

ADDITIONAL INFORMATION REGARDING ELECTRONIC CLINICAL QUALITY MEASURES (eCQMs) FOR CMS QUALITY REPORTING PROGRAMS FOR ELIGIBLE PROFESSIONALS AND ELIGIBLE CLINICIANS¹

Updated June 2020

The table below titled “Electronic Clinical Quality Measures for Eligible Professionals and Eligible Clinicians: 2021 Reporting” contains additional up-to-date information for electronic clinical quality measures (eCQMs) that are to be used to electronically report 2021 clinical quality measure data for the Centers for Medicare & Medicaid Services (CMS) quality reporting programs. Measures will not be eligible for 2021 reporting unless and until they are proposed and finalized through notice-and-comment rulemaking for each applicable program. Subsequent updates will be provided in a new version of this table with a summary of the updates located in a version history table at the end of the document.

Please note the measure stewards updated the titles and descriptions for the eCQMs included in this table and therefore they may not match the information provided on the National Quality Forum (NQF) website. Measures that do not have an NQF number are not currently endorsed.

Each eCQM has been assessed against quality domains and meaningful measure areas. This table aligns with the quality domains established in the Medicare Access and CHIP Reauthorization Act of 2015 (MACRA) and implemented through the Quality Payment Program.

CMS has posted guidance on the allowance of telehealth encounters for the eligible professional and eligible clinician eCQMs used in CMS quality reporting programs for performance period 2021. The telehealth guidance document is available on the eCQI Resource Center for [Eligible Professionals and Eligible Clinicians](#) under the 2021 Reporting/Performance Year. Guidance provided within the telehealth guidance document is intended to provide stakeholders with clarity on telehealth allowances that appear within the eCQM specifications for the 2021 quality reporting performance period. This guidance is specific to the 2021 quality reporting performance period. In addition to posting the telehealth guidance document for performance period 2021, CMS has updated the below table to include indications of which eCQMs are eligible for telehealth encounters.

For the 2021 performance period, the majority of the eligible professional/eligible clinician eCQMs include Current Procedural Terminology (CPT) and Healthcare Common Procedure Coding System (HCPCS) encounter codes that are appropriate to use for either in-person or telehealth encounters based on the list of services payable under the Medicare Physician Fee Schedule (see <https://www.cms.gov/Medicare/Medicare-General-Information/Telehealth/Telehealth-Codes>).² The current eCQM logic and value sets do not differentiate between in-person encounters or telehealth encounters when these “telehealth-eligible” CPT and HCPCS codes are used. Unless otherwise stated in the telehealth guidance document, encounters identified with CMS telehealth-eligible codes are eligible for inclusion within the eligible professional/eligible clinician eCQMs for the 2021 performance period, whether the encounter was provided in person or via telehealth.

There are 39 telehealth-eligible eCQMs for the 2021 performance period. When reviewing this list of eCQMs, please note there may be instances where the quality action cannot be completed during the telehealth encounter by eligible professionals and eligible clinicians. Specifically, telehealth-eligible CPT and HCPCS codes may be included in value sets where the required quality action in the numerator cannot be completed via telehealth. Therefore, it is the eligible professionals’ and eligible clinicians’ responsibility to make sure they can meet all other aspects of the quality action within the measure specification, including other quality actions that cannot be completed by telehealth.

¹ Eligible clinicians applies to Merit-based Incentive Payment System (MIPS) eligible clinicians and similar participants of other CMS programs using eCQMs for quality reporting such as Advanced Alternative Payment Model (Advanced APM) participants.

² The Centers for Medicare & Medicaid Services may update this Medicare Telehealth Service list. The information provided in this guidance document is based on an analysis done using the April 30, 2020, publication titled, “Telehealth Services for PHE for the COVID-19 pandemic effective March 1 2020-updated April 30 2020.xlsx.”

ELECTRONIC CLINICAL QUALITY MEASURES FOR ELIGIBLE PROFESSIONALS AND ELIGIBLE CLINICIANS: 2021 REPORTING

| CMS eCQM ID | NQF ID | MIPS Quality ID | Measure Name | Measure Description | Numerator Statement | Denominator Statement | Measure Type | Quality Domain | Meaningful Measure Area | Telehealth-Eligible |
|-------------|----------------|-----------------|---|---|---|--|--------------|---|--|---------------------|
| CMS2v10 | 0418e | 134 | Preventive Care and Screening: Screening for Depression and Follow-Up Plan | Percentage of patients aged 12 years and older screened for depression on the date of the encounter or up to 14 days prior to the date of the encounter using an age-appropriate standardized depression screening tool AND if positive, a follow-up plan is documented on the date of the eligible encounter | Patients screened for depression on the date of the encounter or up to 14 days prior to the date of the encounter using an age-appropriate standardized tool AND if positive, a follow-up plan is documented on the date of the eligible encounter | Equals Initial Population: All patients aged 12 years and older at the beginning of the measurement period with at least one eligible encounter during the measurement period | Process | Community/Population Health | Prevention, Treatment, and Management of Mental Health | Yes ^a |
| CMS22v9 | Not Applicable | 317 | Preventive Care and Screening: Screening for High Blood Pressure and Follow-Up Documented | Percentage of patient visits for patients aged 18 years and older seen during the measurement period who were screened for high blood pressure AND a recommended follow-up plan is documented, as indicated, if blood pressure is pre-hypertensive or hypertensive | Patient visits where patients were screened for high blood pressure AND have a recommended follow-up plan documented, as indicated, if the blood pressure is pre-hypertensive or hypertensive | Equals Initial Population: All patient visits for patients aged 18 years and older at the beginning of the measurement period | Process | Community/Population Health | Preventive Care | No ^b |
| CMS50v9 | Not Applicable | 374 | Closing the Referral Loop: Receipt of Specialist Report | Percentage of patients with referrals, regardless of age, for which the referring provider receives a report from the provider to whom the patient was referred | Number of patients with a referral, for which the referring provider received a report from the provider to whom the patient was referred | Equals Initial Population: Number of patients, regardless of age, who were referred by one provider to another provider, and who had a visit during the measurement period | Process | Communication and Care Coordination | Transfer of Health Information and Interoperability | Yes ^a |
| CMS56v9 | Not Applicable | 376 | Functional Status Assessment for Total Hip Replacement | Percentage of patients 18 years of age and older who received an elective primary total hip arthroplasty (THA) and completed a functional status assessment within 90 days prior to the surgery and in the 270-365 days after the surgery | Patients with patient-reported functional status assessment results (i.e., Veterans RAND 12-item health survey [VR-12], Patient-Reported Outcomes Measurement Information System [PROMIS]-10-Global Health, Hip Disability and Osteoarthritis Outcome Score [HOOS], HOOS Jr.) in the 90 days prior to or on the day of the primary THA procedure, and in the 270 - 365 days after the THA procedure | Equals Initial Population: Patients 19 years of age and older who had a primary total hip arthroplasty (THA) in the year prior to the measurement period and who had an outpatient encounter during the measurement period | Process | Person and Caregiver-Centered Experience and Outcomes | Functional Outcomes | Yes ^a |

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|-------------|----------------|-----------------|---|---|--|---|--------------|---|-------------------------|---------------------|
| CMS66v9 | Not Applicable | 375 | Functional Status Assessment for Total Knee Replacement | Percentage of patients 18 years of age and older who received an elective primary total knee arthroplasty (TKA) and completed a functional status assessment within 90 days prior to the surgery and in the 270-365 days after the surgery | Patients with patient-reported functional status assessment results (i.e., Veterans RAND 12-item health survey [VR-12], Patient-Reported Outcomes Measurement Information System [PROMIS]-10 Global Health, Knee Injury and Osteoarthritis Outcome Score [KOOS], KOOS Jr.) in the 90 days prior to or on the day of the primary TKA procedure, and in the 270 - 365 days after the TKA procedure | Equals Initial Population: Patients 19 years of age and older who had a primary total knee arthroplasty (TKA) in the year prior to the measurement period and who had an outpatient encounter during the measurement period | Process | Person and Caregiver-Centered Experience and Outcomes | Functional Outcomes | Yes ^a |
| CMS68v10 | 0419e | 130 | Documentation of Current Medications in the Medical Record | Percentage of visits for patients aged 18 years and older for which the eligible professional or eligible clinician attests to documenting a list of current medications using all immediate resources available on the date of the encounter | Eligible professional or eligible clinician attests to documenting, updating or reviewing the patient's current medications using all immediate resources available on the date of the encounter | Equals Initial Population: All visits occurring during the 12 month measurement period for patients aged 18 years and older | Process | Patient Safety | Medication Management | Yes ^a |
| CMS69v9 | Not Applicable | 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 within the previous twelve months AND who had a follow-up plan documented if most recent BMI was outside of normal parameters | Patients with a documented BMI during the encounter or during the previous twelve months, AND when the BMI is outside of normal parameters, a follow-up plan is documented during the encounter or during the previous twelve months of the current encounter | Equals Initial Population: All patients aged 18 and older on the date of the encounter with at least one eligible encounter during the measurement period | Process | Community/Population Health | Preventive Care | No ^b |
| CMS74v10 | Not Applicable | 379 | Primary Caries Prevention Intervention as Offered by Primary Care Providers, including Dentists | Percentage of children, 6 months - 20 years of age, who received a fluoride varnish application during the measurement period | Children who receive a fluoride varnish application during the measurement period | Equals Initial Population: Children, 6 months - 20 years of age, with a visit during the measurement period | Process | Effective Clinical Care | Preventive Care | Yes ^a |
| CMS75v9 | Not Applicable | 378 | Children Who Have Dental Decay or Cavities | Percentage of children, 6 months - 20 years of age, who have had tooth decay or cavities during the measurement period | Children who had a diagnosis of cavities or decayed teeth overlapping the measurement period | Equals Initial Population: Children, 6 months - 20 years of age, with a clinical oral evaluation during the measurement period | Outcome | Community/Population Health | Preventive Care | No ^c |

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|-------------|----------------|-----------------|--|--|---|---|----------------------|---|----------------------------------|---------------------|
| CMS90v10 | Not Applicable | 377 | Functional Status Assessments for Congestive Heart Failure | Percentage of patients 18 years of age and older with congestive heart failure who completed initial and follow-up patient-reported functional status assessments | Patients with patient-reported functional status assessment results (i.e., Veterans RAND 12-item health survey [VR-12]; VR-36; Kansas City Cardiomyopathy Questionnaire [KCCQ]; KCCQ-12; Minnesota Living with Heart Failure Questionnaire [MLHFQ]; Patient-Reported Outcomes Measurement Information System [PROMIS]-10 Global Health, PROMIS-29) present in the EHR two weeks before or during the initial FSA encounter and results for the follow-up FSA at least 30 days but no more than 180 days after the initial FSA | Equals Initial Population: Patients 18 years of age and older who had two outpatient encounters during the measurement year and a diagnosis of congestive heart failure | Process | Person and Caregiver-Centered Experience and Outcomes | Functional Outcomes | Yes ^a |
| CMS117v9 | Not Applicable | 240 | Childhood Immunization Status | Percentage of children 2 years of age who had four diphtheria, tetanus and acellular pertussis (DTaP); three polio (IPV), one measles, mumps and rubella (MMR); three or four H influenza type B (Hib); three hepatitis B (Hep B); one chicken pox (VZV); four pneumococcal conjugate (PCV); one hepatitis A (Hep A); two or three rotavirus (RV); and two influenza (flu) vaccines by their second birthday | Children who have evidence showing they received recommended vaccines, had documented history of the illness, had a seropositive test result, or had an allergic reaction to the vaccine by their second birthday | Equals Initial Population: Children who turn 2 years of age during the measurement period and who have a visit during the measurement period | Process | Community/Population Health | Preventive Care | Yes ^a |
| CMS122v9 | Not Applicable | 001 | Diabetes: Hemoglobin A1c (HbA1c) Poor Control (> 9%) | Percentage of patients 18-75 years of age with diabetes who had hemoglobin A1c > 9.0% during the measurement period | Patients whose most recent HbA1c level (performed during the measurement period) is >9.0% | Equals Initial Population: Patients 18-75 years of age with diabetes with a visit during the measurement period | Intermediate Outcome | Effective Clinical Care | Management of Chronic Conditions | Yes ^a |

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|-------------|----------------|-----------------|--|--|--|--|--------------|-----------------------------|-------------------------|---------------------|
| CMS124v9 | Not Applicable | 309 | Cervical Cancer Screening | Percentage of women 21-64 years of age who were screened for cervical cancer using either of the following criteria: -Women age 21-64 who had cervical cytology performed within the last 3 years-Women age 30-64 who had cervical human papillomavirus (HPV) testing performed within the last 5 years | Women with one or more screenings for cervical cancer. Appropriate screenings are defined by any one of the following criteria: -Cervical cytology performed during the measurement period or the two years prior to the measurement period for women who are at least 21 years old at the time of the test -Cervical human papillomavirus (HPV) testing performed during the measurement period or the four years prior to the measurement period for women who are 30 years or older at the time of the test | Equals Initial Population: Women 23-64 years of age with a visit during the measurement period | Process | Effective Clinical Care | Preventive Care | Yes ^a |
| CMS125v9 | Not Applicable | 112 | Breast Cancer Screening | Percentage of women 50-74 years of age who had a mammogram to screen for breast cancer in the 27 months prior to the end of the Measurement Period | Women with one or more mammograms during the 27 months prior to the end of the measurement period | Equals Initial Population: Women 51-74 years of age with a visit during the measurement period | Process | Effective Clinical Care | Preventive Care | Yes ^a |
| CMS127v9 | Not Applicable | 111 | Pneumococcal Vaccination Status for Older Adults | Percentage of patients 65 years of age and older who have ever received a pneumococcal vaccine | Patients who have ever received a pneumococcal vaccination before the end of the measurement period | Equals Initial Population: Patients 65 years of age and older with a visit during the measurement period | Process | Community/Population Health | Preventive Care | Yes ^a |

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| CMS128v9 | Not Applicable | 009 | Anti-depressant Medication Management | <p>Percentage of patients 18 years of age and older who were treated with antidepressant medication, had a diagnosis of major depression, and who remained on an antidepressant medication treatment. Two rates are reported.</p> <p>a. Percentage of patients who remained on an antidepressant medication for at least 84 days (12 weeks).</p> <p>b. Percentage of patients who remained on an antidepressant medication for at least 180 days (6 months).</p> | <p>Numerator 1: Patients who have received antidepressant medication for at least 84 days (12 weeks) of continuous treatment during the 114-day period following the Index Prescription Start Date.</p> <p>Numerator 2: Patients who have received antidepressant medications for at least 180 days (6 months) of continuous treatment during the 231-day period following the Index Prescription Start Date.</p> | <p>Equals Initial Population: Patients 18 years of age and older who were dispensed antidepressant medications within 245 days (8 months) prior to the measurement period through the first 120 days (4 months) of the measurement period, and were diagnosed with major depression 60 days prior to, or 60 days after the dispensing event and had a visit 60 days prior to, or 60 days after the dispensing event</p> | Process | Effective Clinical Care | Prevention, Treatment, and Management of Mental Health | Yes ^a |
| CMS129v10 | 0389e | 102 | Prostate Cancer: Avoidance of Overuse of Bone Scan for Staging Low Risk Prostate Cancer Patients | <p>Percentage of patients, regardless of age, with a diagnosis of prostate cancer at low (or very low) risk of recurrence receiving interstitial prostate brachytherapy, OR external beam radiotherapy to the prostate, OR radical prostatectomy who did not have a bone scan performed at any time since diagnosis of prostate cancer</p> | <p>Patients who did not have a bone scan performed at any time since diagnosis of prostate cancer</p> | <p>Equals Initial Population at low (or very low) risk of recurrence receiving interstitial prostate brachytherapy, OR external beam radiotherapy to the prostate, OR radical prostatectomy</p> | Process | Efficiency and Cost Reduction | Appropriate Use of Healthcare | No ^c |

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| CMS130v9 | Not Applicable | 113 | Colorectal Cancer Screening | Percentage of adults 50-75 years of age who had appropriate screening for colorectal cancer | <p>Patients with one or more screenings for colorectal cancer. Appropriate screenings are defined by any one of the following criteria:</p> <ul style="list-style-type: none"> - Fecal occult blood test (FOBT) during the measurement period - Flexible sigmoidoscopy during the measurement period or the four years prior to the measurement period - Colonoscopy during the measurement period or the nine years prior to the measurement period - FIT-DNA during the measurement period or the two years prior to the measurement period - CT Colonography during the measurement period or the four years prior to the measurement period | Equals Initial Population: Patients 50-75 years of age with a visit during the measurement period | Process | Effective Clinical Care | Preventive Care | Yes ^a |
| CMS131v9 | Not Applicable | 117 | Diabetes: Eye Exam | Percentage of patients 18-75 years of age with diabetes and an active diagnosis of retinopathy overlapping the measurement period who had a retinal or dilated eye exam by an eye care professional during the measurement period or diabetics with no diagnosis of retinopathy overlapping the measurement period who had a retinal or dilated eye exam by an eye care professional during the measurement period or in the 12 months prior to the measurement period | <p>Patients with an eye screening for diabetic retinal disease. This includes diabetics who had one of the following:</p> <ul style="list-style-type: none"> - Diabetic with a diagnosis of retinopathy that overlaps the measurement period and a retinal or dilated eye exam by an eye care professional in the measurement period - Diabetic with no diagnosis of retinopathy overlapping the measurement period and a retinal or dilated eye exam by an eye care professional in the measurement period or the year prior to the measurement period | Equals Initial Population: Patients 18-75 years of age with diabetes with a visit during the measurement period | Process | Effective Clinical Care | Management of Chronic Conditions | Yes ^a |

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|-------------|----------------|-----------------|--|--|---|--|--------------|-------------------------|----------------------------------|---------------------|
| CMS133v9 | 0565e | 191 | Cataracts: 20/40 or Better Visual Acuity within 90 Days Following Cataract Surgery | Percentage of cataract surgeries for patients aged 18 and older with a diagnosis of uncomplicated cataract and no significant ocular conditions impacting the visual outcome of surgery and had best-corrected visual acuity of 20/40 or better (distance or near) achieved in the operative eye within 90 days following the cataract surgery | Cataract surgeries with best-corrected visual acuity of 20/40 or better (distance or near) achieved in the operative eye within 90 days following cataract surgery | Equals Initial Population: All cataract surgeries for patients aged 18 years and older who did not meet any exclusion criteria | Outcome | Effective Clinical Care | Management of Chronic Conditions | No ^c |
| CMS134v9 | Not Applicable | 119 | Diabetes: Medical Attention for Nephropathy | The percentage of patients 18-75 years of age with diabetes who had a nephropathy screening test or evidence of nephropathy during the measurement period | Patients with a screening for nephropathy or evidence of nephropathy during the measurement period | Equals Initial Population: Patients 18-75 years of age with diabetes with a visit during the measurement period | Process | Effective Clinical Care | Management of Chronic Conditions | Yes ^a |
| CMS135v9 | 0081e | 005 | Heart Failure (HF): Angiotensin-Converting Enzyme (ACE) Inhibitor or Angiotensin Receptor Blocker (ARB) or Angiotensin Receptor-Nepriylsin Inhibitor (ARNI) Therapy for Left Ventricular Systolic Dysfunction (LVSD) | Percentage of patients aged 18 years and older with a diagnosis of heart failure (HF) with a current or prior left ventricular ejection fraction (LVEF) < 40% who were prescribed ACE inhibitor or ARB or ARNI therapy either within a 12-month period when seen in the outpatient setting OR at each hospital discharge | Patients who were prescribed ACE inhibitor or ARB or ARNI therapy either within a 12-month period when seen in the outpatient setting OR at each hospital discharge | Equals Initial Population with a current or prior LVEF < 40% | Process | Effective Clinical Care | Management of Chronic Conditions | Yes ^a |

| CMS eCQM ID | NQF ID | MIPS Quality ID | Measure Name | Measure Description | Numerator Statement | Denominator Statement | Measure Type | Quality Domain | Meaningful Measure Area | Telehealth-Eligible |
|-------------|----------------|-----------------|--|--|---|---|--------------|-------------------------|--|---------------------|
| CMS136v10 | Not Applicable | 366 | Follow-Up Care for Children Prescribed ADHD Medication (ADD) | <p>Percentage of children 6-12 years of age and newly dispensed a medication for attention-deficit/hyperactivity disorder (ADHD) who had appropriate follow-up care. Two rates are reported.</p> <p>a. Percentage of children who had one follow-up visit with a practitioner with prescribing authority during the 30-Day Initiation Phase.</p> <p>b. Percentage of children who remained on ADHD medication for at least 210 days and who, in addition to the visit in the Initiation Phase, had at least two additional follow-up visits with a practitioner within 270 days (9 months) after the Initiation Phase ended.</p> | <p>Numerator 1: Patients who had at least one face-to-face visit with a practitioner with prescribing authority within 30 days after the IPSPD.</p> <p>Numerator 2: Patients who had at least one face-to-face visit with a practitioner with prescribing authority during the Initiation Phase, and at least two follow-up visits during the Continuation and Maintenance Phase. One of the two visits during the Continuation and Maintenance Phase may be a telephone visit with a practitioner.</p> | <p>Equals Initial Population:</p> <p>Initial Population 1: Children 6-12 years of age who were dispensed an ADHD medication during the Intake Period and who had a visit during the measurement period.</p> <p>Initial Population 2: Children 6-12 years of age who were dispensed an ADHD medication during the Intake Period and who remained on the medication for at least 210 days out of the 300 days following the IPSPD, and who had a visit during the measurement period.</p> | Process | Effective Clinical Care | Prevention, Treatment, and Management of Mental Health | Yes ^a |

| CMS eCQM ID | NQF ID | MIPS Quality ID | Measure Name | Measure Description | Numerator Statement | Denominator Statement | Measure Type | Quality Domain | Meaningful Measure Area | Telehealth-Eligible |
|-------------|----------------|-----------------|--|--|---|---|--------------|-------------------------|--|---------------------|
| CMS137v9 | Not Applicable | 305 | Initiation and Engagement of Alcohol and Other Drug Dependence Treatment | <p>Percentage of patients 13 years of age and older with a new episode of alcohol or other drug abuse or (AOD) dependence who received the following. Two rates are reported.</p> <p>a. Percentage of patients who initiated treatment including either an intervention or medication for the treatment of AOD abuse or dependence within 14 days of the diagnosis</p> <p>b. Percentage of patients who engaged in ongoing treatment including two additional interventions or a medication for the treatment of AOD abuse or dependence within 34 days of the initiation visit. For patients who initiated treatment with a medication, at least one of the two engagement events must be a treatment intervention.</p> | <p>Numerator 1: Initiation of treatment includes either an intervention or medication for the treatment of AOD abuse or dependence within 14 days of the diagnosis.</p> <p>Numerator 2: Engagement in ongoing treatment includes two additional interventions or a medication for the treatment of AOD abuse or dependence within 34 days of the initiation visit. For patients who initiated treatment with a medication, at least one of the two engagement events must be a treatment intervention (i.e., engagement for these members cannot be satisfied with medication treatment alone).</p> | <p>Equals Initial Population: Patients age 13 years of age and older who were diagnosed with a new episode of alcohol, opioid, or other drug abuse or dependency during a visit between January 1 and November 14 of the measurement period</p> | Process | Effective Clinical Care | Prevention and Treatment of Opioid and Substance Use Disorders | Yes ^a |

| CMS eCQM ID | NQF ID | MIPS Quality ID | Measure Name | Measure Description | Numerator Statement | Denominator Statement | Measure Type | Quality Domain | Meaningful Measure Area | Telehealth-Eligible |
|-------------|----------------|-----------------|--|--|---|---|--------------|-----------------------------|--|---------------------|
| CMS138v9 | 0028e | 226 | Preventive Care and Screening: Tobacco Use: Screening and Cessation Intervention | <p>Percentage of patients aged 18 years and older who were screened for tobacco use one or more times within 12 months AND who received tobacco cessation intervention if identified as a tobacco user</p> <p>Three rates are reported:</p> <p>a. Percentage of patients aged 18 years and older who were screened for tobacco use one or more times within 12 months</p> <p>b. Percentage of patients aged 18 years and older who were identified as a tobacco user who received tobacco cessation intervention</p> <p>c. Percentage of patients aged 18 years and older who were screened for tobacco use one or more times within 12 months AND who received tobacco cessation intervention if identified as a tobacco user</p> | <p>Population 1: Patients who were screened for tobacco use at least once within 12 months</p> <p>Population 2: Patients who received tobacco cessation intervention</p> <p>Population 3: Patients who were screened for tobacco use at least once within 12 months AND who received tobacco cessation intervention if identified as a tobacco user</p> | <p>Population 1: Equals Initial Population: All patients aged 18 years and older seen for at least two visits or at least one preventive visit during the measurement period</p> <p>Population 2: Equals Initial Population who were screened for tobacco use and identified as a tobacco user</p> <p>Population 3: Equals Initial Population: All patients aged 18 years and older seen for at least two visits or at least one preventive visit during the measurement period</p> | Process | Community/Population Health | Prevention and Treatment of Opioid and Substance Use Disorders | Yes ^a |
| CMS139v9 | Not Applicable | 318 | Falls: Screening for Future Fall Risk | Percentage of patients 65 years of age and older who were screened for future fall risk during the measurement period | Patients who were screened for future fall risk at least once within the measurement period | Equals Initial Population: Patients aged 65 years and older with a visit during the measurement period | Process | Patient Safety | Preventable Healthcare Harm | Yes ^a |

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|-------------|----------------|-----------------|---|--|---|---|--------------|-------------------------------------|---|---------------------|
| CMS142v9 | Not Applicable | 019 | 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 | Patients with documentation, at least once within 12 months, of the findings of the dilated macular or fundus exam via communication to the physician who manages the patient's diabetic care | Equals Initial Population who had a dilated macular or fundus exam performed | Process | Communication and Care Coordination | Transfer of Health Information and Interoperability | No ^b |
| CMS143v9 | 0086e | 012 | 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 | Patients who have an optic nerve head evaluation during one or more office visits within 12 months | Equals Initial Population: All patients aged 18 years and older with a diagnosis of primary open-angle glaucoma | Process | Effective Clinical Care | Management of Chronic Conditions | No ^b |
| CMS144v9 | 0083e | 008 | Heart Failure (HF): Beta-Blocker Therapy for Left Ventricular Systolic Dysfunction (LVSD) | Percentage of patients aged 18 years and older with a diagnosis of heart failure (HF) with a current or prior left ventricular ejection fraction (LVEF) < 40% who were prescribed beta-blocker therapy either within a 12-month period when seen in the outpatient setting OR at each hospital discharge | Patients who were prescribed beta-blocker therapy either within a 12-month period when seen in the outpatient setting OR at each hospital discharge | Equals Initial Population with a current or prior LVEF < 40% | Process | Effective Clinical Care | Management of Chronic Conditions | Yes ^a |
| CMS145v9 | 0070e | 007 | Coronary Artery Disease (CAD): Beta-Blocker Therapy-Prior Myocardial Infarction (MI) or Left Ventricular Systolic Dysfunction (LVEF <40%) | Percentage of patients aged 18 years and older with a diagnosis of coronary artery disease seen within a 12-month period who also have a prior MI or a current or prior LVEF <40% who were prescribed beta-blocker therapy | Patients who were prescribed beta-blocker therapy | Equals Initial Population who also have prior (within the past 3 years) MI or a current or prior LVEF <40% | Process | Effective Clinical Care | Management of Chronic Conditions | Yes ^a |

| CMS eCQM ID | NQF ID | MIPS Quality ID | Measure Name | Measure Description | Numerator Statement | Denominator Statement | Measure Type | Quality Domain | Meaningful Measure Area | Telehealth-Eligible |
|-------------|----------------|-----------------|---|---|--|--|--------------|-------------------------------|--|---------------------|
| CMS146v9 | Not Applicable | 066 | Appropriate Testing for Pharyngitis | The percentage of episodes for patients 3 years and older with a diagnosis of pharyngitis that resulted in an antibiotic dispensing event and a group A streptococcus (strep) test | A group A streptococcus test in the seven-day period from three days prior to the episode date through three days after the episode date | Equals Initial Population: Outpatient, telephone, online assessment, observation, or emergency department (ED) visits with a diagnosis of pharyngitis and an antibiotic dispensing event among patients 3 years or older | Process | Efficiency and Cost Reduction | Appropriate Use of Healthcare | Yes ^a |
| CMS147v10 | 0041e | 110 | Preventive Care and Screening: Influenza Immunization | Percentage of patients aged 6 months and older seen for a visit between October 1 and March 31 who received an influenza immunization OR who reported previous receipt of an influenza immunization | Patients who received an influenza immunization OR who reported previous receipt of an influenza immunization | Equals Initial Population and seen for a visit between October 1 and March 31 | Process | Community/Population Health | Preventive Care | Yes ^a |
| CMS149v9 | 2872e | 281 | Dementia: Cognitive Assessment | Percentage of patients, regardless of age, with a diagnosis of dementia for whom an assessment of cognition is performed and the results reviewed at least once within a 12-month period | Patients for whom an assessment of cognition is performed and the results reviewed at least once within a 12-month period | Equals Initial Population: All patients, regardless of age, with a diagnosis of dementia | Process | Effective Clinical Care | Prevention, Treatment, and Management of Mental Health | Yes ^a |
| CMS153v9 | Not Applicable | 310 | Chlamydia Screening for Women | Percentage of women 16-24 years of age who were identified as sexually active and who had at least one test for chlamydia during the measurement period | Women with at least one chlamydia test during the measurement period | Equals Initial Population: Women 16 to 24 years of age who are sexually active and who had a visit in the measurement period | Process | Community/Population Health | Preventive Care | Yes ^a |
| CMS154v9 | Not Applicable | 065 | Appropriate Treatment for Upper Respiratory Infection (URI) | Percentage of episodes for patients 3 months of age and older with a diagnosis of upper respiratory infection (URI) that did not result in an antibiotic dispensing event. | URI episodes without a prescription for antibiotic medication on or 3 days after the outpatient visit, telephone visit, online assessment, observation stay or emergency department visit for an upper respiratory infection | Equals Initial Population: Outpatient visits, telephone visits, online assessments, observation stays or emergency department visits with a diagnosis of URI during the measurement period among patients 3 months of age and older. | Process | Efficiency and Cost Reduction | Appropriate Use of Healthcare | Yes ^a |

| CMS eCQM ID | NQF ID | MIPS Quality ID | Measure Name | Measure Description | Numerator Statement | Denominator Statement | Measure Type | Quality Domain | Meaningful Measure Area | Telehealth-Eligible |
|-------------|----------------|-----------------|---|---|--|--|--------------|---|--|---------------------|
| CMS155v9 | Not Applicable | 239 | Weight Assessment and Counseling for Nutrition and Physical Activity for Children and Adolescents | Percentage of patients 3-17 years of age who had an outpatient visit with a Primary Care Physician (PCP) or Obstetrician/Gynecologist (OB/GYN) and who had evidence of the following during the measurement period. Three rates are reported. - Percentage of patients with height, weight, and body mass index (BMI) percentile documentation - Percentage of patients with counseling for nutrition - Percentage of patients with counseling for physical activity | Numerator 1: Patients who had a height, weight and body mass index (BMI) percentile recorded during the measurement period Numerator 2: Patients who had counseling for nutrition during the measurement period Numerator 3: Patients who had counseling for physical activity during the measurement period | Equals Initial Population: Patients 3-17 years of age with at least one outpatient visit with a primary care physician (PCP) or an obstetrician/gynecologist (OB/GYN) during the measurement period | Process | Community/Population Health | Preventive Care | Yes ^a |
| CMS156v9 | Not Applicable | 238 | Use of High-Risk Medications in Older Adults | Percentage of patients 65 years of age and older who were ordered at least two of the same high-risk medications. | Patients with at least two orders for the same high-risk medication on different days during the measurement period | Equals Initial Population: Patients 65 years and older who had a visit during the measurement period | Process | Patient Safety | Medication Management | Yes ^a |
| CMS157v9 | 0384e | 143 | Oncology: Medical and Radiation - Pain Intensity Quantified | Percentage of patient visits, regardless of patient age, with a diagnosis of cancer currently receiving chemotherapy or radiation therapy in which pain intensity is quantified | Patient visits in which pain intensity is quantified | Equals Initial Population: All patient visits, regardless of patient age, with a diagnosis of cancer currently receiving chemotherapy or radiation therapy | Process | Person and Caregiver-Centered Experience and Outcomes | Management of Chronic Conditions | Yes ^a |
| CMS159v9 | 0710e | 370 | Depression Remission at Twelve Months | The percentage of adolescent patients 12 to 17 years of age and adult patients 18 years of age or older with major depression or dysthymia who reached remission 12 months (+/- 60 days) after an index event. | Adolescent patients 12 to 17 years of age and adult patients 18 years of age and older who achieved remission at twelve months as demonstrated by a twelve month (+/- 60 days) PHQ-9 or PHQ-9M score of less than five | Equals Initial Population: Adolescent patients 12 to 17 years of age and adult patients 18 years of age and older with a diagnosis of major depression or dysthymia and an initial PHQ-9 or PHQ-9M score greater than nine during the index event. Patients may be screened using PHQ-9 and PHQ-9M up to 7 days prior to the office visit (including the day of the office visit). | Outcome | Effective Clinical Care | Prevention, Treatment, and Management of Mental Health | Yes ^a |

| CMS eCQM ID | NQF ID | MIPS Quality ID | Measure Name | Measure Description | Numerator Statement | Denominator Statement | Measure Type | Quality Domain | Meaningful Measure Area | Telehealth-Eligible |
|-------------|----------------|-----------------|--|--|--|---|----------------------|-------------------------------|--|---------------------|
| CMS161v9 | 0104e | 107 | Adult Major Depressive Disorder (MDD): Suicide Risk Assessment | All patient visits during which a new diagnosis of MDD or a new diagnosis of recurrent MDD was identified for patients aged 18 years and older with a suicide risk assessment completed during the visit | Patient visits during which a new diagnosis of MDD, single or recurrent episode, was identified and a suicide risk assessment was completed during the visit | Equals Initial Population: Patient visits during which a new diagnosis of MDD, single or recurrent episode, was identified | Process | Effective Clinical Care | Prevention, Treatment, and Management of Mental Health | Yes ^a |
| CMS165v9 | Not Applicable | 236 | Controlling High Blood Pressure | Percentage of patients 18-85 years of age who had a diagnosis of hypertension overlapping the measurement period or the year prior to the measurement period, and whose most recent blood pressure was adequately controlled (<140/90mmHg) during the measurement period | Patients whose most recent blood pressure is adequately controlled (systolic blood pressure < 140 mmHg and diastolic blood pressure < 90 mmHg) during the measurement period | Equals Initial Population: Patients 18-85 years of age who had a visit and diagnosis of essential hypertension overlapping the measurement period or the year prior to the measurement period | Intermediate Outcome | Effective Clinical Care | Management of Chronic Conditions | Yes ^a |
| CMS177v9 | 1365e | 382 | Child and Adolescent Major Depressive Disorder (MDD): Suicide Risk Assessment | Percentage of patient visits for those patients aged 6 through 17 years with a diagnosis of major depressive disorder with an assessment for suicide risk | Patient visits with an assessment for suicide risk | Equals Initial Population: All patient visits for those patients aged 6 through 17 years with a diagnosis of major depressive disorder | Process | Patient Safety | Prevention, Treatment, and Management of Mental Health | Yes ^a |
| CMS249v3 | 3475e | 472 | Appropriate Use of DXA Scans in Women Under 65 Years Who Do Not Meet the Risk Factor Profile for Osteoporotic Fracture | Percentage of female patients 50 to 64 years of age without select risk factors for osteoporotic fracture who received an order for a dual-energy x-ray absorptiometry (DXA) scan during the measurement period | Female patients who received an order for at least one DXA scan in the measurement period | Equals Initial Population: Female patients ages 50 to 64 years with an encounter during the measurement period | Process | Efficiency and Cost Reduction | Appropriate Use of Healthcare | Yes ^a |

| CMS eCQM ID | NQF ID | MIPS Quality ID | Measure Name | Measure Description | Numerator Statement | Denominator Statement | Measure Type | Quality Domain | Meaningful Measure Area | Telehealth-Eligible |
|-------------|----------------|-----------------|---|--|--|--|--------------|-----------------------------|----------------------------------|---------------------|
| CMS347v4 | Not Applicable | 438 | Statin Therapy for the Prevention and Treatment of Cardiovascular Disease | <p>Percentage of the following patients - all considered at high risk of cardiovascular events - who were prescribed or were on statin therapy during the measurement period:</p> <p>-Adults aged >= 21 years who were previously diagnosed with or currently have an active diagnosis of clinical atherosclerotic cardiovascular disease (ASCVD); OR</p> <p>-Adults aged >= 21 years who have ever had a fasting or direct low-density lipoprotein cholesterol (LDL-C) level >= 190 mg/dL or were previously diagnosed with or currently have an active diagnosis of familial or pure hypercholesterolemia; OR</p> <p>-Adults aged 40-75 years with a diagnosis of diabetes with a fasting or direct LDL-C level of 70-189 mg/dL</p> | Patients who are actively using or who receive an order (prescription) for statin therapy at any point during the measurement period | <p>All patients who meet one or more of the following criteria (considered at "high risk" for cardiovascular events, under ACC/AHA guidelines):</p> <p>1) Patients aged >= 21 years at the beginning of the measurement period with clinical ASCVD diagnosis</p> <p>2) Patients aged >= 21 years at the beginning of the measurement period who have ever had a fasting or direct laboratory result of LDL-C >=190 mg/dL or were previously diagnosed with or currently have an active diagnosis of familial or pure hypercholesterolemia</p> <p>3) Patients aged 40 to 75 years at the beginning of the measurement period with Type 1 or Type 2 diabetes and with an LDL-C result of 70-189 mg/dL recorded as the highest fasting or direct laboratory test result in the measurement year or during the two years prior to the beginning of the measurement period</p> | Process | Effective Clinical Care | Management of Chronic Conditions | Yes ^a |
| CMS349v3 | Not Applicable | 475 | HIV Screening | Percentage of patients aged 15-65 at the start of the measurement period who were between 15-65 years old when tested for HIV | Patients with documentation of an HIV test performed on or after their 15th birthday and before their 66th birthday | Equals Initial Population: Patients 15 to 65 years of age at the start of the measurement period AND who had at least one outpatient visit during the measurement period | Process | Community/Population Health | Preventive Care | Yes ^a |

| CMS eCQM ID | NQF ID | MIPS Quality ID | Measure Name | Measure Description | Numerator Statement | Denominator Statement | Measure Type | Quality Domain | Meaningful Measure Area | Telehealth-Eligible |
|-------------|----------------|-----------------|--|---|---|--|--------------------------|---|----------------------------------|---------------------|
| CMS645v4 | Not Applicable | 462 | Bone density evaluation for patients with prostate cancer and receiving androgen deprivation therapy | Patients determined as having prostate cancer who are currently starting or undergoing androgen deprivation therapy (ADT), for an anticipated period of 12 months or greater and who receive an initial bone density evaluation. The bone density evaluation must be prior to the start of ADT or within 3 months of the start of ADT. | Patients with a bone density evaluation within the two years prior to the start of or less than three months after the start of ADT treatment | Equals Initial Population: Male patients with a qualifying encounter in the measurement period AND with a diagnosis of prostate cancer AND with an order for ADT or an active medication of ADT with an intent for treatment greater than or equal to 12 months during the measurement period | Process | Effective Clinical Care | Management of Chronic Conditions | Yes ^a |
| CMS771v2 | Not Applicable | 476 | Urinary Symptom Score Change 6-12 Months After Diagnosis of Benign Prostatic Hyperplasia | Percentage of patients with an office visit within the measurement period and with a new diagnosis of clinically significant Benign Prostatic Hyperplasia who have International Prostate Symptoms Score (IPSS) or American Urological Association (AUA) Symptom Index (SI) documented at time of diagnosis and again 6-12 months later with an improvement of 3 points | Patients with a documented improvement of at least 3 points in their urinary symptom score during the measurement period | Equals Initial Population: Male patients with an initial diagnosis of benign prostatic hyperplasia 6 months prior to, or during the measurement period, and a urinary symptom score assessment within 1 month of initial diagnosis and a follow-up urinary symptom score assessment within 6-12 months, who had a qualifying visit during the measurement period | Patient Reported Outcome | Person and Caregiver-centered Experience and Outcomes | Functional Outcomes | No ^b |

^aThese eCQMs contain Medicare telehealth-eligible codes found in encounter value sets, which can be used for in-person or telehealth encounters.

^bTelehealth is not appropriate for encounters within these eCQMs for performance period 2021. Medicare telehealth-eligible codes found in any encounter value set in these measures cannot be used for telehealth encounters and must only be used for in-person encounters for these eCQMs.

^cThese eCQMs are not appropriate for telehealth, as they either do not require an encounter or the encounter value sets within the measure do not contain any temporary or permanent “telehealth-eligible” CPT or HCPCS codes from the Medicare Telehealth Service list.

VERSION HISTORY

| Date | Comments |
|-----------|---|
| June 2020 | Revised document to reflect the following: <ul style="list-style-type: none">• Changed table heading NQF # to NQF ID• Changed table heading Quality # to MIPS Quality ID• Changed table heading Measure Title to Measure Name• Added indicator of telehealth eligibility in new table column |
| May 2020 | Original publication |