)</p> <p>Documentation of patient reason(s) for not prescribing tamoxifen or an aromatase inhibitor (eg, patient refusal)</p> <p>Documentation of system reason(s) for not prescribing tamoxifen or an aromatase inhibitor (eg, patient is currently enrolled in a clinical trial)</p>	<p>3370F</p> <p>3372F</p> <p>3374F</p> <p>3376F</p> <p>3378F</p> <p>3380F</p> <p>3315F</p>	<p>AJCC Breast Cancer Stage 0, documented</p> <p>AJCC Breast Cancer Stage I: T1mic, T1a or T1b (tumor size ≤ 1 cm), documented</p> <p>AJCC Breast Cancer Stage I: T1c (tumor size > 1cm to 2 cm), documented</p> <p>AJCC Breast Cancer Stage II, documented</p> <p>AJCC Breast Cancer Stage III, documented</p> <p>AJCC Breast Cancer Stage IV, documented</p> <p>Estrogen receptor (ER) or progesterone receptor (PR) positive breast cancer</p>

Footnotes

¹Physician Consortium for Performance Improvement®(PCPI) - For more information on measures developed by the Physician Consortium for Performance Improvement® (PCPI), see the appropriate Payor website.

²National Committee on Quality Assurance (NCQA), Health Employer Data Information Set (HEDIS®), www.ncqa.org

³The Joint Commission, <https://www.jointcommission.org>

⁴National Diabetes Quality Improvement Alliance (NDQIA) - For more information on measures developed by the National Diabetes Quality Improvement Alliance (NDQIA), see the appropriate Payor website.

⁵Joint measure from The Physician Consortium for Performance Improvement (PCPI), and National Committee on Quality Assurance (NCQA) - For more information on measures developed as joint measures from Physician Consortium for Performance Improvement and the National Committee on Quality Assurance (NCQA), visit the NCQA website at www.ncqa.org.

⁶The Society of Thoracic Surgeons at www.sts.org and National Quality Forum, www.qualityforum.org.

⁷Optum, www.optum.com.

⁸American Academy of Neurology, <https://www.aan.com/practice/neuromuscular-quality-measures>, or quality@aan.com.

⁹College of American Pathologists (CAP), <https://www.cap.org/advocacy/quality-payment-program-for-pathologists/mips-for-pathologists/2023-pathology-quality-measures>.

¹⁰American Gastroenterological Association (AGA), www.gastro.org/quality.

¹¹American Society of Anesthesiologists (ASA), www.asahq.org.

¹²American College of Gastroenterology (ACG), www.gi.org; American Gastroenterological Association (AGA), www.gastro.org; and American Society for Gastrointestinal Endoscopy (ASGE), www.asge.org.

Oncology (ONC)		
Brief Description of Performance Measure & Source	CPT Category II Code(s)	Code Descriptor(s)
<p>Percentage of female patients aged 18 years and older with Stage IC through IIIC, estrogen receptor (ER) or progesterone receptor (PR) positive breast cancer who were prescribed tamoxifen or aromatase inhibitor (AI) during the 12 month reporting period</p> <p>Reporting Instructions:</p> <p>Report an appropriate cancer staging code from the 3370F-3380F series for each patient aged 18 years and older with a diagnosis of breast cancer. For patients with Stage T1c through Stage III (3374F-3378F) also report 3315F or 3316F. If patient with Stage T1c through Stage III is estrogen receptor (ER) or progesterone receptor (PR) positive (3315F), and tamoxifen or an aromatase inhibitor (AI) is prescribed, also report 4179F.</p> <p>For patient with appropriate exclusion criteria, report 4179F with modifier 1P, or 2P, or 3P. If reporting exclusion and cancer stage at diagnosis or ER/PR status unknown, it is not required to report one of the codes for AJCC Cancer Stage.</p>	3316F	Estrogen receptor (ER) and progesterone receptor (PR) negative breast cancer

Footnotes

¹Physician Consortium for Performance Improvement®(PCPI) - For more information on measures developed by the Physician Consortium for Performance Improvement® (PCPI), see the appropriate Payor website.

²National Committee on Quality Assurance (NCQA), Health Employer Data Information Set (HEDIS®), www.ncqa.org

³The Joint Commission, <https://www.jointcommission.org>

⁴National Diabetes Quality Improvement Alliance (NDQIA) - For more information on measures developed by the National Diabetes Quality Improvement Alliance (NDQIA), see the appropriate Payor website.

⁵Joint measure from The Physician Consortium for Performance Improvement (PCPI), and National Committee on Quality Assurance (NCQA) - For more information on measures developed as joint measures from Physician Consortium for Performance Improvement and the National Committee on Quality Assurance (NCQA), visit the NCQA website at www.ncqa.org.

⁶The Society of Thoracic Surgeons at www.sts.org and National Quality Forum, www.qualityforum.org.

⁷Optum, www.optum.com.

⁸American Academy of Neurology, <https://www.aan.com/practice/neuromuscular-quality-measures>, or quality@aan.com.

⁹College of American Pathologists (CAP), <https://www.cap.org/advocacy/quality-payment-program-for-pathologists/mips-for-pathologists/2023-pathology-quality-measures>.

¹⁰American Gastroenterological Association (AGA), www.gastro.org/quality.

¹¹American Society of Anesthesiologists (ASA), www.asahq.org.

¹²American College of Gastroenterology (ACG), www.gi.org; American Gastroenterological Association (AGA), www.gastro.org; and American Society for Gastrointestinal Endoscopy (ASGE), www.asge.org.

Oncology (ONC)		
Brief Description of Performance Measure & Source	CPT Category II Code(s)	Code Descriptor(s)
<p>Chemotherapy for Stage IIIA through IIIC Colon Cancer patients¹</p> <p>Whether or not the patient aged 18 years and older with Stage IIIA through IIIC colon cancer was referred for adjuvant chemotherapy, prescribed adjuvant chemotherapy or previously received adjuvant chemotherapy within the 12 month reporting period</p> <p>Numerator: Patients who are referred for adjuvant chemotherapy, prescribed adjuvant chemotherapy or previously received adjuvant chemotherapy* within the 12 month reporting period</p> <p>*According to current NCCN guidelines, the following therapies are recommended: 5-fluorouracil/leucovorin or capecitabine, or 5-fluorouracil/leucovorin/oxaliplatin</p> <p>Denominator: All patients aged 18 years and older with Stage IIIA through IIIC colon cancer</p> <p>Exclusion(s): Documentation of medical reason(s) for not referring for or prescribing adjuvant chemotherapy (eg, medical comorbidities, diagnosis date more than 5 years prior</p>	<p>4180F</p> <p>Denominator Codes</p> <p>3382F</p> <p>3384F</p> <p>3386F</p> <p>3388F</p> <p>3390F</p>	<p>Adjuvant chemotherapy referred, prescribed, or previously received for Stage III colon cancer</p> <p>AJCC colon cancer, Stage 0, documented</p> <p>AJCC colon cancer, Stage I, documented</p> <p>AJCC colon cancer, Stage II, documented</p> <p>AJCC colon cancer, Stage III, documented</p> <p>AJCC colon cancer, Stage IV, documented</p>

Footnotes

¹Physician Consortium for Performance Improvement®(PCPI) - For more information on measures developed by the Physician Consortium for Performance Improvement® (PCPI), see the appropriate Payor website.

²National Committee on Quality Assurance (NCQA), Health Employer Data Information Set (HEDIS®), www.ncqa.org

³The Joint Commission, <https://www.jointcommission.org>

⁴National Diabetes Quality Improvement Alliance (NDQIA) - For more information on measures developed by the National Diabetes Quality Improvement Alliance (NDQIA), see the appropriate Payor website.

⁵Joint measure from The Physician Consortium for Performance Improvement (PCPI), and National Committee on Quality Assurance (NCQA) - For more information on measures developed as joint measures from Physician Consortium for Performance Improvement and the National Committee on Quality Assurance (NCQA), visit the NCQA website at www.ncqa.org.

⁶The Society of Thoracic Surgeons at www.sts.org and National Quality Forum, www.qualityforum.org.

⁷Optum, www.optum.com.

⁸American Academy of Neurology, <https://www.aan.com/practice/neuromuscular-quality-measures>, or quality@aan.com.

⁹College of American Pathologists (CAP), <https://www.cap.org/advocacy/quality-payment-program-for-pathologists/mips-for-pathologists/2023-pathology-quality-measures>.

¹⁰American Gastroenterological Association (AGA), www.gastro.org/quality.

¹¹American Society of Anesthesiologists (ASA), www.asahq.org.

¹²American College of Gastroenterology (ACG), www.gi.org; American Gastroenterological Association (AGA), www.gastro.org; and American Society for Gastrointestinal Endoscopy (ASGE), www.asge.org.

Oncology (ONC)		
Brief Description of Performance Measure & Source	CPT Category II Code(s)	Code Descriptor(s)
<p>to the current visit date; patient's cancer has metastasized, medical contraindication/allergy, poor performance status)</p> <p>Documentation of patient reason(s) for not referring for adjuvant chemotherapy or prescribing adjuvant chemotherapy (eg, patient refusal)</p> <p>Documentation of system reason(s) for not referring for or prescribing adjuvant chemotherapy (eg, patient is currently enrolled in a clinical trial that precludes prescription of chemotherapy)</p> <p>Percentage of patients aged 18 years and older with Stage IIIA through IIIC colon cancer who are referred for adjuvant chemotherapy, prescribed adjuvant chemotherapy or who have previously received adjuvant chemotherapy within the 12-month reporting period</p> <p>Reporting Instructions:</p> <p>Report an appropriate cancer staging code from the 3382F-3390F series for each patient aged 18 years and older with a diagnosis of colon cancer. For the patient with AJCC Stage III</p>		

Footnotes

¹Physician Consortium for Performance Improvement®(PCPI) - For more information on measures developed by the Physician Consortium for Performance Improvement® (PCPI), see the appropriate Payor website.

²National Committee on Quality Assurance (NCQA), Health Employer Data Information Set (HEDIS®), www.ncqa.org

³The Joint Commission, <https://www.jointcommission.org>

⁴National Diabetes Quality Improvement Alliance (NDQIA) - For more information on measures developed by the National Diabetes Quality Improvement Alliance (NDQIA), see the appropriate Payor website.

⁵Joint measure from The Physician Consortium for Performance Improvement (PCPI), and National Committee on Quality Assurance (NCQA) - For more information on measures developed as joint measures from Physician Consortium for Performance Improvement and the National Committee on Quality Assurance (NCQA), visit the NCQA website at www.ncqa.org.

⁶The Society of Thoracic Surgeons at www.sts.org and National Quality Forum, www.qualityforum.org.

⁷Optum, www.optum.com.

⁸American Academy of Neurology, <https://www.aan.com/practice/neuromuscular-quality-measures>, or quality@aan.com.

⁹College of American Pathologists (CAP), <https://www.cap.org/advocacy/quality-payment-program-for-pathologists/mips-for-pathologists/2023-pathology-quality-measures>.

¹⁰American Gastroenterological Association (AGA), www.gastro.org/quality.

¹¹American Society of Anesthesiologists (ASA), www.asahq.org.

¹²American College of Gastroenterology (ACG), www.gi.org; American Gastroenterological Association (AGA), www.gastro.org; and American Society for Gastrointestinal Endoscopy (ASGE), www.asge.org.

Oncology (ONC)		
Brief Description of Performance Measure & Source	CPT Category II Code(s)	Code Descriptor(s)
<p>colon cancer, who was referred for, prescribed or previously received adjuvant chemotherapy also report 4180F.</p> <p>For the patient with appropriate exclusion criteria, report 4180F with modifier 1P, 2P, or 3P.</p>		
<p>Plan for Chemotherapy Documented Before Chemotherapy Administered¹</p> <p>Whether or not the patient with a diagnosis of breast, colon, or rectal cancer who is receiving intravenous chemotherapy had a planned chemotherapy regimen (which includes, at a minimum: drug(s) prescribed, dose, and duration) documented prior to the initiation of a new treatment regimen</p> <p>Numerator: Patients for whom the planned chemotherapy regimen (which includes, at a minimum: drug(s) prescribed, dose, and duration) is documented prior to initiation of a new treatment regimen</p> <p>Denominator: All patients with a diagnosis of breast, colon, or rectal cancer who are receiving intravenous chemotherapy</p>		

Footnotes

¹Physician Consortium for Performance Improvement®(PCPI) - For more information on measures developed by the Physician Consortium for Performance Improvement® (PCPI), see the appropriate Payor website.

²National Committee on Quality Assurance (NCQA), Health Employer Data Information Set (HEDIS®), www.ncqa.org

³The Joint Commission, <https://www.jointcommission.org>

⁴National Diabetes Quality Improvement Alliance (NDQIA) - For more information on measures developed by the National Diabetes Quality Improvement Alliance (NDQIA), see the appropriate Payor website.

⁵Joint measure from The Physician Consortium for Performance Improvement (PCPI), and National Committee on Quality Assurance (NCQA) - For more information on measures developed as joint measures from Physician Consortium for Performance Improvement and the National Committee on Quality Assurance (NCQA), visit the NCQA website at www.ncqa.org.

⁶The Society of Thoracic Surgeons at www.sts.org and National Quality Forum, www.qualityforum.org.

⁷Optum, www.optum.com.

⁸American Academy of Neurology, <https://www.aan.com/practice/neuromuscular-quality-measures>, or quality@aan.com.

⁹College of American Pathologists (CAP), <https://www.cap.org/advocacy/quality-payment-program-for-pathologists/mips-for-pathologists/2023-pathology-quality-measures>.

¹⁰American Gastroenterological Association (AGA), www.gastro.org/quality.

¹¹American Society of Anesthesiologists (ASA), www.asahq.org.

¹²American College of Gastroenterology (ACG), www.gi.org; American Gastroenterological Association (AGA), www.gastro.org; and American Society for Gastrointestinal Endoscopy (ASGE), www.asge.org.

Oncology (ONC)		
Brief Description of Performance Measure & Source	CPT Category II Code(s)	Code Descriptor(s)
<p>Exclusion(s): None</p> <p>Percentage of patients with a diagnosis of breast, colon, or rectal cancer who are receiving intravenous chemotherapy for whom the planned chemotherapy regimen (which includes, at a minimum: drug(s) prescribed, dose, and duration) is documented prior to the initiation of a new treatment regimen</p> <p>Reporting Instructions: There are no performance exclusions for this measure; modifiers 1P, 2P or 3P may not be used.</p>	0519F	Planned chemotherapy regimen, including at a minimum: drug(s) prescribed, dose, and duration, documented prior to initiation of a new treatment regimen
<p>Treatment Summary Communication – Radiation Oncology¹</p> <p>Whether or not the patient with a diagnosis of cancer who has undergone brachytherapy or external beam radiation therapy has a treatment summary report in the chart that was communicated to the physician(s) providing continuing care and to the patient within one month of completing treatment</p> <p>Numerator: Patients who have a treatment summary* report in the chart that was communicated to the physician(s)</p>		

Footnotes

¹Physician Consortium for Performance Improvement®(PCPI) - For more information on measures developed by the Physician Consortium for Performance Improvement® (PCPI), see the appropriate Payor website.

²National Committee on Quality Assurance (NCQA), Health Employer Data Information Set (HEDIS®), www.ncqa.org

³The Joint Commission, <https://www.jointcommission.org>

⁴National Diabetes Quality Improvement Alliance (NDQIA) - For more information on measures developed by the National Diabetes Quality Improvement Alliance (NDQIA), see the appropriate Payor website.

⁵Joint measure from The Physician Consortium for Performance Improvement (PCPI), and National Committee on Quality Assurance (NCQA) - For more information on measures developed as joint measures from Physician Consortium for Performance Improvement and the National Committee on Quality Assurance (NCQA), visit the NCQA website at www.ncqa.org.

⁶The Society of Thoracic Surgeons at www.sts.org and National Quality Forum, www.qualityforum.org.

⁷Optum, www.optum.com.

⁸American Academy of Neurology, <https://www.aan.com/practice/neuromuscular-quality-measures>, or quality@aan.com.

⁹College of American Pathologists (CAP), <https://www.cap.org/advocacy/quality-payment-program-for-pathologists/mips-for-pathologists/2023-pathology-quality-measures>.

¹⁰American Gastroenterological Association (AGA), www.gastro.org/quality.

¹¹American Society of Anesthesiologists (ASA), www.asahq.org.

¹²American College of Gastroenterology (ACG), www.gi.org; American Gastroenterological Association (AGA), www.gastro.org; and American Society for Gastrointestinal Endoscopy (ASGE), www.asge.org.

Oncology (ONC)		
Brief Description of Performance Measure & Source	CPT Category II Code(s)	Code Descriptor(s)
<p>providing continuing care and to the patient within one month of completing treatment</p> <p>*Treatment summary definition - a report that includes mention of all of the following components: 1) dose delivered; 2) relevant assessment of tolerance to and progress towards the treatment goals; and 3) subsequent care plans</p> <p>Denominator: All patients, regardless of age, with a diagnosis of cancer who have undergone brachytherapy or external beam radiation therapy</p> <p>Exclusion(s): Documentation of a patient reason(s) for not communicating the treatment summary report to the physician(s) providing continuing care (eg, patient requests that report not be sent) and to the patient</p> <p>Documentation of a system reason(s) for not communicating the treatment summary report to the physician(s) providing continuing care (eg, patient does not have any physician responsible for providing continuing care) and to the patient</p> <p>Percentage of patients, regardless of age, with a diagnosis of cancer who have undergone brachytherapy or external beam radiation therapy who have a treatment summary report in the</p>	5020F	Treatment summary report communicated to physician(s) managing continuing care and to the patient within one month of completing treatment

Footnotes

¹Physician Consortium for Performance Improvement®(PCPI) - For more information on measures developed by the Physician Consortium for Performance Improvement® (PCPI), see the appropriate Payor website.

²National Committee on Quality Assurance (NCQA), Health Employer Data Information Set (HEDIS®), www.ncqa.org

³The Joint Commission, <https://www.jointcommission.org>

⁴National Diabetes Quality Improvement Alliance (NDQIA) - For more information on measures developed by the National Diabetes Quality Improvement Alliance (NDQIA), see the appropriate Payor website.

⁵Joint measure from The Physician Consortium for Performance Improvement (PCPI), and National Committee on Quality Assurance (NCQA) - For more information on measures developed as joint measures from Physician Consortium for Performance Improvement and the National Committee on Quality Assurance (NCQA), visit the NCQA website at www.ncqa.org.

⁶The Society of Thoracic Surgeons at www.sts.org and National Quality Forum, www.qualityforum.org.

⁷Optum, www.optum.com.

⁸American Academy of Neurology, <https://www.aan.com/practice/neuromuscular-quality-measures>, or quality@aan.com.

⁹College of American Pathologists (CAP), <https://www.cap.org/advocacy/quality-payment-program-for-pathologists/mips-for-pathologists/2023-pathology-quality-measures>.

¹⁰American Gastroenterological Association (AGA), www.gastro.org/quality.

¹¹American Society of Anesthesiologists (ASA), www.asahq.org.

¹²American College of Gastroenterology (ACG), www.gi.org; American Gastroenterological Association (AGA), www.gastro.org; and American Society for Gastrointestinal Endoscopy (ASGE), www.asge.org.

Oncology (ONC)		
Brief Description of Performance Measure & Source	CPT Category II Code(s)	Code Descriptor(s)
<p>chart that was communicated to the physician(s) providing continuing care and to the patient within one month of completing treatment</p> <p>Reporting Instructions: This measure is reported once at the conclusion of each course of radiation treatment.</p> <p>For patient with appropriate exclusion criteria, report 5020F with modifier 2P or 3P.</p>		
<p>Radiation Dose Limits to Normal Tissues¹</p> <p>Whether or not the patient, regardless of age, with a diagnosis of pancreatic or lung cancer who receive 3D conformal radiation therapy had documentation in medical record that radiation dose limits to normal tissues were established prior to the initiation of a course of 3D conformal radiation for a minimum of two tissues</p> <p>Numerator: Patients who had documentation in medical record that radiation dose limits to normal tissues were established prior to the initiation of a course of 3D conformal radiation for a minimum of two tissues</p>		

Footnotes

¹Physician Consortium for Performance Improvement®(PCPI) - For more information on measures developed by the Physician Consortium for Performance Improvement® (PCPI), see the appropriate Payor website.

²National Committee on Quality Assurance (NCQA), Health Employer Data Information Set (HEDIS®), www.ncqa.org

³The Joint Commission, <https://www.jointcommission.org>

⁴National Diabetes Quality Improvement Alliance (NDQIA) - For more information on measures developed by the National Diabetes Quality Improvement Alliance (NDQIA), see the appropriate Payor website.

⁵Joint measure from The Physician Consortium for Performance Improvement (PCPI), and National Committee on Quality Assurance (NCQA) - For more information on measures developed as joint measures from Physician Consortium for Performance Improvement and the National Committee on Quality Assurance (NCQA), visit the NCQA website at www.ncqa.org.

⁶The Society of Thoracic Surgeons at www.sts.org and National Quality Forum, www.qualityforum.org.

⁷Optum, www.optum.com.

⁸American Academy of Neurology, <https://www.aan.com/practice/neuromuscular-quality-measures>, or quality@aan.com.

⁹College of American Pathologists (CAP), <https://www.cap.org/advocacy/quality-payment-program-for-pathologists/mips-for-pathologists/2023-pathology-quality-measures>.

¹⁰American Gastroenterological Association (AGA), www.gastro.org/quality.

¹¹American Society of Anesthesiologists (ASA), www.asahq.org.

¹²American College of Gastroenterology (ACG), www.gi.org; American Gastroenterological Association (AGA), www.gastro.org; and American Society for Gastrointestinal Endoscopy (ASGE), www.asge.org.

Oncology (ONC)		
Brief Description of Performance Measure & Source	CPT Category II Code(s)	Code Descriptor(s)
<p>Denominator: All patients, regardless of age, with a diagnosis of pancreatic or lung cancer who receive 3D conformal radiation therapy</p> <p>Exclusion(s): None</p> <p>Percentage of patients, regardless of age, with a diagnosis of pancreatic or lung cancer who receive 3D conformal radiation therapy with documentation in medical record that radiation dose limits to normal tissues were established prior to the initiation of a course of 3D conformal radiation for a minimum of two tissues</p> <p>Reporting Instructions: There are no performance exclusions for this measure; modifiers 1P, 2P, or 3P may not be used.</p>	0520F	Radiation dose limits to normal tissues established prior to the initiation of a course of 3D conformal radiation for a minimum of two tissues/organs
<p>Pain Intensity Quantified-Medical Oncology and Radiation Oncology¹</p> <p>Visits for the patient with a diagnosis of cancer currently receiving chemotherapy or radiation therapy in which pain intensity is quantified</p>	1125F 1126F	Pain severity quantified; pain present

Footnotes

¹Physician Consortium for Performance Improvement®(PCPI) - For more information on measures developed by the Physician Consortium for Performance Improvement® (PCPI), see the appropriate Payor website.

²National Committee on Quality Assurance (NCQA), Health Employer Data Information Set (HEDIS®), www.ncqa.org

³The Joint Commission, <https://www.jointcommission.org>

⁴National Diabetes Quality Improvement Alliance (NDQIA) - For more information on measures developed by the National Diabetes Quality Improvement Alliance (NDQIA), see the appropriate Payor website.

⁵Joint measure from The Physician Consortium for Performance Improvement (PCPI), and National Committee on Quality Assurance (NCQA) - For more information on measures developed as joint measures from Physician Consortium for Performance Improvement and the National Committee on Quality Assurance (NCQA), visit the NCQA website at www.ncqa.org.

⁶The Society of Thoracic Surgeons at www.sts.org and National Quality Forum, www.qualityforum.org.

⁷Optum, www.optum.com.

⁸American Academy of Neurology, <https://www.aan.com/practice/neuromuscular-quality-measures>, or quality@aan.com.

⁹College of American Pathologists (CAP), <https://www.cap.org/advocacy/quality-payment-program-for-pathologists/mips-for-pathologists/2023-pathology-quality-measures>.

¹⁰American Gastroenterological Association (AGA), www.gastro.org/quality.

¹¹American Society of Anesthesiologists (ASA), www.asahq.org.

¹²American College of Gastroenterology (ACG), www.gi.org; American Gastroenterological Association (AGA), www.gastro.org; and American Society for Gastrointestinal Endoscopy (ASGE), www.asge.org.

Oncology (ONC)		
Brief Description of Performance Measure & Source	CPT Category II Code(s)	Code Descriptor(s)
<p>Numerator: Number of patient visits in which pain intensity is quantified^a</p> <p>^aPain severity can be quantified using a standard instrument, such as a 0-10 numerical rating scale, a categorical scale, or the pictorial scale</p> <p>Denominator: All visits for patients with a diagnosis of cancer currently receiving chemotherapy or radiation therapy</p> <p>Exclusion(s): None</p> <p>Percentage of visits for patients with a diagnosis of cancer currently receiving chemotherapy or radiation therapy in which pain intensity is quantified</p> <p>Reporting Instructions: Report 1126F if pain severity is quantified and no pain is present, or report 1125F if pain severity is quantified and pain is present.</p> <p>There are no performance exclusions for this measure; modifiers 1P, 2P, or 3P may not be used.</p>		Pain severity quantified; no pain present
Plan of Care for Pain-Medical Oncology and Radiation Oncology¹		

Footnotes

¹Physician Consortium for Performance Improvement®(PCPI) - For more information on measures developed by the Physician Consortium for Performance Improvement® (PCPI), see the appropriate Payor website.

²National Committee on Quality Assurance (NCQA), Health Employer Data Information Set (HEDIS®), www.ncqa.org

³The Joint Commission, <https://www.jointcommission.org>

⁴National Diabetes Quality Improvement Alliance (NDQIA) - For more information on measures developed by the National Diabetes Quality Improvement Alliance (NDQIA), see the appropriate Payor website.

⁵Joint measure from The Physician Consortium for Performance Improvement (PCPI), and National Committee on Quality Assurance (NCQA) - For more information on measures developed as joint measures from Physician Consortium for Performance Improvement and the National Committee on Quality Assurance (NCQA), visit the NCQA website at www.ncqa.org.

⁶The Society of Thoracic Surgeons at www.sts.org and National Quality Forum, www.qualityforum.org.

⁷Optum, www.optum.com.

⁸American Academy of Neurology, <https://www.aan.com/practice/neuromuscular-quality-measures>, or quality@aan.com.

⁹College of American Pathologists (CAP), <https://www.cap.org/advocacy/quality-payment-program-for-pathologists/mips-for-pathologists/2023-pathology-quality-measures>.

¹⁰American Gastroenterological Association (AGA), www.gastro.org/quality.

¹¹American Society of Anesthesiologists (ASA), www.asahq.org.

¹²American College of Gastroenterology (ACG), www.gi.org; American Gastroenterological Association (AGA), www.gastro.org; and American Society for Gastrointestinal Endoscopy (ASGE), www.asge.org.

Oncology (ONC)		
Brief Description of Performance Measure & Source	CPT Category II Code(s)	Code Descriptor(s)
<p>Visits for the patient, regardless of age, with a diagnosis of cancer currently receiving chemotherapy or radiation therapy who reports having pain and has a documented plan of care to address pain</p> <p>Numerator: Patient visits that included a documented plan of care^a to address pain</p> <p>^aA documented plan of care may include: use of opioids, nonopioid analgesics, psychological support, patient and/or family education, referral to a pain clinic, or reassessment of pain at an appropriate time interval.</p> <p>Denominator: All visits for patients, regardless of age, with a diagnosis of cancer currently receiving chemotherapy or radiation therapy who report having pain</p> <p>Exclusion(s): None</p> <p>Percentage of visits for patients, regardless of age, with a diagnosis of cancer currently receiving chemotherapy or radiation therapy who report having pain with a documented plan of care to address pain</p>	<p>5021F</p> <p>Denominator Codes</p> <p>1125F</p>	<p>Plan of care to address pain documented</p> <p>Pain severity quantified, pain present</p>

Footnotes

¹Physician Consortium for Performance Improvement®(PCPI) - For more information on measures developed by the Physician Consortium for Performance Improvement® (PCPI), see the appropriate Payor website.

²National Committee on Quality Assurance (NCQA), Health Employer Data Information Set (HEDIS®), www.ncqa.org

³The Joint Commission, <https://www.jointcommission.org>

⁴National Diabetes Quality Improvement Alliance (NDQIA) - For more information on measures developed by the National Diabetes Quality Improvement Alliance (NDQIA), see the appropriate Payor website.

⁵Joint measure from The Physician Consortium for Performance Improvement (PCPI), and National Committee on Quality Assurance (NCQA) - For more information on measures developed as joint measures from Physician Consortium for Performance Improvement and the National Committee on Quality Assurance (NCQA), visit the NCQA website at www.ncqa.org.

⁶The Society of Thoracic Surgeons at www.sts.org and National Quality Forum, www.qualityforum.org.

⁷Optum, www.optum.com.

⁸American Academy of Neurology, <https://www.aan.com/practice/neuromuscular-quality-measures>, or quality@aan.com.

⁹College of American Pathologists (CAP), <https://www.cap.org/advocacy/quality-payment-program-for-pathologists/mips-for-pathologists/2023-pathology-quality-measures>.

¹⁰American Gastroenterological Association (AGA), www.gastro.org/quality.

¹¹American Society of Anesthesiologists (ASA), www.asahq.org.

¹²American College of Gastroenterology (ACG), www.gi.org; American Gastroenterological Association (AGA), www.gastro.org; and American Society for Gastrointestinal Endoscopy (ASGE), www.asge.org.

Oncology (ONC)		
Brief Description of Performance Measure & Source	CPT Category II Code(s)	Code Descriptor(s)
<p>Reporting Instructions: Report 1125F for each patient with a diagnosis of cancer who reports pain. If a plan of care to address pain is documented, also report 0521F.</p> <p>There are no performance exclusions for this measure; modifiers 1P, 2P, or 3P may not be used.</p> <p>If the patient reports no pain, report only 1126F.</p>	1126F	Pain severity quantified, no pain present
<p>Pathology Report – Medical Oncology and Radiation Oncology¹</p> <p>Whether or not the patient with a diagnosis of cancer receiving chemotherapy has a pathology report in the medical record that confirms malignancy prior to the initiation of therapy</p> <p>Numerator: Patients with a pathology report in the medical record that confirms malignancy prior to the initiation of therapy</p> <p>Denominator: All patients with a diagnosis of cancer receiving chemotherapy or radiation therapy</p> <p>Exclusion(s): Documentation of a medical reason(s) for not having a pathology report in the medical record, confirming</p>	3317F 3318F	<p>Pathology report confirming malignancy documented in the medical record and reviewed prior to the initiation of chemotherapy</p> <p>Pathology report confirming malignancy documented in the medical record and reviewed prior to the initiation of radiation therapy</p>

Footnotes

¹Physician Consortium for Performance Improvement®(PCPI) - For more information on measures developed by the Physician Consortium for Performance Improvement® (PCPI), see the appropriate Payor website.

²National Committee on Quality Assurance (NCQA), Health Employer Data Information Set (HEDIS®), www.ncqa.org

³The Joint Commission, <https://www.jointcommission.org>

⁴National Diabetes Quality Improvement Alliance (NDQIA) - For more information on measures developed by the National Diabetes Quality Improvement Alliance (NDQIA), see the appropriate Payor website.

⁵Joint measure from The Physician Consortium for Performance Improvement (PCPI), and National Committee on Quality Assurance (NCQA) - For more information on measures developed as joint measures from Physician Consortium for Performance Improvement and the National Committee on Quality Assurance (NCQA), visit the NCQA website at www.ncqa.org.

⁶The Society of Thoracic Surgeons at www.sts.org and National Quality Forum, www.qualityforum.org.

⁷Optum, www.optum.com.

⁸American Academy of Neurology, <https://www.aan.com/practice/neuromuscular-quality-measures>, or quality@aan.com.

⁹College of American Pathologists (CAP), <https://www.cap.org/advocacy/quality-payment-program-for-pathologists/mips-for-pathologists/2023-pathology-quality-measures>.

¹⁰American Gastroenterological Association (AGA), www.gastro.org/quality.

¹¹American Society of Anesthesiologists (ASA), www.asahq.org.

¹²American College of Gastroenterology (ACG), www.gi.org; American Gastroenterological Association (AGA), www.gastro.org; and American Society for Gastrointestinal Endoscopy (ASGE), www.asge.org.

Oncology (ONC)		
Brief Description of Performance Measure & Source	CPT Category II Code(s)	Code Descriptor(s)
<p>malignancy prior to the initiation of therapy (eg, palliative treatment for metastatic illness)</p> <p>Percentage of patients with a diagnosis of cancer receiving chemotherapy with a pathology report in the medical record that confirms malignancy prior to the initiation of therapy</p> <p>Reporting Instructions: This measure is to be reported once at the beginning of treatment. Report 3317F for patient receiving chemotherapy or 3318F for patient receiving radiation therapy.</p> <p>For patient with appropriate exclusion criteria, report 3317F or 3318F with modifier 1P. If patient is first seen by the reporting physician after the treatment has been initiated, the pathology report should be documented before the reporting physician continues treatment. The physician continuing the treatment(s) should report as if treatment is being initiated.</p>		

Footnotes

¹Physician Consortium for Performance Improvement®(PCPI) - For more information on measures developed by the Physician Consortium for Performance Improvement® (PCPI), see the appropriate Payor website.

²National Committee on Quality Assurance (NCQA), Health Employer Data Information Set (HEDIS®), www.ncqa.org

³The Joint Commission, <https://www.jointcommission.org>

⁴National Diabetes Quality Improvement Alliance (NDQIA) - For more information on measures developed by the National Diabetes Quality Improvement Alliance (NDQIA), see the appropriate Payor website.

⁵Joint measure from The Physician Consortium for Performance Improvement (PCPI), and National Committee on Quality Assurance (NCQA) - For more information on measures developed as joint measures from Physician Consortium for Performance Improvement and the National Committee on Quality Assurance (NCQA), visit the NCQA website at www.ncqa.org.

⁶The Society of Thoracic Surgeons at www.sts.org and National Quality Forum, www.qualityforum.org.

⁷Optum, www.optum.com.

⁸American Academy of Neurology, <https://www.aan.com/practice/neuromuscular-quality-measures>, or quality@aan.com.

⁹College of American Pathologists (CAP), <https://www.cap.org/advocacy/quality-payment-program-for-pathologists/mips-for-pathologists/2023-pathology-quality-measures>.

¹⁰American Gastroenterological Association (AGA), www.gastro.org/quality.

¹¹American Society of Anesthesiologists (ASA), www.asahq.org.

¹²American College of Gastroenterology (ACG), www.gi.org; American Gastroenterological Association (AGA), www.gastro.org; and American Society for Gastrointestinal Endoscopy (ASGE), www.asge.org.

Osteoarthritis (Adult) (OA)		
Brief Description of Performance Measure & Source and Reporting Instructions	CPT Category II Code(s)	Code Descriptor(s)
<p>Composite Codes: Osteoarthritis Assessment¹ - See individual measures listed below for:</p> <p>Osteoarthritis symptoms and functional status assessed (1006F), use of anti-inflammatory or over-the-counter (OTC) analgesic medications assessed (1007F), initial examination of the involved joint(s) (includes visual inspection, palpation, range of motion) (2004F)</p>	0005F	Osteoarthritis assessed
<p>Symptom and Functional Assessment¹</p> <p>Patient visits with assessment for function and pain/Number of visits during the reporting year</p> <p>Numerator: Patient visits with assessment for level of function and pain documented during the reporting year</p> <p>Denominator: All visits for patients aged ≥ 21 years of age with osteoarthritis</p> <p>Exclusions: None</p> <p>Percentage of visits for patients ≥ 21 years of age with osteoarthritis who were assessed for function and pain during the reporting year</p>	1006F	Osteoarthritis symptoms and functional status assessed (may include the use of a standardized scale or the completion of an assessment questionnaire, such as

Footnotes

¹Physician Consortium for Performance Improvement®(PCPI) - For more information on measures developed by the Physician Consortium for Performance Improvement® (PCPI), see the appropriate Payor website.

²National Committee on Quality Assurance (NCQA), Health Employer Data Information Set (HEDIS®), www.ncqa.org

³The Joint Commission, <https://www.jointcommission.org>

⁴National Diabetes Quality Improvement Alliance (NDQIA) - For more information on measures developed by the National Diabetes Quality Improvement Alliance (NDQIA), see the appropriate Payor website.

⁵Joint measure from The Physician Consortium for Performance Improvement (PCPI), and National Committee on Quality Assurance (NCQA) - For more information on measures developed as joint measures from Physician Consortium for Performance Improvement and the National Committee on Quality Assurance (NCQA), visit the NCQA website at www.ncqa.org.

⁶The Society of Thoracic Surgeons at www.sts.org and National Quality Forum, www.qualityforum.org.

⁷Optum, www.optum.com.

⁸American Academy of Neurology, <https://www.aan.com/practice/neuromuscular-quality-measures>, or quality@aan.com.

⁹College of American Pathologists (CAP), <https://www.cap.org/advocacy/quality-payment-program-for-pathologists/mips-for-pathologists/2023-pathology-quality-measures>.

¹⁰American Gastroenterological Association (AGA), www.gastro.org/quality.

¹¹American Society of Anesthesiologists (ASA), www.asahq.org.

¹²American College of Gastroenterology (ACG), www.gi.org; American Gastroenterological Association (AGA), www.gastro.org; and American Society for Gastrointestinal Endoscopy (ASGE), www.asge.org.

Osteoarthritis (Adult) (OA)		
Brief Description of Performance Measure & Source and Reporting Instructions	CPT Category II Code(s)	Code Descriptor(s)
<p>Reporting Instructions: Use when osteoarthritis is addressed during the patient encounter</p> <p>There are no performance exclusions for this measure; modifiers 1P, 2P and 3P may not be used.</p>		the SF-36, AAOS Hip & Knee Questionnaire)
<p>Assessment for Use of Anti-inflammatory or Analgesic OTC medications¹</p> <p>Patient visits with assessment for use of anti-inflammatory or analgesic OTC medications/Number of visits during the reporting year</p> <p>Numerator: Patient visits with assessment for use of anti-inflammatory or analgesic OTC medications documented during the reporting year</p> <p>Denominator: All visits for patients aged ≥ 21 years of age with osteoarthritis</p>	1007F	Use of anti-inflammatory or analgesic over-the-counter (OTC) medications for symptom relief assessed

Footnotes

¹Physician Consortium for Performance Improvement®(PCPI) - For more information on measures developed by the Physician Consortium for Performance Improvement® (PCPI), see the appropriate Payor website.

²National Committee on Quality Assurance (NCQA), Health Employer Data Information Set (HEDIS®), www.ncqa.org

³The Joint Commission, <https://www.jointcommission.org>

⁴National Diabetes Quality Improvement Alliance (NDQIA) - For more information on measures developed by the National Diabetes Quality Improvement Alliance (NDQIA), see the appropriate Payor website.

⁵Joint measure from The Physician Consortium for Performance Improvement (PCPI), and National Committee on Quality Assurance (NCQA) - For more information on measures developed as joint measures from Physician Consortium for Performance Improvement and the National Committee on Quality Assurance (NCQA), visit the NCQA website at www.ncqa.org.

⁶The Society of Thoracic Surgeons at www.sts.org and National Quality Forum, www.qualityforum.org.

⁷Optum, www.optum.com.

⁸American Academy of Neurology, <https://www.aan.com/practice/neuromuscular-quality-measures>, or quality@aan.com.

⁹College of American Pathologists (CAP), <https://www.cap.org/advocacy/quality-payment-program-for-pathologists/mips-for-pathologists/2023-pathology-quality-measures>.

¹⁰American Gastroenterological Association (AGA), www.gastro.org/quality.

¹¹American Society of Anesthesiologists (ASA), www.asahq.org.

¹²American College of Gastroenterology (ACG), www.gi.org; American Gastroenterological Association (AGA), www.gastro.org; and American Society for Gastrointestinal Endoscopy (ASGE), www.asge.org.

Osteoarthritis (Adult) (OA)		
Brief Description of Performance Measure & Source and Reporting Instructions	CPT Category II Code(s)	Code Descriptor(s)
<p>Exclusions: None</p> <p>Percentage of visits for patients ≥ 21 years of age with osteoarthritis with assessment for use of anti-inflammatory or analgesic over-the-counter (OTC) medications during the reporting year</p> <p>Reporting Instructions: Use when osteoarthritis is addressed during the patient encounter</p> <p>There are no performance exclusions for this measure; modifiers 1P, 2P and 3P may not be used.</p>		
<p>Non-steroidal Anti-inflammatory Drug (NSAID) Risk Assessment¹</p> <p>Whether or not patient on prescribed or OTC NSAIDs was assessed for GI/renal risk factors during the reporting year</p> <p>Numerator: Patients who were assessed for <i>all</i> of the following GI and Renal risk factors during the reporting year:</p> <ul style="list-style-type: none"> • GI bleed • History of peptic ulcer disease (PUD) 		

Footnotes

¹Physician Consortium for Performance Improvement®(PCPI) - For more information on measures developed by the Physician Consortium for Performance Improvement® (PCPI), see the appropriate Payor website.

²National Committee on Quality Assurance (NCQA), Health Employer Data Information Set (HEDIS®), www.ncqa.org

³The Joint Commission, <https://www.jointcommission.org>

⁴National Diabetes Quality Improvement Alliance (NDQIA) - For more information on measures developed by the National Diabetes Quality Improvement Alliance (NDQIA), see the appropriate Payor website.

⁵Joint measure from The Physician Consortium for Performance Improvement (PCPI), and National Committee on Quality Assurance (NCQA) - For more information on measures developed as joint measures from Physician Consortium for Performance Improvement and the National Committee on Quality Assurance (NCQA), visit the NCQA website at www.ncqa.org.

⁶The Society of Thoracic Surgeons at www.sts.org and National Quality Forum, www.qualityforum.org.

⁷Optum, www.optum.com.

⁸American Academy of Neurology, <https://www.aan.com/practice/neuromuscular-quality-measures>, or quality@aan.com.

⁹College of American Pathologists (CAP), <https://www.cap.org/advocacy/quality-payment-program-for-pathologists/mips-for-pathologists/2023-pathology-quality-measures>.

¹⁰American Gastroenterological Association (AGA), www.gastro.org/quality.

¹¹American Society of Anesthesiologists (ASA), www.asahq.org.

¹²American College of Gastroenterology (ACG), www.gi.org; American Gastroenterological Association (AGA), www.gastro.org; and American Society for Gastrointestinal Endoscopy (ASGE), www.asge.org.

Osteoarthritis (Adult) (OA)		
Brief Description of Performance Measure & Source and Reporting Instructions	CPT Category II Code(s)	Code Descriptor(s)
<ul style="list-style-type: none"> Concomitant use of glucocorticoids or anticoagulants Smoking Significant alcohol use Age > 65 years Renal disease (Cr>2.0 mg/dl) Hypertension Heart failure Concomitant use of diuretic or angiotensin-converting enzyme (ACE) inhibitor <p>Denominator: All patients ≥ 21 years of age with osteoarthritis on a prescribed or OTC NSAID</p> <p>Exclusions: None</p> <p>Percentage of patients ≥ 21 years of age with osteoarthritis on prescribed or OTC NSAIDs who were assessed for gastrointestinal and renal risk factors during the reporting year</p> <p>Reporting Instructions:</p> <p>There are no performance exclusions for this measure; modifiers 1P, 2P and 3P may not be used.</p>	1008F	Gastrointestinal and renal risk factors assessed for patients on prescribed or OTC non-steroidal anti-inflammatory drug (NSAID)

Footnotes

¹Physician Consortium for Performance Improvement®(PCPI) - For more information on measures developed by the Physician Consortium for Performance Improvement® (PCPI), see the appropriate Payor website.

²National Committee on Quality Assurance (NCQA), Health Employer Data Information Set (HEDIS®), www.ncqa.org

³The Joint Commission, <https://www.jointcommission.org>

⁴National Diabetes Quality Improvement Alliance (NDQIA) - For more information on measures developed by the National Diabetes Quality Improvement Alliance (NDQIA), see the appropriate Payor website.

⁵Joint measure from The Physician Consortium for Performance Improvement (PCPI), and National Committee on Quality Assurance (NCQA) - For more information on measures developed as joint measures from Physician Consortium for Performance Improvement and the National Committee on Quality Assurance (NCQA), visit the NCQA website at www.ncqa.org.

⁶The Society of Thoracic Surgeons at www.sts.org and National Quality Forum, www.qualityforum.org.

⁷Optum, www.optum.com.

⁸American Academy of Neurology, <https://www.aan.com/practice/neuromuscular-quality-measures>, or quality@aan.com.

⁹College of American Pathologists (CAP), <https://www.cap.org/advocacy/quality-payment-program-for-pathologists/mips-for-pathologists/2023-pathology-quality-measures>.

¹⁰American Gastroenterological Association (AGA), www.gastro.org/quality.

¹¹American Society of Anesthesiologists (ASA), www.asahq.org.

¹²American College of Gastroenterology (ACG), www.gi.org; American Gastroenterological Association (AGA), www.gastro.org; and American Society for Gastrointestinal Endoscopy (ASGE), www.asge.org.

Osteoarthritis (Adult) (OA)		
Brief Description of Performance Measure & Source and Reporting Instructions	CPT Category II Code(s)	Code Descriptor(s)
<p>Physical Examination of the Involved Joint¹</p> <p>Whether or not a physical examination of the involved joint was performed during the initial visit during the reporting year</p> <p>Numerator: Patients for whom a physical examination of the involved joint was performed during the initial visit during the reporting year</p> <p>Denominator: All patients ≥ 21 years of age with osteoarthritis</p> <p>Exclusions: None</p> <p>Percentage of patients ≥ 21 years of age with osteoarthritis for whom a physical examination of the involved joint was performed during the initial visit during the reporting year</p> <p>Reporting Instruction: Use only for initial osteoarthritis visit or for visits for new joint involvement</p> <p>There are no performance exclusions for this measure; modifiers 1P, 2P and 3P may not be used.</p>	2004F	Initial examination of the involved joint(s) (includes visual inspection, palpation, range of motion)

Footnotes

¹Physician Consortium for Performance Improvement®(PCPI) - For more information on measures developed by the Physician Consortium for Performance Improvement® (PCPI), see the appropriate Payor website.

²National Committee on Quality Assurance (NCQA), Health Employer Data Information Set (HEDIS®), www.ncqa.org

³The Joint Commission, <https://www.jointcommission.org>

⁴National Diabetes Quality Improvement Alliance (NDQIA) - For more information on measures developed by the National Diabetes Quality Improvement Alliance (NDQIA), see the appropriate Payor website.

⁵Joint measure from The Physician Consortium for Performance Improvement (PCPI), and National Committee on Quality Assurance (NCQA) - For more information on measures developed as joint measures from Physician Consortium for Performance Improvement and the National Committee on Quality Assurance (NCQA), visit the NCQA website at www.ncqa.org.

⁶The Society of Thoracic Surgeons at www.sts.org and National Quality Forum, www.qualityforum.org.

⁷Optum, www.optum.com.

⁸American Academy of Neurology, <https://www.aan.com/practice/neuromuscular-quality-measures>, or quality@aan.com.

⁹College of American Pathologists (CAP), <https://www.cap.org/advocacy/quality-payment-program-for-pathologists/mips-for-pathologists/2023-pathology-quality-measures>.

¹⁰American Gastroenterological Association (AGA), www.gastro.org/quality.

¹¹American Society of Anesthesiologists (ASA), www.asahq.org.

¹²American College of Gastroenterology (ACG), www.gi.org; American Gastroenterological Association (AGA), www.gastro.org; and American Society for Gastrointestinal Endoscopy (ASGE), www.asge.org.

Osteoarthritis (Adult) (OA)		
Brief Description of Performance Measure & Source and Reporting Instructions	CPT Category II Code(s)	Code Descriptor(s)
<p>Anti-inflammatory/Analgesic Therapy¹ Patient visits during which an anti-inflammatory agent or analgesic was considered/Number of visits during the reporting year</p> <p>Numerator: Patient visits during which an anti-inflammatory agent or analgesic was considered during the reporting year</p> <p>Denominator: All visits for patients ≥ 21 years of age with osteoarthritis</p> <p>Numerator Inclusion(s): Documentation that an anti-inflammatory agent or analgesic was prescribed; Documentation of medical or patient reasons(s) for not prescribing an anti-inflammatory agent or analgesic</p> <p>Percentage of visits for patients ≥ 21 years of age with osteoarthritis during which an anti-inflammatory agent or analgesic was considered during the reporting year</p> <p>Reporting Instructions: Report 4016F alone or with modifier (1P if medical reason for not prescribing an anti-inflammatory or analgesic was documented or 2P modifier if patient reason for not prescribing an anti-inflammatory or analgesic was documented). For this measure, the modifiers do not act as</p>	4016F	Anti-inflammatory/analgesic agent prescribed

Footnotes

¹Physician Consortium for Performance Improvement®(PCPI) - For more information on measures developed by the Physician Consortium for Performance Improvement® (PCPI), see the appropriate Payor website.

²National Committee on Quality Assurance (NCQA), Health Employer Data Information Set (HEDIS®), www.ncqa.org

³The Joint Commission, <https://www.jointcommission.org>

⁴National Diabetes Quality Improvement Alliance (NDQIA) - For more information on measures developed by the National Diabetes Quality Improvement Alliance (NDQIA), see the appropriate Payor website.

⁵Joint measure from The Physician Consortium for Performance Improvement (PCPI), and National Committee on Quality Assurance (NCQA) - For more information on measures developed as joint measures from Physician Consortium for Performance Improvement and the National Committee on Quality Assurance (NCQA), visit the NCQA website at www.ncqa.org.

⁶The Society of Thoracic Surgeons at www.sts.org and National Quality Forum, www.qualityforum.org.

⁷Optum, www.optum.com.

⁸American Academy of Neurology, <https://www.aan.com/practice/neuromuscular-quality-measures>, or quality@aan.com.

⁹College of American Pathologists (CAP), <https://www.cap.org/advocacy/quality-payment-program-for-pathologists/mips-for-pathologists/2023-pathology-quality-measures>.

¹⁰American Gastroenterological Association (AGA), www.gastro.org/quality.

¹¹American Society of Anesthesiologists (ASA), www.asahq.org.

¹²American College of Gastroenterology (ACG), www.gi.org; American Gastroenterological Association (AGA), www.gastro.org; and American Society for Gastrointestinal Endoscopy (ASGE), www.asge.org.

Osteoarthritis (Adult) (OA)		
Brief Description of Performance Measure & Source and Reporting Instructions	CPT Category II Code(s)	Code Descriptor(s)
denominator exclusions, but rather demonstrate that therapy was considered and are included in the numerator when calculating the measure.		
<p>Gastrointestinal Prophylaxis¹</p> <p>Patient visits during which GI prophylaxis was considered/Number of visits during the reporting year</p> <p>Numerator: Patient visits during which GI prophylaxis was considered during the reporting year</p> <p>Denominator: All visits for patients aged ≥ 21 years of age with osteoarthritis on a prescribed or OTC NSAID</p> <p>Numerator Inclusion(s): Documentation that GI prophylaxis was prescribed; documentation of medical or patient reason(s) for not prescribing GI prophylaxis</p>	4017F	Gastrointestinal prophylaxis for NSAID use prescribed

Footnotes

¹Physician Consortium for Performance Improvement®(PCPI) - For more information on measures developed by the Physician Consortium for Performance Improvement® (PCPI), see the appropriate Payor website.

²National Committee on Quality Assurance (NCQA), Health Employer Data Information Set (HEDIS®), www.ncqa.org

³The Joint Commission, <https://www.jointcommission.org>

⁴National Diabetes Quality Improvement Alliance (NDQIA) - For more information on measures developed by the National Diabetes Quality Improvement Alliance (NDQIA), see the appropriate Payor website.

⁵Joint measure from The Physician Consortium for Performance Improvement (PCPI), and National Committee on Quality Assurance (NCQA) - For more information on measures developed as joint measures from Physician Consortium for Performance Improvement and the National Committee on Quality Assurance (NCQA), visit the NCQA website at www.ncqa.org.

⁶The Society of Thoracic Surgeons at www.sts.org and National Quality Forum, www.qualityforum.org.

⁷Optum, www.optum.com.

⁸American Academy of Neurology, <https://www.aan.com/practice/neuromuscular-quality-measures>, or quality@aan.com.

⁹College of American Pathologists (CAP), <https://www.cap.org/advocacy/quality-payment-program-for-pathologists/mips-for-pathologists/2023-pathology-quality-measures>.

¹⁰American Gastroenterological Association (AGA), www.gastro.org/quality.

¹¹American Society of Anesthesiologists (ASA), www.asahq.org.

¹²American College of Gastroenterology (ACG), www.gi.org; American Gastroenterological Association (AGA), www.gastro.org; and American Society for Gastrointestinal Endoscopy (ASGE), www.asge.org.

Osteoarthritis (Adult) (OA)		
Brief Description of Performance Measure & Source and Reporting Instructions	CPT Category II Code(s)	Code Descriptor(s)
<p>Percentage of visits for patients ≥ 21 years of age with osteoarthritis during which GI prophylaxis was considered during the reporting year</p> <p>Reporting Instructions: Report 4017F alone or with modifier (1P if medical reason for not prescribing GI prophylaxis was documented or 2P modifier if patient reason for not prescribing GI prophylaxis was documented). For this measure, the modifiers do not act as denominator exclusions, but rather demonstrate that therapy was considered and are included in the numerator when calculating the measure.</p>		
<p>Therapeutic Exercise for the Involved Joint¹</p> <p>Patient visits during which therapeutic exercise for the hip or knee was considered/Number of visits during the reporting year</p> <p>Numerator: Patient visits during which therapeutic exercise for the knee or hip was considered during the reporting year</p> <p>Denominator: All visits for patients ≥ 21 years of age with osteoarthritis of the hip or knee</p>		

Footnotes

¹Physician Consortium for Performance Improvement®(PCPI) - For more information on measures developed by the Physician Consortium for Performance Improvement® (PCPI), see the appropriate Payor website.

²National Committee on Quality Assurance (NCQA), Health Employer Data Information Set (HEDIS®), www.ncqa.org

³The Joint Commission, <https://www.jointcommission.org>

⁴National Diabetes Quality Improvement Alliance (NDQIA) - For more information on measures developed by the National Diabetes Quality Improvement Alliance (NDQIA), see the appropriate Payor website.

⁵Joint measure from The Physician Consortium for Performance Improvement (PCPI), and National Committee on Quality Assurance (NCQA) - For more information on measures developed as joint measures from Physician Consortium for Performance Improvement and the National Committee on Quality Assurance (NCQA), visit the NCQA website at www.ncqa.org.

⁶The Society of Thoracic Surgeons at www.sts.org and National Quality Forum, www.qualityforum.org.

⁷Optum, www.optum.com.

⁸American Academy of Neurology, <https://www.aan.com/practice/neuromuscular-quality-measures>, or quality@aan.com.

⁹College of American Pathologists (CAP), <https://www.cap.org/advocacy/quality-payment-program-for-pathologists/mips-for-pathologists/2023-pathology-quality-measures>.

¹⁰American Gastroenterological Association (AGA), www.gastro.org/quality.

¹¹American Society of Anesthesiologists (ASA), www.asahq.org.

¹²American College of Gastroenterology (ACG), www.gi.org; American Gastroenterological Association (AGA), www.gastro.org; and American Society for Gastrointestinal Endoscopy (ASGE), www.asge.org.

Osteoarthritis (Adult) (OA)		
Brief Description of Performance Measure & Source and Reporting Instructions	CPT Category II Code(s)	Code Descriptor(s)
<p>Numerator Inclusion(s): Documentation of medical or patient reason(s) for not instructing therapeutic exercise or prescribing physical therapy for the hip or knee (eg, economic, social, religious); documentation that therapeutic exercise for the hip or knee was instructed; documentation that physical therapy for the hip or knee was prescribed.</p> <p>Percentage of visits for patients ≥ 21 years of age with osteoarthritis of the hip or knee during which therapeutic exercise for the hip or knee (therapeutic exercise instructed or physical therapy prescribed) was considered during the reporting year</p> <p>Reporting Instructions: Report 4018F alone or with modifier (1P if medical reason for not instructing therapeutic exercise or prescribing physical therapy was documented; 2P if patient reason for not instructing therapeutic exercise or prescribing physical therapy was documented). For this measure, the modifiers do not act as denominator exclusions, but rather demonstrate that therapy was considered and are included in the numerator when calculating the measure.</p>	4018F	Therapeutic exercise for the involved joint(s) instructed or physical or occupational therapy prescribed

Footnotes

¹Physician Consortium for Performance Improvement®(PCPI) - For more information on measures developed by the Physician Consortium for Performance Improvement® (PCPI), see the appropriate Payor website.

²National Committee on Quality Assurance (NCQA), Health Employer Data Information Set (HEDIS®), www.ncqa.org

³The Joint Commission, <https://www.jointcommission.org>

⁴National Diabetes Quality Improvement Alliance (NDQIA) - For more information on measures developed by the National Diabetes Quality Improvement Alliance (NDQIA), see the appropriate Payor website.

⁵Joint measure from The Physician Consortium for Performance Improvement (PCPI), and National Committee on Quality Assurance (NCQA) - For more information on measures developed as joint measures from Physician Consortium for Performance Improvement and the National Committee on Quality Assurance (NCQA), visit the NCQA website at www.ncqa.org.

⁶The Society of Thoracic Surgeons at www.sts.org and National Quality Forum, www.qualityforum.org.

⁷Optum, www.optum.com.

⁸American Academy of Neurology, <https://www.aan.com/practice/neuromuscular-quality-measures>, or quality@aan.com.

⁹College of American Pathologists (CAP), <https://www.cap.org/advocacy/quality-payment-program-for-pathologists/mips-for-pathologists/2023-pathology-quality-measures>.

¹⁰American Gastroenterological Association (AGA), www.gastro.org/quality.

¹¹American Society of Anesthesiologists (ASA), www.asahq.org.

¹²American College of Gastroenterology (ACG), www.gi.org; American Gastroenterological Association (AGA), www.gastro.org; and American Society for Gastrointestinal Endoscopy (ASGE), www.asge.org.

Osteoporosis (OP)		
Brief Description of Performance Measure & Source and Reporting Instructions	CPT Category II Code(s)	Code Descriptor(s)
<p>Communication with the Physician Managing On-going Care Post Fracture⁵</p> <p>Whether or not the patient aged 50 years and older treated for a hip, spine or distal radial fracture had documentation of communication to the physician managing the patient's on-going care that a fracture occurred and that the patient was or should be tested or treated for osteoporosis</p> <p>Numerator: Patients with documentation of communication with the physician managing the patient's on-going care that a fracture occurred and that the patient was or should be tested or treated for osteoporosis</p> <p>Communication may include:</p> <p>Documentation in the medical record indicating that the physician treating the fracture communicated (eg, verbally, by letter, DEXA report was sent with the physician managing the patient's on-going care</p> <p>OR</p> <p>A copy of a letter in the medical record outlining whether the patient was or should be treated for osteoporosis.</p>	5015F	Documentation of communication that a fracture occurred and that the patient was or should be tested or treated for osteoporosis

Footnotes

¹Physician Consortium for Performance Improvement®(PCPI) - For more information on measures developed by the Physician Consortium for Performance Improvement® (PCPI), see the appropriate Payor website.

²National Committee on Quality Assurance (NCQA), Health Employer Data Information Set (HEDIS®), www.ncqa.org

³The Joint Commission, <https://www.jointcommission.org>

⁴National Diabetes Quality Improvement Alliance (NDQIA) - For more information on measures developed by the National Diabetes Quality Improvement Alliance (NDQIA), see the appropriate Payor website.

⁵Joint measure from The Physician Consortium for Performance Improvement (PCPI), and National Committee on Quality Assurance (NCQA) - For more information on measures developed as joint measures from Physician Consortium for Performance Improvement and the National Committee on Quality Assurance (NCQA), visit the NCQA website at www.ncqa.org.

⁶The Society of Thoracic Surgeons at www.sts.org and National Quality Forum, www.qualityforum.org.

⁷Optum, www.optum.com.

⁸American Academy of Neurology, <https://www.aan.com/practice/neuromuscular-quality-measures>, or quality@aan.com.

⁹College of American Pathologists (CAP), <https://www.cap.org/advocacy/quality-payment-program-for-pathologists/mips-for-pathologists/2023-pathology-quality-measures>.

¹⁰American Gastroenterological Association (AGA), www.gastro.org/quality.

¹¹American Society of Anesthesiologists (ASA), www.asahq.org.

¹²American College of Gastroenterology (ACG), www.gi.org; American Gastroenterological Association (AGA), www.gastro.org; and American Society for Gastrointestinal Endoscopy (ASGE), www.asge.org.

Osteoporosis (OP)		
Brief Description of Performance Measure & Source and Reporting Instructions	CPT Category II Code(s)	Code Descriptor(s)
<p>Denominator: All patients aged 50 years and older treated for hip, spine or distal radial fracture</p> <p>Exclusion(s): Documentation of medical or patient reason(s) for not communicating with the physician managing the patient's ongoing care that a fracture occurred and that the patient was or should be tested or treated for osteoporosis</p> <p>Percentage of patients aged 50 years and older treated for a hip, spine or distal radial fracture with documentation of communication with the physician managing the patient's ongoing care that a fracture occurred and that the patient was or should be tested or treated for osteoporosis</p> <p>Reporting Instructions:</p> <ul style="list-style-type: none"> - If the physician treating the fracture is the same physician who is providing the ongoing care, report 5015F -For patient with appropriate exclusion criteria report 5015F with modifier 1P or 2P. -Communication to the physician managing the ongoing care of the patient must occur within 3 months of treatment for the fracture to allow reporting of 5015F. 		

Footnotes

¹**Physician Consortium for Performance Improvement®(PCPI)** - For more information on measures developed by the Physician Consortium for Performance Improvement® (PCPI), see the appropriate Payor website.

²**National Committee on Quality Assurance (NCQA)**, Health Employer Data Information Set (HEDIS®), www.ncqa.org

³**The Joint Commission**, <https://www.jointcommission.org>

⁴**National Diabetes Quality Improvement Alliance (NDQIA)** - For more information on measures developed by the National Diabetes Quality Improvement Alliance (NDQIA), see the appropriate Payor website.

⁵Joint measure from **The Physician Consortium for Performance Improvement (PCPI)**, and **National Committee on Quality Assurance (NCQA)** - For more information on measures developed as joint measures from Physician Consortium for Performance Improvement and the National Committee on Quality Assurance (NCQA), visit the NCQA website at www.ncqa.org.

⁶**The Society of Thoracic Surgeons** at www.sts.org and **National Quality Forum**, www.qualityforum.org.

⁷**Optum**, www.optum.com.

⁸**American Academy of Neurology**, <https://www.aan.com/practice/neuromuscular-quality-measures>, or quality@aan.com.

⁹**College of American Pathologists (CAP)**, <https://www.cap.org/advocacy/quality-payment-program-for-pathologists/mips-for-pathologists/2023-pathology-quality-measures>.

¹⁰**American Gastroenterological Association (AGA)**, www.gastro.org/quality.

¹¹**American Society of Anesthesiologists (ASA)**, www.asahq.org.

¹²**American College of Gastroenterology (ACG)**, www.gi.org; **American Gastroenterological Association (AGA)**, www.gastro.org; and **American Society for Gastrointestinal Endoscopy (ASGE)**, www.asge.org.

Osteoporosis (OP)		
Brief Description of Performance Measure & Source and Reporting Instructions	CPT Category II Code(s)	Code Descriptor(s)
<p>Screening or Therapy for Women Aged 65 Years and Older⁵</p> <p>Whether or not the female patient aged 65 years and older who had a central DXA measurement ordered or performed at least once since age 60 or pharmacologic therapy prescribed within 12 months</p> <p>Numerator: Patients who had a central DXA measurement ordered or results documented at least once since age 60 or pharmacologic therapy prescribed within 12 months</p> <p>Denominator: All female patients aged 65 years and older</p> <p>Exclusion(s): Documentation of medical, patient, or system reason(s) for not ordering or performing a central DXA measurement or not prescribing pharmacologic therapy</p> <p>Percentage of female patients aged 65 years and older who have a central DXA measurement ordered or results documented at least once since age 60 or pharmacologic therapy prescribed within 12 months</p> <p>Reporting Instructions:</p>	<p>3095F</p> <p>3096F</p> <p>4005F</p>	<p>Central Dual-energy X-Ray Absorptiometry (DXA) results documented</p> <p>Central Dual-energy X-Ray Absorptiometry (DXA) ordered</p> <p>Pharmacologic therapy (other than minerals/vitamins) for osteoporosis prescribed</p>

Footnotes

¹Physician Consortium for Performance Improvement®(PCPI) - For more information on measures developed by the Physician Consortium for Performance Improvement® (PCPI), see the appropriate Payor website.

²National Committee on Quality Assurance (NCQA), Health Employer Data Information Set (HEDIS®), www.ncqa.org

³The Joint Commission, <https://www.jointcommission.org>

⁴National Diabetes Quality Improvement Alliance (NDQIA) - For more information on measures developed by the National Diabetes Quality Improvement Alliance (NDQIA), see the appropriate Payor website.

⁵Joint measure from The Physician Consortium for Performance Improvement (PCPI), and National Committee on Quality Assurance (NCQA) - For more information on measures developed as joint measures from Physician Consortium for Performance Improvement and the National Committee on Quality Assurance (NCQA), visit the NCQA website at www.ncqa.org.

⁶The Society of Thoracic Surgeons at www.sts.org and National Quality Forum, www.qualityforum.org.

⁷Optum, www.optum.com.

⁸American Academy of Neurology, <https://www.aan.com/practice/neuromuscular-quality-measures>, or quality@aan.com.

⁹College of American Pathologists (CAP), <https://www.cap.org/advocacy/quality-payment-program-for-pathologists/mips-for-pathologists/2023-pathology-quality-measures>.

¹⁰American Gastroenterological Association (AGA), www.gastro.org/quality.

¹¹American Society of Anesthesiologists (ASA), www.asahq.org.

¹²American College of Gastroenterology (ACG), www.gi.org; American Gastroenterological Association (AGA), www.gastro.org; and American Society for Gastrointestinal Endoscopy (ASGE), www.asge.org.

Osteoporosis (OP)		
Brief Description of Performance Measure & Source and Reporting Instructions	CPT Category II Code(s)	Code Descriptor(s)
<p>-Report 3095F if patient has documentation of being tested since age 60</p> <p>-Report 3096F If Central DXA was ordered</p> <p>Report 4005F if patient was treated using pharmacologic agents for osteoporosis</p> <p>-For patient with appropriate exclusion criteria report either 3095F, 3096F, or 4005F with modifier 1P, 2P or 3P.</p>		
<p>Management Following Fracture⁵</p> <p>Whether or not the patient aged 50 years and older with a fracture of the hip, spine or distal radius had a central DXA measurement ordered or results documented or pharmacologic therapy prescribed</p> <p>Numerator: Patients who had a central DXA measurement ordered or results documented or pharmacologic therapy prescribed</p> <p>Denominator: All patients aged 50 years and older with a fracture of the hip, spine or distal radius</p>	3095F	

Footnotes

¹**Physician Consortium for Performance Improvement®(PCPI)** - For more information on measures developed by the Physician Consortium for Performance Improvement® (PCPI), see the appropriate Payor website.

²**National Committee on Quality Assurance (NCQA)**, Health Employer Data Information Set (HEDIS®), www.ncqa.org

³**The Joint Commission**, <https://www.jointcommission.org>

⁴**National Diabetes Quality Improvement Alliance (NDQIA)** - For more information on measures developed by the National Diabetes Quality Improvement Alliance (NDQIA), see the appropriate Payor website.

⁵Joint measure from **The Physician Consortium for Performance Improvement (PCPI)**, and **National Committee on Quality Assurance (NCQA)** - For more information on measures developed as joint measures from Physician Consortium for Performance Improvement and the National Committee on Quality Assurance (NCQA), visit the NCQA website at www.ncqa.org.

⁶**The Society of Thoracic Surgeons** at www.sts.org and **National Quality Forum**, www.qualityforum.org.

⁷**Optum**, www.optum.com.

⁸**American Academy of Neurology**, <https://www.aan.com/practice/neuromuscular-quality-measures>, or quality@aan.com.

⁹**College of American Pathologists (CAP)**, <https://www.cap.org/advocacy/quality-payment-program-for-pathologists/mips-for-pathologists/2023-pathology-quality-measures>.

¹⁰**American Gastroenterological Association (AGA)**, www.gastro.org/quality.

¹¹**American Society of Anesthesiologists (ASA)**, www.asahq.org.

¹²**American College of Gastroenterology (ACG)**, www.gi.org; **American Gastroenterological Association (AGA)**, www.gastro.org; and **American Society for Gastrointestinal Endoscopy (ASGE)**, www.asge.org.

Osteoporosis (OP)		
Brief Description of Performance Measure & Source and Reporting Instructions	CPT Category II Code(s)	Code Descriptor(s)
<p>Exclusion(s): Documentation of medical, patient, or system reason(s) for not ordering or performing a central DXA measurement or not prescribing pharmacologic therapy</p> <p>Percentage of patients aged 50 years and older with a fracture of the hip, spine or distal radius who had a central DXA measurement ordered or performed or pharmacologic therapy prescribed</p> <p>Reporting Instructions:</p> <ul style="list-style-type: none"> -Report either 3095F or 4005F if patient has documentation of being tested or treated for osteoporosis. -Report 3096F if Central DXA was ordered. -For patient with appropriate exclusion criteria report either 3095F, 3096F or 4005F with modifier 1P, 2P or 3P. -The management (DXA ordered or performed or pharmacologic therapy prescribe) should occur within 3 months of notification of the fracture from the physician treating the fracture. 	<p>3096F</p> <p>4005F</p>	<p>Central Dual-energy X-Ray Absorptiometry (DXA) results documented</p> <p>Central Dual-energy X-Ray Absorptiometry (DXA) ordered</p> <p>Pharmacologic therapy (other than minerals/vitamins) for osteoporosis prescribed</p>

Footnotes

¹Physician Consortium for Performance Improvement®(PCPI) - For more information on measures developed by the Physician Consortium for Performance Improvement® (PCPI), see the appropriate Payor website.

²National Committee on Quality Assurance (NCQA), Health Employer Data Information Set (HEDIS®), www.ncqa.org

³The Joint Commission, <https://www.jointcommission.org>

⁴National Diabetes Quality Improvement Alliance (NDQIA) - For more information on measures developed by the National Diabetes Quality Improvement Alliance (NDQIA), see the appropriate Payor website.

⁵Joint measure from The Physician Consortium for Performance Improvement (PCPI), and National Committee on Quality Assurance (NCQA) - For more information on measures developed as joint measures from Physician Consortium for Performance Improvement and the National Committee on Quality Assurance (NCQA), visit the NCQA website at www.ncqa.org.

⁶The Society of Thoracic Surgeons at www.sts.org and National Quality Forum, www.qualityforum.org.

⁷Optum, www.optum.com.

⁸American Academy of Neurology, <https://www.aan.com/practice/neuromuscular-quality-measures>, or quality@aan.com.

⁹College of American Pathologists (CAP), <https://www.cap.org/advocacy/quality-payment-program-for-pathologists/mips-for-pathologists/2023-pathology-quality-measures>.

¹⁰American Gastroenterological Association (AGA), www.gastro.org/quality.

¹¹American Society of Anesthesiologists (ASA), www.asahq.org.

¹²American College of Gastroenterology (ACG), www.gi.org; American Gastroenterological Association (AGA), www.gastro.org; and American Society for Gastrointestinal Endoscopy (ASGE), www.asge.org.

Osteoporosis (OP)		
Brief Description of Performance Measure & Source and Reporting Instructions	CPT Category II Code(s)	Code Descriptor(s)
<p>Pharmacologic Therapy⁵ Whether or not the patient aged 50 years and older with a diagnosis of osteoporosis was prescribed pharmacologic therapy within 12 months</p> <p>Numerator: Patients who were prescribed pharmacologic therapy* within 12 months</p> <p>*U.S. Food and Drug Administration approved pharmacologic options for osteoporosis prevention and/or treatment of postmenopausal osteoporosis include, in alphabetical order: bisphosphonates (alendronate, ibandronate, and risedronate), calcitonin, estrogens (estrogens and/or hormone therapy), parathyroid hormone [PTH (1-34), teriparatide], and selective estrogen receptor modules or SERMS (raloxifene).</p> <p>Denominator: All patients aged 50 years and older with the diagnosis of osteoporosis</p> <p>Exclusion(s): Documentation of medical, patient, or system reason(s) for not prescribing pharmacologic therapy</p> <p>Percentage of patients aged 50 years and older with a diagnosis of osteoporosis who were prescribed pharmacologic therapy within 12 months</p>	4005F	Pharmacologic therapy (other than minerals/vitamins) for osteoporosis prescribed

Footnotes

¹Physician Consortium for Performance Improvement®(PCPI) - For more information on measures developed by the Physician Consortium for Performance Improvement® (PCPI), see the appropriate Payor website.

²National Committee on Quality Assurance (NCQA), Health Employer Data Information Set (HEDIS®), www.ncqa.org

³The Joint Commission, <https://www.jointcommission.org>

⁴National Diabetes Quality Improvement Alliance (NDQIA) - For more information on measures developed by the National Diabetes Quality Improvement Alliance (NDQIA), see the appropriate Payor website.

⁵Joint measure from The Physician Consortium for Performance Improvement (PCPI), and National Committee on Quality Assurance (NCQA) - For more information on measures developed as joint measures from Physician Consortium for Performance Improvement and the National Committee on Quality Assurance (NCQA), visit the NCQA website at www.ncqa.org.

⁶The Society of Thoracic Surgeons at www.sts.org and National Quality Forum, www.qualityforum.org.

⁷Optum, www.optum.com.

⁸American Academy of Neurology, <https://www.aan.com/practice/neuromuscular-quality-measures>, or quality@aan.com.

⁹College of American Pathologists (CAP), <https://www.cap.org/advocacy/quality-payment-program-for-pathologists/mips-for-pathologists/2023-pathology-quality-measures>.

¹⁰American Gastroenterological Association (AGA), www.gastro.org/quality.

¹¹American Society of Anesthesiologists (ASA), www.asahq.org.

¹²American College of Gastroenterology (ACG), www.gi.org; American Gastroenterological Association (AGA), www.gastro.org; and American Society for Gastrointestinal Endoscopy (ASGE), www.asge.org.

Osteoporosis (OP)		
Brief Description of Performance Measure & Source and Reporting Instructions	CPT Category II Code(s)	Code Descriptor(s)
<p>Reporting Instructions: For patient with appropriate exclusion criteria report 4005F with modifier 1P, 2P or 3P.</p>		
<p>Counseling for Vitamin D and Calcium Intake and Exercise⁵ Whether or not the patient, regardless of age, with a diagnosis of osteoporosis is either receiving both calcium and vitamin D or had documented counseling regarding both calcium and vitamin D intake, and exercise at least once within 12 months</p> <p>Numerator: Patients who are either receiving both calcium and vitamin D or have been counseled regarding both calcium and vitamin D intake, and exercise at least once within 12 months</p> <p>Denominator: All patients, regardless of age, with the diagnosis of osteoporosis</p> <p>Exclusion(s): Documentation of medical reason(s) for patient not receiving both calcium and vitamin D and not needing counseling regarding both calcium and vitamin D intake, and</p>	4019F	Documentation of receipt of counseling on exercise AND either both calcium and vitamin D use or

Footnotes

¹Physician Consortium for Performance Improvement®(PCPI) - For more information on measures developed by the Physician Consortium for Performance Improvement® (PCPI), see the appropriate Payor website.

²National Committee on Quality Assurance (NCQA), Health Employer Data Information Set (HEDIS®), www.ncqa.org

³The Joint Commission, <https://www.jointcommission.org>

⁴National Diabetes Quality Improvement Alliance (NDQIA) - For more information on measures developed by the National Diabetes Quality Improvement Alliance (NDQIA), see the appropriate Payor website.

⁵Joint measure from The Physician Consortium for Performance Improvement (PCPI), and National Committee on Quality Assurance (NCQA) - For more information on measures developed as joint measures from Physician Consortium for Performance Improvement and the National Committee on Quality Assurance (NCQA), visit the NCQA website at www.ncqa.org.

⁶The Society of Thoracic Surgeons at www.sts.org and National Quality Forum, www.qualityforum.org.

⁷Optum, www.optum.com.

⁸American Academy of Neurology, <https://www.aan.com/practice/neuromuscular-quality-measures>, or quality@aan.com.

⁹College of American Pathologists (CAP), <https://www.cap.org/advocacy/quality-payment-program-for-pathologists/mips-for-pathologists/2023-pathology-quality-measures>.

¹⁰American Gastroenterological Association (AGA), www.gastro.org/quality.

¹¹American Society of Anesthesiologists (ASA), www.asahq.org.

¹²American College of Gastroenterology (ACG), www.gi.org; American Gastroenterological Association (AGA), www.gastro.org; and American Society for Gastrointestinal Endoscopy (ASGE), www.asge.org.

Osteoporosis (OP)		
Brief Description of Performance Measure & Source and Reporting Instructions	CPT Category II Code(s)	Code Descriptor(s)
<p>exercise (eg, patient has dementia and is unable to receive counseling)</p> <p>Percentage of patients, regardless of age, with a diagnosis of osteoporosis who either received both calcium and vitamin D or had documented counseling regarding both calcium and vitamin D intake, and exercise at least once within 12 months</p> <p>Reporting Instructions:</p> <p>-Report 4019F if there is documentation that patient is either receiving both calcium and vitamin D or was counseled regarding calcium and vitamin D use; and also counseled on exercise within 12 months</p> <p>-For patient with appropriate exclusion criteria report 4019F with modifier 1P.</p>		counseling regarding both calcium and vitamin D use

Footnotes

¹**Physician Consortium for Performance Improvement®(PCPI)** - For more information on measures developed by the Physician Consortium for Performance Improvement® (PCPI), see the appropriate Payor website.

²**National Committee on Quality Assurance (NCQA)**, Health Employer Data Information Set (HEDIS®), www.ncqa.org

³**The Joint Commission**, <https://www.jointcommission.org>

⁴**National Diabetes Quality Improvement Alliance (NDQIA)** - For more information on measures developed by the National Diabetes Quality Improvement Alliance (NDQIA), see the appropriate Payor website.

⁵Joint measure from **The Physician Consortium for Performance Improvement (PCPI)**, and **National Committee on Quality Assurance (NCQA)** - For more information on measures developed as joint measures from Physician Consortium for Performance Improvement and the National Committee on Quality Assurance (NCQA), visit the NCQA website at www.ncqa.org.

⁶**The Society of Thoracic Surgeons** at www.sts.org and **National Quality Forum**, www.qualityforum.org.

⁷**Optum**, www.optum.com.

⁸**American Academy of Neurology**, <https://www.aan.com/practice/neuromuscular-quality-measures>, or quality@aan.com.

⁹**College of American Pathologists (CAP)**, <https://www.cap.org/advocacy/quality-payment-program-for-pathologists/mips-for-pathologists/2023-pathology-quality-measures>.

¹⁰**American Gastroenterological Association (AGA)**, www.gastro.org/quality.

¹¹**American Society of Anesthesiologists (ASA)**, www.asahq.org.

¹²**American College of Gastroenterology (ACG)**, www.gi.org; **American Gastroenterological Association (AGA)**, www.gastro.org; and **American Society for Gastrointestinal Endoscopy (ASGE)**, www.asge.org.

Palliative/End of Life Care (Pall Cr)		
Brief Description of Performance Measure & Source and Reporting Instructions	CPT Category II Code(s)	Code Descriptor(s)
<p>Advance Care Planning⁵</p> <p>Whether or not the patient aged 18 years and older with advanced chronic or serious life threatening illness has an advance care plan or surrogate decision maker documented in the medical record or documentation in the medical record that an advance care plan was discussed</p> <p>Numerator: Patients who have an advance care plan or surrogate decision maker documented in the medical record OR documentation in the medical record that an advance care plan was discussed but patient did not wish or was not able to name a surrogate decision maker or provide an advance care plan</p> <p>Denominator: All patients aged 18 years and older with:</p> <ul style="list-style-type: none"> substantial risk of death within one year, based on the physician’s clinical judgment integrating the patient’s co-morbidities, health status, social and other factors <p>OR</p>	<p>1123F</p> <p>1124F</p> <p>Denominator Codes</p> <p>1150F</p>	<p>Advance Care Planning discussed and documented; advance care plan or surrogate decision maker documented in the medical record</p> <p>Advance Care Planning discussed and documented in the medical record; patient did not wish or was not able to name a surrogate decision maker or provide an advance care plan</p>

Footnotes

¹Physician Consortium for Performance Improvement®(PCPI) - For more information on measures developed by the Physician Consortium for Performance Improvement® (PCPI), see the appropriate Payor website.

²National Committee on Quality Assurance (NCQA), Health Employer Data Information Set (HEDIS®), www.ncqa.org

³The Joint Commission, <https://www.jointcommission.org>

⁴National Diabetes Quality Improvement Alliance (NDQIA) - For more information on measures developed by the National Diabetes Quality Improvement Alliance (NDQIA), see the appropriate Payor website.

⁵Joint measure from The Physician Consortium for Performance Improvement (PCPI), and National Committee on Quality Assurance (NCQA) - For more information on measures developed as joint measures from Physician Consortium for Performance Improvement and the National Committee on Quality Assurance (NCQA), visit the NCQA website at www.ncqa.org.

⁶The Society of Thoracic Surgeons at www.sts.org and National Quality Forum, www.qualityforum.org.

⁷Optum, www.optum.com.

⁸American Academy of Neurology, <https://www.aan.com/practice/neuromuscular-quality-measures>, or quality@aan.com.

⁹College of American Pathologists (CAP), <https://www.cap.org/advocacy/quality-payment-program-for-pathologists/mips-for-pathologists/2023-pathology-quality-measures>.

¹⁰American Gastroenterological Association (AGA), www.gastro.org/quality.

¹¹American Society of Anesthesiologists (ASA), www.asahq.org.

¹²American College of Gastroenterology (ACG), www.gi.org; American Gastroenterological Association (AGA), www.gastro.org; and American Society for Gastrointestinal Endoscopy (ASGE), www.asge.org.

Palliative/End of Life Care (Pall Cr)		
Brief Description of Performance Measure & Source and Reporting Instructions	CPT Category II Code(s)	Code Descriptor(s)
<ul style="list-style-type: none"> patients with advanced disease whose goals of care prioritize comfort OR patients with incurable cancer, organ system failure, or severe progressive neurological conditions* <p>* Note: See specifications for ICD-9 code list to identify patients with incurable cancer, organ system failure, or severe progressive neurological conditions</p> <p>Exclusion(s): None</p> <p>Percentage of patients 18 years and older with an advanced chronic or serious life-threatening illness who have an advance care plan or surrogate decision maker documented in the medical record or documentation in the medical record that an advance care plan was discussed during the measurement year</p> <p>Reporting Instructions:</p> <p>Report either 1123F or 1124F for each patient aged 18 years and older with incurable cancer, organ system failure, or severe progressive neurological conditions (identified using</p>	<p>1151F</p> <p>1152F</p> <p>1153F</p>	<p>Documentation that a patient has a substantial risk of death within one year</p> <p>Documentation that a patient does not have a substantial risk of death within one year</p> <p>Documentation of advanced disease diagnosis, goals of care prioritize comfort</p> <p>Documentation of advanced disease diagnosis, goals of care do not prioritize comfort</p>

Footnotes

¹Physician Consortium for Performance Improvement®(PCPI) - For more information on measures developed by the Physician Consortium for Performance Improvement® (PCPI), see the appropriate Payor website.

²National Committee on Quality Assurance (NCQA), Health Employer Data Information Set (HEDIS®), www.ncqa.org

³The Joint Commission, <https://www.jointcommission.org>

⁴National Diabetes Quality Improvement Alliance (NDQIA) - For more information on measures developed by the National Diabetes Quality Improvement Alliance (NDQIA), see the appropriate Payor website.

⁵Joint measure from The Physician Consortium for Performance Improvement (PCPI), and National Committee on Quality Assurance (NCQA) - For more information on measures developed as joint measures from Physician Consortium for Performance Improvement and the National Committee on Quality Assurance (NCQA), visit the NCQA website at www.ncqa.org.

⁶The Society of Thoracic Surgeons at www.sts.org and National Quality Forum, www.qualityforum.org.

⁷Optum, www.optum.com.

⁸American Academy of Neurology, <https://www.aan.com/practice/neuromuscular-quality-measures>, or quality@aan.com.

⁹College of American Pathologists (CAP), <https://www.cap.org/advocacy/quality-payment-program-for-pathologists/mips-for-pathologists/2023-pathology-quality-measures>.

¹⁰American Gastroenterological Association (AGA), www.gastro.org/quality.

¹¹American Society of Anesthesiologists (ASA), www.asahq.org.

¹²American College of Gastroenterology (ACG), www.gi.org; American Gastroenterological Association (AGA), www.gastro.org; and American Society for Gastrointestinal Endoscopy (ASGE), www.asge.org.

Palliative/End of Life Care (Pall Cr)		
Brief Description of Performance Measure & Source and Reporting Instructions	CPT Category II Code(s)	Code Descriptor(s)
<p>ICD-9 codes) who has advance care planning discussed and documented.</p> <p>OR</p> <p>Report 1150F or 1151F or 1152F or 1153F for each patient aged 18 years and older. If patient has substantial risk of death within one year (1150F) or the patient's goals of care prioritize comfort (1152F), and advance care planning was discussed and documented, also report 1123F or 1124F.</p> <p>There are no performance exclusions for this measure; modifiers 1P, 2P or 3P may not be used.</p>		

Footnotes

¹Physician Consortium for Performance Improvement®(PCPI) - For more information on measures developed by the Physician Consortium for Performance Improvement® (PCPI), see the appropriate Payor website.

²National Committee on Quality Assurance (NCQA), Health Employer Data Information Set (HEDIS®), www.ncqa.org

³The Joint Commission, <https://www.jointcommission.org>

⁴National Diabetes Quality Improvement Alliance (NDQIA) - For more information on measures developed by the National Diabetes Quality Improvement Alliance (NDQIA), see the appropriate Payor website.

⁵Joint measure from The Physician Consortium for Performance Improvement (PCPI), and National Committee on Quality Assurance (NCQA) - For more information on measures developed as joint measures from Physician Consortium for Performance Improvement and the National Committee on Quality Assurance (NCQA), visit the NCQA website at www.ncqa.org.

⁶The Society of Thoracic Surgeons at www.sts.org and National Quality Forum, www.qualityforum.org.

⁷Optum, www.optum.com.

⁸American Academy of Neurology, <https://www.aan.com/practice/neuromuscular-quality-measures>, or quality@aan.com.

⁹College of American Pathologists (CAP), <https://www.cap.org/advocacy/quality-payment-program-for-pathologists/mips-for-pathologists/2023-pathology-quality-measures>.

¹⁰American Gastroenterological Association (AGA), www.gastro.org/quality.

¹¹American Society of Anesthesiologists (ASA), www.asahq.org.

¹²American College of Gastroenterology (ACG), www.gi.org; American Gastroenterological Association (AGA), www.gastro.org; and American Society for Gastrointestinal Endoscopy (ASGE), www.asge.org.

Palliative/End of Life Care (Pall Cr)		
Brief Description of Performance Measure & Source and Reporting Instructions	CPT Category II Code(s)	Code Descriptor(s)
<p>Dyspnea Screening⁵</p> <p>Whether or not the patient aged 18 years and older with advanced chronic or serious life-threatening illness has a documented result from a dyspnea screening</p> <p>Numerator: Patients who are screened for dyspnea</p> <p>Denominator: All patients aged 18 years and older with:</p> <ul style="list-style-type: none"> with incurable cancer, organ system failure, or severe progressive neurological conditions* AND <ul style="list-style-type: none"> substantial risk of death within one year, based on the physician's clinical judgment integrating the patient's co-morbidities, health status, social and other factors OR with advanced disease whose goals of care prioritize comfort <p>* Note: See specifications for ICD-9 code list to identify patients with incurable cancer, organ system failure, or severe progressive neurological conditions</p>	<p>3450F</p> <p>3451F</p> <p>Denominator Codes</p> <p>1150F</p> <p>1151F</p> <p>1152F</p> <p>1153F</p>	<p>Dyspnea screened, no dyspnea or mild dyspnea</p> <p>Dyspnea screened, moderate or severe dyspnea</p> <p>Documentation that a patient has a substantial risk of death within one year</p> <p>Documentation that a patient does not have a substantial risk of death within one year</p> <p>Documentation of advanced disease diagnosis, goals of care prioritize comfort</p>

Footnotes

¹Physician Consortium for Performance Improvement®(PCPI) - For more information on measures developed by the Physician Consortium for Performance Improvement® (PCPI), see the appropriate Payor website.

²National Committee on Quality Assurance (NCQA), Health Employer Data Information Set (HEDIS®), www.ncqa.org

³The Joint Commission, <https://www.jointcommission.org>

⁴National Diabetes Quality Improvement Alliance (NDQIA) - For more information on measures developed by the National Diabetes Quality Improvement Alliance (NDQIA), see the appropriate Payor website.

⁵Joint measure from The Physician Consortium for Performance Improvement (PCPI), and National Committee on Quality Assurance (NCQA) - For more information on measures developed as joint measures from Physician Consortium for Performance Improvement and the National Committee on Quality Assurance (NCQA), visit the NCQA website at www.ncqa.org.

⁶The Society of Thoracic Surgeons at www.sts.org and National Quality Forum, www.qualityforum.org.

⁷Optum, www.optum.com.

⁸American Academy of Neurology, <https://www.aan.com/practice/neuromuscular-quality-measures>, or quality@aan.com.

⁹College of American Pathologists (CAP), <https://www.cap.org/advocacy/quality-payment-program-for-pathologists/mips-for-pathologists/2023-pathology-quality-measures>.

¹⁰American Gastroenterological Association (AGA), www.gastro.org/quality.

¹¹American Society of Anesthesiologists (ASA), www.asahq.org.

¹²American College of Gastroenterology (ACG), www.gi.org; American Gastroenterological Association (AGA), www.gastro.org; and American Society for Gastrointestinal Endoscopy (ASGE), www.asge.org.

Palliative/End of Life Care (Pall Cr)		
Brief Description of Performance Measure & Source and Reporting Instructions	CPT Category II Code(s)	Code Descriptor(s)
<p>Exclusion(s): None</p> <p>Percentage of patients 18 years and older with an advanced chronic or serious life-threatening illness who have a documented result from a dyspnea screening</p> <p>Reporting Instructions:</p> <p>Report 1150F or 1151F or 1152F or 1153F for each patient aged 18 years and older with incurable cancer, organ system failure, or severe progressive neurological conditions (identified using ICD-9 codes). If patient has substantial risk of death within one year (1150F) or the patient's goals of care prioritize comfort (1152F), and dyspnea screening was performed, also report 3450F or 3451F.</p> <p>There are no performance exclusions for this measure; modifiers 1P, 2P or 3P may not be used.</p>		Documentation of advanced disease diagnosis, goals of care do not prioritize comfort

Footnotes

¹Physician Consortium for Performance Improvement®(PCPI) - For more information on measures developed by the Physician Consortium for Performance Improvement® (PCPI), see the appropriate Payor website.

²National Committee on Quality Assurance (NCQA), Health Employer Data Information Set (HEDIS®), www.ncqa.org

³The Joint Commission, <https://www.jointcommission.org>

⁴National Diabetes Quality Improvement Alliance (NDQIA) - For more information on measures developed by the National Diabetes Quality Improvement Alliance (NDQIA), see the appropriate Payor website.

⁵Joint measure from The Physician Consortium for Performance Improvement (PCPI), and National Committee on Quality Assurance (NCQA) - For more information on measures developed as joint measures from Physician Consortium for Performance Improvement and the National Committee on Quality Assurance (NCQA), visit the NCQA website at www.ncqa.org.

⁶The Society of Thoracic Surgeons at www.sts.org and National Quality Forum, www.qualityforum.org.

⁷Optum, www.optum.com.

⁸American Academy of Neurology, <https://www.aan.com/practice/neuromuscular-quality-measures>, or quality@aan.com.

⁹College of American Pathologists (CAP), <https://www.cap.org/advocacy/quality-payment-program-for-pathologists/mips-for-pathologists/2023-pathology-quality-measures>.

¹⁰American Gastroenterological Association (AGA), www.gastro.org/quality.

¹¹American Society of Anesthesiologists (ASA), www.asahq.org.

¹²American College of Gastroenterology (ACG), www.gi.org; American Gastroenterological Association (AGA), www.gastro.org; and American Society for Gastrointestinal Endoscopy (ASGE), www.asge.org.

Palliative/End of Life Care (Pall Cr)			
Brief Description of Performance Measure & Source and Reporting Instructions	CPT Category II Code(s)	Code Descriptor(s)	
<p>Dyspnea Management⁵</p> <p>Whether or not the patient aged 18 years and older with advanced chronic or serious life-threatening illness and a documented diagnosis of moderate or severe dyspnea from a dyspnea screening has a documented plan of care to manage dyspnea symptoms</p> <p>Numerator: Patients who have a documented plan of care** to manage dyspnea</p> <p>**A documented plan of care includes: a plan for treatment of dyspnea, including but not limited to: nonpharmacologic treatments (eg, repositioning, improving air circulation, relaxation techniques) and pharmacologic methods (eg, oxygen, opioids, anxiolytics) OR a statement about why no intervention is undertaken AND a plan for assessment of pain including an indication of reassessment time or interval</p> <p>Denominator: All patients aged 18 years and older with:</p>	0535F	Dyspnea management plan of care, documented	
	Denominator Codes		
	3450F	Dyspnea screened, no dyspnea or mild dyspnea	
	3451F	Dyspnea screened, moderate or severe dyspnea	
	3452F	Dyspnea not screened	
	1150F	Documentation that a patient has a substantial risk of death within one year	
1151F			

Footnotes

¹Physician Consortium for Performance Improvement®(PCPI) - For more information on measures developed by the Physician Consortium for Performance Improvement® (PCPI), see the appropriate Payor website.

²National Committee on Quality Assurance (NCQA), Health Employer Data Information Set (HEDIS®), www.ncqa.org

³The Joint Commission, <https://www.jointcommission.org>

⁴National Diabetes Quality Improvement Alliance (NDQIA) - For more information on measures developed by the National Diabetes Quality Improvement Alliance (NDQIA), see the appropriate Payor website.

⁵Joint measure from The Physician Consortium for Performance Improvement (PCPI), and National Committee on Quality Assurance (NCQA) - For more information on measures developed as joint measures from Physician Consortium for Performance Improvement and the National Committee on Quality Assurance (NCQA), visit the NCQA website at www.ncqa.org.

⁶The Society of Thoracic Surgeons at www.sts.org and National Quality Forum, www.qualityforum.org.

⁷Optum, www.optum.com.

⁸American Academy of Neurology, <https://www.aan.com/practice/neuromuscular-quality-measures>, or quality@aan.com.

⁹College of American Pathologists (CAP), <https://www.cap.org/advocacy/quality-payment-program-for-pathologists/mips-for-pathologists/2023-pathology-quality-measures>.

¹⁰American Gastroenterological Association (AGA), www.gastro.org/quality.

¹¹American Society of Anesthesiologists (ASA), www.asahq.org.

¹²American College of Gastroenterology (ACG), www.gi.org; American Gastroenterological Association (AGA), www.gastro.org; and American Society for Gastrointestinal Endoscopy (ASGE), www.asge.org.

Palliative/End of Life Care (Pall Cr)		
Brief Description of Performance Measure & Source and Reporting Instructions	CPT Category II Code(s)	Code Descriptor(s)
<ul style="list-style-type: none"> patients with incurable cancer, organ system failure, or severe progressive neurological conditions* AND <ul style="list-style-type: none"> substantial risk of death within one year, based on the physician's clinical judgment integrating the patient's co-morbidities, health status, social and other factors OR patients with advanced disease whose goals of care prioritize comfort screened for dyspnea and diagnosed with moderate or severe dyspnea <p>* Note: See specifications for ICD-9 code list to identify patients with incurable cancer, organ system failure, or severe progressive neurological conditions</p> <p>Exclusion(s): None</p> <p>Percentage of patients 18 years and older with an advanced chronic or serious life threatening illness who have a documented result of moderate or severe dyspnea from a dyspnea screening and have a documented plan of care to manage dyspnea symptoms</p>	<p>1152F</p> <p>1153F</p>	<p>Documentation that a patient does not have a substantial risk of death within one year</p> <p>Documentation of advanced disease diagnosis, goals of care prioritize comfort</p> <p>Documentation of advance disease diagnosis, goals of care do not prioritize comfort</p>

Footnotes

¹Physician Consortium for Performance Improvement®(PCPI) - For more information on measures developed by the Physician Consortium for Performance Improvement® (PCPI), see the appropriate Payor website.

²National Committee on Quality Assurance (NCQA), Health Employer Data Information Set (HEDIS®), www.ncqa.org

³The Joint Commission, <https://www.jointcommission.org>

⁴National Diabetes Quality Improvement Alliance (NDQIA) - For more information on measures developed by the National Diabetes Quality Improvement Alliance (NDQIA), see the appropriate Payor website.

⁵Joint measure from The Physician Consortium for Performance Improvement (PCPI), and National Committee on Quality Assurance (NCQA) - For more information on measures developed as joint measures from Physician Consortium for Performance Improvement and the National Committee on Quality Assurance (NCQA), visit the NCQA website at www.ncqa.org.

⁶The Society of Thoracic Surgeons at www.sts.org and National Quality Forum, www.qualityforum.org.

⁷Optum, www.optum.com.

⁸American Academy of Neurology, <https://www.aan.com/practice/neuromuscular-quality-measures>, or quality@aan.com.

⁹College of American Pathologists (CAP), <https://www.cap.org/advocacy/quality-payment-program-for-pathologists/mips-for-pathologists/2023-pathology-quality-measures>.

¹⁰American Gastroenterological Association (AGA), www.gastro.org/quality.

¹¹American Society of Anesthesiologists (ASA), www.asahq.org.

¹²American College of Gastroenterology (ACG), www.gi.org; American Gastroenterological Association (AGA), www.gastro.org; and American Society for Gastrointestinal Endoscopy (ASGE), www.asge.org.

Palliative/End of Life Care (Pall Cr)		
Brief Description of Performance Measure & Source and Reporting Instructions	CPT Category II Code(s)	Code Descriptor(s)
<p>Reporting Instructions:</p> <p>Report 1150F or 1151F or 1152F or 1153F for each patient aged 18 years and older with incurable cancer, organ system failure, or severe progressive neurological conditions (identified using ICD-9 codes). If patient has substantial risk of death within one year (1150F) or patient's goals of care prioritize comfort (1152F), also report 3450F or 3451F or 3452F. If patient has moderate or severe dyspnea (3451F), and a dyspnea management plan of care is documented, also report 0535F.</p> <p>There are no performance exclusions for this measure; modifiers 1P, 2P or 3P may not be used.</p>		

Footnotes

¹Physician Consortium for Performance Improvement®(PCPI) - For more information on measures developed by the Physician Consortium for Performance Improvement® (PCPI), see the appropriate Payor website.

²National Committee on Quality Assurance (NCQA), Health Employer Data Information Set (HEDIS®), www.ncqa.org

³The Joint Commission, <https://www.jointcommission.org>

⁴National Diabetes Quality Improvement Alliance (NDQIA) - For more information on measures developed by the National Diabetes Quality Improvement Alliance (NDQIA), see the appropriate Payor website.

⁵Joint measure from The Physician Consortium for Performance Improvement (PCPI), and National Committee on Quality Assurance (NCQA) - For more information on measures developed as joint measures from Physician Consortium for Performance Improvement and the National Committee on Quality Assurance (NCQA), visit the NCQA website at www.ncqa.org.

⁶The Society of Thoracic Surgeons at www.sts.org and National Quality Forum, www.qualityforum.org.

⁷Optum, www.optum.com.

⁸American Academy of Neurology, <https://www.aan.com/practice/neuromuscular-quality-measures>, or quality@aan.com.

⁹College of American Pathologists (CAP), <https://www.cap.org/advocacy/quality-payment-program-for-pathologists/mips-for-pathologists/2023-pathology-quality-measures>.

¹⁰American Gastroenterological Association (AGA), www.gastro.org/quality.

¹¹American Society of Anesthesiologists (ASA), www.asahq.org.

¹²American College of Gastroenterology (ACG), www.gi.org; American Gastroenterological Association (AGA), www.gastro.org; and American Society for Gastrointestinal Endoscopy (ASGE), www.asge.org.

Parkinson's Disease (Prkns)		
Brief Description of Performance Measure & Source and Reporting Instructions	CPT Category II Code(s)	Code Descriptor(s)

Footnotes

¹Physician Consortium for Performance Improvement®(PCPI) - For more information on measures developed by the Physician Consortium for Performance Improvement® (PCPI), see the appropriate Payor website.

²National Committee on Quality Assurance (NCQA), Health Employer Data Information Set (HEDIS®), www.ncqa.org

³The Joint Commission, <https://www.jointcommission.org>

⁴National Diabetes Quality Improvement Alliance (NDQIA) - For more information on measures developed by the National Diabetes Quality Improvement Alliance (NDQIA), see the appropriate Payor website.

⁵Joint measure from The Physician Consortium for Performance Improvement (PCPI), and National Committee on Quality Assurance (NCQA) - For more information on measures developed as joint measures from Physician Consortium for Performance Improvement and the National Committee on Quality Assurance (NCQA), visit the NCQA website at www.ncqa.org.

⁶The Society of Thoracic Surgeons at www.sts.org and National Quality Forum, www.qualityforum.org.

⁷Optum, www.optum.com.

⁸American Academy of Neurology, <https://www.aan.com/practice/neuromuscular-quality-measures>, or quality@aan.com.

⁹College of American Pathologists (CAP), <https://www.cap.org/advocacy/quality-payment-program-for-pathologists/mips-for-pathologists/2023-pathology-quality-measures>.

¹⁰American Gastroenterological Association (AGA), www.gastro.org/quality.

¹¹American Society of Anesthesiologists (ASA), www.asahq.org.

¹²American College of Gastroenterology (ACG), www.gi.org; American Gastroenterological Association (AGA), www.gastro.org; and American Society for Gastrointestinal Endoscopy (ASGE), www.asge.org.

<p>Annual Parkinson’s Disease Diagnosis Reviewed⁸ Whether or not patient with a diagnosis of Parkinson’s disease had their Parkinson’s disease diagnosis reviewed, including a review of current medications (eg medications that can produce Parkinson-like signs or symptoms) and the presence of atypical features (eg falls at presentation and early in the disease course, poor response to levodopa, symmetry at onset, rapid progression (to Hoehn and Yahr stage 3 in 3 years), lack of tremor or dysautonomia) at least annually.</p> <p>Numerator: Patients who had their Parkinson’s disease diagnosis reviewed, including a review of current medications (eg medications that can produce Parkinson-like signs or symptoms) and the presence of atypical features (eg falls at presentation and early in the disease course, poor response to levodopa, symmetry at onset, rapid progression (to Hoehn and Yahr stage 3 in 3 years), lack of tremor or dysautonomia) at least annually.</p> <p>Denominator: All patients with a diagnosis of Parkinson’s disease.</p> <p>Exclusion(s): None.</p> <p>Reporting Instructions:</p>	<p>1400F</p>	<p>Parkinson’s disease diagnosis reviewed</p>
--	--------------	---

Footnotes

¹Physician Consortium for Performance Improvement®(PCPI) - For more information on measures developed by the Physician Consortium for Performance Improvement® (PCPI), see the appropriate Payor website.

²National Committee on Quality Assurance (NCQA), Health Employer Data Information Set (HEDIS®), www.ncqa.org

³The Joint Commission, <https://www.jointcommission.org>

⁴National Diabetes Quality Improvement Alliance (NDQIA) - For more information on measures developed by the National Diabetes Quality Improvement Alliance (NDQIA), see the appropriate Payor website.

⁵Joint measure from The Physician Consortium for Performance Improvement (PCPI), and National Committee on Quality Assurance (NCQA) - For more information on measures developed as joint measures from Physician Consortium for Performance Improvement and the National Committee on Quality Assurance (NCQA), visit the NCQA website at www.ncqa.org.

⁶The Society of Thoracic Surgeons at www.sts.org and National Quality Forum, www.qualityforum.org.

⁷Optum, www.optum.com.

⁸American Academy of Neurology, <https://www.aan.com/practice/neuromuscular-quality-measures>, or quality@aan.com.

⁹College of American Pathologists (CAP), <https://www.cap.org/advocacy/quality-payment-program-for-pathologists/mips-for-pathologists/2023-pathology-quality-measures>.

¹⁰American Gastroenterological Association (AGA), www.gastro.org/quality.

¹¹American Society of Anesthesiologists (ASA), www.asahq.org.

¹²American College of Gastroenterology (ACG), www.gi.org; American Gastroenterological Association (AGA), www.gastro.org; and American Society for Gastrointestinal Endoscopy (ASGE), www.asge.org.

Parkinson's Disease (Prkns)		
Brief Description of Performance Measure & Source and Reporting Instructions	CPT Category II Code(s)	Code Descriptor(s)
There are no performance exclusions for this measure; modifiers 1P, 2P, and 3P may not be used.		

Footnotes

¹Physician Consortium for Performance Improvement®(PCPI) - For more information on measures developed by the Physician Consortium for Performance Improvement® (PCPI), see the appropriate Payor website.

²National Committee on Quality Assurance (NCQA), Health Employer Data Information Set (HEDIS®), www.ncqa.org

³The Joint Commission, <https://www.jointcommission.org>

⁴National Diabetes Quality Improvement Alliance (NDQIA) - For more information on measures developed by the National Diabetes Quality Improvement Alliance (NDQIA), see the appropriate Payor website.

⁵Joint measure from The Physician Consortium for Performance Improvement (PCPI), and National Committee on Quality Assurance (NCQA) - For more information on measures developed as joint measures from Physician Consortium for Performance Improvement and the National Committee on Quality Assurance (NCQA), visit the NCQA website at www.ncqa.org.

⁶The Society of Thoracic Surgeons at www.sts.org and National Quality Forum, www.qualityforum.org.

⁷Optum, www.optum.com.

⁸American Academy of Neurology, <https://www.aan.com/practice/neuromuscular-quality-measures>, or quality@aan.com.

⁹College of American Pathologists (CAP), <https://www.cap.org/advocacy/quality-payment-program-for-pathologists/mips-for-pathologists/2023-pathology-quality-measures>.

¹⁰American Gastroenterological Association (AGA), www.gastro.org/quality.

¹¹American Society of Anesthesiologists (ASA), www.asahq.org.

¹²American College of Gastroenterology (ACG), www.gi.org; American Gastroenterological Association (AGA), www.gastro.org; and American Society for Gastrointestinal Endoscopy (ASGE), www.asge.org.

Parkinson's Disease (Prkns)		
Brief Description of Performance Measure & Source and Reporting Instructions	CPT Category II Code(s)	Code Descriptor(s)
<p>Psychiatric Disorders or Disturbances Assessment⁸</p> <p>Whether or not the patient with a diagnosis of Parkinson's disease was assessed for psychiatric disorders or disturbances (eg psychosis, depression, anxiety disorder, apathy, or impulse control disorder) at least annually.</p> <p>Numerator: Patients who were assessed for psychiatric disorders or disturbances (eg psychosis, depression, anxiety disorder, apathy, or impulse control disorder) at least annually.</p> <p>Denominator: All patients with a diagnosis of Parkinson's disease.</p> <p>Exclusion(s): None.</p> <p>Reporting Instructions: There are no performance exclusions for this measure; modifiers 1P, 2P and 3P may not be used.</p>	3700F	Psychiatric disorders or disturbances assessed

Footnotes

¹Physician Consortium for Performance Improvement®(PCPI) - For more information on measures developed by the Physician Consortium for Performance Improvement® (PCPI), see the appropriate Payor website.

²National Committee on Quality Assurance (NCQA), Health Employer Data Information Set (HEDIS®), www.ncqa.org

³The Joint Commission, <https://www.jointcommission.org>

⁴National Diabetes Quality Improvement Alliance (NDQIA) - For more information on measures developed by the National Diabetes Quality Improvement Alliance (NDQIA), see the appropriate Payor website.

⁵Joint measure from The Physician Consortium for Performance Improvement (PCPI), and National Committee on Quality Assurance (NCQA) - For more information on measures developed as joint measures from Physician Consortium for Performance Improvement and the National Committee on Quality Assurance (NCQA), visit the NCQA website at www.ncqa.org.

⁶The Society of Thoracic Surgeons at www.sts.org and National Quality Forum, www.qualityforum.org.

⁷Optum, www.optum.com.

⁸American Academy of Neurology, <https://www.aan.com/practice/neuromuscular-quality-measures>, or quality@aan.com.

⁹College of American Pathologists (CAP), <https://www.cap.org/advocacy/quality-payment-program-for-pathologists/mips-for-pathologists/2023-pathology-quality-measures>.

¹⁰American Gastroenterological Association (AGA), www.gastro.org/quality.

¹¹American Society of Anesthesiologists (ASA), www.asahq.org.

¹²American College of Gastroenterology (ACG), www.gi.org; American Gastroenterological Association (AGA), www.gastro.org; and American Society for Gastrointestinal Endoscopy (ASGE), www.asge.org.

Parkinson's Disease (Prkns)		
Brief Description of Performance Measure & Source and Reporting Instructions	CPT Category II Code(s)	Code Descriptor(s)
<p>Cognitive Impairment or Dysfunction Assessment⁸</p> <p>Whether or not the patient with a diagnosis of Parkinson's disease was assessed for cognitive impairment or dysfunction at least annually.</p> <p>Numerator: Patients who were assessed for cognitive impairment or dysfunction at least annually.</p> <p>Denominator: All patients with a diagnosis of Parkinson's disease.</p> <p>Exclusion(s): None.</p> <p>Reporting Instructions: There are no performance exclusions for this measure; modifiers 1P, 2P and 3P may not be used.</p>	3720F	Cognitive impairment or dysfunction assessed

Footnotes

¹Physician Consortium for Performance Improvement®(PCPI) - For more information on measures developed by the Physician Consortium for Performance Improvement® (PCPI), see the appropriate Payor website.

²National Committee on Quality Assurance (NCQA), Health Employer Data Information Set (HEDIS®), www.ncqa.org

³The Joint Commission, <https://www.jointcommission.org>

⁴National Diabetes Quality Improvement Alliance (NDQIA) - For more information on measures developed by the National Diabetes Quality Improvement Alliance (NDQIA), see the appropriate Payor website.

⁵Joint measure from The Physician Consortium for Performance Improvement (PCPI), and National Committee on Quality Assurance (NCQA) - For more information on measures developed as joint measures from Physician Consortium for Performance Improvement and the National Committee on Quality Assurance (NCQA), visit the NCQA website at www.ncqa.org.

⁶The Society of Thoracic Surgeons at www.sts.org and National Quality Forum, www.qualityforum.org.

⁷Optum, www.optum.com.

⁸American Academy of Neurology, <https://www.aan.com/practice/neuromuscular-quality-measures>, or quality@aan.com.

⁹College of American Pathologists (CAP), <https://www.cap.org/advocacy/quality-payment-program-for-pathologists/mips-for-pathologists/2023-pathology-quality-measures>.

¹⁰American Gastroenterological Association (AGA), www.gastro.org/quality.

¹¹American Society of Anesthesiologists (ASA), www.asahq.org.

¹²American College of Gastroenterology (ACG), www.gi.org; American Gastroenterological Association (AGA), www.gastro.org; and American Society for Gastrointestinal Endoscopy (ASGE), www.asge.org.

<p>Querying about Symptoms of Autonomic Dysfunction⁸</p> <p>Whether or not the patient with a diagnosis of Parkinson’s disease (or caregiver(s), as appropriate) was queried about symptoms of autonomic dysfunction (eg orthostatic hypotension, constipation, urinary urgency/incontinence and fecal incontinence, urinary retention requiring catheterization, or persistent erectile failure) at least annually.</p> <p>Numerator: Patients (or caregiver(s), as appropriate) who were queried about symptoms of autonomic dysfunction (eg orthostatic hypotension, constipation, urinary urgency/incontinence and fecal incontinence, urinary retention requiring catheterization, or persistent erectile failure) at least annually.</p> <p>Denominator: All patients with a diagnosis of Parkinson’s disease.</p> <p>Exclusion(s): Documentation of medical reason(s) for not querying patient (or caregiver) about symptoms of autonomic dysfunction at least annually (eg patient is unable to respond and no informant is available)</p> <p>Reporting Instructions: For the patient with appropriate exclusion criteria report 4326F with modifier 1P.</p>	<p>4326F</p>	<p>Patient (or caregiver) queried about symptoms of autonomic dysfunction</p>
---	--------------	---

Footnotes

¹Physician Consortium for Performance Improvement®(PCPI) - For more information on measures developed by the Physician Consortium for Performance Improvement® (PCPI), see the appropriate Payor website.

²National Committee on Quality Assurance (NCQA), Health Employer Data Information Set (HEDIS®), www.ncqa.org

³The Joint Commission, <https://www.jointcommission.org>

⁴National Diabetes Quality Improvement Alliance (NDQIA) - For more information on measures developed by the National Diabetes Quality Improvement Alliance (NDQIA), see the appropriate Payor website.

⁵Joint measure from The Physician Consortium for Performance Improvement (PCPI), and National Committee on Quality Assurance (NCQA) - For more information on measures developed as joint measures from Physician Consortium for Performance Improvement and the National Committee on Quality Assurance (NCQA), visit the NCQA website at www.ncqa.org.

⁶The Society of Thoracic Surgeons at www.sts.org and National Quality Forum, www.qualityforum.org.

⁷Optum, www.optum.com.

⁸American Academy of Neurology, <https://www.aan.com/practice/neuromuscular-quality-measures>, or quality@aan.com.

⁹College of American Pathologists (CAP), <https://www.cap.org/advocacy/quality-payment-program-for-pathologists/mips-for-pathologists/2023-pathology-quality-measures>.

¹⁰American Gastroenterological Association (AGA), www.gastro.org/quality.

¹¹American Society of Anesthesiologists (ASA), www.asahq.org.

¹²American College of Gastroenterology (ACG), www.gi.org; American Gastroenterological Association (AGA), www.gastro.org; and American Society for Gastrointestinal Endoscopy (ASGE), www.asge.org.

Parkinson's Disease (Prkns)		
Brief Description of Performance Measure & Source and Reporting Instructions	CPT Category II Code(s)	Code Descriptor(s)
<p>Querying about Sleep Disturbances⁸</p> <p>Whether or not the patient with a diagnosis of Parkinson's disease (or caregiver(s), as appropriate) was queried about sleep disturbances at least annually.</p> <p>Numerator: Patients (or caregiver(s), as appropriate) who were queried about sleep disturbances at least annually.</p> <p>Denominator: All patients with a diagnosis of Parkinson's disease.</p> <p>Exclusion(s): Documentation of medical reason(s) for not querying patient (or caregiver) about sleep disturbances at least annually (eg patient is unable to respond and no informant is available)</p> <p>Reporting Instructions: For the patient with appropriate exclusion criteria report 4328F with modifier 1P.</p>	4328F	Patient (or caregiver) queried about sleep disturbances

Footnotes

¹Physician Consortium for Performance Improvement®(PCPI) - For more information on measures developed by the Physician Consortium for Performance Improvement® (PCPI), see the appropriate Payor website.

²National Committee on Quality Assurance (NCQA), Health Employer Data Information Set (HEDIS®), www.ncqa.org

³The Joint Commission, <https://www.jointcommission.org>

⁴National Diabetes Quality Improvement Alliance (NDQIA) - For more information on measures developed by the National Diabetes Quality Improvement Alliance (NDQIA), see the appropriate Payor website.

⁵Joint measure from The Physician Consortium for Performance Improvement (PCPI), and National Committee on Quality Assurance (NCQA) - For more information on measures developed as joint measures from Physician Consortium for Performance Improvement and the National Committee on Quality Assurance (NCQA), visit the NCQA website at www.ncqa.org.

⁶The Society of Thoracic Surgeons at www.sts.org and National Quality Forum, www.qualityforum.org.

⁷Optum, www.optum.com.

⁸American Academy of Neurology, <https://www.aan.com/practice/neuromuscular-quality-measures>, or quality@aan.com.

⁹College of American Pathologists (CAP), <https://www.cap.org/advocacy/quality-payment-program-for-pathologists/mips-for-pathologists/2023-pathology-quality-measures>.

¹⁰American Gastroenterological Association (AGA), www.gastro.org/quality.

¹¹American Society of Anesthesiologists (ASA), www.asahq.org.

¹²American College of Gastroenterology (ACG), www.gi.org; American Gastroenterological Association (AGA), www.gastro.org; and American Society for Gastrointestinal Endoscopy (ASGE), www.asge.org.

Parkinson's Disease (Prkns)		
Brief Description of Performance Measure & Source and Reporting Instructions	CPT Category II Code(s)	Code Descriptor(s)
<p>Querying about Falls⁸</p> <p>Whether or not the patient with a diagnosis of Parkinson's disease (or caregiver(s), as appropriate) was queried about falls at least annually.</p> <p>Numerator: Patients (or caregiver(s), as appropriate) who were queried about falls at least annually.</p> <p>Denominator: All patients with a diagnosis of Parkinson's disease.</p> <p>Exclusion(s): Documentation of medical reason(s) for not querying patient (or caregiver) about falls at least annually (eg patient is unable to respond and no informant is available)</p> <p>Reporting Instructions: For the patient with appropriate exclusion criteria report 6080F with modifier 1P</p>	6080F	Patient (or caregiver) queried about falls

Footnotes

¹Physician Consortium for Performance Improvement®(PCPI) - For more information on measures developed by the Physician Consortium for Performance Improvement® (PCPI), see the appropriate Payor website.

²National Committee on Quality Assurance (NCQA), Health Employer Data Information Set (HEDIS®), www.ncqa.org

³The Joint Commission, <https://www.jointcommission.org>

⁴National Diabetes Quality Improvement Alliance (NDQIA) - For more information on measures developed by the National Diabetes Quality Improvement Alliance (NDQIA), see the appropriate Payor website.

⁵Joint measure from The Physician Consortium for Performance Improvement (PCPI), and National Committee on Quality Assurance (NCQA) - For more information on measures developed as joint measures from Physician Consortium for Performance Improvement and the National Committee on Quality Assurance (NCQA), visit the NCQA website at www.ncqa.org.

⁶The Society of Thoracic Surgeons at www.sts.org and National Quality Forum, www.qualityforum.org.

⁷Optum, www.optum.com.

⁸American Academy of Neurology, <https://www.aan.com/practice/neuromuscular-quality-measures>, or quality@aan.com.

⁹College of American Pathologists (CAP), <https://www.cap.org/advocacy/quality-payment-program-for-pathologists/mips-for-pathologists/2023-pathology-quality-measures>.

¹⁰American Gastroenterological Association (AGA), www.gastro.org/quality.

¹¹American Society of Anesthesiologists (ASA), www.asahq.org.

¹²American College of Gastroenterology (ACG), www.gi.org; American Gastroenterological Association (AGA), www.gastro.org; and American Society for Gastrointestinal Endoscopy (ASGE), www.asge.org.

<p>Parkinson’s Disease Rehabilitative Therapy Options⁸</p> <p>Whether or not the patient with a diagnosis of Parkinson’s disease (or caregiver(s), as appropriate) had rehabilitative therapy (eg physical, occupational, or speech therapy) options discussed at least annually.</p> <p>Numerator: Patients (or caregiver(s), as appropriate) who had rehabilitative therapy options (eg physical, occupational or speech therapy) discussed at least annually.</p> <p>Denominator: All patients with a diagnosis of Parkinson’s disease.</p> <p>Exclusion(s): Documentation of medical reason(s) for not discussing rehabilitative therapy options with the patient (or caregiver) at least annually (eg patient has no known physical disability due to Parkinson’s disease; patient is unable to respond and no informant is available)</p> <p>Reporting Instructions: For the patient with appropriate exclusion criteria, report 4400F with modifier 1P.</p>	<p>4400F</p>	<p>Rehabilitative therapy options discussed with patient (or caregiver)</p>
<p>Parkinson’s Disease-Related Safety Issues Counseling⁸</p> <p>Whether or not the patient with a diagnosis of Parkinson’s disease (or caregiver(s), as appropriate) was counseled about context-specific safety issues appropriate to the patient’s</p>		

Footnotes

¹Physician Consortium for Performance Improvement®(PCPI) - For more information on measures developed by the Physician Consortium for Performance Improvement® (PCPI), see the appropriate Payor website.

²National Committee on Quality Assurance (NCQA), Health Employer Data Information Set (HEDIS®), www.ncqa.org

³The Joint Commission, <https://www.jointcommission.org>

⁴National Diabetes Quality Improvement Alliance (NDQIA) - For more information on measures developed by the National Diabetes Quality Improvement Alliance (NDQIA), see the appropriate Payor website.

⁵Joint measure from The Physician Consortium for Performance Improvement (PCPI), and National Committee on Quality Assurance (NCQA) - For more information on measures developed as joint measures from Physician Consortium for Performance Improvement and the National Committee on Quality Assurance (NCQA), visit the NCQA website at www.ncqa.org.

⁶The Society of Thoracic Surgeons at www.sts.org and National Quality Forum, www.qualityforum.org.

⁷Optum, www.optum.com.

⁸American Academy of Neurology, <https://www.aan.com/practice/neuromuscular-quality-measures>, or quality@aan.com.

⁹College of American Pathologists (CAP), <https://www.cap.org/advocacy/quality-payment-program-for-pathologists/mips-for-pathologists/2023-pathology-quality-measures>.

¹⁰American Gastroenterological Association (AGA), www.gastro.org/quality.

¹¹American Society of Anesthesiologists (ASA), www.asahq.org.

¹²American College of Gastroenterology (ACG), www.gi.org; American Gastroenterological Association (AGA), www.gastro.org; and American Society for Gastrointestinal Endoscopy (ASGE), www.asge.org.

Parkinson's Disease (Prkns)		
Brief Description of Performance Measure & Source and Reporting Instructions	CPT Category II Code(s)	Code Descriptor(s)
<p>stage of disease (eg injury prevention, medication management, or driving) at least annually</p> <p>Numerator: Patients (or caregiver(s), as appropriate) who were counseled about context-specific safety issues appropriate to the patient's stage of disease (eg injury prevention, medication management, or driving) at least annually</p> <p>Denominator: All patients with a diagnosis of Parkinson's disease</p> <p>Exclusion(s): Documentation of medical reason for not counseling the patient (or caregiver) about context-specific safety issues appropriate to the patient's stage of disease (eg patient is unable to comprehend and no informant is available)</p> <p>Reporting Instructions: For the patient with appropriate exclusion criteria, report 6090F with modifier 1P.</p>	6090F	Patient (or caregiver) counseled about safety issues appropriate to patient's stage of disease

Footnotes

¹Physician Consortium for Performance Improvement®(PCPI) - For more information on measures developed by the Physician Consortium for Performance Improvement® (PCPI), see the appropriate Payor website.

²National Committee on Quality Assurance (NCQA), Health Employer Data Information Set (HEDIS®), www.ncqa.org

³The Joint Commission, <https://www.jointcommission.org>

⁴National Diabetes Quality Improvement Alliance (NDQIA) - For more information on measures developed by the National Diabetes Quality Improvement Alliance (NDQIA), see the appropriate Payor website.

⁵Joint measure from The Physician Consortium for Performance Improvement (PCPI), and National Committee on Quality Assurance (NCQA) - For more information on measures developed as joint measures from Physician Consortium for Performance Improvement and the National Committee on Quality Assurance (NCQA), visit the NCQA website at www.ncqa.org.

⁶The Society of Thoracic Surgeons at www.sts.org and National Quality Forum, www.qualityforum.org.

⁷Optum, www.optum.com.

⁸American Academy of Neurology, <https://www.aan.com/practice/neuromuscular-quality-measures>, or quality@aan.com.

⁹College of American Pathologists (CAP), <https://www.cap.org/advocacy/quality-payment-program-for-pathologists/mips-for-pathologists/2023-pathology-quality-measures>.

¹⁰American Gastroenterological Association (AGA), www.gastro.org/quality.

¹¹American Society of Anesthesiologists (ASA), www.asahq.org.

¹²American College of Gastroenterology (ACG), www.gi.org; American Gastroenterological Association (AGA), www.gastro.org; and American Society for Gastrointestinal Endoscopy (ASGE), www.asge.org.

<p>Querying about Parkinson’s Disease Medication Related Motor Complications⁸</p> <p>Whether or not at the visit for the patient with a diagnosis of Parkinson’s disease the patient (or caregiver(s), as appropriate) was queried about Parkinson’s disease medication-related motor complications (eg wearing off, dyskinesia, or off-time).</p> <p>Numerator: Patient visits with patient (or caregiver(s), as appropriate) queried about Parkinson’s disease medication-related motor complications (eg wearing off, dyskinesia, or off-time).</p> <p>Denominator: All visits for patients with a diagnosis of Parkinson’s disease.</p> <p>Exclusion(s): Documentation of medical reason for not querying patient (or caregiver) about Parkinson’s disease medication-related motor complications (eg patient is not on a Parkinson’s disease medication; the patient is unable to respond and no informant is available)</p> <p>Reporting Instructions: For the patient with appropriate exclusion criteria report 4324F with modifier 1P.</p>	<p>4324F</p>	<p>Patient (or caregiver) queried about Parkinson’s disease medication related motor complications</p>
--	--------------	--

Footnotes

¹Physician Consortium for Performance Improvement®(PCPI) - For more information on measures developed by the Physician Consortium for Performance Improvement® (PCPI), see the appropriate Payor website.

²National Committee on Quality Assurance (NCQA), Health Employer Data Information Set (HEDIS®), www.ncqa.org

³The Joint Commission, <https://www.jointcommission.org>

⁴National Diabetes Quality Improvement Alliance (NDQIA) - For more information on measures developed by the National Diabetes Quality Improvement Alliance (NDQIA), see the appropriate Payor website.

⁵Joint measure from The Physician Consortium for Performance Improvement (PCPI), and National Committee on Quality Assurance (NCQA) - For more information on measures developed as joint measures from Physician Consortium for Performance Improvement and the National Committee on Quality Assurance (NCQA), visit the NCQA website at www.ncqa.org.

⁶The Society of Thoracic Surgeons at www.sts.org and National Quality Forum, www.qualityforum.org.

⁷Optum, www.optum.com.

⁸American Academy of Neurology, <https://www.aan.com/practice/neuromuscular-quality-measures>, or quality@aan.com.

⁹College of American Pathologists (CAP), <https://www.cap.org/advocacy/quality-payment-program-for-pathologists/mips-for-pathologists/2023-pathology-quality-measures>.

¹⁰American Gastroenterological Association (AGA), www.gastro.org/quality.

¹¹American Society of Anesthesiologists (ASA), www.asahq.org.

¹²American College of Gastroenterology (ACG), www.gi.org; American Gastroenterological Association (AGA), www.gastro.org; and American Society for Gastrointestinal Endoscopy (ASGE), www.asge.org.

<p>Parkinson’s Disease Medical and Surgical</p> <p>Treatment Options Reviewed⁸</p> <p>Whether or not the patient with a diagnosis of Parkinson’s disease (or caregiver(s), as appropriate) had the Parkinson’s disease treatment options reviewed (eg non-pharmacological treatment, pharmacological treatment or surgical treatment) at least once annually</p> <p>Numerator: Patients (or caregiver(s), as appropriate) who had the Parkinson’s disease treatment options reviewed (eg non-pharmacological treatment, pharmacological treatment or surgical treatment) at least once annually</p> <p>Denominator: All patients with a diagnosis of Parkinson’s disease.</p> <p>Exclusion(s): Documentation of medical reason for not querying patient (or caregiver) about Parkinson’s disease medication related motor complications (eg the patient is unable to respond and no informant is available)</p> <p>Reporting Instructions: There are no performance exclusions for this measure; modifiers 1P, 2P and 3P may not be used.</p>	<p>4325F</p>	<p>Medical and surgical treatment options reviewed with patient (or caregiver)</p>
--	--------------	--

Footnotes

¹Physician Consortium for Performance Improvement®(PCPI) - For more information on measures developed by the Physician Consortium for Performance Improvement® (PCPI), see the appropriate Payor website.

²National Committee on Quality Assurance (NCQA), Health Employer Data Information Set (HEDIS®), www.ncqa.org

³The Joint Commission, <https://www.jointcommission.org>

⁴National Diabetes Quality Improvement Alliance (NDQIA) - For more information on measures developed by the National Diabetes Quality Improvement Alliance (NDQIA), see the appropriate Payor website.

⁵Joint measure from The Physician Consortium for Performance Improvement (PCPI), and National Committee on Quality Assurance (NCQA) - For more information on measures developed as joint measures from Physician Consortium for Performance Improvement and the National Committee on Quality Assurance (NCQA), visit the NCQA website at www.ncqa.org.

⁶The Society of Thoracic Surgeons at www.sts.org and National Quality Forum, www.qualityforum.org.

⁷Optum, www.optum.com.

⁸American Academy of Neurology, <https://www.aan.com/practice/neuromuscular-quality-measures>, or quality@aan.com.

⁹College of American Pathologists (CAP), <https://www.cap.org/advocacy/quality-payment-program-for-pathologists/mips-for-pathologists/2023-pathology-quality-measures>.

¹⁰American Gastroenterological Association (AGA), www.gastro.org/quality.

¹¹American Society of Anesthesiologists (ASA), www.asahq.org.

¹²American College of Gastroenterology (ACG), www.gi.org; American Gastroenterological Association (AGA), www.gastro.org; and American Society for Gastrointestinal Endoscopy (ASGE), www.asge.org.

Pathology (PATH)		
Brief Description of Performance Measure & Source and Reporting Instruction	CPT Category II Code(s)	Code Descriptor(s)
breast cancer resection pathology report with appropriate exclusion criteria report 3260F with modifier 1P. If the specimen is not primary breast tissue (eg, liver biopsy), report only 3250F.		
<p>Colorectal cancer resection pathology reporting-pT category (primary tumor) and pN category (regional lymph node) with histologic grade¹</p> <p>Whether or not the colorectal cancer resection pathology report includes the pT category, the pN category and the histologic grade</p> <p>Numerator: Reports that include the pT category, the pN category and the histologic grade</p> <p>Denominator: All colon and rectum cancer resection pathology reports</p> <p>Exclusion(s): Documentation of medical reason(s) for not including the pT category, the pN category or the histologic grade</p>	3260F	pT category (primary tumor) and pN category (regional lymph nodes) and histologic grade documented in pathology report

Footnotes

¹Physician Consortium for Performance Improvement®(PCPI) - For more information on measures developed by the Physician Consortium for Performance Improvement® (PCPI), see the appropriate Payor website.

²National Committee on Quality Assurance (NCQA), Health Employer Data Information Set (HEDIS®), www.ncqa.org

³The Joint Commission, <https://www.jointcommission.org>

⁴National Diabetes Quality Improvement Alliance (NDQIA) - For more information on measures developed by the National Diabetes Quality Improvement Alliance (NDQIA), see the appropriate Payor website.

⁵Joint measure from The Physician Consortium for Performance Improvement (PCPI), and National Committee on Quality Assurance (NCQA) - For more information on measures developed as joint measures from Physician Consortium for Performance Improvement and the National Committee on Quality Assurance (NCQA), visit the NCQA website at www.ncqa.org.

⁶The Society of Thoracic Surgeons at www.sts.org and National Quality Forum, www.qualityforum.org.

⁷Optum, www.optum.com.

⁸American Academy of Neurology, <https://www.aan.com/practice/neuromuscular-quality-measures>, or quality@aan.com.

⁹College of American Pathologists (CAP), <https://www.cap.org/advocacy/quality-payment-program-for-pathologists/mips-for-pathologists/2023-pathology-quality-measures>.

¹⁰American Gastroenterological Association (AGA), www.gastro.org/quality.

¹¹American Society of Anesthesiologists (ASA), www.asahq.org.

¹²American College of Gastroenterology (ACG), www.gi.org; American Gastroenterological Association (AGA), www.gastro.org; and American Society for Gastrointestinal Endoscopy (ASGE), www.asge.org.

Pathology (PATH)		
Brief Description of Performance Measure & Source and Reporting Instruction	CPT Category II Code(s)	Code Descriptor(s)
<p>Percentage of colon and rectum cancer resection pathology reports that include the pT category (primary tumor), the pN (lymph nodes) category and the histologic grade</p> <p>Reporting Instructions: Report this measure each time a colorectal cancer resection pathology report is prepared. For colon and rectum cancer resection pathology report with appropriate exclusion criteria report 3260F with modifier 1P. If the specimen is not primary colorectal tissue (eg, liver biopsy), report only 3250F.</p>	3250F	Specimen site other than anatomic location of primary tumor
<p>Esophageal Biopsies with a Diagnosis of Barrett’s Esophagus that also include a Statement on Dysplasia⁹</p> <p>Whether or not an esophageal biopsy report documenting the presence of Barrett’s mucosa includes a statement about dysplasia</p> <p>Numerator:</p> <p>Esophageal biopsy reports with the histologic finding of Barrett’s mucosa that contain a statement about dysplasia (present, absent, or indefinite; and if present, contains appropriate grading)</p>	3126F	Esophageal biopsy report with a statement about dysplasia (present, absent, or indefinite, and if present, contains appropriate grading)

Footnotes

¹Physician Consortium for Performance Improvement®(PCPI) - For more information on measures developed by the Physician Consortium for Performance Improvement® (PCPI), see the appropriate Payor website.

²National Committee on Quality Assurance (NCQA), Health Employer Data Information Set (HEDIS®), www.ncqa.org

³The Joint Commission, <https://www.jointcommission.org>

⁴National Diabetes Quality Improvement Alliance (NDQIA) - For more information on measures developed by the National Diabetes Quality Improvement Alliance (NDQIA), see the appropriate Payor website.

⁵Joint measure from The Physician Consortium for Performance Improvement (PCPI), and National Committee on Quality Assurance (NCQA) - For more information on measures developed as joint measures from Physician Consortium for Performance Improvement and the National Committee on Quality Assurance (NCQA), visit the NCQA website at www.ncqa.org.

⁶The Society of Thoracic Surgeons at www.sts.org and National Quality Forum, www.qualityforum.org.

⁷Optum, www.optum.com.

⁸American Academy of Neurology, <https://www.aan.com/practice/neuromuscular-quality-measures>, or quality@aan.com.

⁹College of American Pathologists (CAP), <https://www.cap.org/advocacy/quality-payment-program-for-pathologists/mips-for-pathologists/2023-pathology-quality-measures>.

¹⁰American Gastroenterological Association (AGA), www.gastro.org/quality.

¹¹American Society of Anesthesiologists (ASA), www.asahq.org.

¹²American College of Gastroenterology (ACG), www.gi.org; American Gastroenterological Association (AGA), www.gastro.org; and American Society for Gastrointestinal Endoscopy (ASGE), www.asge.org.

Pathology (PATH)		
Brief Description of Performance Measure & Source and Reporting Instruction	CPT Category II Code(s)	Code Descriptor(s)
<p>Denominator:</p> <p>All esophageal biopsy reports that document the presence of Barrett's mucosa</p> <p>Exclusion(s):</p> <p>Documentation of medical reason for not reporting the histologic finding of Barrett's mucosa (eg, malignant neoplasm or absence of intestinal metaplasia)</p> <p>Reporting Instructions:</p> <p>For patient with appropriate exclusion criteria, report 3126F with modifier 1P.</p>		
<p>Radical Prostatectomy Report includes the pT Category, the pN Category, Gleason Score, and a Statement about Margin Status⁹</p> <p>Whether or not a radical prostatectomy pathology report includes the pT category, the pN category, the Gleason score, and a statement about margin status</p> <p>Numerator:</p>	3267F	Pathology report includes pT category, pN category, Gleason

Footnotes

¹Physician Consortium for Performance Improvement®(PCPI) - For more information on measures developed by the Physician Consortium for Performance Improvement® (PCPI), see the appropriate Payor website.

²National Committee on Quality Assurance (NCQA), Health Employer Data Information Set (HEDIS®), www.ncqa.org

³The Joint Commission, <https://www.jointcommission.org>

⁴National Diabetes Quality Improvement Alliance (NDQIA) - For more information on measures developed by the National Diabetes Quality Improvement Alliance (NDQIA), see the appropriate Payor website.

⁵Joint measure from The Physician Consortium for Performance Improvement (PCPI), and National Committee on Quality Assurance (NCQA) - For more information on measures developed as joint measures from Physician Consortium for Performance Improvement and the National Committee on Quality Assurance (NCQA), visit the NCQA website at www.ncqa.org.

⁶The Society of Thoracic Surgeons at www.sts.org and National Quality Forum, www.qualityforum.org.

⁷Optum, www.optum.com.

⁸American Academy of Neurology, <https://www.aan.com/practice/neuromuscular-quality-measures>, or quality@aan.com.

⁹College of American Pathologists (CAP), <https://www.cap.org/advocacy/quality-payment-program-for-pathologists/mips-for-pathologists/2023-pathology-quality-measures>.

¹⁰American Gastroenterological Association (AGA), www.gastro.org/quality.

¹¹American Society of Anesthesiologists (ASA), www.asahq.org.

¹²American College of Gastroenterology (ACG), www.gi.org; American Gastroenterological Association (AGA), www.gastro.org; and American Society for Gastrointestinal Endoscopy (ASGE), www.asge.org.

Pathology (PATH)		
Brief Description of Performance Measure & Source and Reporting Instruction	CPT Category II Code(s)	Code Descriptor(s)
<p>Radical prostatectomy pathology reports that include the pT category, the pN category, the Gleason score, and a statement about margin status</p> <p>Denominator: All radical prostatectomy pathology reports</p> <p>Exclusion(s): Documentation of medical reason for not including pT category, pN category, Gleason score, and statement about margin status in the pathology report (eg, specimen originated from other malignant neoplasms, secondary site prostatic carcinomas, or transurethral resection of the prostate [TURP])</p> <p>Reporting Instructions: For patient with appropriate exclusion criteria, report 3267F with modifier 1P.</p>		score and statement about margin status
<p>Turn Around Time (TAT) for Routine Non-Gynecologic Cytopathology Specimens⁹</p> <p>Whether or not a cytopathology report on a routine non-gynecologic specimen was finalized within two working days of the time of accession in the laboratory</p>		

Footnotes

¹Physician Consortium for Performance Improvement®(PCPI) - For more information on measures developed by the Physician Consortium for Performance Improvement® (PCPI), see the appropriate Payor website.

²National Committee on Quality Assurance (NCQA), Health Employer Data Information Set (HEDIS®), www.ncqa.org

³The Joint Commission, <https://www.jointcommission.org>

⁴National Diabetes Quality Improvement Alliance (NDQIA) - For more information on measures developed by the National Diabetes Quality Improvement Alliance (NDQIA), see the appropriate Payor website.

⁵Joint measure from The Physician Consortium for Performance Improvement (PCPI), and National Committee on Quality Assurance (NCQA) - For more information on measures developed as joint measures from Physician Consortium for Performance Improvement and the National Committee on Quality Assurance (NCQA), visit the NCQA website at www.ncqa.org.

⁶The Society of Thoracic Surgeons at www.sts.org and National Quality Forum, www.qualityforum.org.

⁷Optum, www.optum.com.

⁸American Academy of Neurology, <https://www.aan.com/practice/neuromuscular-quality-measures>, or quality@aan.com.

⁹College of American Pathologists (CAP), <https://www.cap.org/advocacy/quality-payment-program-for-pathologists/mips-for-pathologists/2023-pathology-quality-measures>.

¹⁰American Gastroenterological Association (AGA), www.gastro.org/quality.

¹¹American Society of Anesthesiologists (ASA), www.asahq.org.

¹²American College of Gastroenterology (ACG), www.gi.org; American Gastroenterological Association (AGA), www.gastro.org; and American Society for Gastrointestinal Endoscopy (ASGE), www.asge.org.

Pathology (PATH)		
Brief Description of Performance Measure & Source and Reporting Instruction	CPT Category II Code(s)	Code Descriptor(s)
<p>Numerator: Reports on routine non-gynecologic cytopathology specimens are finalized within two working days from the time of accession in the laboratory.</p> <p>Denominator: All routine non-gynecologic cytopathology reports</p> <p>Exclusion(s): None</p> <p>Reporting Instructions: For reports provided for routine non-gynecologic specimens that are finalized within two working days, use code 0550F; for all non-routine specimens, use code 0551F. There are no performance exclusions for this measure. Do not report modifiers 1P, 2P, or 3P with these codes.</p>	<p>0550F</p> <p>0551F</p>	<p>Cytopathology report on routine no-gynecologic specimen finalized within two working days of accession date</p> <p>Cytopathology report on non-gynecologic specimen with documentation that the specimen was non-routine</p>
<p>Quantitative HER2 Evaluation by Immunohistochemistry (IHC) Uses the System Recommended by the ASCO/CAP Guidelines⁹</p> <p>Whether or not a quantitative HER2 immunohistochemistry (IHC) evaluation was consistent with the scoring system defined in the ASCO/CAP guidelines</p>	<p>3394F</p>	<p>Quantitative HER2 Immunohistochemistry (IHC) evaluation of breast cancer consistent with the scoring system defined in the ASCO/CAP guidelines</p>

Footnotes

¹Physician Consortium for Performance Improvement®(PCPI) - For more information on measures developed by the Physician Consortium for Performance Improvement® (PCPI), see the appropriate Payor website.

²National Committee on Quality Assurance (NCQA), Health Employer Data Information Set (HEDIS®), www.ncqa.org

³The Joint Commission, <https://www.jointcommission.org>

⁴National Diabetes Quality Improvement Alliance (NDQIA) - For more information on measures developed by the National Diabetes Quality Improvement Alliance (NDQIA), see the appropriate Payor website.

⁵Joint measure from The Physician Consortium for Performance Improvement (PCPI), and National Committee on Quality Assurance (NCQA) - For more information on measures developed as joint measures from Physician Consortium for Performance Improvement and the National Committee on Quality Assurance (NCQA), visit the NCQA website at www.ncqa.org.

⁶The Society of Thoracic Surgeons at www.sts.org and National Quality Forum, www.qualityforum.org.

⁷Optum, www.optum.com.

⁸American Academy of Neurology, <https://www.aan.com/practice/neuromuscular-quality-measures>, or quality@aan.com.

⁹College of American Pathologists (CAP), <https://www.cap.org/advocacy/quality-payment-program-for-pathologists/mips-for-pathologists/2023-pathology-quality-measures>.

¹⁰American Gastroenterological Association (AGA), www.gastro.org/quality.

¹¹American Society of Anesthesiologists (ASA), www.asahq.org.

¹²American College of Gastroenterology (ACG), www.gi.org; American Gastroenterological Association (AGA), www.gastro.org; and American Society for Gastrointestinal Endoscopy (ASGE), www.asge.org.

Pathology (PATH)		
Brief Description of Performance Measure & Source and Reporting Instruction	CPT Category II Code(s)	Code Descriptor(s)
<p>Numerator: Breast cancer patients receiving quantitative breast tumor HER2 Immunohistochemistry (IHC) evaluation using the ASCO/CAP recommended manual system or a computer-assisted system consistent with the optimal algorithm for HER2 testing as described in Table 4 of the ASCO/CAP guideline</p> <p>Denominator: All breast cancer patients with quantitative breast tumor evaluation by HER2 Immunohistochemistry (IHC)</p> <p>Exclusion(s): None</p> <p>Reporting Instructions: There are no performance exclusions for this measure. Do not report modifiers 1P, 2P, or 3P with these codes.</p>	3395F	Quantitative non-HER2 Immunohistochemistry (IHC) evaluation of breast cancer (eg, testing for estrogen or progesterone receptors [ER/PR]) performed
<p>Bone Marrow and Fine Needle Aspiration (FNA)/Direct Specimen Acquisition Timeout Procedure⁹ Whether or not the patient undergoing fine needle aspiration or bone marrow aspiration or biopsy received a proper timeout</p>		

Footnotes

¹Physician Consortium for Performance Improvement®(PCPI) - For more information on measures developed by the Physician Consortium for Performance Improvement® (PCPI), see the appropriate Payor website.

²National Committee on Quality Assurance (NCQA), Health Employer Data Information Set (HEDIS®), www.ncqa.org

³The Joint Commission, <https://www.jointcommission.org>

⁴National Diabetes Quality Improvement Alliance (NDQIA) - For more information on measures developed by the National Diabetes Quality Improvement Alliance (NDQIA), see the appropriate Payor website.

⁵Joint measure from The Physician Consortium for Performance Improvement (PCPI), and National Committee on Quality Assurance (NCQA) - For more information on measures developed as joint measures from Physician Consortium for Performance Improvement and the National Committee on Quality Assurance (NCQA), visit the NCQA website at www.ncqa.org.

⁶The Society of Thoracic Surgeons at www.sts.org and National Quality Forum, www.qualityforum.org.

⁷Optum, www.optum.com.

⁸American Academy of Neurology, <https://www.aan.com/practice/neuromuscular-quality-measures>, or quality@aan.com.

⁹College of American Pathologists (CAP), <https://www.cap.org/advocacy/quality-payment-program-for-pathologists/mips-for-pathologists/2023-pathology-quality-measures>.

¹⁰American Gastroenterological Association (AGA), www.gastro.org/quality.

¹¹American Society of Anesthesiologists (ASA), www.asahq.org.

¹²American College of Gastroenterology (ACG), www.gi.org; American Gastroenterological Association (AGA), www.gastro.org; and American Society for Gastrointestinal Endoscopy (ASGE), www.asge.org.

Pathology (PATH)		
Brief Description of Performance Measure & Source and Reporting Instruction	CPT Category II Code(s)	Code Descriptor(s)
<p>procedure to verify correct patient/correct site/correct procedure</p> <p>Numerator: Patients for whom there is documentation of a timeout procedure to verify correct patient/correct site/correct procedure</p> <p>Denominator: All patients who had fine needle aspiration or bone marrow aspiration and/or biopsy.</p> <p>Exclusion(s): None</p> <p>Reporting Instructions: There are no performance exclusions for code 6100F. Do not report modifier 1P, 2P, or 3P with this code.</p>	6100F	Timeout to verify correct patient and correct site and correct procedure, documented

Footnotes

¹Physician Consortium for Performance Improvement®(PCPI) - For more information on measures developed by the Physician Consortium for Performance Improvement® (PCPI), see the appropriate Payor website.

²National Committee on Quality Assurance (NCQA), Health Employer Data Information Set (HEDIS®), www.ncqa.org

³The Joint Commission, <https://www.jointcommission.org>

⁴National Diabetes Quality Improvement Alliance (NDQIA) - For more information on measures developed by the National Diabetes Quality Improvement Alliance (NDQIA), see the appropriate Payor website.

⁵Joint measure from The Physician Consortium for Performance Improvement (PCPI), and National Committee on Quality Assurance (NCQA) - For more information on measures developed as joint measures from Physician Consortium for Performance Improvement and the National Committee on Quality Assurance (NCQA), visit the NCQA website at www.ncqa.org.

⁶The Society of Thoracic Surgeons at www.sts.org and National Quality Forum, www.qualityforum.org.

⁷Optum, www.optum.com.

⁸American Academy of Neurology, <https://www.aan.com/practice/neuromuscular-quality-measures>, or quality@aan.com.

⁹College of American Pathologists (CAP), <https://www.cap.org/advocacy/quality-payment-program-for-pathologists/mips-for-pathologists/2023-pathology-quality-measures>.

¹⁰American Gastroenterological Association (AGA), www.gastro.org/quality.

¹¹American Society of Anesthesiologists (ASA), www.asahq.org.

¹²American College of Gastroenterology (ACG), www.gi.org; American Gastroenterological Association (AGA), www.gastro.org; and American Society for Gastrointestinal Endoscopy (ASGE), www.asge.org.

Pediatric Acute Gastroenteritis (PAG)		
Brief Description of Performance Measure & Source and Reporting Instructions	CPT Category II Code(s)	Code Descriptor(s)
<p>Documentation of Hydration Status¹ Whether or not a patient 1 month through 5 years of age with a diagnosis of acute gastroenteritis had a documented hydration status</p> <p>Numerator: Patients with documented hydration status</p> <p>Denominator: Patients 1 month through 5 years of age with the diagnosis of acute gastroenteritis</p> <p>Exclusions: None</p> <p>Percentage of patients 1 month through 5 years of age with a diagnosis of acute gastroenteritis who had hydration status documented</p> <p>Report Instructions: There are no performance exclusions for this measure; modifiers 1P, 2P and 3P may not be used.</p>	<p>2030F</p> <p>2031F</p>	<p>Hydration status documented, normally hydrated</p> <p>Hydration status documented, dehydrated</p>
<p>Weight Measurement¹ Whether or not patient 1 month through 5 years of age with a diagnosis of acute gastroenteritis had weight measurement recorded</p>	<p>2001F</p>	<p>Weight recorded</p>

Footnotes

¹Physician Consortium for Performance Improvement®(PCPI) - For more information on measures developed by the Physician Consortium for Performance Improvement® (PCPI), see the appropriate Payor website.

²National Committee on Quality Assurance (NCQA), Health Employer Data Information Set (HEDIS®), www.ncqa.org

³The Joint Commission, <https://www.jointcommission.org>

⁴National Diabetes Quality Improvement Alliance (NDQIA) - For more information on measures developed by the National Diabetes Quality Improvement Alliance (NDQIA), see the appropriate Payor website.

⁵Joint measure from The Physician Consortium for Performance Improvement (PCPI), and National Committee on Quality Assurance (NCQA) - For more information on measures developed as joint measures from Physician Consortium for Performance Improvement and the National Committee on Quality Assurance (NCQA), visit the NCQA website at www.ncqa.org.

⁶The Society of Thoracic Surgeons at www.sts.org and National Quality Forum, www.qualityforum.org.

⁷Optum, www.optum.com.

⁸American Academy of Neurology, <https://www.aan.com/practice/neuromuscular-quality-measures>, or quality@aan.com.

⁹College of American Pathologists (CAP), <https://www.cap.org/advocacy/quality-payment-program-for-pathologists/mips-for-pathologists/2023-pathology-quality-measures>.

¹⁰American Gastroenterological Association (AGA), www.gastro.org/quality.

¹¹American Society of Anesthesiologists (ASA), www.asahq.org.

¹²American College of Gastroenterology (ACG), www.gi.org; American Gastroenterological Association (AGA), www.gastro.org; and American Society for Gastrointestinal Endoscopy (ASGE), www.asge.org.

Pediatric Acute Gastroenteritis (PAG)		
Brief Description of Performance Measure & Source and Reporting Instructions	CPT Category II Code(s)	Code Descriptor(s)
<p>Numerator: Patients who had their weight measurement recorded</p> <p>Denominator: Patients 1 month through 5 years of age with a diagnosis of acute gastroenteritis</p> <p>Percentage of patients 1 month through 5 years of age with a diagnosis of acute gastroenteritis who had weight measurement recorded</p> <p>Reporting Instructions: There are no performance exclusions for this measure; modifiers 1P, 2P and 3P may not be used</p>		

Footnotes

¹Physician Consortium for Performance Improvement®(PCPI) - For more information on measures developed by the Physician Consortium for Performance Improvement® (PCPI), see the appropriate Payor website.

²National Committee on Quality Assurance (NCQA), Health Employer Data Information Set (HEDIS®), www.ncqa.org

³The Joint Commission, <https://www.jointcommission.org>

⁴National Diabetes Quality Improvement Alliance (NDQIA) - For more information on measures developed by the National Diabetes Quality Improvement Alliance (NDQIA), see the appropriate Payor website.

⁵Joint measure from The Physician Consortium for Performance Improvement (PCPI), and National Committee on Quality Assurance (NCQA) - For more information on measures developed as joint measures from Physician Consortium for Performance Improvement and the National Committee on Quality Assurance (NCQA), visit the NCQA website at www.ncqa.org.

⁶The Society of Thoracic Surgeons at www.sts.org and National Quality Forum, www.qualityforum.org.

⁷Optum, www.optum.com.

⁸American Academy of Neurology, <https://www.aan.com/practice/neuromuscular-quality-measures>, or quality@aan.com.

⁹College of American Pathologists (CAP), <https://www.cap.org/advocacy/quality-payment-program-for-pathologists/mips-for-pathologists/2023-pathology-quality-measures>.

¹⁰American Gastroenterological Association (AGA), www.gastro.org/quality.

¹¹American Society of Anesthesiologists (ASA), www.asahq.org.

¹²American College of Gastroenterology (ACG), www.gi.org; American Gastroenterological Association (AGA), www.gastro.org; and American Society for Gastrointestinal Endoscopy (ASGE), www.asge.org.

Pediatric Acute Gastroenteritis (PAG)		
Brief Description of Performance Measure & Source and Reporting Instructions	CPT Category II Code(s)	Code Descriptor(s)
<p>Recommendation of Appropriate Oral Rehydration Solution¹</p> <p>Whether or not an appropriate oral rehydration solution was recommended for the patient 1 month through 5 years of age with a diagnosis of acute gastroenteritis</p> <p>Numerator: Patients for whom an appropriate oral rehydration solution was recommended</p> <p>Denominator: Patients 1 month through 5 years of age with the diagnosis of acute gastroenteritis, treated in ambulatory settings (eg, physician office or treated in the emergency department and discharged to home)</p> <p>Percentage of patients 1 month through 5 years of age with the diagnosis of acute gastroenteritis for whom an appropriate oral rehydration solution was recommended</p> <p>Reporting Instructions: Report 2030F or 2031F for all patients. Report 4056F with 2031F.</p> <p>There are no performance exclusions for this measure; modifiers 1P, 2P and 3P may not be used</p>	<p>4056F</p> <p>Denominator Code</p> <p>2030F</p> <p>2031F</p>	<p>Appropriate oral rehydration solution recommended</p> <p>Hydration status documented, normally hydrated</p> <p>Hydration status documented, dehydrated</p>

Footnotes

¹Physician Consortium for Performance Improvement®(PCPI) - For more information on measures developed by the Physician Consortium for Performance Improvement® (PCPI), see the appropriate Payor website.

²National Committee on Quality Assurance (NCQA), Health Employer Data Information Set (HEDIS®), www.ncqa.org

³The Joint Commission, <https://www.jointcommission.org>

⁴National Diabetes Quality Improvement Alliance (NDQIA) - For more information on measures developed by the National Diabetes Quality Improvement Alliance (NDQIA), see the appropriate Payor website.

⁵Joint measure from The Physician Consortium for Performance Improvement (PCPI), and National Committee on Quality Assurance (NCQA) - For more information on measures developed as joint measures from Physician Consortium for Performance Improvement and the National Committee on Quality Assurance (NCQA), visit the NCQA website at www.ncqa.org.

⁶The Society of Thoracic Surgeons at www.sts.org and National Quality Forum, www.qualityforum.org.

⁷Optum, www.optum.com.

⁸American Academy of Neurology, <https://www.aan.com/practice/neuromuscular-quality-measures>, or quality@aan.com.

⁹College of American Pathologists (CAP), <https://www.cap.org/advocacy/quality-payment-program-for-pathologists/mips-for-pathologists/2023-pathology-quality-measures>.

¹⁰American Gastroenterological Association (AGA), www.gastro.org/quality.

¹¹American Society of Anesthesiologists (ASA), www.asahq.org.

¹²American College of Gastroenterology (ACG), www.gi.org; American Gastroenterological Association (AGA), www.gastro.org; and American Society for Gastrointestinal Endoscopy (ASGE), www.asge.org.

Pediatric Acute Gastroenteritis (PAG)		
Brief Description of Performance Measure & Source and Reporting Instructions	CPT Category II Code(s)	Code Descriptor(s)
<p>Education¹</p> <p>Whether or not a patient’s caregiver received education on diet and on when to contact the physician for a patient 1 month through 5 years of age with a diagnosis of acute gastroenteritis</p> <p>Numerator: Patients whose caregiver received education regarding diet and when to contact the physician</p> <p>Denominator: All patients 1month through 5 years of age with the diagnosis of acute gastroenteritis, treated in ambulatory settings (physician office or treated in the emergency room and discharged to home</p> <p>Percentage of patients 1 month through 5 years of age with a diagnosis of acute gastroenteritis whose caregiver received education regarding diet and on when to contact the physician</p> <p>Reporting Instructions:</p> <p>There are no performance exclusions for this measure; modifiers 1P, 2P and 3P may not be used</p>	4058F	Pediatric gastroenteritis education provided to caregiver

Footnotes

¹Physician Consortium for Performance Improvement®(PCPI) - For more information on measures developed by the Physician Consortium for Performance Improvement® (PCPI), see the appropriate Payor website.

²National Committee on Quality Assurance (NCQA), Health Employer Data Information Set (HEDIS®), www.ncqa.org

³The Joint Commission, <https://www.jointcommission.org>

⁴National Diabetes Quality Improvement Alliance (NDQIA) - For more information on measures developed by the National Diabetes Quality Improvement Alliance (NDQIA), see the appropriate Payor website.

⁵Joint measure from The Physician Consortium for Performance Improvement (PCPI), and National Committee on Quality Assurance (NCQA) - For more information on measures developed as joint measures from Physician Consortium for Performance Improvement and the National Committee on Quality Assurance (NCQA), visit the NCQA website at www.ncqa.org.

⁶The Society of Thoracic Surgeons at www.sts.org and National Quality Forum, www.qualityforum.org.

⁷Optum, www.optum.com.

⁸American Academy of Neurology, <https://www.aan.com/practice/neuromuscular-quality-measures>, or quality@aan.com.

⁹College of American Pathologists (CAP), <https://www.cap.org/advocacy/quality-payment-program-for-pathologists/mips-for-pathologists/2023-pathology-quality-measures>.

¹⁰American Gastroenterological Association (AGA), www.gastro.org/quality.

¹¹American Society of Anesthesiologists (ASA), www.asahq.org.

¹²American College of Gastroenterology (ACG), www.gi.org; American Gastroenterological Association (AGA), www.gastro.org; and American Society for Gastrointestinal Endoscopy (ASGE), www.asge.org.

Pediatric End Stage Renal Disease (P-ESRD)		
Brief Description of Performance Measure & Source and Reporting Instructions	CPT Category II Code(s)	Code Descriptor(s)
<p>Plan of Care for Inadequate Hemodialysis¹</p> <p>Number of calendar months during which a patient aged 17 years and younger with a diagnosis of ESRD receiving hemodialysis has Kt/V \geq1.2 OR has Kt/V <1.2 with a documented plan of care*</p> <p>Numerator: Number of patient calendar months during which patients have a single-pool Kt/V \geq1.2 OR have a single-pool Kt/V <1.2 with a documented plan of care for inadequate hemodialysis</p> <p>*A documented plan of care may include checking for adequacy of the AV access, increasing the blood flow, increasing the dialyzer size, increasing the time of dialysis sessions, increasing the number of days of dialysis, documenting residual renal function, documenting that patient has an inborn error of metabolism or is undergoing an alternate hemodialysis modality.</p>	<p>0505F</p> <p>3082F</p> <p>3083F</p> <p>3084F</p>	<p>Hemodialysis plan of care documented</p> <p>Kt/V less than 1.2 (Clearance of urea (Kt)/volume (V))</p> <p>Kt/V equal to or greater than 1.2 and less than 1.7 (Clearance of urea (Kt)/volume (V))</p> <p>Kt/V greater than or equal to 1.7 (Clearance of urea (Kt)/volume (V))</p>

Footnotes

¹Physician Consortium for Performance Improvement®(PCPI) - For more information on measures developed by the Physician Consortium for Performance Improvement® (PCPI), see the appropriate Payor website.

²National Committee on Quality Assurance (NCQA), Health Employer Data Information Set (HEDIS®), www.ncqa.org

³The Joint Commission, <https://www.jointcommission.org>

⁴National Diabetes Quality Improvement Alliance (NDQIA) - For more information on measures developed by the National Diabetes Quality Improvement Alliance (NDQIA), see the appropriate Payor website.

⁵Joint measure from The Physician Consortium for Performance Improvement (PCPI), and National Committee on Quality Assurance (NCQA) - For more information on measures developed as joint measures from Physician Consortium for Performance Improvement and the National Committee on Quality Assurance (NCQA), visit the NCQA website at www.ncqa.org.

⁶The Society of Thoracic Surgeons at www.sts.org and National Quality Forum, www.qualityforum.org.

⁷Optum, www.optum.com.

⁸American Academy of Neurology, <https://www.aan.com/practice/neuromuscular-quality-measures>, or quality@aan.com.

⁹College of American Pathologists (CAP), <https://www.cap.org/advocacy/quality-payment-program-for-pathologists/mips-for-pathologists/2023-pathology-quality-measures>.

¹⁰American Gastroenterological Association (AGA), www.gastro.org/quality.

¹¹American Society of Anesthesiologists (ASA), www.asahq.org.

¹²American College of Gastroenterology (ACG), www.gi.org; American Gastroenterological Association (AGA), www.gastro.org; and American Society for Gastrointestinal Endoscopy (ASGE), www.asge.org.

Pediatric End Stage Renal Disease (P-ESRD)		
Brief Description of Performance Measure & Source and Reporting Instructions	CPT Category II Code(s)	Code Descriptor(s)
<p>Denominator: Patient calendar months for all patients aged 17 years and younger with a diagnosis of ESRD and receiving hemodialysis</p> <p>Exclusion(s): None</p> <p>Percentage of calendar months during the 12-month reporting period in which patients aged 17 years and younger with a diagnosis of ESRD receiving hemodialysis have a single-pool Kt/V ≥ 1.2 or have a single-pool Kt/V < 1.2 with a documented plan of care for inadequate hemodialysis</p> <p>Reporting Instructions: Report this measure during each calendar month a patient is receiving hemodialysis. Report 3082F or 3083F or 3084F for the corresponding Kt/V measurement.</p> <p>If Kt/V < 1.2 (3082F) and patient has a plan of care for inadequate hemodialysis, also report 0505F. There are no performance exclusions for this measure; modifiers 1P, 2P, or 3P may not be used.</p>		

Footnotes

¹Physician Consortium for Performance Improvement®(PCPI) - For more information on measures developed by the Physician Consortium for Performance Improvement® (PCPI), see the appropriate Payor website.

²National Committee on Quality Assurance (NCQA), Health Employer Data Information Set (HEDIS®), www.ncqa.org

³The Joint Commission, <https://www.jointcommission.org>

⁴National Diabetes Quality Improvement Alliance (NDQIA) - For more information on measures developed by the National Diabetes Quality Improvement Alliance (NDQIA), see the appropriate Payor website.

⁵Joint measure from The Physician Consortium for Performance Improvement (PCPI), and National Committee on Quality Assurance (NCQA) - For more information on measures developed as joint measures from Physician Consortium for Performance Improvement and the National Committee on Quality Assurance (NCQA), visit the NCQA website at www.ncqa.org.

⁶The Society of Thoracic Surgeons at www.sts.org and National Quality Forum, www.qualityforum.org.

⁷Optum, www.optum.com.

⁸American Academy of Neurology, <https://www.aan.com/practice/neuromuscular-quality-measures>, or quality@aan.com.

⁹College of American Pathologists (CAP), <https://www.cap.org/advocacy/quality-payment-program-for-pathologists/mips-for-pathologists/2023-pathology-quality-measures>.

¹⁰American Gastroenterological Association (AGA), www.gastro.org/quality.

¹¹American Society of Anesthesiologists (ASA), www.asahq.org.

¹²American College of Gastroenterology (ACG), www.gi.org; American Gastroenterological Association (AGA), www.gastro.org; and American Society for Gastrointestinal Endoscopy (ASGE), www.asge.org.

Pediatric End Stage Renal Disease (P-ESRD)		
Brief Description of Performance Measure & Source and Reporting Instructions	CPT Category II Code(s)	Code Descriptor(s)
<p>Influenza Immunization¹</p> <p>Whether or not the patient aged 6 months through 17 years with a diagnosis of ESRD and receiving dialysis seen for a visit between November 1 and February 15 has documented administration of an influenza immunization OR patient reported receipt of influenza immunization from another provider</p> <p>Numerator: Patients who have documented administration of an influenza immunization OR patient reported receipt of influenza immunization from another provider</p> <p>Note: Children with renal disease should receive inactivated flu vaccine</p> <p>Denominator: All patients aged 6 months through 17 years with a diagnosis of ESRD and receiving dialysis seen for a visit between November 1 and February 15 of the one-year measurement period</p>	4274F	Influenza immunization administered or previously received

Footnotes

¹Physician Consortium for Performance Improvement®(PCPI) - For more information on measures developed by the Physician Consortium for Performance Improvement® (PCPI), see the appropriate Payor website.

²National Committee on Quality Assurance (NCQA), Health Employer Data Information Set (HEDIS®), www.ncqa.org

³The Joint Commission, <https://www.jointcommission.org>

⁴National Diabetes Quality Improvement Alliance (NDQIA) - For more information on measures developed by the National Diabetes Quality Improvement Alliance (NDQIA), see the appropriate Payor website.

⁵Joint measure from The Physician Consortium for Performance Improvement (PCPI), and National Committee on Quality Assurance (NCQA) - For more information on measures developed as joint measures from Physician Consortium for Performance Improvement and the National Committee on Quality Assurance (NCQA), visit the NCQA website at www.ncqa.org.

⁶The Society of Thoracic Surgeons at www.sts.org and National Quality Forum, www.qualityforum.org.

⁷Optum, www.optum.com.

⁸American Academy of Neurology, <https://www.aan.com/practice/neuromuscular-quality-measures>, or quality@aan.com.

⁹College of American Pathologists (CAP), <https://www.cap.org/advocacy/quality-payment-program-for-pathologists/mips-for-pathologists/2023-pathology-quality-measures>.

¹⁰American Gastroenterological Association (AGA), www.gastro.org/quality.

¹¹American Society of Anesthesiologists (ASA), www.asahq.org.

¹²American College of Gastroenterology (ACG), www.gi.org; American Gastroenterological Association (AGA), www.gastro.org; and American Society for Gastrointestinal Endoscopy (ASGE), www.asge.org.

Pediatric End Stage Renal Disease (P-ESRD)		
Brief Description of Performance Measure & Source and Reporting Instructions	CPT Category II Code(s)	Code Descriptor(s)
<p>Exclusion(s): Documentation of medical reason(s) for not receiving influenza immunization (eg, patient allergy, other contraindication)</p> <p>Documentation of patient reason(s) for not receiving the influenza immunization (eg, patient/caregiver declined)</p> <p>Documentation of system reason(s) for not receiving the influenza immunization (eg, vaccine not available)</p> <p>Percentage of patients aged 6 months through 17 years with a diagnosis of ESRD and receiving dialysis seen for a visit between November 1 and February 15 of the one-year measurement period who have documented administration of influenza immunization OR patient reported receipt of an influenza immunization from another provider</p> <p>Reporting Instructions: Report this measure only at visits occurring between November 1 and February 15. For patient</p>		

Footnotes

¹Physician Consortium for Performance Improvement®(PCPI) - For more information on measures developed by the Physician Consortium for Performance Improvement® (PCPI), see the appropriate Payor website.

²National Committee on Quality Assurance (NCQA), Health Employer Data Information Set (HEDIS®), www.ncqa.org

³The Joint Commission, <https://www.jointcommission.org>

⁴National Diabetes Quality Improvement Alliance (NDQIA) - For more information on measures developed by the National Diabetes Quality Improvement Alliance (NDQIA), see the appropriate Payor website.

⁵Joint measure from The Physician Consortium for Performance Improvement (PCPI), and National Committee on Quality Assurance (NCQA) - For more information on measures developed as joint measures from Physician Consortium for Performance Improvement and the National Committee on Quality Assurance (NCQA), visit the NCQA website at www.ncqa.org.

⁶The Society of Thoracic Surgeons at www.sts.org and National Quality Forum, www.qualityforum.org.

⁷Optum, www.optum.com.

⁸American Academy of Neurology, <https://www.aan.com/practice/neuromuscular-quality-measures>, or quality@aan.com.

⁹College of American Pathologists (CAP), <https://www.cap.org/advocacy/quality-payment-program-for-pathologists/mips-for-pathologists/2023-pathology-quality-measures>.

¹⁰American Gastroenterological Association (AGA), www.gastro.org/quality.

¹¹American Society of Anesthesiologists (ASA), www.asahq.org.

¹²American College of Gastroenterology (ACG), www.gi.org; American Gastroenterological Association (AGA), www.gastro.org; and American Society for Gastrointestinal Endoscopy (ASGE), www.asge.org.

Pediatric End Stage Renal Disease (P-ESRD)		
Brief Description of Performance Measure & Source and Reporting Instructions	CPT Category II Code(s)	Code Descriptor(s)
with appropriate exclusion criteria, report 4274F with modifier 1P, 2P or 3P.		

Pediatric Pharyngitis (PHAR)		
Brief Description of Performance Measure & Source and Reporting Instructions	CPT Category II Code(s)	Code Descriptor(s)
<p>Appropriate Testing for Children with Pharyngitis² Whether or not children 2 – 18 years of age (inclusive) who were diagnosed with pharyngitis and dispensed or prescribed an antibiotic received a group A strep test.</p> <p>Numerator: Patients who received a group A streptococcus (strep) test</p> <p>Denominator: All patients aged 2-18 years with the diagnosis of pharyngitis who were dispensed or prescribed antibiotic treatment</p>	<p>3210F</p> <p>Denominator Codes</p> <p>4120F</p>	<p>Group A Strep Test Performed</p> <p>Antibiotic prescribed or dispensed</p>

Footnotes

¹Physician Consortium for Performance Improvement®(PCPI) - For more information on measures developed by the Physician Consortium for Performance Improvement® (PCPI), see the appropriate Payor website.

²National Committee on Quality Assurance (NCQA), Health Employer Data Information Set (HEDIS®), www.ncqa.org

³The Joint Commission, <https://www.jointcommission.org>

⁴National Diabetes Quality Improvement Alliance (NDQIA) - For more information on measures developed by the National Diabetes Quality Improvement Alliance (NDQIA), see the appropriate Payor website.

⁵Joint measure from The Physician Consortium for Performance Improvement (PCPI), and National Committee on Quality Assurance (NCQA) - For more information on measures developed as joint measures from Physician Consortium for Performance Improvement and the National Committee on Quality Assurance (NCQA), visit the NCQA website at www.ncqa.org.

⁶The Society of Thoracic Surgeons at www.sts.org and National Quality Forum, www.qualityforum.org.

⁷Optum, www.optum.com.

⁸American Academy of Neurology, <https://www.aan.com/practice/neuromuscular-quality-measures>, or quality@aan.com.

⁹College of American Pathologists (CAP), <https://www.cap.org/advocacy/quality-payment-program-for-pathologists/mips-for-pathologists/2023-pathology-quality-measures>.

¹⁰American Gastroenterological Association (AGA), www.gastro.org/quality.

¹¹American Society of Anesthesiologists (ASA), www.asahq.org.

¹²American College of Gastroenterology (ACG), www.gi.org; American Gastroenterological Association (AGA), www.gastro.org; and American Society for Gastrointestinal Endoscopy (ASGE), www.asge.org.

Pediatric Pharyngitis (PHAR)		
Brief Description of Performance Measure & Source and Reporting Instructions	CPT Category II Code(s)	Code Descriptor(s)
<p>Exclusion(s): Medical or patient reasons for not performing Group A Strep Tests.</p> <p>Percentage of children 2 – 18 years of age (inclusive) diagnosed with pharyngitis and dispensed or prescribed an antibiotic who received a group A strep test for the visit.</p> <p>Reporting Instructions:</p> <p>Note: Because this measure is being specified for physician reporting, the instructions request physicians to report prescribing or dispensing of medication.</p> <p>For Medical or patient reasons for not performing a Group A Strep Test, report code 3210F with modifier 1P or 2P.</p> <p>There are no performance measure exclusions for codes 4120F and 4124F for children with pharyngitis. Do not report modifiers 1P, 2P, or 3P with these codes for this condition.</p>	4124F	Antibiotic neither prescribed nor dispensed

Footnotes

¹Physician Consortium for Performance Improvement®(PCPI) - For more information on measures developed by the Physician Consortium for Performance Improvement® (PCPI), see the appropriate Payor website.

²National Committee on Quality Assurance (NCQA), Health Employer Data Information Set (HEDIS®), www.ncqa.org

³The Joint Commission, <https://www.jointcommission.org>

⁴National Diabetes Quality Improvement Alliance (NDQIA) - For more information on measures developed by the National Diabetes Quality Improvement Alliance (NDQIA), see the appropriate Payor website.

⁵Joint measure from The Physician Consortium for Performance Improvement (PCPI), and National Committee on Quality Assurance (NCQA) - For more information on measures developed as joint measures from Physician Consortium for Performance Improvement and the National Committee on Quality Assurance (NCQA), visit the NCQA website at www.ncqa.org.

⁶The Society of Thoracic Surgeons at www.sts.org and National Quality Forum, www.qualityforum.org.

⁷Optum, www.optum.com.

⁸American Academy of Neurology, <https://www.aan.com/practice/neuromuscular-quality-measures>, or quality@aan.com.

⁹College of American Pathologists (CAP), <https://www.cap.org/advocacy/quality-payment-program-for-pathologists/mips-for-pathologists/2023-pathology-quality-measures>.

¹⁰American Gastroenterological Association (AGA), www.gastro.org/quality.

¹¹American Society of Anesthesiologists (ASA), www.asahq.org.

¹²American College of Gastroenterology (ACG), www.gi.org; American Gastroenterological Association (AGA), www.gastro.org; and American Society for Gastrointestinal Endoscopy (ASGE), www.asge.org.

Perioperative Care 2 (PERI 2)		
Brief Description of Performance Measure & Source and Reporting Instructions	CPT Category II Code(s)	Code Descriptor(s)
<p>parenteral antibiotics who have an order for an antibiotic to be given within one hour (if vancomycin, two hours) prior to the surgical incision (or start of procedure when no incision is required)</p> <p>Reporting Instructions: It is anticipated that this measure will be reported by the physician performing the procedure</p> <p>There must be documentation of an order (written, verbal or standing order/protocol) specifying that antibiotic is to be given within the specified timeframe OR documentation that antibiotic has been given within the specified timeframe.</p> <p>Report 4047F if prophylactic antibiotic was ordered or 4048F if antibiotic has been given.</p> <p>For patient meeting exclusion criteria, report 4047F with modifier 1P.</p>		

Footnotes

¹Physician Consortium for Performance Improvement®(PCPI) - For more information on measures developed by the Physician Consortium for Performance Improvement® (PCPI), see the appropriate Payor website.

²National Committee on Quality Assurance (NCQA), Health Employer Data Information Set (HEDIS®), www.ncqa.org

³The Joint Commission, <https://www.jointcommission.org>

⁴National Diabetes Quality Improvement Alliance (NDQIA) - For more information on measures developed by the National Diabetes Quality Improvement Alliance (NDQIA), see the appropriate Payor website.

⁵Joint measure from The Physician Consortium for Performance Improvement (PCPI), and National Committee on Quality Assurance (NCQA) - For more information on measures developed as joint measures from Physician Consortium for Performance Improvement and the National Committee on Quality Assurance (NCQA), visit the NCQA website at www.ncqa.org.

⁶The Society of Thoracic Surgeons at www.sts.org and National Quality Forum, www.qualityforum.org.

⁷Optum, www.optum.com.

⁸American Academy of Neurology, <https://www.aan.com/practice/neuromuscular-quality-measures>, or quality@aan.com.

⁹College of American Pathologists (CAP), <https://www.cap.org/advocacy/quality-payment-program-for-pathologists/mips-for-pathologists/2023-pathology-quality-measures>.

¹⁰American Gastroenterological Association (AGA), www.gastro.org/quality.

¹¹American Society of Anesthesiologists (ASA), www.asahq.org.

¹²American College of Gastroenterology (ACG), www.gi.org; American Gastroenterological Association (AGA), www.gastro.org; and American Society for Gastrointestinal Endoscopy (ASGE), www.asge.org.

Perioperative Care 2 (PERI 2)		
Brief Description of Performance Measure & Source and Reporting Instructions	CPT Category II Code(s)	Code Descriptor(s)
<p>Timely Administration of Prophylactic Parenteral Antibiotics⁵</p> <p>Whether or not administration of the prophylactic parenteral antibiotic ordered was initiated within one hour (if fluoroquinolone or vancomycin, two hours) prior to the surgical incision (or start of procedure when no incision is required) for the surgical patient aged 18 years and older who received an anesthetic when undergoing a procedure with the indications for prophylactic parenteral antibiotics</p> <p>Numerator: Surgical patients for whom administration of the prophylactic parenteral antibiotic ordered has been initiated within one hour (if fluoroquinolone or vancomycin, two hours) prior to the surgical incision (or start of procedure when no incision is required)</p> <p>Denominator: All surgical patients aged 18 years and older who receive an anesthetic when undergoing procedures with the indications for prophylactic parenteral antibiotics*</p> <p>*Anesthesia services included in denominator are associated with some surgical procedures for which prophylactic antibiotics may not be indicated. Clinicians should exclude</p>	4048F	Documentation that administration of prophylactic parenteral antibiotic was initiated within one hour (if fluoroquinolone or vancomycin, two hours) prior to surgical incision (or start of procedure when no incision is required), as ordered

Footnotes

¹Physician Consortium for Performance Improvement®(PCPI) - For more information on measures developed by the Physician Consortium for Performance Improvement® (PCPI), see the appropriate Payor website.

²National Committee on Quality Assurance (NCQA), Health Employer Data Information Set (HEDIS®), www.ncqa.org

³The Joint Commission, <https://www.jointcommission.org>

⁴National Diabetes Quality Improvement Alliance (NDQIA) - For more information on measures developed by the National Diabetes Quality Improvement Alliance (NDQIA), see the appropriate Payor website.

⁵Joint measure from The Physician Consortium for Performance Improvement (PCPI), and National Committee on Quality Assurance (NCQA) - For more information on measures developed as joint measures from Physician Consortium for Performance Improvement and the National Committee on Quality Assurance (NCQA), visit the NCQA website at www.ncqa.org.

⁶The Society of Thoracic Surgeons at www.sts.org and National Quality Forum, www.qualityforum.org.

⁷Optum, www.optum.com.

⁸American Academy of Neurology, <https://www.aan.com/practice/neuromuscular-quality-measures>, or quality@aan.com.

⁹College of American Pathologists (CAP), <https://www.cap.org/advocacy/quality-payment-program-for-pathologists/mips-for-pathologists/2023-pathology-quality-measures>.

¹⁰American Gastroenterological Association (AGA), www.gastro.org/quality.

¹¹American Society of Anesthesiologists (ASA), www.asahq.org.

¹²American College of Gastroenterology (ACG), www.gi.org; American Gastroenterological Association (AGA), www.gastro.org; and American Society for Gastrointestinal Endoscopy (ASGE), www.asge.org.

Perioperative Care 2 (PERI 2)		
Brief Description of Performance Measure & Source and Reporting Instructions	CPT Category II Code(s)	Code Descriptor(s)
<p>patients from denominator in instances where anesthesia services are provided but not associated with surgical procedures for which prophylactic antibiotics are indicated.</p> <p>Exclusion(s): Documentation of medical reason(s) for not initiating administration of prophylactic antibiotics as specified (eg, contraindicated, patient already receiving antibiotics) OR antibiotic not ordered</p> <p>Percentage of surgical patients aged 18 years and older who receive an anesthetic when undergoing procedures with the indications for prophylactic parenteral antibiotics for whom administration of the prophylactic parenteral antibiotic ordered has been initiated within one hour (if fluoroquinolone or vancomycin, two hours) prior to the surgical incision (or start of procedure when no incision is required)</p> <p>Reporting Instructions: It is anticipated that the physician administering or responsible for the administering the prophylactic antibiotic will report this measure.</p> <p>Anesthesia administration codes included in denominator are associated with some surgical procedures for which prophylactic antibiotics may not be indicated. Clinicians</p>		

Footnotes

¹Physician Consortium for Performance Improvement®(PCPI) - For more information on measures developed by the Physician Consortium for Performance Improvement® (PCPI), see the appropriate Payor website.

²National Committee on Quality Assurance (NCQA), Health Employer Data Information Set (HEDIS®), www.ncqa.org

³The Joint Commission, <https://www.jointcommission.org>

⁴National Diabetes Quality Improvement Alliance (NDQIA) - For more information on measures developed by the National Diabetes Quality Improvement Alliance (NDQIA), see the appropriate Payor website.

⁵Joint measure from The Physician Consortium for Performance Improvement (PCPI), and National Committee on Quality Assurance (NCQA) - For more information on measures developed as joint measures from Physician Consortium for Performance Improvement and the National Committee on Quality Assurance (NCQA), visit the NCQA website at www.ncqa.org.

⁶The Society of Thoracic Surgeons at www.sts.org and National Quality Forum, www.qualityforum.org.

⁷Optum, www.optum.com.

⁸American Academy of Neurology, <https://www.aan.com/practice/neuromuscular-quality-measures>, or quality@aan.com.

⁹College of American Pathologists (CAP), <https://www.cap.org/advocacy/quality-payment-program-for-pathologists/mips-for-pathologists/2023-pathology-quality-measures>.

¹⁰American Gastroenterological Association (AGA), www.gastro.org/quality.

¹¹American Society of Anesthesiologists (ASA), www.asahq.org.

¹²American College of Gastroenterology (ACG), www.gi.org; American Gastroenterological Association (AGA), www.gastro.org; and American Society for Gastrointestinal Endoscopy (ASGE), www.asge.org.

Perioperative Care 2 (PERI 2)		
Brief Description of Performance Measure & Source and Reporting Instructions	CPT Category II Code(s)	Code Descriptor(s)
<p>should exclude patients from denominator in instances where anesthesia services are provided but not associated with surgical procedures for which prophylactic antibiotics are indicated. A surgical procedure list is not used to identify these patients.</p> <p>Report 4048F where administration of the antibiotic ordered was initiated within one hour of surgical incision.</p> <p>For patient with appropriate exclusion criteria, (eg, contraindicated, patient already receiving antibiotic OR antibiotic not ordered), report 4048F with modifier 1P.</p> <p>Note: In a pay for reporting program the “antibiotic not ordered” option may have a unique combination of CPT II codes and modifier different from what is specified here. Users of this measure in a pay for reporting program should refer to program specific specifications.</p>		
<p>Selection of Prophylactic Antibiotic - First OR Second Generation Cephalosporin⁵</p> <p>Whether or not the surgical patient aged 18 years and older undergoing a procedure with the indications for a first OR</p>	4041F	

Footnotes

¹Physician Consortium for Performance Improvement®(PCPI) - For more information on measures developed by the Physician Consortium for Performance Improvement® (PCPI), see the appropriate Payor website.

²National Committee on Quality Assurance (NCQA), Health Employer Data Information Set (HEDIS®), www.ncqa.org

³The Joint Commission, <https://www.jointcommission.org>

⁴National Diabetes Quality Improvement Alliance (NDQIA) - For more information on measures developed by the National Diabetes Quality Improvement Alliance (NDQIA), see the appropriate Payor website.

⁵Joint measure from The Physician Consortium for Performance Improvement (PCPI), and National Committee on Quality Assurance (NCQA) - For more information on measures developed as joint measures from Physician Consortium for Performance Improvement and the National Committee on Quality Assurance (NCQA), visit the NCQA website at www.ncqa.org.

⁶The Society of Thoracic Surgeons at www.sts.org and National Quality Forum, www.qualityforum.org.

⁷Optum, www.optum.com.

⁸American Academy of Neurology, <https://www.aan.com/practice/neuromuscular-quality-measures>, or quality@aan.com.

⁹College of American Pathologists (CAP), <https://www.cap.org/advocacy/quality-payment-program-for-pathologists/mips-for-pathologists/2023-pathology-quality-measures>.

¹⁰American Gastroenterological Association (AGA), www.gastro.org/quality.

¹¹American Society of Anesthesiologists (ASA), www.asahq.org.

¹²American College of Gastroenterology (ACG), www.gi.org; American Gastroenterological Association (AGA), www.gastro.org; and American Society for Gastrointestinal Endoscopy (ASGE), www.asge.org.

Perioperative Care 2 (PERI 2)		
Brief Description of Performance Measure & Source and Reporting Instructions	CPT Category II Code(s)	Code Descriptor(s)
<p>second generation cephalosporin had an order for cefazolin OR cefuroxime for antimicrobial prophylaxis</p> <p>Numerator: Surgical patients who had an order for cefazolin OR cefuroxime for antimicrobial prophylaxis</p> <p>Denominator: All surgical patients aged 18 years and older undergoing procedures with the indications for a first OR second generation cephalosporin prophylactic antibiotic (List of procedures is available in measure specifications)</p> <p>Exclusion(s): Documentation of medical reason(s) for not ordering cefazolin OR cefuroxime for antimicrobial prophylaxis</p> <p>Percentage of surgical patients aged 18 years and older undergoing procedures with the indications for a first OR second generation cephalosporin prophylactic antibiotic who had an order for cefazolin OR cefuroxime for antimicrobial prophylaxis</p> <p>Reporting Instructions:</p>		Documentation of order for cefazolin OR cefuroxime for antimicrobial prophylaxis

Footnotes

¹Physician Consortium for Performance Improvement®(PCPI) - For more information on measures developed by the Physician Consortium for Performance Improvement® (PCPI), see the appropriate Payor website.

²National Committee on Quality Assurance (NCQA), Health Employer Data Information Set (HEDIS®), www.ncqa.org

³The Joint Commission, <https://www.jointcommission.org>

⁴National Diabetes Quality Improvement Alliance (NDQIA) - For more information on measures developed by the National Diabetes Quality Improvement Alliance (NDQIA), see the appropriate Payor website.

⁵Joint measure from The Physician Consortium for Performance Improvement (PCPI), and National Committee on Quality Assurance (NCQA) - For more information on measures developed as joint measures from Physician Consortium for Performance Improvement and the National Committee on Quality Assurance (NCQA), visit the NCQA website at www.ncqa.org.

⁶The Society of Thoracic Surgeons at www.sts.org and National Quality Forum, www.qualityforum.org.

⁷Optum, www.optum.com.

⁸American Academy of Neurology, <https://www.aan.com/practice/neuromuscular-quality-measures>, or quality@aan.com.

⁹College of American Pathologists (CAP), <https://www.cap.org/advocacy/quality-payment-program-for-pathologists/mips-for-pathologists/2023-pathology-quality-measures>.

¹⁰American Gastroenterological Association (AGA), www.gastro.org/quality.

¹¹American Society of Anesthesiologists (ASA), www.asahq.org.

¹²American College of Gastroenterology (ACG), www.gi.org; American Gastroenterological Association (AGA), www.gastro.org; and American Society for Gastrointestinal Endoscopy (ASGE), www.asge.org.

Perioperative Care 2 (PERI 2)		
Brief Description of Performance Measure & Source and Reporting Instructions	CPT Category II Code(s)	Code Descriptor(s)
<p>- It is anticipated that this measure will be reported by the physician performing the procedure</p> <p>-There must be documentation of an order (written, verbal or standing order/protocol) for cefazolin or cefuroxime for antimicrobial prophylaxis OR documentation that cefazolin or cefuroxime was given</p> <p>-Report 4041F if cefazolin or cefuroxime was ordered.</p> <p>- If either cefazolin or cefuroxime was administered, there is a presumption that an order existed for that administration. In this case, 4041F should be reported</p> <p>-For patient with appropriate exclusion criteria report 4041F with modifier 1P.</p>		
<p>Discontinuation of Prophylactic Antibiotics (Non-Cardiac Procedures)⁵</p> <p>Whether or not the non-cardiac surgical patient aged 18 years and older undergoing a procedure with the indications for prophylactic antibiotics AND who received a prophylactic antibiotic, has an order for discontinuation of prophylactic antibiotics within 24 hours of surgical end time</p>	4049F	Documentation that order was given to discontinue prophylactic antibiotics within 24 hours of surgical end time, non-cardiac procedure

Footnotes

¹Physician Consortium for Performance Improvement®(PCPI) - For more information on measures developed by the Physician Consortium for Performance Improvement® (PCPI), see the appropriate Payor website.

²National Committee on Quality Assurance (NCQA), Health Employer Data Information Set (HEDIS®), www.ncqa.org

³The Joint Commission, <https://www.jointcommission.org>

⁴National Diabetes Quality Improvement Alliance (NDQIA) - For more information on measures developed by the National Diabetes Quality Improvement Alliance (NDQIA), see the appropriate Payor website.

⁵Joint measure from The Physician Consortium for Performance Improvement (PCPI), and National Committee on Quality Assurance (NCQA) - For more information on measures developed as joint measures from Physician Consortium for Performance Improvement and the National Committee on Quality Assurance (NCQA), visit the NCQA website at www.ncqa.org.

⁶The Society of Thoracic Surgeons at www.sts.org and National Quality Forum, www.qualityforum.org.

⁷Optum, www.optum.com.

⁸American Academy of Neurology, <https://www.aan.com/practice/neuromuscular-quality-measures>, or quality@aan.com.

⁹College of American Pathologists (CAP), <https://www.cap.org/advocacy/quality-payment-program-for-pathologists/mips-for-pathologists/2023-pathology-quality-measures>.

¹⁰American Gastroenterological Association (AGA), www.gastro.org/quality.

¹¹American Society of Anesthesiologists (ASA), www.asahq.org.

¹²American College of Gastroenterology (ACG), www.gi.org; American Gastroenterological Association (AGA), www.gastro.org; and American Society for Gastrointestinal Endoscopy (ASGE), www.asge.org.

Perioperative Care 2 (PERI 2)		
Brief Description of Performance Measure & Source and Reporting Instructions	CPT Category II Code(s)	Code Descriptor(s)
<p>-- It is anticipated that this measure will be reported by the physician performing the procedure.</p> <p>-Patients may be counted as having “received a prophylactic antibiotic” if the antibiotic was received within 4 hours prior to the surgical incision (or start of procedure when no incision is required) or intraoperatively</p> <p>- There must be documentation of an order (written, verbal or standing order/protocol) specifying that prophylactic antibiotic is to be discontinued within 24 hours of surgical end time OR specifying a course of antibiotic administration limited to that 24-hour period (eg, to be given every 8 hours for three doses) OR documentation that prophylactic antibiotic <u>was</u> discontinued within 24 hours of surgical end time</p> <p>- Report either 4046F or 4042F for each patient. If patient received prophylactic antibiotics and there was an order for discontinuation within 24 hours after surgical end time, also report 4049F. For patient with appropriate exclusion criteria, report 4049F with modifier 1P.</p>		
Discontinuation of Prophylactic Antibiotics (Cardiac Procedures)⁵	4043F	

Footnotes

¹Physician Consortium for Performance Improvement®(PCPI) - For more information on measures developed by the Physician Consortium for Performance Improvement® (PCPI), see the appropriate Payor website.

²National Committee on Quality Assurance (NCQA), Health Employer Data Information Set (HEDIS®), www.ncqa.org

³The Joint Commission, <https://www.jointcommission.org>

⁴National Diabetes Quality Improvement Alliance (NDQIA) - For more information on measures developed by the National Diabetes Quality Improvement Alliance (NDQIA), see the appropriate Payor website.

⁵Joint measure from The Physician Consortium for Performance Improvement (PCPI), and National Committee on Quality Assurance (NCQA) - For more information on measures developed as joint measures from Physician Consortium for Performance Improvement and the National Committee on Quality Assurance (NCQA), visit the NCQA website at www.ncqa.org.

⁶The Society of Thoracic Surgeons at www.sts.org and National Quality Forum, www.qualityforum.org.

⁷Optum, www.optum.com.

⁸American Academy of Neurology, <https://www.aan.com/practice/neuromuscular-quality-measures>, or quality@aan.com.

⁹College of American Pathologists (CAP), <https://www.cap.org/advocacy/quality-payment-program-for-pathologists/mips-for-pathologists/2023-pathology-quality-measures>.

¹⁰American Gastroenterological Association (AGA), www.gastro.org/quality.

¹¹American Society of Anesthesiologists (ASA), www.asahq.org.

¹²American College of Gastroenterology (ACG), www.gi.org; American Gastroenterological Association (AGA), www.gastro.org; and American Society for Gastrointestinal Endoscopy (ASGE), www.asge.org.

Perioperative Care 2 (PERI 2)		
Brief Description of Performance Measure & Source and Reporting Instructions	CPT Category II Code(s)	Code Descriptor(s)
<p>Whether or not the cardiac surgical patient aged 18 years and older undergoing a procedure with the indications for prophylactic antibiotics AND who received prophylactic antibiotics, has an order for discontinuation of prophylactic antibiotics within 48 hours of surgical end time</p> <p>Numerator: Cardiac surgical patients who have an order for discontinuation of prophylactic antibiotics within 48 hours of surgical end time</p> <p>Denominator: All cardiac surgical patients 18 years and older undergoing procedures with the indications for prophylactic antibiotics AND who received a prophylactic antibiotic (List of procedures available in measure specifications)</p> <p>Exclusion(s): Documentation of medical reason(s) for not discontinuing prophylactic antibiotics within 48 hours of surgical end time</p> <p>Percentage of cardiac surgical patients aged 18 years and older undergoing procedures with the indications for prophylactic antibiotics AND who received a prophylactic</p>	<p>Denominator Codes</p> <p>4046F</p> <p>4042F</p>	<p>Documentation that an order was given to discontinue prophylactic antibiotics within 48 hours of surgical end time, cardiac procedure</p> <p>Documentation that prophylactic antibiotics were given within 4 hours prior to surgical incision or given intraoperatively</p> <p>Documentation that prophylactic antibiotics were neither given within 4 hours prior to surgical incision nor given intraoperatively</p>

Footnotes

¹Physician Consortium for Performance Improvement®(PCPI) - For more information on measures developed by the Physician Consortium for Performance Improvement® (PCPI), see the appropriate Payor website.

²National Committee on Quality Assurance (NCQA), Health Employer Data Information Set (HEDIS®), www.ncqa.org

³The Joint Commission, <https://www.jointcommission.org>

⁴National Diabetes Quality Improvement Alliance (NDQIA) - For more information on measures developed by the National Diabetes Quality Improvement Alliance (NDQIA), see the appropriate Payor website.

⁵Joint measure from The Physician Consortium for Performance Improvement (PCPI), and National Committee on Quality Assurance (NCQA) - For more information on measures developed as joint measures from Physician Consortium for Performance Improvement and the National Committee on Quality Assurance (NCQA), visit the NCQA website at www.ncqa.org.

⁶The Society of Thoracic Surgeons at www.sts.org and National Quality Forum, www.qualityforum.org.

⁷Optum, www.optum.com.

⁸American Academy of Neurology, <https://www.aan.com/practice/neuromuscular-quality-measures>, or quality@aan.com.

⁹College of American Pathologists (CAP), <https://www.cap.org/advocacy/quality-payment-program-for-pathologists/mips-for-pathologists/2023-pathology-quality-measures>.

¹⁰American Gastroenterological Association (AGA), www.gastro.org/quality.

¹¹American Society of Anesthesiologists (ASA), www.asahq.org.

¹²American College of Gastroenterology (ACG), www.gi.org; American Gastroenterological Association (AGA), www.gastro.org; and American Society for Gastrointestinal Endoscopy (ASGE), www.asge.org.

Perioperative Care 2 (PERI 2)		
Brief Description of Performance Measure & Source and Reporting Instructions	CPT Category II Code(s)	Code Descriptor(s)
<p>antibiotic, who have an order for discontinuation of prophylactic antibiotics within 48 hours of surgical end time</p> <p>Reporting Instructions:</p> <p>-It is anticipated that this measure will be reported by the physician performing the procedure -Patients may be counted as having “received a prophylactic antibiotic” if the antibiotic was received within 4 hours prior to the surgical incision (or start of procedure when no incision is required) or intraoperatively.</p> <p>- There must be documentation of an order (written, verbal or standing order/protocol) specifying that prophylactic antibiotic is to be discontinued within 48 hours of surgical end time OR specifying a course of antibiotic administration limited to that 48-hour period (eg, to be given every 8 hours for three doses”) OR documentation that prophylactic antibiotic was discontinued within 48 hours of surgical end time.</p> <p>- Report either 4046F or 4042F for each patient. If patient received prophylactic antibiotics and there was an order for discontinuation within 48 hours after surgical end time, also</p>		

Footnotes

¹Physician Consortium for Performance Improvement®(PCPI) - For more information on measures developed by the Physician Consortium for Performance Improvement® (PCPI), see the appropriate Payor website.

²National Committee on Quality Assurance (NCQA), Health Employer Data Information Set (HEDIS®), www.ncqa.org

³The Joint Commission, <https://www.jointcommission.org>

⁴National Diabetes Quality Improvement Alliance (NDQIA) - For more information on measures developed by the National Diabetes Quality Improvement Alliance (NDQIA), see the appropriate Payor website.

⁵Joint measure from The Physician Consortium for Performance Improvement (PCPI), and National Committee on Quality Assurance (NCQA) - For more information on measures developed as joint measures from Physician Consortium for Performance Improvement and the National Committee on Quality Assurance (NCQA), visit the NCQA website at www.ncqa.org.

⁶The Society of Thoracic Surgeons at www.sts.org and National Quality Forum, www.qualityforum.org.

⁷Optum, www.optum.com.

⁸American Academy of Neurology, <https://www.aan.com/practice/neuromuscular-quality-measures>, or quality@aan.com.

⁹College of American Pathologists (CAP), <https://www.cap.org/advocacy/quality-payment-program-for-pathologists/mips-for-pathologists/2023-pathology-quality-measures>.

¹⁰American Gastroenterological Association (AGA), www.gastro.org/quality.

¹¹American Society of Anesthesiologists (ASA), www.asahq.org.

¹²American College of Gastroenterology (ACG), www.gi.org; American Gastroenterological Association (AGA), www.gastro.org; and American Society for Gastrointestinal Endoscopy (ASGE), www.asge.org.

Perioperative Care 2 (PERI 2)		
Brief Description of Performance Measure & Source and Reporting Instructions	CPT Category II Code(s)	Code Descriptor(s)
report 4043F. For patient with appropriate exclusion criteria, report 4043F with modifier 1P.		
<p>Venous Thromboembolism (VTE) Prophylaxis⁵ Whether or not the surgical patient aged 18 years and older undergoing a procedure for which VTE prophylaxis is indicated in all patients had an order for LMWH, LDUH, adjusted-dose warfarin, fondaparinux, or mechanical prophylaxis to be given within 24 hours prior to incision time or within 24 hours after surgery end time</p> <p>LMWH-Low molecular weight heparin LDUH-Low-dose unfractionated heparin</p> <p>Numerator: Surgical patients who had an order for LMWH, LDUH, adjusted-dose warfarin, fondaparinux or mechanical prophylaxis to be given within 24 hours prior to incision time or within 24 hours after surgery end time</p> <p>Denominator:</p>	4044F	Documentation that an order was given for venous thromboembolism (VTE) prophylaxis to be given within 24 hrs prior to incision time or 24 hours after surgery end time

Footnotes

¹Physician Consortium for Performance Improvement®(PCPI) - For more information on measures developed by the Physician Consortium for Performance Improvement® (PCPI), see the appropriate Payor website.

²National Committee on Quality Assurance (NCQA), Health Employer Data Information Set (HEDIS®), www.ncqa.org

³The Joint Commission, <https://www.jointcommission.org>

⁴National Diabetes Quality Improvement Alliance (NDQIA) - For more information on measures developed by the National Diabetes Quality Improvement Alliance (NDQIA), see the appropriate Payor website.

⁵Joint measure from The Physician Consortium for Performance Improvement (PCPI), and National Committee on Quality Assurance (NCQA) - For more information on measures developed as joint measures from Physician Consortium for Performance Improvement and the National Committee on Quality Assurance (NCQA), visit the NCQA website at www.ncqa.org.

⁶The Society of Thoracic Surgeons at www.sts.org and National Quality Forum, www.qualityforum.org.

⁷Optum, www.optum.com.

⁸American Academy of Neurology, <https://www.aan.com/practice/neuromuscular-quality-measures>, or quality@aan.com.

⁹College of American Pathologists (CAP), <https://www.cap.org/advocacy/quality-payment-program-for-pathologists/mips-for-pathologists/2023-pathology-quality-measures>.

¹⁰American Gastroenterological Association (AGA), www.gastro.org/quality.

¹¹American Society of Anesthesiologists (ASA), www.asahq.org.

¹²American College of Gastroenterology (ACG), www.gi.org; American Gastroenterological Association (AGA), www.gastro.org; and American Society for Gastrointestinal Endoscopy (ASGE), www.asge.org.

Perioperative Care 2 (PERI 2)		
Brief Description of Performance Measure & Source and Reporting Instructions	CPT Category II Code(s)	Code Descriptor(s)
<p>All surgical patients aged 18 years and older undergoing procedures for which VTE prophylaxis is indicated in all patients (List of procedures available in measure specifications)</p> <p>Exclusion(s): Documentation of medical reason(s) for patient not receiving LMWH, LDUH, adjusted-dose warfarin, fondaparinux, or mechanical prophylaxis within 24 hours prior to incision time or 24 hours after surgery end time</p> <p>Percentage of surgical patients aged 18 years and older undergoing procedures for which VTE prophylaxis is indicated in all patients who had an order for LMWH, LDUH, adjusted-dose warfarin, fondaparinux or mechanical prophylaxis to be given within 24 hours prior to incision time or within 24 hours after surgery end time</p> <p>Reporting Instructions: -There must be documentation of an order (written, verbal or standing order/protocol) for VTE prophylaxis OR documentation that VTE prophylaxis was received.</p>		

Footnotes

¹Physician Consortium for Performance Improvement®(PCPI) - For more information on measures developed by the Physician Consortium for Performance Improvement® (PCPI), see the appropriate Payor website.

²National Committee on Quality Assurance (NCQA), Health Employer Data Information Set (HEDIS®), www.ncqa.org

³The Joint Commission, <https://www.jointcommission.org>

⁴National Diabetes Quality Improvement Alliance (NDQIA) - For more information on measures developed by the National Diabetes Quality Improvement Alliance (NDQIA), see the appropriate Payor website.

⁵Joint measure from The Physician Consortium for Performance Improvement (PCPI), and National Committee on Quality Assurance (NCQA) - For more information on measures developed as joint measures from Physician Consortium for Performance Improvement and the National Committee on Quality Assurance (NCQA), visit the NCQA website at www.ncqa.org.

⁶The Society of Thoracic Surgeons at www.sts.org and National Quality Forum, www.qualityforum.org.

⁷Optum, www.optum.com.

⁸American Academy of Neurology, <https://www.aan.com/practice/neuromuscular-quality-measures>, or quality@aan.com.

⁹College of American Pathologists (CAP), <https://www.cap.org/advocacy/quality-payment-program-for-pathologists/mips-for-pathologists/2023-pathology-quality-measures>.

¹⁰American Gastroenterological Association (AGA), www.gastro.org/quality.

¹¹American Society of Anesthesiologists (ASA), www.asahq.org.

¹²American College of Gastroenterology (ACG), www.gi.org; American Gastroenterological Association (AGA), www.gastro.org; and American Society for Gastrointestinal Endoscopy (ASGE), www.asge.org.

Perioperative Care 2 (PERI 2)		
Brief Description of Performance Measure & Source and Reporting Instructions	CPT Category II Code(s)	Code Descriptor(s)
<p>-Report 4044F where there is documentation of an order for VTE prophylaxis or where it was given within the specified timeframe.</p> <p>-For patient with appropriate exclusion criteria, report 4044F with modifier 1P.</p>		

Footnotes

¹Physician Consortium for Performance Improvement®(PCPI) - For more information on measures developed by the Physician Consortium for Performance Improvement® (PCPI), see the appropriate Payor website.

²National Committee on Quality Assurance (NCQA), Health Employer Data Information Set (HEDIS®), www.ncqa.org

³The Joint Commission, <https://www.jointcommission.org>

⁴National Diabetes Quality Improvement Alliance (NDQIA) - For more information on measures developed by the National Diabetes Quality Improvement Alliance (NDQIA), see the appropriate Payor website.

⁵Joint measure from The Physician Consortium for Performance Improvement (PCPI), and National Committee on Quality Assurance (NCQA) - For more information on measures developed as joint measures from Physician Consortium for Performance Improvement and the National Committee on Quality Assurance (NCQA), visit the NCQA website at www.ncqa.org.

⁶The Society of Thoracic Surgeons at www.sts.org and National Quality Forum, www.qualityforum.org.

⁷Optum, www.optum.com.

⁸American Academy of Neurology, <https://www.aan.com/practice/neuromuscular-quality-measures>, or quality@aan.com.

⁹College of American Pathologists (CAP), <https://www.cap.org/advocacy/quality-payment-program-for-pathologists/mips-for-pathologists/2023-pathology-quality-measures>.

¹⁰American Gastroenterological Association (AGA), www.gastro.org/quality.

¹¹American Society of Anesthesiologists (ASA), www.asahq.org.

¹²American College of Gastroenterology (ACG), www.gi.org; American Gastroenterological Association (AGA), www.gastro.org; and American Society for Gastrointestinal Endoscopy (ASGE), www.asge.org.

<p>Post-Anesthetic Transfer of Care Measure: Use of Checklist for Direct Transfer of Care from Anesthetizing Location to Critical Care Unit¹¹</p> <p>Whether a patient who received an anesthesia service and was directly admitted to a critical care unit had documentation of use of a checklist for the transfer of care from the responsible anesthesia practitioner to the responsible critical care unit practitioner</p> <p>Numerator:</p> <p>Patients with documented use of a checklist for the transfer of care from the responsible anesthesia practitioner to the responsible critical care unit practitioner</p> <p>Definition: The key handoff elements that must be included in the transition of care include, but are not limited to:</p> <ol style="list-style-type: none"> 1. Identification of patient 2. Identification of responsible practitioner (primary service) 3. Discussion of pertinent medical history 4. Discussion of the surgical/procedure course (procedure, reason for procedure performed) 5. Intraoperative anesthetic management and issues/concerns to include things such as airway, hemodynamic, narcotic, sedation level and paralytic management and intravenous fluids/blood products and urine output during the procedure 6. Expectations/plans for the early post-procedure period to include things such as the anticipated course (anticipatory 	0581F	Patient transferred directly from anesthetizing location to critical care unit
	0582F	Patient not transferred directly from anesthetizing location to critical care unit
	0583F	Transfer of care checklist used
	0584F	Transfer of care checklist not used

Footnotes

¹Physician Consortium for Performance Improvement®(PCPI) - For more information on measures developed by the Physician Consortium for Performance Improvement® (PCPI), see the appropriate Payor website.

²National Committee on Quality Assurance (NCQA), Health Employer Data Information Set (HEDIS®), www.ncqa.org

³The Joint Commission, <https://www.jointcommission.org>

⁴National Diabetes Quality Improvement Alliance (NDQIA) - For more information on measures developed by the National Diabetes Quality Improvement Alliance (NDQIA), see the appropriate Payor website.

⁵Joint measure from The Physician Consortium for Performance Improvement (PCPI), and National Committee on Quality Assurance (NCQA) - For more information on measures developed as joint measures from Physician Consortium for Performance Improvement and the National Committee on Quality Assurance (NCQA), visit the NCQA website at www.ncqa.org.

⁶The Society of Thoracic Surgeons at www.sts.org and National Quality Forum, www.qualityforum.org.

⁷Optum, www.optum.com.

⁸American Academy of Neurology, <https://www.aan.com/practice/neuromuscular-quality-measures>, or quality@aan.com.

⁹College of American Pathologists (CAP), <https://www.cap.org/advocacy/quality-payment-program-for-pathologists/mips-for-pathologists/2023-pathology-quality-measures>.

¹⁰American Gastroenterological Association (AGA), www.gastro.org/quality.

¹¹American Society of Anesthesiologists (ASA), www.asahq.org.

¹²American College of Gastroenterology (ACG), www.gi.org; American Gastroenterological Association (AGA), www.gastro.org; and American Society for Gastrointestinal Endoscopy (ASGE), www.asge.org.

<p>guidance), complications, need for laboratory or ECG, and next antibiotic dosing time</p> <p>7. Opportunity for questions and acknowledgement of understanding of report from the receiving critical care unit team</p> <p>Denominator:</p> <p>All patients who receive an anesthesia service and are transferred directly from the anesthetizing location to a critical care unit</p> <p>Exclusion(s): None</p> <p>Reporting Instructions:</p> <p>For all patients who receive an anesthesia service (CPT Code 00100-01969), report either 0581F or 0582F.</p> <p>When 0581F is reported, also report 0583F or 0584F.</p> <p>There are no performance exclusions for this measure; modifiers 1P, 2P, and 3P may not be used.</p>		
<p>Prevention of Post-Operative Nausea and Vomiting (PONV) – Multimodal Therapy (Adults)¹¹</p> <p>Numerator:</p>	4554F	Patient received inhalational anesthetic agent

Footnotes

¹Physician Consortium for Performance Improvement®(PCPI) - For more information on measures developed by the Physician Consortium for Performance Improvement® (PCPI), see the appropriate Payor website.

²National Committee on Quality Assurance (NCQA), Health Employer Data Information Set (HEDIS®), www.ncqa.org

³The Joint Commission, <https://www.jointcommission.org>

⁴National Diabetes Quality Improvement Alliance (NDQIA) - For more information on measures developed by the National Diabetes Quality Improvement Alliance (NDQIA), see the appropriate Payor website.

⁵Joint measure from The Physician Consortium for Performance Improvement (PCPI), and National Committee on Quality Assurance (NCQA) - For more information on measures developed as joint measures from Physician Consortium for Performance Improvement and the National Committee on Quality Assurance (NCQA), visit the NCQA website at www.ncqa.org.

⁶The Society of Thoracic Surgeons at www.sts.org and National Quality Forum, www.qualityforum.org.

⁷Optum, www.optum.com.

⁸American Academy of Neurology, <https://www.aan.com/practice/neuromuscular-quality-measures>, or quality@aan.com.

⁹College of American Pathologists (CAP), <https://www.cap.org/advocacy/quality-payment-program-for-pathologists/mips-for-pathologists/2023-pathology-quality-measures>.

¹⁰American Gastroenterological Association (AGA), www.gastro.org/quality.

¹¹American Society of Anesthesiologists (ASA), www.asahq.org.

¹²American College of Gastroenterology (ACG), www.gi.org; American Gastroenterological Association (AGA), www.gastro.org; and American Society for Gastrointestinal Endoscopy (ASGE), www.asge.org.

<p>Patients who receive at least two prophylactic pharmacologic anti-emetic agents of different classes preoperatively and intraoperatively for the prevention of PONV</p> <p>Definition: The recommended first- and second-line classes of pharmacologic anti-emetics for PONV prophylaxis in adults include (but are not limited to):</p> <ul style="list-style-type: none"> • 5-hydroxytryptamine (5-HT₃) receptor antagonists (eg, ondansetron, dolasetron, granisetron, and tropisetron) • steroid (eg, dexamethasone) • phenothiazines (eg, promethazine, prochlorperazine) • phenylethylamine (eg, ephedrine) • butyrophenones (eg, droperidol, haloperidol) • antihistamine (eg, dimenhydrinate, diphenhydramine) • anticholinergic (eg, transdermal scopolamine) <p>Denominator: All patients aged 18 years and older who receive an inhalational general anesthesia service and have three or more risk factors for post-operative nausea and vomiting (PONV)</p> <p>Denominator Criteria (Eligible Cases): Patients aged 18 years and older and Who receive an anesthesia service (00100-01969)</p>	<p>4555F</p> <p>4556F</p> <p>4557F</p> <p>4558F</p>	<p>Patient did not receive inhalational anesthetic agent</p> <p>Patient exhibits 3 or more risk factors for post-operative nausea and vomiting</p> <p>Patient does not exhibit 3 or more risk factors for post-operative nausea and vomiting</p> <p>Patient received at least 2 prophylactic pharmacologic anti-emetic agents of different classes preoperatively and intraoperatively</p>
--	---	--

Footnotes

¹Physician Consortium for Performance Improvement®(PCPI) - For more information on measures developed by the Physician Consortium for Performance Improvement® (PCPI), see the appropriate Payor website.

²National Committee on Quality Assurance (NCQA), Health Employer Data Information Set (HEDIS®), www.ncqa.org

³The Joint Commission, <https://www.jointcommission.org>

⁴National Diabetes Quality Improvement Alliance (NDQIA) - For more information on measures developed by the National Diabetes Quality Improvement Alliance (NDQIA), see the appropriate Payor website.

⁵Joint measure from The Physician Consortium for Performance Improvement (PCPI), and National Committee on Quality Assurance (NCQA) - For more information on measures developed as joint measures from Physician Consortium for Performance Improvement and the National Committee on Quality Assurance (NCQA), visit the NCQA website at www.ncqa.org.

⁶The Society of Thoracic Surgeons at www.sts.org and National Quality Forum, www.qualityforum.org.

⁷Optum, www.optum.com.

⁸American Academy of Neurology, <https://www.aan.com/practice/neuromuscular-quality-measures>, or quality@aan.com.

⁹College of American Pathologists (CAP), <https://www.cap.org/advocacy/quality-payment-program-for-pathologists/mips-for-pathologists/2023-pathology-quality-measures>.

¹⁰American Gastroenterological Association (AGA), www.gastro.org/quality.

¹¹American Society of Anesthesiologists (ASA), www.asahq.org.

¹²American College of Gastroenterology (ACG), www.gi.org; American Gastroenterological Association (AGA), www.gastro.org; and American Society for Gastrointestinal Endoscopy (ASGE), www.asge.org.

<p>and</p> <p>4554F Patient received inhalational anesthetic agent</p> <p>and</p> <p>Have three or more risk factors for PONV (4556F): (1) female gender, (2) history of PONV or a history of motion sickness, (3) non-smoker, and (4) intended administration of opioids for post-operative analgesia. This includes use of opioids given intraoperatively and whose effects extend into the post anesthesia care unit (PACU) or post-operative period, or opioids given in the PACU, or opioids given after discharge from the PACU.</p> <p>Exclusion(s):</p> <p>Documentation of medical (eg, Contraindications/Cautions to 5HT3 antagonists such as:</p> <ul style="list-style-type: none"> • Hypersensitivity to drug/class component • Congenital long QT syndrome • Caution if QT prolongation risk • Caution if hepatic impairment • Caution if abdominal surgery) <p>or systems (eg, shortage/lack of availability of appropriate class of pharmacologic anti-emetic agent) reason(s) for not administering pharmacologic prophylaxis</p> <p>Reporting Instructions:</p> <p>For all patients who receive an anesthesia service (CPT Code 00100-01969), report either 4554F or 4555F and either 4556F or 4557F.</p>		
--	--	--

Footnotes

¹Physician Consortium for Performance Improvement®(PCPI) - For more information on measures developed by the Physician Consortium for Performance Improvement® (PCPI), see the appropriate Payor website.

²National Committee on Quality Assurance (NCQA), Health Employer Data Information Set (HEDIS®), www.ncqa.org

³The Joint Commission, <https://www.jointcommission.org>

⁴National Diabetes Quality Improvement Alliance (NDQIA) - For more information on measures developed by the National Diabetes Quality Improvement Alliance (NDQIA), see the appropriate Payor website.

⁵Joint measure from The Physician Consortium for Performance Improvement (PCPI), and National Committee on Quality Assurance (NCQA) - For more information on measures developed as joint measures from Physician Consortium for Performance Improvement and the National Committee on Quality Assurance (NCQA), visit the NCQA website at www.ncqa.org.

⁶The Society of Thoracic Surgeons at www.sts.org and National Quality Forum, www.qualityforum.org.

⁷Optum, www.optum.com.

⁸American Academy of Neurology, <https://www.aan.com/practice/neuromuscular-quality-measures>, or quality@aan.com.

⁹College of American Pathologists (CAP), <https://www.cap.org/advocacy/quality-payment-program-for-pathologists/mips-for-pathologists/2023-pathology-quality-measures>.

¹⁰American Gastroenterological Association (AGA), www.gastro.org/quality.

¹¹American Society of Anesthesiologists (ASA), www.asahq.org.

¹²American College of Gastroenterology (ACG), www.gi.org; American Gastroenterological Association (AGA), www.gastro.org; and American Society for Gastrointestinal Endoscopy (ASGE), www.asge.org.

Perioperative Care 2 (PERI 2)		
Brief Description of Performance Measure & Source and Reporting Instructions	CPT Category II Code(s)	Code Descriptor(s)
<p>When 4554F and 4556F are reported, also report 4558F.</p> <p>For patient with appropriate exclusion criteria, report 4558F with 1P.</p> <p>If prophylactic pharmacologic anti-emetic not available, report 4558F with 3P.</p>		

Footnotes

¹Physician Consortium for Performance Improvement®(PCPI) - For more information on measures developed by the Physician Consortium for Performance Improvement® (PCPI), see the appropriate Payor website.

²National Committee on Quality Assurance (NCQA), Health Employer Data Information Set (HEDIS®), www.ncqa.org

³The Joint Commission, <https://www.jointcommission.org>

⁴National Diabetes Quality Improvement Alliance (NDQIA) - For more information on measures developed by the National Diabetes Quality Improvement Alliance (NDQIA), see the appropriate Payor website.

⁵Joint measure from The Physician Consortium for Performance Improvement (PCPI), and National Committee on Quality Assurance (NCQA) - For more information on measures developed as joint measures from Physician Consortium for Performance Improvement and the National Committee on Quality Assurance (NCQA), visit the NCQA website at www.ncqa.org.

⁶The Society of Thoracic Surgeons at www.sts.org and National Quality Forum, www.qualityforum.org.

⁷Optum, www.optum.com.

⁸American Academy of Neurology, <https://www.aan.com/practice/neuromuscular-quality-measures>, or quality@aan.com.

⁹College of American Pathologists (CAP), <https://www.cap.org/advocacy/quality-payment-program-for-pathologists/mips-for-pathologists/2023-pathology-quality-measures>.

¹⁰American Gastroenterological Association (AGA), www.gastro.org/quality.

¹¹American Society of Anesthesiologists (ASA), www.asahq.org.

¹²American College of Gastroenterology (ACG), www.gi.org; American Gastroenterological Association (AGA), www.gastro.org; and American Society for Gastrointestinal Endoscopy (ASGE), www.asge.org.

<p>Maintenance of Intraoperative Normothermia¹¹</p> <p>Numerator:</p> <p>Patients for whom at least one body temperature measurement equal to or greater than 35.5 degrees Celsius (or 95.9 degrees Fahrenheit) was recorded within the 30 minutes immediately before or the 15 minutes immediately after anesthesia end time</p> <p>Instructions: The anesthesia time used for this measure should be the anesthesia start and anesthesia end times as recorded in the anesthesia record</p> <p>Denominator:</p> <p>All patients, regardless of age, undergoing surgical or therapeutic procedures under general or neuraxial anesthesia of 60 minutes duration or longer, except patients undergoing cardiopulmonary bypass (Note: Cardiopulmonary bypass patients are filtered out with the CPT anesthesia codes defining the eligible population.)</p> <p>Exclusion(s):</p> <p>Documentation of reason(s) for not achieving at least one body temperature measurement equal to or greater than 35.5 degrees Celsius (or 95.9 degrees Fahrenheit) within the 30 minutes immediately before or the 15 minutes immediately after anesthesia end time (eg, intentional hypothermia)</p>	4559F	At least 1 body temperature measurement equal to or greater than 35.5 degrees Celsius (or 95.9 degrees Fahrenheit) recorded within the 30 minutes immediately before or the 15 minutes immediately after anesthesia end time
	4255F	Duration of general or neuraxial anesthesia 60 minutes or longer, as documented in the anesthesia record
	4256F	Duration of general or neuraxial anesthesia less than 60 minutes, as documented in the anesthesia record
	4560F	Anesthesia technique did not involve general or neuraxial anesthesia ◀

Footnotes

¹Physician Consortium for Performance Improvement®(PCPI) - For more information on measures developed by the Physician Consortium for Performance Improvement® (PCPI), see the appropriate Payor website.

²National Committee on Quality Assurance (NCQA), Health Employer Data Information Set (HEDIS®), www.ncqa.org

³The Joint Commission, <https://www.jointcommission.org>

⁴National Diabetes Quality Improvement Alliance (NDQIA) - For more information on measures developed by the National Diabetes Quality Improvement Alliance (NDQIA), see the appropriate Payor website.

⁵Joint measure from The Physician Consortium for Performance Improvement (PCPI), and National Committee on Quality Assurance (NCQA) - For more information on measures developed as joint measures from Physician Consortium for Performance Improvement and the National Committee on Quality Assurance (NCQA), visit the NCQA website at www.ncqa.org.

⁶The Society of Thoracic Surgeons at www.sts.org and National Quality Forum, www.qualityforum.org.

⁷Optum, www.optum.com.

⁸American Academy of Neurology, <https://www.aan.com/practice/neuromuscular-quality-measures>, or quality@aan.com.

⁹College of American Pathologists (CAP), <https://www.cap.org/advocacy/quality-payment-program-for-pathologists/mips-for-pathologists/2023-pathology-quality-measures>.

¹⁰American Gastroenterological Association (AGA), www.gastro.org/quality.

¹¹American Society of Anesthesiologists (ASA), www.asahq.org.

¹²American College of Gastroenterology (ACG), www.gi.org; American Gastroenterological Association (AGA), www.gastro.org; and American Society for Gastrointestinal Endoscopy (ASGE), www.asge.org.

Perioperative Care 2 (PERI 2)		
Brief Description of Performance Measure & Source and Reporting Instructions	CPT Category II Code(s)	Code Descriptor(s)
<p>Reporting Instructions:</p> <p>For all patients who receive an anesthesia service (CPT Codes 00100-01969, except when coding includes 00561, 00562, 00563, 00567, or □99116), report 4255F or 4256F or 4560F.</p> <p>When 4255F is reported, also report 4559F.</p> <p>For patient with appropriate medical exclusions, report 4559F with modifier 1P.</p>		

Footnotes

¹Physician Consortium for Performance Improvement®(PCPI) - For more information on measures developed by the Physician Consortium for Performance Improvement® (PCPI), see the appropriate Payor website.

²National Committee on Quality Assurance (NCQA), Health Employer Data Information Set (HEDIS®), www.ncqa.org

³The Joint Commission, <https://www.jointcommission.org>

⁴National Diabetes Quality Improvement Alliance (NDQIA) - For more information on measures developed by the National Diabetes Quality Improvement Alliance (NDQIA), see the appropriate Payor website.

⁵Joint measure from The Physician Consortium for Performance Improvement (PCPI), and National Committee on Quality Assurance (NCQA) - For more information on measures developed as joint measures from Physician Consortium for Performance Improvement and the National Committee on Quality Assurance (NCQA), visit the NCQA website at www.ncqa.org.

⁶The Society of Thoracic Surgeons at www.sts.org and National Quality Forum, www.qualityforum.org.

⁷Optum, www.optum.com.

⁸American Academy of Neurology, <https://www.aan.com/practice/neuromuscular-quality-measures>, or quality@aan.com.

⁹College of American Pathologists (CAP), <https://www.cap.org/advocacy/quality-payment-program-for-pathologists/mips-for-pathologists/2023-pathology-quality-measures>.

¹⁰American Gastroenterological Association (AGA), www.gastro.org/quality.

¹¹American Society of Anesthesiologists (ASA), www.asahq.org.

¹²American College of Gastroenterology (ACG), www.gi.org; American Gastroenterological Association (AGA), www.gastro.org; and American Society for Gastrointestinal Endoscopy (ASGE), www.asge.org.

<p>Preoperative Use of Aspirin for Patients with Coronary Artery Stents¹¹ Whether the patient aged 18 years and older received aspirin within 24 hours prior to the anesthesia start time when they have a pre-existing coronary artery stent and receive an anesthesia service</p> <p>Numerator: All patients who receive aspirin within 24 hours prior to the anesthesia start time</p> <p>Denominator: Patients aged 18 years and older who receive an anesthesia service and have a pre-existing coronary artery stent</p> <p>Exclusion(s): Documentation of medical (eg, risks of preoperative aspirin therapy are greater than the risks of withholding aspirin) or patient (patient not compliant in taking aspirin within the past 24 hours) reason(s) for not prescribing aspirin within 24 hours of the anesthesia start time</p> <p>Reporting Instructions:</p> <p>For all patients who receive an anesthesia service (CPT Code 00100-01969), report either 4561F or 4562F.</p> <p>When 4561F is reported, also report 4563F.</p> <p>For patient with appropriate exclusion criteria, report 1P or 2P.</p>	4561F	Patient has a coronary artery stent
	4562F	Patient does not have a coronary artery stent
	4563F	Patient received aspirin within 24 hours prior to anesthesia start time

Footnotes

¹Physician Consortium for Performance Improvement®(PCPI) - For more information on measures developed by the Physician Consortium for Performance Improvement® (PCPI), see the appropriate Payor website.

²National Committee on Quality Assurance (NCQA), Health Employer Data Information Set (HEDIS®), www.ncqa.org

³The Joint Commission, <https://www.jointcommission.org>

⁴National Diabetes Quality Improvement Alliance (NDQIA) - For more information on measures developed by the National Diabetes Quality Improvement Alliance (NDQIA), see the appropriate Payor website.

⁵Joint measure from The Physician Consortium for Performance Improvement (PCPI), and National Committee on Quality Assurance (NCQA) - For more information on measures developed as joint measures from Physician Consortium for Performance Improvement and the National Committee on Quality Assurance (NCQA), visit the NCQA website at www.ncqa.org.

⁶The Society of Thoracic Surgeons at www.sts.org and National Quality Forum, www.qualityforum.org.

⁷Optum, www.optum.com.

⁸American Academy of Neurology, <https://www.aan.com/practice/neuromuscular-quality-measures>, or quality@aan.com.

⁹College of American Pathologists (CAP), <https://www.cap.org/advocacy/quality-payment-program-for-pathologists/mips-for-pathologists/2023-pathology-quality-measures>.

¹⁰American Gastroenterological Association (AGA), www.gastro.org/quality.

¹¹American Society of Anesthesiologists (ASA), www.asahq.org.

¹²American College of Gastroenterology (ACG), www.gi.org; American Gastroenterological Association (AGA), www.gastro.org; and American Society for Gastrointestinal Endoscopy (ASGE), www.asge.org.

Prenatal Care (Pre-Cr)		
Brief Description of Performance Measure & Source	CPT Category II Code(s)	Code Descriptor(s)
<p>Anti-D Immune Globulin¹</p> <p>Whether or not the D (Rh) negative and unsensitized patient who gave birth during the 12-month period, who was seen for continuing prenatal care, received anti-D immune globulin at 26-30 weeks gestation</p> <p>Numerator: Patients who received anti-D immune globulin at 26-30 weeks gestation</p> <p>Denominator: All patients who are D (Rh) negative and unsensitized who gave birth during the 12-month period, seen for continuing prenatal care</p>	4178F	Anti-D immune globulin received between 26 and 30 weeks gestation

Footnotes

¹Physician Consortium for Performance Improvement®(PCPI) - For more information on measures developed by the Physician Consortium for Performance Improvement® (PCPI), see the appropriate Payor website.

²National Committee on Quality Assurance (NCQA), Health Employer Data Information Set (HEDIS®), www.ncqa.org

³The Joint Commission, <https://www.jointcommission.org>

⁴National Diabetes Quality Improvement Alliance (NDQIA) - For more information on measures developed by the National Diabetes Quality Improvement Alliance (NDQIA), see the appropriate Payor website.

⁵Joint measure from The Physician Consortium for Performance Improvement (PCPI), and National Committee on Quality Assurance (NCQA) - For more information on measures developed as joint measures from Physician Consortium for Performance Improvement and the National Committee on Quality Assurance (NCQA), visit the NCQA website at www.ncqa.org.

⁶The Society of Thoracic Surgeons at www.sts.org and National Quality Forum, www.qualityforum.org.

⁷Optum, www.optum.com.

⁸American Academy of Neurology, <https://www.aan.com/practice/neuromuscular-quality-measures>, or quality@aan.com.

⁹College of American Pathologists (CAP), <https://www.cap.org/advocacy/quality-payment-program-for-pathologists/mips-for-pathologists/2023-pathology-quality-measures>.

¹⁰American Gastroenterological Association (AGA), www.gastro.org/quality.

¹¹American Society of Anesthesiologists (ASA), www.asahq.org.

¹²American College of Gastroenterology (ACG), www.gi.org; American Gastroenterological Association (AGA), www.gastro.org; and American Society for Gastrointestinal Endoscopy (ASGE), www.asge.org.

Prenatal Care (Pre-Cr)		
Brief Description of Performance Measure & Source	CPT Category II Code(s)	Code Descriptor(s)
<p>Exclusion(s): Documentation of medical reason(s) for patient not receiving anti-D immune globulin at 26-30 weeks gestation</p> <p>Documentation of patient reason(s) for patient not receiving anti-D immune globulin at 26-30 weeks gestation</p> <p>Documentation of system reason(s) for patient not receiving anti-D immune globulin at 26-30 weeks gestation</p> <p>Percentage of D (Rh) negative, unsensitized patients who gave birth during the 12-month period who received anti-D immune globulin at 26-30 weeks gestation</p> <p>Reporting Instructions:</p> <p>Report 3290F or 3291F for each patient. If patient is D (Rh) negative and unsensitized (3290F) and patient was administered Anti-D immune globulin between 26 and 30 weeks gestation, also report 4178F.</p> <p>For patients with appropriate exclusion criteria use 4178F with modifier 1P, 2P, or 3P.</p>	<p>Denominator Codes</p> <p>3290F</p> <p>3291F</p>	<p>Patient is D (Rh) negative and unsensitized</p> <p>Patient is D (Rh) positive or sensitized</p>
Prenatal ABO and Rh blood typing⁷		

Footnotes

¹Physician Consortium for Performance Improvement®(PCPI) - For more information on measures developed by the Physician Consortium for Performance Improvement® (PCPI), see the appropriate Payor website.

²National Committee on Quality Assurance (NCQA), Health Employer Data Information Set (HEDIS®), www.ncqa.org

³The Joint Commission, <https://www.jointcommission.org>

⁴National Diabetes Quality Improvement Alliance (NDQIA) - For more information on measures developed by the National Diabetes Quality Improvement Alliance (NDQIA), see the appropriate Payor website.

⁵Joint measure from The Physician Consortium for Performance Improvement (PCPI), and National Committee on Quality Assurance (NCQA) - For more information on measures developed as joint measures from Physician Consortium for Performance Improvement and the National Committee on Quality Assurance (NCQA), visit the NCQA website at www.ncqa.org.

⁶The Society of Thoracic Surgeons at www.sts.org and National Quality Forum, www.qualityforum.org.

⁷Optum, www.optum.com.

⁸American Academy of Neurology, <https://www.aan.com/practice/neuromuscular-quality-measures>, or quality@aan.com.

⁹College of American Pathologists (CAP), <https://www.cap.org/advocacy/quality-payment-program-for-pathologists/mips-for-pathologists/2023-pathology-quality-measures>.

¹⁰American Gastroenterological Association (AGA), www.gastro.org/quality.

¹¹American Society of Anesthesiologists (ASA), www.asahq.org.

¹²American College of Gastroenterology (ACG), www.gi.org; American Gastroenterological Association (AGA), www.gastro.org; and American Society for Gastrointestinal Endoscopy (ASGE), www.asge.org.

Prenatal Care (Pre-Cr)		
Brief Description of Performance Measure & Source	CPT Category II Code(s)	Code Descriptor(s)
<p>Whether or not the pregnant patient had an ABO and Rh blood typing during a prenatal visit</p> <p>Numerator: Pregnant patients who had an ABO and Rh blood typing performed or documented during the prenatal period</p> <p>Denominator: All patients aged 12 years and older who have completed a full-term pregnancy</p> <p>Exclusion(s): None</p> <p>Reporting Instructions: There are no performance exclusions for this measure; modifiers 1P, 2P, and 3P may not be used.</p> <p>For patients who have had ABO and Rh typing performed during the prenatal period or previously, report 3293F during the prenatal period.</p>	3293F	ABO and Rh blood typing documented as performed
Prenatal Group B Streptococcus (GBS) screening⁷		

Footnotes

¹Physician Consortium for Performance Improvement®(PCPI) - For more information on measures developed by the Physician Consortium for Performance Improvement® (PCPI), see the appropriate Payor website.

²National Committee on Quality Assurance (NCQA), Health Employer Data Information Set (HEDIS®), www.ncqa.org

³The Joint Commission, <https://www.jointcommission.org>

⁴National Diabetes Quality Improvement Alliance (NDQIA) - For more information on measures developed by the National Diabetes Quality Improvement Alliance (NDQIA), see the appropriate Payor website.

⁵Joint measure from The Physician Consortium for Performance Improvement (PCPI), and National Committee on Quality Assurance (NCQA) - For more information on measures developed as joint measures from Physician Consortium for Performance Improvement and the National Committee on Quality Assurance (NCQA), visit the NCQA website at www.ncqa.org.

⁶The Society of Thoracic Surgeons at www.sts.org and National Quality Forum, www.qualityforum.org.

⁷Optum, www.optum.com.

⁸American Academy of Neurology, <https://www.aan.com/practice/neuromuscular-quality-measures>, or quality@aan.com.

⁹College of American Pathologists (CAP), <https://www.cap.org/advocacy/quality-payment-program-for-pathologists/mips-for-pathologists/2023-pathology-quality-measures>.

¹⁰American Gastroenterological Association (AGA), www.gastro.org/quality.

¹¹American Society of Anesthesiologists (ASA), www.asahq.org.

¹²American College of Gastroenterology (ACG), www.gi.org; American Gastroenterological Association (AGA), www.gastro.org; and American Society for Gastrointestinal Endoscopy (ASGE), www.asge.org.

Prenatal Care (Pre-Cr)		
Brief Description of Performance Measure & Source	CPT Category II Code(s)	Code Descriptor(s)
<p>Whether or not the pregnant patient had a Group B Streptococcus screen during a prenatal visit</p> <p>Numerator: Pregnant patients who had a Group B Streptococcus screen during week 35-37 gestation.</p> <p>Denominator: All patients aged 12 years and older who have completed a full term pregnancy</p> <p>Exclusion(s): Documentation of at least one of the following medical reasons:</p> <ul style="list-style-type: none"> - previous infant with GBS disease - maternal GBS infection during prenatal period - patient prophylactically treated for GBS infection because screening was not performed <p>Documentation of the following patient reason for receiving GBS screening outside of week 35-37 of gestation:</p> <ul style="list-style-type: none"> - patient did not attend appointment during this timeframe. 	3294F	Group B Streptococcus (GBS) screening documented as performed during week 35-37 gestation

Footnotes

¹Physician Consortium for Performance Improvement®(PCPI) - For more information on measures developed by the Physician Consortium for Performance Improvement® (PCPI), see the appropriate Payor website.

²National Committee on Quality Assurance (NCQA), Health Employer Data Information Set (HEDIS®), www.ncqa.org

³The Joint Commission, <https://www.jointcommission.org>

⁴National Diabetes Quality Improvement Alliance (NDQIA) - For more information on measures developed by the National Diabetes Quality Improvement Alliance (NDQIA), see the appropriate Payor website.

⁵Joint measure from The Physician Consortium for Performance Improvement (PCPI), and National Committee on Quality Assurance (NCQA) - For more information on measures developed as joint measures from Physician Consortium for Performance Improvement and the National Committee on Quality Assurance (NCQA), visit the NCQA website at www.ncqa.org.

⁶The Society of Thoracic Surgeons at www.sts.org and National Quality Forum, www.qualityforum.org.

⁷Optum, www.optum.com.

⁸American Academy of Neurology, <https://www.aan.com/practice/neuromuscular-quality-measures>, or quality@aan.com.

⁹College of American Pathologists (CAP), <https://www.cap.org/advocacy/quality-payment-program-for-pathologists/mips-for-pathologists/2023-pathology-quality-measures>.

¹⁰American Gastroenterological Association (AGA), www.gastro.org/quality.

¹¹American Society of Anesthesiologists (ASA), www.asahq.org.

¹²American College of Gastroenterology (ACG), www.gi.org; American Gastroenterological Association (AGA), www.gastro.org; and American Society for Gastrointestinal Endoscopy (ASGE), www.asge.org.

Prenatal Care (Pre-Cr)		
Brief Description of Performance Measure & Source	CPT Category II Code(s)	Code Descriptor(s)
<p>Reporting Instructions: For patient with appropriate exclusion criteria, report 3294F with modifier 1P or 2P.</p>		
<p>Screening for Human Immunodeficiency Virus (HIV)¹ Whether or not the patient who gave birth during the 12-month period, who was seen for continuing prenatal care, was screened for HIV infection during the first or second prenatal care visit Numerator: Patients who were screened for HIV infection during the first or second prenatal care visit Denominator: All patients who gave birth during the 12-month period, seen for continuing prenatal care Exclusion(s): Documentation of medical reason(s) for not screening for HIV during the first or second prenatal care visit (eg, patient has known HIV) Documentation of patient reason(s) for not screening for HIV during the first or second prenatal care visit Percentage of patients who gave birth during the 12-month period who were screened for HIV infection during the first or second prenatal care visit Reporting Instructions: For patient with appropriate exclusion criteria, report 3292F with modifier 1P or 2P.</p>	3292F	HIV testing ordered or documented and reviewed during the first or second prenatal visit

Footnotes

¹Physician Consortium for Performance Improvement®(PCPI) - For more information on measures developed by the Physician Consortium for Performance Improvement® (PCPI), see the appropriate Payor website.

²National Committee on Quality Assurance (NCQA), Health Employer Data Information Set (HEDIS®), www.ncqa.org

³The Joint Commission, <https://www.jointcommission.org>

⁴National Diabetes Quality Improvement Alliance (NDQIA) - For more information on measures developed by the National Diabetes Quality Improvement Alliance (NDQIA), see the appropriate Payor website.

⁵Joint measure from The Physician Consortium for Performance Improvement (PCPI), and National Committee on Quality Assurance (NCQA) - For more information on measures developed as joint measures from Physician Consortium for Performance Improvement and the National Committee on Quality Assurance (NCQA), visit the NCQA website at www.ncqa.org.

⁶The Society of Thoracic Surgeons at www.sts.org and National Quality Forum, www.qualityforum.org.

⁷Optum, www.optum.com.

⁸American Academy of Neurology, <https://www.aan.com/practice/neuromuscular-quality-measures>, or quality@aan.com.

⁹College of American Pathologists (CAP), <https://www.cap.org/advocacy/quality-payment-program-for-pathologists/mips-for-pathologists/2023-pathology-quality-measures>.

¹⁰American Gastroenterological Association (AGA), www.gastro.org/quality.

¹¹American Society of Anesthesiologists (ASA), www.asahq.org.

¹²American College of Gastroenterology (ACG), www.gi.org; American Gastroenterological Association (AGA), www.gastro.org; and American Society for Gastrointestinal Endoscopy (ASGE), www.asge.org.

Footnotes

¹**Physician Consortium for Performance Improvement®(PCPI)** - For more information on measures developed by the Physician Consortium for Performance Improvement® (PCPI), see the appropriate Payor website.

²**National Committee on Quality Assurance (NCQA)**, Health Employer Data Information Set (HEDIS®), www.ncqa.org

³**The Joint Commission**, <https://www.jointcommission.org>

⁴**National Diabetes Quality Improvement Alliance (NDQIA)** - For more information on measures developed by the National Diabetes Quality Improvement Alliance (NDQIA), see the appropriate Payor website.

⁵Joint measure from **The Physician Consortium for Performance Improvement (PCPI)**, and **National Committee on Quality Assurance (NCQA)** - For more information on measures developed as joint measures from Physician Consortium for Performance Improvement and the National Committee on Quality Assurance (NCQA), visit the NCQA website at www.ncqa.org.

⁶*The Society of Thoracic Surgeons* at www.sts.org and *National Quality Forum*, www.qualityforum.org.

⁷**Optum**, www.optum.com.

⁸**American Academy of Neurology**, <https://www.aan.com/practice/neuromuscular-quality-measures>, or quality@aan.com.

⁹**College of American Pathologists (CAP)**, <https://www.cap.org/advocacy/quality-payment-program-for-pathologists/mips-for-pathologists/2023-pathology-quality-measures>.

¹⁰**American Gastroenterological Association (AGA)**, www.gastro.org/quality.

¹¹**American Society of Anesthesiologists (ASA)**, www.asahq.org.

¹²**American College of Gastroenterology (ACG)**, www.gi.org; **American Gastroenterological Association (AGA)**, www.gastro.org; and **American Society for Gastrointestinal Endoscopy (ASGE)**, www.asge.org.

Prenatal-Postpartum Care (Prenatal)		
Brief Description of Performance Measure & Source and Reporting Instructions	CPT Category II Code(s)	Code Descriptor(s)
<p>Timeliness of Prenatal Care¹</p> <p>Numerator: Number of women who received a prenatal care visit as a member of the managed care organization (MCO) in the first trimester or within 42 days of enrollment in the MCO</p> <p>Denominator: Women who had live births between November 6th of the year prior to the measurement year and November 5th of the measurement year, who were continuously enrolled at least 43 days prior to delivery through 56 days after delivery.</p> <p>Percentage of patients in the denominator who received prenatal care</p> <p>Reporting Instructions:</p> <p>There are no performance exclusions for this measure; modifiers 1P, 2P and 3P may not be used</p>	0500F	Initial prenatal care visit (report at first prenatal encounter with health care professional providing obstetrical care. Report also date of visit and, in a separate field, the date of the last menstrual period – LMP)

Footnotes

¹Physician Consortium for Performance Improvement®(PCPI) - For more information on measures developed by the Physician Consortium for Performance Improvement® (PCPI), see the appropriate Payor website.

²National Committee on Quality Assurance (NCQA), Health Employer Data Information Set (HEDIS®), www.ncqa.org

³The Joint Commission, <https://www.jointcommission.org>

⁴National Diabetes Quality Improvement Alliance (NDQIA) - For more information on measures developed by the National Diabetes Quality Improvement Alliance (NDQIA), see the appropriate Payor website.

⁵Joint measure from The Physician Consortium for Performance Improvement (PCPI), and National Committee on Quality Assurance (NCQA) - For more information on measures developed as joint measures from Physician Consortium for Performance Improvement and the National Committee on Quality Assurance (NCQA), visit the NCQA website at www.ncqa.org.

⁶The Society of Thoracic Surgeons at www.sts.org and National Quality Forum, www.qualityforum.org.

⁷Optum, www.optum.com.

⁸American Academy of Neurology, <https://www.aan.com/practice/neuromuscular-quality-measures>, or quality@aan.com.

⁹College of American Pathologists (CAP), <https://www.cap.org/advocacy/quality-payment-program-for-pathologists/mips-for-pathologists/2023-pathology-quality-measures>.

¹⁰American Gastroenterological Association (AGA), www.gastro.org/quality.

¹¹American Society of Anesthesiologists (ASA), www.asahq.org.

¹²American College of Gastroenterology (ACG), www.gi.org; American Gastroenterological Association (AGA), www.gastro.org; and American Society for Gastrointestinal Endoscopy (ASGE), www.asge.org.

Prenatal-Postpartum Care (Prenatal)		
Brief Description of Performance Measure & Source and Reporting Instructions	CPT Category II Code(s)	Code Descriptor(s)
<p>Prenatal Flow Sheet¹</p> <p>Whether or not patient has a prenatal flowsheet in use by the date of the first physician visit</p> <p>Numerator: Percentage of patients with a flow sheet in use by the date of the first physician visit, which contains at a minimum: blood pressure, weight, urine protein, uterine size, fetal heart tones, and estimated date of delivery</p> <p>Denominator: Pregnant women seen for prenatal care</p> <p>Exclusion(s): Patients seen for consultation only, not for continuing care</p> <p>Percentage of patients in the denominator with a prenatal flow sheet in use by the first physician visit</p> <p>Reporting Instructions:</p> <p>There are no performance exclusions for this measure; modifiers 1P, 2P and 3P may not be used</p>	0501F	Prenatal flow sheet documented in medical record by first prenatal visit (documentation includes at minimum blood pressure, weight, urine protein, uterine size, fetal heart tones, and estimated date of delivery). Report also: date of visit and, in a separate field, the date of the last menstrual period – LMP (Note: If reporting 0501F Prenatal flow sheet, it is not necessary to report 0500F Initial prenatal care visit)
<p>Frequency of Ongoing Prenatal Care²</p> <p>Numerator: Number of women in the denominator who had an unduplicated count of less than 21%, 21%-40%, 41%-60%, 61%-80%, or greater than or equal to 81% of the expected</p>	0502F	Subsequent prenatal care visit

Footnotes

¹Physician Consortium for Performance Improvement®(PCPI) - For more information on measures developed by the Physician Consortium for Performance Improvement® (PCPI), see the appropriate Payor website.

²National Committee on Quality Assurance (NCQA), Health Employer Data Information Set (HEDIS®), www.ncqa.org

³The Joint Commission, <https://www.jointcommission.org>

⁴National Diabetes Quality Improvement Alliance (NDQIA) - For more information on measures developed by the National Diabetes Quality Improvement Alliance (NDQIA), see the appropriate Payor website.

⁵Joint measure from The Physician Consortium for Performance Improvement (PCPI), and National Committee on Quality Assurance (NCQA) - For more information on measures developed as joint measures from Physician Consortium for Performance Improvement and the National Committee on Quality Assurance (NCQA), visit the NCQA website at www.ncqa.org.

⁶The Society of Thoracic Surgeons at www.sts.org and National Quality Forum, www.qualityforum.org.

⁷Optum, www.optum.com.

⁸American Academy of Neurology, <https://www.aan.com/practice/neuromuscular-quality-measures>, or quality@aan.com.

⁹College of American Pathologists (CAP), <https://www.cap.org/advocacy/quality-payment-program-for-pathologists/mips-for-pathologists/2023-pathology-quality-measures>.

¹⁰American Gastroenterological Association (AGA), www.gastro.org/quality.

¹¹American Society of Anesthesiologists (ASA), www.asahq.org.

¹²American College of Gastroenterology (ACG), www.gi.org; American Gastroenterological Association (AGA), www.gastro.org; and American Society for Gastrointestinal Endoscopy (ASGE), www.asge.org.

Prenatal-Postpartum Care (Prenatal)		
Brief Description of Performance Measure & Source and Reporting Instructions	CPT Category II Code(s)	Code Descriptor(s)
<p>number of prenatal care visits, adjusted for the month of pregnancy at time of enrollment and gestational age.</p> <p>Denominator: Women who had live births during the measurement year.</p> <p>Exclusion(s): MCOs must exclude members for whom a prenatal visit is not indicated.</p> <p>Percentage of patients in the denominator with expected number of prenatal visits</p> <p>Reporting Instructions:</p> <p>There are no performance exclusions for this measure; modifiers 1P, 2P and 3P may not be used.</p>		
<p>Postpartum Care²</p> <p>Numerator: Number of women in the denominator who had a postpartum visit on or between 21 days and 56 days after delivery.</p> <p>Denominator: Women who had live births between November 6th of the year prior to the measurement year and November 5th of the measurement year, who were</p>	0503F	Postpartum care visit

Footnotes

¹Physician Consortium for Performance Improvement®(PCPI) - For more information on measures developed by the Physician Consortium for Performance Improvement® (PCPI), see the appropriate Payor website.

²National Committee on Quality Assurance (NCQA), Health Employer Data Information Set (HEDIS®), www.ncqa.org

³The Joint Commission, <https://www.jointcommission.org>

⁴National Diabetes Quality Improvement Alliance (NDQIA) - For more information on measures developed by the National Diabetes Quality Improvement Alliance (NDQIA), see the appropriate Payor website.

⁵Joint measure from The Physician Consortium for Performance Improvement (PCPI), and National Committee on Quality Assurance (NCQA) - For more information on measures developed as joint measures from Physician Consortium for Performance Improvement and the National Committee on Quality Assurance (NCQA), visit the NCQA website at www.ncqa.org.

⁶The Society of Thoracic Surgeons at www.sts.org and National Quality Forum, www.qualityforum.org.

⁷Optum, www.optum.com.

⁸American Academy of Neurology, <https://www.aan.com/practice/neuromuscular-quality-measures>, or quality@aan.com.

⁹College of American Pathologists (CAP), <https://www.cap.org/advocacy/quality-payment-program-for-pathologists/mips-for-pathologists/2023-pathology-quality-measures>.

¹⁰American Gastroenterological Association (AGA), www.gastro.org/quality.

¹¹American Society of Anesthesiologists (ASA), www.asahq.org.

¹²American College of Gastroenterology (ACG), www.gi.org; American Gastroenterological Association (AGA), www.gastro.org; and American Society for Gastrointestinal Endoscopy (ASGE), www.asge.org.

Prenatal-Postpartum Care (Prenatal)		
Brief Description of Performance Measure & Source and Reporting Instructions	CPT Category II Code(s)	Code Descriptor(s)
<p>continuously enrolled at least 43 days prior to delivery through 56 days after delivery.</p> <p>Percentage of patients in the denominator who had a postpartum visit between 21 and 56 days after delivery</p> <p>Reporting Instructions:</p> <p>There are no performance exclusions for this measure; modifiers 1P, 2P and 3P may not be used.</p>		

Preventive Care & Screening (PV)		
Brief Description of Performance Measure & Source and Reporting Instructions	CPT Category II Code(s)	Code Descriptor(s)
<p>Adult Influenza Immunization¹</p> <p>Whether or not patient received an influenza immunization</p> <p>Numerator: Patients who received an influenza immunization</p> <p>Denominator: All patients greater than or equal to 50 years of age</p>		

Footnotes

¹Physician Consortium for Performance Improvement®(PCPI) - For more information on measures developed by the Physician Consortium for Performance Improvement® (PCPI), see the appropriate Payor website.

²National Committee on Quality Assurance (NCQA), Health Employer Data Information Set (HEDIS®), www.ncqa.org

³The Joint Commission, <https://www.jointcommission.org>

⁴National Diabetes Quality Improvement Alliance (NDQIA) - For more information on measures developed by the National Diabetes Quality Improvement Alliance (NDQIA), see the appropriate Payor website.

⁵Joint measure from The Physician Consortium for Performance Improvement (PCPI), and National Committee on Quality Assurance (NCQA) - For more information on measures developed as joint measures from Physician Consortium for Performance Improvement and the National Committee on Quality Assurance (NCQA), visit the NCQA website at www.ncqa.org.

⁶The Society of Thoracic Surgeons at www.sts.org and National Quality Forum, www.qualityforum.org.

⁷Optum, www.optum.com.

⁸American Academy of Neurology, <https://www.aan.com/practice/neuromuscular-quality-measures>, or quality@aan.com.

⁹College of American Pathologists (CAP), <https://www.cap.org/advocacy/quality-payment-program-for-pathologists/mips-for-pathologists/2023-pathology-quality-measures>.

¹⁰American Gastroenterological Association (AGA), www.gastro.org/quality.

¹¹American Society of Anesthesiologists (ASA), www.asahq.org.

¹²American College of Gastroenterology (ACG), www.gi.org; American Gastroenterological Association (AGA), www.gastro.org; and American Society for Gastrointestinal Endoscopy (ASGE), www.asge.org.

Preventive Care & Screening (PV)		
Brief Description of Performance Measure & Source and Reporting Instructions	CPT Category II Code(s)	Code Descriptor(s)
<p>Exclusion(s): Documentation of medical reason(s) for not providing immunization; documentation of patient reason(s) for declining immunization; documentation of system reason(s) for declining immunization.</p> <p>Percentage of patients who received an influenza immunization</p> <p>Reporting Instructions: For patients with appropriate exclusion criteria use 4037F with modifier 1P, 2P, or 3P. Use 4037F with modifier 1P if previously immunized for current season.</p>	4037F	Influenza immunization ordered or administered
<p>Adult Colorectal Cancer Screening^{1,2} Whether or not patient was screened for colorectal cancer during the one-year measurement period</p> <p>Numerator: Patients with any of the recommended colorectal cancer screening test(s) performed (fecal occult blood testing annually; flexible sigmoidoscopy every five years; annual fecal occult blood testing plus flexible sigmoidoscopy every five years; double contrast barium enema every five years; colonoscopy every ten years)</p>	3017F	Colorectal cancer screening results documented and reviewed

Footnotes

¹Physician Consortium for Performance Improvement®(PCPI) - For more information on measures developed by the Physician Consortium for Performance Improvement® (PCPI), see the appropriate Payor website.

²National Committee on Quality Assurance (NCQA), Health Employer Data Information Set (HEDIS®), www.ncqa.org

³The Joint Commission, <https://www.jointcommission.org>

⁴National Diabetes Quality Improvement Alliance (NDQIA) - For more information on measures developed by the National Diabetes Quality Improvement Alliance (NDQIA), see the appropriate Payor website.

⁵Joint measure from The Physician Consortium for Performance Improvement (PCPI), and National Committee on Quality Assurance (NCQA) - For more information on measures developed as joint measures from Physician Consortium for Performance Improvement and the National Committee on Quality Assurance (NCQA), visit the NCQA website at www.ncqa.org.

⁶The Society of Thoracic Surgeons at www.sts.org and National Quality Forum, www.qualityforum.org.

⁷Optum, www.optum.com.

⁸American Academy of Neurology, <https://www.aan.com/practice/neuromuscular-quality-measures>, or quality@aan.com.

⁹College of American Pathologists (CAP), <https://www.cap.org/advocacy/quality-payment-program-for-pathologists/mips-for-pathologists/2023-pathology-quality-measures>.

¹⁰American Gastroenterological Association (AGA), www.gastro.org/quality.

¹¹American Society of Anesthesiologists (ASA), www.asahq.org.

¹²American College of Gastroenterology (ACG), www.gi.org; American Gastroenterological Association (AGA), www.gastro.org; and American Society for Gastrointestinal Endoscopy (ASGE), www.asge.org.

Preventive Care & Screening (PV)		
Brief Description of Performance Measure & Source and Reporting Instructions	CPT Category II Code(s)	Code Descriptor(s)
<p>Denominator: All patients aged greater than or equal to 50 years</p> <p>Denominator Exclusion: Documentation of medical, patient, or system reason(s) for not providing colorectal cancer screening</p> <p>Percentage of patients screened for colorectal cancer</p> <p>Reporting Instructions: For patients with appropriate exclusion criteria, report 3017F with modifier 1P, 2P, or 3P.</p>		
<p>Colorectal Cancer Screening²</p> <p>To assess the percentage of patients 50-80 years of age who received the appropriate colorectal cancer screening.</p> <p>Numerator: Patients who had at least one appropriate screening for colorectal cancer during the reporting period. (See measure for list of appropriate screenings)</p> <p>Denominator: All patients 51-80 years of age.</p>	3017F	Colorectal cancer screening results documented and reviewed

Footnotes

¹Physician Consortium for Performance Improvement®(PCPI) - For more information on measures developed by the Physician Consortium for Performance Improvement® (PCPI), see the appropriate Payor website.

²National Committee on Quality Assurance (NCQA), Health Employer Data Information Set (HEDIS®), www.ncqa.org

³The Joint Commission, <https://www.jointcommission.org>

⁴National Diabetes Quality Improvement Alliance (NDQIA) - For more information on measures developed by the National Diabetes Quality Improvement Alliance (NDQIA), see the appropriate Payor website.

⁵Joint measure from The Physician Consortium for Performance Improvement (PCPI), and National Committee on Quality Assurance (NCQA) - For more information on measures developed as joint measures from Physician Consortium for Performance Improvement and the National Committee on Quality Assurance (NCQA), visit the NCQA website at www.ncqa.org.

⁶The Society of Thoracic Surgeons at www.sts.org and National Quality Forum, www.qualityforum.org.

⁷Optum, www.optum.com.

⁸American Academy of Neurology, <https://www.aan.com/practice/neuromuscular-quality-measures>, or quality@aan.com.

⁹College of American Pathologists (CAP), <https://www.cap.org/advocacy/quality-payment-program-for-pathologists/mips-for-pathologists/2023-pathology-quality-measures>.

¹⁰American Gastroenterological Association (AGA), www.gastro.org/quality.

¹¹American Society of Anesthesiologists (ASA), www.asahq.org.

¹²American College of Gastroenterology (ACG), www.gi.org; American Gastroenterological Association (AGA), www.gastro.org; and American Society for Gastrointestinal Endoscopy (ASGE), www.asge.org.

Preventive Care & Screening (PV)		
Brief Description of Performance Measure & Source and Reporting Instructions	CPT Category II Code(s)	Code Descriptor(s)
<p>Exclusion(s): Medical reasons for not providing a colorectal cancer screening (eg, diagnosis of colorectal cancer, total colectomy)</p> <p>Percentage of patients 50-80 years of age who had the appropriate colorectal cancer screening.</p> <p>Reporting Instructions: Report this code for a patient at least once during the measurement year for patients identified in the eligible population. For patient with appropriate exclusion criteria report 3017F with modifier 1P.</p>		
<p>Screening Mammography¹ Whether or not female patient had a mammogram performed during the two-year measurement period</p> <p>Numerator: Female patients who had a mammogram performed</p> <p>Denominator: All female patients aged 50-69 years</p> <p>Exclusion(s): Documentation of medical, patient, or system reason(s) for declining or not performing screening mammography</p>	3014F	Screening mammography results documented and reviewed

Footnotes

¹Physician Consortium for Performance Improvement®(PCPI) - For more information on measures developed by the Physician Consortium for Performance Improvement® (PCPI), see the appropriate Payor website.

²National Committee on Quality Assurance (NCQA), Health Employer Data Information Set (HEDIS®), www.ncqa.org

³The Joint Commission, <https://www.jointcommission.org>

⁴National Diabetes Quality Improvement Alliance (NDQIA) - For more information on measures developed by the National Diabetes Quality Improvement Alliance (NDQIA), see the appropriate Payor website.

⁵Joint measure from The Physician Consortium for Performance Improvement (PCPI), and National Committee on Quality Assurance (NCQA) - For more information on measures developed as joint measures from Physician Consortium for Performance Improvement and the National Committee on Quality Assurance (NCQA), visit the NCQA website at www.ncqa.org.

⁶The Society of Thoracic Surgeons at www.sts.org and National Quality Forum, www.qualityforum.org.

⁷Optum, www.optum.com.

⁸American Academy of Neurology, <https://www.aan.com/practice/neuromuscular-quality-measures>, or quality@aan.com.

⁹College of American Pathologists (CAP), <https://www.cap.org/advocacy/quality-payment-program-for-pathologists/mips-for-pathologists/2023-pathology-quality-measures>.

¹⁰American Gastroenterological Association (AGA), www.gastro.org/quality.

¹¹American Society of Anesthesiologists (ASA), www.asahq.org.

¹²American College of Gastroenterology (ACG), www.gi.org; American Gastroenterological Association (AGA), www.gastro.org; and American Society for Gastrointestinal Endoscopy (ASGE), www.asge.org.

Preventive Care & Screening (PV)		
Brief Description of Performance Measure & Source and Reporting Instructions	CPT Category II Code(s)	Code Descriptor(s)
<p>Percentage of female patients who had a mammogram performed during the two-year measurement period</p> <p>Reporting Instructions: For patients with appropriate exclusion criteria use 3014F with modifier 1P, 2P, 3P.</p>		
<p>Breast Cancer Screening²</p> <p>To assess the percentage of women 40–69 years of age who had a mammogram to screen for breast cancer during the previous 24 months.</p> <p>Numerator: Patients who had at least one mammogram within the last 24 months.</p> <p>Denominator: All women 42–69 years of age.</p> <p>Exclusion(s): Documentation of medical reasons for not performing a screening mammogram (eg, Women who had a bilateral mastectomy or two unilateral mastectomies)</p>	3014F	Screening mammography results documented and reviewed

Footnotes

¹Physician Consortium for Performance Improvement®(PCPI) - For more information on measures developed by the Physician Consortium for Performance Improvement® (PCPI), see the appropriate Payor website.

²National Committee on Quality Assurance (NCQA), Health Employer Data Information Set (HEDIS®), www.ncqa.org

³The Joint Commission, <https://www.jointcommission.org>

⁴National Diabetes Quality Improvement Alliance (NDQIA) - For more information on measures developed by the National Diabetes Quality Improvement Alliance (NDQIA), see the appropriate Payor website.

⁵Joint measure from The Physician Consortium for Performance Improvement (PCPI), and National Committee on Quality Assurance (NCQA) - For more information on measures developed as joint measures from Physician Consortium for Performance Improvement and the National Committee on Quality Assurance (NCQA), visit the NCQA website at www.ncqa.org.

⁶The Society of Thoracic Surgeons at www.sts.org and National Quality Forum, www.qualityforum.org.

⁷Optum, www.optum.com.

⁸American Academy of Neurology, <https://www.aan.com/practice/neuromuscular-quality-measures>, or quality@aan.com.

⁹College of American Pathologists (CAP), <https://www.cap.org/advocacy/quality-payment-program-for-pathologists/mips-for-pathologists/2023-pathology-quality-measures>.

¹⁰American Gastroenterological Association (AGA), www.gastro.org/quality.

¹¹American Society of Anesthesiologists (ASA), www.asahq.org.

¹²American College of Gastroenterology (ACG), www.gi.org; American Gastroenterological Association (AGA), www.gastro.org; and American Society for Gastrointestinal Endoscopy (ASGE), www.asge.org.

Preventive Care & Screening (PV)		
Brief Description of Performance Measure & Source and Reporting Instructions	CPT Category II Code(s)	Code Descriptor(s)
<p>The percentage of women 40-69 years old who have had a mammogram to screen for breast cancer during the reporting period or the year prior to the reporting period (24 months).</p> <p>Reporting Instructions:</p> <p>Report this code for a patient at least once during the measurement year for patients identified in the eligible population. For patient with appropriate exclusion criteria report 3014F with modifier 1P.</p>		
<p>Cervical Cancer Screening ¹</p> <p>Whether or not the female patient aged 21 through 65 years has documentation of the performance of current cervical cancer screening with results</p> <p>Numerator: Patients with documentation of the performance of current* cervical cancer screening with results</p> <p>*Current cervical cancer screening is defined as having cervical cytology testing performed at least once within the last three years.</p> <p>Denominator: All female patients aged 21 through 65 years</p>	3015F	Cervical cancer screening results documented and reviewed

Footnotes

¹Physician Consortium for Performance Improvement®(PCPI) - For more information on measures developed by the Physician Consortium for Performance Improvement® (PCPI), see the appropriate Payor website.

²National Committee on Quality Assurance (NCQA), Health Employer Data Information Set (HEDIS®), www.ncqa.org

³The Joint Commission, <https://www.jointcommission.org>

⁴National Diabetes Quality Improvement Alliance (NDQIA) - For more information on measures developed by the National Diabetes Quality Improvement Alliance (NDQIA), see the appropriate Payor website.

⁵Joint measure from The Physician Consortium for Performance Improvement (PCPI), and National Committee on Quality Assurance (NCQA) - For more information on measures developed as joint measures from Physician Consortium for Performance Improvement and the National Committee on Quality Assurance (NCQA), visit the NCQA website at www.ncqa.org.

⁶The Society of Thoracic Surgeons at www.sts.org and National Quality Forum, www.qualityforum.org.

⁷Optum, www.optum.com.

⁸American Academy of Neurology, <https://www.aan.com/practice/neuromuscular-quality-measures>, or quality@aan.com.

⁹College of American Pathologists (CAP), <https://www.cap.org/advocacy/quality-payment-program-for-pathologists/mips-for-pathologists/2023-pathology-quality-measures>.

¹⁰American Gastroenterological Association (AGA), www.gastro.org/quality.

¹¹American Society of Anesthesiologists (ASA), www.asahq.org.

¹²American College of Gastroenterology (ACG), www.gi.org; American Gastroenterological Association (AGA), www.gastro.org; and American Society for Gastrointestinal Endoscopy (ASGE), www.asge.org.

Preventive Care & Screening (PV)		
Brief Description of Performance Measure & Source and Reporting Instructions	CPT Category II Code(s)	Code Descriptor(s)
<p>Exclusion(s): Documentation of medical reason(s) (eg, limited life expectancy, patient has a history of complete cervix removal), patient reason(s) (eg, patient declined), or system reason(s) (eg, financial reasons) for not having cervical cancer screening performed at least once in the last three years</p> <p>Percentage of female patients aged 21 through 65 years, who have documentation of the performance of current cervical cancer screening with results during the two- year measurement period</p> <p>Reporting Instructions: For patient with appropriate exclusion criteria report 3015F with modifier 1P, 2P, or 3P.</p>		
<p>Pneumococcal Vaccination for Patients 65 years and older²</p> <p>To assess the percentage of patients 65 years and older who have ever received a pneumococcal vaccine.</p> <p>Numerator: Patients who have ever received a pneumococcal vaccination.</p> <p>Denominator:</p>		

Footnotes

¹Physician Consortium for Performance Improvement®(PCPI) - For more information on measures developed by the Physician Consortium for Performance Improvement® (PCPI), see the appropriate Payor website.

²National Committee on Quality Assurance (NCQA), Health Employer Data Information Set (HEDIS®), www.ncqa.org

³The Joint Commission, <https://www.jointcommission.org>

⁴National Diabetes Quality Improvement Alliance (NDQIA) - For more information on measures developed by the National Diabetes Quality Improvement Alliance (NDQIA), see the appropriate Payor website.

⁵Joint measure from The Physician Consortium for Performance Improvement (PCPI), and National Committee on Quality Assurance (NCQA) - For more information on measures developed as joint measures from Physician Consortium for Performance Improvement and the National Committee on Quality Assurance (NCQA), visit the NCQA website at www.ncqa.org.

⁶The Society of Thoracic Surgeons at www.sts.org and National Quality Forum, www.qualityforum.org.

⁷Optum, www.optum.com.

⁸American Academy of Neurology, <https://www.aan.com/practice/neuromuscular-quality-measures>, or quality@aan.com.

⁹College of American Pathologists (CAP), <https://www.cap.org/advocacy/quality-payment-program-for-pathologists/mips-for-pathologists/2023-pathology-quality-measures>.

¹⁰American Gastroenterological Association (AGA), www.gastro.org/quality.

¹¹American Society of Anesthesiologists (ASA), www.asahq.org.

¹²American College of Gastroenterology (ACG), www.gi.org; American Gastroenterological Association (AGA), www.gastro.org; and American Society for Gastrointestinal Endoscopy (ASGE), www.asge.org.

Preventive Care & Screening (PV)		
Brief Description of Performance Measure & Source and Reporting Instructions	CPT Category II Code(s)	Code Descriptor(s)
<p>All patients 65 years and older.</p> <p>Exclusion(s): Medical reason for not providing a pneumococcal vaccination (eg, Patients with previous anaphylactic reaction to the vaccine or any of its components)</p> <p>The percentage of patients 65 years and older who have received the pneumococcal vaccination.</p> <p>Reporting Instructions:</p> <p>Report this code for all patients in the denominator at least once during the measurement period.</p>	4040F	Pneumococcal vaccine administered or previously received
<p>Pneumococcal Immunization¹</p> <p>Whether or not the patient aged 65 years and older has documentation of receiving a pneumococcal immunization</p> <p>Numerator: Patients who have documentation of receiving pneumococcal immunization*</p> <p>*Documentation may include that the patient received the immunization during that visit OR that the patient reports having previously received the immunization since age 65</p> <p>Denominator: All patients aged 65 years and older</p>	4040F	Pneumococcal vaccine administered or previously received

Footnotes

¹Physician Consortium for Performance Improvement®(PCPI) - For more information on measures developed by the Physician Consortium for Performance Improvement® (PCPI), see the appropriate Payor website.

²National Committee on Quality Assurance (NCQA), Health Employer Data Information Set (HEDIS®), www.ncqa.org

³The Joint Commission, <https://www.jointcommission.org>

⁴National Diabetes Quality Improvement Alliance (NDQIA) - For more information on measures developed by the National Diabetes Quality Improvement Alliance (NDQIA), see the appropriate Payor website.

⁵Joint measure from The Physician Consortium for Performance Improvement (PCPI), and National Committee on Quality Assurance (NCQA) - For more information on measures developed as joint measures from Physician Consortium for Performance Improvement and the National Committee on Quality Assurance (NCQA), visit the NCQA website at www.ncqa.org.

⁶The Society of Thoracic Surgeons at www.sts.org and National Quality Forum, www.qualityforum.org.

⁷Optum, www.optum.com.

⁸American Academy of Neurology, <https://www.aan.com/practice/neuromuscular-quality-measures>, or quality@aan.com.

⁹College of American Pathologists (CAP), <https://www.cap.org/advocacy/quality-payment-program-for-pathologists/mips-for-pathologists/2023-pathology-quality-measures>.

¹⁰American Gastroenterological Association (AGA), www.gastro.org/quality.

¹¹American Society of Anesthesiologists (ASA), www.asahq.org.

¹²American College of Gastroenterology (ACG), www.gi.org; American Gastroenterological Association (AGA), www.gastro.org; and American Society for Gastrointestinal Endoscopy (ASGE), www.asge.org.

Preventive Care & Screening (PV)		
Brief Description of Performance Measure & Source and Reporting Instructions	CPT Category II Code(s)	Code Descriptor(s)
<p>Exclusion(s): Documentation of medical reason(s) (eg, patient allergy, other contraindication) or patient reason(s) (eg, patient declined) for not administering pneumococcal immunization</p> <p>Percentage of patients aged 65 years and older, who have documentation of receiving pneumococcal immunization during the two-year measurement period</p> <p>Reporting Instructions: For patient with appropriate exclusion criteria report 4040F with modifier 1P, 2P, or 3P.</p>		
<p>Tobacco Use¹</p> <p>Whether or not patient was queried about tobacco use one or more times</p> <p>Numerator: Patients who were queried about tobacco use one or more times</p> <p>Denominator: All patients aged ≥ 18 years at the beginning of the two-year measurement period</p> <p>Percentage of patients queried about tobacco use one or more times during the two-year measurement period</p>	<p>1000F</p> <p>1034F</p> <p>1035F</p> <p>1036F</p>	<p>Tobacco use, assessed</p> <p>Current tobacco smoker</p> <p>Current smokeless tobacco user (eg, chew, snuff)</p> <p>Current tobacco non-user</p>

Footnotes

¹Physician Consortium for Performance Improvement®(PCPI) - For more information on measures developed by the Physician Consortium for Performance Improvement® (PCPI), see the appropriate Payor website.

²National Committee on Quality Assurance (NCQA), Health Employer Data Information Set (HEDIS®), www.ncqa.org

³The Joint Commission, <https://www.jointcommission.org>

⁴National Diabetes Quality Improvement Alliance (NDQIA) - For more information on measures developed by the National Diabetes Quality Improvement Alliance (NDQIA), see the appropriate Payor website.

⁵Joint measure from The Physician Consortium for Performance Improvement (PCPI), and National Committee on Quality Assurance (NCQA) - For more information on measures developed as joint measures from Physician Consortium for Performance Improvement and the National Committee on Quality Assurance (NCQA), visit the NCQA website at www.ncqa.org.

⁶The Society of Thoracic Surgeons at www.sts.org and National Quality Forum, www.qualityforum.org.

⁷Optum, www.optum.com.

⁸American Academy of Neurology, <https://www.aan.com/practice/neuromuscular-quality-measures>, or quality@aan.com.

⁹College of American Pathologists (CAP), <https://www.cap.org/advocacy/quality-payment-program-for-pathologists/mips-for-pathologists/2023-pathology-quality-measures>.

¹⁰American Gastroenterological Association (AGA), www.gastro.org/quality.

¹¹American Society of Anesthesiologists (ASA), www.asahq.org.

¹²American College of Gastroenterology (ACG), www.gi.org; American Gastroenterological Association (AGA), www.gastro.org; and American Society for Gastrointestinal Endoscopy (ASGE), www.asge.org.

Preventive Care & Screening (PV)		
Brief Description of Performance Measure & Source and Reporting Instructions	CPT Category II Code(s)	Code Descriptor(s)
<p>Reporting Instructions: When reporting 1000F, it is required to report 1034F, and/or 1035F, or 1036F.</p> <p>There are no performance exclusions for this measure; modifiers 1P, 2P and 3P may not be used.</p>		
<p>Tobacco Use Intervention¹</p> <p>Whether or not patient identified as a tobacco user received cessation intervention</p> <p>Numerator: Patients identified as tobacco users who received cessation intervention</p> <p>Denominator: All patients ≥ 18 years at the beginning of the two-year measurement period identified as tobacco users</p> <p>Percentage of patients identified as tobacco users who received cessation intervention during the two year measurement period</p> <p>Reporting Instructions: Report 1034F, 1035F or 1036F for each patient. If patient is a tobacco user (1034F or 1035F) and received cessation intervention, report 4000F or 4001F or both.</p>	<p>4000F</p> <p>4001F</p> <p>Denominator Codes</p> <p>1034F</p> <p>1035F</p> <p>1036F</p>	<p>Tobacco use cessation intervention, counseling</p> <p>Tobacco use cessation intervention, pharmacologic therapy</p> <p>Current tobacco smoker</p> <p>Current smokeless tobacco user (eg, chew, snuff)</p> <p>Current tobacco non-user</p>

Footnotes

¹Physician Consortium for Performance Improvement®(PCPI) - For more information on measures developed by the Physician Consortium for Performance Improvement® (PCPI), see the appropriate Payor website.

²National Committee on Quality Assurance (NCQA), Health Employer Data Information Set (HEDIS®), www.ncqa.org

³The Joint Commission, <https://www.jointcommission.org>

⁴National Diabetes Quality Improvement Alliance (NDQIA) - For more information on measures developed by the National Diabetes Quality Improvement Alliance (NDQIA), see the appropriate Payor website.

⁵Joint measure from The Physician Consortium for Performance Improvement (PCPI), and National Committee on Quality Assurance (NCQA) - For more information on measures developed as joint measures from Physician Consortium for Performance Improvement and the National Committee on Quality Assurance (NCQA), visit the NCQA website at www.ncqa.org.

⁶The Society of Thoracic Surgeons at www.sts.org and National Quality Forum, www.qualityforum.org.

⁷Optum, www.optum.com.

⁸American Academy of Neurology, <https://www.aan.com/practice/neuromuscular-quality-measures>, or quality@aan.com.

⁹College of American Pathologists (CAP), <https://www.cap.org/advocacy/quality-payment-program-for-pathologists/mips-for-pathologists/2023-pathology-quality-measures>.

¹⁰American Gastroenterological Association (AGA), www.gastro.org/quality.

¹¹American Society of Anesthesiologists (ASA), www.asahq.org.

¹²American College of Gastroenterology (ACG), www.gi.org; American Gastroenterological Association (AGA), www.gastro.org; and American Society for Gastrointestinal Endoscopy (ASGE), www.asge.org.

Preventive Care & Screening (PV)		
Brief Description of Performance Measure & Source and Reporting Instructions	CPT Category II Code(s)	Code Descriptor(s)
There are no performance exclusions for this measure; modifiers 1P, 2P and 3P may not be used.		
Advising Smokers to Quit² To assess the percentage of patients who have received advice to quit smoking from a doctor or other health provider during the reporting period.	1034F 1036F	Current tobacco smoker Current tobacco non-user

Footnotes

¹Physician Consortium for Performance Improvement®(PCPI) - For more information on measures developed by the Physician Consortium for Performance Improvement® (PCPI), see the appropriate Payor website.

²National Committee on Quality Assurance (NCQA), Health Employer Data Information Set (HEDIS®), www.ncqa.org

³The Joint Commission, <https://www.jointcommission.org>

⁴National Diabetes Quality Improvement Alliance (NDQIA) - For more information on measures developed by the National Diabetes Quality Improvement Alliance (NDQIA), see the appropriate Payor website.

⁵Joint measure from The Physician Consortium for Performance Improvement (PCPI), and National Committee on Quality Assurance (NCQA) - For more information on measures developed as joint measures from Physician Consortium for Performance Improvement and the National Committee on Quality Assurance (NCQA), visit the NCQA website at www.ncqa.org.

⁶The Society of Thoracic Surgeons at www.sts.org and National Quality Forum, www.qualityforum.org.

⁷Optum, www.optum.com.

⁸American Academy of Neurology, <https://www.aan.com/practice/neuromuscular-quality-measures>, or quality@aan.com.

⁹College of American Pathologists (CAP), <https://www.cap.org/advocacy/quality-payment-program-for-pathologists/mips-for-pathologists/2023-pathology-quality-measures>.

¹⁰American Gastroenterological Association (AGA), www.gastro.org/quality.

¹¹American Society of Anesthesiologists (ASA), www.asahq.org.

¹²American College of Gastroenterology (ACG), www.gi.org; American Gastroenterological Association (AGA), www.gastro.org; and American Society for Gastrointestinal Endoscopy (ASGE), www.asge.org.

Preventive Care & Screening (PV)		
Brief Description of Performance Measure & Source and Reporting Instructions	CPT Category II Code(s)	Code Descriptor(s)
<p>Numerator: Patients identified as current tobacco smokers and advised (cessation intervention or counseling) to quit smoking.</p> <p>Denominator: All patients aged 18 years and older.</p> <p>Exclusion(s): None The percentage of patients who are current tobacco smokers who have been advised to quit smoking.</p> <p>Reporting Instructions: Report 1034F or 1036F or 1034F AND 4000F or 4001F for all patients in the denominator at least once during the reporting period. For patient identified as smokers who did not receive cessation intervention or counseling report 4000F with modifier 8P. There are no performance exclusions for this measure; modifiers 1P, 2P, and 3P may not be used.</p>	<p>1035F</p> <p>4000F</p> <p>4001F</p>	<p>Current smokeless tobacco user (eg, chew)</p> <p>Tobacco use cessation intervention, counseling</p> <p>Tobacco use cessation intervention, pharmacologic therapy</p>
Tobacco Use: Screening & Cessation Intervention ¹		

Footnotes

¹Physician Consortium for Performance Improvement®(PCPI) - For more information on measures developed by the Physician Consortium for Performance Improvement® (PCPI), see the appropriate Payor website.

²National Committee on Quality Assurance (NCQA), Health Employer Data Information Set (HEDIS®), www.ncqa.org

³The Joint Commission, <https://www.jointcommission.org>

⁴National Diabetes Quality Improvement Alliance (NDQIA) - For more information on measures developed by the National Diabetes Quality Improvement Alliance (NDQIA), see the appropriate Payor website.

⁵Joint measure from The Physician Consortium for Performance Improvement (PCPI), and National Committee on Quality Assurance (NCQA) - For more information on measures developed as joint measures from Physician Consortium for Performance Improvement and the National Committee on Quality Assurance (NCQA), visit the NCQA website at www.ncqa.org.

⁶The Society of Thoracic Surgeons at www.sts.org and National Quality Forum, www.qualityforum.org.

⁷Optum, www.optum.com.

⁸American Academy of Neurology, <https://www.aan.com/practice/neuromuscular-quality-measures>, or quality@aan.com.

⁹College of American Pathologists (CAP), <https://www.cap.org/advocacy/quality-payment-program-for-pathologists/mips-for-pathologists/2023-pathology-quality-measures>.

¹⁰American Gastroenterological Association (AGA), www.gastro.org/quality.

¹¹American Society of Anesthesiologists (ASA), www.asahq.org.

¹²American College of Gastroenterology (ACG), www.gi.org; American Gastroenterological Association (AGA), www.gastro.org; and American Society for Gastrointestinal Endoscopy (ASGE), www.asge.org.

Preventive Care & Screening (PV)		
Brief Description of Performance Measure & Source and Reporting Instructions	CPT Category II Code(s)	Code Descriptor(s)
<p>Obesity Screening¹</p> <p>Whether or not the patient aged 18 years and older has a body mass index (BMI) documented</p> <p>Numerator: Patients for whom body mass index (BMI) is documented</p> <p>Denominator: All patients aged 18 years and older</p> <p>Exclusion(s): Documentation of medical reason(s) (eg, patient is non-ambulatory), patient reason(s) (eg, patient declined), or system reason(s) (eg, equipment not available) for not documenting body mass index (BMI)</p> <p>Percentage of patients aged 18 years and older for whom body mass index (BMI) documented at least once during the two-year measurement period</p> <p>Reporting Instructions: For patient with appropriate exclusion criteria report 3008F with modifier 1P, 2P, or 3P.</p>	3008F	Body Mass Index (BMI), documented
<p>Unhealthy Alcohol Use: Screening¹</p>		

Footnotes

¹Physician Consortium for Performance Improvement®(PCPI) - For more information on measures developed by the Physician Consortium for Performance Improvement® (PCPI), see the appropriate Payor website.

²National Committee on Quality Assurance (NCQA), Health Employer Data Information Set (HEDIS®), www.ncqa.org

³The Joint Commission, <https://www.jointcommission.org>

⁴National Diabetes Quality Improvement Alliance (NDQIA) - For more information on measures developed by the National Diabetes Quality Improvement Alliance (NDQIA), see the appropriate Payor website.

⁵Joint measure from The Physician Consortium for Performance Improvement (PCPI), and National Committee on Quality Assurance (NCQA) - For more information on measures developed as joint measures from Physician Consortium for Performance Improvement and the National Committee on Quality Assurance (NCQA), visit the NCQA website at www.ncqa.org.

⁶The Society of Thoracic Surgeons at www.sts.org and National Quality Forum, www.qualityforum.org.

⁷Optum, www.optum.com.

⁸American Academy of Neurology, <https://www.aan.com/practice/neuromuscular-quality-measures>, or quality@aan.com.

⁹College of American Pathologists (CAP), <https://www.cap.org/advocacy/quality-payment-program-for-pathologists/mips-for-pathologists/2023-pathology-quality-measures>.

¹⁰American Gastroenterological Association (AGA), www.gastro.org/quality.

¹¹American Society of Anesthesiologists (ASA), www.asahq.org.

¹²American College of Gastroenterology (ACG), www.gi.org; American Gastroenterological Association (AGA), www.gastro.org; and American Society for Gastrointestinal Endoscopy (ASGE), www.asge.org.

Preventive Care & Screening (PV)		
Brief Description of Performance Measure & Source and Reporting Instructions	CPT Category II Code(s)	Code Descriptor(s)
<p>Whether or not the patient aged 18 years and older was screened for unhealthy alcohol use using a systematic screening method</p> <p>Numerator: Patients who were screened for unhealthy alcohol use* using a systematic screening method</p> <p>*Unhealthy alcohol use covers a spectrum that is associated with varying degrees of risk to health. Categories representing unhealthy alcohol use include risky use, problem drinking, harmful use, and alcohol abuse, and the less common but more severe alcoholism and alcohol dependence. Risky use is defined as >7 standard drinks per week or >3 drinks per occasion for women and persons >65 years of age; >14 standard drinks per week or >4 drinks per occasion for men ≤65 years of age.</p> <p>Denominator: All patients aged 18 years and older</p> <p>Exclusion(s): Documentation of medical reason(s) for not screening for unhealthy alcohol use (eg, limited life expectancy)</p>	3016F	Patient screened for unhealthy alcohol use using a systematic screening method

Footnotes

¹Physician Consortium for Performance Improvement®(PCPI) - For more information on measures developed by the Physician Consortium for Performance Improvement® (PCPI), see the appropriate Payor website.

²National Committee on Quality Assurance (NCQA), Health Employer Data Information Set (HEDIS®), www.ncqa.org

³The Joint Commission, <https://www.jointcommission.org>

⁴National Diabetes Quality Improvement Alliance (NDQIA) - For more information on measures developed by the National Diabetes Quality Improvement Alliance (NDQIA), see the appropriate Payor website.

⁵Joint measure from The Physician Consortium for Performance Improvement (PCPI), and National Committee on Quality Assurance (NCQA) - For more information on measures developed as joint measures from Physician Consortium for Performance Improvement and the National Committee on Quality Assurance (NCQA), visit the NCQA website at www.ncqa.org.

⁶The Society of Thoracic Surgeons at www.sts.org and National Quality Forum, www.qualityforum.org.

⁷Optum, www.optum.com.

⁸American Academy of Neurology, <https://www.aan.com/practice/neuromuscular-quality-measures>, or quality@aan.com.

⁹College of American Pathologists (CAP), <https://www.cap.org/advocacy/quality-payment-program-for-pathologists/mips-for-pathologists/2023-pathology-quality-measures>.

¹⁰American Gastroenterological Association (AGA), www.gastro.org/quality.

¹¹American Society of Anesthesiologists (ASA), www.asahq.org.

¹²American College of Gastroenterology (ACG), www.gi.org; American Gastroenterological Association (AGA), www.gastro.org; and American Society for Gastrointestinal Endoscopy (ASGE), www.asge.org.

Preventive Care & Screening (PV)		
Brief Description of Performance Measure & Source and Reporting Instructions	CPT Category II Code(s)	Code Descriptor(s)
<p>Percentage of patients aged 18 years and older who were screened for unhealthy alcohol use at least once during the two-year measurement period using a systematic screening method</p> <p>Reporting Instructions: Refer to measure specifications for examples of systematic screening methods. For patient aged 18 years and older with appropriate exclusion criteria, report 3016F with modifier 1P.</p>		

Prostate Cancer (PRCA)		
Brief Description of Performance Measure & Source and Report Instruction	CPT Category II Code(s)	Code Descriptor(s)
<p>Initial Evaluation¹</p> <p>Whether or not a patient with prostate cancer receiving interstitial prostate brachytherapy, OR external beam radiotherapy to the prostate, OR radical prostatectomy, OR</p>		

Footnotes

¹Physician Consortium for Performance Improvement®(PCPI) - For more information on measures developed by the Physician Consortium for Performance Improvement® (PCPI), see the appropriate Payor website.

²National Committee on Quality Assurance (NCQA), Health Employer Data Information Set (HEDIS®), www.ncqa.org

³The Joint Commission, <https://www.jointcommission.org>

⁴National Diabetes Quality Improvement Alliance (NDQIA) - For more information on measures developed by the National Diabetes Quality Improvement Alliance (NDQIA), see the appropriate Payor website.

⁵Joint measure from The Physician Consortium for Performance Improvement (PCPI), and National Committee on Quality Assurance (NCQA) - For more information on measures developed as joint measures from Physician Consortium for Performance Improvement and the National Committee on Quality Assurance (NCQA), visit the NCQA website at www.ncqa.org.

⁶The Society of Thoracic Surgeons at www.sts.org and National Quality Forum, www.qualityforum.org.

⁷Optum, www.optum.com.

⁸American Academy of Neurology, <https://www.aan.com/practice/neuromuscular-quality-measures>, or quality@aan.com.

⁹College of American Pathologists (CAP), <https://www.cap.org/advocacy/quality-payment-program-for-pathologists/mips-for-pathologists/2023-pathology-quality-measures>.

¹⁰American Gastroenterological Association (AGA), www.gastro.org/quality.

¹¹American Society of Anesthesiologists (ASA), www.asahq.org.

¹²American College of Gastroenterology (ACG), www.gi.org; American Gastroenterological Association (AGA), www.gastro.org; and American Society for Gastrointestinal Endoscopy (ASGE), www.asge.org.

Prostate Cancer (PRCA)		
Brief Description of Performance Measure & Source and Report Instruction	CPT Category II Code(s)	Code Descriptor(s)
<p>cryotherapy had documented evaluation of prostate-specific antigen (PSA), AND primary tumor (T) stage, AND Gleason score</p> <p>Numerator: Patients with documented evaluation of prostate-specific antigen (PSA), AND primary tumor (T) stage, AND Gleason score</p> <p>Denominator: All patients with prostate cancer receiving interstitial prostate brachytherapy, OR external beam radiotherapy to the prostate, OR radical prostatectomy, OR cryotherapy</p> <p>Exclusion(s): Documentation of medical reason(s) for not evaluating prostate-specific antigen (PSA), OR primary tumor (T) stage, OR Gleason score</p> <p>Percentage of patients with prostate cancer receiving interstitial prostate brachytherapy, OR external beam radiotherapy to the prostate, OR radical prostatectomy, OR cryotherapy with documented evaluation of prostate-specific antigen (PSA), AND primary tumor (T) stage, AND Gleason score</p> <p>Reporting Instructions:</p>	3268F	Prostate-specific antigen (PSA), AND primary tumor (T) stage, AND Gleason score documented prior to initiation of treatment

Footnotes

¹Physician Consortium for Performance Improvement®(PCPI) - For more information on measures developed by the Physician Consortium for Performance Improvement® (PCPI), see the appropriate Payor website.

²National Committee on Quality Assurance (NCQA), Health Employer Data Information Set (HEDIS®), www.ncqa.org

³The Joint Commission, <https://www.jointcommission.org>

⁴National Diabetes Quality Improvement Alliance (NDQIA) - For more information on measures developed by the National Diabetes Quality Improvement Alliance (NDQIA), see the appropriate Payor website.

⁵Joint measure from The Physician Consortium for Performance Improvement (PCPI), and National Committee on Quality Assurance (NCQA) - For more information on measures developed as joint measures from Physician Consortium for Performance Improvement and the National Committee on Quality Assurance (NCQA), visit the NCQA website at www.ncqa.org.

⁶The Society of Thoracic Surgeons at www.sts.org and National Quality Forum, www.qualityforum.org.

⁷Optum, www.optum.com.

⁸American Academy of Neurology, <https://www.aan.com/practice/neuromuscular-quality-measures>, or quality@aan.com.

⁹College of American Pathologists (CAP), <https://www.cap.org/advocacy/quality-payment-program-for-pathologists/mips-for-pathologists/2023-pathology-quality-measures>.

¹⁰American Gastroenterological Association (AGA), www.gastro.org/quality.

¹¹American Society of Anesthesiologists (ASA), www.asahq.org.

¹²American College of Gastroenterology (ACG), www.gi.org; American Gastroenterological Association (AGA), www.gastro.org; and American Society for Gastrointestinal Endoscopy (ASGE), www.asge.org.

Prostate Cancer (PRCA)		
Brief Description of Performance Measure & Source and Report Instruction	CPT Category II Code(s)	Code Descriptor(s)
Report 3268F if Prostate-specific antigen (PSA), AND primary tumor (T) stage, AND Gleason score are documented as performed prior to initiation of therapy. For patient with appropriate exclusion criteria, report 3268F with modifier 1P.		
<p>Overuse Measure – Bone Scan for Staging Low-Risk Patients¹</p> <p>Whether or not a patient, regardless of age, with a diagnosis of prostate cancer at low risk of recurrence receiving interstitial prostate brachytherapy, OR external beam radiotherapy to the prostate, OR radical prostatectomy, OR cryotherapy did not have a bone scan performed at any time since diagnosis of prostate cancer</p> <p>Numerator: Patients who did not have a bone scan performed at any time since diagnosis of prostate cancer</p> <p>Denominator: All patients, regardless of age, with a diagnosis of prostate cancer at low risk of recurrence receiving interstitial prostate brachytherapy, OR external beam radiotherapy to the prostate, OR radical prostatectomy, OR cryotherapy</p>	<p>3269F</p> <p>3270F</p> <p>Denominator Codes</p> <p>3271F</p> <p>3272F</p>	<p>Bone scan performed prior to initiation of treatment or at any time since diagnosis of prostate cancer</p> <p>Bone scan not performed prior to initiation of treatment nor at any time since diagnosis of prostate cancer</p> <p>Low risk of recurrence, prostate cancer</p> <p>Intermediate risk of recurrence, prostate cancer</p>

Footnotes

¹Physician Consortium for Performance Improvement®(PCPI) - For more information on measures developed by the Physician Consortium for Performance Improvement® (PCPI), see the appropriate Payor website.

²National Committee on Quality Assurance (NCQA), Health Employer Data Information Set (HEDIS®), www.ncqa.org

³The Joint Commission, <https://www.jointcommission.org>

⁴National Diabetes Quality Improvement Alliance (NDQIA) - For more information on measures developed by the National Diabetes Quality Improvement Alliance (NDQIA), see the appropriate Payor website.

⁵Joint measure from The Physician Consortium for Performance Improvement (PCPI), and National Committee on Quality Assurance (NCQA) - For more information on measures developed as joint measures from Physician Consortium for Performance Improvement and the National Committee on Quality Assurance (NCQA), visit the NCQA website at www.ncqa.org.

⁶The Society of Thoracic Surgeons at www.sts.org and National Quality Forum, www.qualityforum.org.

⁷Optum, www.optum.com.

⁸American Academy of Neurology, <https://www.aan.com/practice/neuromuscular-quality-measures>, or quality@aan.com.

⁹College of American Pathologists (CAP), <https://www.cap.org/advocacy/quality-payment-program-for-pathologists/mips-for-pathologists/2023-pathology-quality-measures>.

¹⁰American Gastroenterological Association (AGA), www.gastro.org/quality.

¹¹American Society of Anesthesiologists (ASA), www.asahq.org.

¹²American College of Gastroenterology (ACG), www.gi.org; American Gastroenterological Association (AGA), www.gastro.org; and American Society for Gastrointestinal Endoscopy (ASGE), www.asge.org.

Prostate Cancer (PRCA)		
Brief Description of Performance Measure & Source and Report Instruction	CPT Category II Code(s)	Code Descriptor(s)
<p>See technical specifications for definitions of low risk, intermediate risk, and high risk for recurrence of prostate cancer</p> <p>Exclusion(s): Documentation of medical reason(s) for having a bone scan performed (including documented pain, salvage therapy, other medical reasons)</p> <p>Salvage therapy is defined as treatment given to a patient with clinically localized prostate cancer who has not responded to, or cannot tolerate other treatments, or any treatment given after recurrence of a tumor.</p> <p>Documentation of system reason(s) for having a bone scan performed (including bone scan ordered by someone other than reporting physician)</p> <p>Percentage of patients, regardless of age, with a diagnosis of prostate cancer at low risk of recurrence receiving interstitial prostate brachytherapy, OR external beam radiotherapy to the prostate, OR radical prostatectomy, OR cryotherapy who did not have a bone scan performed at any time since diagnosis of prostate cancer</p> <p>Reporting Instructions:</p>	<p>3273F</p> <p>3274F</p>	<p>High risk of recurrence, prostate cancer</p> <p>Prostate cancer risk of recurrence not determined or neither low, intermediate nor high</p>

Footnotes

¹Physician Consortium for Performance Improvement®(PCPI) - For more information on measures developed by the Physician Consortium for Performance Improvement® (PCPI), see the appropriate Payor website.

²National Committee on Quality Assurance (NCQA), Health Employer Data Information Set (HEDIS®), www.ncqa.org

³The Joint Commission, <https://www.jointcommission.org>

⁴National Diabetes Quality Improvement Alliance (NDQIA) - For more information on measures developed by the National Diabetes Quality Improvement Alliance (NDQIA), see the appropriate Payor website.

⁵Joint measure from The Physician Consortium for Performance Improvement (PCPI), and National Committee on Quality Assurance (NCQA) - For more information on measures developed as joint measures from Physician Consortium for Performance Improvement and the National Committee on Quality Assurance (NCQA), visit the NCQA website at www.ncqa.org.

⁶The Society of Thoracic Surgeons at www.sts.org and National Quality Forum, www.qualityforum.org.

⁷Optum, www.optum.com.

⁸American Academy of Neurology, <https://www.aan.com/practice/neuromuscular-quality-measures>, or quality@aan.com.

⁹College of American Pathologists (CAP), <https://www.cap.org/advocacy/quality-payment-program-for-pathologists/mips-for-pathologists/2023-pathology-quality-measures>.

¹⁰American Gastroenterological Association (AGA), www.gastro.org/quality.

¹¹American Society of Anesthesiologists (ASA), www.asahq.org.

¹²American College of Gastroenterology (ACG), www.gi.org; American Gastroenterological Association (AGA), www.gastro.org; and American Society for Gastrointestinal Endoscopy (ASGE), www.asge.org.

Prostate Cancer (PRCA)		
Brief Description of Performance Measure & Source and Report Instruction	CPT Category II Code(s)	Code Descriptor(s)
<p>Report 3271F or 3272F or 3273F or 3274F for each patient with a diagnosis of prostate cancer. If the patient is classified as low risk (3271F) and did not have a bone scan performed at any time since diagnosis of prostate cancer, report 3270F. If the patient is classified as low risk (3271F) and <i>did</i> have a bone scan performed at any time since diagnosis of prostate cancer, report 3267F.</p> <p>If there is a valid medical or system reason for performing a bone scan, report 3269F with modifier 1P or 3P, do not report modifiers with 3270F.</p> <p>If a patient is receiving salvage therapy, report 3269F with modifier 1P.</p>		
<p>Treatment Options for Patients with Clinically Localized Disease¹</p> <p>Whether or not patient with clinically localized prostate cancer receiving interstitial prostate brachytherapy, OR external beam radiotherapy to the prostate, OR radical prostatectomy, OR cryotherapy received counseling on, at a minimum, the following treatment options for clinically localized disease:</p>		

Footnotes

¹Physician Consortium for Performance Improvement®(PCPI) - For more information on measures developed by the Physician Consortium for Performance Improvement® (PCPI), see the appropriate Payor website.

²National Committee on Quality Assurance (NCQA), Health Employer Data Information Set (HEDIS®), www.ncqa.org

³The Joint Commission, <https://www.jointcommission.org>

⁴National Diabetes Quality Improvement Alliance (NDQIA) - For more information on measures developed by the National Diabetes Quality Improvement Alliance (NDQIA), see the appropriate Payor website.

⁵Joint measure from The Physician Consortium for Performance Improvement (PCPI), and National Committee on Quality Assurance (NCQA) - For more information on measures developed as joint measures from Physician Consortium for Performance Improvement and the National Committee on Quality Assurance (NCQA), visit the NCQA website at www.ncqa.org.

⁶The Society of Thoracic Surgeons at www.sts.org and National Quality Forum, www.qualityforum.org.

⁷Optum, www.optum.com.

⁸American Academy of Neurology, <https://www.aan.com/practice/neuromuscular-quality-measures>, or quality@aan.com.

⁹College of American Pathologists (CAP), <https://www.cap.org/advocacy/quality-payment-program-for-pathologists/mips-for-pathologists/2023-pathology-quality-measures>.

¹⁰American Gastroenterological Association (AGA), www.gastro.org/quality.

¹¹American Society of Anesthesiologists (ASA), www.asahq.org.

¹²American College of Gastroenterology (ACG), www.gi.org; American Gastroenterological Association (AGA), www.gastro.org; and American Society for Gastrointestinal Endoscopy (ASGE), www.asge.org.

Prostate Cancer (PRCA)		
Brief Description of Performance Measure & Source and Report Instruction	CPT Category II Code(s)	Code Descriptor(s)
<p>active surveillance, AND interstitial prostate brachytherapy, AND external beam radiotherapy, AND radical prostatectomy</p> <p>Numerator: Patients who received counseling on, at a minimum, the following treatment options for clinically localized disease: active surveillance, AND interstitial prostate brachytherapy, AND external beam radiotherapy, AND radical prostatectomy</p> <p>Denominator: All patients with clinically localized prostate cancer AND receiving interstitial prostate brachytherapy, OR external beam radiotherapy to the prostate, OR radical prostatectomy, OR cryotherapy</p> <p>Exclusion(s): Documentation of medical reason for not counseling patient on, at a minimum, the following treatment options for clinically localized disease: active surveillance, AND interstitial prostate brachytherapy, AND external beam radiotherapy, AND radical prostatectomy (ie, salvage therapy**)</p> <p>** Salvage therapy is defined as treatment given to a patient with clinically localized prostate cancer who has not</p>	4163F	<p>Patient counseling at a minimum on all of the following treatment options for clinically localized prostate cancer: active surveillance, AND interstitial prostate brachytherapy, AND external beam radiotherapy, AND radical prostatectomy, provided prior to initiation of treatment</p>

Footnotes

¹Physician Consortium for Performance Improvement®(PCPI) - For more information on measures developed by the Physician Consortium for Performance Improvement® (PCPI), see the appropriate Payor website.

²National Committee on Quality Assurance (NCQA), Health Employer Data Information Set (HEDIS®), www.ncqa.org

³The Joint Commission, <https://www.jointcommission.org>

⁴National Diabetes Quality Improvement Alliance (NDQIA) - For more information on measures developed by the National Diabetes Quality Improvement Alliance (NDQIA), see the appropriate Payor website.

⁵Joint measure from The Physician Consortium for Performance Improvement (PCPI), and National Committee on Quality Assurance (NCQA) - For more information on measures developed as joint measures from Physician Consortium for Performance Improvement and the National Committee on Quality Assurance (NCQA), visit the NCQA website at www.ncqa.org.

⁶The Society of Thoracic Surgeons at www.sts.org and National Quality Forum, www.qualityforum.org.

⁷Optum, www.optum.com.

⁸American Academy of Neurology, <https://www.aan.com/practice/neuromuscular-quality-measures>, or quality@aan.com.

⁹College of American Pathologists (CAP), <https://www.cap.org/advocacy/quality-payment-program-for-pathologists/mips-for-pathologists/2023-pathology-quality-measures>.

¹⁰American Gastroenterological Association (AGA), www.gastro.org/quality.

¹¹American Society of Anesthesiologists (ASA), www.asahq.org.

¹²American College of Gastroenterology (ACG), www.gi.org; American Gastroenterological Association (AGA), www.gastro.org; and American Society for Gastrointestinal Endoscopy (ASGE), www.asge.org.

Prostate Cancer (PRCA)		
Brief Description of Performance Measure & Source and Report Instruction	CPT Category II Code(s)	Code Descriptor(s)
<p>responded to, or cannot tolerate other treatments, or any treatment given after recurrence of a tumor.</p> <p>Percentage of patients with clinically localized prostate cancer AND receiving interstitial prostate brachytherapy, OR external beam radiotherapy to the prostate, OR radical prostatectomy, OR cryotherapy who received counseling on, at a minimum, the following treatment options for clinically localized disease: active surveillance, AND interstitial prostate brachytherapy, AND external beam radiotherapy, AND radical prostatectomy</p> <p>Reporting Instructions: For patient with appropriate exclusion criteria, report 4163F with modifier 1P.</p>		
<p>Adjuvant Hormonal Therapy for High-Risk Patients¹</p> <p>Whether or not patient with a diagnosis of prostate cancer at high risk of recurrence receiving external beam radiotherapy to the prostate was prescribed adjuvant hormonal therapy (GnRH [gonadotropin-releasing hormone] agonist or antagonist)</p>	4164F	Adjuvant (ie, in combination with external beam radiotherapy to the prostate for prostate cancer) hormonal therapy (GnRH [gonadotropin-releasing hormone])

Footnotes

¹Physician Consortium for Performance Improvement®(PCPI) - For more information on measures developed by the Physician Consortium for Performance Improvement® (PCPI), see the appropriate Payor website.

²National Committee on Quality Assurance (NCQA), Health Employer Data Information Set (HEDIS®), www.ncqa.org

³The Joint Commission, <https://www.jointcommission.org>

⁴National Diabetes Quality Improvement Alliance (NDQIA) - For more information on measures developed by the National Diabetes Quality Improvement Alliance (NDQIA), see the appropriate Payor website.

⁵Joint measure from The Physician Consortium for Performance Improvement (PCPI), and National Committee on Quality Assurance (NCQA) - For more information on measures developed as joint measures from Physician Consortium for Performance Improvement and the National Committee on Quality Assurance (NCQA), visit the NCQA website at www.ncqa.org.

⁶The Society of Thoracic Surgeons at www.sts.org and National Quality Forum, www.qualityforum.org.

⁷Optum, www.optum.com.

⁸American Academy of Neurology, <https://www.aan.com/practice/neuromuscular-quality-measures>, or quality@aan.com.

⁹College of American Pathologists (CAP), <https://www.cap.org/advocacy/quality-payment-program-for-pathologists/mips-for-pathologists/2023-pathology-quality-measures>.

¹⁰American Gastroenterological Association (AGA), www.gastro.org/quality.

¹¹American Society of Anesthesiologists (ASA), www.asahq.org.

¹²American College of Gastroenterology (ACG), www.gi.org; American Gastroenterological Association (AGA), www.gastro.org; and American Society for Gastrointestinal Endoscopy (ASGE), www.asge.org.

Prostate Cancer (PRCA)		
Brief Description of Performance Measure & Source and Report Instruction	CPT Category II Code(s)	Code Descriptor(s)
<p>Numerator: Patients who were prescribed adjuvant hormonal therapy (GnRH [gonadotropin-releasing hormone] agonist or antagonist)</p> <p>Denominator: All patients with a diagnosis of prostate cancer at high risk of recurrence receiving external beam radiotherapy to the prostate</p> <p>See technical specifications for definitions of low risk, intermediate risk, and high risk for recurrence of prostate cancer, and for list of medications.</p> <p>Exclusion(s): Documentation of medical reason(s) for not prescribing adjuvant hormonal therapy (GnRH agonist or antagonist)</p> <p>Documentation of patient reason(s) for not prescribing adjuvant hormonal therapy (GnRH agonist or antagonist)</p> <p>Percentage of patients with a diagnosis of prostate cancer at high risk of recurrence receiving external beam radiotherapy to the prostate who were prescribed adjuvant hormonal therapy (GnRH agonist or antagonist)</p> <p>Reporting Instructions:</p>	<p>Denominator Codes</p> <p>3271F</p> <p>3272F</p> <p>3273F</p> <p>3274F</p>	<p>agonist or antagonist prescribed/administered</p> <p>Low risk of recurrence, prostate cancer</p> <p>Intermediate risk of recurrence, prostate cancer</p> <p>High risk of recurrence, prostate cancer</p> <p>Prostate cancer risk of recurrence not determined or neither low, intermediate nor high</p>

Footnotes

¹Physician Consortium for Performance Improvement®(PCPI) - For more information on measures developed by the Physician Consortium for Performance Improvement® (PCPI), see the appropriate Payor website.

²National Committee on Quality Assurance (NCQA), Health Employer Data Information Set (HEDIS®), www.ncqa.org

³The Joint Commission, <https://www.jointcommission.org>

⁴National Diabetes Quality Improvement Alliance (NDQIA) - For more information on measures developed by the National Diabetes Quality Improvement Alliance (NDQIA), see the appropriate Payor website.

⁵Joint measure from The Physician Consortium for Performance Improvement (PCPI), and National Committee on Quality Assurance (NCQA) - For more information on measures developed as joint measures from Physician Consortium for Performance Improvement and the National Committee on Quality Assurance (NCQA), visit the NCQA website at www.ncqa.org.

⁶The Society of Thoracic Surgeons at www.sts.org and National Quality Forum, www.qualityforum.org.

⁷Optum, www.optum.com.

⁸American Academy of Neurology, <https://www.aan.com/practice/neuromuscular-quality-measures>, or quality@aan.com.

⁹College of American Pathologists (CAP), <https://www.cap.org/advocacy/quality-payment-program-for-pathologists/mips-for-pathologists/2023-pathology-quality-measures>.

¹⁰American Gastroenterological Association (AGA), www.gastro.org/quality.

¹¹American Society of Anesthesiologists (ASA), www.asahq.org.

¹²American College of Gastroenterology (ACG), www.gi.org; American Gastroenterological Association (AGA), www.gastro.org; and American Society for Gastrointestinal Endoscopy (ASGE), www.asge.org.

Prostate Cancer (PRCA)		
Brief Description of Performance Measure & Source and Report Instruction	CPT Category II Code(s)	Code Descriptor(s)
Report 3271F or 3272F or 3273F or 3274F for each patient. If the patient is classified as high risk (3273F) and was prescribed adjuvant hormonal therapy (GnRH [gonadotropin-releasing hormone] agonist or antagonist), report 4164F. For patients with appropriate exclusion criteria use 4164F with modifier 1P or 2P.		
<p>Three-Dimensional Radiotherapy¹</p> <p>Whether or not the patient, regardless of age, with a diagnosis of clinically localized prostate cancer (no metastases) receiving external beam radiotherapy to the prostate or prostate bed (with or without nodal irradiation) received three-dimensional conformal radiotherapy (3D-CRT) or intensity modulated radiation therapy (IMRT)</p> <p>Numerator: Patients who receive three-dimensional conformal radiotherapy (3D-CRT) or intensity modulated radiation therapy (IMRT)</p> <p>Denominator: All patients, regardless of age, with a diagnosis of clinically localized prostate cancer receiving external beam</p>	4165F	Three-dimensional conformal radiotherapy (3D-CRT) or intensity modulated radiation therapy (IMRT) received
	Denominator codes	

Footnotes

¹Physician Consortium for Performance Improvement®(PCPI) - For more information on measures developed by the Physician Consortium for Performance Improvement® (PCPI), see the appropriate Payor website.

²National Committee on Quality Assurance (NCQA), Health Employer Data Information Set (HEDIS®), www.ncqa.org

³The Joint Commission, <https://www.jointcommission.org>

⁴National Diabetes Quality Improvement Alliance (NDQIA) - For more information on measures developed by the National Diabetes Quality Improvement Alliance (NDQIA), see the appropriate Payor website.

⁵Joint measure from The Physician Consortium for Performance Improvement (PCPI), and National Committee on Quality Assurance (NCQA) - For more information on measures developed as joint measures from Physician Consortium for Performance Improvement and the National Committee on Quality Assurance (NCQA), visit the NCQA website at www.ncqa.org.

⁶The Society of Thoracic Surgeons at www.sts.org and National Quality Forum, www.qualityforum.org.

⁷Optum, www.optum.com.

⁸American Academy of Neurology, <https://www.aan.com/practice/neuromuscular-quality-measures>, or quality@aan.com.

⁹College of American Pathologists (CAP), <https://www.cap.org/advocacy/quality-payment-program-for-pathologists/mips-for-pathologists/2023-pathology-quality-measures>.

¹⁰American Gastroenterological Association (AGA), www.gastro.org/quality.

¹¹American Society of Anesthesiologists (ASA), www.asahq.org.

¹²American College of Gastroenterology (ACG), www.gi.org; American Gastroenterological Association (AGA), www.gastro.org; and American Society for Gastrointestinal Endoscopy (ASGE), www.asge.org.

Prostate Cancer (PRCA)		
Brief Description of Performance Measure & Source and Report Instruction	CPT Category II Code(s)	Code Descriptor(s)
<p>radiotherapy as primary therapy to the prostate with or without nodal irradiation (no metastases; no salvage therapy)</p> <p>Exclusion(s): None</p> <p>Percentage of patients, regardless of age, with a diagnosis of clinically localized prostate cancer receiving external beam radiotherapy as primary therapy to the prostate with or without nodal irradiation (no metastases; no salvage therapy) who receive 3D-CRT or IMRT</p> <p>Reporting Instructions:</p> <p>Report 4200F or 4201F for each patient with a diagnosis of prostate cancer who is receiving external beam radiotherapy. If the patient is receiving external beam radiotherapy as primary therapy to the prostate with or without nodal irradiation and the patient received 3D-CRT or IMRT, also report 4165F.</p> <p>There are no performance exclusions for this measure; modifiers 1P, 2P or 3P may not be used.</p>	<p>4200F</p> <p>4201F</p>	<p>External beam radiotherapy as primary therapy to the prostate with or without nodal irradiation</p> <p>External beam radiotherapy with or without nodal irradiation as adjuvant or salvage therapy for prostate cancer patient</p>

Footnotes

¹Physician Consortium for Performance Improvement®(PCPI) - For more information on measures developed by the Physician Consortium for Performance Improvement® (PCPI), see the appropriate Payor website.

²National Committee on Quality Assurance (NCQA), Health Employer Data Information Set (HEDIS®), www.ncqa.org

³The Joint Commission, <https://www.jointcommission.org>

⁴National Diabetes Quality Improvement Alliance (NDQIA) - For more information on measures developed by the National Diabetes Quality Improvement Alliance (NDQIA), see the appropriate Payor website.

⁵Joint measure from The Physician Consortium for Performance Improvement (PCPI), and National Committee on Quality Assurance (NCQA) - For more information on measures developed as joint measures from Physician Consortium for Performance Improvement and the National Committee on Quality Assurance (NCQA), visit the NCQA website at www.ncqa.org.

⁶The Society of Thoracic Surgeons at www.sts.org and National Quality Forum, www.qualityforum.org.

⁷Optum, www.optum.com.

⁸American Academy of Neurology, <https://www.aan.com/practice/neuromuscular-quality-measures>, or quality@aan.com.

⁹College of American Pathologists (CAP), <https://www.cap.org/advocacy/quality-payment-program-for-pathologists/mips-for-pathologists/2023-pathology-quality-measures>.

¹⁰American Gastroenterological Association (AGA), www.gastro.org/quality.

¹¹American Society of Anesthesiologists (ASA), www.asahq.org.

¹²American College of Gastroenterology (ACG), www.gi.org; American Gastroenterological Association (AGA), www.gastro.org; and American Society for Gastrointestinal Endoscopy (ASGE), www.asge.org.

Radiology (RAD)		
Brief Description of Performance Measure & Source and Report Instructions	CPT Category II Code(s)	Code Descriptor(s)
<p>Stenosis measurement in carotid imaging reports⁵</p> <p>Whether or not the patient had a final report for carotid imaging studies (neck MR angiography [MRA], neck CT angiography [CTA], neck duplex ultrasound, carotid angiogram) performed that included direct or indirect reference to measurements of distal internal carotid diameter as the denominator for stenosis measurement</p> <p>Numerator: Final carotid imaging study reports that include direct or indirect reference to measurements of distal internal carotid diameter as the denominator for stenosis measurement</p> <p>Definition: “Direct or indirect reference to measurements of distal internal carotid diameter as the denominator for stenosis measurement” includes direct angiographic stenosis calculation based on the distal lumen as the denominator for stenosis measurement OR an equivalent validated method referenced to the above method (eg, for duplex ultrasound studies, velocity parameters that correlate the residual internal carotid lumen with methods based on the distal internal carotid lumen)</p>	3100F	Carotid image study report includes direct or indirect reference to measurements of distal internal carotid diameter as the denominator for stenosis measurement

Footnotes

¹Physician Consortium for Performance Improvement®(PCPI) - For more information on measures developed by the Physician Consortium for Performance Improvement® (PCPI), see the appropriate Payor website.

²National Committee on Quality Assurance (NCQA), Health Employer Data Information Set (HEDIS®), www.ncqa.org

³The Joint Commission, <https://www.jointcommission.org>

⁴National Diabetes Quality Improvement Alliance (NDQIA) - For more information on measures developed by the National Diabetes Quality Improvement Alliance (NDQIA), see the appropriate Payor website.

⁵Joint measure from The Physician Consortium for Performance Improvement (PCPI), and National Committee on Quality Assurance (NCQA) - For more information on measures developed as joint measures from Physician Consortium for Performance Improvement and the National Committee on Quality Assurance (NCQA), visit the NCQA website at www.ncqa.org.

⁶The Society of Thoracic Surgeons at www.sts.org and National Quality Forum, www.qualityforum.org.

⁷Optum, www.optum.com.

⁸American Academy of Neurology, <https://www.aan.com/practice/neuromuscular-quality-measures>, or quality@aan.com.

⁹College of American Pathologists (CAP), <https://www.cap.org/advocacy/quality-payment-program-for-pathologists/mips-for-pathologists/2023-pathology-quality-measures>.

¹⁰American Gastroenterological Association (AGA), www.gastro.org/quality.

¹¹American Society of Anesthesiologists (ASA), www.asahq.org.

¹²American College of Gastroenterology (ACG), www.gi.org; American Gastroenterological Association (AGA), www.gastro.org; and American Society for Gastrointestinal Endoscopy (ASGE), www.asge.org.

Radiology (RAD)		
Brief Description of Performance Measure & Source and Report Instructions	CPT Category II Code(s)	Code Descriptor(s)
<p>Denominator: All final reports for carotid imaging studies (neck MR angiography [MRA], neck CT angiography [CTA], neck duplex ultrasound, carotid angiogram) performed</p> <p>Exclusion(s): NONE</p> <p>Percentage of final reports for carotid imaging studies (neck MR angiography [MRA], neck CT angiography [CTA], neck duplex ultrasound, carotid angiogram) performed that include direct or indirect reference to measurements of distal internal carotid diameter as the denominator for stenosis measurement</p> <p>Reporting Instructions: There are no performance exclusions for this measure; modifiers 1P, 2P, or 3P may not be used.</p>		
<p>Mammography assessment category_data collection⁵</p> <p>Whether or not the patient undergoing a screening mammogram has an assessment category [eg, Mammography Quality Standards Act (MQSA), Breast Imaging Reporting and Data System (BI-RADS[®]), or FDA</p>	7020F	Mammogram assessment category [eg, Mammography Quality Standards Act (MQSA), Breast Imaging Reporting and Data System

Footnotes

¹Physician Consortium for Performance Improvement®(PCPI) - For more information on measures developed by the Physician Consortium for Performance Improvement® (PCPI), see the appropriate Payor website.

²National Committee on Quality Assurance (NCQA), Health Employer Data Information Set (HEDIS®), www.ncqa.org

³The Joint Commission, <https://www.jointcommission.org>

⁴National Diabetes Quality Improvement Alliance (NDQIA) - For more information on measures developed by the National Diabetes Quality Improvement Alliance (NDQIA), see the appropriate Payor website.

⁵Joint measure from The Physician Consortium for Performance Improvement (PCPI), and National Committee on Quality Assurance (NCQA) - For more information on measures developed as joint measures from Physician Consortium for Performance Improvement and the National Committee on Quality Assurance (NCQA), visit the NCQA website at www.ncqa.org.

⁶The Society of Thoracic Surgeons at www.sts.org and National Quality Forum, www.qualityforum.org.

⁷Optum, www.optum.com.

⁸American Academy of Neurology, <https://www.aan.com/practice/neuromuscular-quality-measures>, or quality@aan.com.

⁹College of American Pathologists (CAP), <https://www.cap.org/advocacy/quality-payment-program-for-pathologists/mips-for-pathologists/2023-pathology-quality-measures>.

¹⁰American Gastroenterological Association (AGA), www.gastro.org/quality.

¹¹American Society of Anesthesiologists (ASA), www.asahq.org.

¹²American College of Gastroenterology (ACG), www.gi.org; American Gastroenterological Association (AGA), www.gastro.org; and American Society for Gastrointestinal Endoscopy (ASGE), www.asge.org.

Radiology (RAD)		
Brief Description of Performance Measure & Source and Report Instructions	CPT Category II Code(s)	Code Descriptor(s)
<p>approved equivalent categories] entered into an internal database that will, at a minimum, allow analysis of abnormal interpretation (recall) rate</p> <p>Numerator: Patients whose assessment category [eg, Mammography Quality Standards Act (MQSA), Breast Imaging Reporting and Data System (BI-RADS®), or FDA approved equivalent categories] is entered into an internal database that will, at a minimum, allow analysis of abnormal interpretation (recall) rate</p> <p>Definition of abnormal interpretation (recall): Any screening mammograms that receives an MQSA assessment category of incomplete, probably benign, suspicious or highly suggestive of malignancy; BI-RADS® category 0, 3, 4, or 5; or FDA-approved equivalent assessment categories (see technical specifications for a list of equivalent categories)</p> <p>Denominator: All patients undergoing screening mammograms</p> <p>Exclusion(s): NONE</p> <p>Percentage of patients undergoing screening mammograms whose assessment category [eg, Mammography Quality</p>		<p>(BI-RADS®), or FDA approved equivalent categories] entered into an internal database to allow for analysis of abnormal interpretation (recall) rate</p>

Footnotes

¹Physician Consortium for Performance Improvement®(PCPI) - For more information on measures developed by the Physician Consortium for Performance Improvement® (PCPI), see the appropriate Payor website.

²National Committee on Quality Assurance (NCQA), Health Employer Data Information Set (HEDIS®), www.ncqa.org

³The Joint Commission, <https://www.jointcommission.org>

⁴National Diabetes Quality Improvement Alliance (NDQIA) - For more information on measures developed by the National Diabetes Quality Improvement Alliance (NDQIA), see the appropriate Payor website.

⁵Joint measure from The Physician Consortium for Performance Improvement (PCPI), and National Committee on Quality Assurance (NCQA) - For more information on measures developed as joint measures from Physician Consortium for Performance Improvement and the National Committee on Quality Assurance (NCQA), visit the NCQA website at www.ncqa.org.

⁶The Society of Thoracic Surgeons at www.sts.org and National Quality Forum, www.qualityforum.org.

⁷Optum, www.optum.com.

⁸American Academy of Neurology, <https://www.aan.com/practice/neuromuscular-quality-measures>, or quality@aan.com.

⁹College of American Pathologists (CAP), <https://www.cap.org/advocacy/quality-payment-program-for-pathologists/mips-for-pathologists/2023-pathology-quality-measures>.

¹⁰American Gastroenterological Association (AGA), www.gastro.org/quality.

¹¹American Society of Anesthesiologists (ASA), www.asahq.org.

¹²American College of Gastroenterology (ACG), www.gi.org; American Gastroenterological Association (AGA), www.gastro.org; and American Society for Gastrointestinal Endoscopy (ASGE), www.asge.org.

Radiology (RAD)		
Brief Description of Performance Measure & Source and Report Instructions	CPT Category II Code(s)	Code Descriptor(s)
Standards Act (MQSA), Breast Imaging Reporting and Data System (BI-RADS®), or FDA approved equivalent categories] is entered into an internal database that will, at a minimum, allow analysis of abnormal interpretation (recall) rate Reporting Instructions: There are no performance exclusions for this measure; modifiers 1P, 2P, or 3P may not be used.		
Inappropriate use of “probably benign” assessment category in mammography screening⁵ Whether or not the patient had a final report for a screening mammogram that was classified as “probably benign” Numerator: Final reports classified as “probably benign” Definition of “probably benign” classification: MQSA assessment category of “probably benign”; BI-RADS® category 3; or FDA-approved equivalent assessment category (see technical specifications for a list of equivalent categories) Denominator: All final reports for screening mammograms Exclusion(s): NONE	3340F 3341F 3342F 3343F	Mammogram assessment category of “incomplete: need additional imaging evaluation”, documented Mammogram assessment category of “negative”, documented Mammogram assessment category of “benign”, documented Mammogram assessment category of “probably benign”, documented

Footnotes

¹Physician Consortium for Performance Improvement®(PCPI) - For more information on measures developed by the Physician Consortium for Performance Improvement® (PCPI), see the appropriate Payor website.

²National Committee on Quality Assurance (NCQA), Health Employer Data Information Set (HEDIS®), www.ncqa.org

³The Joint Commission, <https://www.jointcommission.org>

⁴National Diabetes Quality Improvement Alliance (NDQIA) - For more information on measures developed by the National Diabetes Quality Improvement Alliance (NDQIA), see the appropriate Payor website.

⁵Joint measure from The Physician Consortium for Performance Improvement (PCPI), and National Committee on Quality Assurance (NCQA) - For more information on measures developed as joint measures from Physician Consortium for Performance Improvement and the National Committee on Quality Assurance (NCQA), visit the NCQA website at www.ncqa.org.

⁶The Society of Thoracic Surgeons at www.sts.org and National Quality Forum, www.qualityforum.org.

⁷Optum, www.optum.com.

⁸American Academy of Neurology, <https://www.aan.com/practice/neuromuscular-quality-measures>, or quality@aan.com.

⁹College of American Pathologists (CAP), <https://www.cap.org/advocacy/quality-payment-program-for-pathologists/mips-for-pathologists/2023-pathology-quality-measures>.

¹⁰American Gastroenterological Association (AGA), www.gastro.org/quality.

¹¹American Society of Anesthesiologists (ASA), www.asahq.org.

¹²American College of Gastroenterology (ACG), www.gi.org; American Gastroenterological Association (AGA), www.gastro.org; and American Society for Gastrointestinal Endoscopy (ASGE), www.asge.org.

Radiology (RAD)		
Brief Description of Performance Measure & Source and Report Instructions	CPT Category II Code(s)	Code Descriptor(s)
<p>Percentage of final reports for screening mammograms that are classified as “probably benign”</p> <p>Reporting Instructions: Report an appropriate code from the 3340F –3350F series for a mammogram assessment category for each patient. There are no performance exclusions for this measure; modifiers 1P, 2P, or 3P may not be used.</p>	3344F	Mammogram assessment category of “suspicious”, documented
	3345F	Mammogram assessment category of “highly suggestive of malignancy”, documented
	3350F	Mammogram assessment category of “known biopsy proven malignancy”, documented

Footnotes

¹**Physician Consortium for Performance Improvement®(PCPI)** - For more information on measures developed by the Physician Consortium for Performance Improvement® (PCPI), see the appropriate Payor website.

²**National Committee on Quality Assurance (NCQA)**, Health Employer Data Information Set (HEDIS®), www.ncqa.org

³**The Joint Commission**, <https://www.jointcommission.org>

⁴**National Diabetes Quality Improvement Alliance (NDQIA)** - For more information on measures developed by the National Diabetes Quality Improvement Alliance (NDQIA), see the appropriate Payor website.

⁵Joint measure from **The Physician Consortium for Performance Improvement (PCPI)**, and **National Committee on Quality Assurance (NCQA)** - For more information on measures developed as joint measures from Physician Consortium for Performance Improvement and the National Committee on Quality Assurance (NCQA), visit the NCQA website at www.ncqa.org.

⁶**The Society of Thoracic Surgeons** at www.sts.org and **National Quality Forum**, www.qualityforum.org.

⁷**Optum**, www.optum.com.

⁸**American Academy of Neurology**, <https://www.aan.com/practice/neuromuscular-quality-measures>, or quality@aan.com.

⁹**College of American Pathologists (CAP)**, <https://www.cap.org/advocacy/quality-payment-program-for-pathologists/mips-for-pathologists/2023-pathology-quality-measures>.

¹⁰**American Gastroenterological Association (AGA)**, www.gastro.org/quality.

¹¹**American Society of Anesthesiologists (ASA)**, www.asahq.org.

¹²**American College of Gastroenterology (ACG)**, www.gi.org; **American Gastroenterological Association (AGA)**, www.gastro.org; and **American Society for Gastrointestinal Endoscopy (ASGE)**, www.asge.org.

<p>Communication of suspicious findings from the diagnostic mammogram to the practice managing ongoing care⁵</p> <p>Whether or not the patient undergoing a diagnostic mammogram classified as “suspicious” or “highly suggestive of malignancy” has documentation of direct communication of findings from the diagnostic mammogram to the practice within 3 business days of exam interpretation</p> <p>Numerator: Patients with documentation of direct communication of findings from the diagnostic mammogram to the practice that manages the patient’s on-going care within 3 business days of exam interpretation</p> <p>Direct communication is defined as communication by the diagnostic imager or a designee to the treating or referring physician or his/her representative with confirmed receipt of the findings (either by fax confirmation, verbal communication, or certified letter).</p> <p>Denominator: All patients undergoing diagnostic mammograms that are classified as “suspicious” or “highly suggestive of malignancy”</p> <p>Definition of “suspicious” or “highly suggestive of malignancy” classification: MQSA final assessment category of “suspicious” or “highly suggestive of malignancy”; BI-RADS® category 4 or 5; or FDA-approved equivalent assessment</p>	<p>5060F</p> <p>Denominator Codes</p> <p>3340F</p> <p>3341F</p>	<p>Findings from diagnostic mammogram communicated to practice managing patient’s on-going care within 3 business days of exam interpretation</p> <p>Mammogram assessment category of “incomplete: need additional imaging evaluation”, documented</p> <p>Mammogram assessment category of “negative”, documented</p>
--	--	---

Footnotes

¹Physician Consortium for Performance Improvement®(PCPI) - For more information on measures developed by the Physician Consortium for Performance Improvement® (PCPI), see the appropriate Payor website.

²National Committee on Quality Assurance (NCQA), Health Employer Data Information Set (HEDIS®), www.ncqa.org

³The Joint Commission, <https://www.jointcommission.org>

⁴National Diabetes Quality Improvement Alliance (NDQIA) - For more information on measures developed by the National Diabetes Quality Improvement Alliance (NDQIA), see the appropriate Payor website.

⁵Joint measure from The Physician Consortium for Performance Improvement (PCPI), and National Committee on Quality Assurance (NCQA) - For more information on measures developed as joint measures from Physician Consortium for Performance Improvement and the National Committee on Quality Assurance (NCQA), visit the NCQA website at www.ncqa.org.

⁶The Society of Thoracic Surgeons at www.sts.org and National Quality Forum, www.qualityforum.org.

⁷Optum, www.optum.com.

⁸American Academy of Neurology, <https://www.aan.com/practice/neuromuscular-quality-measures>, or quality@aan.com.

⁹College of American Pathologists (CAP), <https://www.cap.org/advocacy/quality-payment-program-for-pathologists/mips-for-pathologists/2023-pathology-quality-measures>.

¹⁰American Gastroenterological Association (AGA), www.gastro.org/quality.

¹¹American Society of Anesthesiologists (ASA), www.asahq.org.

¹²American College of Gastroenterology (ACG), www.gi.org; American Gastroenterological Association (AGA), www.gastro.org; and American Society for Gastrointestinal Endoscopy (ASGE), www.asge.org.

<p>categories (see technical specifications for a list of equivalent categories)</p> <p>Exclusion(s): Documentation of system reason(s) for not directly communicating the findings from the diagnostic mammogram to the practice that manages the patient’s on-going care within 3 business days of exam interpretation (eg, patient is self-referred, no healthcare provider named)</p> <p>Percentage of patients undergoing diagnostic mammograms that are classified as “suspicious” or “highly suggestive of malignancy” with documentation of direct communication of findings from the diagnostic mammogram to the practice that manages the patient’s on-going care within 3 business days of exam interpretation</p> <p>Reporting Instructions: Report an appropriate code from the 3340F –3350F series for a mammogram assessment category for each patient. If patient received a final mammogram assessment category of “suspicious” or “highly likely of malignancy” (3344F or 3345F), and there is documentation of direct communication of findings, also report 5060F. This measure is intended for use by the physician interpreting the mammogram.</p>	3342F	Mammogram assessment category of “benign”, documented
	3343F	Mammogram assessment category of “probably benign”, documented
	3344F	Mammogram assessment category of “suspicious”, documented
	3345F	Mammogram assessment category of “highly suggestive of malignancy”, documented
	3350F	Mammogram assessment category of “known biopsy proven malignancy”, documented

Footnotes

¹Physician Consortium for Performance Improvement®(PCPI) - For more information on measures developed by the Physician Consortium for Performance Improvement® (PCPI), see the appropriate Payor website.

²National Committee on Quality Assurance (NCQA), Health Employer Data Information Set (HEDIS®), www.ncqa.org

³The Joint Commission, <https://www.jointcommission.org>

⁴National Diabetes Quality Improvement Alliance (NDQIA) - For more information on measures developed by the National Diabetes Quality Improvement Alliance (NDQIA), see the appropriate Payor website.

⁵Joint measure from The Physician Consortium for Performance Improvement (PCPI), and National Committee on Quality Assurance (NCQA) - For more information on measures developed as joint measures from Physician Consortium for Performance Improvement and the National Committee on Quality Assurance (NCQA), visit the NCQA website at www.ncqa.org.

⁶The Society of Thoracic Surgeons at www.sts.org and National Quality Forum, www.qualityforum.org.

⁷Optum, www.optum.com.

⁸American Academy of Neurology, <https://www.aan.com/practice/neuromuscular-quality-measures>, or quality@aan.com.

⁹College of American Pathologists (CAP), <https://www.cap.org/advocacy/quality-payment-program-for-pathologists/mips-for-pathologists/2023-pathology-quality-measures>.

¹⁰American Gastroenterological Association (AGA), www.gastro.org/quality.

¹¹American Society of Anesthesiologists (ASA), www.asahq.org.

¹²American College of Gastroenterology (ACG), www.gi.org; American Gastroenterological Association (AGA), www.gastro.org; and American Society for Gastrointestinal Endoscopy (ASGE), www.asge.org.

<p>Communication of suspicious findings from the diagnostic mammogram to the patient⁵</p> <p>Whether or not the patient undergoing a diagnostic mammogram classified as “suspicious” or “highly suggestive of malignancy” has documentation of direct communication of findings from the diagnostic mammogram to the patient within 5 business days of exam interpretation</p> <p>Numerator: Patients with documentation of direct communication of findings from the diagnostic mammogram to the patient within 5 business days of exam interpretation</p> <p><i>Direct communication is defined as communication by the diagnostic imager or a designee to the patient with confirmed receipt of the findings (either by fax confirmation, verbal communication, or certified letter).</i></p> <p>Denominator: All patients undergoing diagnostic mammograms that are classified as “suspicious” or “highly suggestive of malignancy”</p> <p>Definition of “suspicious” or “highly suggestive of malignancy” classification: MQSA final assessment category of “suspicious” or “highly suggestive of malignancy”; BI-RADS® category 4 or 5; or FDA-approved equivalent assessment categories (see technical specifications for a list of equivalent categories)</p> <p>Exclusion(s): None</p>	<p>5062F</p> <p>Denominator codes</p> <p>3340F</p> <p>3341F</p> <p>3342F</p> <p>3343F</p> <p>3344F</p> <p>3345F</p> <p>3350F</p>	<p>Findings from diagnostic mammogram communicated to patient within 5 business days of exam interpretation</p> <p>Mammogram assessment category of “incomplete: need additional imaging evaluation”, documented</p> <p>Mammogram assessment category of “negative”, documented</p> <p>Mammogram assessment category of “benign”, documented</p> <p>Mammogram assessment category of “probably benign”, documented</p> <p>Mammogram assessment category of “suspicious”, documented</p> <p>Mammogram assessment category of “highly suggestive of malignancy”, documented</p>
--	---	---

Footnotes

¹Physician Consortium for Performance Improvement®(PCPI) - For more information on measures developed by the Physician Consortium for Performance Improvement® (PCPI), see the appropriate Payor website.

²National Committee on Quality Assurance (NCQA), Health Employer Data Information Set (HEDIS®), www.ncqa.org

³The Joint Commission, <https://www.jointcommission.org>

⁴National Diabetes Quality Improvement Alliance (NDQIA) - For more information on measures developed by the National Diabetes Quality Improvement Alliance (NDQIA), see the appropriate Payor website.

⁵Joint measure from The Physician Consortium for Performance Improvement (PCPI), and National Committee on Quality Assurance (NCQA) - For more information on measures developed as joint measures from Physician Consortium for Performance Improvement and the National Committee on Quality Assurance (NCQA), visit the NCQA website at www.ncqa.org.

⁶The Society of Thoracic Surgeons at www.sts.org and National Quality Forum, www.qualityforum.org.

⁷Optum, www.optum.com.

⁸American Academy of Neurology, <https://www.aan.com/practice/neuromuscular-quality-measures>, or quality@aan.com.

⁹College of American Pathologists (CAP), <https://www.cap.org/advocacy/quality-payment-program-for-pathologists/mips-for-pathologists/2023-pathology-quality-measures>.

¹⁰American Gastroenterological Association (AGA), www.gastro.org/quality.

¹¹American Society of Anesthesiologists (ASA), www.asahq.org.

¹²American College of Gastroenterology (ACG), www.gi.org; American Gastroenterological Association (AGA), www.gastro.org; and American Society for Gastrointestinal Endoscopy (ASGE), www.asge.org.

<p>Percentage of patients undergoing diagnostic mammograms that are classified as “suspicious” or “highly suggestive of malignancy” with documentation of direct communication of findings from the diagnostic mammogram to the patient within 5 business days of exam interpretation</p> <p>Reporting Instructions: Report an appropriate code from the 3340 –3350F series for a mammogram assessment category for each patient. If patient received a final mammogram assessment category of “suspicious” or “highly suggestive of malignancy” (3344F or 3345F), and there is documentation of direct communication of findings to the patient, also report 5062F. This measure is intended for use by the physician interpreting the mammogram.</p>		<p>Mammogram assessment category of “known biopsy proven malignancy”, documented</p>
<p>Radiology (RAD)</p> <p>Reminder system for mammograms⁵</p> <p>Whether or not the patient aged 40 years and older undergoing a screening mammogram has information-entered into a reminder system* with a target due date for the next mammogram</p> <p>Numerator: Patients whose information is entered into a reminder system* with a target due date for the next mammogram</p> <p>*The reminder system should be linked to a process for notifying patients when their next mammogram is due and should include the following elements at a minimum: patient</p>	<p>7025F</p>	

Footnotes

¹Physician Consortium for Performance Improvement®(PCPI) - For more information on measures developed by the Physician Consortium for Performance Improvement® (PCPI), see the appropriate Payor website.

²National Committee on Quality Assurance (NCQA), Health Employer Data Information Set (HEDIS®), www.ncqa.org

³The Joint Commission, <https://www.jointcommission.org>

⁴National Diabetes Quality Improvement Alliance (NDQIA) - For more information on measures developed by the National Diabetes Quality Improvement Alliance (NDQIA), see the appropriate Payor website.

⁵Joint measure from The Physician Consortium for Performance Improvement (PCPI), and National Committee on Quality Assurance (NCQA) - For more information on measures developed as joint measures from Physician Consortium for Performance Improvement and the National Committee on Quality Assurance (NCQA), visit the NCQA website at www.ncqa.org.

⁶The Society of Thoracic Surgeons at www.sts.org and National Quality Forum, www.qualityforum.org.

⁷Optum, www.optum.com.

⁸American Academy of Neurology, <https://www.aan.com/practice/neuromuscular-quality-measures>, or quality@aan.com.

⁹College of American Pathologists (CAP), <https://www.cap.org/advocacy/quality-payment-program-for-pathologists/mips-for-pathologists/2023-pathology-quality-measures>.

¹⁰American Gastroenterological Association (AGA), www.gastro.org/quality.

¹¹American Society of Anesthesiologists (ASA), www.asahq.org.

¹²American College of Gastroenterology (ACG), www.gi.org; American Gastroenterological Association (AGA), www.gastro.org; and American Society for Gastrointestinal Endoscopy (ASGE), www.asge.org.

<p>identifier, patient contact information, dates(s) of prior screening mammogram(s) (if known), and the target due date for the next screening mammogram</p> <p>Denominator: All patients aged 40 years and older undergoing a screening mammogram</p> <p>Exclusion(s): NONE</p> <p>Percentage of patients aged 40 years and older undergoing a screening mammogram whose information is entered into a reminder system* with a target due date for the next mammogram</p> <p>Reporting Instructions: There are no performance exclusions for this measure; modifiers 1P, 2P, or 3P may not be used.</p>		<p>Patient information entered into a reminder system with a target due date for the next mammogram</p>
<p>CT radiation dose reduction⁵</p> <p>Whether or not the patient has final reports for CT examinations performed with documentation of use of appropriate radiation dose reduction devices OR manual techniques for appropriate moderation of exposure</p> <p>Numerator: Final reports for CT examinations that include documentation of use of appropriate radiation dose reduction devices OR manual techniques for appropriate moderation of exposure</p> <p>Denominator: All final reports for CT examinations performed</p> <p>Exclusion(s): NONE</p>	<p>6040F</p>	<p>Use of appropriate radiation dose reduction devices OR manual techniques for appropriate moderation of exposure, documented</p>

Footnotes

¹Physician Consortium for Performance Improvement®(PCPI) - For more information on measures developed by the Physician Consortium for Performance Improvement® (PCPI), see the appropriate Payor website.

²National Committee on Quality Assurance (NCQA), Health Employer Data Information Set (HEDIS®), www.ncqa.org

³The Joint Commission, <https://www.jointcommission.org>

⁴National Diabetes Quality Improvement Alliance (NDQIA) - For more information on measures developed by the National Diabetes Quality Improvement Alliance (NDQIA), see the appropriate Payor website.

⁵Joint measure from The Physician Consortium for Performance Improvement (PCPI), and National Committee on Quality Assurance (NCQA) - For more information on measures developed as joint measures from Physician Consortium for Performance Improvement and the National Committee on Quality Assurance (NCQA), visit the NCQA website at www.ncqa.org.

⁶The Society of Thoracic Surgeons at www.sts.org and National Quality Forum, www.qualityforum.org.

⁷Optum, www.optum.com.

⁸American Academy of Neurology, <https://www.aan.com/practice/neuromuscular-quality-measures>, or quality@aan.com.

⁹College of American Pathologists (CAP), <https://www.cap.org/advocacy/quality-payment-program-for-pathologists/mips-for-pathologists/2023-pathology-quality-measures>.

¹⁰American Gastroenterological Association (AGA), www.gastro.org/quality.

¹¹American Society of Anesthesiologists (ASA), www.asahq.org.

¹²American College of Gastroenterology (ACG), www.gi.org; American Gastroenterological Association (AGA), www.gastro.org; and American Society for Gastrointestinal Endoscopy (ASGE), www.asge.org.

<p>Percentage of final reports for CT examinations performed with documentation of use of appropriate radiation dose reduction devices OR manual techniques for appropriate moderation of exposure</p> <p>Reporting Instructions: There are no performance exclusions for this measure; modifiers 1P, 2P, or 3P may not be used.</p>		
<p>Exposure time reported for procedures using fluoroscopy⁵</p> <p>Whether or not the patient has final reports for procedures using fluoroscopy that include documentation of radiation exposure or exposure time</p> <p>Numerator: Final reports for procedures using fluoroscopy that include documentation of radiation exposure or exposure time</p> <p>Denominator: All final reports for procedures using fluoroscopy</p> <p>Exclusion(s): None</p> <p>Percentage of final reports for procedures using fluoroscopy that include documentation of radiation exposure or exposure time</p> <p>Reporting Instructions:</p> <p>Typically, fluoroscopy is not reported separately for surgical services when performed by the same physician. Visit the</p>	6045F	Radiation exposure or exposure time in final report for procedure using fluoroscopy, documented

Footnotes

¹Physician Consortium for Performance Improvement®(PCPI) - For more information on measures developed by the Physician Consortium for Performance Improvement® (PCPI), see the appropriate Payor website.

²National Committee on Quality Assurance (NCQA), Health Employer Data Information Set (HEDIS®), www.ncqa.org

³The Joint Commission, <https://www.jointcommission.org>

⁴National Diabetes Quality Improvement Alliance (NDQIA) - For more information on measures developed by the National Diabetes Quality Improvement Alliance (NDQIA), see the appropriate Payor website.

⁵Joint measure from The Physician Consortium for Performance Improvement (PCPI), and National Committee on Quality Assurance (NCQA) - For more information on measures developed as joint measures from Physician Consortium for Performance Improvement and the National Committee on Quality Assurance (NCQA), visit the NCQA website at www.ncqa.org.

⁶The Society of Thoracic Surgeons at www.sts.org and National Quality Forum, www.qualityforum.org.

⁷Optum, www.optum.com.

⁸American Academy of Neurology, <https://www.aan.com/practice/neuromuscular-quality-measures>, or quality@aan.com.

⁹College of American Pathologists (CAP), <https://www.cap.org/advocacy/quality-payment-program-for-pathologists/mips-for-pathologists/2023-pathology-quality-measures>.

¹⁰American Gastroenterological Association (AGA), www.gastro.org/quality.

¹¹American Society of Anesthesiologists (ASA), www.asahq.org.

¹²American College of Gastroenterology (ACG), www.gi.org; American Gastroenterological Association (AGA), www.gastro.org; and American Society for Gastrointestinal Endoscopy (ASGE), www.asge.org.

measure developer's website for technical specifications regarding use of code 6045F. There are no performance exclusions for this measure; modifiers 1P, 2P, or 3P may not be used.		
---	--	--

Rheumatoid Arthritis (RA)		
Brief Description of Performance Measure & Source	CPT Category II Code(s)	Code Descriptor(s)
<p>Disease Modifying Anti-Rheumatic Drug Therapy in Rheumatoid Arthritis²</p> <p>Whether or not patients who were diagnosed with rheumatoid arthritis were dispensed, administered or prescribed at least one ambulatory prescription for a disease modifying anti-rheumatic drug (DMARD) during the measurement year.</p> <p>Numerator: Patients with at least one prescription or dispensation for a disease modifying anti-rheumatic drug (DMARD). <i>Dispensed</i> encompasses administered DMARD therapy.</p> <p>Denominator:</p>	4187F	Disease modifying anti-rheumatic drug therapy prescribed, dispensed, or administered

Footnotes

¹Physician Consortium for Performance Improvement®(PCPI) - For more information on measures developed by the Physician Consortium for Performance Improvement® (PCPI), see the appropriate Payor website.

²National Committee on Quality Assurance (NCQA), Health Employer Data Information Set (HEDIS®), www.ncqa.org

³The Joint Commission, <https://www.jointcommission.org>

⁴National Diabetes Quality Improvement Alliance (NDQIA) - For more information on measures developed by the National Diabetes Quality Improvement Alliance (NDQIA), see the appropriate Payor website.

⁵Joint measure from The Physician Consortium for Performance Improvement (PCPI), and National Committee on Quality Assurance (NCQA) - For more information on measures developed as joint measures from Physician Consortium for Performance Improvement and the National Committee on Quality Assurance (NCQA), visit the NCQA website at www.ncqa.org.

⁶The Society of Thoracic Surgeons at www.sts.org and National Quality Forum, www.qualityforum.org.

⁷Optum, www.optum.com.

⁸American Academy of Neurology, <https://www.aan.com/practice/neuromuscular-quality-measures>, or quality@aan.com.

⁹College of American Pathologists (CAP), <https://www.cap.org/advocacy/quality-payment-program-for-pathologists/mips-for-pathologists/2023-pathology-quality-measures>.

¹⁰American Gastroenterological Association (AGA), www.gastro.org/quality.

¹¹American Society of Anesthesiologists (ASA), www.asahq.org.

¹²American College of Gastroenterology (ACG), www.gi.org; American Gastroenterological Association (AGA), www.gastro.org; and American Society for Gastrointestinal Endoscopy (ASGE), www.asge.org.

Rheumatoid Arthritis (RA)		
Brief Description of Performance Measure & Source	CPT Category II Code(s)	Code Descriptor(s)
<p>All patients aged 18 years and older with a diagnosis of rheumatoid arthritis.</p> <p>Exclusion(s):</p> <p>Documentation of medical reasons (patient diagnosed with HIV, members who have diagnosis for pregnancy during the reporting period) for not dispensing or dispersing a disease modifying anti-rheumatic drug therapy.</p> <p>The percentage of patients who were diagnosed with rheumatoid arthritis and who were dispensed at least one ambulatory prescription for a disease modifying anti-rheumatic drug (DMARD) during the reporting year</p> <p>Reporting Instructions:</p> <p>Report this code for a patient at least once during the measurement year for patients identified in the eligible population. For patient with appropriate exclusion criteria report 4187F with modifier 1P</p>		
Functional Status Assessment⁵		

Footnotes

¹Physician Consortium for Performance Improvement®(PCPI) - For more information on measures developed by the Physician Consortium for Performance Improvement® (PCPI), see the appropriate Payor website.

²National Committee on Quality Assurance (NCQA), Health Employer Data Information Set (HEDIS®), www.ncqa.org

³The Joint Commission, <https://www.jointcommission.org>

⁴National Diabetes Quality Improvement Alliance (NDQIA) - For more information on measures developed by the National Diabetes Quality Improvement Alliance (NDQIA), see the appropriate Payor website.

⁵Joint measure from The Physician Consortium for Performance Improvement (PCPI), and National Committee on Quality Assurance (NCQA) - For more information on measures developed as joint measures from Physician Consortium for Performance Improvement and the National Committee on Quality Assurance (NCQA), visit the NCQA website at www.ncqa.org.

⁶The Society of Thoracic Surgeons at www.sts.org and National Quality Forum, www.qualityforum.org.

⁷Optum, www.optum.com.

⁸American Academy of Neurology, <https://www.aan.com/practice/neuromuscular-quality-measures>, or quality@aan.com.

⁹College of American Pathologists (CAP), <https://www.cap.org/advocacy/quality-payment-program-for-pathologists/mips-for-pathologists/2023-pathology-quality-measures>.

¹⁰American Gastroenterological Association (AGA), www.gastro.org/quality.

¹¹American Society of Anesthesiologists (ASA), www.asahq.org.

¹²American College of Gastroenterology (ACG), www.gi.org; American Gastroenterological Association (AGA), www.gastro.org; and American Society for Gastrointestinal Endoscopy (ASGE), www.asge.org.

Rheumatoid Arthritis (RA)		
Brief Description of Performance Measure & Source	CPT Category II Code(s)	Code Descriptor(s)
<p>Whether or not the patient aged 18 years and older with a diagnosis of rheumatoid arthritis (RA) has a functional status assessment performed at least once within twelve months</p> <p>Numerator: Patients who have functional status assessed* at least once within twelve months.</p> <p>*Documentation of an assessment using a standardized descriptive or numeric scale, standardized questionnaire, or notation of assessment of the impact of RA on patient activities of daily living**. Examples of tools used to assess functional status include: Health Assessment Questionnaire (HAQ), Modified HAQ, HAQ-2; American College of Rheumatology's Classification of Functional Status in Rheumatoid Arthritis</p> <p>**Activities of daily living could include a description of any of the following: dressing/grooming, rising from sitting, walking/running/ability to ambulate, stairclimbing, reaching, gripping, shopping/running errands/house or yard work</p>	1170F	Functional status assessed

Footnotes

¹Physician Consortium for Performance Improvement®(PCPI) - For more information on measures developed by the Physician Consortium for Performance Improvement® (PCPI), see the appropriate Payor website.

²National Committee on Quality Assurance (NCQA), Health Employer Data Information Set (HEDIS®), www.ncqa.org

³The Joint Commission, <https://www.jointcommission.org>

⁴National Diabetes Quality Improvement Alliance (NDQIA) - For more information on measures developed by the National Diabetes Quality Improvement Alliance (NDQIA), see the appropriate Payor website.

⁵Joint measure from The Physician Consortium for Performance Improvement (PCPI), and National Committee on Quality Assurance (NCQA) - For more information on measures developed as joint measures from Physician Consortium for Performance Improvement and the National Committee on Quality Assurance (NCQA), visit the NCQA website at www.ncqa.org.

⁶The Society of Thoracic Surgeons at www.sts.org and National Quality Forum, www.qualityforum.org.

⁷Optum, www.optum.com.

⁸American Academy of Neurology, <https://www.aan.com/practice/neuromuscular-quality-measures>, or quality@aan.com.

⁹College of American Pathologists (CAP), <https://www.cap.org/advocacy/quality-payment-program-for-pathologists/mips-for-pathologists/2023-pathology-quality-measures>.

¹⁰American Gastroenterological Association (AGA), www.gastro.org/quality.

¹¹American Society of Anesthesiologists (ASA), www.asahq.org.

¹²American College of Gastroenterology (ACG), www.gi.org; American Gastroenterological Association (AGA), www.gastro.org; and American Society for Gastrointestinal Endoscopy (ASGE), www.asge.org.

Rheumatoid Arthritis (RA)		
Brief Description of Performance Measure & Source	CPT Category II Code(s)	Code Descriptor(s)
<p>Denominator: All patients 18 years and older with a diagnosis of rheumatoid arthritis (RA)</p> <p>Exclusion(s): None</p> <p>Percentage of patients 18 years and older with a diagnosis of rheumatoid arthritis (RA) for whom a functional status assessment was performed at least once within twelve months.</p> <p>Reporting Instructions:</p> <p>There are no performance exclusions for this measure; modifiers 1P, 2P or 3P may not be used.</p>		

Footnotes

¹Physician Consortium for Performance Improvement®(PCPI) - For more information on measures developed by the Physician Consortium for Performance Improvement® (PCPI), see the appropriate Payor website.

²National Committee on Quality Assurance (NCQA), Health Employer Data Information Set (HEDIS®), www.ncqa.org

³The Joint Commission, <https://www.jointcommission.org>

⁴National Diabetes Quality Improvement Alliance (NDQIA) - For more information on measures developed by the National Diabetes Quality Improvement Alliance (NDQIA), see the appropriate Payor website.

⁵Joint measure from The Physician Consortium for Performance Improvement (PCPI), and National Committee on Quality Assurance (NCQA) - For more information on measures developed as joint measures from Physician Consortium for Performance Improvement and the National Committee on Quality Assurance (NCQA), visit the NCQA website at www.ncqa.org.

⁶The Society of Thoracic Surgeons at www.sts.org and National Quality Forum, www.qualityforum.org.

⁷Optum, www.optum.com.

⁸American Academy of Neurology, <https://www.aan.com/practice/neuromuscular-quality-measures>, or quality@aan.com.

⁹College of American Pathologists (CAP), <https://www.cap.org/advocacy/quality-payment-program-for-pathologists/mips-for-pathologists/2023-pathology-quality-measures>.

¹⁰American Gastroenterological Association (AGA), www.gastro.org/quality.

¹¹American Society of Anesthesiologists (ASA), www.asahq.org.

¹²American College of Gastroenterology (ACG), www.gi.org; American Gastroenterological Association (AGA), www.gastro.org; and American Society for Gastrointestinal Endoscopy (ASGE), www.asge.org.

<p>Glucocorticoid Management⁵</p> <p>Whether or not the patient aged 18 years and older with a diagnosis of rheumatoid arthritis has been assessed for glucocorticoid use at least once within 12 months and, for those on prolonged doses of prednisone 10 mg daily (or equivalent), has documentation of a glucocorticoid management plan.</p> <p>Numerator: Patients who have been assessed for glucocorticoid use and for those on prolonged doses of prednisone ≥ 10 mg daily (or equivalent*) with worsening disease activity who have a glucocorticoid management plan** documented within 12 months</p> <p>*Prednisone equivalents can be determined using the following:</p> <p>1 mg of prednisone =</p> <p>1 mg of prednisolone;</p> <p>5 mg of cortisone;</p> <p>4 mg of hydrocortisone;</p> <p>0.8 mg of triamcinolone;</p>	<p>4192F</p> <p>4193F</p> <p>4194F</p> <p>0540F</p>	<p>Patient not receiving glucocorticoid therapy</p> <p>Patient receiving <10 mg daily prednisone (or equivalent), or RA activity is worsening, or glucocorticoid use is for less than 6 months</p> <p>Patient receiving ≥ 10 mg daily prednisone (or equivalent) for longer than 6 months, and improvement or no change in disease activity</p> <p>Glucocorticoid management plan documented</p>
--	---	---

Footnotes

¹Physician Consortium for Performance Improvement®(PCPI) - For more information on measures developed by the Physician Consortium for Performance Improvement® (PCPI), see the appropriate Payor website.

²National Committee on Quality Assurance (NCQA), Health Employer Data Information Set (HEDIS®), www.ncqa.org

³The Joint Commission, <https://www.jointcommission.org>

⁴National Diabetes Quality Improvement Alliance (NDQIA) - For more information on measures developed by the National Diabetes Quality Improvement Alliance (NDQIA), see the appropriate Payor website.

⁵Joint measure from The Physician Consortium for Performance Improvement (PCPI), and National Committee on Quality Assurance (NCQA) - For more information on measures developed as joint measures from Physician Consortium for Performance Improvement and the National Committee on Quality Assurance (NCQA), visit the NCQA website at www.ncqa.org.

⁶The Society of Thoracic Surgeons at www.sts.org and National Quality Forum, www.qualityforum.org.

⁷Optum, www.optum.com.

⁸American Academy of Neurology, <https://www.aan.com/practice/neuromuscular-quality-measures>, or quality@aan.com.

⁹College of American Pathologists (CAP), <https://www.cap.org/advocacy/quality-payment-program-for-pathologists/mips-for-pathologists/2023-pathology-quality-measures>.

¹⁰American Gastroenterological Association (AGA), www.gastro.org/quality.

¹¹American Society of Anesthesiologists (ASA), www.asahq.org.

¹²American College of Gastroenterology (ACG), www.gi.org; American Gastroenterological Association (AGA), www.gastro.org; and American Society for Gastrointestinal Endoscopy (ASGE), www.asge.org.

<p>0.8 mg of methylprednisolone;</p> <p>0.15 mg of dexamethasone;</p> <p>0.15 mg of betamethasone</p> <p>**Glucocorticoid management plan: documentation of attempt to taper steroids OR documentation of a new prescription for a non-glucocorticoid DMARD OR increase in dose of non-glucocorticoid DMARD for persistent RA disease activity at current to reduced dose.</p> <p>Denominator: All patients 18 years and older with a diagnosis of rheumatoid arthritis (RA)</p> <p>Exclusion(s): Documentation of medical reason(s) for not documenting glucocorticoid dose (ie, glucocorticoid prescription is for a medical condition other than RA)</p> <p>Percentage of patients 18 years and older with a diagnosis of rheumatoid arthritis (RA) who have been assessed for glucocorticoid use and, for those on prolonged doses of prednisone ≥ 10 mg daily (or equivalent) with improvement or no change in disease activity, documentation of glucocorticoid management plan within 12 months</p> <p>Reporting instructions: Report 4192F, 4193F or 4194F for each patient aged 18 years and older with a diagnosis of</p>		
--	--	--

Footnotes

¹Physician Consortium for Performance Improvement®(PCPI) - For more information on measures developed by the Physician Consortium for Performance Improvement® (PCPI), see the appropriate Payor website.

²National Committee on Quality Assurance (NCQA), Health Employer Data Information Set (HEDIS®), www.ncqa.org

³The Joint Commission, <https://www.jointcommission.org>

⁴National Diabetes Quality Improvement Alliance (NDQIA) - For more information on measures developed by the National Diabetes Quality Improvement Alliance (NDQIA), see the appropriate Payor website.

⁵Joint measure from The Physician Consortium for Performance Improvement (PCPI), and National Committee on Quality Assurance (NCQA) - For more information on measures developed as joint measures from Physician Consortium for Performance Improvement and the National Committee on Quality Assurance (NCQA), visit the NCQA website at www.ncqa.org.

⁶The Society of Thoracic Surgeons at www.sts.org and National Quality Forum, www.qualityforum.org.

⁷Optum, www.optum.com.

⁸American Academy of Neurology, <https://www.aan.com/practice/neuromuscular-quality-measures>, or quality@aan.com.

⁹College of American Pathologists (CAP), <https://www.cap.org/advocacy/quality-payment-program-for-pathologists/mips-for-pathologists/2023-pathology-quality-measures>.

¹⁰American Gastroenterological Association (AGA), www.gastro.org/quality.

¹¹American Society of Anesthesiologists (ASA), www.asahq.org.

¹²American College of Gastroenterology (ACG), www.gi.org; American Gastroenterological Association (AGA), www.gastro.org; and American Society for Gastrointestinal Endoscopy (ASGE), www.asge.org.

<p>rheumatoid arthritis. If 4194F, and a glucocorticoid management plan is documented, also report 0540F. For patients with appropriate exclusion criteria, report 0540F with modifier 1P.</p>		
<p>Tuberculosis Screening⁵ Whether or not the patient aged 18 years and older with a diagnosis of Rheumatoid Arthritis (RA) has documentation of tuberculosis (TB) screening performed and results interpreted within 6 months prior to receiving a first course of therapy using a biologic disease-modifying antirheumatic drug (DMARD) Numerator: Patients for whom a TB screening was performed and results interpreted within 6 months prior to receiving a first course* of therapy using a biologic DMARD Denominator: All patients 18 years and older with a diagnosis of Rheumatoid Arthritis (RA) who are receiving a first course of therapy using a biologic disease-modifying antirheumatic drug (DMARD) *First Course of Therapy: only patients who have previously never been prescribed or dispensed biologic DMARD therapy should be included in this measure. Exclusion(s): Documentation of medical reason(s) for not performing TB screening and interpreting results (ie, patient positive for TB and documentation of past treatment; patient who has recently completed a course of anti-TB therapy)</p>	<p>3455F</p> <p>Denominator Codes</p> <p>4195F</p> <p>4196F</p>	<p>TB screening performed and results interpreted within six months prior to initiation of first-time biologic disease modifying anti-rheumatic drug therapy for RA</p> <p>Patient receiving first-time biologic disease modifying anti-rheumatic drug therapy for rheumatoid arthritis</p> <p>Patient not receiving first-time biologic disease modifying anti-</p>

Footnotes

¹Physician Consortium for Performance Improvement®(PCPI) - For more information on measures developed by the Physician Consortium for Performance Improvement® (PCPI), see the appropriate Payor website.

²National Committee on Quality Assurance (NCQA), Health Employer Data Information Set (HEDIS®), www.ncqa.org

³The Joint Commission, <https://www.jointcommission.org>

⁴National Diabetes Quality Improvement Alliance (NDQIA) - For more information on measures developed by the National Diabetes Quality Improvement Alliance (NDQIA), see the appropriate Payor website.

⁵Joint measure from The Physician Consortium for Performance Improvement (PCPI), and National Committee on Quality Assurance (NCQA) - For more information on measures developed as joint measures from Physician Consortium for Performance Improvement and the National Committee on Quality Assurance (NCQA), visit the NCQA website at www.ncqa.org.

⁶The Society of Thoracic Surgeons at www.sts.org and National Quality Forum, www.qualityforum.org.

⁷Optum, www.optum.com.

⁸American Academy of Neurology, <https://www.aan.com/practice/neuromuscular-quality-measures>, or quality@aan.com.

⁹College of American Pathologists (CAP), <https://www.cap.org/advocacy/quality-payment-program-for-pathologists/mips-for-pathologists/2023-pathology-quality-measures>.

¹⁰American Gastroenterological Association (AGA), www.gastro.org/quality.

¹¹American Society of Anesthesiologists (ASA), www.asahq.org.

¹²American College of Gastroenterology (ACG), www.gi.org; American Gastroenterological Association (AGA), www.gastro.org; and American Society for Gastrointestinal Endoscopy (ASGE), www.asge.org.

<p>Percentage of patients 18 years and older with a diagnosis of Rheumatoid Arthritis (RA) who have documentation of a tuberculosis (TB) screening performed and results interpreted within 6 months prior to receiving a first course of therapy using a biologic disease-modifying antirheumatic drug (DMARD)</p> <p>Reporting Instructions: Report 4195F or 4196F for each patient aged 18 years and older with a diagnosis of Rheumatoid Arthritis and who are being considered or prescribed a first course of biologic disease modifying anti-rheumatic drug therapy during the reporting period. If the patient is receiving a first course of therapy using a biologic disease-modifying antirheumatic drug report 4195F, and patient has TB screening performed and results interpreted within six months prior to a first prescription for a biologic DMARD, also report 3455F. For patient with appropriate exclusion criteria, report 3455F with modifier 1P.</p>		<p>rheumatic drug therapy for rheumatoid arthritis</p>
---	--	--

Footnotes

¹Physician Consortium for Performance Improvement®(PCPI) - For more information on measures developed by the Physician Consortium for Performance Improvement® (PCPI), see the appropriate Payor website.

²National Committee on Quality Assurance (NCQA), Health Employer Data Information Set (HEDIS®), www.ncqa.org

³The Joint Commission, <https://www.jointcommission.org>

⁴National Diabetes Quality Improvement Alliance (NDQIA) - For more information on measures developed by the National Diabetes Quality Improvement Alliance (NDQIA), see the appropriate Payor website.

⁵Joint measure from The Physician Consortium for Performance Improvement (PCPI), and National Committee on Quality Assurance (NCQA) - For more information on measures developed as joint measures from Physician Consortium for Performance Improvement and the National Committee on Quality Assurance (NCQA), visit the NCQA website at www.ncqa.org.

⁶The Society of Thoracic Surgeons at www.sts.org and National Quality Forum, www.qualityforum.org.

⁷Optum, www.optum.com.

⁸American Academy of Neurology, <https://www.aan.com/practice/neuromuscular-quality-measures>, or quality@aan.com.

⁹College of American Pathologists (CAP), <https://www.cap.org/advocacy/quality-payment-program-for-pathologists/mips-for-pathologists/2023-pathology-quality-measures>.

¹⁰American Gastroenterological Association (AGA), www.gastro.org/quality.

¹¹American Society of Anesthesiologists (ASA), www.asahq.org.

¹²American College of Gastroenterology (ACG), www.gi.org; American Gastroenterological Association (AGA), www.gastro.org; and American Society for Gastrointestinal Endoscopy (ASGE), www.asge.org.

<p>Periodic Assessment of Disease Activity⁵</p> <p>Whether or not the patient aged 18 years and older with a diagnosis of rheumatoid arthritis (RA) has an assessment and classification of disease activity at least once within 12 months</p> <p>Numerator: Patients with disease activity assessed at least once within 12 months by a standardized descriptive or numeric scale or composite index* and classified into one of the following categories: low, moderate or high</p> <p>* Standardized descriptive or numeric scales and/or composite indexes could include but are not limited to: DAS28, SDAI, CDAI, RADAI, RAPID</p> <p>Denominator: All patients 18 years and older with a diagnosis of Rheumatoid Arthritis (RA)</p> <p>Exclusion(s): None</p> <p>Percentage of patients aged 18 years and older with a diagnosis of Rheumatoid Arthritis (RA) who have an assessment and classification of disease activity at least once within 12 months.</p> <p>Reporting Instructions: There are no performance exclusions for this measure; modifiers 1P, 2P or 3P may not be used.</p>	<p>3470F</p> <p>3471F</p> <p>3472F</p>	<p>Rheumatoid arthritis (RA) disease activity, low</p> <p>Rheumatoid arthritis (RA) disease activity, moderate</p> <p>Rheumatoid arthritis (RA) disease activity, high</p>
---	--	--

Footnotes

¹Physician Consortium for Performance Improvement®(PCPI) - For more information on measures developed by the Physician Consortium for Performance Improvement® (PCPI), see the appropriate Payor website.

²National Committee on Quality Assurance (NCQA), Health Employer Data Information Set (HEDIS®), www.ncqa.org

³The Joint Commission, <https://www.jointcommission.org>

⁴National Diabetes Quality Improvement Alliance (NDQIA) - For more information on measures developed by the National Diabetes Quality Improvement Alliance (NDQIA), see the appropriate Payor website.

⁵Joint measure from The Physician Consortium for Performance Improvement (PCPI), and National Committee on Quality Assurance (NCQA) - For more information on measures developed as joint measures from Physician Consortium for Performance Improvement and the National Committee on Quality Assurance (NCQA), visit the NCQA website at www.ncqa.org.

⁶The Society of Thoracic Surgeons at www.sts.org and National Quality Forum, www.qualityforum.org.

⁷Optum, www.optum.com.

⁸American Academy of Neurology, <https://www.aan.com/practice/neuromuscular-quality-measures>, or quality@aan.com.

⁹College of American Pathologists (CAP), <https://www.cap.org/advocacy/quality-payment-program-for-pathologists/mips-for-pathologists/2023-pathology-quality-measures>.

¹⁰American Gastroenterological Association (AGA), www.gastro.org/quality.

¹¹American Society of Anesthesiologists (ASA), www.asahq.org.

¹²American College of Gastroenterology (ACG), www.gi.org; American Gastroenterological Association (AGA), www.gastro.org; and American Society for Gastrointestinal Endoscopy (ASGE), www.asge.org.

<p>Assessment and Classification of Disease Prognosis⁵</p> <p>Whether or not the patient aged 18 years and older with a diagnosis of Rheumatoid Arthritis (RA) has an assessment and classification of disease prognosis at least once within 12 months</p> <p>Numerator: Patients with at least one documented assessment and classification (good/poor) of disease prognosis utilizing clinical markers* within 12 months</p> <p>*Prognostic classification should be based upon at a minimum the following markers of poor prognosis: functional limitation (eg, HAQ Disability Index), extraarticular disease (eg, vasculitis, Sjörger’s syndrome, RA lung disease, rheumatoid nodules), RF positivity, positive anti-CCP antibodies (both characterized dichotomously, per CEP recommendation), and/or bony erosions by radiography</p> <p>Denominator: All patients 18 years and older with a diagnosis of Rheumatoid Arthritis (RA)</p> <p>Exclusion(s): None</p> <p>Percentage of patients aged 18 years and older with a diagnosis of Rheumatoid Arthritis (RA) who have an assessment and classification of disease prognosis at least once within 12 months</p> <p>Reporting Instructions: There are no performance exclusions for this measure; modifiers 1P, 2P or 3P may not be used.</p>	<p>3475F</p> <p>3476F</p>	<p>Disease prognosis for rheumatoid arthritis assessed, poor prognosis documented</p> <p>Disease prognosis for rheumatoid arthritis assessed, good prognosis documented</p>
--	------------------------------	--

Footnotes

¹Physician Consortium for Performance Improvement®(PCPI) - For more information on measures developed by the Physician Consortium for Performance Improvement® (PCPI), see the appropriate Payor website.

²National Committee on Quality Assurance (NCQA), Health Employer Data Information Set (HEDIS®), www.ncqa.org

³The Joint Commission, <https://www.jointcommission.org>

⁴National Diabetes Quality Improvement Alliance (NDQIA) - For more information on measures developed by the National Diabetes Quality Improvement Alliance (NDQIA), see the appropriate Payor website.

⁵Joint measure from The Physician Consortium for Performance Improvement (PCPI), and National Committee on Quality Assurance (NCQA) - For more information on measures developed as joint measures from Physician Consortium for Performance Improvement and the National Committee on Quality Assurance (NCQA), visit the NCQA website at www.ncqa.org.

⁶The Society of Thoracic Surgeons at www.sts.org and National Quality Forum, www.qualityforum.org.

⁷Optum, www.optum.com.

⁸American Academy of Neurology, <https://www.aan.com/practice/neuromuscular-quality-measures>, or quality@aan.com.

⁹College of American Pathologists (CAP), <https://www.cap.org/advocacy/quality-payment-program-for-pathologists/mips-for-pathologists/2023-pathology-quality-measures>.

¹⁰American Gastroenterological Association (AGA), www.gastro.org/quality.

¹¹American Society of Anesthesiologists (ASA), www.asahq.org.

¹²American College of Gastroenterology (ACG), www.gi.org; American Gastroenterological Association (AGA), www.gastro.org; and American Society for Gastrointestinal Endoscopy (ASGE), www.asge.org.

Screening Colonoscopy Adenoma Detection Rate (SCADR)		
Brief Description of Performance Measure & Source	CPT Category II Code(s)	Code Descriptor(s)

Footnotes

¹**Physician Consortium for Performance Improvement®(PCPI)** - For more information on measures developed by the Physician Consortium for Performance Improvement® (PCPI), see the appropriate Payor website.

²**National Committee on Quality Assurance (NCQA)**, Health Employer Data Information Set (HEDIS®), www.ncqa.org

³**The Joint Commission**, <https://www.jointcommission.org>

⁴**National Diabetes Quality Improvement Alliance (NDQIA)** - For more information on measures developed by the National Diabetes Quality Improvement Alliance (NDQIA), see the appropriate Payor website.

⁵Joint measure from **The Physician Consortium for Performance Improvement (PCPI)**, and **National Committee on Quality Assurance (NCQA)** - For more information on measures developed as joint measures from Physician Consortium for Performance Improvement and the National Committee on Quality Assurance (NCQA), visit the NCQA website at www.ncqa.org.

⁶**The Society of Thoracic Surgeons** at www.sts.org and **National Quality Forum**, www.qualityforum.org.

⁷**Optum**, www.optum.com.

⁸**American Academy of Neurology**, <https://www.aan.com/practice/neuromuscular-quality-measures>, or quality@aan.com.

⁹**College of American Pathologists (CAP)**, <https://www.cap.org/advocacy/quality-payment-program-for-pathologists/mips-for-pathologists/2023-pathology-quality-measures>.

¹⁰**American Gastroenterological Association (AGA)**, www.gastro.org/quality.

¹¹**American Society of Anesthesiologists (ASA)**, www.asahq.org.

¹²**American College of Gastroenterology (ACG)**, www.gi.org; **American Gastroenterological Association (AGA)**, www.gastro.org; and **American Society for Gastrointestinal Endoscopy (ASGE)**, www.asge.org.

Footnotes

¹**Physician Consortium for Performance Improvement®(PCPI)** - For more information on measures developed by the Physician Consortium for Performance Improvement® (PCPI), see the appropriate Payor website.

²**National Committee on Quality Assurance (NCQA)**, Health Employer Data Information Set (HEDIS®), www.ncqa.org

³**The Joint Commission**, <https://www.jointcommission.org>

⁴**National Diabetes Quality Improvement Alliance (NDQIA)** - For more information on measures developed by the National Diabetes Quality Improvement Alliance (NDQIA), see the appropriate Payor website.

⁵Joint measure from **The Physician Consortium for Performance Improvement (PCPI)**, and **National Committee on Quality Assurance (NCQA)** - For more information on measures developed as joint measures from Physician Consortium for Performance Improvement and the National Committee on Quality Assurance (NCQA), visit the NCQA website at www.ncqa.org.

⁶*The Society of Thoracic Surgeons* at www.sts.org and *National Quality Forum*, www.qualityforum.org.

⁷**Optum**, www.optum.com.

⁸**American Academy of Neurology**, <https://www.aan.com/practice/neuromuscular-quality-measures>, or quality@aan.com.

⁹**College of American Pathologists (CAP)**, <https://www.cap.org/advocacy/quality-payment-program-for-pathologists/mips-for-pathologists/2023-pathology-quality-measures>.

¹⁰**American Gastroenterological Association (AGA)**, www.gastro.org/quality.

¹¹**American Society of Anesthesiologists (ASA)**, www.asahq.org.

¹²**American College of Gastroenterology (ACG)**, www.gi.org; **American Gastroenterological Association (AGA)**, www.gastro.org; and **American Society for Gastrointestinal Endoscopy (ASGE)**, www.asge.org.

Stroke and Stroke Rehabilitation (STR)		
Brief Description of Performance Measure & Source and Reporting Instructions	CPT Category II Code(s)	Code Descriptor(s)
<p>Deep Vein Thrombosis Prophylaxis (DVT) for Ischemic Stroke or Intracranial Hemorrhage⁵</p> <p>Whether or not the patient aged 18 years and older with the diagnosis of ischemic stroke OR intracranial hemorrhage received DVT prophylaxis by end of hospital day 2</p> <p>Numerator: Patients who received Deep Vein Thrombosis (DVT) prophylaxis by end of hospital day 2</p> <p>Definition: For purposes of this measure, DVT prophylaxis can include Low Molecular Weight Heparin (LMWH), Low-Dose Unfractionated Heparin (LDUH), intravenous heparin, low-dose subcutaneous heparin, or intermittent pneumatic compression devices</p> <p>Denominator: All patients aged 18 years and older with the diagnosis of ischemic stroke OR intracranial hemorrhage</p> <p>Exclusion(s): Documentation of medical reason(s) (including physician documentation that patient is ambulatory) for not receiving DVT prophylaxis by end of hospital day 2; documentation of patient reason(s) for not receiving DVT prophylaxis by end of hospital day 2</p>	4070F	Deep Vein Thrombosis (DVT) prophylaxis received by end of hospital day 2

Footnotes

¹Physician Consortium for Performance Improvement®(PCPI) - For more information on measures developed by the Physician Consortium for Performance Improvement® (PCPI), see the appropriate Payor website.

²National Committee on Quality Assurance (NCQA), Health Employer Data Information Set (HEDIS®), www.ncqa.org

³The Joint Commission, <https://www.jointcommission.org>

⁴National Diabetes Quality Improvement Alliance (NDQIA) - For more information on measures developed by the National Diabetes Quality Improvement Alliance (NDQIA), see the appropriate Payor website.

⁵Joint measure from The Physician Consortium for Performance Improvement (PCPI), and National Committee on Quality Assurance (NCQA) - For more information on measures developed as joint measures from Physician Consortium for Performance Improvement and the National Committee on Quality Assurance (NCQA), visit the NCQA website at www.ncqa.org.

⁶The Society of Thoracic Surgeons at www.sts.org and National Quality Forum, www.qualityforum.org.

⁷Optum, www.optum.com.

⁸American Academy of Neurology, <https://www.aan.com/practice/neuromuscular-quality-measures>, or quality@aan.com.

⁹College of American Pathologists (CAP), <https://www.cap.org/advocacy/quality-payment-program-for-pathologists/mips-for-pathologists/2023-pathology-quality-measures>.

¹⁰American Gastroenterological Association (AGA), www.gastro.org/quality.

¹¹American Society of Anesthesiologists (ASA), www.asahq.org.

¹²American College of Gastroenterology (ACG), www.gi.org; American Gastroenterological Association (AGA), www.gastro.org; and American Society for Gastrointestinal Endoscopy (ASGE), www.asge.org.

Stroke and Stroke Rehabilitation (STR)		
Brief Description of Performance Measure & Source and Reporting Instructions	CPT Category II Code(s)	Code Descriptor(s)
<p>Percentage of patients aged 18 years and older with the diagnosis of ischemic stroke OR intracranial hemorrhage who received DVT prophylaxis by end of hospital day 2</p> <p>Reporting Instructions: For patient with appropriate exclusion criteria report 4070F with modifier 1P or 2P.</p>		
<p>Discharged on Antiplatelet Therapy⁵</p> <p>Whether or not the patient aged 18 years and older with the diagnosis of ischemic stroke or TIA was prescribed antiplatelet therapy at discharge</p> <p>Numerator: Patients who were prescribed antiplatelet therapy at discharge</p> <p>Definition: Antiplatelet therapy: aspirin, combination of aspirin and extended-release dipyridamole, clopidogrel, ticlopidine</p> <p>Denominator: All patients aged 18 years and older with a diagnosis of ischemic stroke or TIA</p> <p>Exclusion(s): Documentation of medical reason(s) (including documentation that patient is on anticoagulation therapy) for not prescribing antiplatelet therapy at discharge;</p>	4073F	Oral antiplatelet therapy prescribed at discharge

Footnotes

¹Physician Consortium for Performance Improvement®(PCPI) - For more information on measures developed by the Physician Consortium for Performance Improvement® (PCPI), see the appropriate Payor website.

²National Committee on Quality Assurance (NCQA), Health Employer Data Information Set (HEDIS®), www.ncqa.org

³The Joint Commission, <https://www.jointcommission.org>

⁴National Diabetes Quality Improvement Alliance (NDQIA) - For more information on measures developed by the National Diabetes Quality Improvement Alliance (NDQIA), see the appropriate Payor website.

⁵Joint measure from The Physician Consortium for Performance Improvement (PCPI), and National Committee on Quality Assurance (NCQA) - For more information on measures developed as joint measures from Physician Consortium for Performance Improvement and the National Committee on Quality Assurance (NCQA), visit the NCQA website at www.ncqa.org.

⁶The Society of Thoracic Surgeons at www.sts.org and National Quality Forum, www.qualityforum.org.

⁷Optum, www.optum.com.

⁸American Academy of Neurology, <https://www.aan.com/practice/neuromuscular-quality-measures>, or quality@aan.com.

⁹College of American Pathologists (CAP), <https://www.cap.org/advocacy/quality-payment-program-for-pathologists/mips-for-pathologists/2023-pathology-quality-measures>.

¹⁰American Gastroenterological Association (AGA), www.gastro.org/quality.

¹¹American Society of Anesthesiologists (ASA), www.asahq.org.

¹²American College of Gastroenterology (ACG), www.gi.org; American Gastroenterological Association (AGA), www.gastro.org; and American Society for Gastrointestinal Endoscopy (ASGE), www.asge.org.

Stroke and Stroke Rehabilitation (STR)		
Brief Description of Performance Measure & Source and Reporting Instructions	CPT Category II Code(s)	Code Descriptor(s)
<p>documentation of patient reason(s) for not prescribing antiplatelet therapy at discharge</p> <p>Percentage of patients aged 18 years and older with a diagnosis of ischemic stroke or TIA who were prescribed antiplatelet therapy at discharge</p> <p>Reporting Instructions: For patient with appropriate exclusion criteria report 4073F with modifier 1P or 2P.</p>		
<p>Anticoagulant Therapy Prescribed for Atrial Fibrillation at Discharge⁵</p> <p>Whether or not the patient aged 18 years and older with the diagnosis of ischemic stroke or TIA with documented permanent, persistent, or paroxysmal atrial fibrillation was prescribed an anticoagulant at discharge</p> <p>Numerator: Patients who were prescribed an anticoagulant at discharge</p> <p>Denominator: All patients aged 18 years and older with the diagnosis of ischemic stroke or TIA with documented permanent, persistent, or paroxysmal atrial fibrillation</p>		

Footnotes

¹Physician Consortium for Performance Improvement®(PCPI) - For more information on measures developed by the Physician Consortium for Performance Improvement® (PCPI), see the appropriate Payor website.

²National Committee on Quality Assurance (NCQA), Health Employer Data Information Set (HEDIS®), www.ncqa.org

³The Joint Commission, <https://www.jointcommission.org>

⁴National Diabetes Quality Improvement Alliance (NDQIA) - For more information on measures developed by the National Diabetes Quality Improvement Alliance (NDQIA), see the appropriate Payor website.

⁵Joint measure from The Physician Consortium for Performance Improvement (PCPI), and National Committee on Quality Assurance (NCQA) - For more information on measures developed as joint measures from Physician Consortium for Performance Improvement and the National Committee on Quality Assurance (NCQA), visit the NCQA website at www.ncqa.org.

⁶The Society of Thoracic Surgeons at www.sts.org and National Quality Forum, www.qualityforum.org.

⁷Optum, www.optum.com.

⁸American Academy of Neurology, <https://www.aan.com/practice/neuromuscular-quality-measures>, or quality@aan.com.

⁹College of American Pathologists (CAP), <https://www.cap.org/advocacy/quality-payment-program-for-pathologists/mips-for-pathologists/2023-pathology-quality-measures>.

¹⁰American Gastroenterological Association (AGA), www.gastro.org/quality.

¹¹American Society of Anesthesiologists (ASA), www.asahq.org.

¹²American College of Gastroenterology (ACG), www.gi.org; American Gastroenterological Association (AGA), www.gastro.org; and American Society for Gastrointestinal Endoscopy (ASGE), www.asge.org.

Stroke and Stroke Rehabilitation (STR)		
Brief Description of Performance Measure & Source and Reporting Instructions	CPT Category II Code(s)	Code Descriptor(s)
<p>Exclusion(s): Documentation of medical reason(s) for not prescribing an anticoagulant at discharge; documentation of patient reason(s) for not prescribing an anticoagulant at discharge</p> <p>Percentage of patients aged 18 years and older with the diagnosis of ischemic stroke or TIA with documented permanent, persistent, or paroxysmal atrial fibrillation who were prescribed an anticoagulant at discharge</p> <p>Reporting Instructions: Report 1060F or 1061F for each patient. If anticoagulant therapy prescribed at discharge, also report 4075F. For patient with appropriate exclusion criteria report 4075F with modifier 1P or 2P.</p>	<p>4075F</p> <p>Denominator codes</p> <p>1060F</p> <p>1061F</p>	<p>Anticoagulant therapy prescribed at discharge</p> <p>Documentation of permanent OR persistent OR paroxysmal atrial fibrillation</p>

Footnotes

¹Physician Consortium for Performance Improvement®(PCPI) - For more information on measures developed by the Physician Consortium for Performance Improvement® (PCPI), see the appropriate Payor website.

²National Committee on Quality Assurance (NCQA), Health Employer Data Information Set (HEDIS®), www.ncqa.org

³The Joint Commission, <https://www.jointcommission.org>

⁴National Diabetes Quality Improvement Alliance (NDQIA) - For more information on measures developed by the National Diabetes Quality Improvement Alliance (NDQIA), see the appropriate Payor website.

⁵Joint measure from The Physician Consortium for Performance Improvement (PCPI), and National Committee on Quality Assurance (NCQA) - For more information on measures developed as joint measures from Physician Consortium for Performance Improvement and the National Committee on Quality Assurance (NCQA), visit the NCQA website at www.ncqa.org.

⁶The Society of Thoracic Surgeons at www.sts.org and National Quality Forum, www.qualityforum.org.

⁷Optum, www.optum.com.

⁸American Academy of Neurology, <https://www.aan.com/practice/neuromuscular-quality-measures>, or quality@aan.com.

⁹College of American Pathologists (CAP), <https://www.cap.org/advocacy/quality-payment-program-for-pathologists/mips-for-pathologists/2023-pathology-quality-measures>.

¹⁰American Gastroenterological Association (AGA), www.gastro.org/quality.

¹¹American Society of Anesthesiologists (ASA), www.asahq.org.

¹²American College of Gastroenterology (ACG), www.gi.org; American Gastroenterological Association (AGA), www.gastro.org; and American Society for Gastrointestinal Endoscopy (ASGE), www.asge.org.

Stroke and Stroke Rehabilitation (STR)		
Brief Description of Performance Measure & Source and Reporting Instructions	CPT Category II Code(s)	Code Descriptor(s)
		Documentation of absence of permanent AND persistent AND paroxysmal atrial fibrillation
<p>Tissue Plasminogen Activator (t-PA) Considered⁵ Whether or not the patient aged 18 years and older with the diagnosis of ischemic stroke whose time from symptom onset to arrival is less than 3 hours was considered for t-PA administration</p> <p>Numerator: Patients who were considered for t-PA administration (given t-PA or documented reasons for patient not being a candidate for therapy)</p>	<p>4077F</p> <p>Denominator Codes</p> <p>1065F</p>	<p>Documentation that tissue plasminogen activator (t-PA) administration was considered</p> <p>Ischemic stroke symptom onset of less than 3 hours prior to arrival</p>

Footnotes

¹Physician Consortium for Performance Improvement®(PCPI) - For more information on measures developed by the Physician Consortium for Performance Improvement® (PCPI), see the appropriate Payor website.

²National Committee on Quality Assurance (NCQA), Health Employer Data Information Set (HEDIS®), www.ncqa.org

³The Joint Commission, <https://www.jointcommission.org>

⁴National Diabetes Quality Improvement Alliance (NDQIA) - For more information on measures developed by the National Diabetes Quality Improvement Alliance (NDQIA), see the appropriate Payor website.

⁵Joint measure from The Physician Consortium for Performance Improvement (PCPI), and National Committee on Quality Assurance (NCQA) - For more information on measures developed as joint measures from Physician Consortium for Performance Improvement and the National Committee on Quality Assurance (NCQA), visit the NCQA website at www.ncqa.org.

⁶The Society of Thoracic Surgeons at www.sts.org and National Quality Forum, www.qualityforum.org.

⁷Optum, www.optum.com.

⁸American Academy of Neurology, <https://www.aan.com/practice/neuromuscular-quality-measures>, or quality@aan.com.

⁹College of American Pathologists (CAP), <https://www.cap.org/advocacy/quality-payment-program-for-pathologists/mips-for-pathologists/2023-pathology-quality-measures>.

¹⁰American Gastroenterological Association (AGA), www.gastro.org/quality.

¹¹American Society of Anesthesiologists (ASA), www.asahq.org.

¹²American College of Gastroenterology (ACG), www.gi.org; American Gastroenterological Association (AGA), www.gastro.org; and American Society for Gastrointestinal Endoscopy (ASGE), www.asge.org.

Stroke and Stroke Rehabilitation (STR)		
Brief Description of Performance Measure & Source and Reporting Instructions	CPT Category II Code(s)	Code Descriptor(s)
<p>Denominator: All patients aged 18 years and older with the diagnosis of ischemic stroke whose time from symptom onset to arrival is less than 3 hours</p> <p>Exclusion(s): None</p> <p>Percentage of patients aged 18 years and older with the diagnosis of ischemic stroke whose time from symptom onset to arrival is less than 3 hours who were considered for t-PA administration</p> <p>Reporting Instructions: Report either 1065F or 1066F for each patient. If time from symptom onset to arrival is less than 3 hours, and t-PA was considered, also report 4077F.</p>	1066F	Ischemic stroke symptom onset greater than or equal to 3 hours prior to arrival
<p>Screening for Dysphagia⁵</p> <p>Whether or not the patient aged 18 years and older with the diagnosis of ischemic stroke or intracranial hemorrhage underwent a dysphagia screening process before taking any foods, fluids or medication by mouth</p> <p>Numerator: Patients who underwent a dysphagia screening process before taking any foods, fluids or medication by mouth</p>	6010F	Dysphagia screening conducted prior to order for or receipt of any foods, fluids or medication by mouth

Footnotes

¹Physician Consortium for Performance Improvement®(PCPI) - For more information on measures developed by the Physician Consortium for Performance Improvement® (PCPI), see the appropriate Payor website.

²National Committee on Quality Assurance (NCQA), Health Employer Data Information Set (HEDIS®), www.ncqa.org

³The Joint Commission, <https://www.jointcommission.org>

⁴National Diabetes Quality Improvement Alliance (NDQIA) - For more information on measures developed by the National Diabetes Quality Improvement Alliance (NDQIA), see the appropriate Payor website.

⁵Joint measure from The Physician Consortium for Performance Improvement (PCPI), and National Committee on Quality Assurance (NCQA) - For more information on measures developed as joint measures from Physician Consortium for Performance Improvement and the National Committee on Quality Assurance (NCQA), visit the NCQA website at www.ncqa.org.

⁶The Society of Thoracic Surgeons at www.sts.org and National Quality Forum, www.qualityforum.org.

⁷Optum, www.optum.com.

⁸American Academy of Neurology, <https://www.aan.com/practice/neuromuscular-quality-measures>, or quality@aan.com.

⁹College of American Pathologists (CAP), <https://www.cap.org/advocacy/quality-payment-program-for-pathologists/mips-for-pathologists/2023-pathology-quality-measures>.

¹⁰American Gastroenterological Association (AGA), www.gastro.org/quality.

¹¹American Society of Anesthesiologists (ASA), www.asahq.org.

¹²American College of Gastroenterology (ACG), www.gi.org; American Gastroenterological Association (AGA), www.gastro.org; and American Society for Gastrointestinal Endoscopy (ASGE), www.asge.org.

Stroke and Stroke Rehabilitation (STR)		
Brief Description of Performance Measure & Source and Reporting Instructions	CPT Category II Code(s)	Code Descriptor(s)
<p>Denominator: All patients aged 18 years and older with the diagnosis of ischemic stroke or intracranial hemorrhage who receive any food, fluids or medication by mouth</p> <p>Exclusion(s): Documentation of medical reason(s) for not screening for dysphagia before taking any foods, fluids or medication by mouth</p> <p>Percentage of patients aged 18 years and older with the diagnosis of ischemic stroke or intracranial hemorrhage who underwent a dysphagia screening process before taking any foods, fluids or medication by mouth</p> <p>Reporting Instructions:</p> <p>-Report 6015F or 6020F for each patient.</p> <p>-If dysphagia screening was conducted prior to receiving food, fluid or medication by mouth or prior to ordering food, fluid, or medication by mouth, also report 6010F.</p> <p>-If patient is NPO, only report 6020F.</p> <p>For patient with appropriate exclusion criteria, report 6010F with modifier 1P.</p>	<p>Denominator Codes</p> <p>6015F</p> <p>6020F</p>	<p>Patient receiving or eligible to receive food, fluids or medication by mouth</p> <p>NPO (nothing by mouth) ordered</p>

Footnotes

¹Physician Consortium for Performance Improvement®(PCPI) - For more information on measures developed by the Physician Consortium for Performance Improvement® (PCPI), see the appropriate Payor website.

²National Committee on Quality Assurance (NCQA), Health Employer Data Information Set (HEDIS®), www.ncqa.org

³The Joint Commission, <https://www.jointcommission.org>

⁴National Diabetes Quality Improvement Alliance (NDQIA) - For more information on measures developed by the National Diabetes Quality Improvement Alliance (NDQIA), see the appropriate Payor website.

⁵Joint measure from The Physician Consortium for Performance Improvement (PCPI), and National Committee on Quality Assurance (NCQA) - For more information on measures developed as joint measures from Physician Consortium for Performance Improvement and the National Committee on Quality Assurance (NCQA), visit the NCQA website at www.ncqa.org.

⁶The Society of Thoracic Surgeons at www.sts.org and National Quality Forum, www.qualityforum.org.

⁷Optum, www.optum.com.

⁸American Academy of Neurology, <https://www.aan.com/practice/neuromuscular-quality-measures>, or quality@aan.com.

⁹College of American Pathologists (CAP), <https://www.cap.org/advocacy/quality-payment-program-for-pathologists/mips-for-pathologists/2023-pathology-quality-measures>.

¹⁰American Gastroenterological Association (AGA), www.gastro.org/quality.

¹¹American Society of Anesthesiologists (ASA), www.asahq.org.

¹²American College of Gastroenterology (ACG), www.gi.org; American Gastroenterological Association (AGA), www.gastro.org; and American Society for Gastrointestinal Endoscopy (ASGE), www.asge.org.

Stroke and Stroke Rehabilitation (STR)		
Brief Description of Performance Measure & Source and Reporting Instructions	CPT Category II Code(s)	Code Descriptor(s)
<p>Consideration of Rehabilitation Services⁵</p> <p>Whether or not consideration of rehabilitation services is documented for patients aged 18 years and older with the diagnosis of ischemic stroke or intracranial hemorrhage</p> <p>Numerator: Patients for whom consideration of rehabilitation services (ordered rehabilitation or documented that rehabilitation was not indicated) is documented</p> <p>Denominator: All patients aged 18 years and older with the diagnosis of ischemic stroke or intracranial hemorrhage</p> <p>Exclusion(s): None</p> <p>Percentage of patients aged 18 years and older with the diagnosis of ischemic stroke or intracranial hemorrhage for whom consideration of rehabilitation services is documented</p> <p>Reporting Instructions:</p> <p>Report 4079F if rehabilitation services considered (ordered or not indicated with documented reasons).</p> <p>There are no exclusions; modifiers may not be used with this measure.</p>	4079F	Documentation that rehabilitation services were considered

Footnotes

¹Physician Consortium for Performance Improvement®(PCPI) - For more information on measures developed by the Physician Consortium for Performance Improvement® (PCPI), see the appropriate Payor website.

²National Committee on Quality Assurance (NCQA), Health Employer Data Information Set (HEDIS®), www.ncqa.org

³The Joint Commission, <https://www.jointcommission.org>

⁴National Diabetes Quality Improvement Alliance (NDQIA) - For more information on measures developed by the National Diabetes Quality Improvement Alliance (NDQIA), see the appropriate Payor website.

⁵Joint measure from The Physician Consortium for Performance Improvement (PCPI), and National Committee on Quality Assurance (NCQA) - For more information on measures developed as joint measures from Physician Consortium for Performance Improvement and the National Committee on Quality Assurance (NCQA), visit the NCQA website at www.ncqa.org.

⁶The Society of Thoracic Surgeons at www.sts.org and National Quality Forum, www.qualityforum.org.

⁷Optum, www.optum.com.

⁸American Academy of Neurology, <https://www.aan.com/practice/neuromuscular-quality-measures>, or quality@aan.com.

⁹College of American Pathologists (CAP), <https://www.cap.org/advocacy/quality-payment-program-for-pathologists/mips-for-pathologists/2023-pathology-quality-measures>.

¹⁰American Gastroenterological Association (AGA), www.gastro.org/quality.

¹¹American Society of Anesthesiologists (ASA), www.asahq.org.

¹²American College of Gastroenterology (ACG), www.gi.org; American Gastroenterological Association (AGA), www.gastro.org; and American Society for Gastrointestinal Endoscopy (ASGE), www.asge.org.

Stroke and Stroke Rehabilitation (STR)		
Brief Description of Performance Measure & Source and Reporting Instructions	CPT Category II Code(s)	Code Descriptor(s)
When 4079F is not reported it indicates rehabilitation services were not considered.		
<p>Computed Tomography (CT) or Magnetic Resonance Imaging (MRI) Reports⁵</p> <p>Whether or not the final report of a CT or MRI study of the brain performed in the hospital within 24 hours of arrival (or performed in an outpatient imaging center to confirm initial diagnosis of stroke, TIA or hemorrhage) for a patient aged 18 years and older with a diagnosis of ischemic stroke or TIA or intracranial hemorrhage includes documentation of the presence or absence of the following: hemorrhage and mass lesion and acute infarction</p> <p>Numerator: Final reports of the initial CT or MRI that include documentation of the presence or absence of each of the following: hemorrhage and mass lesion and acute infarction</p> <p>Denominator: All final reports for CT or MRI studies of the brain performed either:</p> <ul style="list-style-type: none"> In the hospital within 24 hours of arrival, OR In an outpatient imaging center to confirm initial diagnosis of stroke, TIA or hemorrhage, 	<p>3110F</p> <p>Denominator Codes</p> <p>3111F</p>	<p>Documentation in final CT or MRI report of presence or absence of hemorrhage and mass lesion and acute infarction</p> <p>CT or MRI of the brain performed in the hospital</p>

Footnotes

¹Physician Consortium for Performance Improvement®(PCPI) - For more information on measures developed by the Physician Consortium for Performance Improvement® (PCPI), see the appropriate Payor website.

²National Committee on Quality Assurance (NCQA), Health Employer Data Information Set (HEDIS®), www.ncqa.org

³The Joint Commission, <https://www.jointcommission.org>

⁴National Diabetes Quality Improvement Alliance (NDQIA) - For more information on measures developed by the National Diabetes Quality Improvement Alliance (NDQIA), see the appropriate Payor website.

⁵Joint measure from The Physician Consortium for Performance Improvement (PCPI), and National Committee on Quality Assurance (NCQA) - For more information on measures developed as joint measures from Physician Consortium for Performance Improvement and the National Committee on Quality Assurance (NCQA), visit the NCQA website at www.ncqa.org.

⁶The Society of Thoracic Surgeons at www.sts.org and National Quality Forum, www.qualityforum.org.

⁷Optum, www.optum.com.

⁸American Academy of Neurology, <https://www.aan.com/practice/neuromuscular-quality-measures>, or quality@aan.com.

⁹College of American Pathologists (CAP), <https://www.cap.org/advocacy/quality-payment-program-for-pathologists/mips-for-pathologists/2023-pathology-quality-measures>.

¹⁰American Gastroenterological Association (AGA), www.gastro.org/quality.

¹¹American Society of Anesthesiologists (ASA), www.asahq.org.

¹²American College of Gastroenterology (ACG), www.gi.org; American Gastroenterological Association (AGA), www.gastro.org; and American Society for Gastrointestinal Endoscopy (ASGE), www.asge.org.

Stroke and Stroke Rehabilitation (STR)		
Brief Description of Performance Measure & Source and Reporting Instructions	CPT Category II Code(s)	Code Descriptor(s)
<p>For patients aged 18 years and older with either a diagnosis of ischemic stroke or TIA or intracranial hemorrhage OR at least one documented symptom consistent with ischemic stroke or TIA or intracranial hemorrhage</p> <p>Exclusion(s): None</p> <p>Percentage of final reports for CT or MRI studies of the brain performed either:</p> <ul style="list-style-type: none"> • In the hospital within 24 hours of arrival • In an outpatient imaging center to confirm initial diagnosis of stroke, TIA or hemorrhage, <p>For patients aged 18 years and older with either a diagnosis of ischemic stroke or transient ischemic attack (TIA) or intracranial hemorrhage or at least one documented symptom consistent with ischemic stroke or TIA or intracranial hemorrhage that includes documentation of the presence or absence of each of the following: hemorrhage and mass lesion and acute infarction</p> <p>Reporting Instructions: Report 3111F or 3112F for each final report for CT or MRI studies of the brain for patients aged 18 years and older with a diagnosis of ischemic stroke or TIA or intracranial hemorrhage or at least one documented symptom consistent with ischemic stroke or TIA or intracranial hemorrhage.</p>	3112F	<p>within 24 hours of arrival OR performed in an outpatient imaging center, to confirm initial diagnosis of stroke, TIA or hemorrhage</p> <p>CT or MRI of the brain performed greater than 24 hours after arrival OR performed in an outpatient imaging center for purpose other than confirmation of initial diagnosis of stroke, TIA, or hemorrhage</p>

Footnotes

¹Physician Consortium for Performance Improvement®(PCPI) - For more information on measures developed by the Physician Consortium for Performance Improvement® (PCPI), see the appropriate Payor website.

²National Committee on Quality Assurance (NCQA), Health Employer Data Information Set (HEDIS®), www.ncqa.org

³The Joint Commission, <https://www.jointcommission.org>

⁴National Diabetes Quality Improvement Alliance (NDQIA) - For more information on measures developed by the National Diabetes Quality Improvement Alliance (NDQIA), see the appropriate Payor website.

⁵Joint measure from The Physician Consortium for Performance Improvement (PCPI), and National Committee on Quality Assurance (NCQA) - For more information on measures developed as joint measures from Physician Consortium for Performance Improvement and the National Committee on Quality Assurance (NCQA), visit the NCQA website at www.ncqa.org.

⁶The Society of Thoracic Surgeons at www.sts.org and National Quality Forum, www.qualityforum.org.

⁷Optum, www.optum.com.

⁸American Academy of Neurology, <https://www.aan.com/practice/neuromuscular-quality-measures>, or quality@aan.com.

⁹College of American Pathologists (CAP), <https://www.cap.org/advocacy/quality-payment-program-for-pathologists/mips-for-pathologists/2023-pathology-quality-measures>.

¹⁰American Gastroenterological Association (AGA), www.gastro.org/quality.

¹¹American Society of Anesthesiologists (ASA), www.asahq.org.

¹²American College of Gastroenterology (ACG), www.gi.org; American Gastroenterological Association (AGA), www.gastro.org; and American Society for Gastrointestinal Endoscopy (ASGE), www.asge.org.

Stroke and Stroke Rehabilitation (STR)		
Brief Description of Performance Measure & Source and Reporting Instructions	CPT Category II Code(s)	Code Descriptor(s)
<p>If CT or MRI of brain was performed in the hospital within 24 hours of arrival or performed in an outpatient imaging center to confirm initial diagnosis of stroke, TIA or hemorrhage (3111F) and final CT or MRI report included documentation of presence of hemorrhage and mass lesion and acute infarction, also report 3110F.</p> <p>There are no performance exclusions; modifiers 1P, 2P and 3P may not be use.</p>		

Substance Use Disorders (SUD)		
Brief Description of Performance Measure & Source and Reporting Instructions	CPT category II Code(s)	Code Descriptor(s)
<p>Substance Use Disorders (SUD) Counseling Regarding Psychosocial and Pharmacologic Treatment Options for Alcohol Dependence⁵</p>	4320F	Patient counseled regarding psychosocial AND pharmacologic

Footnotes

¹Physician Consortium for Performance Improvement®(PCPI) - For more information on measures developed by the Physician Consortium for Performance Improvement® (PCPI), see the appropriate Payor website.

²National Committee on Quality Assurance (NCQA), Health Employer Data Information Set (HEDIS®), www.ncqa.org

³The Joint Commission, <https://www.jointcommission.org>

⁴National Diabetes Quality Improvement Alliance (NDQIA) - For more information on measures developed by the National Diabetes Quality Improvement Alliance (NDQIA), see the appropriate Payor website.

⁵Joint measure from The Physician Consortium for Performance Improvement (PCPI), and National Committee on Quality Assurance (NCQA) - For more information on measures developed as joint measures from Physician Consortium for Performance Improvement and the National Committee on Quality Assurance (NCQA), visit the NCQA website at www.ncqa.org.

⁶The Society of Thoracic Surgeons at www.sts.org and National Quality Forum, www.qualityforum.org.

⁷Optum, www.optum.com.

⁸American Academy of Neurology, <https://www.aan.com/practice/neuromuscular-quality-measures>, or quality@aan.com.

⁹College of American Pathologists (CAP), <https://www.cap.org/advocacy/quality-payment-program-for-pathologists/mips-for-pathologists/2023-pathology-quality-measures>.

¹⁰American Gastroenterological Association (AGA), www.gastro.org/quality.

¹¹American Society of Anesthesiologists (ASA), www.asahq.org.

¹²American College of Gastroenterology (ACG), www.gi.org; American Gastroenterological Association (AGA), www.gastro.org; and American Society for Gastrointestinal Endoscopy (ASGE), www.asge.org.

Substance Use Disorders (SUD)		
Brief Description of Performance Measure & Source and Reporting Instructions	CPT category II Code(s)	Code Descriptor(s)
<p>Whether or not the patient aged 18 years and older with a diagnosis of current alcohol dependence was counseled regarding psychosocial AND pharmacologic treatment options for alcohol dependence within the 12-month reporting period</p> <p>Numerator: Patients who were counseled regarding psychosocial AND pharmacologic treatment options for alcohol dependence within the 12-month reporting period</p> <p>Denominator: All patients aged 18 years and older with a diagnosis of current alcohol dependence</p> <p>Exclusion(s): NONE</p> <p>Percentage of patients aged 18 years and older with a diagnosis of current alcohol dependence who were counseled regarding psychosocial AND pharmacologic treatment options for alcohol dependence within the 12-month reporting period</p> <p>Reporting Instructions: There are no performance exclusions for code 4320F.</p> <p>Do not report modifiers 1P, 2P, or 3P with this code.</p>		treatment options for alcohol dependence
Counseling Regarding Psychosocial and Pharmacologic Treatment Options for Opioid Addiction⁵		

Footnotes

¹Physician Consortium for Performance Improvement®(PCPI) - For more information on measures developed by the Physician Consortium for Performance Improvement® (PCPI), see the appropriate Payor website.

²National Committee on Quality Assurance (NCQA), Health Employer Data Information Set (HEDIS®), www.ncqa.org

³The Joint Commission, <https://www.jointcommission.org>

⁴National Diabetes Quality Improvement Alliance (NDQIA) - For more information on measures developed by the National Diabetes Quality Improvement Alliance (NDQIA), see the appropriate Payor website.

⁵Joint measure from The Physician Consortium for Performance Improvement (PCPI), and National Committee on Quality Assurance (NCQA) - For more information on measures developed as joint measures from Physician Consortium for Performance Improvement and the National Committee on Quality Assurance (NCQA), visit the NCQA website at www.ncqa.org.

⁶The Society of Thoracic Surgeons at www.sts.org and National Quality Forum, www.qualityforum.org.

⁷Optum, www.optum.com.

⁸American Academy of Neurology, <https://www.aan.com/practice/neuromuscular-quality-measures>, or quality@aan.com.

⁹College of American Pathologists (CAP), <https://www.cap.org/advocacy/quality-payment-program-for-pathologists/mips-for-pathologists/2023-pathology-quality-measures>.

¹⁰American Gastroenterological Association (AGA), www.gastro.org/quality.

¹¹American Society of Anesthesiologists (ASA), www.asahq.org.

¹²American College of Gastroenterology (ACG), www.gi.org; American Gastroenterological Association (AGA), www.gastro.org; and American Society for Gastrointestinal Endoscopy (ASGE), www.asge.org.

Substance Use Disorders (SUD)		
Brief Description of Performance Measure & Source and Reporting Instructions	CPT category II Code(s)	Code Descriptor(s)
<p>Whether or not the patient aged 18 years and older with a diagnosis of current opioid addiction was counseled regarding psychosocial AND pharmacologic treatment options for opioid addiction</p> <p>Numerator: Patients who were counseled regarding psychosocial AND pharmacologic treatment options for opioid addiction within the 12-month reporting period</p> <p>Note: The term “opioid addiction” in this context corresponds to the DSM-IV classification of opioid dependence that is characterized by a maladaptive pattern of substance use causing clinically significant impairment or distress, and manifesting by 3 (or more) of the 7 designated criteria. This classification is distinct from and not to be confused with physical dependence (ie, tolerance and withdrawal) that is commonly experienced by patients with chronic pain who are treated with opioid analgesics. Please refer to the section below for additional information regarding this distinction</p> <p>Denominator: All patients aged 18 years and older with a diagnosis of current opioid addiction</p> <p>Exclusion(s): None</p>	4306F	Patient counseled regarding psychosocial AND pharmacologic treatment options for opioid addiction

Footnotes

¹Physician Consortium for Performance Improvement®(PCPI) - For more information on measures developed by the Physician Consortium for Performance Improvement® (PCPI), see the appropriate Payor website.

²National Committee on Quality Assurance (NCQA), Health Employer Data Information Set (HEDIS®), www.ncqa.org

³The Joint Commission, <https://www.jointcommission.org>

⁴National Diabetes Quality Improvement Alliance (NDQIA) - For more information on measures developed by the National Diabetes Quality Improvement Alliance (NDQIA), see the appropriate Payor website.

⁵Joint measure from The Physician Consortium for Performance Improvement (PCPI), and National Committee on Quality Assurance (NCQA) - For more information on measures developed as joint measures from Physician Consortium for Performance Improvement and the National Committee on Quality Assurance (NCQA), visit the NCQA website at www.ncqa.org.

⁶The Society of Thoracic Surgeons at www.sts.org and National Quality Forum, www.qualityforum.org.

⁷Optum, www.optum.com.

⁸American Academy of Neurology, <https://www.aan.com/practice/neuromuscular-quality-measures>, or quality@aan.com.

⁹College of American Pathologists (CAP), <https://www.cap.org/advocacy/quality-payment-program-for-pathologists/mips-for-pathologists/2023-pathology-quality-measures>.

¹⁰American Gastroenterological Association (AGA), www.gastro.org/quality.

¹¹American Society of Anesthesiologists (ASA), www.asahq.org.

¹²American College of Gastroenterology (ACG), www.gi.org; American Gastroenterological Association (AGA), www.gastro.org; and American Society for Gastrointestinal Endoscopy (ASGE), www.asge.org.

Substance Use Disorders (SUD)		
Brief Description of Performance Measure & Source and Reporting Instructions	CPT category II Code(s)	Code Descriptor(s)
<p>Percentage of patients aged 18 years and older with a diagnosis of current opioid addiction who were counseled regarding psychosocial AND pharmacologic treatment options for opioid addiction within the 12-month reporting period</p> <p>Reporting Instructions: There are no performance exclusions for this measure; modifiers 1P or 2P or 3P may not be used.</p>		
<p>Substance Use Disorders (SUD) Screening for Depression Among Patients with Substance Abuse or Dependence⁵</p> <p>Whether or not the patient aged 18 years and older with a diagnosis of current substance abuse or dependence was screened for depression within the 12-month reporting period</p> <p>Numerator: Patients who were screened for depression within the 12-month reporting period</p> <p>Denominator: All patients aged 18 years and older with a diagnosis of current substance abuse or dependence</p>	1220F	Patient screened for depression

Footnotes

¹Physician Consortium for Performance Improvement®(PCPI) - For more information on measures developed by the Physician Consortium for Performance Improvement® (PCPI), see the appropriate Payor website.

²National Committee on Quality Assurance (NCQA), Health Employer Data Information Set (HEDIS®), www.ncqa.org

³The Joint Commission, <https://www.jointcommission.org>

⁴National Diabetes Quality Improvement Alliance (NDQIA) - For more information on measures developed by the National Diabetes Quality Improvement Alliance (NDQIA), see the appropriate Payor website.

⁵Joint measure from The Physician Consortium for Performance Improvement (PCPI), and National Committee on Quality Assurance (NCQA) - For more information on measures developed as joint measures from Physician Consortium for Performance Improvement and the National Committee on Quality Assurance (NCQA), visit the NCQA website at www.ncqa.org.

⁶The Society of Thoracic Surgeons at www.sts.org and National Quality Forum, www.qualityforum.org.

⁷Optum, www.optum.com.

⁸American Academy of Neurology, <https://www.aan.com/practice/neuromuscular-quality-measures>, or quality@aan.com.

⁹College of American Pathologists (CAP), <https://www.cap.org/advocacy/quality-payment-program-for-pathologists/mips-for-pathologists/2023-pathology-quality-measures>.

¹⁰American Gastroenterological Association (AGA), www.gastro.org/quality.

¹¹American Society of Anesthesiologists (ASA), www.asahq.org.

¹²American College of Gastroenterology (ACG), www.gi.org; American Gastroenterological Association (AGA), www.gastro.org; and American Society for Gastrointestinal Endoscopy (ASGE), www.asge.org.

Substance Use Disorders (SUD)		
Brief Description of Performance Measure & Source and Reporting Instructions	CPT category II Code(s)	Code Descriptor(s)
<p>Exclusion(s): Documentation of medical reason(s) for not screening for depression</p> <p>Percentage of patients aged 18 years and older with a diagnosis of current substance abuse or dependence who were screened for depression within the 12-month reporting period</p> <p>Reporting Instructions: For the patient with appropriate exclusion criteria, report 1220F with modifier 1P.</p>		

Footnotes

¹Physician Consortium for Performance Improvement®(PCPI) - For more information on measures developed by the Physician Consortium for Performance Improvement® (PCPI), see the appropriate Payor website.

²National Committee on Quality Assurance (NCQA), Health Employer Data Information Set (HEDIS®), www.ncqa.org

³The Joint Commission, <https://www.jointcommission.org>

⁴National Diabetes Quality Improvement Alliance (NDQIA) - For more information on measures developed by the National Diabetes Quality Improvement Alliance (NDQIA), see the appropriate Payor website.

⁵Joint measure from The Physician Consortium for Performance Improvement (PCPI), and National Committee on Quality Assurance (NCQA) - For more information on measures developed as joint measures from Physician Consortium for Performance Improvement and the National Committee on Quality Assurance (NCQA), visit the NCQA website at www.ncqa.org.

⁶The Society of Thoracic Surgeons at www.sts.org and National Quality Forum, www.qualityforum.org.

⁷Optum, www.optum.com.

⁸American Academy of Neurology, <https://www.aan.com/practice/neuromuscular-quality-measures>, or quality@aan.com.

⁹College of American Pathologists (CAP), <https://www.cap.org/advocacy/quality-payment-program-for-pathologists/mips-for-pathologists/2023-pathology-quality-measures>.

¹⁰American Gastroenterological Association (AGA), www.gastro.org/quality.

¹¹American Society of Anesthesiologists (ASA), www.asahq.org.

¹²American College of Gastroenterology (ACG), www.gi.org; American Gastroenterological Association (AGA), www.gastro.org; and American Society for Gastrointestinal Endoscopy (ASGE), www.asge.org.

Upper Respiratory Infection in Children (URI)		
Brief Description of Performance Measure & Source and Reporting Instructions	CPT Category II Code(s)	Code Descriptor(s)
<p>Appropriate Treatment for Children with Upper Respiratory Infection²</p> <p>Whether or not children 3 months to 18 years of age (inclusive) who were seen for a visit with a diagnosis of only upper respiratory infection (URI) were appropriately NOT prescribed or dispensed an antibiotic.</p> <p>Numerator: Patients who were not prescribed or dispensed an antibiotic on the visit.</p> <p>Denominator: All patients aged 3 months to 18 years (inclusive) with only a diagnosis of upper respiratory infection</p> <p>Exclusion(s): Documentation of Medical Reason(s) for prescribing antibiotic.</p> <p>Percentage of children 3 months to 18 years of age (inclusive) who were seen for a visit with a diagnosis of only upper respiratory infection (URI) and were appropriately not prescribed or dispensed an antibiotic.</p> <p>Reporting Instructions:</p>	<p>4120F</p> <p>4124F</p>	<p>Antibiotic prescribed or dispensed</p> <p>Antibiotic neither prescribed nor dispensed</p>

Footnotes

¹Physician Consortium for Performance Improvement®(PCPI) - For more information on measures developed by the Physician Consortium for Performance Improvement® (PCPI), see the appropriate Payor website.

²National Committee on Quality Assurance (NCQA), Health Employer Data Information Set (HEDIS®), www.ncqa.org

³The Joint Commission, <https://www.jointcommission.org>

⁴National Diabetes Quality Improvement Alliance (NDQIA) - For more information on measures developed by the National Diabetes Quality Improvement Alliance (NDQIA), see the appropriate Payor website.

⁵Joint measure from The Physician Consortium for Performance Improvement (PCPI), and National Committee on Quality Assurance (NCQA) - For more information on measures developed as joint measures from Physician Consortium for Performance Improvement and the National Committee on Quality Assurance (NCQA), visit the NCQA website at www.ncqa.org.

⁶The Society of Thoracic Surgeons at www.sts.org and National Quality Forum, www.qualityforum.org.

⁷Optum, www.optum.com.

⁸American Academy of Neurology, <https://www.aan.com/practice/neuromuscular-quality-measures>, or quality@aan.com.

⁹College of American Pathologists (CAP), <https://www.cap.org/advocacy/quality-payment-program-for-pathologists/mips-for-pathologists/2023-pathology-quality-measures>.

¹⁰American Gastroenterological Association (AGA), www.gastro.org/quality.

¹¹American Society of Anesthesiologists (ASA), www.asahq.org.

¹²American College of Gastroenterology (ACG), www.gi.org; American Gastroenterological Association (AGA), www.gastro.org; and American Society for Gastrointestinal Endoscopy (ASGE), www.asge.org.

Upper Respiratory Infection in Children (URI)		
Brief Description of Performance Measure & Source and Reporting Instructions	CPT Category II Code(s)	Code Descriptor(s)
<p>Measure note: **This measure is being specified for physician reporting. Antibiotic dispensing from claims data is not the denominator criteria (see NCQA HEDIS®2007 health plan measure)</p> <p>-For URI patients with documented medical reasons for prescribing or dispensing an antibiotic, report modifier 1P with code 4124F.</p> <p>-There are no performance measure exclusions for 4120F. Do not report modifiers 1P, 2P, or 3P with this code.</p>		

Non-Measure Claims Based Reporting:

The following codes are included for reporting of certain aspects of care. These factors are not represented by measures developed by existing measures organizations or recognized measures-development processes at the time they are placed in CPT, but may ultimately be associated with measures approved by an appropriate quality improvement organization.

Non-Measure Claims Based Reporting: Abdominal Aortic Aneurysm Repair Patient undergoing open or endovascular repair of infrarenal, non-ruptured abdominal aortic aneurysm

Footnotes

¹Physician Consortium for Performance Improvement®(PCPI) - For more information on measures developed by the Physician Consortium for Performance Improvement® (PCPI), see the appropriate Payor website.

²National Committee on Quality Assurance (NCQA), Health Employer Data Information Set (HEDIS®), www.ncqa.org

³The Joint Commission, <https://www.jointcommission.org>

⁴National Diabetes Quality Improvement Alliance (NDQIA) - For more information on measures developed by the National Diabetes Quality Improvement Alliance (NDQIA), see the appropriate Payor website.

⁵Joint measure from The Physician Consortium for Performance Improvement (PCPI), and National Committee on Quality Assurance (NCQA) - For more information on measures developed as joint measures from Physician Consortium for Performance Improvement and the National Committee on Quality Assurance (NCQA), visit the NCQA website at www.ncqa.org.

⁶The Society of Thoracic Surgeons at www.sts.org and National Quality Forum, www.qualityforum.org.

⁷Optum, www.optum.com.

⁸American Academy of Neurology, <https://www.aan.com/practice/neuromuscular-quality-measures>, or quality@aan.com.

⁹College of American Pathologists (CAP), <https://www.cap.org/advocacy/quality-payment-program-for-pathologists/mips-for-pathologists/2023-pathology-quality-measures>.

¹⁰American Gastroenterological Association (AGA), www.gastro.org/quality.

¹¹American Society of Anesthesiologists (ASA), www.asahq.org.

¹²American College of Gastroenterology (ACG), www.gi.org; American Gastroenterological Association (AGA), www.gastro.org; and American Society for Gastrointestinal Endoscopy (ASGE), www.asge.org.

Description of Non-Measure Information	CPT Category II Code(s)	Code Descriptor
<p>Numerator: None</p> <p>Denominator: All patients undergoing non-ruptured infrarenal open or endovascular Abdominal Aortic Aneurysm (AAA) repair</p> <p>Exclusion(s): None</p> <p>Reporting Instruction(s): Report 9001F, 9002F, 9003F, or 9004F for each patient in the denominator population.</p>	9001F	Aortic aneurysm less than 5.0 cm maximum diameter on centerline formatted CT or minor diameter on axial formatted CT
	9002F	Aortic aneurysm 5.0 - 5.4 cm maximum diameter on centerline formatted CT or minor diameter on axial formatted CT
	9003F	Aortic aneurysm 5.5 - 5.9 cm maximum diameter on centerline formatted CT or minor diameter on axial formatted CT
	9004F	Aortic aneurysm 6.0 cm or greater maximum diameter on centerline formatted CT or minor diameter on axial formatted CT

Footnotes

¹Physician Consortium for Performance Improvement®(PCPI) - For more information on measures developed by the Physician Consortium for Performance Improvement® (PCPI), see the appropriate Payor website.

²National Committee on Quality Assurance (NCQA), Health Employer Data Information Set (HEDIS®), www.ncqa.org

³The Joint Commission, <https://www.jointcommission.org>

⁴National Diabetes Quality Improvement Alliance (NDQIA) - For more information on measures developed by the National Diabetes Quality Improvement Alliance (NDQIA), see the appropriate Payor website.

⁵Joint measure from The Physician Consortium for Performance Improvement (PCPI), and National Committee on Quality Assurance (NCQA) - For more information on measures developed as joint measures from Physician Consortium for Performance Improvement and the National Committee on Quality Assurance (NCQA), visit the NCQA website at www.ncqa.org.

⁶The Society of Thoracic Surgeons at www.sts.org and National Quality Forum, www.qualityforum.org.

⁷Optum, www.optum.com.

⁸American Academy of Neurology, <https://www.aan.com/practice/neuromuscular-quality-measures>, or quality@aan.com.

⁹College of American Pathologists (CAP), <https://www.cap.org/advocacy/quality-payment-program-for-pathologists/mips-for-pathologists/2023-pathology-quality-measures>.

¹⁰American Gastroenterological Association (AGA), www.gastro.org/quality.

¹¹American Society of Anesthesiologists (ASA), www.asahq.org.

¹²American College of Gastroenterology (ACG), www.gi.org; American Gastroenterological Association (AGA), www.gastro.org; and American Society for Gastrointestinal Endoscopy (ASGE), www.asge.org.

Non-Measure Claims Based Reporting: Carotid Intervention Patient undergoing carotid endarterectomy or carotid artery stenting		
Description of Non-Measure Information	CPT Category II Code(s)	Code Descriptor(S)
Numerator: None Denominator: All patients undergoing carotid endarterectomy or carotid artery stenting Exclusion(s): None Reporting Instruction(s): Report 9005F, 9006F, or 9007F for each patient in the denominator population.	9005F	Asymptomatic carotid stenosis: No history of any transient ischemic attack or stroke in any carotid or vertebrobasilar territory
	9006F	Symptomatic carotid stenosis: Ipsilateral carotid territory TIA or stroke less than 120 days prior to procedure
	9007F	Other carotid stenosis: Ipsilateral TIA or stroke 120 days or greater prior to procedure or any prior contralateral carotid territory or vertebrobasilar TIA or stroke

Footnotes

¹Physician Consortium for Performance Improvement®(PCPI) - For more information on measures developed by the Physician Consortium for Performance Improvement® (PCPI), see the appropriate Payor website.

²National Committee on Quality Assurance (NCQA), Health Employer Data Information Set (HEDIS®), www.ncqa.org

³The Joint Commission, <https://www.jointcommission.org>

⁴National Diabetes Quality Improvement Alliance (NDQIA) - For more information on measures developed by the National Diabetes Quality Improvement Alliance (NDQIA), see the appropriate Payor website.

⁵Joint measure from The Physician Consortium for Performance Improvement (PCPI), and National Committee on Quality Assurance (NCQA) - For more information on measures developed as joint measures from Physician Consortium for Performance Improvement and the National Committee on Quality Assurance (NCQA), visit the NCQA website at www.ncqa.org.

⁶The Society of Thoracic Surgeons at www.sts.org and National Quality Forum, www.qualityforum.org.

⁷Optum, www.optum.com.

⁸American Academy of Neurology, <https://www.aan.com/practice/neuromuscular-quality-measures>, or quality@aan.com.

⁹College of American Pathologists (CAP), <https://www.cap.org/advocacy/quality-payment-program-for-pathologists/mips-for-pathologists/2023-pathology-quality-measures>.

¹⁰American Gastroenterological Association (AGA), www.gastro.org/quality.

¹¹American Society of Anesthesiologists (ASA), www.asahq.org.

¹²American College of Gastroenterology (ACG), www.gi.org; American Gastroenterological Association (AGA), www.gastro.org; and American Society for Gastrointestinal Endoscopy (ASGE), www.asge.org.

List of Category II and Alphabetical Clinical Topics Listing Revisions for CPT 2020 Code Set

February 2019 Panel Meeting Revisions

Category II

Diagnostic/Screening Processes or Results

3044F Most recent hemoglobin A1c (HbA1c) level less than 7.0% (DM)^{2,4}

~~3045F Most recent hemoglobin A1c (HbA1c) level 7.0–9.0% (DM)^{2,4}~~
 (3045F has been deleted. To report control of HbA1c, see 3051F, 3052F)

#●3051F Most recent hemoglobin A1c (HbA1c) level greater than or equal to 7.0% and less than 8.0% (DM)²

#●3052F Most recent hemoglobin A1c (HbA1c) level greater than or equal to 8.0% and less than or equal to 9.0% (DM)²

3046F Most recent hemoglobin A1c level greater than 9.0% (DM)⁴

Diabetes (DM)		
Brief Description of Performance Measure and Source and Reporting Instructions	CPT Category II Code(s)	Code Descriptor(s)
A1c Management ⁴ Whether or not patient received one or more A1c test(s) Numerator: Patients who received one or more A1c test(s) Denominator: Patients with diagnosed diabetes 18-75 years of age	3044F 3045F	Most recent hemoglobin A1c (HbA1c) level < 7.0% Most recent hemoglobin A1c (HbA1c) level 7.0% to 9.0%

Footnotes

¹Physician Consortium for Performance Improvement®(PCPI) - For more information on measures developed by the Physician Consortium for Performance Improvement® (PCPI), see the appropriate Payor website.

²National Committee on Quality Assurance (NCQA), Health Employer Data Information Set (HEDIS®), www.ncqa.org

³The Joint Commission, <https://www.jointcommission.org>

⁴National Diabetes Quality Improvement Alliance (NDQIA) - For more information on measures developed by the National Diabetes Quality Improvement Alliance (NDQIA), see the appropriate Payor website.

⁵Joint measure from The Physician Consortium for Performance Improvement (PCPI), and National Committee on Quality Assurance (NCQA) - For more information on measures developed as joint measures from Physician Consortium for Performance Improvement and the National Committee on Quality Assurance (NCQA), visit the NCQA website at www.ncqa.org.

⁶The Society of Thoracic Surgeons at www.sts.org and National Quality Forum, www.qualityforum.org.

⁷Optum, www.optum.com.

⁸American Academy of Neurology, <https://www.aan.com/practice/neuromuscular-quality-measures>, or quality@aan.com.

⁹College of American Pathologists (CAP), <https://www.cap.org/advocacy/quality-payment-program-for-pathologists/mips-for-pathologists/2023-pathology-quality-measures>.

¹⁰American Gastroenterological Association (AGA), www.gastro.org/quality.

¹¹American Society of Anesthesiologists (ASA), www.asahq.org.

¹²American College of Gastroenterology (ACG), www.gi.org; American Gastroenterological Association (AGA), www.gastro.org; and American Society for Gastrointestinal Endoscopy (ASGE), www.asge.org.

<p>Percentage of patients with diagnosed diabetes aged 18-75 years with one or more A1c test(s).</p> <p>Exclusion(s): NONE</p> <p>Reporting Instructions: In order to meet this measure, the date of test, when it was performed, and the corresponding result are required. For this reason, report one of the three Category II codes listed and use the date of service as the date of the test, not the date of the reporting of the Category II code. The measure may also be met by reporting the Category I code, 83036 Hemoglobin; glycosylated (A1C), when performed.</p> <p>To report most recent hemoglobin A1c level $\leq 9.0\%$, see codes 3044F, 3045F, 3051F, 3052F.</p>	<p>3051F</p> <p>3052F</p> <p>3046F</p>	<p>Most recent hemoglobin A1c (HbA1c) level greater than or equal to 7.0% and less than 8.0%</p> <p>Most recent hemoglobin A1c (HbA1c) level greater than or equal to 8.0% and less than or equal to 9.0%</p> <p>Most recent hemoglobin A1c (HbA1c) level > 9.0%</p>
<p>A1c Management²⁴</p> <p>Whether or not patient's most recent A1c level > 9.0% (poor control)</p> <p>Numerator: Patients with most recent A1c level > 9.0% (poor control)</p> <p>Denominator: Patients diagnosed with diabetes 18-75 years of age</p> <p>Percentage of patients with most recent A1c level > 9.0% (poor control)</p> <p>Exclusion(s): NONE</p> <p>Reporting Instructions: In order to meet this measure, the date of test when it was performed and the corresponding result are required. For this reason, report one of the two four Category II codes listed and use the date of service as the date of the test, not the date of the reporting of the Category II code.</p> <p>To report most recent hemoglobin A1c level $\leq 9.0\%$, see codes 3044F-3045F, 3051F, 3052F.</p>	<p>3044F</p> <p>3045F</p> <p>●3051F</p> <p>●3052F</p> <p>3046F</p>	<p>Most recent hemoglobin A1c level less than 7.0%</p> <p>Most recent hemoglobin A1c level 7.0% to 9.0%</p> <p>Most recent hemoglobin A1c (HbA1c) level greater than or equal to 7.0% and less than 8.0%</p> <p>Most recent hemoglobin A1c (HbA1c) level greater than or equal to 8.0% and less than or equal to 9.0%</p> <p>Most recent hemoglobin A1c level greater than 9.0%</p>

Footnotes

¹Physician Consortium for Performance Improvement®(PCPI) - For more information on measures developed by the Physician Consortium for Performance Improvement® (PCPI), see the appropriate Payor website.

²National Committee on Quality Assurance (NCQA), Health Employer Data Information Set (HEDIS®), www.ncqa.org

³The Joint Commission, <https://www.jointcommission.org>

⁴National Diabetes Quality Improvement Alliance (NDQIA) - For more information on measures developed by the National Diabetes Quality Improvement Alliance (NDQIA), see the appropriate Payor website.

⁵Joint measure from The Physician Consortium for Performance Improvement (PCPI), and National Committee on Quality Assurance (NCQA) - For more information on measures developed as joint measures from Physician Consortium for Performance Improvement and the National Committee on Quality Assurance (NCQA), visit the NCQA website at www.ncqa.org.

⁶The Society of Thoracic Surgeons at www.sts.org and National Quality Forum, www.qualityforum.org.

⁷Optum, www.optum.com.

⁸American Academy of Neurology, <https://www.aan.com/practice/neuromuscular-quality-measures>, or quality@aan.com.

⁹College of American Pathologists (CAP), <https://www.cap.org/advocacy/quality-payment-program-for-pathologists/mips-for-pathologists/2023-pathology-quality-measures>.

¹⁰American Gastroenterological Association (AGA), www.gastro.org/quality.

¹¹American Society of Anesthesiologists (ASA), www.asahq.org.

¹²American College of Gastroenterology (ACG), www.gi.org; American Gastroenterological Association (AGA), www.gastro.org; and American Society for Gastrointestinal Endoscopy (ASGE), www.asge.org.

Footnotes

¹**Physician Consortium for Performance Improvement®(PCPI)** - For more information on measures developed by the Physician Consortium for Performance Improvement® (PCPI), see the appropriate Payor website.

²**National Committee on Quality Assurance (NCQA)**, Health Employer Data Information Set (HEDIS®), www.ncqa.org

³**The Joint Commission**, <https://www.jointcommission.org>

⁴**National Diabetes Quality Improvement Alliance (NDQIA)** - For more information on measures developed by the National Diabetes Quality Improvement Alliance (NDQIA), see the appropriate Payor website.

⁵Joint measure from **The Physician Consortium for Performance Improvement (PCPI)**, and **National Committee on Quality Assurance (NCQA)** - For more information on measures developed as joint measures from Physician Consortium for Performance Improvement and the National Committee on Quality Assurance (NCQA), visit the NCQA website at www.ncqa.org.

⁶*The Society of Thoracic Surgeons* at www.sts.org and *National Quality Forum*, www.qualityforum.org.

⁷**Optum**, www.optum.com.

⁸**American Academy of Neurology**, <https://www.aan.com/practice/neuromuscular-quality-measures>, or quality@aan.com.

⁹**College of American Pathologists (CAP)**, <https://www.cap.org/advocacy/quality-payment-program-for-pathologists/mips-for-pathologists/2023-pathology-quality-measures>.

¹⁰**American Gastroenterological Association (AGA)**, www.gastro.org/quality.

¹¹**American Society of Anesthesiologists (ASA)**, www.asahq.org.

¹²**American College of Gastroenterology (ACG)**, www.gi.org; **American Gastroenterological Association (AGA)**, www.gastro.org; and **American Society for Gastrointestinal Endoscopy (ASGE)**, www.asge.org.

<p>A1c Management² Whether or not patient's most recent A1c level <7.0% (tight control) is controlled</p> <p>Numerator: Patients with most recent A1c level < 7.0% (tight control) for a selected population OR Patients with most recent A1c level <8.0% OR Patients with most recent level >9.0%</p> <p>Denominator: Patients diagnosed with diabetes 18-75 years of age</p> <p>Exclusion(s): Documentation of medical reasons for not pursuing tight control of A1c level (eg, steroid-induced or gestational diabetes, frailty and/or advanced illness)</p> <p>Percentage of patients with most recent A1c level <7.0% (tight control)-controlled</p> <p>Reporting Instructions: In order to meet this measure, the date of test when it was performed and the corresponding result are required. For this reason, report one of the three <u>four</u> Category II codes listed and use the date of service as the date of the test, not the date of the reporting of the Category II code.</p> <p>For patients with appropriate exclusion criteria report 3044F, 3045F or 3046F with 1P.</p> <p>Reference the HEDIS Value Sets cited in the Comprehensive Diabetes Care Exclusions section for information on reporting for patients with appropriate exclusion criteria</p> <p>To report most recent hemoglobin A1c level ≤9.0%-<7.0% see use codes 3044F to 3045F. To report most recent hemoglobin A1c level greater than or equal to 7.0% and less than 8.0%, use 3051F. To report most recent hemoglobin A1c level greater than or equal to 8.0% and less than 9.0%, use 3052F. To report most recent A1c level ≤9.0%, use code 3044F, 3051F, 3052F.</p> <p>Back to Top</p>	<p>3044F</p> <p>3045F</p> <p>●3051F</p> <p>●3052F</p> <p>3046F</p>	<p>Most recent hemoglobin A1c level less than 7.0%</p> <p>Most recent hemoglobin A1c level 7.0% to 9.0%</p> <p>Most recent hemoglobin A1c (HbA1c) level greater than or equal to 7.0% and less than 8.0%</p> <p>Most recent hemoglobin A1c (HbA1c) level greater than or equal to 8.0% and less than or equal to 9.0%</p> <p>Most recent hemoglobin A1c level greater than 9.0%</p>
--	--	---

Footnotes

¹Physician Consortium for Performance Improvement®(PCPI) - For more information on measures developed by the Physician Consortium for Performance Improvement® (PCPI), see the appropriate Payor website.

²National Committee on Quality Assurance (NCQA), Health Employer Data Information Set (HEDIS®), www.ncqa.org

³The Joint Commission, <https://www.jointcommission.org>

⁴National Diabetes Quality Improvement Alliance (NDQIA) - For more information on measures developed by the National Diabetes Quality Improvement Alliance (NDQIA), see the appropriate Payor website.

⁵Joint measure from The Physician Consortium for Performance Improvement (PCPI), and National Committee on Quality Assurance (NCQA) - For more information on measures developed as joint measures from Physician Consortium for Performance Improvement and the National Committee on Quality Assurance (NCQA), visit the NCQA website at www.ncqa.org.

⁶The Society of Thoracic Surgeons at www.sts.org and National Quality Forum, www.qualityforum.org.

⁷Optum, www.optum.com.

⁸American Academy of Neurology, <https://www.aan.com/practice/neuromuscular-quality-measures>, or quality@aan.com.

⁹College of American Pathologists (CAP), <https://www.cap.org/advocacy/quality-payment-program-for-pathologists/mips-for-pathologists/2023-pathology-quality-measures>.

¹⁰American Gastroenterological Association (AGA), www.gastro.org/quality.

¹¹American Society of Anesthesiologists (ASA), www.asahq.org.

¹²American College of Gastroenterology (ACG), www.gi.org; American Gastroenterological Association (AGA), www.gastro.org; and American Society for Gastrointestinal Endoscopy (ASGE), www.asge.org.

Footnotes

¹**Physician Consortium for Performance Improvement®(PCPI)** - For more information on measures developed by the Physician Consortium for Performance Improvement® (PCPI), see the appropriate Payor website.

²**National Committee on Quality Assurance (NCQA)**, Health Employer Data Information Set (HEDIS®), www.ncqa.org

³**The Joint Commission**, <https://www.jointcommission.org>

⁴**National Diabetes Quality Improvement Alliance (NDQIA)** - For more information on measures developed by the National Diabetes Quality Improvement Alliance (NDQIA), see the appropriate Payor website.

⁵Joint measure from **The Physician Consortium for Performance Improvement (PCPI)**, and **National Committee on Quality Assurance (NCQA)** - For more information on measures developed as joint measures from Physician Consortium for Performance Improvement and the National Committee on Quality Assurance (NCQA), visit the NCQA website at www.ncqa.org.

⁶*The Society of Thoracic Surgeons* at www.sts.org and *National Quality Forum*, www.qualityforum.org.

⁷**Optum**, www.optum.com.

⁸**American Academy of Neurology**, <https://www.aan.com/practice/neuromuscular-quality-measures>, or quality@aan.com.

⁹**College of American Pathologists (CAP)**, <https://www.cap.org/advocacy/quality-payment-program-for-pathologists/mips-for-pathologists/2023-pathology-quality-measures>.

¹⁰**American Gastroenterological Association (AGA)**, www.gastro.org/quality.

¹¹**American Society of Anesthesiologists (ASA)**, www.asahq.org.

¹²**American College of Gastroenterology (ACG)**, www.gi.org; **American Gastroenterological Association (AGA)**, www.gastro.org; and **American Society for Gastrointestinal Endoscopy (ASGE)**, www.asge.org.

September 2019 Panel Meeting Revisions

Category II

Diagnostic/Screening Processes or Results

▲3170F Baseline Flow cytometry studies performed at time of diagnosis or prior to initiating treatment (HEM)¹

Hematology (HEM)		
Brief Description of Performance Measure and Source and Reporting Instructions	CPT Category II Code(s)	Code Descriptor(s)
<p>Chronic Lymphocytic Leukemia (CLL)-Baseline Flow Cytometry¹ Whether or not the patient aged 18 years and older with a diagnosis of CLL had baseline flow cytometry studies performed</p> <p>Numerator: Patients who had baseline flow cytometry studies performed and documented in the chart</p> <p>Baseline refers to testing that is performed at time of diagnosis or prior to initiating treatment (ie antineoplastic therapy) for that diagnosis</p> <p>Denominator: All patients aged 18 years and older, seen within a 12-month reporting period, with a diagnosis of chronic lymphocytic leukemia (CLL)</p> <p>Exclusion(s): Exception(s): Documentation of medical, patient, or system reason(s) for not performing baseline flow cytometry studies</p>	<p>▲3170F</p>	<p>Baseline Flow cytometry studies performed at time of diagnosis or prior to initiating treatment</p>

Footnotes

¹Physician Consortium for Performance Improvement®(PCPI) - For more information on measures developed by the Physician Consortium for Performance Improvement® (PCPI), see the appropriate Payor website.

²National Committee on Quality Assurance (NCQA), Health Employer Data Information Set (HEDIS®), www.ncqa.org

³The Joint Commission, <https://www.jointcommission.org>

⁴National Diabetes Quality Improvement Alliance (NDQIA) - For more information on measures developed by the National Diabetes Quality Improvement Alliance (NDQIA), see the appropriate Payor website.

⁵Joint measure from The Physician Consortium for Performance Improvement (PCPI), and National Committee on Quality Assurance (NCQA) - For more information on measures developed as joint measures from Physician Consortium for Performance Improvement and the National Committee on Quality Assurance (NCQA), visit the NCQA website at www.ncqa.org.

⁶The Society of Thoracic Surgeons at www.sts.org and National Quality Forum, www.qualityforum.org.

⁷Optum, www.optum.com.

⁸American Academy of Neurology, <https://www.aan.com/practice/neuromuscular-quality-measures>, or quality@aan.com.

⁹College of American Pathologists (CAP), <https://www.cap.org/advocacy/quality-payment-program-for-pathologists/mips-for-pathologists/2023-pathology-quality-measures>.

¹⁰American Gastroenterological Association (AGA), www.gastro.org/quality.

¹¹American Society of Anesthesiologists (ASA), www.asahq.org.

¹²American College of Gastroenterology (ACG), www.gi.org; American Gastroenterological Association (AGA), www.gastro.org; and American Society for Gastrointestinal Endoscopy (ASGE), www.asge.org.

Percentage of patients aged 18 years and older, seen within a 12-month reporting period, with a diagnosis of chronic lymphocytic leukemia (CLL) made at any time during or prior to the reporting period who had baseline flow cytometry studies performed and documented in the chart

Reporting Instructions: Treatment may include antineoplastic therapy.

For patients with a medical reason for not performing baseline flow cytometry studies, report 3170F with modifier 1P.

For patients with a patient reason for not performing cytogenetic testing (eg, receiving palliative care or not receiving treatment as defined above), report 3170F with modifier 2P.

For patients with a system reason for not performing cytogenetic testing (eg, patient previously treated by another physician at the time baseline flow cytometry studies were performed), report 3170F with modifier 3P.

[Back to Top](#)

Footnotes

¹Physician Consortium for Performance Improvement®(PCPI) - For more information on measures developed by the Physician Consortium for Performance Improvement® (PCPI), see the appropriate Payor website.

²National Committee on Quality Assurance (NCQA), Health Employer Data Information Set (HEDIS®), www.ncqa.org

³The Joint Commission, <https://www.jointcommission.org>

⁴National Diabetes Quality Improvement Alliance (NDQIA) - For more information on measures developed by the National Diabetes Quality Improvement Alliance (NDQIA), see the appropriate Payor website.

⁵Joint measure from The Physician Consortium for Performance Improvement (PCPI), and National Committee on Quality Assurance (NCQA) - For more information on measures developed as joint measures from Physician Consortium for Performance Improvement and the National Committee on Quality Assurance (NCQA), visit the NCQA website at www.ncqa.org.

⁶The Society of Thoracic Surgeons at www.sts.org and National Quality Forum, www.qualityforum.org.

⁷Optum, www.optum.com.

⁸American Academy of Neurology, <https://www.aan.com/practice/neuromuscular-quality-measures>, or quality@aan.com.

⁹College of American Pathologists (CAP), <https://www.cap.org/advocacy/quality-payment-program-for-pathologists/mips-for-pathologists/2023-pathology-quality-measures>.

¹⁰American Gastroenterological Association (AGA), www.gastro.org/quality.

¹¹American Society of Anesthesiologists (ASA), www.asahq.org.

¹²American College of Gastroenterology (ACG), www.gi.org; American Gastroenterological Association (AGA), www.gastro.org; and American Society for Gastrointestinal Endoscopy (ASGE), www.asge.org.

Footnotes

¹**Physician Consortium for Performance Improvement®(PCPI)** - For more information on measures developed by the Physician Consortium for Performance Improvement® (PCPI), see the appropriate Payor website.

²**National Committee on Quality Assurance (NCQA)**, Health Employer Data Information Set (HEDIS®), www.ncqa.org

³**The Joint Commission**, <https://www.jointcommission.org>

⁴**National Diabetes Quality Improvement Alliance (NDQIA)** - For more information on measures developed by the National Diabetes Quality Improvement Alliance (NDQIA), see the appropriate Payor website.

⁵Joint measure from **The Physician Consortium for Performance Improvement (PCPI)**, and **National Committee on Quality Assurance (NCQA)** - For more information on measures developed as joint measures from Physician Consortium for Performance Improvement and the National Committee on Quality Assurance (NCQA), visit the NCQA website at www.ncqa.org.

⁶*The Society of Thoracic Surgeons* at www.sts.org and *National Quality Forum*, www.qualityforum.org.

⁷**Optum**, www.optum.com.

⁸**American Academy of Neurology**, <https://www.aan.com/practice/neuromuscular-quality-measures>, or quality@aan.com.

⁹**College of American Pathologists (CAP)**, <https://www.cap.org/advocacy/quality-payment-program-for-pathologists/mips-for-pathologists/2023-pathology-quality-measures>.

¹⁰**American Gastroenterological Association (AGA)**, www.gastro.org/quality.

¹¹**American Society of Anesthesiologists (ASA)**, www.asahq.org.

¹²**American College of Gastroenterology (ACG)**, www.gi.org; **American Gastroenterological Association (AGA)**, www.gastro.org; and **American Society for Gastrointestinal Endoscopy (ASGE)**, www.asge.org.