

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	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-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
131	Pain Assessment and Follow-Up	Percentage of visits for patients aged 18 years and older with documentation of a pain assessment using a standardized tool(s) on each visit AND documentation of a follow-up plan when pain is present	G8730 - Pain assessment documented as positive using a standardized tool AND a follow-up plan is documented OR G8731 - Pain assessment using a standardized tool is documented as negative, no follow-up plan required	G8442 - Pain assessment NOT documented as being performed, documentation the patient is not eligible for a pain assessment using a standardized tool OR G8939 - Pain assessment documented as positive, follow-up plan not documented, documentation the patient is not eligible	G8732 - No documentation of pain assessment, reason not given OR G8509 - Pain assessment documented as positive using a standardized tool, follow-up plan not documented, reason not given	Communication and Care Coordination	Process	Yes	Claims, Registry
182	Functional Outcome Assessment	Percentage of visits for patients aged 18 years and older with documentation of a current functional outcome assessment using a standardized functional outcome assessment tool on the date of the encounter AND documentation of a care plan based on identified functional outcome deficiencies on the date of the identified deficiencies	G8539 - Functional outcome assessment documented as positive using a standardized tool AND a care plan based, on identified deficiencies on the date of the functional outcome assessment, is documented OR G8542 - Functional outcome assessment using a standardized tool is documented; no functional deficiencies identified, care plan not required OR G8942 - Functional outcome assessment using a standardized tool is documented within the previous 30 days and care plan, based on identified deficiencies on the date of the functional outcome assessment, is documented	G8540 - Functional Outcome Assessment NOT documented as being performed, documentation the patient is not eligible for a functional outcome assessment using a standardized tool OR G9227 - Functional outcome assessment documented, care plan not documented, documentation the patient is not eligible for a care plan	G8541 - Functional outcome assessment using a standardized tool not documented, reason not given OR G8543 - Documentation of a positive functional outcome assessment using a standardized tool; care plan not documented, reason not given	Communication and Care Coordination	Process	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