

**ADDENDUM TO ADDITIONAL INFORMATION REGARDING ELECTRONIC  
CLINICAL QUALITY MEASURES (eCQMs) FOR MERIT-BASED  
INCENTIVE PAYMENT SYSTEM (MIPS) ELIGIBLE CLINICIANS**

The table below entitled “Addendum to eCQMs for MIPS Eligible Clinicians” contains additional up-to-date information for the clinical quality measures finalized in the Medicare and Medicaid Programs; Merit-Based Incentive Payment System (MIPS) and Alternative Payment Model (APM) Incentive Under the Physician Fee Schedule, and Criteria for Physician-Focused Payment Models; Final Rule. Because measure specifications may need to be updated more frequently than our expected rulemaking cycle will allow for, this table provides updates to the specifications. Subsequent updates will be provided in a new version of this table at least 6 months prior to the beginning of the calendar year for which the measures will be required, and CMS will maintain and publish an archive of each update.

Please note the titles and descriptions for the clinical quality measures included in this table were updated by the measure stewards and therefore may not match the information provided on NQF’s website. Measures that do not have an NQF number are measures that are not currently endorsed.

In January 2017, CMS and the National Library of Medicine published an addendum to the 2016 eCQM specifications (published April 2016) to include International Classification of Diseases (ICD)-10 Clinical Modification (CM) and Procedure Coding System (PCS) released in October 2016 in eCQM value sets for the 2017 performance year. The eCQMs affected by these changes are indicated in the table below.

**ADDENDUM TO eCQMs FOR MIPS ELIGIBLE CLINICIANS**

CMS eMeasure ID	NQF #	Measure Title	Measure Description	Numerator Statement	Denominator Statement	Measure Steward	PQRS#	Revised ICD-10 Value Sets
CMS146v5	Not Applicable	Appropriate Testing for Children with Pharyngitis	Percentage of children 3-18 years of age who were diagnosed with pharyngitis, ordered an antibiotic and received a group A streptococcus (strep) test for the episode	Children with a group A streptococcus test in the 7-day period from 3 days prior through 3 days after the diagnosis of pharyngitis	Children 3-18 years of age who had an outpatient or emergency department (ED) visit with a diagnosis of pharyngitis during the measurement period and an antibiotic ordered on or three days after the visit	National Committee for Quality Assurance	066	No
CMS137v5	0004	Initiation and Engagement of Alcohol and Other Drug Dependence Treatment	Percentage of patients 13 years of age and older with a new episode of alcohol and other drug (AOD) dependence who received the following. Two rates are reported. <ul style="list-style-type: none"> <li>- Percentage of patients who initiated treatment within 14 days of the diagnosis.</li> <li>- Percentage of patients who initiated treatment and who had two or more additional services with an AOD diagnosis within 30 days of the initiation visit.</li> </ul>	Numerator 1: Patients who initiated treatment within 14 days of the diagnosis Numerator 2: Patients who initiated treatment and who had two or more additional services with an AOD diagnosis within 30 days of the initiation visit	Patients age 13 years of age and older who were diagnosed with a new episode of alcohol or drug dependency during a visit in the first 11 months of the measurement period	National Committee for Quality Assurance	305	No

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CMS eMeasure ID	NQF #	Measure Title	Measure Description	Numerator Statement	Denominator Statement	Measure Steward	PQRS#	Revised ICD-10 Value Sets
CMS165v5	0018	Controlling High Blood Pressure	Percentage of patients 18-85 years of age who had a diagnosis of hypertension and whose blood pressure was adequately controlled (<140/90mmHg) during the measurement period	Patients whose blood pressure at the most recent visit is adequately controlled (systolic blood pressure < 140 mmHg and diastolic blood pressure < 90 mmHg) during the measurement period	Patients 18-85 years of age who had a diagnosis of essential hypertension within the first six months of the measurement period or any time prior to the measurement period	National Committee for Quality Assurance	236 GPRO HTN-2	Yes
CMS156v5	0022	Use of High-Risk Medications in the Elderly	Percentage of patients 66 years of age and older who were ordered high-risk medications. Two rates are reported. <ul style="list-style-type: none"> <li>- Percentage of patients who were ordered at least one high-risk medication.</li> <li>- Percentage of patients who were ordered at least two different high-risk medications.</li> </ul>	Numerator 1: Patients with an order for at least one high-risk medication during the measurement period.  Numerator 2: Patients with an order for at least two different high-risk medications during the measurement period.	Patients 66 years and older who had a visit during the measurement period	National Committee for Quality Assurance	238	No

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CMS eMeasure ID	NQF #	Measure Title	Measure Description	Numerator Statement	Denominator Statement	Measure Steward	PQRS#	Revised ICD-10 Value Sets
CMS155v5	0024	Weight Assessment and Counseling for Nutrition and Physical Activity for Children and Adolescents	<p>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.</p> <ul style="list-style-type: none"> <li>- Percentage of patients with height, weight, and body mass index (BMI) percentile documentation</li> <li>- Percentage of patients with counseling for nutrition</li> <li>- Percentage of patients with counseling for physical activity</li> </ul>	<p>Numerator 1: Patients who had a height, weight and body mass index (BMI) percentile recorded during the measurement period</p> <p>Numerator 2: Patients who had counseling for nutrition during a visit that occurs during the measurement period</p> <p>Numerator 3: Patients who had counseling for physical activity during a visit that occurs during the measurement period</p>	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	National Committee for Quality Assurance	239	Yes
CMS138v5	0028	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	Patients who were screened for tobacco use at least once within 24 months AND who received tobacco cessation intervention if identified as a tobacco user	All patients aged 18 years and older seen for at least two visits or at least one preventive visit during the measurement period	PCPI(R) Foundation (PCPI[R])	226 GPRO PREV-10	No

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CMS eMeasure ID	NQF #	Measure Title	Measure Description	Numerator Statement	Denominator Statement	Measure Steward	PQRS#	Revised ICD-10 Value Sets
CMS125v5	2372	Breast Cancer Screening	Percentage of women 50-74 years of age who had a mammogram to screen for breast cancer	Women with one or more mammograms during the measurement period or the 15 months prior to the measurement period	Women 51-74 years of age with a visit during the measurement period	National Committee for Quality Assurance	112 GPRO PREV-5	No
CMS124v5	0032	Cervical Cancer Screening	Percentage of women 21-64 years of age who were screened for cervical cancer using either of the following criteria: <ul style="list-style-type: none"> <li>- Women age 21-64 who had cervical cytology performed every 3 years</li> <li>- Women age 30-64 who had cervical cytology/human papillomavirus (HPV) co-testing performed every 5 years</li> </ul>	Women with one or more screenings for cervical cancer. Appropriate screenings are defined by any one of the following criteria: <ul style="list-style-type: none"> <li>- 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</li> <li>- Cervical cytology/human papillomavirus (HPV) co-testing performed during the measurement period or the four years prior to the measurement period for women who are at least 30 years old at the time of the test</li> </ul>	Women 23-64 years of age with a visit during the measurement period	National Committee for Quality Assurance	309	No

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CMS eMeasure ID	NQF #	Measure Title	Measure Description	Numerator Statement	Denominator Statement	Measure Steward	PQRS#	Revised ICD-10 Value Sets
CMS153v5	0033	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	Women 16 to 24 years of age who are sexually active and who had a visit in the measurement period	National Committee for Quality Assurance	310	Yes
CMS130v5	0034	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"> <li>- Fecal occult blood test (FOBT) during the measurement period</li> <li>- Flexible sigmoidoscopy during the measurement period or the four years prior to the measurement period</li> <li>- Colonoscopy during the measurement period or the nine years prior to the measurement period</li> </ul>	Patients 50-75 years of age with a visit during the measurement period	National Committee for Quality Assurance	113 GPRO PREV-6	No

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CMS eMeasure ID	NQF #	Measure Title	Measure Description	Numerator Statement	Denominator Statement	Measure Steward	PQRS#	Revised ICD-10 Value Sets
CMS117v5	0038	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 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	Children who turn 2 years of age during the measurement period and who have a visit during the measurement period	National Committee for Quality Assurance	240	Yes
CMS147v6	0041	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	All patients aged 6 months and older seen for at least two visits or at least one preventive visit during the measurement period and seen for a visit between October 1 and March 31	PCPI(R) Foundation (PCPI[R])	110 GPRO PREV-7	No
CMS127v5	0043	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	Patients 65 years of age and older with a visit during the measurement period	National Committee for Quality Assurance	111 GPRO PREV-8	No

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CMS eMeasure ID	NQF #	Measure Title	Measure Description	Numerator Statement	Denominator Statement	Measure Steward	PQRS#	Revised ICD-10 Value Sets
CMS166v6	0052	Use of Imaging Studies for Low Back Pain	Percentage of patients 18-50 years of age with a diagnosis of low back pain who did not have an imaging study (plain X-ray, MRI, CT scan) within 28 days of the diagnosis.	Patients without an imaging study conducted on the date of the outpatient or emergency department visit or in the 28 days following the outpatient or emergency department visit	Patients 18-50 years of age with a diagnosis of low back pain during an outpatient or emergency department visit	National Committee for Quality Assurance	312	Yes
CMS131v5	0055	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	Patients with an eye screening for diabetic retinal disease. This includes diabetics who had one of the following: A retinal or dilated eye exam by an eye care professional in the measurement period or a negative retinal exam (no evidence of retinopathy) by an eye care professional in the year prior to the measurement period	Patients 18-75 years of age with diabetes with a visit during the measurement period	National Committee for Quality Assurance	117 GPRO DM-7	Yes
CMS123v5	0056	Diabetes: Foot Exam	The percentage of patients 18-75 years of age with diabetes (type 1 and type 2) who received a foot exam (visual inspection and sensory exam with mono filament and a pulse exam) during the measurement year	Patients who received visual, pulse and sensory foot examinations during the measurement period	Patients 18-75 years of age with diabetes with a visit during the measurement period	National Committee for Quality Assurance	163	Yes

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CMS eMeasure ID	NQF #	Measure Title	Measure Description	Numerator Statement	Denominator Statement	Measure Steward	PQRS#	Revised ICD-10 Value Sets
CMS122v5	0059	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%	Patients 18-75 years of age with diabetes with a visit during the measurement period	National Committee for Quality Assurance	001 GPRO DM-2	Yes
CMS134v5	0062	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	Patients 18-75 years of age with diabetes with a visit during the measurement period	National Committee for Quality Assurance	119	Yes
CMS164v5	0068	Ischemic Vascular Disease (IVD): Use of Aspirin or Another Antiplatelet	Percentage of patients 18 years of age and older who were diagnosed with acute myocardial infarction (AMI), coronary artery bypass graft (CABG) or percutaneous coronary interventions (PCI) in the 12 months prior to the measurement period, or who had an active diagnosis of ischemic vascular disease (IVD) during the measurement period, and who had documentation of use of aspirin or another antiplatelet during the measurement period.	Patients who had an active medication of aspirin or another antiplatelet during the measurement year	Patients 18 years of age and older with a visit during the measurement period who had an AMI, CABG, or PCI during the 12 months prior to the measurement year or who had a diagnosis of IVD overlapping the measurement year	National Committee for Quality Assurance	204 GPRO IVD-2	Yes

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CMS eMeasure ID	NQF #	Measure Title	Measure Description	Numerator Statement	Denominator Statement	Measure Steward	PQRS#	Revised ICD-10 Value Sets
CMS154v5	0069	Appropriate Treatment for Children with Upper Respiratory Infection (URI)	Percentage of children 3 months-18 years of age who were diagnosed with upper respiratory infection (URI) and were not dispensed an antibiotic prescription on or three days after the episode	Children without a prescription for antibiotic medication on or 3 days after the outpatient or ED visit for an upper respiratory infection	Children age 3 months to 18 years who had an outpatient or emergency department (ED) visit with a diagnosis of upper respiratory infection (URI) during the measurement period	National Committee for Quality Assurance	065	Yes
CMS145v5	Not Applicable	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	All patients aged 18 years and older with a diagnosis of coronary artery disease seen within a 12 month period who also have prior (within the past 3 years) MI or a current or prior LVEF <40%	PCPI(R) Foundation (PCPI[R])	007	No
CMS135v5	2907	Heart Failure (HF): Angiotensin-Converting Enzyme (ACE) Inhibitor or Angiotensin Receptor Blocker (ARB) 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 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 therapy either within a 12 month period when seen in the outpatient setting OR at each hospital discharge	All patients aged 18 years and older with a diagnosis of heart failure with a current or prior LVEF < 40%	PCPI(R) Foundation (PCPI[R])	005	Yes

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CMS eMeasure ID	NQF #	Measure Title	Measure Description	Numerator Statement	Denominator Statement	Measure Steward	PQRS#	Revised ICD-10 Value Sets
CMS144v5	2908	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	All patients aged 18 years and older with a diagnosis of heart failure with a current or prior LVEF < 40%	PCPI(R) Foundation (PCPI[R])	008 GPRO HF-6	No
CMS143v5	0086	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	All patients aged 18 years and older with a diagnosis of primary open-angle glaucoma	PCPI(R) Foundation (PCPI[R])	012	Yes
CMS167v5	0088	Diabetic Retinopathy: Documentation of Presence or Absence of Macular Edema and Level of Severity of Retinopathy	Percentage of patients aged 18 years and older with a diagnosis of diabetic retinopathy who had a dilated macular or fundus exam performed which included documentation of the level of severity of retinopathy and the presence or absence of macular edema during one or more office visits within 12 months	Patients who had a dilated macular or fundus exam performed which included documentation of the level of severity of retinopathy AND the presence or absence of macular edema during one or more office visits within 12 months	All patients aged 18 years and older with a diagnosis of diabetic retinopathy	PCPI(R) Foundation (PCPI[R])	018	Yes

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CMS eMeasure ID	NQF #	Measure Title	Measure Description	Numerator Statement	Denominator Statement	Measure Steward	PQRS#	Revised ICD-10 Value Sets
CMS142v5	0089	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	All patients aged 18 years and older with a diagnosis of diabetic retinopathy who had a dilated macular or fundus exam performed	PCPI(R) Foundation (PCPI[R])	019	Yes
CMS139v5	0101	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	Patients aged 65 years and older with a visit during the measurement period	National Committee for Quality Assurance	318 GPRO CARE-2	No
CMS161v5	0104	Adult Major Depressive Disorder (MDD): Suicide Risk Assessment	Percentage of patients aged 18 years and older with a diagnosis of major depressive disorder (MDD) with a suicide risk assessment completed during the visit in which a new diagnosis or recurrent episode was identified	Patients with a suicide risk assessment completed during the visit in which a new diagnosis or recurrent episode was identified	All patients aged 18 years and older with a diagnosis of major depressive disorder (MDD)	PCPI(R) Foundation (PCPI[R])	107	No

CMS eMeasure ID	NQF #	Measure Title	Measure Description	Numerator Statement	Denominator Statement	Measure Steward	PQRS#	Revised ICD-10 Value Sets
CMS128v5	0105	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> <ul style="list-style-type: none"> <li>- Percentage of patients who remained on an antidepressant medication for at least 84 days (12 weeks).</li> <li>- Percentage of patients who remained on an antidepressant medication for at least 180 days (6 months).</li> </ul>	<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>Patients 18 years of age and older with a visit during the measurement period who were dispensed antidepressant medications in the time within 270 days (9 months) prior to the measurement period through the first 90 days (3 months) of the measurement period, and were diagnosed with major depression 60 days prior to, or 60 days after the dispensing event</p>	National Committee for Quality Assurance	009	No

CMS eMeasure ID	NQF #	Measure Title	Measure Description	Numerator Statement	Denominator Statement	Measure Steward	PQRS#	Revised ICD-10 Value Sets
CMS136v6	0108	ADHD: Follow-Up Care for Children Prescribed Attention-Deficit/Hyperactivity Disorder (ADHD) Medication	<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> <ul style="list-style-type: none"> <li>- Percentage of children who had one follow-up visit with a practitioner with prescribing authority during the 30-Day Initiation Phase.</li> <li>- 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.</li> </ul>	<p>Numerator 1: Patients who had at least one face-to-face visit with a practitioner with prescribing authority within 30 days after the IPSP.</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>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 IPSP, and who had a visit during the measurement period.</p>	National Committee for Quality Assurance	366	Yes

CMS eMeasure ID	NQF #	Measure Title	Measure Description	Numerator Statement	Denominator Statement	Measure Steward	PQRS#	Revised ICD-10 Value Sets
CMS169v5	Not Applicable	Bipolar Disorder and Major Depression: Appraisal for alcohol or chemical substance use	Percentage of patients with depression or bipolar disorder with evidence of an initial assessment that includes an appraisal for alcohol or chemical substance use	Patients in the denominator with evidence of an assessment for alcohol or other substance use following or concurrent with the new diagnosis, and prior to or concurrent with the initiation of treatment for that diagnosis	Patients 18 years of age or older at the start of the measurement period with a new diagnosis of unipolar depression or bipolar disorder during the first 323 days of the measurement period, and evidence of treatment for unipolar depression or bipolar disorder within 42 days of diagnosis. The existence of a 'new diagnosis' is established by the absence of diagnoses and treatments of unipolar depression or bipolar disorder during the 180 days prior to the diagnosis.	Centers for Medicare & Medicaid Services (CMS)	367	Yes
CMS157v5	0384	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	All patient visits, regardless of patient age, with a diagnosis of cancer currently receiving chemotherapy or radiation therapy	PCPI(R) Foundation (PCPI[R])	143	Yes

CMS eMeasure ID	NQF #	Measure Title	Measure Description	Numerator Statement	Denominator Statement	Measure Steward	PQRS#	Revised ICD-10 Value Sets
CMS129v6	0389	Prostate Cancer: Avoidance of Overuse of Bone Scan for Staging Low Risk Prostate Cancer Patients	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, OR cryotherapy who did not have a bone scan performed at any time since diagnosis of prostate cancer	Patients who did not have a bone scan performed at any time since diagnosis of prostate cancer	All 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, OR cryotherapy	PCPI(R) Foundation (PCPI[R])	102	No

CMS eMeasure ID	NQF #	Measure Title	Measure Description	Numerator Statement	Denominator Statement	Measure Steward	PQRS#	Revised ICD-10 Value Sets
CMS52v5	0405	HIV/AIDS: Pneumocystis Jiroveci Pneumonia (PCP) Prophylaxis	Percentage of patients aged 6 weeks and older with a diagnosis of HIV/AIDS who were prescribed Pneumocystis jiroveci pneumonia (PCP) prophylaxis	<p>Numerator 1: Patients who were prescribed Pneumocystis jiroveci pneumonia (PCP) prophylaxis within 3 months of CD4 count below 200 cells/mm3</p> <p>Numerator 2: Patients who were prescribed Pneumocystis jiroveci pneumonia (PCP) prophylaxis within 3 months of CD4 count below 500 cells/mm3 or a CD4 percentage below 15%</p> <p>Numerator 3: Patients who were prescribed Pneumocystis jiroveci pneumonia (PCP) prophylaxis at the time of diagnosis of HIV</p>	<p>Initial Population 1: All patients aged 6 years and older with a diagnosis of HIV/AIDS and a CD4 count below 200 cells/mm3 who had at least two visits during the measurement year, with at least 90 days in between each visit</p> <p>Initial Population 2: All patients aged 1-5 years of age with a diagnosis of HIV/AIDS and a CD4 count below 500 cells/mm3 or a CD4 percentage below 15% who had at least two visits during the measurement year, with at least 90 days in between each visit</p> <p>Initial Population 3: All patients aged 6 weeks to 12 months with a diagnosis of HIV who had at least two visits during the measurement year, with at least 90 days in between each visit</p>	National Committee for Quality Assurance	160	No

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CMS2v6	0418	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 using an age appropriate standardized depression screening tool AND if positive, a follow-up plan is documented on the date of the positive screen	Patients screened for depression on 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 positive screen	All patients aged 12 years and older before the beginning of the measurement period with at least one eligible encounter during the measurement period	Centers for Medicare & Medicaid Services (CMS)	134 GPRO PREV-12	Yes
CMS68v6	0419	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.	Eligible professional attests to documenting, updating or reviewing the patient's 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, dosages, frequency and route of administration	All visits occurring during the 12 month reporting period for patients aged 18 years and older before the start of the measurement period	Centers for Medicare & Medicaid Services (CMS)	130 GPRO CARE-3	No

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CMS eMeasure ID	NQF #	Measure Title	Measure Description	Numerator Statement	Denominator Statement	Measure Steward	PQRS#	Revised ICD-10 Value Sets
CMS69v5	0421	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	Patients with a documented BMI during the encounter or during the previous six months, AND when the BMI is outside of normal parameters, a follow-up plan is documented during the encounter or during the previous six months of the current encounter	All patients 18 and older on the date of the encounter with at least one eligible encounter during the measurement period	Centers for Medicare & Medicaid Services	128 GPRO PREV-9	Yes
CMS132v5	0564	Cataracts: Complications within 30 Days Following Cataract Surgery Requiring Additional Surgical Procedures	Percentage of patients aged 18 years and older with a diagnosis of uncomplicated cataract who had cataract surgery and had any of a specified list of surgical procedures in the 30 days following cataract surgery which would indicate the occurrence of any of the following major complications: retained nuclear fragments, endophthalmitis, dislocated or wrong power IOL, retinal detachment, or wound dehiscence	Patients who had one or more specified operative procedures for any of the following major complications within 30 days following cataract surgery: retained nuclear fragments, endophthalmitis, dislocated or wrong power IOL, retinal detachment, or wound dehiscence	All patients aged 18 years and older who had cataract surgery and no significant ocular conditions impacting the surgical complication rate	PCPI(R) Foundation (PCPI[R])	192	Yes

ADDITIONAL INFORMATION REGARDING ELIGIBLE CLINICIANS CLINICAL QUALITY MEASURES

CMS eMeasure ID	NQF #	Measure Title	Measure Description	Numerator Statement	Denominator Statement	Measure Steward	PQRS#	Revised ICD-10 Value Sets
CMS133v5	0565	Cataracts: 20/40 or Better Visual Acuity within 90 Days Following Cataract Surgery	Percentage of patients aged 18 years and older with a diagnosis of uncomplicated cataract who had cataract surgery 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 within 90 days following the cataract surgery	Patients who had best-corrected visual acuity of 20/40 or better (distance or near) achieved within 90 days following cataract surgery	All patients aged 18 years and older who had cataract surgery	PCPI(R) Foundation (PCPI[R])	191	Yes
CMS158v5	Not Applicable	Pregnant women that had HBsAg testing	This measure identifies pregnant women who had a HBsAg (hepatitis B) test during their pregnancy	Patients who were tested for hepatitis B surface antigen (HBsAg) during pregnancy within 280 days prior to delivery	All female patients aged 12 and older who had a live birth or delivery during the measurement period	Optum	369	Yes
CMS159v5	0710	Depression Remission at Twelve Months	Patients age 18 and older with major depression or dysthymia and an initial Patient Health Questionnaire (PHQ-9) score greater than nine who demonstrate remission at twelve months (+/- 30 days after an index visit) defined as a PHQ-9 score less than five. This measure applies to both patients with newly diagnosed and existing depression whose current PHQ-9 score indicates a need for treatment.	Patients who achieved remission at twelve months as demonstrated by a twelve month (+/- 30 days grace period) PHQ-9 score of less than five	Patients age 18 and older with a diagnosis of major depression or dysthymia and an initial PHQ-9 score greater than nine during the index visit	MN Community Measurement	370 GPRO MH-1	No

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CMS160v5	0712	Depression Utilization of the PHQ-9 Tool	Patients age 18 and older with the diagnosis of major depression or dysthymia who have a Patient Health Questionnaire (PHQ-9) tool administered at least once during a 4-month period in which there was a qualifying visit	Patients who have a PHQ-9 tool administered at least once during the four-month period	Patients age 18 and older with an office visit and the diagnosis of major depression or dysthymia during the four month period	MN Community Measurement	371	No
CMS75v5	Not Applicable	Children Who Have Dental Decay or Cavities	Percentage of children, age 0-20 years, who have had tooth decay or cavities during the measurement period	Children who had cavities or decayed teeth	Children, age 0-20 years, with a visit during the measurement period	Centers for Medicare & Medicaid Services (CMS)	378	No
CMS177v5	1365	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	All patient visits for those patients aged 6 through 17 years with a diagnosis of major depressive disorder	PCPI(R) Foundation (PCPI[R])	382	No
CMS82v4	Not Applicable	Maternal Depression Screening	The percentage of children who turned 6 months of age during the measurement year, who had a face-to-face visit between the clinician and the child during child's first 6 months, and who had a maternal depression screening for the mother at least once between 0 and 6 months of life.	Children with documentation of maternal screening or treatment for postpartum depression for the mother.	Children with a visit who turned 6 months of age in the measurement period.	National Committee for Quality Assurance	372	No

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CMS74v6	Not Applicable	Primary Caries Prevention Intervention as Offered by Primary Care Providers, including Dentists	Percentage of children, age 0-20 years, who received a fluoride varnish application during the measurement period.	Children who receive a fluoride varnish application	Children, age 0-20 years, with a visit during the measurement period	Centers for Medicare & Medicaid Services (CMS)	379	No
CMS149v5	Not Applicable	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	All patients, regardless of age, with a diagnosis of dementia	PCPI(R) Foundation (PCPI[R])	281	No
CMS65v6	Not Applicable	Hypertension: Improvement in Blood Pressure	Percentage of patients aged 18-85 years of age with a diagnosis of hypertension whose blood pressure improved during the measurement period.	Patients whose follow-up blood pressure is at least 10 mmHg less than their baseline blood pressure or is adequately controlled. If a follow-up blood pressure reading is not recorded during the measurement year, the patient's blood pressure is assumed "not improved."	All patients aged 18-85 years of age, who had at least one outpatient visit in the first six months of the measurement year, who have a diagnosis of essential hypertension documented during that outpatient visit, and who have uncontrolled baseline blood pressure at the time of that visit	Centers for Medicare & Medicaid Services (CMS)	373	Yes
CMS50v5	Not Applicable	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	Number of patients, regardless of age, who were referred by one provider to another provider, and who had a visit during the measurement period	Centers for Medicare & Medicaid Services (CMS)	374	No

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CMS66v5	Not Applicable	Functional Status Assessment for Total Knee Replacement	Percentage of patients 18 years of age and older with primary total knee arthroplasty (TKA) who completed baseline and follow-up patient-reported functional status assessments	Patients with patient-reported functional status assessment results (eg, VR-12, VR-36, PROMIS-10 Global Health, PROMIS-29, KOOS) not more than 180 days prior to the primary TKA procedure, and at least 60 days and not more than 180 days after TKA procedure	Patients 18 years of age and older who had a primary total knee arthroplasty (TKA) within the 12 month period that begins 180 days before the start of the measurement period and ends 185 days after the start of the measurement period and who had an outpatient encounter not more than 180 days prior to procedure, and at least 60 days and not more than 180 days after TKA procedure	Centers for Medicare & Medicaid Services (CMS)	375	Yes
CMS56v5	Not Applicable	Functional Status Assessment for Total Hip Replacement	Percentage of patients 18 years of age and older with primary total hip arthroplasty (THA) who completed baseline and follow-up patient-reported functional status assessments	Patients with patient-reported functional status assessment results (eg, VR-12, VR-36, PROMIS-10-Global Health, PROMIS-29, HOOS) not more than 180 days prior to the primary THA procedure, and at least 60 days and not more than 180 days after THA procedure	Patients 18 years of age and older who had a primary total hip arthroplasty (THA) within the 12 month period that begins 180 days before the start of the measurement period and ends 185 days after the start of the measurement period and who had an outpatient encounter not more than 180 days prior to procedure, and at least 60 days and not more than 180 days after THA procedure	Centers for Medicare & Medicaid Services (CMS)	376	Yes

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CMS90v6	Not Applicable	Functional Status Assessments for Congestive Heart Failure	Percentage of patients 65 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 (eg, VR-12; VR-36; MLHF-Q; KCCQ; PROMIS-10 Global Health, PROMIS-29) present in the EHR within two weeks before or during the initial encounter and the follow-up encounter during the measurement year	Patients 65 years of age and older who had two outpatient encounters during the measurement year and a diagnosis of congestive heart failure	Centers for Medicare & Medicaid Services (CMS)	377	Yes
CMS22v5	Not Applicable	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	Patients who 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	All patients aged 18 years and older before the start of the measurement period with at least one eligible encounter during the measurement period	Centers for Medicare & Medicaid Services (CMS)	317 GPRO PREV-11	Yes