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
12	Primary Open-Angle Glaucoma (POAG): Optic Nerve Evaluation	Percentage of patients aged 18 years and older with a diagnosis of primary open-angle glaucoma (POAG) who have an optic nerve head evaluation during one or more office visits within 12 months	**2027F** - Optic nerve head evaluation performed	**2027F-1P** - Documentation of medical reason(s) for not performing an optic nerve head evaluation	**2027F-8P** - Optic nerve head evaluation was not performed, reason not otherwise specified	Effective Clinical Care	Process	No	Claims, EHR, Registry
14	Age-Related Macular Degeneration (AMD): Dilated Macular Examination	Percentage of patients aged 50 years and older with a diagnosis of age-related macular degeneration (AMD) 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	**2019F** - Dilated macular exam performed, including documentation of the presence or absence of macular thickening or hemorrhage AND the level of macular degeneration severity	**2019-1P** - Documentation of medical reason(s) for not performing a dilated macular examination **OR 2019F-2P** - Documentation of patient reason(s) for not performing a dilated macular examination	**2019-8P** - Dilated macular exam was not performed, reason not otherwise specified	Effective Clinical Care	Process	No	Claims, Registry
19	Diabetic Retinopathy: Communication with the Physician Managing Ongoing Diabetes Care	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 mellitus regarding the findings of the macular or fundus exam at least once within 12 months	**5010F** - Findings of dilated macular or fundus exam communicated to the physician or other qualified health care professional managing the diabetes care **AND** **G8397** - Dilated macular or fundus exam performed, including documentation of the presence or absence of macular edema AND level of severity of retinopathy.	**G8398** - Dilated macular or fundus exam not performed **OR 5010F-1P** - Documentation of medical reason(s) for not communicating the findings of the dilated macular or fundus exam to the physician or other qualified health care professional managing the ongoing care of the patient with diabetes **OR 5010F-2P** - Documentation of patient reason(s) for not communicating the findings of the dilated macular or fundus exam to the physician or other qualified health care professional managing the ongoing care of the patient with diabetes **AND G8397** - Dilated macular or fundus exam performed, including documentation of the presence or absence of macular edema AND level of severity of retinopathy. ***Note:*** *One CPT II code and one quality-data code [**5010F-xP** and **G8397**] are required on the claim form to submit this numerator option.*	**5010F-8P** - Findings of dilated macular or fundus exam were not communicated to the physician or other qualified health care professional managing the diabetes care, reason not otherwise specified **AND** **G8397** - Dilated macular or fundus exam performed, including documentation of the presence or absence of macular edema AND level of severity of retinopathy	Communication and Care Coordination	Process	Yes	Claims, EHR, Registry
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	**1123F** - Advance Care Planning discussed and documented; advance care plan or surrogate decision maker documented in the medical record **OR 1124F** - 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	**G9692** - Hospice services received by patient any time during the measurement period	**1123F -8P** - Advance care planning not documented, reason not otherwise specified	Communication and Care Coordination	Process	Yes	Claims, Registry
117	Diabetes: Eye Exam	Percentage of patients 18-75 years of age with diabetes who had a retinal or dilated eye exam by an eye care professional during the measurement period or a negative retinal exam (no evidence of retinopathy) in the 12 months prior to the measurement period	**2022F** - Dilated retinal eye exam with interpretation by an ophthalmologist or optometrist documented and reviewed **OR 2024F** - Seven standard field stereoscopic photos with interpretation by an ophthalmologist or optometrist documented and reviewed **OR 2026F** - Eye imaging validated to match diagnosis from seven standard field stereoscopic photos results documented and reviewed. **OR 3072F** - Low risk for retinopathy (no evidence of retinopathy in the prior year)	**G9714** - Patient is using hospice services any time during the measurement period	**2022F-8P** **OR** **2024F-8P** **OR** **2026F-8P** - Dilated eye exam was not performed, reason not otherwise specified	Effective Clinical Care	Process	No	Claims, CMS Web Interface, EHR, 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.	**G8427** - Eligible clinician attests to documenting in the medical record they obtained, updated, or reviewed the patient's current medications	**G8430** - 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	**G8428** - 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
140	Age-Related Macular Degeneration (AMD): Counseling on Antioxidant Supplement	Percentage of patients aged 50 years and older with a diagnosis of age-related macular degeneration (AMD) or their caregiver(s) who 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	**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)	N/A	**4177F-8P** - AREDS counseling not performed, reason not otherwise specified	Effective Clinical Care	Process	No	Claims, Registry
141	Primary Open-Angle Glaucoma (POAG): Reduction of Intraocular Pressure (IOP) by 15% OR Documentation of a Plan of Care	Percentage of patients aged 18 years and older with a diagnosis of primary open-angle glaucoma (POAG) 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	**3284F** - Intraocular pressure (IOP) reduced by a value of greater than or equal to 15% from the pre-intervention level **OR 0517F** - Glaucoma plan of care documented **AND 3285F** - Intraocular pressure (IOP) reduced by a value less than 15% from the pre-intervention level	N/A	**0517F-8P** - Glaucoma plan of care not documented, reason not otherwise specified **AND 3285F** - Intraocular pressure (IOP) reduced by a value less than 15% from the pre-intervention level **OR 3284F-8P** - IOP measurement not documented, reason not otherwise specified	Communication and Care Coordination	Outcome	Yes	Claims, 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	**4004F** - Patient screened for tobacco use AND received tobacco cessation intervention (counseling, pharmacotherapy, or both), if identified as a tobacco user **OR 1036F** - Current tobacco non-user	**4004F-1P** - Documentation of medical reason(s) for not screening for tobacco use (eg, limited life expectancy, other medical reason)	**4004F-8P** - Tobacco screening OR tobacco cessation intervention not performed, reason not otherwise specified	Community/ Population Health	Process	No	Claims, CMS Web Interface, EHR, 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	**G8783** - Normal blood pressure reading documented, follow-up not required **OR** **G8950** - Pre-Hypertensive or Hypertensive blood pressure reading documented, AND the indicated follow-up is documented	**G9744** - Patient not eligible due to active diagnosis of hypertension **OR** **G9745** - Documented reason for not screening or recommending a follow-up for high blood pressure	**G8785** - Blood pressure reading not documented, reason not given **OR G8952** - Pre-Hypertensive or Hypertensive blood pressure reading documented, indicated follow-up not documented, reason not given	Community/ Population Health	Process	No	Claims, EHR, Registry