

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</b> <b>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
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</b> <b>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
250	Radical Prostatectomy Pathology Reporting	Percentage of radical prostatectomy pathology reports that include the pT category, the pN category, the Gleason score and a statement about margin status	<b>3267F</b> - Pathology report includes pT category, pN category, Gleason score and statement about margin status	<b>G8798</b> - Specimen site other than anatomic location of prostate <b>OR</b> <b>3267F-1P</b> - Documentation of medical reason(s) for not including pT category, pN category, Gleason score and statement about margin status in the pathology report (e.g., specimen originated from other malignant neoplasms, transurethral resections of the prostate (TURP), or secondary site prostatic carcinomas)	<b>3267F-8P</b> - pT category, pN category, Gleason score and statement about margin status were not documented in pathology report, reason not otherwise specified	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</b> <b>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</b> <b>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</b> <b>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