

QUALITY ID	MEASURE NAME	MEASURE DESCRIPTION	PERFORMANCE MET CODES	EXCLUSION CODES	PERFORMANCE NOT MET CODES	NQS DOMAIN	MEASURE TYPE	HIGH PRIORITY MEASURE	DATA SUBMISSION METHOD
47	Care Plan	Percentage of patients aged 65 years and older 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 the patient did not wish or was not able to name a surrogate decision maker or provide an advance care plan	<b>1123F</b> - Advance Care Planning discussed and documented; advance care plan or surrogate decision maker documented in the medical record <b>OR 1124F</b> - 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	<b>G9692</b> - Hospice services received by patient any time during the measurement period	<b>1123F-8P</b> - Advance care planning not documented, reason not otherwise specified	Communication and Care Coordination	Process	Yes	Claims, Registry
91	Acute Otitis Externa (AOE): Topical Therapy	Percentage of patients aged 2 years and older with a diagnosis of AOE who were prescribed topical preparations	<b>4130F</b> - Topical preparations (including OTC) prescribed for acute otitis externa	<b>4130F-1P</b> - Documentation of medical reason(s) for not prescribing topical preparations (including OTC) for acute otitis externa (eg, coexisting acute otitis media, tympanic membrane perforation) <b>OR 4130F-2P</b> - Documentation of patient reason(s) for not prescribing topical preparations (including OTC) for acute otitis externa	<b>4130F-8P</b> - Topical preparations (including OTC) for acute otitis externa (AOE) not prescribed, reason not otherwise specified	Effective Clinical Care	Process	Yes	Claims, Registry
93	Acute Otitis Externa (AOE): Systemic Antimicrobial Therapy - Avoidance of Inappropriate Use	Percentage of patients aged 2 years and older with a diagnosis of AOE who were not prescribed systemic antimicrobial therapy	<b>4132F</b> - Systemic antimicrobial therapy not prescribed	<b>4131F-1P</b> - Documentation of medical reason(s) for prescribing systemic antimicrobial therapy (eg, coexisting diabetes, immune deficiency)	<b>4131F</b> - Systemic antimicrobial therapy prescribed	Efficiency and Cost Reduction	Process	Yes	Claims, Registry
130	Documentation of Current Medications in the Medical Record	Percentage of visits for patients aged 18 years and older for which the eligible professional attests to documenting a list of current medications using all immediate resources available on the date of the encounter. This list must include ALL known prescriptions, over-the-counters, herbals, and vitamin/mineral/dietary (nutritional) supplements AND must contain the medications' name, dosage, frequency and route of administration.	<b>G8427</b> - Eligible clinician attests to documenting in the medical record they obtained, updated, or reviewed the patient's current medications	<b>G8430</b> - Eligible clinician attests to documenting in the medical record the patient is not eligible for a current list of medications being obtained, updated, or reviewed by the eligible clinician	<b>G8428</b> - Current list of medications not documented as obtained, updated, or reviewed by the eligible clinician, reason not given	Patient Safety	Process	Yes	Claims, EHR, Registry
226	Preventive Care and Screening: Tobacco Use: Screening and Cessation Intervention	Percentage of patients aged 18 years and older who were screened for tobacco use one or more times within 24 months AND who received cessation counseling intervention if identified as a tobacco user	<b>4004F</b> - Patient screened for tobacco use AND received tobacco cessation intervention (counseling, pharmacotherapy, or both), if identified as a tobacco user <b>OR 1036F</b> - Current tobacco non-user	<b>4004F-1P</b> - Documentation of medical reason(s) for not screening for tobacco use (eg, limited life expectancy, other medical reason)	<b>4004F-8P</b> - Tobacco screening OR tobacco cessation intervention not performed, reason not otherwise specified	Community/Population Health	Process	No	Claims, CMS Web Interface, EHR, Registry
254	Ultrasound Determination of Pregnancy Location for Pregnant Patients with Abdominal Pain	Percentage of pregnant female patients aged 14 to 50 who present to the emergency department (ED) with a chief complaint of abdominal pain or vaginal bleeding who receive a trans-abdominal or trans-vaginal ultrasound to determine pregnancy location	<b>G8806</b> - Performance of trans-abdominal or trans-vaginal ultrasound	<b>G8807</b> - Trans-abdominal or trans-vaginal ultrasound not performed for reasons documented by clinician (e.g., patient has visited the ED multiple times within 72 hours, patient has a documented Intrauterine Pregnancy [IUP])	<b>G8808</b> - Performance of trans-abdominal or trans-vaginal ultrasound not ordered, reason not given (e.g., patient has visited the ED multiple times with no documentation of a trans-abdominal or trans-vaginal ultrasound within ED or from referring eligible professional)	Effective Clinical Care	Process	No	Claims, Registry
255	Rh Immunoglobulin (Rhogam) for Rh-Negative Pregnant Women at Risk of Fetal Blood Exposure	Percentage of Rh-negative pregnant women aged 14-50 years at risk of fetal blood exposure who receive Rh- Immunoglobulin (Rhogam) in the emergency department (ED)	<b>G8809</b> - Rh-immunoglobulin (Rhogam) ordered	<b>G8810</b> - Rh-immunoglobulin (Rhogam) not ordered for reasons documented by clinician (e.g., patient had prior documented receipt of Rhogam within 12 weeks, patient refusal)	<b>G8811</b> - Documentation Rh-immunoglobulin (Rhogam) was not ordered, reason not given	Effective Clinical Care	Process	No	Claims, Registry
317	Preventive Care and Screening: Screening for High Blood Pressure and Follow-Up Documented	Percentage of patients aged 18 years and older seen during the reporting period who were screened for high blood pressure AND a recommended follow-up plan is documented based on the current blood pressure (BP) reading as indicated	<b>G8783</b> - Normal blood pressure reading documented, follow-up not required <b>OR G8950</b> - Pre-Hypertensive or Hypertensive blood pressure reading documented, AND the indicated follow-up is documented	<b>G9744</b> - Patient not eligible due to active diagnosis of hypertension <b>OR G9745</b> - Documented reason for not screening or recommending a follow-up for high blood pressure	<b>G8785</b> - Blood pressure reading not documented, reason not given <b>OR G8952</b> - Pre-Hypertensive or Hypertensive blood pressure reading documented, indicated follow-up not documented, reason not given	Community/Population Health	Process	No	Claims, EHR, Registry
415	Emergency Medicine: Emergency Department Utilization of CT for Minor Blunt Head Trauma for Patients Aged 18 Years and Older	Percentage of emergency department visits for patients aged 18 years and older who presented within 24 hours of a minor blunt head trauma with a Glasgow Coma Scale (GCS) score of 15 and who had a head CT for trauma ordered by an emergency care provider who have an indication for a head CT	<b>G9529</b> - Patient with minor blunt head trauma had an appropriate indication(s) for a head CT <b>AND G9530</b> - Patient presented within 24 hours of a minor blunt head trauma with a GCS score of 15 and had a head CT ordered for trauma by an emergency care provider	<b>G9531</b> - Patient has documentation of ventricular shunt, brain tumor, multisystem trauma, pregnancy, or is currently taking an antiplatelet medication including: ASA/dipyridamole, clopidogrel, prasugrel, ticlopidine, ticagrelor, or cilostazol <b>AND G9530</b> - Patient presented within 24 hours of a minor blunt head trauma with a GCS score of 15 and had a head CT ordered for trauma by an emergency care provider <b>OR G9532</b> - Patient's head injury occurred greater than 24 hours before presentation to the emergency department, OR has a GCS score less than 15 or does not have a GCS score documented, OR had a head CT for trauma ordered by someone other than an emergency care provider, OR was ordered for a reason other than trauma	<b>G9533</b> - Patient with minor blunt head trauma did not have an appropriate indication(s) for a head CT <b>AND G9530</b> - Patient presented within 24 hours of a minor blunt head trauma with a GCS score of 15 and had a head CT ordered for trauma by an emergency care provider	Efficiency and Cost Reduction	Efficiency	Yes	Claims, Registry
416	Emergency Medicine: Emergency Department Utilization of CT for Minor Blunt Head Trauma for Patients Aged 2 Through 17 Years	Percentage of emergency department visits for patients aged 2 through 17 years who presented within 24 hours of a minor blunt head trauma with a Glasgow Coma Scale (GCS) score of 15 and who had a head CT for trauma ordered by an emergency care provider who are classified as low risk according to the Pediatric Emergency Care Applied Research Network (PECARN) prediction rules for traumatic brain injury. <b>INVERSE MEASURE</b> - A lower calculated performance rate for this measure indicates better clinical care or control.	<b>G9593</b> - Pediatric patient with minor blunt head trauma classified as low risk according to the PECARN prediction rules <b>AND G9594</b> - Patient presented within 24 hours of a minor blunt head trauma with a GCS score of 15 and had a head CT ordered for trauma by an emergency care provider	<b>G9595</b> - Patient has documentation of ventricular shunt, brain tumor, coagulopathy, including thrombocytopenia <b>AND G9594</b> - Patient presented within 24 hours of a minor blunt head trauma with a GCS score of 15 and had a head CT ordered for trauma by an emergency care provider <b>OR G9596</b> - Pediatric patient's head injury occurred greater than 24 hours before presentation to the emergency department, OR has a GCS score less than 15 or does not have a GCS score documented, OR had a head CT for trauma ordered by someone other than an emergency care provider, OR was ordered for a reason other than trauma	<b>G9597</b> - Pediatric patient with minor blunt head trauma not classified as low risk according to the PECARN prediction rules <b>AND G9594</b> - Patient presented within 24 hours of a minor blunt head trauma with a GCS score of 15 and had a head CT ordered for trauma by an emergency care provider	Efficiency and Cost Reduction	Efficiency	Yes	Claims, Registry