

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
21	Perioperative Care: Selection of Prophylactic Antibiotic - First OR Second Generation Cephalosporin	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 a first OR second generation cephalosporin for antimicrobial prophylaxis	G9197 - Documentation of order for first OR second generation cephalosporin for antimicrobial prophylaxis. Note: G9197 is provided for antibiotic ordered or antibiotic given. Report G9197 if a first or second generation cephalosporin was given for antimicrobial prophylaxis.	G9196 - Documentation of medical reason(s) for not ordering a first OR second generation cephalosporin for antimicrobial prophylaxis (e.g., patients enrolled in clinical trials, patients with documented infection prior to surgical procedure of interest, patients who were receiving antibiotics more than 24 hours prior to surgery [except colon surgery patients taking oral prophylactic antibiotics], patients who were receiving antibiotics within 24 hours prior to arrival [except colon surgery patients taking oral prophylactic antibiotics], other medical reason(s))	G9198 - Order for first OR second generation cephalosporin for antimicrobial prophylaxis was not documented, reason not given	Patient Safety	Process	Yes	Claims, Registry
23	Perioperative Care: Venous Thromboembolism (VTE) Prophylaxis (When Indicated in ALL Patients)	Percentage of surgical patients aged 18 years and older undergoing procedures for which venous thromboembolism (VTE) prophylaxis is indicated in all patients, who had an order for Low Molecular Weight Heparin (LMWH), Low-Dose Unfractionated Heparin (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	4044F - Documentation that an order was given for venous thromboembolism (VTE) prophylaxis to be given within 24 hours prior to incision time or 24 hours after surgery end time Note: A single CPT Category II code is provided for VTE prophylaxis ordered or VTE prophylaxis given. If VTE prophylaxis is given, report 4044F.	4044F-1P - Documentation of medical reason(s) for patient not receiving any form of VTE prophylaxis (LMWH, LDUH, adjusted-dose Warfarin, Fondaparinux or mechanical prophylaxis) within 24 hours prior to incision time or 24 hours after surgery end time	4044F-8P - Order was not given for venous thromboembolism (VTE) prophylaxis to be given within 24 hours prior to incision time or 24 hours after surgery end time, reason not otherwise specified	Patient Safety	Process	Yes	Claims, 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
109	Osteoarthritis (OA): Function and Pain Assessment	Percentage of patient visits for patients aged 21 years and older with a diagnosis of osteoarthritis (OA) with assessment for function and pain	1006F - Osteoarthritis symptoms and functional status assessed (may include the use of a standardized scale or the completion of an assessment questionnaire, such as the SF-36, AAOS Hip & Knee Questionnaire)	N/A	1006F-8P - Osteoarthritis symptoms and functional status not assessed, reason not otherwise specified	Person and Caregiver-Centered Experience and Outcomes	Process	Yes	Claims, Registry
128	Preventive Care and Screening: Body Mass Index (BMI) Screening and Follow-Up Plan	Percentage of patients aged 18 years and older with a BMI documented during the current encounter or during the previous six months AND with a BMI outside of normal parameters, a follow-up plan is documented during the encounter or during the previous six months of the current encounter. Normal Parameters: Age 18 years and older BMI ≥ 18.5 and < 25 kg/m2	G8420 - BMI is documented within normal parameters and no follow-up plan is required OR G8417 - BMI is documented above normal parameters and a follow-up plan is documented OR G8418 - BMI is documented below normal parameters and a follow-up plan is documented.	G8422 - BMI not documented, documentation the patient is not eligible for BMI calculation OR G8938 - BMI is documented as being outside of normal limits, follow-up plan is not documented, documentation the patient is not eligible OR G9716 - BMI is documented as being outside of normal limits, follow-up plan is not completed for documented reason.	G8421 - BMI not documented and no reason is given OR G8419 - BMI documented outside normal parameters, no follow-up plan documented, no reason given	Community/Population Health	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-counter, 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
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